

2025

Strengthening Health Communication in Meghalaya: SBCC Toolkit and Guidance Framework under MHSSP

Submitted By :

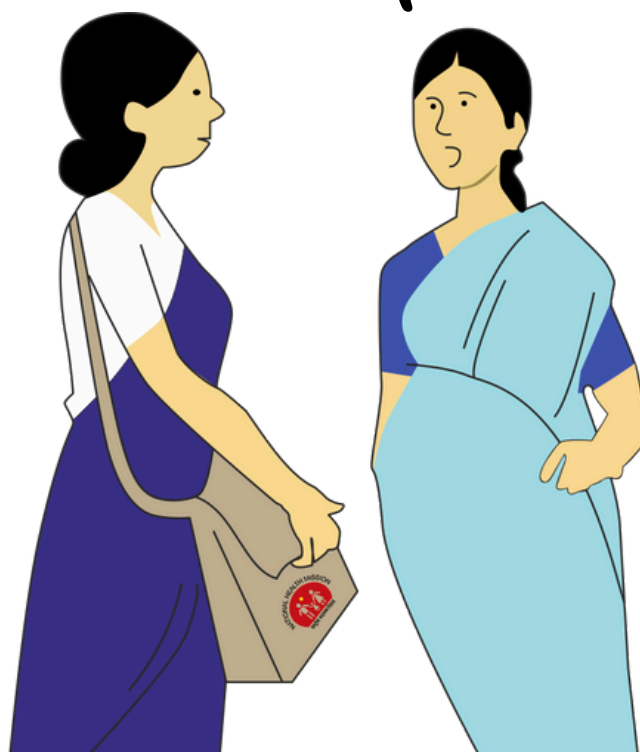


Submitted To :



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Understanding why people suffer, how they change, and how to help them live more satisfying and gratifying lives is a fascinating, huge, and important undertaking.



Executive Summary

This Social and Behaviour Change Communication (SBCC) Toolkit and Guidance Framework consolidates the comprehensive range of communication tools, materials, and guidance frameworks developed under the Meghalaya Health Systems Strengthening Project (MHSSP). It aims to standardize the design, development, and field application of SBCC materials, ensuring consistency, cultural sensitivity, and behavioural effectiveness across the state.

Developed through a participatory and evidence-based approach led by Society for Action in Community Health (SACH) and FirstBorn in collaboration with MHSSP and the Department of Health and Family Welfare (DoHFW), this compendium integrates two key components:

- **SBCC Toolkit** – A complete collection of field-ready communication tools such as animation videos, short videos, posters, FAQ handbooks, and event frameworks for awareness generation.
- **Guidance Booklet** – A structured manual outlining the principles, processes, and standards for design, development, and application of these tools by designers, implementers, and trainers.

Together, they establish a cohesive SBCC ecosystem in Meghalaya, promoting uniformity, strengthening field capacities, and enhancing community engagement to achieve improved health outcomes.



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SECTION 1: INTRODUCTION AND CONTEXT

1.1 INTRODUCTION

This Social and Behaviour Change Communication (SBCC) Toolkit and Guidance Booklet has been developed under the Meghalaya Health Systems Strengthening Project (MHSSP) as part of the state's broader communication strategy to strengthen community engagement and promote positive health behaviours. The document serves as a comprehensive compilation and reference guide, encompassing all communication materials and tools conceptualized, designed, and validated under MHSSP. It brings together the creative and technical processes that have gone into the development of short videos, animation films, posters, FAQ handbooks, and community event frameworks - each serving a distinct purpose yet collectively reinforcing a cohesive SBCC ecosystem across Meghalaya.

The toolkit represents the outcome of a participatory and evidence-driven process led by the Society for Action in Community Health (SACH) and FirstBorn, in collaboration with MHSSP, its implementing partners, and multiple program verticals of the Department of Health and Family Welfare (DoHFW) and the National Health Mission (NHM), Government of Meghalaya. Each tool has been co-created with extensive stakeholder consultations, expert reviews, and field pre-testing to ensure that the materials are technically accurate, culturally resonant, and contextually appropriate for the Khasi, Garo, and Jaintia communities.

Designed for a wide range of users, including government officials, communication specialists, district IEC units, development partners, and frontline health workers (FLWs), this compendium provides both strategic direction and practical guidance. It aims to standardize the design, production, and application of SBCC materials across Meghalaya, ensuring that every communication effort under MHSSP follows a consistent technical, visual, and behavioural approach rooted in cultural understanding and audience insight.



Ultimately, the toolkit serves as a bridge between policy and practice, enabling all stakeholders to plan, produce, and implement communication interventions that are not only visually engaging but also capable of inspiring meaningful and sustained behaviour change within communities.



1.2 PROCESS OF DEVELOPMENT

The communication tools were developed through a structured, iterative, and collaborative process that combined evidence, expert insights, and community perspectives. The process involved:

1. Joint and In-person Consultations

- Conducted with thematic units and program verticals under DoHFW and NHM - MCH, NCD, RCH, TB, HIV/AIDS, Adolescent Health, and IEC Units.
- These consultations guided the selection of health themes, communication objectives, and key behavioural outcomes.



2. Collaborative Message Design

- Development of messages and visuals through co-creation with technical experts and communication professionals.
- Refinement based on program priorities and audience understanding.



3. Community-level Pre-testing and Validation

- Materials were pre-tested across the Khasi and Garo regions with diverse community groups.
- Feedback on comprehension, cultural relevance, language tone, and visual appeal informed the final versions.



4. Technical Review and Approval

- All scripts, storyboards, and designs underwent expert review for alignment with national and state communication frameworks.
- Ensured scientific accuracy and consistency with approved guidelines.



5. Iterative Refinement and Quality Assurance

- Feedback loops between design, field testing, and review ensured that each communication material would effectively inform, motivate, and empower.



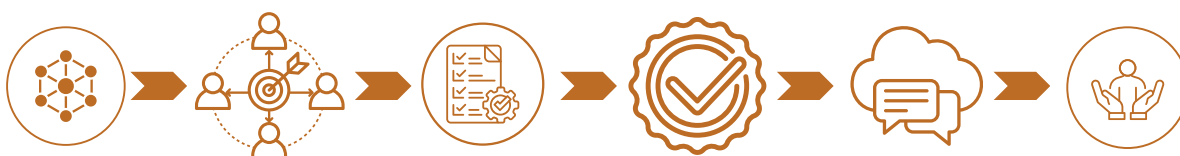
This approach ensured that the tools developed are community-tested, technically validated, and behaviourally effective, forming a robust SBCC ecosystem for Meghalaya.

1.3 PURPOSE OF THE DOCUMENT

This document has been developed to serve multiple purposes:

- To provide a complete, ready-to-use package of SBCC communication materials that can be directly deployed in the field.
- To act as a reference and training resource for planners, designers, implementers, and trainers involved in health communication.
- To provide technical specifications and process guidelines for the design, production, and field application of each tool.
- To ensure standardization and consistency across all health communication materials produced under NHM / DoHFW.
- To facilitate the effective integration of messages across different vertical programs and communication platforms.
- Strengthen the capacity of implementers to use these tools effectively for community engagement and behaviour change.

In essence, this document serves as both a design and implementation manual, clarifying how each tool was conceptualized, why it was developed, and how it should be used in the field.



1.4 CONCEPT AND APPROACH

Behaviour change communication in Meghalaya requires multi-modal, context-sensitive tools that cater to the state's unique socio-cultural diversity, multilingual context, and terrain.

The approach taken in developing these guidance notes follows key principles of effective SBCC:



This integrated communication design ensures that SBCC tools are not only visually appealing but also behaviourally effective.





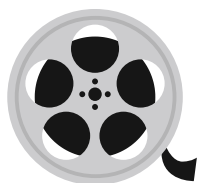
SECTION 2: STRUCTURE AND COMPOSITION OF THE TOOLKIT

2.1 COMPOSITION OF THE GUIDANCE BOOKLET

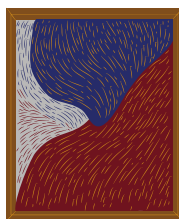
This booklet brings together five distinct but interlinked guidance notes, each corresponding to a key SBCC communication tool:



Animation Videos



Short Videos



Posters



FAQ Handbooks



Events for Awareness
Generation

Guidance Note- At a Glance

The table below offers a glance at how each tool was conceptualized, its purpose and specifications. A detailed guidance note on each tool is provided in Section 4 of this document.

ANIMATION VIDEOS	
Purpose	Simplify complex health messages into visually engaging stories that resonate with diverse audiences, especially in low-literacy settings.
Concept	Each animation uses relatable characters set in the local context, often led by a central ASHA character. The stories highlight correct practices, challenge myths, and encourage preventive actions.



ANIMATION VIDEOS

Use	Displayed through ASHA tablets during home visits, small gatherings, VHNDs, and community sessions.
Technical Specifications	• Duration: 3–5 minutes • Resolution: HD (1280×720p or higher) • Format: MP4 (offline-compatible) • Language Versions: Khasi, Garo and Jaintia (locally dubbed voice-over)

SHORT VIDEOS

Purpose	Deliver focused health messages concisely through emotional storytelling.
Concept	Real-life inspired stories highlighting ANC, Anemia, Institutional Delivery, Teenage Pregnancy, NCDs, TB, Cancer, and HIV/AIDS.
Use	Displayed through ASHA tablets, in Schools, Health Facilities, during community events, Social Media and other digital platforms
Technical Specifications	• Duration: 30- 60 seconds • Resolution: Full HD (1920 x 1080p) • Format: MP4 (offline-compatible) • Size: 8-25 MB (optimized for low bandwidth) • Aspect Ratio: 16:9 (YouTube), 1:1 or 9:16 (Instagram/WhatsApp) • Language Versions: English, Khasi, Garo and Jaintia with bilingual subtitles

FAQ HANDBOOK

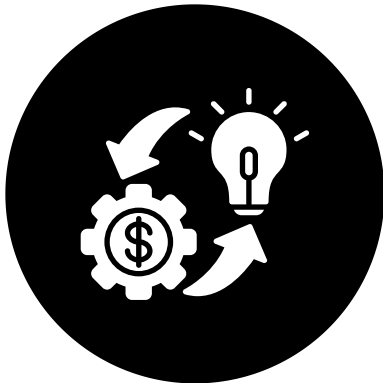
Purpose	Quick reference for FLWs to address community queries.
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FAQ HANDBOOK	
Concept	Organized Q&A format across thematic health areas.
Use	Used by FLHWs during home visits, VHNDs and counselling sessions
Technical Specifications	• Size: 4.5" × 6.5" pocket book, laminated for durability. • Pages: 170 GSM inner pages; 300 GSM cover. • Binding: Spiral or stapled with a thumb index for quick reference. • Design: Colour-coded by topic, bilingual (English + Local language).

EVENTS FOR AWARENESS GENERATION	
Purpose	Facilitate participatory learning through folk performances, rallies, and exhibitions.
Concept	Integrating learning, awareness, and entertainment through participatory media
Use	Conducted by FLHWs, teachers, youth groups and IEC teams during observance days and major events
Implementation Highlights	• Planning and Coordination: Early scheduling, stakeholder meetings, role allocation. • Permissions: Coordination with police, education, and local authorities. • Logistics: Sound, lighting, seating, safety, refreshments, and first aid. • Documentation: Photos, videos, and reports to capture outreach impact. • Periodicity: Quarterly or event-based as per campaign calendar





SECTION 3: APPLICATION, IMPLEMENTATION AND INSTITUTIONALIZATION

3.1 HOW TO USE THIS DOCUMENT

This document serves as a practical field and reference manual for all stakeholders involved in the development, implementation, and management of communication tools under the MHSSP. It enables users to understand why each tool exists, when to use it, and how to apply it effectively to achieve desired health behaviour outcomes in the community.

The booklet is designed for three key user groups - Designers & Developers, Implementers, and Trainers, each playing a distinct role in the SBCC process.

A. For Designers and Developers

Designers, content creators, and communication agencies engaged by MHSSP or partner departments can use this booklet as a technical and creative guideline for producing SBCC materials.

How to Use:

1. Understand the Objective and Audience

- Begin by reviewing the communication objectives related to the health theme (e.g., maternal health, non-communicable diseases, tuberculosis).
- Identify the intended audience: women, adolescents, men, or the general community, before choosing the tool or designing the message.

2. Select the Right Communication Tool

- Use the guidance note corresponding to each tool (poster, animation, short video, FAQ, event, etc.) to decide the most effective medium for your audience and setting.



- For example, use animation videos for explaining complex medical topics, short videos for social media awareness, or posters for clinic-based reinforcement.

3. Follow Conceptual and Technical Specifications

- Refer to the technical details (format, duration, colour, GSM, file size, etc.) provided under each tool's section.
- Ensure consistency in branding, the use of local languages (Khasi, Garo, Jaintia), and cultural representation (including attire, environment, and illustrations).

4. Coordinate with Experts and Review Committees

- Share draft scripts, storyboards, and designs with MHSSP's Communication Unit and subject specialists for technical validation.
- Incorporate corrections or cultural adjustments before finalization.

5. Pilot-Test and Refine

- Pre-test the materials with the target audience (e.g., ASHAs, school students, or SHGs) to check for clarity, comprehension, and appeal.
- Document user feedback and update the content accordingly before wide-scale use.

B. For Implementers (District, Block, and Community-Level Users)

Implementers, including District IEC Officers, ASHAs, ANMs, Anganwadi Workers, teachers, and local NGOs, can use this booklet as a reference guide to select, apply, and manage communication tools effectively during field activities.

How to Use:

1. Selecting the Appropriate Tool

- Assess the target audience and communication environment (e.g., school, village meeting, PHC, home visit, etc.).
- Choose the tool most suited for the audience and setting:
 - a. Short Videos:** youth and digital audiences via social media or ASHA tablets.
 - b. Posters:** health centres, Anganwadi centres, and community boards.
 - c. Animation Videos:** household visits and small group discussions.
 - d. FAQs:** quick reference for counselling during home visits or VHNDs.
 - e. Events:** public platforms for large-scale community awareness.



2. Planning and Preparation

- Before conducting a session or event, review the corresponding guidance note section in this booklet.
- Prepare necessary materials (e.g., IEC displays, videos, FAQs) in advance and ensure digital compatibility (including tablet/mobile formats).
- Translate or explain messages in the local dialect for better understanding.

3. During Implementation

- Use videos and animations as conversation starters, followed by an interactive discussion.
- Display posters in visible areas and refer to them during explanations.
- Use FAQs to clarify doubts raised by beneficiaries.
- During events, involve community influencers, youth, or traditional leaders to reinforce credibility.

4. Post-Activity Follow-up

- Record basic feedback from participants or community members.
- Note recurring misconceptions or common questions for improvement of future materials.
- Submit short reports or documentation (photos, short videos, attendance) to the District IEC Cell for compilation and learning.

C. For Trainers and Capacity-Building Facilitators

Trainers, program coordinators, and communication mentors can use this booklet as a teaching and demonstration resource during orientation or refresher trainings for FLWs and other stakeholders.

How to Use:

1. Integrate the Booklet into Training Sessions

- Use the booklet's individual guidance notes (on videos, posters, FAQs, events) as training modules.
- Demonstrate each communication tool – for example, play a sample short video or show a poster – and discuss its purpose and usage.

2. Explain the Linkages Between Tools

- Highlight how multiple tools can be used together:
 - a. Use a poster as a visual anchor while showing a short video
 - b. Follow up with a FAQ discussion to clarify doubts.
 - c. Reinforce through events or community demonstrations.
- This approach builds integrated communication experiences rather than isolated messages.



3. Encourage Participatory Learning

- Include hands-on sessions where participants develop mini-campaigns or simulate community meetings using the booklet as reference.
- Discuss local barriers and identify which tool can best address each issue (e.g., myths around anemia vs. stigma around HIV).

4. During Implementation

- Use videos and animations as conversation starters, followed by an interactive discussion.
- Display posters in visible areas and refer to them during explanations.
- Use FAQs to clarify doubts raised by beneficiaries.
- During events, involve community influencers, youth, or traditional leaders to reinforce credibility.

5. Feedback for Continuous Improvement

- Encourage trainees to record and share feedback from the field on the usability and clarity of materials.
- Trainers should compile this input and submit it to the IEC Unit for annual updates of the guidance booklet.

D. Integrating Feedback and Continuous Improvement

The communication landscape is dynamic, and health priorities evolve. To ensure the booklet remains relevant and effective:

1. Field Feedback Collection

- Implementers and trainers should regularly document field observations, queries, and audience reactions.

2. Review and Revision Cycle

- IEC Unit should review materials annually and revise guidance notes based on field insights, new evidence, or emerging communication channels (e.g., reels, podcasts).

3. Version Control and Distribution:

- Each updated edition of the booklet should include version details and date of issue to maintain clarity and uniformity.

4. Knowledge Sharing

- IEC Unit should review materials annually and revise guidance notes based on field insights, new evidence, or emerging communication channels (e.g., reels, podcasts).



3.2 SUMMARY OF USE & ROLES

This document serves as a practical field and reference manual for all stakeholders involved in the development, implementation, and management of communication tools under MHSSP. It enables users to understand why each tool exists, when to use it, and how to apply it effectively to achieve desired health behaviour outcomes in the community.

The booklet is designed for three key user groups - Designers & Developers, Implementers, and Trainers, each playing a distinct role in the SBCC process.

USER GROUP	PURPOSE OF USE	ACTIONS / EXAMPLES
Designers & Developers	To design and produce SBCC materials	Follow conceptual and technical guidelines; ensure cultural localization; pilot-test before rollout.
Implementers	To select and use appropriate tools in field	Choose context-appropriate materials; conduct discussions; record feedback.
Trainers	To build capacity and train FLWs	Use the booklet as a training resource; demonstrate integrated use of multiple tools.
District / State Officials	To oversee communication planning	Use the booklet to guide procurement, quality assurance, and evaluation processes.



EXPECTED OUTCOMES

By following this guidance, MHSSP and its partners will:

Ensure uniform
quality and
accuracy of SBCC
materials.

Strengthen the
capacity of FLWs
for effective
community
communication.

Promote
consistency of
messages across
tools and
platforms.

Increase public
trust and
participation in
the health system.

Foster lasting
behavioural
change through
culturally
grounded
communication.

CONCLUSION

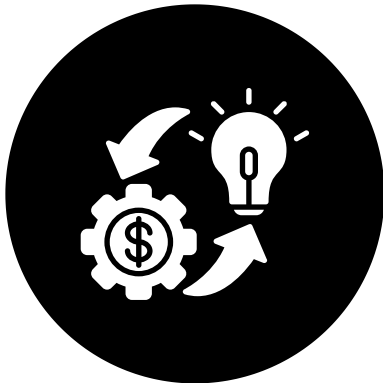
This document embodies MHSSP's commitment to evidence-based, culturally grounded, and technology-enabled communication. By integrating diverse tools, such as animation, short videos, posters, FAQs, and community events, into a cohesive SBCC framework, Meghalaya's health system can achieve a deeper reach, greater resonance, and a more sustainable impact.

This document will serve as a living reference, evolving with new experiences, technologies, and health priorities, continually strengthening Meghalaya's journey toward healthier, informed, and empowered communities.



Section 4:

Detailed Guidance Notes on SBCC Tools



ANIMATION VIDEOS



Guidance Note on the Development and Use of Animation Videos for Behaviour Change Introduction

The animation videos have been developed as a BCC tool to support frontline health workers, especially ASHA workers, in effectively delivering key health messages during home visits, small group meetings,

and community awareness sessions. These videos address a range of thematic areas, including maternal and child health, adolescent health, non-communicable diseases (NCDs) – such as diabetes, hypertension & cancer - tuberculosis, and HIV/AIDS, all contextualized for the three regions: Khasi, Garo, and Jaintia Hills.

What is an Animation Video?

An animation video uses illustrated visuals, characters, and voice narration to explain concepts in a simple, engaging, and culturally relatable way.

Unlike traditional training videos featuring real actors, animation allows flexibility in presenting sensitive topics, correcting misconceptions, and demonstrating good practices in a friendly, non-judgmental manner.

Animation is particularly effective in Meghalaya where linguistic, cultural, and literacy diversity can limit the reach of text-based materials. Animated visuals transcend literacy barriers and engage both urban and rural audiences through storytelling and relatable imagery.



Purpose of the Animation Videos

The primary purpose of these videos is to:

- Enhance understanding of key health messages and practices among community members.
- Support ASHA workers and frontline workers as visual communication aids during interpersonal communication and group sessions.
- Address incorrect beliefs and practices prevalent in communities.
- Promote positive behaviour change by showing relatable stories of real-life situations and how small changes can lead to big health improvements.
- Strengthen retention and recall of health messages through repeated exposure and simple storytelling.



Concept and Thought Behind the Plot

Each animation follows a narrative-based communication approach, focusing on community-based storytelling that is relatable and easy to understand.

Central Character – “Merilyn, the ASHA Worker”

The videos feature Merilyn, a friendly and trusted ASHA worker, as the central character. She represents the voice of care, guidance, and knowledge within the community.

- **Character traits:** Calm, approachable, empathetic, and well-informed.
- **Role in the videos:** She visits households, interacts with families, answers their questions, and gently corrects misconceptions through conversation, demonstration, and relatable examples.
- **Narrative approach:** Each video follows a light, conversational tone where Merilyn’s interaction with families or community members unfolds naturally, creating a setting of trust and learning.



- **Cultural localization:** Visuals and settings (villages, attire, surroundings, and dialogues) are designed to reflect Khasi, Garo, and Jaintia communities, ensuring familiarity and acceptance.



Character traits



Role in the videos



Narrative approach



Cultural localization

How the Animation Videos Should Be Used

By ASHA Workers and Frontline Functionaries

- The animation videos will be preloaded on ASHA tablets and used during:
 - a. Home visits to counsel families on health and nutrition practices.
 - b. Small gatherings such as Village Health & Nutrition Days (VHNDs), Self-Help Group meetings, and community sensitization sessions.
 - c. School and adolescent health sessions under RKSK.
- ASHAs should play the video in its entirety and then initiate a discussion, using the content as a conversation starter.
- They should ask simple follow-up questions like:
 - a. “What did you learn from Marilyn’s story?”
 - b. “Do you think we can practice the same in our village?”
- This discussion helps in reinforcing the messages, correcting misconceptions, and encouraging families to adopt better practices.

For Beneficiaries

- The videos are designed to show both incorrect and correct practices, allowing the viewer to understand cause and effect through the story itself.
- Emotional appeal and positive reinforcement are used instead of fear or blame, which encourages voluntary behaviour change.
- Since the dialogues are simple and the visuals depict daily rural life, viewers can easily identify with the characters and internalize the messages.



Development Approach and Script Design

Each video script has been developed through a participatory and culturally grounded process:

- Scripts written in simple, conversational English have been translated into Khasi, Garo, and Jaintia languages.
- Real-life situations from within Meghalaya communities were used to make the stories authentic.
- Each plot begins with a problem situation, followed by a discussion led by Marilyn, and ends with a positive action or correct practice.
- On-screen text reinforces the key takeaways using short, easy-to-read bullet points.
- Local elements such as attire, environment, sounds, and objects reflect the region's cultural context (bamboo houses, hilly terrain, local food items, and festivals).

Using the Videos Effectively in the Field

To ensure effective use:

1. Prepare before showing

ASHA should preview the video, understand the storyline, and note key discussion points.



2. Engage the audience

Ask a few warm-up questions before playing (e.g., “What do you think causes anaemia?”).



3. Play the animation

Use the tablet's speaker or connect to a small portable speaker if needed.



4. Discuss after viewing

- a. Ask, “What was the problem Marilyn helped to solve?”
- b. Highlight 2–3 main lessons.
- c. Encourage people to share how they can apply the advice.



5. Reinforce key messages

Show the “On-screen text” again if possible and link with local services (e.g., “Our Health Centre provides free screening for diabetes every Friday”).



This participatory use ensures that videos are not just watched but become a two-way learning tool.

Technical Guidelines for Video Production

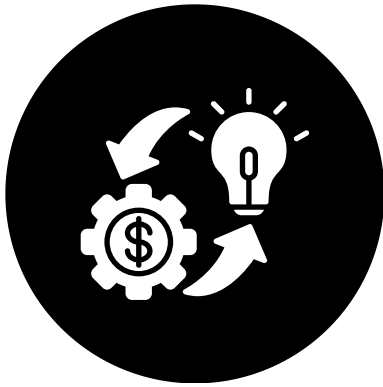
ASPECT	PURPOSE / DESCRIPTION
Video Format and Resolution	• Format: MP4 (compatible with Android tablets and mobile devices) • Resolution: 1280×720 (HD) or 854×480 (for low-bandwidth areas) • Aspect Ratio: 16:9 (horizontal view suitable for tablet screens)
Duration	Each video should be 4 to 6 minutes, short enough to maintain attention but long enough to cover the storyline.
File Size	• Optimized file size a. Tablet/Offline viewing: ≤ 50 MB b. Mobile/WhatsApp sharing: ≤ 20 MB c. YouTube upload: Up to 100 MB (HD quality) • Videos should be compressed without losing clarity, enabling smooth playback even in low-internet or offline settings.
Language and Voice-over	• Voice-over versions should be prepared in Khasi, Garo, and Jaintia (Pnar), with simple and natural speech tone. • Subtitles in English may be added for training use.
Visual Style	• Character-based 2D animation using flat, clean designs. • Localized colour palette and attire (e.g., jainsem, dakmanda, bamboo baskets). • Subtle background music inspired by local instruments to create familiarity and warmth.
Accessibility	• All videos should be viewable offline through ASHA tablets and shareable online via the Official website, YouTube, or WhatsApp groups. • QR codes may be included in IEC posters to link to the videos for wider community access.



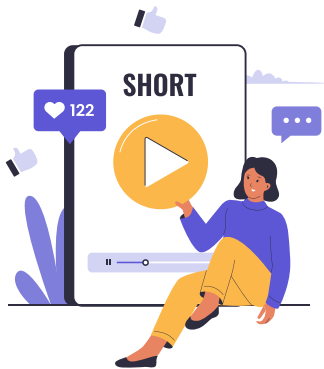
Summary: Role of the Animation Video Tool

ASPECT	PURPOSE / DESCRIPTION
Type Type	BCC tool using animation videos
Key User	ASHA workers and other frontline functionaries
Central Character	Merilyn – trusted ASHA guiding families through dialogue
Use Context	Homevisits, small group meetings, VHNDs, adolescent sessions
Goal	To simplify health messages, correct myths, and promote positive behaviours
Technical Format	MP4, ≤50 MB, 4–6 minutes, localized audio
Languages	Khasi, Garo, Jaintia (with English subtitles)
Distribution	Preloaded on ASHA tablets and shared via mobile, WhatsApp, YouTube





SHORT VIDEOS



Guidance Note on Short Video Spots as a Communication Tool

Purpose of the Tool

Short videos are a powerful visual communication tool designed to convey key health and social messages in an engaging, relatable, and emotionally resonant manner. Under the MHSSP, short videos

have been developed to create awareness, motivate healthy behaviours, and correct misconceptions across a range of health topics, including Antenatal Care (ANC), Anemia, Institutional Delivery, Teenage Pregnancy, Non-Communicable Diseases (NCDs), Tuberculosis (TB), Cancer, and HIV/AIDS.

The videos are crafted for mass and community outreach through:

- Social media platforms (YouTube, Facebook, Instagram, WhatsApp)
- Health education sessions using ASHA tablets
- Community gatherings, school-based programs, and Village Health Sanitation and Nutrition Days (VHSNDs)
- Public screenings at health centres, PHCs, CHCs, and other outreach events.

Each short video acts as a behaviour change communication (BCC) catalyst, helping viewers understand:

- Why certain health practices are essential,
- How wrong or delayed actions can cause harm, and
- What corrective actions can improve health outcomes for individuals and families?

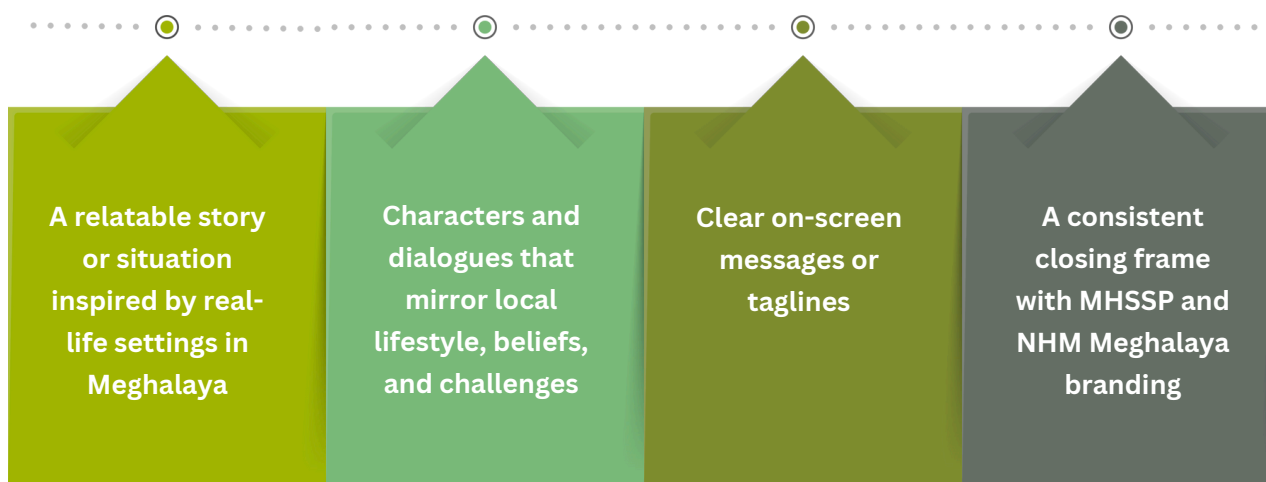


What is a Short Video Spot?

A short video spot is a concise, visually appealing film, generally 20 to 30 seconds long, that focuses on a single message or call to action.

The brevity of these videos ensures high recall value and easy comprehension even among audiences with limited literacy or digital exposure.

Each video typically includes:



These elements combine to make the content emotionally engaging, culturally appropriate, and action-oriented, motivating audiences to adopt positive behaviours such as early ANC registration, regular screenings, complete treatment adherence, or safe delivery practices.

Concept and Thought Behind the Plots

Each short video under MHSSP has been developed with a distinct storyline and tone to maintain audience interest and ensure topic-specific relevance.

Variety and Thematic Differentiation:

1. Antenatal Care (ANC)

Emphasizes the importance of timely check-ups, maternal nutrition, and institutional delivery through emotionally grounded family dialogues.



2. Anemia

Focuses on dietary diversity, iron-folic acid supplementation, and myths around nutrition in a conversational, family-centred setting.



3. Institutional Delivery

Highlights safe motherhood, emergency preparedness, and the benefits of hospital-based care through realistic rural narratives.



4. Teenage Pregnancy

Uses youth-focused, peer-driven conversations to promote responsible behaviour, delayed pregnancy, and gender-sensitive communication.



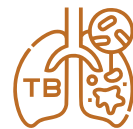
5. Non-Communicable Diseases (NCDs)

Encourages early screening, balanced diet, and active living through family-based storytelling and relatable health scenarios.



6. Tuberculosis (TB)

Features real-life TB Champions who share experiences of recovery, breaking stigma, and encouraging testing and treatment completion.



7. Cancer

Utilises cultural storytelling (e.g., Meghalaya's U Thlen folklore) as a metaphor to raise awareness, promote changes, and encourage early screening.



8. HIV/AIDS

Combines youth dialogue, music, and myth-busting conversations to normalize testing and reduce stigma.



This diversity in themes, tones, and formats ensures message freshness and prevents audience fatigue, while reinforcing MHSSP's overarching goal to make health communication inclusive, empathetic, and actionable.

How to Use the Short Videos Effectively

a. During Home Visits and Small Gatherings

- ASHA workers can use tablets or smartphones to show the videos during home visits or mother's group meetings.
- Each video should be followed by a short discussion, encouraging families to share experiences or doubts.
- ASHAs should link messages to practical local actions e.g., "You can get tested for anemia at your PHC" or "ANC check-up is available every Thursday at the sub-centre."



b. In Schools and Youth Groups

- Peer educators and teachers can show youth-focused videos (Teenage Pregnancy, HIV, NCDs) to spark dialogue on sensitive issues in a non-judgmental manner.

c. In Health Facilities

- Videos can be looped on LED screens or monitors in waiting areas to inform patients and caregivers about preventive behaviours.

d. On Social Media

- Short, captioned videos should be shared through MHSSP's and NHM's social media handles, using hashtags and local-language subtitles for accessibility.
- ASHA and ANM groups can share videos through WhatsApp and Telegram networks, especially in areas with limited literacy.

e. For Community Events

- Use the videos as part of awareness sessions, health exhibitions, and Village Health Sanitation and Nutrition Days (VHSNDs) to initiate discussions and reinforce messages through local participation.



Steps for Developing Short Videos

The development process should follow a structured communication design pathway, ensuring cultural fit, accuracy, and audience resonance:

STAGE	KEY ACTIVITIES
Conceptualization	Identify key themes aligned with MHSSP's SBCC strategy and health priorities (e.g., maternal health, NCDs).
Script Development	Draft short, conversational scripts using local scenarios; review by thematic experts for technical accuracy.
Storyboarding	Translate scripts into visual scenes — defining settings, dialogues, and on-screen text.
Casting and Pre-Production	Select relatable local characters or real-life champions; finalize location, props, and shooting plan.
Filming and Production	Use high-quality visuals, local dialects, and authentic cultural elements; maintain clarity and brevity.
Editing and Post-Production	Add subtitles, graphics, and background music; optimize for digital playback.
Review and Validation	Conduct technical and cultural validation by MHSSP and health experts before finalization.
Translation and Dubbing	Prepare Khasi, Garo, and Jaintia versions to ensure inclusivity.
Dissemination	Upload to social media, health system devices (ASHA Tabs), and organize community screenings.
Monitoring and Feedback	Collect user and audience feedback to assess clarity, recall, and behavioural impact.

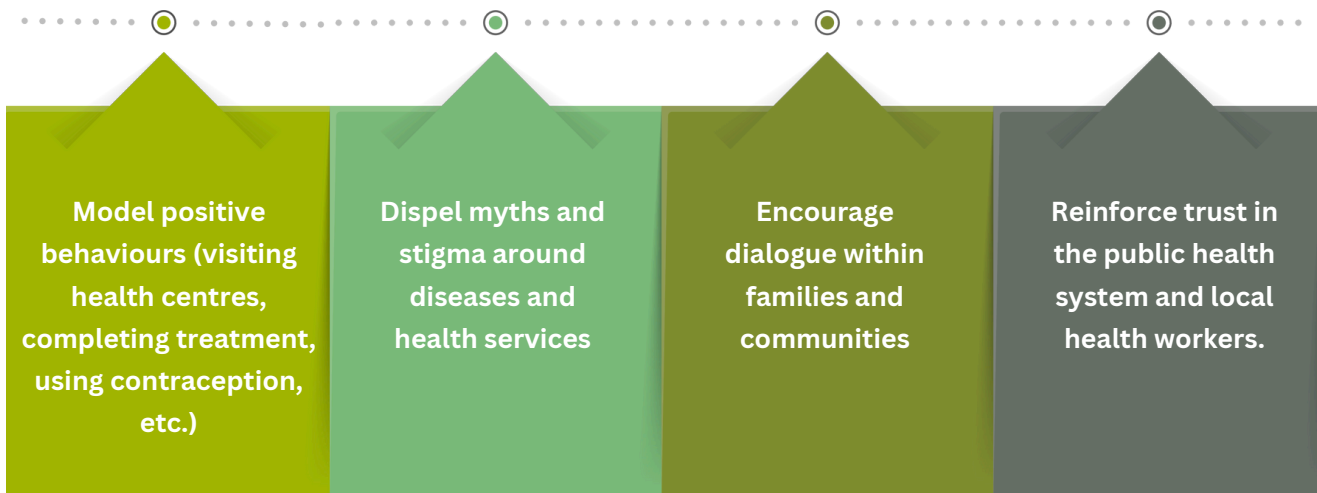


How the Videos Promote Behaviour Change

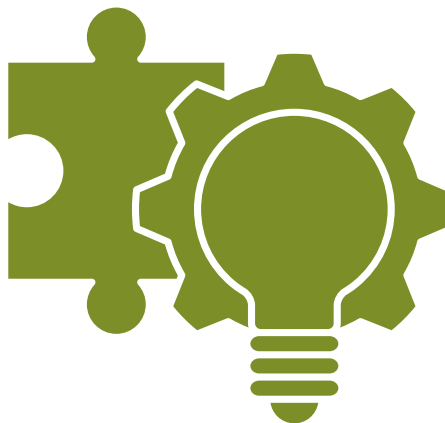
These short videos are designed as “trigger tools” as they capture attention, create emotional engagement, and offer a clear, achievable next step.

By showing relatable characters (e.g., mothers, ASHAs, youth, or TB survivors) who overcome real challenges, the videos:

Each video typically includes:



Each story is structured to move the viewer emotionally (from curiosity or fear to confidence and action), a proven method in Social and Behaviour Change Communication strategy.



Technical Specifications

PARAMETER	SPECIFICATION / DESCRIPTION
Video Format	Full HD (1920×1080p), MP4 format optimized for mobile, tablet, and social media playback
Duration	20–30 seconds per video
Size	8–25 MB (optimized for low-bandwidth areas and offline playback)
Language Versions	English (master), Khasi, Garo, and Jaintia
Aspect Ratio	16:9 (horizontal) for YouTube/Facebook; 1:1 or 9:16 versions for Instagram Reels/WhatsApp
Subtitles	Mandatory (English and local language) for silent environments
Typography	Clean sans-serif fonts (Montserrat, Poppins) with high-contrast readability
Audio	Clear narration; music consistent with local tone and theme
Compression	Optimized to play smoothly on low-speed internet or offline tabs
Branding	All videos to carry MHSSP and NHM Meghalaya logos with respective campaign taglines
Storage, Distribution, and Accessibility	- The complete video set will be compiled into a “Short Video Communication Package” stored digitally for distribution to state, district, and block-level health facilities. - All videos will be compatible with ASHA Android tablets, enabling offline access in areas with low connectivity. - The NHM & MHSS Meghalaya communication teams will manage centralised hosting on official channels for a wider reach.



PERIODIC REVIEW AND UPDATE

Given the evolving nature of communication and technology, it is recommended that:

- The short video library is to be updated annually to maintain relevance and reflect new program priorities.
- Periodic audience testing to be conducted to assess comprehension, cultural fit, and engagement levels.
- Feedback from ASHAs, ANMs, and district SBCC officers to be used to refine messaging and visual approaches.



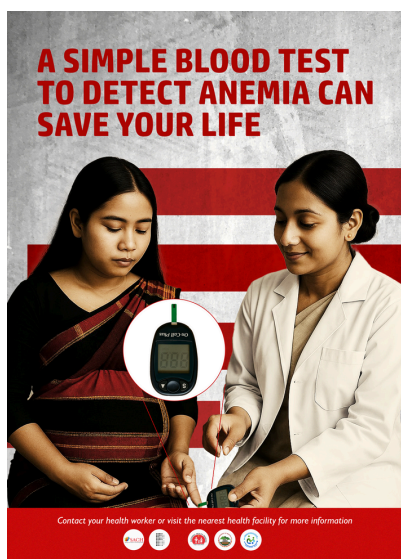


POSTERS

Guidance Note on the Development and Use of Posters for Behaviour Change

Introduction

This Guidance Note provides a comprehensive overview of the purpose, concept, development process, and technical specifications of the posters developed under the MHSSP. The posters form an integral part of the project's SBCC toolkit, supporting health workers and programme implementers in strengthening community awareness, reinforcing key health messages, and promoting positive health behaviours.



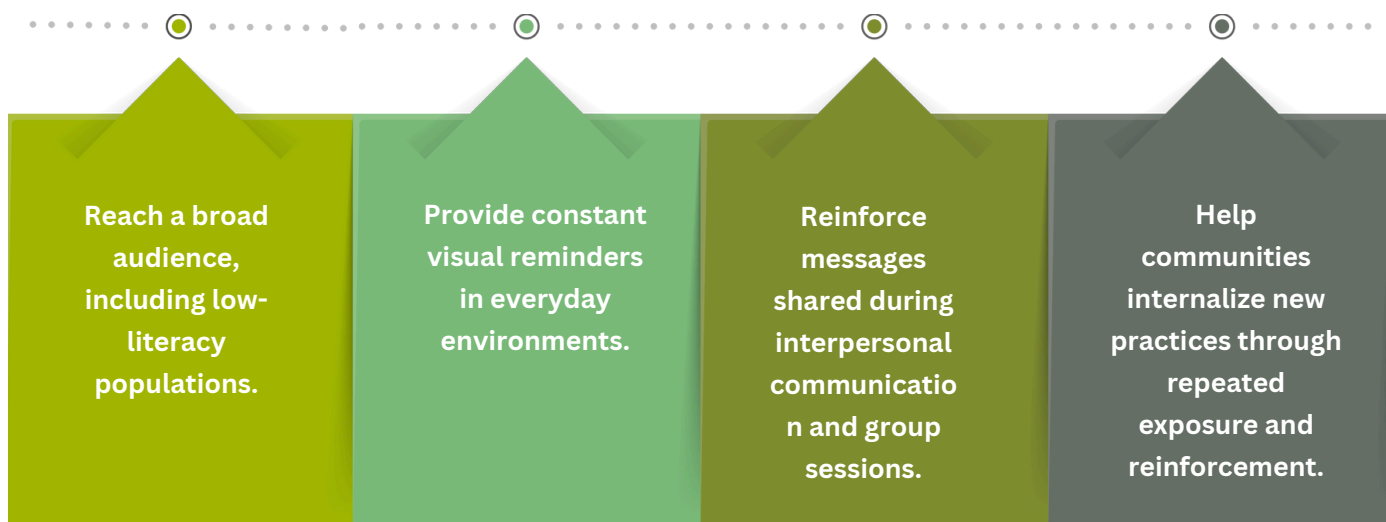
The materials have been designed to communicate complex public health messages in simple, visual, and culturally appropriate ways for audiences across the Khasi, Garo, and Jaintia Hills. They are intended for display and educational use in both community and institutional settings, including HWCs, PHCs, CHCs, District Hospitals, AWCs, and VHC spaces.



What is a Poster?

A poster is a visual communication tool that combines images, colour, and short text to communicate messages quickly, attract attention, and promote understanding and action. Posters act as “silent educators,” continuing to communicate messages long after a meeting, counselling session, or campaign has ended.

In public health communication, posters are effective because they:



Purpose of the Posters

Variety and Thematic Differentiation:

- **Reinforce and remind** beneficiaries of key health and nutrition messages that have already been introduced through ASHA workers, VHNDs, or community sessions.
- **Correct misconceptions** and highlight the consequences of incorrect or harmful practices.
- **Promote adoption of healthy and preventive behaviours** in areas such as maternal & child health and nutrition, communicable and non-communicable diseases (NCDs), and birth spacing.
- **Engage community curiosity and interest** through diverse, appealing designs that sustain attention and learning over time.



Concept and Thought Behind the Posters

Each poster has been conceptualized to communicate (ideally) one core / main message clearly and visually. The creative approach emphasises variety, freshness, and relatability, ensuring that every poster captures attention and delivers a memorable takeaway.

Key Conceptual Features:

No single recurring character: Unlike animation videos, the posters do not use a single central character. Each poster presents its own unique set of people, scenarios, or illustrations suited to the message.



Varied visual styles: Depending on the theme, posters use either photographs depicting authentic Meghalaya settings or sketched/illustrated visuals that reflect everyday community life.

Cultural representation: Attire, environment, housing styles, food items, and landscapes reflect the local aesthetics of Khasi, Garo, and Jaintia regions—ensuring community identification and acceptance.



Colour diversity: Each poster has a distinct colour palette and layout, selected to fit the message tone (e.g., calm tones for maternal health, bright tones for child nutrition, serious tones for disease prevention).

Positive framing: The focus remains on showing what to do, encouraging correct actions rather than instilling fear or guilt.



Message clarity: Each poster conveys a single, action-oriented idea, reinforced by concise, clear text and visuals.



How to Use the Posters Effectively

The posters are meant to complement interpersonal communication by health and community workers. Their effectiveness depends on strategic placement, interactive use, and periodic rotation.

a. Display and Placement

- Posters should be displayed in high-visibility, high-footfall areas, such as waiting rooms, corridors, counselling areas, Anganwadi centres, and community halls.
- Always place them at eye level and ensure they are clean, undamaged, and well-lit.
- Avoid cluttering walls; each poster should have enough visual space to stand out.
- For community events or VHNDs, posters can be mounted on temporary stands or display boards for group discussions.
- Additionally, a proposed 'Village Health Information Board' is to be installed either near the community hall or in a centralised location within the village. The proposed specs for the VHIB are given in the annexure.

b. Use as Communication Aids

- Health workers (ASHA, ANM, AWW, facilitators) can use the posters during counselling or awareness sessions to:
 - a. Explain what is shown in the picture and why it matters.
 - b. Compare the incorrect and correct practices when shown in the poster.
 - c. Ask simple questions like "What do you see happening here?" or "Which behaviour is safer?"

c. Reinforcement through Visibility

- Even when not actively discussed, posters serve as daily reminders for community members visiting Community halls, health centres or Anganwadis.
- Their continuous presence helps reinforce messages subconsciously, supporting long-term behaviour change.

d. Community Involvement

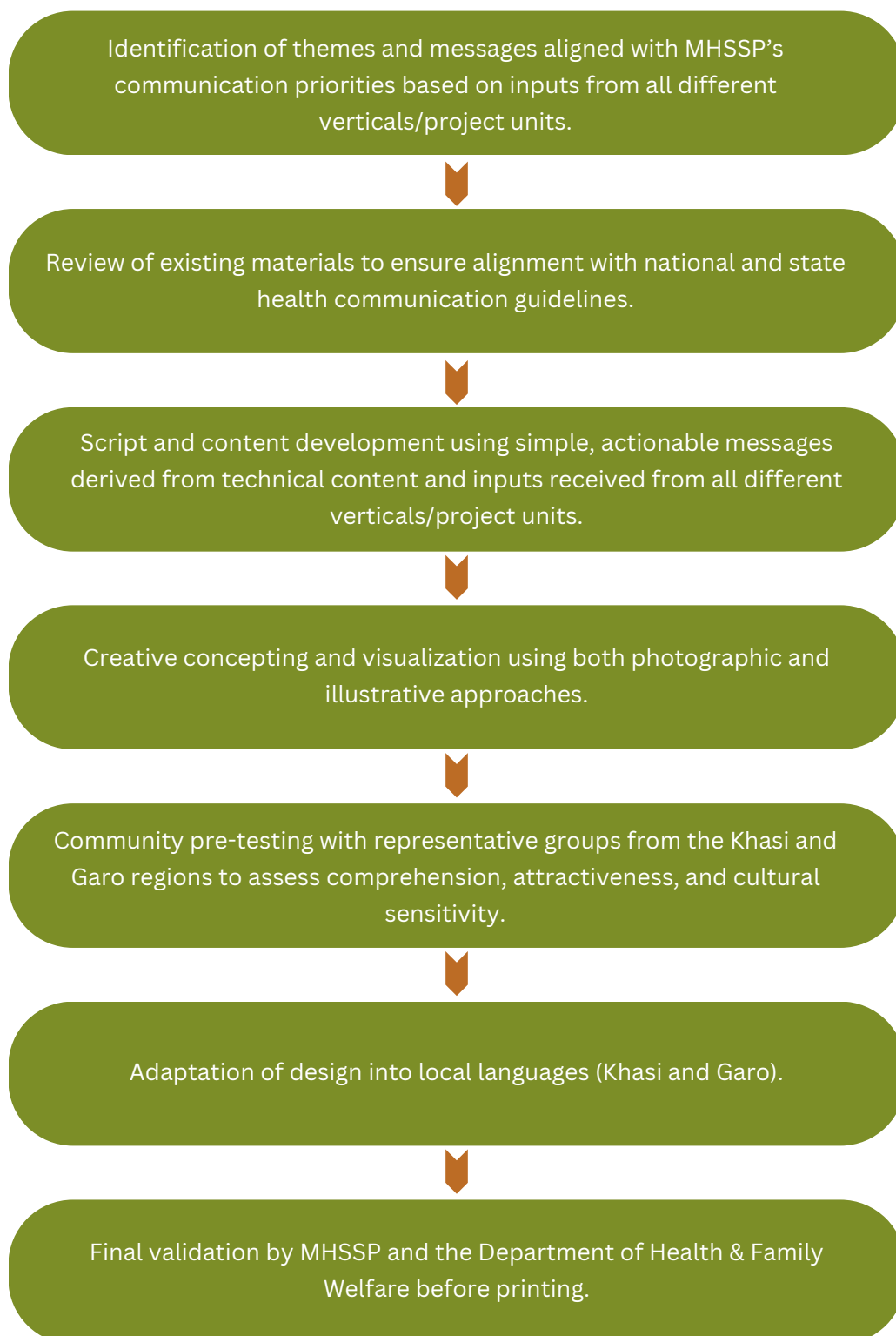
- Village Health Committees (VHCs), teachers, SHG members, and youth groups can be engaged in identifying suitable display sites and ensuring periodic replacement.
- The poster should be treated as a conversation starter, not just a decorative tool.



Development Process

The posters were developed through a scientifically informed and participatory process, ensuring technical accuracy, local relevance, and visual appeal.

Key steps included:



Technical Specifications

PARAMETER	SPECIFICATION / RECOMMENDATION
Poster Size	Recommended sizes depending on the display site: • A2 (16.5" × 23.4") – Standard for most indoor health centres and Anganwadi centres. • A1 (23.4" × 33.1") – For large public areas such as CHCs, District Hospitals, and community halls. • A3 (11.7" × 16.5") – For smaller indoor spaces or portable display boards.
Paper and Print Quality	• Paper GSM: a. Indoor posters: 170–300 GSM. b. Outdoor or semi-permanent display: 300 GSM or above. • Print Type: a. Matt finish for indoor use (prevents glare under artificial light). b. Gloss finish is optional for outdoor or campaign-based use. c. Colour Mode: CMYK (ensures accurate colour printing). d. Lamination: Recommended for posters intended for long-term use in high-traffic areas.
Visual and Layout Design	• Use of high-resolution photographs or hand-drawn sketches representing local people and settings. • Simple background with clear contrast for legibility. • Font size large enough to be read from a distance (minimum 24pt for main text). • Include logos of MHSSP, NHM Meghalaya, and SACH-FisrtBorn at the bottom with consistent branding.
Language Versions	• All posters should be available in Khasi and Garo for linguistic inclusivity. • English (& Hindi) or local language versions may be produced for training and urban dissemination.
Storage and Distribution	• Posters should be rolled and stored in tubes, never folded. • Maintain a small poster stock register at the block and district levels to track usage, replacement, and condition. • Ensure equitable distribution across all health and community facilities.



TECHNICAL SPECIFICATION: VILLAGE HEALTH INFORMATION BOARD (VHIB)

The VHIB is proposed as a durable, community-level structure for displaying health information materials in public spaces. It will serve as a permanent platform for continuous health awareness and communication, enabling easy access to essential messages for villagers.

Recommended Dimensions and Structure

COMPONENT	SPECIFICATION
Overall Height	5.5 – 6.0 feet (including stand)
Display Area (Main Board)	3.5 feet (H) × 4.0 feet (W) – suitable for 2–3 posters (A2 or A3)
Material – Frame	Mild Steel (MS) square pipe frame, 1.5” × 1.5”, powder-coated for rust resistance
Material – Display Surface	Galvanized Iron (GI) sheet, 18–20 gauge thickness, coated with anti-rust enamel paint
Back Support	Horizontal bracing using 1” MS flats
Base Support	Double leg support (embedded 1.5 feet in concrete base)
Concrete Foundation	Minimum 12” × 12” × 18” footing for stability
Poster Display Mechanism	Smooth metal surface with magnetic clips or acrylic cover for protection; option for removable clips or transparent front guard
Rain Protection	Angled roof made of polycarbonate sheet or powder-coated GI sheet (4” overhang all sides)
Lighting (optional)	Solar-powered LED light strip fixed under rain guard (with small solar panel and rechargeable battery on top)

COMPONENT	SPECIFICATION
Logo/Branding Panel	8–10 inch top panel for branding (e.g., “Village Health Information Board – MHSSP Meghalaya”, logos of MHSSP, NHM, DoHFW)
Colour Scheme	State-specific colour palette (suggested: dark green or navy-blue frame with white/yellow lettering)
Accessibility	Poster height should begin ~2.5 feet above ground for easy readability

Suggested Additional Features

Transparent Front Cover

- Use acrylic or toughened glass (3–4 mm) with hinges and a side lock to protect posters from rain or vandalism.
- Helps extend poster life in outdoor conditions.

1

Solar Lighting Unit

- Compact solar panel (10W) with a small LED strip inside the board for illumination after dusk.
- Automatically switches on/off using a photo sensor.

2

Rain Guard / Sloped Roof

- 4–6 inch overhang on all sides.
- Material: Polycarbonate sheet or powder-coated metal sheet to prevent water seepage.

3

Community Notice Section

- A small open pinboard space below the main board for temporary community notices (e.g., VHND schedule, vaccination days, sanitation drives).

4

Suggested Additional Features

OPTION 1 – BASIC VHIB (STANDARD DESIGN)	OPTION 2 – VHIB WITH RAIN GUARD AND PROTECTIVE COVER	OPTION 3 – SOLAR-LIT VHIB (ENHANCED MODEL)
• Simple MS frame with GI display board. • Two-leg stand embedded in cement base. • Matt enamel-coated surface for pasting posters with adhesive or clips. • Top branding panel with MHSSP and NHM logos. • Best suited for indoor or semi-sheltered locations (e.g., PHCs, AWCs).	• Standard design with angled polycarbonate rain guard and transparent acrylic front shield (lockable). • Posters can be changed monthly by opening the front cover. • Ideal for outdoor or partially exposed areas.	• Enhanced display board with solar-powered LED light strip under the top panel. • Ideal for main village locations, markets, or health centres with evening footfall. • Includes branding header, rain guard, lockable front, and small side notice panel for announcements.



FAQ HANDBOOK



Guidance Note on the Development and Use of the “Frequently Asked Questions (FAQ) Handbook”

Introduction

This Guidance Note provides direction on the purpose, design, and effective use of the FAQ Handbook as a field-friendly communication and reference tool developed under the MHSSP. The handbook consolidates key health-related queries commonly raised by beneficiaries, families, and community stakeholders during home visits, health days, and community meetings. It serves as a ready reckoner for FLWs, enabling them to respond promptly, correctly, and confidently to questions on a wide range of health topics.

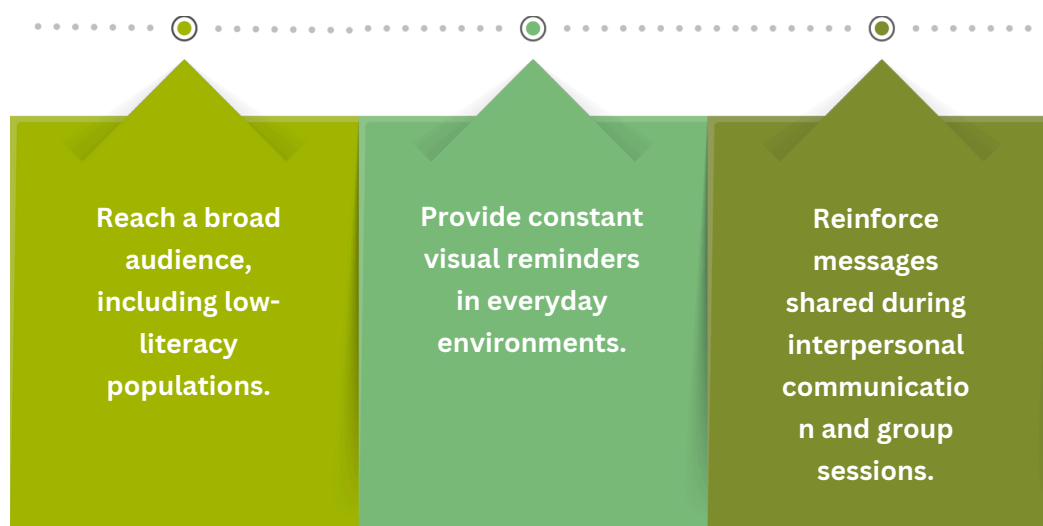
The FAQs are structured around core themes, including Maternal and Child Health, Nutrition, Family Planning and Birth Spacing, NCDs, HIV/AIDS, TB, and Adolescent Health, with messages tailored for Meghalaya’s Khasi, Garo, and Jaintia communities.



What is an FAQ Handbook?

An FAQ Handbook is a concise, user-friendly guide that provides quick and verified answers to the most frequently asked health-related questions.

It is designed to act as:



Unlike formal training manuals or lengthy documents, the FAQ format ensures simplicity, clarity, and instant recall, helping FLWs communicate effectively and consistently.

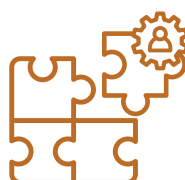
Concept and Thought Behind Preparing the FAQ Handbook

The concept of the FAQ Handbook is rooted in practical field realities. During interactions, FLWs often face spontaneous questions or myths related to pregnancy, child feeding, family planning, health management or diseases. Many of these queries are influenced by traditional practices, cultural beliefs, and misinformation.

Hence, the FAQ handbook is designed to:

- Serve as a fact-based support companion for health workers;
- Reinforce correct and standardized messages across all regions and cadres.
- Bridge knowledge gaps between communities and health systems;
- Establish trust and credibility through confident and accurate communication.

This tool ensures that community-facing health workers always have access to scientifically accurate and culturally relevant information at their fingertips.



Using the FAQ Handbook to Create Awareness and Promote Behaviour Change

The FAQ Handbook is more than an information source; it is a behaviour change communication tool.

FLWs should use it to guide conversations that:

Correct misconceptions
gently and respectfully

Explain the rationale
behind correct practices
(e.g., why exclusive
breastfeeding should
continue till 6 months)

Use relatable local
examples (from Khasi, Garo,
Jaintia traditions) to make
messages understandable

Encourage dialogue rather
than lecture, ask follow-up
questions to assess
understanding

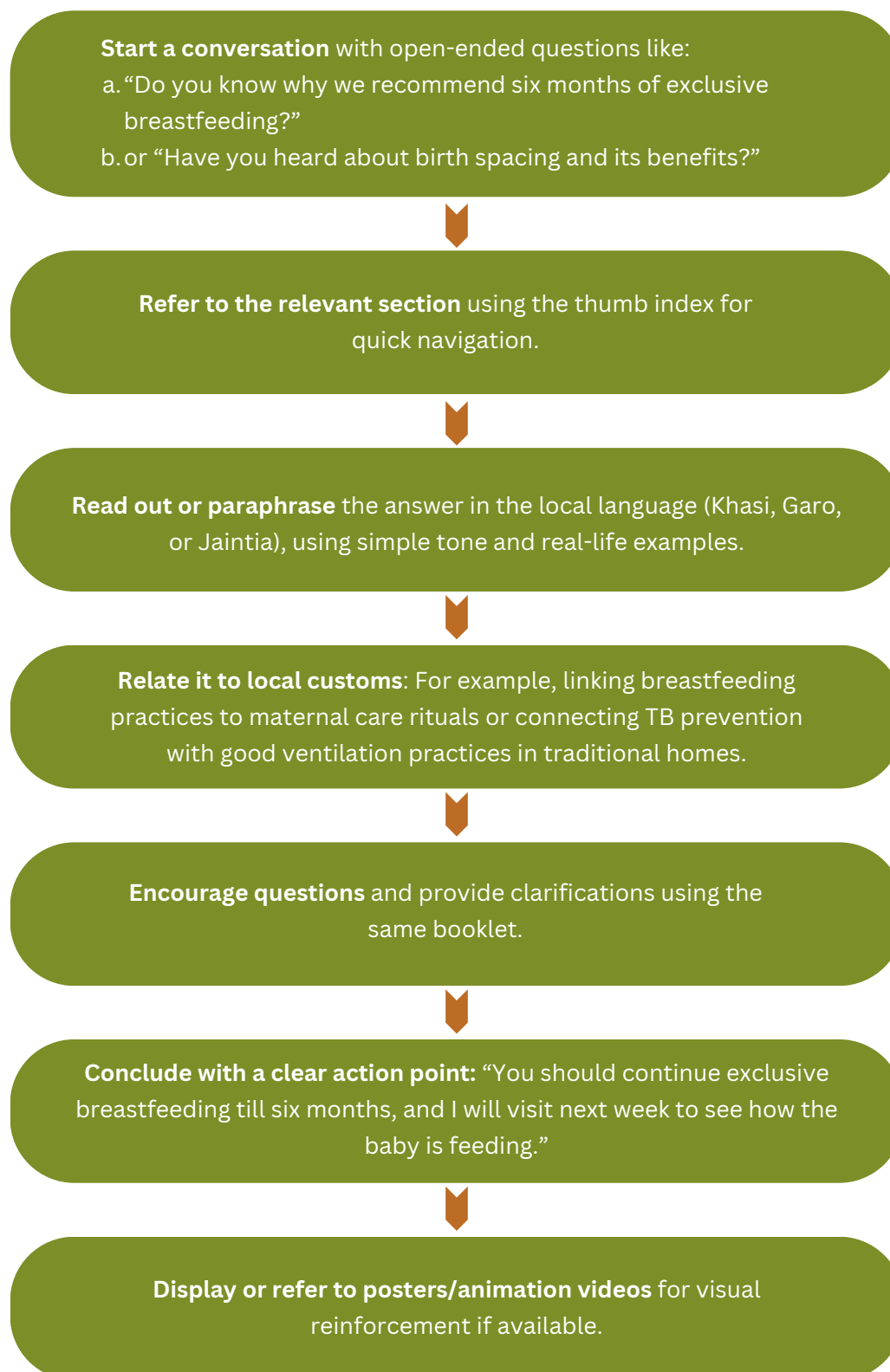
Link messages with
services, for example,
screening, vaccination,
or counselling.

Each answer in the handbook is carefully crafted to simplify complex health information, enabling health workers to communicate in clear, non-technical language.



How to Use the FAQ Handbook Effectively During Field Visits

During home visits, VHNDs, or small community gatherings, the FLW can use the FAQ Handbook in the following way:



This ensures that the FAQ handbook is used as an interactive, trust-building tool, rather than just as reading material.



Planning and Training for Effective Use

a. Orientation

All FLWs should receive a brief orientation session on how to use the FAQ handbook, covering navigation, referencing, tone of communication, and contextualization of answers.



b. Integration with Communication Platforms

The FAQ handbook should be used alongside other MHSSP communication tools, like:

- Animation videos on ASHA tablets,
- Posters displayed at health centres,
- Village Health Information Boards (VHIBs), and
- Community events and campaigns.



c. Reinforcement

Supervisors should periodically observe and provide feedback to ensure consistent and confident use by field functionaries.



Technical Specifications for Design and Production

SPECIFICATION ITEM	DESCRIPTION / RECOMMENDATION
Size / Dimension	Pocket-size (approx. 4.5" x 6.5") for easy portability.
Format	Thumb-indexed by topic (e.g., "Breastfeeding", "Birth Spacing", "TB", "NCDs", etc.) for quick access.
Paper Quality (Inner Pages)	170 GSM matt laminated art paper for durability and outdoor use.
Paper Quality (Cover Page)	300 GSM art card with matt lamination and spot UV highlights for title emphasis.
Binding Type	Centre stapled or spiral bound with corner rounding for safety and easy page flipping.
Lamination	Full matt lamination for water and dust resistance.
Colour Palette	Consistent with MHSSP visual identity – soft pastels reflecting Meghalaya's natural landscape.
Font Type & Size	Open Sans or Lato – 11 pt for text, 13 pt for question headers, ensuring readability in low light.
Language Versions	English (Master Copy) with translations into Khasi and Garo languages for field use.
Cover Design	Minimalist design showing ASHA interacting with a family, using local cultural motifs or attire.
Printing	High-quality offset printing for clarity of text and colour consistency.



MAINTENANCE AND PERIODIC UPDATES

The FAQ content should be reviewed annually to incorporate new government guidelines, programs, or health priorities

Worn-out or outdated booklets should be reprinted and redistributed.

Digital versions (PDF / mobile-adapted) can be made available on ASHA tablets for easy reference.



RECOMMENDATIONS FOR DISTRIBUTION AND USE

- Each ASHA, ANM, and health supervisor should have one copy.
- One set should be kept at every Health & Wellness Centre, PHC, CHC, and VHC for reference during sessions.
- FLWs should carry it during home visits as part of their interpersonal communication kit.
- Supervisors and trainers should reinforce the use of the booklet during monthly meetings and refresher training sessions.

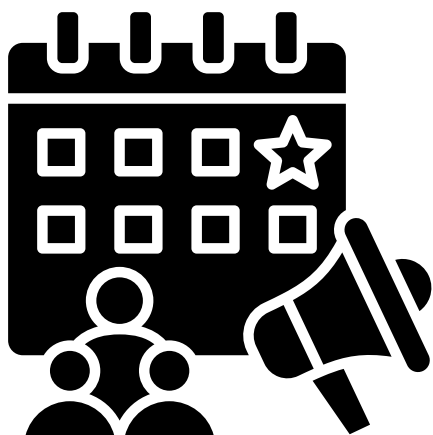
EXPECTED OUTCOMES

Improved accuracy and uniformity in information shared by FLWs.

Enhanced confidence and communication skills among field workers.

Reduced community-level misinformation and myths.

Better health-seeking behaviour and awareness among beneficiaries.



EVENTS FOR AWARENESS GENERATION

Guidance Note on the Development and Use of Events for Awareness Generation and Behaviour Change

Introduction

This Guidance Note provides a structured framework for planning, organizing, and conducting awareness-generating and sensitization events under the Meghalaya Health Systems Strengthening Project (MHSSP).

Events are among the most effective SBCC tools because they combine participation, entertainment, and education, creating lasting impressions and sparking discussion among communities.

The note is meant to guide district, block, and community-level implementers, including ASHAs, AWWs, school teachers, district IEC units, and NGO partners, on how to conceptualize, plan, and execute events across the Khasi, Garo, and Jaintia regions, ensuring alignment with local culture, traditions, and audience preferences.

What is an Event?

An event is an organized activity designed to educate, engage, and motivate a specific audience around a common issue. In the health context, events can take many forms, such as school and college campaigns, community theatre, concerts,



competitions, exhibitions, and cultural festivals, each combining information, dialogue, and entertainment to communicate health messages. Events make health information visible, relatable, and memorable, using community spaces, art, music, and dialogue to drive behaviour change.

Concept and Thought Behind Preparing the FAQ Handbook

The concept of using events for SBCC is grounded in the idea that people learn best through shared experiences.

Events help communities:

- See, hear, and feel messages rather than simply receive them.
- Reflect on their own practices, identify misconceptions, and feel motivated to change.
- Celebrate their culture and creativity while learning about health and wellbeing.

Each event is designed to be:

- **Culturally resonant** – using Meghalaya’s folk music, local art, and traditional leadership spaces.
- **Participatory** – involving schools, community members, youth groups, and artists.
- **Thematic and behaviour-focused** – each event targets a specific health issue such as HIV/AIDS, TB, birth spacing, NCDs, or adolescent health.

Purpose of the Events

Events are organized to:

- **Raise awareness and build knowledge** on priority health topics.
- **Correct myths and misconceptions** through experiential learning.
- **Promote dialogue and empathy** between community members and health workers.
- **Encourage positive practices**, such as regular check-ups, early screening, and maintaining a healthy lifestyle.
- **Reinforce government programs** and connect communities to available health services.



Ultimately, events serve as community-level catalysts that make health conversations natural, inclusive, and continuous.



Using Events to Promote Behaviour Change

Events should aim to:

- **Show rather than tell** – demonstrate correct behaviours through role-plays, theatre, or visual storytelling.
- **Connect emotionally** – use local stories, music, and humour to make messages relatable.
- **Engage audiences actively** – encourage participation through games, competitions, and pledges.
- **Reinforce and repeat** – display posters, distribute leaflets, and repeat key messages for recall.
- **Follow up with services** – link interested participants to screening camps, counselling, or facilities.



By doing so, events bridge awareness and action, making health-seeking a socially supported norm.

How to Use Events Effectively

Effective use of events depends on planning, participation, and follow-up.

Below are key steps for implementers:

a. Planning Stage

- Select the theme based on the proposed event calendar provided or based on local health priorities.
- Identify the target audience (youth, parents, men, teachers, etc.).
- Choose the format best suited to the audience, such as folk performance, school competition, flash mob, exhibition, etc.
- Fix the date, venue, and duration of the event in coordination with local authorities.
- Prepare key messages and visuals aligned with SBCC's communication materials.

b. Coordination and Permissions

Before organizing an event:

- Inform and obtain permissions from:
 - a. Local authorities or the village council (Dorbar/ Nokma).



- b. The District IEC cell or health department for technical guidance.
- c. Police department for large gatherings or street events.
- d. The education department for school or college-based activities.
- e. Municipal or tourism departments if public spaces are used.
- Share a brief event proposal with date, venue, number of participants, and purpose.

c. Mobilization

- Coordinate with ASHAs, AWWs, teachers, youth clubs, and religious leaders for community mobilization.
- Use village announcements, posters, and WhatsApp groups to invite participants.
- Arrange for local media coverage when possible.

d. Implementation

- Assign a Master of Ceremonies (MC) for smooth coordination.
- Begin with an opening message from a local leader or health officer.
- Ensure the flow includes:
 - a. Information session
 - b. Cultural or creative activity
 - c. Open discussion
 - d. Reinforcement of key messages
- Distribute information materials and display posters/standees near the venue.

e. Post-Event Actions

- Collect feedback from participants using a short form or discussion.
- Document through photos, short videos, and reports.
- Share outcomes with District IEC Cell, state units, NHM / DoHFW and MHSSP.
- Plan for repeat sessions or follow-up awareness visits.



Logistical Planning and Arrangements (tentative and suggestions, not exhaustive list)

COMPONENT	SPECIFICATIONS / GUIDANCE
Venue / Location	Should be central, safe, well-ventilated, and accessible; school grounds, community halls, or open spaces preferred.
Stage & Backdrop	Temporary stage with NHM / DoHFW- Vertical / Unit Name branded backdrop; use bamboo or lightweight metal frames for rural setups.
Lighting	Use portable LED floodlights; for evening events, ensure proper generator backup.
Sound System	Minimum 2 microphones, 2 speakers, amplifier, and cordless mic for MC. Ensure sound check before the event.
Dresses / Costumes	For folk theatre or performances, use traditional attire reflecting Khasi, Garo, or Jaintia culture.
Stationery / Materials	Register books, banners, markers, leaflets, posters, and small giveaways (e.g., ribbons or badges).
Publicity	Use loudspeaker announcements, posters, local WhatsApp groups, and coordination with schools and VHCs.
Refreshments	Provide drinking water and light snacks for participants.
Safety	Ensure first aid availability and designate an emergency contact person.



EVENT MANAGEMENT CHECKLIST

Pre-Event Checklist

- Finalize date, time, and venue.
- Obtain required permissions from authorities.
- Identify and train performers/volunteers.
- Arrange sound, light, and seating.
- Prepare IEC materials and banners.
- Inform stakeholders and media.
- Conduct final briefing for the team.

During Event Checklist

- Ensure smooth flow of agenda.
- Check that audio-visual systems are functional.
- Maintain participant register and attendance.
- Monitor audience engagement.
- Capture photos and short videos.

Post-Event Checklist

- Collect participant feedback.
- Record observations and challenges.
- Prepare a short report with visuals.
- Share the report with the District IEC Cell / MHSSP.

Technical Specifications

PARAMETER	SPECIFICATION / RECOMMENDATION
Event Duration	2–3 hours for community events; 1.5–2 hours for schools/colleges.
Team Composition	Event coordinator, MC, technical support (sound/light), performers, volunteers.
Public Address System	Portable (300–500W); battery or generator backup.
Seating	100–200 chairs or mats for open events.
Branding	NHM / DoHFW logos on all materials and banners.
Frequency	One event per thematic area per quarter per district; more during key campaigns (POSHAN / Nutrition Month, World Breastfeeding promotion day, World HIV day, World TB day etc.).



PERIODICITY AND SUSTAINABILITY

Monthly or quarterly events aligned with state and national campaigns (e.g., TB Month, Breastfeeding Week).

Integration into existing platforms such as VHNDs, school health days, and local festivals.

Community co-ownership: Encourage youth clubs and SHGs to co-host future events independently.

Rotation of themes to maintain public interest and cover a wide range of health issues.

EXPECTED OUTCOMES

- Increased awareness and understanding of key health topics.
- Improved community engagement and participation in local health initiatives.
- Reduced stigma and misinformation around sensitive health issues.
- Strengthened linkages between health facilities and communities.



“Sustainably Crafted Using Recycled Paper”

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