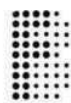


Social and Behavioural Change Communication (SBCC)



TRAINING MODULE 2026

Submitted by:



Submitted to:



Foreword

Improving health outcomes requires more than the availability of services, it requires enabling individuals, families, and communities to make informed decisions and adopt positive behaviours. Across diverse contexts, it is increasingly evident that persistent gaps in key health indicators are often rooted not only in access and infrastructure constraints, but also in deeply embedded social norms, beliefs, and practices. Addressing these behavioural and social determinants is therefore central to achieving sustainable and equitable health outcomes.

Social and Behaviour Change Communication has emerged as a critical strategy in bridging the gap between service provision and service utilisation. By fostering dialogue, building trust, and engaging communities through culturally appropriate and context-specific approaches, SBCC facilitates the transition from awareness to sustained action. It enables frontline systems to move beyond one-way information dissemination toward participatory, responsive, and behaviour-focused engagement.

This training manual has been developed as a comprehensive and practical resource to strengthen the capacity of frontline workers, trainers, and programme functionaries in designing and delivering effective SBCC interventions. The manual adopts a structured, step-by-step approach, beginning with understanding the health context and the need for behaviour change, and progressing through strategy, tools, planning, community engagement, monitoring, reporting, and professional ethics.

A key strength of this manual lies in its emphasis on experiential learning and field applicability. The modules are designed to be highly participatory, encouraging reflection, discussion, and hands-on practice. By grounding concepts in real-life scenarios and local contexts, the manual ensures that learning translates into improved communication practices and measurable behaviour change outcomes.

The successful implementation of SBCC depends on the collective efforts of multiple stakeholders, including frontline workers, community leaders, programme managers, and health system institutions. This manual recognises frontline workers as critical change agents who play a pivotal role in influencing behaviours, shaping norms, and strengthening the interface between communities and the health system.

We acknowledge the contributions of all partners, practitioners, and stakeholders who have informed the development of this manual. Their field experiences, insights, and commitment to improving community health have been invaluable.

We are confident that this manual will support efforts to enhance the effectiveness of SBCC initiatives and ultimately contribute to improved health and well-being of communities.

ANNEXURE:

LIST OF ABBREVIATIONS

Abbreviation	Full Form
ANC	Antenatal Care
BCC	Behaviour Change Communication
FLW / FLWs	Frontline Worker(s)
IEC	Information, Education and Communication
IPC	Interpersonal Communication
MHSSP	Meghalaya Health Systems Strengthening Project
NHM	National Health Mission
OPD	Outpatient Department
SBCC	Social and Behaviour Change Communication
SHG / SHGs	Self-Help Group(s)
TV	Television
VHND	Village Health and Nutrition Day
VHSNC	Village Health Sanitation and Nutrition Committee
WASH	Water, Sanitation and Hygiene

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'Our practice is to bring out the best in every community, uplifting lives and raising the standard of human well-being.'

What is SBCC?

Social and Behaviour Change Communication (SBCC) is the planned and strategic use of communication to help people adopt positive behaviours and improve their lives. It goes beyond simply sharing information. SBCC focuses on influencing how people think, feel, and act.

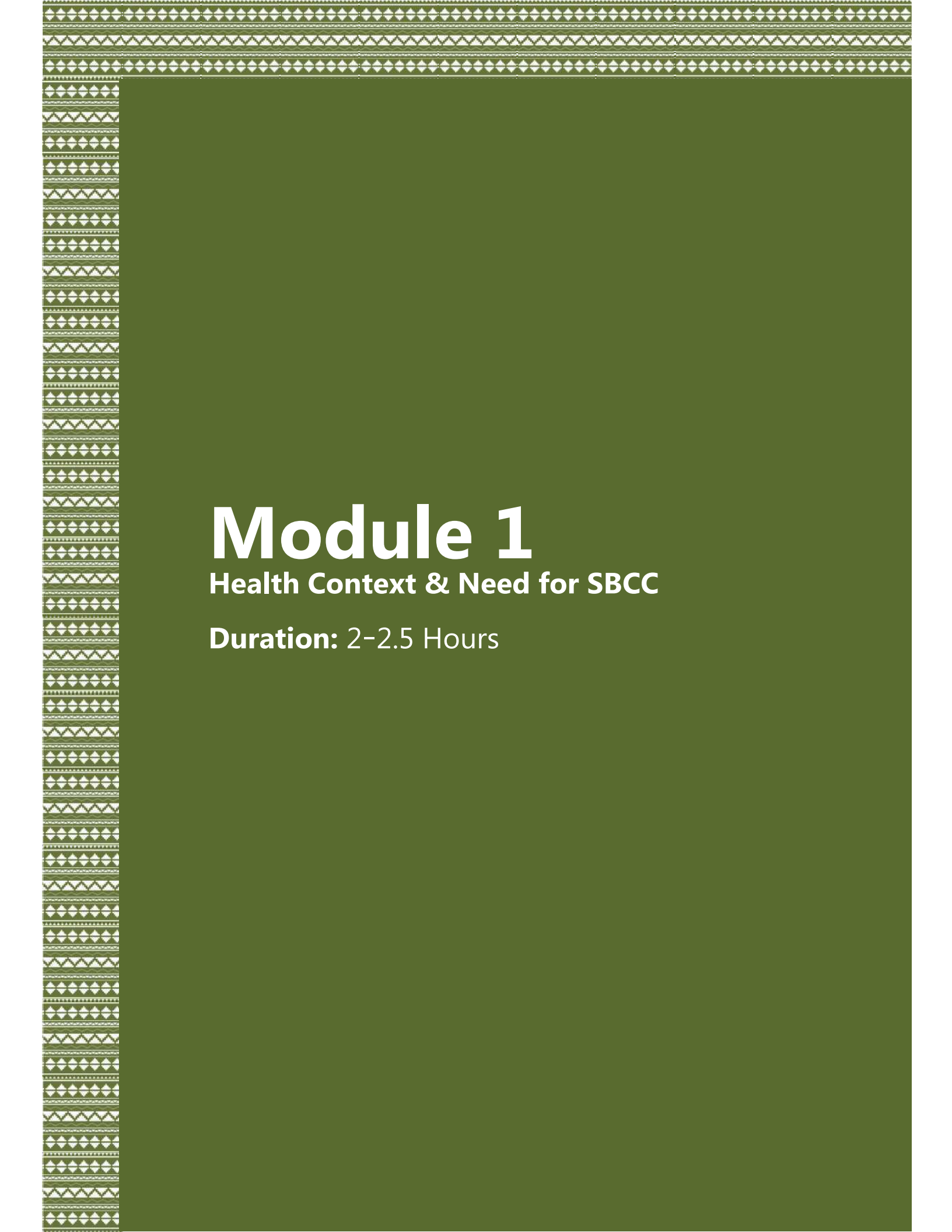
It works to bring changes in knowledge, attitudes, beliefs and norms, and behaviours of people. SBCC uses different communication methods to reach people in ways they understand and trust. These may include community meetings, interpersonal communication (IPC) and counselling, posters, leaflets, and flipbooks, mass media (radio, TV, newspapers), social media, street plays and folk media, advocacy with leaders and decision-makers, as well as campaigns and events.

Instead of telling people what to do, SBCC engages communities, listens to their concerns, and encourages them to make informed choices. It promotes participation, dialogue, and local solutions so that changes are meaningful and long-lasting.

In simple terms SBCC helps people move from awareness to action. SBCC is not just about informing people, it is about inspiring and enabling them to change behaviour for better health and social outcomes.







Module 1

Health Context & Need for SBCC

Duration: 2–2.5 Hours

Purpose: To ground participants in why SBCC is required and how poor health indicators necessitate behaviour change

Facilitator's Notes (Read Carefully Before Conducting the Session)

This is the foundation session of the entire SBCC training.

Before participants learn how to design or deliver SBCC, they must first understand *why SBCC is necessary*.



Your role as facilitator

- Encourage discussion, not lectures
- Use local examples and field stories
- Keep language simple and relatable
- Ask “why” repeatedly
- Focus on behaviour, not schemes or guidelines

Avoid

- Long presentations
- Too much data or statistics

If participants leave saying “Now I understand why behaviour change is critical,” the session has achieved its purpose.

This module sets the base for all later sessions on SBCC strategy, tools, and planning.

Session Objectives

By the end of this session, participants will be able to:

1. Describe the current health situation in their district/state
2. Identify key gaps in health indicators
3. Explain how behaviours and social norms influence health outcomes
4. Recognise the limitations of service delivery alone
5. Clearly explain the need for SBCC in simple community language

Immediate Outputs

Participants will:

- List key health problems in their area
- Identify behavioural causes linked to each issue
- Create a “Service vs Behaviour gap” chart
- Verbally explain why SBCC is needed

Expected Outcomes (Post training)

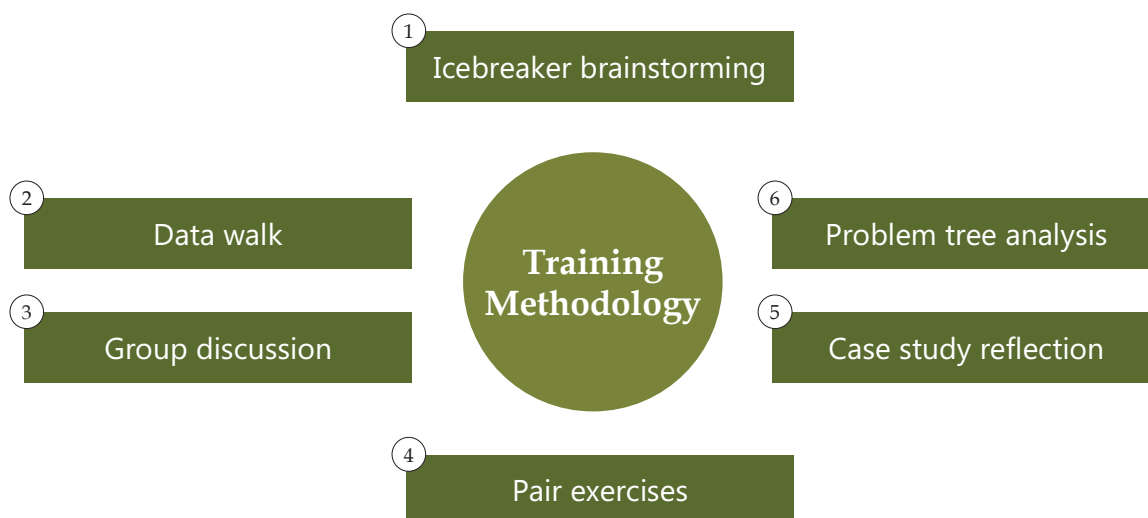
- Increased understanding of behaviour determinants
- Shift in thinking from “only services” to “services + behaviour”
- Stronger readiness to engage with SBCC planning modules
- Better user of strategy and tools

Materials, Stationery & Other Requirements

Mandatory	Optional (Recommended)
• Flipcharts (5–6) • Marker pens (multi-colour) • Sticky notes/cards • Masking tape • Whiteboard • District/state health indicator sheets or charts • Case study cards	• Projector • Short video or photos from field • Printed local success/failure stories

Training Methodology

Participatory and experiential learning using:



Avoid lectures. Aim for maximum participant involvement.

Session Flow & Detailed Steps

Activity 1: Icebreaker – “Why Don’t People Use Services?”	
Time	15 minutes
Method	Brainstorming + clustering
Purpose	Surface existing assumptions and experiences.
Steps	1. Ask: <i>“If services are available, why do people still not use them?”</i> 2. Give sticky notes (2–3 each). 3. Participants write reasons. 4. Stick on board. 5. Cluster into themes: • Awareness • Beliefs • Myths • Fear • Access • Social norms
Debrief	Highlight: Most barriers are behavioural/social, not only infrastructure-related.
Key Message	<i>“Health problems are not only technical – they are behavioural too.”</i>

Activity 2: Health Reality Check – Data Walk	
Time	25 minutes
Method	Gallery walk
Purpose	Create urgency through local evidence.
Steps	- Place health indicator charts around the room: - Immunisation - Maternal health - Nutrition - Sanitation - Adolescent health - Participants walk in pairs and discuss: - What surprises you? - What concerns you? - What is not improving? - Groups share observations.
Facilitator Tip	Let participants interpret. Do not lecture.
Debrief	Emphasise: Despite services/programmes, gaps remain.
Key Message	<i>"If services exist but outcomes are poor, something else is missing."</i>

Activity 3: Service vs Behaviour Game	
Time	20 minutes
Method	Group competition
Purpose	Demonstrate limits of service delivery alone.
Steps	- Divide into two groups. - Present scenario: <i>"Village has health centre and free immunisation but coverage is still 50%."</i> - Group A lists service-related reasons. - Group B lists behaviour-related reasons. - Compare lists.
Debrief	Behaviour list is usually longer. Explain: Services ≠ utilisation
Key Message	<i>"Behaviour change is as important as service delivery."</i>

Activity 4: Problem Tree Analysis	
Time	40 minutes
Method	Group work
Purpose	Identify root behavioural causes.
Steps	1. Select one local issue (e.g., low ANC, malnutrition). 2. Draw tree: • Trunk → problem • Roots → causes • Branches → consequences 3. Groups identify causes: • Myths • Gender norms • Lack of decision-making power • Fear • Low awareness • Cultural practices 4. Presentations
Debrief	Circle behavioural causes. Explain: These are SBCC entry points.
Key Message	<i>"If we want outcomes to change, behaviours must change."</i>

Activity 5: Mini Input – Introduction to SBCC	
Time	15 minutes
Method	Short interactive explanation
Purpose	Introduce concept after participants recognise need.
Steps	1. Ask: "So how do we change behaviours?" 2. Introduce SBCC: • Planned communication • Repeated engagement • Influencing norms and beliefs • Multiple platforms 3. Keep explanation simple.
Key Message	<i>"SBCC helps people move from knowing → believing → doing."</i>

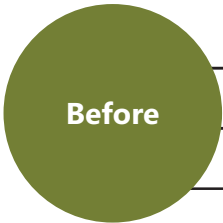
Activity 6: Case Study Reflection	
Time	15 minutes
Method	Small group discussion
Purpose	Connect learning to real life.
Steps	1. Provide simple case: • Toilet built but unused OR • Institutional delivery available but home births continue 2. Groups discuss: • What is the real issue? • Service or behaviour? • What needs to change?
Debrief	Highlight behaviour gaps.

Activity 7: Pair Exercise – Explain SBCC Simply	
Time	10 minutes
Method	Small group discussion
Purpose	Check understanding.
Steps	Participants explain to partner: <i>“What is SBCC?” (as if talking to a villager)</i> Few volunteers share.

Session Closure (10 minutes)		
Reflection Round	Summarise Key Takeaways	Transition Statement
• Ask: “One key insight I gained today...” • Write on flipchart.	• Poor indicators persist • Services alone are not enough • Behaviours and norms matter • SBCC bridges the gap	“In the next module, we will see how the SBCC strategy is structured to systematically address these behaviour gaps.”

Facilitator Quick Checklist

1

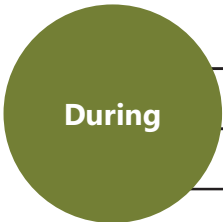


Data charts ready

Case studies printed

Materials prepared

2



Encourage sharing

Use local examples

Keep it participatory

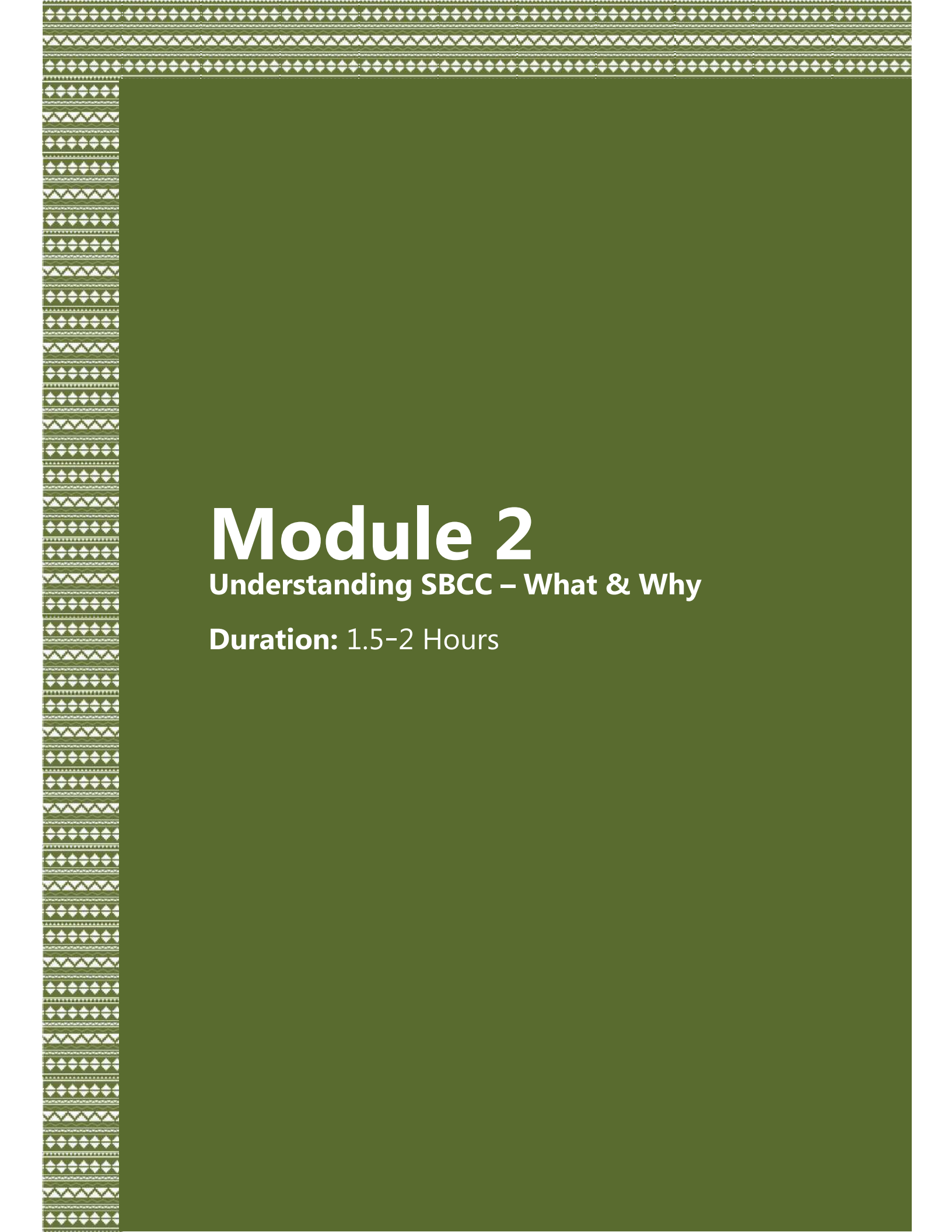
3



Save outputs

Display charts for next sessions





Module 2

Understanding SBCC – What & Why

Duration: 1.5-2 Hours

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

As the world's population grows, the demand for food and other resources will increase. This will put pressure on the environment and on the world's resources.

One of the ways to meet this demand is to increase the efficiency of food production. This can be done by using better farming techniques and by using more resources.

Another way to meet this demand is to reduce the amount of food that is wasted. This can be done by using food more efficiently and by reducing the amount of food that is thrown away.

There are many other ways to meet this demand, and it is important to find the best way to do so. This will help to ensure that there is enough food for everyone in the world.

One of the most important things to remember is that we all have a role to play in meeting this demand. We can all do something to help ensure that there is enough food for everyone in the world.

By working together, we can make a difference. We can help to ensure that there is enough food for everyone in the world.

Let's all do our part to help ensure that there is enough food for everyone in the world.

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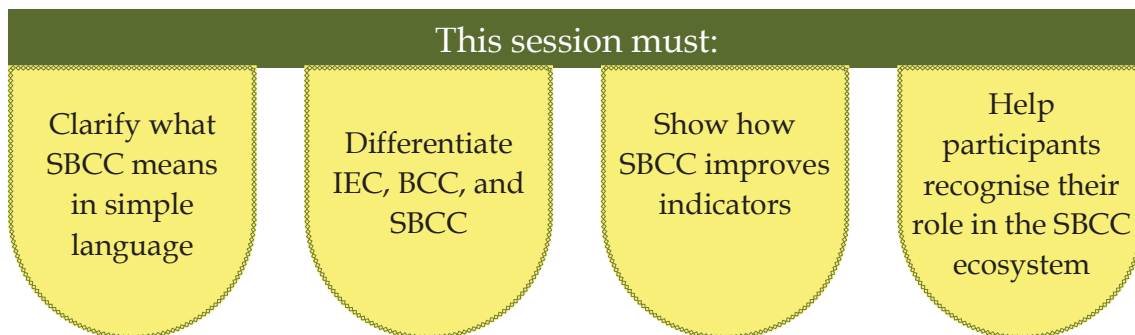
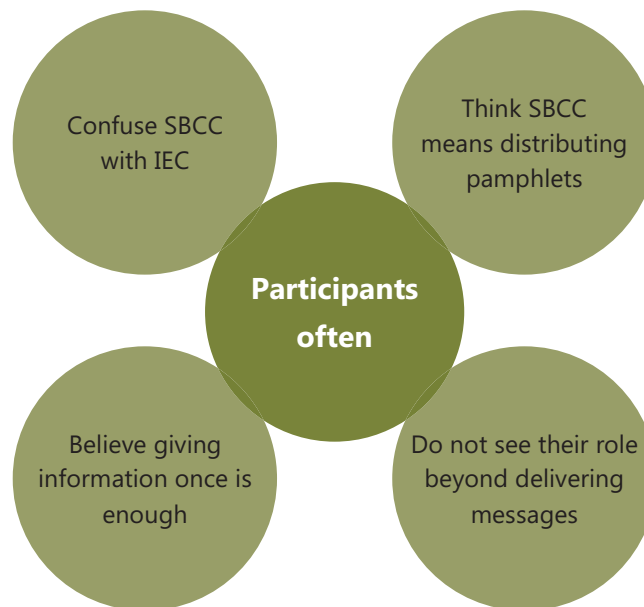
Let's all do our part to help ensure that there is enough food for everyone in the world.

Purpose: To establish conceptual clarity without excessive theory

Facilitator's Notes (Read Carefully Before Conducting the Session)

This session builds **conceptual clarity**.

In Module 1, participants understood why behaviour change is necessary. In this module, they understand *what SBCC actually is*.



Important for Facilitators

- Keep it practical.
- Avoid academic definitions.
- Use field examples.
- Use comparisons and stories.
- Repeatedly ask:

"Is this information-sharing or behaviour change?"

If participants leave saying,

“Now I understand how SBCC is different and where I fit in,”
the session is successful.

This module prepares participants for Module 3 (SBCC Strategy Overview).

Session Objectives

By the end of this session, participants will be able to:

1. Define SBCC in simple and practical language
2. Differentiate between IEC, BCC, and SBCC
3. Explain how SBCC contributes to improved health indicators
4. Identify their role within the SBCC ecosystem
5. Recognise that SBCC is a planned, continuous process

Expected Outputs & Outcomes

Immediate Outputs

Participants will:

- Write a simple definition of SBCC
- Create a comparison chart (IEC vs BCC vs SBCC)
- Identify examples of SBCC from their own work
- Articulate their role in behaviour change

Expected Outcomes (Post training)

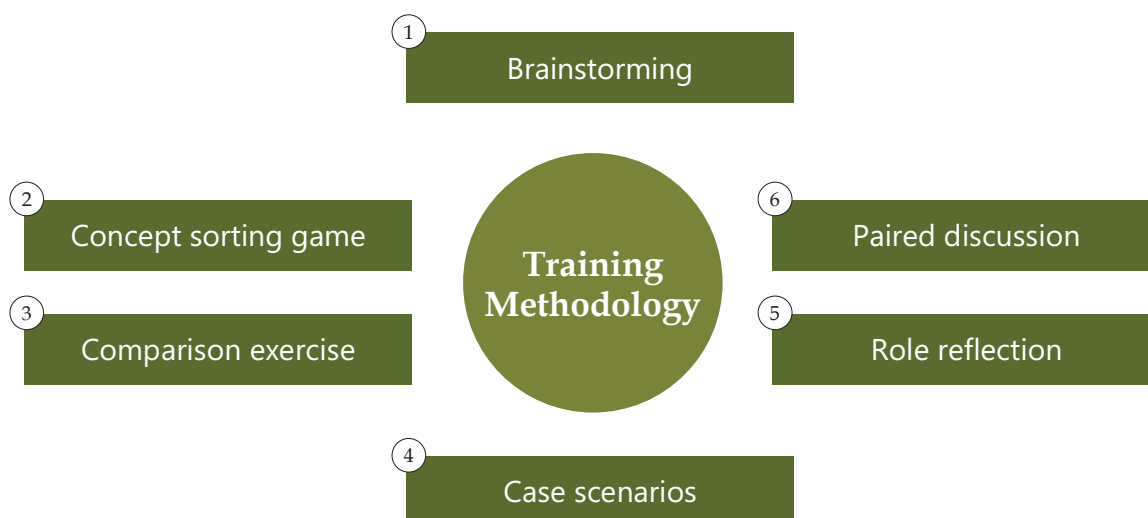
- Improved clarity in communication planning
- Reduced one-time messaging
- Better alignment with SBCC strategy
- Stronger ownership among FLWs and trainers

Materials, Stationery & Other Requirements

Mandatory	Optional (Recommended)
• Flipcharts (5–6) • Marker pens (multi-colour) • Sticky notes/cards • Masking tape • Pre-prepared comparison cards (IEC, BCC, SBCC examples)	• Projector (if available) • Sample posters/materials for demonstration • Printed local success/failure stories

Training Methodology

Participatory learning using:



Avoid long lectures. Keep discussion interactive.

Session Flow & Detailed Steps

Activity 1: Opening Reflection – “What Do We Currently Do?”	
Time	15 minutes
Method	Brainstorming
Purpose	Understand current perceptions.
Steps	1. Ask: <i>“When we talk about health communication, what activities do we usually do?”</i> 2. Write responses: • Meetings • Poster distribution • Announcements • Home visits • Group counselling <i>“Is this always leading to behaviour change?”</i> Pause and let participants reflect.
Debrief	Many activities are information-based, not behaviour-focused.
Key Message	Not all communication leads to behaviour change.

Activity 2: What is SBCC? (Simple Definition Building)	
Time	20 minutes
Method	Guided definition building
Purpose	Co-create a practical definition.
Steps	1. Ask participants: <i>"If SBCC helps change behaviour, what does it include?"</i> 2. Write keywords: • Social norms • Beliefs • Repetition • Engagement • Planning <i>"Is this always leading to behaviour change?"</i> Pause and let participants reflect. 3. Facilitate group to form simple definition, such as: <i>"SBCC is a planned process of communication that helps individuals and communities adopt positive behaviours by addressing beliefs, norms, and barriers."</i> 4. Write final agreed definition.
Debrief	Many activities are information-based, not behaviour-focused.
Key Message	Not all communication leads to behaviour change.

Activity 3: IEC vs BCC vs SBCC – Concept Sorting Game	
Time	30 minutes
Method	Card sorting group activity
Purpose	Clarify differences clearly.
Steps	1. Divide participants into 3 groups. 2. Give each group mixed cards describing activities, such as: • Distributing pamphlets • One-time awareness rally • Ongoing counselling sessions • Community norm discussions • Peer support groups • Radio jingles repeated monthly

Activity 3: IEC vs BCC vs SBCC – Concept Sorting Game	
Steps	3. Groups sort cards into: • IEC • BCC • SBCC 4. Groups present and explain reasoning. Facilitator Explanation (After Presentations) a. IEC (Information, Education, Communication) • Focus on information • One-way communication • Awareness creation b. BCC (Behaviour Change Communication) • Focus on individual behaviour • Encourages specific action • More interactive than IEC c. SBCC (Social & Behaviour Change Communication) • Addresses individual behaviour + social norms • Engages multiple audiences • Uses multiple platforms • Planned and continuous
Key Message	SBCC goes beyond awareness – it addresses social influence and systems.

Activity 4: Linking SBCC to Health Indicators	
Time	20 minutes
Method	Small group mapping exercise
Purpose	Connect concept to outcomes.
Steps	1. Write one indicator on board (e.g., low ANC coverage). 2. Ask: • What behaviour needs to change? • What belief or norm blocks it? 3. Repeat with 2–3 examples: • Anaemia • Early marriage • Low male involvement

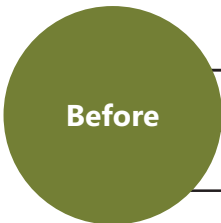
Activity 4: Linking SBCC to Health Indicators	
Steps	4. Ask: <i>"Can information alone change this?"</i>
Debrief	Indicators improve when behaviours change.
Key Message	Improved indicators = Changed behaviours + supportive norms.

Activity 5: Role of FLWs in the SBCC Ecosystem	
Time	20 minutes
Method	Guided discussion + reflection
Purpose	Clarify roles.
Steps	1. Ask : <i>"Who interacts most with the community?"</i> 2. List roles: • FLWs • Trainers • Supervisors • Community leaders 3. Discuss: • How FLWs influence behaviour • Why trust matters • Why repetition matters 4. Ask participants to complete: <i>"As an FLW/trainer, my SBCC role is to..."</i> Volunteers share.
Key Message	FLWs are not message carriers – they are behaviour influencers.

Session Closure (10 minutes)		
Reflection Round	Summarise Key Takeaways	Transition Statement
• Ask: <i>"In one sentence, what is SBCC?"</i> Invite 3–4 participants to respond.	• SBCC is planned and continuous • It goes beyond information • It addresses social norms • It improves health indicators • Every participant has a role	<i>"Now that we understand what SBCC is, the next module will help us understand the overall SBCC strategy and how everything connects."</i>

Facilitator Quick Checklist

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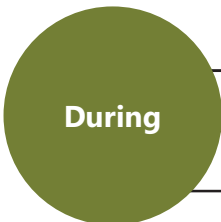


Prepare sorting cards

Prepare comparison chart

Arrange materials

2



Encourage discussion

Use real examples

Keep language simple

3

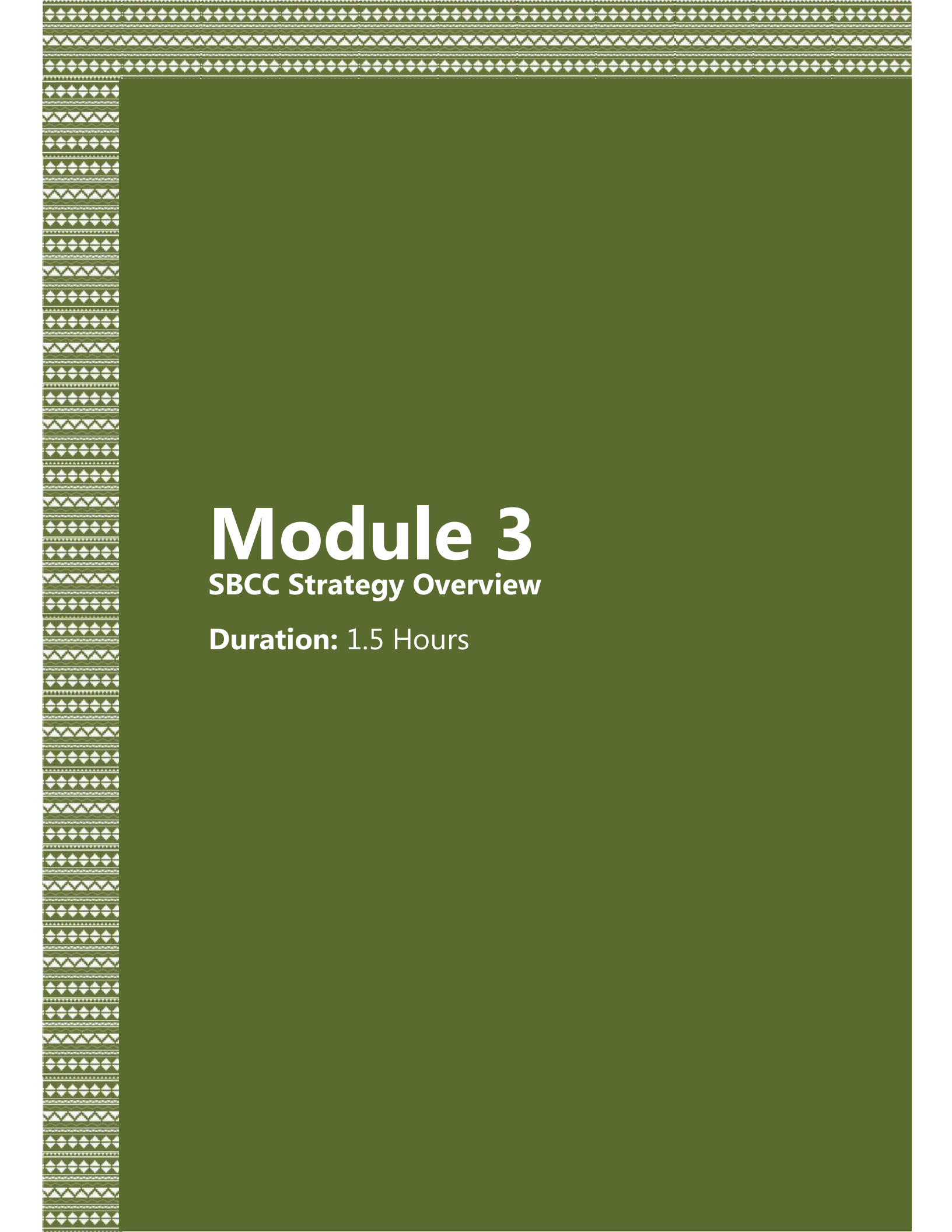


Display final SBCC definition

Keep comparison chart visible for next session

Your care starts with ANC:
The earlier, the better





Module 3

SBCC Strategy Overview

Duration: 1.5 Hours

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

As the world's population grows, the demand for food and other resources will increase. This will put pressure on the environment and on the world's resources.

One of the main causes of environmental problems is the increasing demand for food and other resources. This demand is driven by the growing world population.

The demand for food and other resources is also driven by the increasing demand for energy. This demand is driven by the growing world population.

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Purpose: To help participants see the big picture without burdening them with full strategy documents

Facilitator's Notes (Read Carefully Before Conducting the Session)

This module is designed to help participants see the “big picture” of the SBCC strategy without overwhelming them with technical documents. The intent is not to make participants memorise the strategy, but to help them internalise why the strategy exists, what it seeks to change, and how each person's role contributes to those changes.

Important for Facilitators

- Avoid lecturing or reading from slides.
- Use real examples from the field, especially those linked to poor health indicators or community resistance.
- Keep the discussion behaviour-focused, not scheme- or guideline-heavy.
- Frequently ask: “What do we see in our villages?” and “Why do messages fail?”
- Reinforce that SBCC is not about giving information once, but about repeated, planned, and reinforced engagement using multiple tools and platforms.
- This module should naturally lead into the next modules on communication materials, calendars, and field use.

Session Objectives

By the end of this session, participants will be able to:

1. Explain why SBCC is required to improve key health indicators across priority thematic areas
2. Describe the overall SBCC vision, objectives, and expected outcomes
3. Identify the 10 thematic areas, their priority behaviours, and why they matter
4. Understand who needs to change (target audiences) and why
5. Recognise the key communication approaches used in the SBCC strategy
6. Clearly articulate their role within the SBCC strategy

Expected Outputs & Outcomes

Immediate Outputs

Participants will:

- Participants can summarise the SBCC strategy in simple language
- Participants can link health **indicators** → **behaviours** → **communication needs**
- Participants can correctly identify:
 1. Priority behaviours
 2. Target audiences
 3. Communication approaches

Expected Outcomes (Post training)

- Improved alignment between field communication and SBCC strategy
- Reduced ad-hoc or repetitive messaging
- Better use of communication materials and calendars in later modules
- Stronger ownership of SBCC roles across cadres

Materials, Stationery & Other Requirements

Mandatory	Optional (Recommended)
• Flip charts (minimum 3) • Marker pens (multiple colours) • Sticky notes or cards • Masking tape • Printed cards with: 1. Thematic areas 2. Key behaviours 3. Target audiences • SBCC Strategy summary slide or handout (1-2 pages only)	• Sample SBCC posters/ videos (to connect strategy with real tools) • Projector (if available)

Session Flow & Training Methodology

Activity 1: Setting the Context – “Why Are We Here?”	
Time	15 minutes
Method	Guided discussion + participatory reflection
Steps	1. Ask participants: • “What health problems do we see repeatedly in our communities?” • “Despite services being available, why do these problems continue?” 2. Write responses on a flip chart (e.g., anaemia, early pregnancy, poor ANC, low male participation). 3. Probe further: “Is this only a service issue or also a behaviour issue?” 4. Summarise: • Services alone cannot change behaviours. • SBCC addresses beliefs, norms, fears, habits, and social pressure.
Key Facilitator Message	“SBCC exists because information and services alone are not enough to change behaviour.”

Activity 2: Understanding the SBCC Strategy – The Big Picture	
Time	20 minutes
Method	Interactive explanation + questioning
Steps	1. Present the SBCC Vision and Objective in simple terms: • Improving health outcomes by changing key behaviours through planned communication 2. Explain: • SBCC is planned, layered, and continuous, not one-time messaging. 3. Introduce the 10 Thematic Areas (do not deep-dive yet). 4. For each theme, briefly state: • The problem • The behaviour that needs to change
Facilitator Tip	Do not explain schemes or guidelines here – focus on behaviours and outcomes.

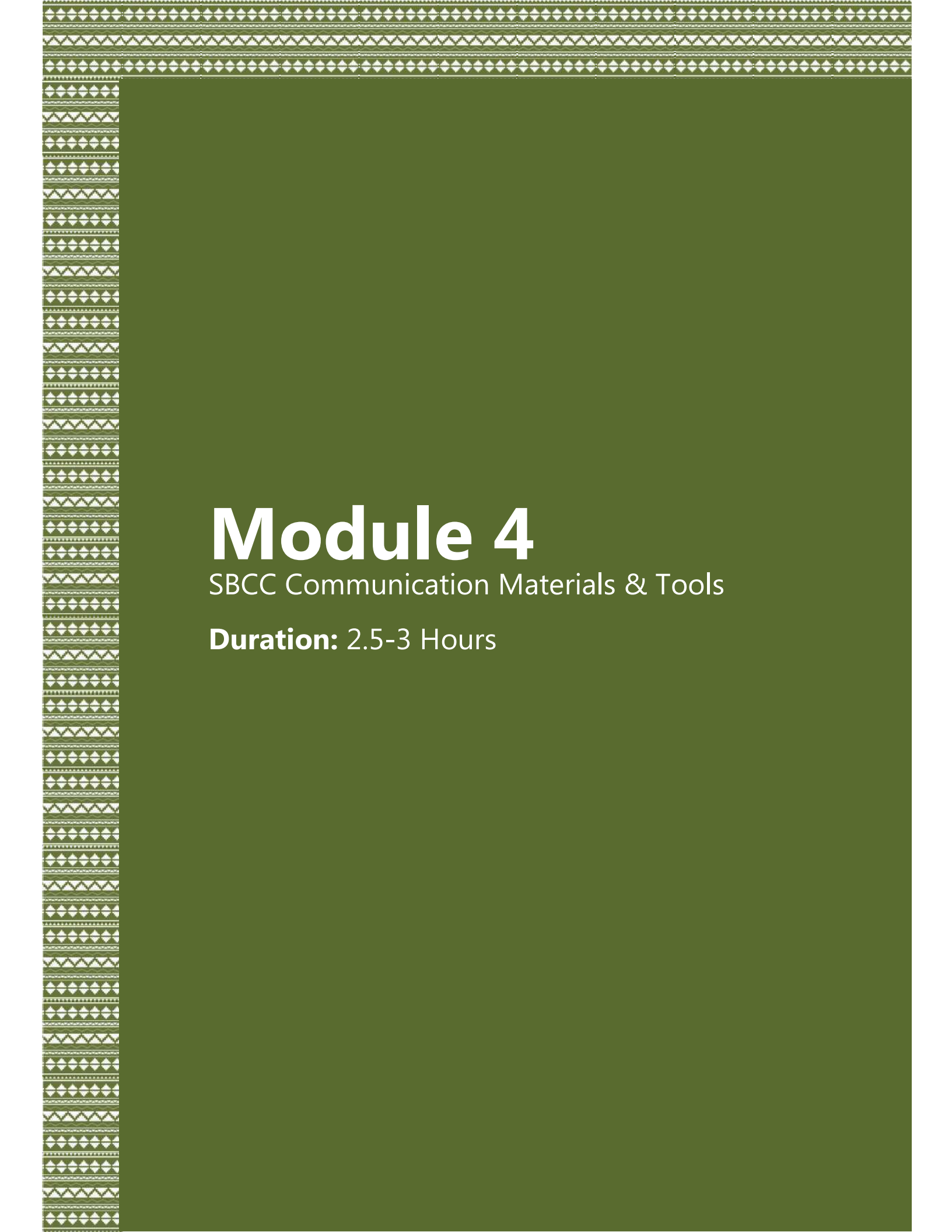
Activity 3: Behaviour Mapping Exercise – “What Needs to Change?”	
Time	20 minutes
Method	Group work
Steps	1. Divide participants into small groups. 2. Assign each group 2–3 thematic areas. 3. Ask groups to discuss and write: • Current behaviour seen in the community • Desired behaviour 4. Groups present their findings. 5. Facilitator links responses back to SBCC strategy priorities.
Learning Reinforcement	SBCC focuses on specific behaviours, not generic awareness.

Activity 4: Who Needs to Change and Why? (Target Audiences)	
Time	15 minutes
Method	Card sorting exercise
Steps	1. Distribute cards with different audience groups: • Adolescents, husbands, mothers-in-law, pregnant women, community leaders, etc..

Activity 4: Who Needs to Change and Why? (Target Audiences)	
Steps	- Ask participants to match: - Audience → Behaviour → Reason for influence - Facilitate discussion on: - Primary vs secondary audiences - Influence of gatekeepers and decision-makers
Key Message	"We do not talk to everyone in the same way. SBCC is audience-specific."

Activity 5: Communication Approaches – How SBCC Works	
Time	15 minutes
Method	Facilitated discussion with examples
Steps	- Introduce the three main approaches: - Interpersonal Communication (IPC) - Mid-media; community platforms - Mass/digital media - Ask participants: "Where do we already use these?" - Link approaches to: - Repetition - Reinforcement - Trust-building - Highlight that materials developed under MHSSP are: - Culturally grounded - Field-tested - Designed for multiple platforms

Session Closure (10 minutes)		
Reflection Exercise (10 minutes)	Summarise Key Takeaways	Transition Statement
Ask participants to complete the sentence: <i>"After understanding the SBCC strategy, I now realise that my role is to..."</i> Invite 3–4 participants to respond.	- SBCC is not an event, it is a process - Behaviour change requires: - Right message - Right audience - Right tool - Right time - Everyone in the system has a defined role in making SBCC effective	"What tools are available to us and how we use them effectively in the field."



Module 4

SBCC Communication Materials & Tools

Duration: 2.5-3 Hours

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

As the world's population grows, the demand for food and other resources will increase. This will put pressure on the environment and on the world's resources.

One of the main causes of environmental problems is the increasing demand for food and other resources. This demand is driven by the growing world population.

The demand for food and other resources is also driven by the increasing demand for energy. This demand is driven by the growing world population.

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Purpose: Core operational module – ensures mastery over tools

Facilitator’s Notes (Read Carefully Before Conducting the Session)

This is a core operational module and forms the foundation for all subsequent modules. Participants must leave this session with complete clarity about every SBCC material available to them, its purpose, correct usage, and thematic alignment.

The facilitator must ensure that this session is practical and hands-on. Participants should physically handle and review the materials wherever possible. Avoid theoretical explanation without demonstration.

Encourage participants to ask questions about tools they find confusing or underutilized. Clarify misconceptions immediately. Emphasize that misuse of materials reduces credibility and impact.

By the end of the session, participants should confidently identify each tool, explain its purpose, link it to the correct theme, and describe correct usage practices.

Maintain energy and interaction throughout the session to prevent fatigue, as tool orientation can otherwise become monotonous.

Session Objectives

By the end of this session, participants will be able to:

1. Identify all available SBCC communication materials.
2. Explain the purpose and theme supported by each tool.
3. Select appropriate tools based on communication objectives.
4. Demonstrate correct and incorrect usage practices.
5. Apply key Dos and Don’ts while using SBCC materials.

Expected Outputs & Outcomes

Immediate Outputs

- Participants complete tool identification and categorization exercises.
- Participants demonstrate correct usage of selected materials.
- Participants prepare a thematic-tool mapping chart.

Expected Outcome:

- Increased operational clarity on SBCC materials.
- Reduced misuse or underuse of communication tools.
- Improved alignment between communication themes and materials used.
- Strong foundation for field-level application (**Module 5**).



Duration: 2.5-3 Hours

Materials, Stationery & Other Requirements	
	• All available SBCC materials (posters, flipbooks, videos, job aids, calendars, digital tools, etc.)
	• Flip charts
	• Markers (multiple colors)
	• Sticky notes
	• Thematic cards (prepared in advance)
	• Tool name cards (prepared in advance)
	• Projector and speakers (for video/digital tools)
	• Observation checklist
	• Pens for participants

Training Methodology (Participatory Approach)

Method 1: Icebreaker – “Tool Recognition Challenge” (20 minutes)	
Purpose	Assess baseline familiarity.
Steps	1. Display different SBCC materials on a table. 2. Ask participants to walk around and observe. 3. Ask: • Which of these have you used? • Which ones are you unsure about? 4. Participants write tool names on sticky notes and place next to materials. 5. Facilitator clarifies correct names and categories.

Method 2: Guided Walkthrough – Material Orientation (45 minutes)	
Activity Title	“Know Your Tools”
Steps	1. Facilitator presents each material one by one. 2. For each tool, explain: • What is this tool? • What is its purpose? • Which theme/topic does it support? • Where should it be used? • Who is the target audience?

Method 2: Guided Walkthrough – Material Orientation	
Steps	- Encourage participants to handle the material. Include: - Posters - Frequently Asked Questions (FAQ) - Calendars - Videos (for social media) - (display using screen- laptop / tab / mobile etc) - Animation videos (for ASHA Tabs) - (display using laptop / Tab / Mobile phone screen) - Keep it interactive by asking: “Where would you use this?” “What mistake can happen while using this?”

Method 3: Group Activity – Theme & Tool Mapping Game (40 minutes)	
Activity Title	“Match the Tool to the Theme”
Steps	- Divide participants into small groups. - Provide: - Theme cards (e.g., nutrition, immunization, adolescent health). - Tool cards. - Groups must match tools with appropriate themes. - Each group explains their reasoning. - Facilitator corrects and clarifies. This reinforces thematic alignment.

Method 4: Demonstration – Dos and Don’ts (30 minutes)		
Activity Title	“Correct or Incorrect?”	
Steps	- Facilitator demonstrates incorrect usage (e.g., covering poster visuals, reading mechanically). - Participants identify what was wrong. - Facilitator demonstrates correct usage. - List Dos and Don’ts on flip chart.	
Examples	Dos: - Maintain eye contact. - Use visuals to explain. - Keep materials clean and updated. - Adapt to audience literacy level.	Don’ts: - Read directly without interaction. - Use outdated materials. - Use irrelevant tools. - Overload audience with too many materials.

Method 5: Small Group Practice (40 minutes)	
Activity Title	"Explain the Tool"
Steps	1. Assign each group one SBCC material. 2. Groups prepare a 5-minute explanation covering: • Purpose • Target audience • Theme • Correct usage 3. Groups present. 4. Facilitator and peers provide feedback.

Key Content Summary (For Facilitator Reference)

- Every tool has a defined purpose.
- Tools must align with theme and audience.
- Correct usage increases credibility.
- Tools support — not replace — communication.
- Mastery of materials improves operational effectiveness.

Keep summary concise during session delivery.



Assessment of Learning

Facilitator evaluates participants on:

①

Ability to identify each tool.

②

Ability to link tool with correct theme.

③

Clarity in explaining purpose.

④

Understanding of Dos and Don'ts.

⑤

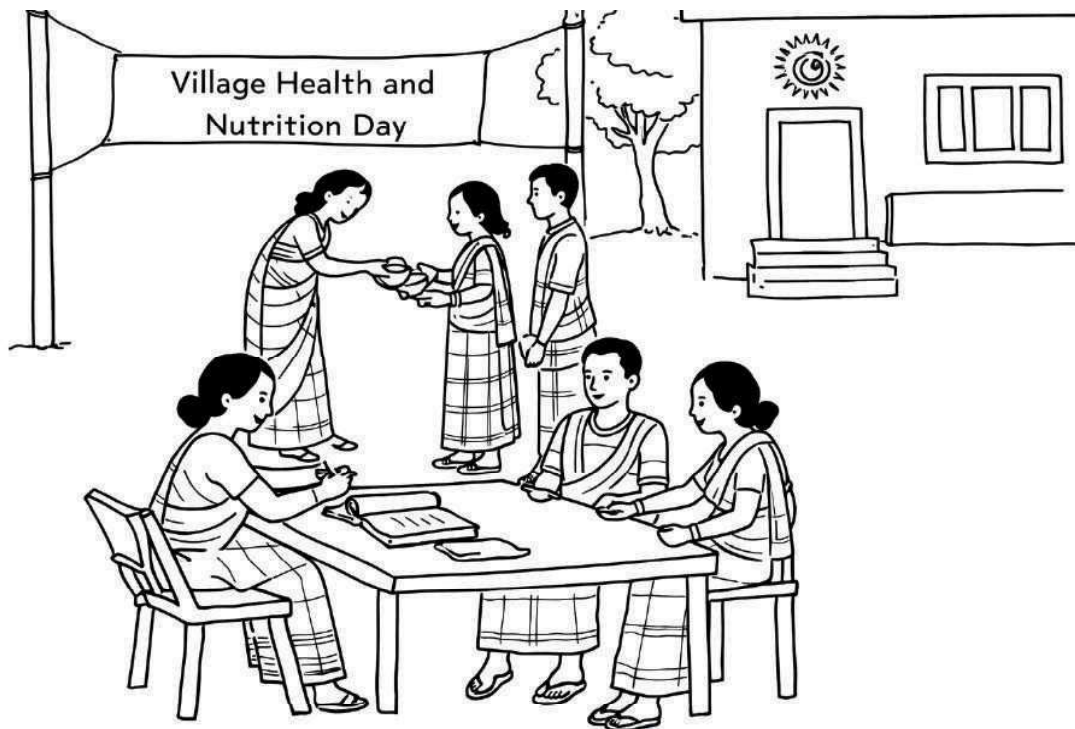
Confidence during demonstration.

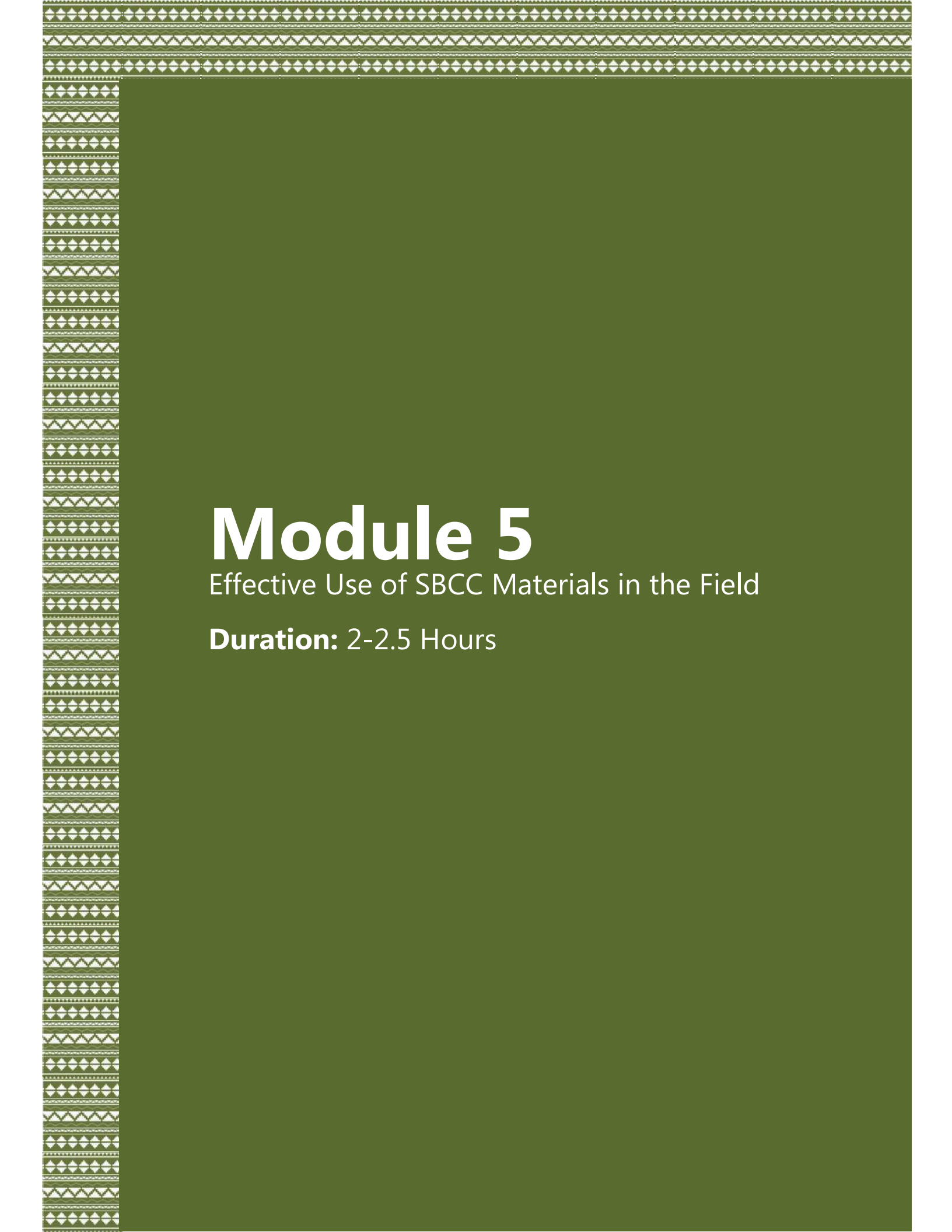
Participants should demonstrate competency before moving to Module 5.

Closure of the Session (10–15 minutes)			
Closure Steps			
1. Rapid-fire round: • Facilitator shows a tool. • Participants state purpose and theme.	2. Ask participants: • Which tool do you feel most confident using? • Which tool do you need more practice with?	3. Summarize key takeaways.	4. Link to next module: <i>“Now that we understand the tools, the next step is learning how to use them effectively in the field.”</i>

End with reinforcement that mastery of materials is the foundation of effective SBCC implementation.

Because good health should
Reach every home





Module 5

Effective Use of SBCC Materials in the Field

Duration: 2-2.5 Hours

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

As the world's population grows, the demand for food and other resources will increase. This will put pressure on the environment and on the world's resources.

One of the ways to meet this demand is to increase the efficiency of food production. This can be done by using better farming techniques and by using more resources.

Another way to meet this demand is to reduce the amount of food that is wasted. This can be done by using food more efficiently and by reducing the amount of food that is thrown away.

There are many other ways to meet this demand, and it is important to find the best way to do so. This will help to ensure that everyone has enough to eat and that the environment is protected.

One of the most important things we can do is to make sure that we are using resources in a sustainable way. This means that we are using resources in a way that does not harm the environment and that we are leaving enough for future generations.

By doing this, we can help to ensure that everyone has enough to eat and that the world is a better place for everyone.

There are many other things we can do to help, and it is important to work together to make a difference. This will help to ensure that everyone has enough to eat and that the world is a better place for everyone.

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Purpose: To convert materials into action

Facilitator's Notes (Read Carefully Before Conducting the Session)

This module focuses on strengthening participants' ability to effectively use SBCC materials in real-life field situations. The emphasis should be on practical demonstration and skill-building, not theoretical explanation.

Facilitators must ensure that participants understand that SBCC tools are aids to dialogue, not substitutes for communication. The session should be highly interactive, with multiple opportunities for practice through simulations and role plays.

Encourage participants to share real field experiences, including challenges they face during home visits, VHNDs, outreach sessions, and OPDs. Constructive feedback is essential.

By the end of this session, participants should demonstrate improved interpersonal communication (IPC) skills and confidence in handling resistance, myths, and repeated messaging.

Avoid long lectures. Model good communication throughout the session.

Session Objectives

By the end of this session, participants will be able to:

1. Demonstrate effective use of SBCC tools during home visits, VHNDs, outreach, and OPDs.
2. Match communication tools appropriately to different audience types.
3. Handle resistance, myths, and difficult questions confidently.
4. Reinforce key messages over repeated interactions without causing message fatigue.

Expected Outputs & Outcomes

Immediate Outputs

- Participants practice using SBCC tools through structured role plays.
- Participants complete scenario-based exercises matching tools to audience types.
- Participants demonstrate myth-handling techniques.

Expected Outcome:

- Improved quality of field-level interpersonal communication.
- Increased confidence among frontline workers.
- Better engagement with beneficiaries.
- More consistent and effective reinforcement of key messages over time.



Duration: 2-2.5 Hours

Materials, Stationery & Other Requirements
• Sample SBCC materials (flipbooks, posters, cue cards, job aids)
• Flip charts
• Markers (multiple colors)
• Scenario cards (prepared in advance)
• Myth and resistance case slips
• Observation checklist (for facilitator use)
• Sticky notes
• Pens for participants
• Projector (optional)

Training Methodology (Participatory Approach)

Method 1: Experience Reflection Exercise (20 minutes)	
Activity Title	“How Do We Use Tools Today?”
Steps	1. Ask participants: • How do you currently use SBCC materials? • What challenges do you face? 2. Write responses on flip chart. 3. Identify common issues (e.g., reading from flipbook, lack of engagement, rushing). 4. Introduce session purpose: moving from “showing materials” to “facilitating dialogue.” Facilitator links discussion to skill-based learning.

Method 2: Demonstration – Good vs Poor Use of SBCC Tools (30 mins)	
Activity Title	“Spot the Difference”
Steps	1. Conduct a short demonstration using a flipbook: • First version: poor practice (reading mechanically, no eye contact). • Second version: good practice (interactive, asking questions, engaging). 2. Ask participants: • What differences did you observe? 3. List effective behaviours on flip chart.

Method 2: Demonstration – Good vs Poor Use of SBCC Tools	
Facilitator emphasizes	• Eye contact • Open-ended questioning • Active listening • Using visuals strategically

Method 3: Matching Tools to Audience Game (30 minutes)	
Activity Title	“Right Tool, Right Audience”
Steps	1. Divide participants into groups. 2. Provide each group with: • Audience cards (adolescent girl, newly married couple, mother-in-law, community group). • SBCC tool cards. 3. Ask groups to match appropriate tool with audience. 4. Groups explain reasoning. 5. Facilitator provides feedback and clarifies misconceptions.
Highlight differences in approach	• Adolescents → interactive discussion • Couples → decision-making dialogue • Families → collective understanding • Community groups → norm-focused discussion

Method 4: Role Play – Handling Resistance & Myths (50 minutes)	
Activity Title	“Responding with Confidence”
Steps	1. Divide participants into groups of three: • One frontline worker • One beneficiary expressing resistance • One observer 2. Provide myth/resistance scenario slips (e.g., vaccine myths, family planning concerns). 3. Conduct 5–7 minutes role play. 4. Observer provides feedback using checklist. 5. Rotate roles.
Facilitator Highlights	• Listening without interruption • Avoiding confrontation • Using facts calmly • Acknowledging emotions

Method 5: Reinforcing Messages Over Time Discussion (20 minutes)

Steps	1. Facilitated discussion on: • How to follow up without repeating mechanically • Linking current visit to previous conversation • Encouraging small commitments • Tracking behaviour change progress 2. Ask: • How can you avoid message fatigue? • How often should reinforcement happen?
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Key Content Summary (For Facilitator Reference)

- SBCC tools support conversation.
- Platform-specific adaptation is necessary.
- Audience type determines communication style.
- Resistance requires empathy, not argument.
- Reinforcement ensures sustained behaviour change.

Keep this section concise during delivery.



Assessment of Learning

Facilitator evaluates participants on:

①

Effective use of visual aids

②

Communication clarity

③

Listening skills

④

Confidence in myth-handling

⑤

Ability to adapt approach to audience type

Use structured observation checklist during role plays.

Participants must demonstrate practical IPC skills to meet competency outcome.

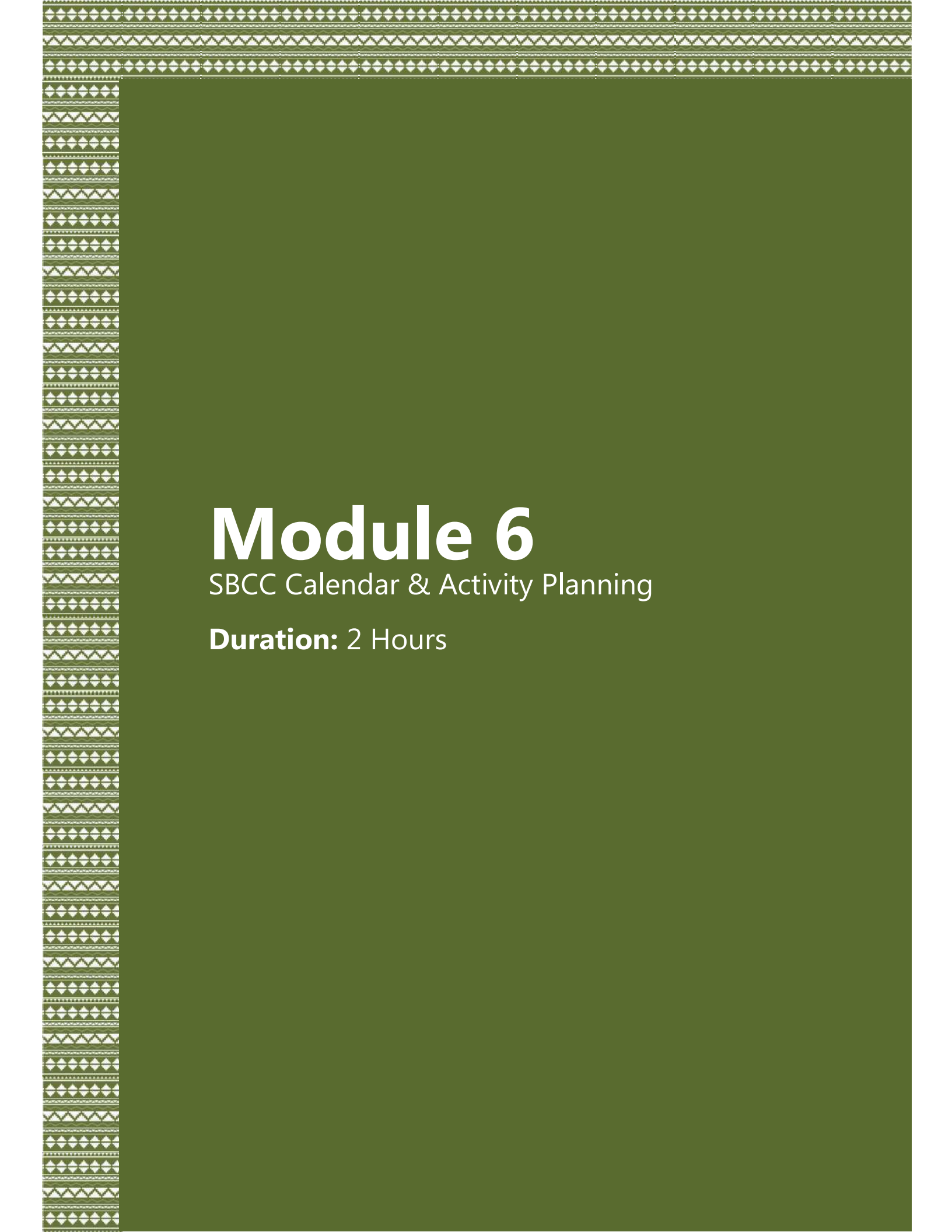
Closure of the Session (10–15 minutes)			
Closure Steps			
1. Ask participants: • One skill they improved today. • One tool they will use differently from now on.	2. Summarize key learning points.	3. Reinforce that tools are only effective when communication is interactive.	4. Connect to next module (planning and engagement).

End with appreciation for participation and emphasize practical application in field settings.



"Empowering families
through awareness—
small conversations today,
healthier futures tomorrow."





Module 6

SBCC Calendar & Activity Planning

Duration: 2 Hours

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

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Purpose: To ensure systematic and timely use of SBCC

Facilitator's Notes (Read Carefully Before Conducting the Session)

This module ensures SBCC is systematic, not random.

By now participants:

- Understand why SBCC is needed (Module 1)
- Understand what SBCC is (Module 2)
- Understand the strategy (Module 3)
- Know the tools (Module 4)
- Can use tools in the field (Module 5)

Now they must learn:

- How to plan SBCC activities in advance
- How to align with monthly/thematic calendars
- How to link SBCC with health events (VHNDs, campaigns, outreach days)
- How to avoid repetition and last-minute messaging

Common problems in field:

- Same message repeated randomly
- No link between theme and activity
- Activities planned last-minute
- Calendar exists but not used

Your role:

- Make participants physically work with the calendar
- Practice micro-planning
- Emphasize coordination with health events
- Show consequences of poor planning

Avoid:

- Simply explaining the calendar
- Treating it as a document review session
- Allowing participants to skip the planning exercise

If participants leave with a **clear, simple monthly SBCC plan**, the session is successful.

Session Objectives

By the end of this session, participants will be able to:

- Understand the structure of the SBCC calendar (monthly, thematic, event-based)
- Link SBCC activities to key health events and outreach platforms

- Understand the structure of the SBCC calendar (monthly, thematic, event-based)
- Link SBCC activities to key health events and outreach platforms
- Develop a simple village/hamlet-level SBCC activity plan
- Avoid ad-hoc or repetitive messaging
- Select appropriate tools for planned activities

Expected Outputs & Outcomes

Immediate Outputs

- Participants will:
- Interpret the SBCC calendar correctly
- Develop a sample monthly SBCC micro-plan
- Align themes with health events
- Identify gaps in current planning

Expected Outcomes (Post Training)

- More systematic SBCC implementation
- Better coordination with outreach platforms
- Reduced duplication and random messaging
- Improved consistency across villages

Materials, Stationery & Other Requirements

Mandatory	Optional
• Printed SBCC calendar (monthly/ thematic) • Flip charts • Markers (multi-colour) • Sticky notes • Masking tape • Sample village planning template	• Projector • Sample filled micro-plan



Training Methodology

Participatory and planning-based using:



This module must focus on practical planning, not theory.

Session Flow & Detailed Steps

Activity 1: Opening Reflection – “How Do We Currently Plan?”	
Time	15 minutes
Method	Guided discussion
Purpose	Understand current planning practices.
Steps	1. Ask: • “How do you decide what message to deliver in a given week?” • “Do you follow a calendar?” • “What happens if planning is not done in advance?” Write responses. 2. Highlight issues: • Repetition • Missed opportunities • Last-minute preparation • Lack of coordination
Key Message	Planning improves impact and efficiency.

Activity 2: Understanding the SBCC Calendar	
Time	25 minutes
Method	Interactive walkthrough
Purpose	Build clarity on structure.

Activity 2: Understanding the SBCC Calendar	
Steps	1. Distribute printed SBCC calendar. Explain: • Monthly themes • Event-based activities • Special campaign days • Thematic focus areas 2. Ask participants: • “Why is this theme placed in this month?” • “Which health events happen in this period?” 3. Link to: • VHNDs • Outreach days • Campaigns • Seasonal relevance
Facilitator Emphasis	Calendar ensures: • Repetition • Timely messaging • Thematic focus • Structured delivery
Key Message	Calendar prevents random messaging.

Activity 3: Linking Calendar to Health Platforms	
Time	20 minutes
Method	Group mapping exercise
Purpose	Strengthen integration
Steps	1. Divide participants into groups. 2. Assign each group: • One month from calendar. 3. Ask them to identify: • Health events in that month • Outreach opportunities • Appropriate SBCC tools • Target audiences 4. Groups present findings.
Debrief Questions	• Are tools aligned with audience? • Is theme consistent? • Is reinforcement planned?

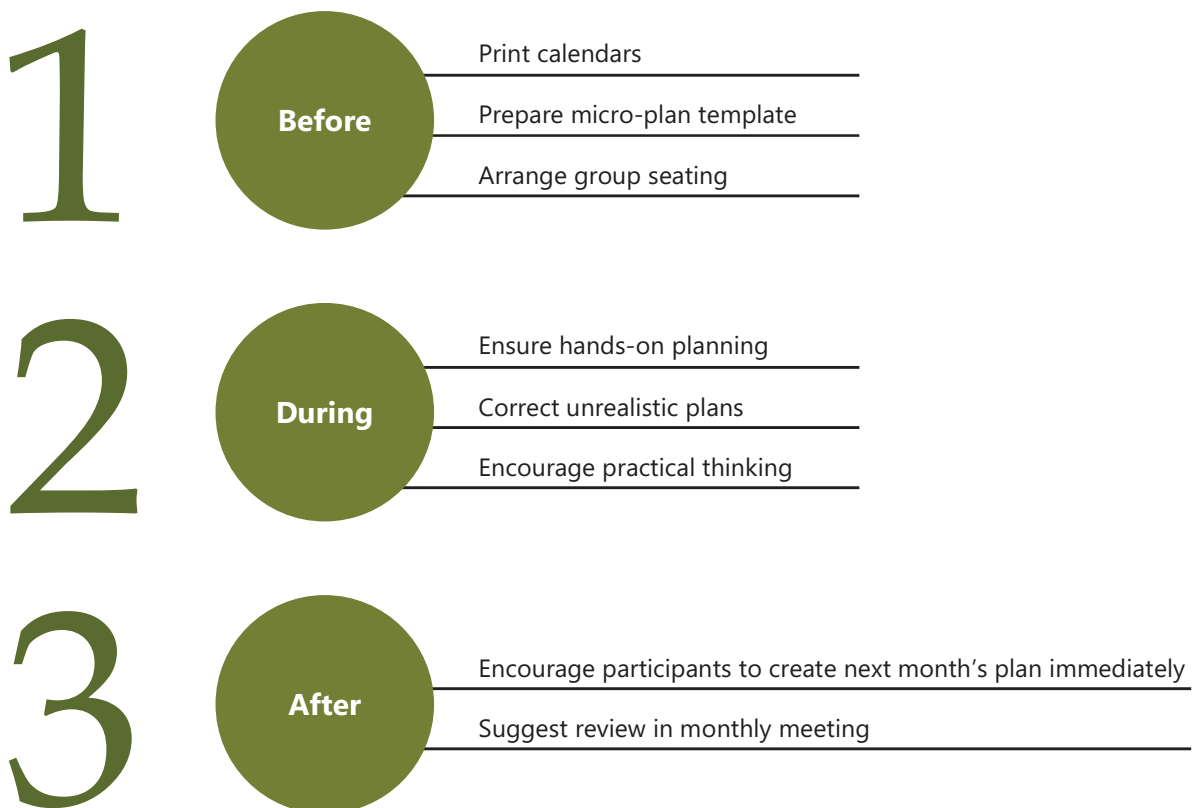
Activity 4: Micro-Planning Exercise – Village Level	
Time	35 minutes
Method	Practical planning activity
Purpose	Convert calendar into action.
Steps	1. Provide simple micro-plan template: • Week • Theme • Audience • Platform • Tool Follow-up Plan 2. Groups prepare a plan for: • One village • One month 3. They must include: • Home visits • VHND • Group meetings • Follow-up reinforcement Groups present plans.
Facilitator Checks	• No repetition without purpose • Correct tool selection • Reinforcement included • Realistic workload

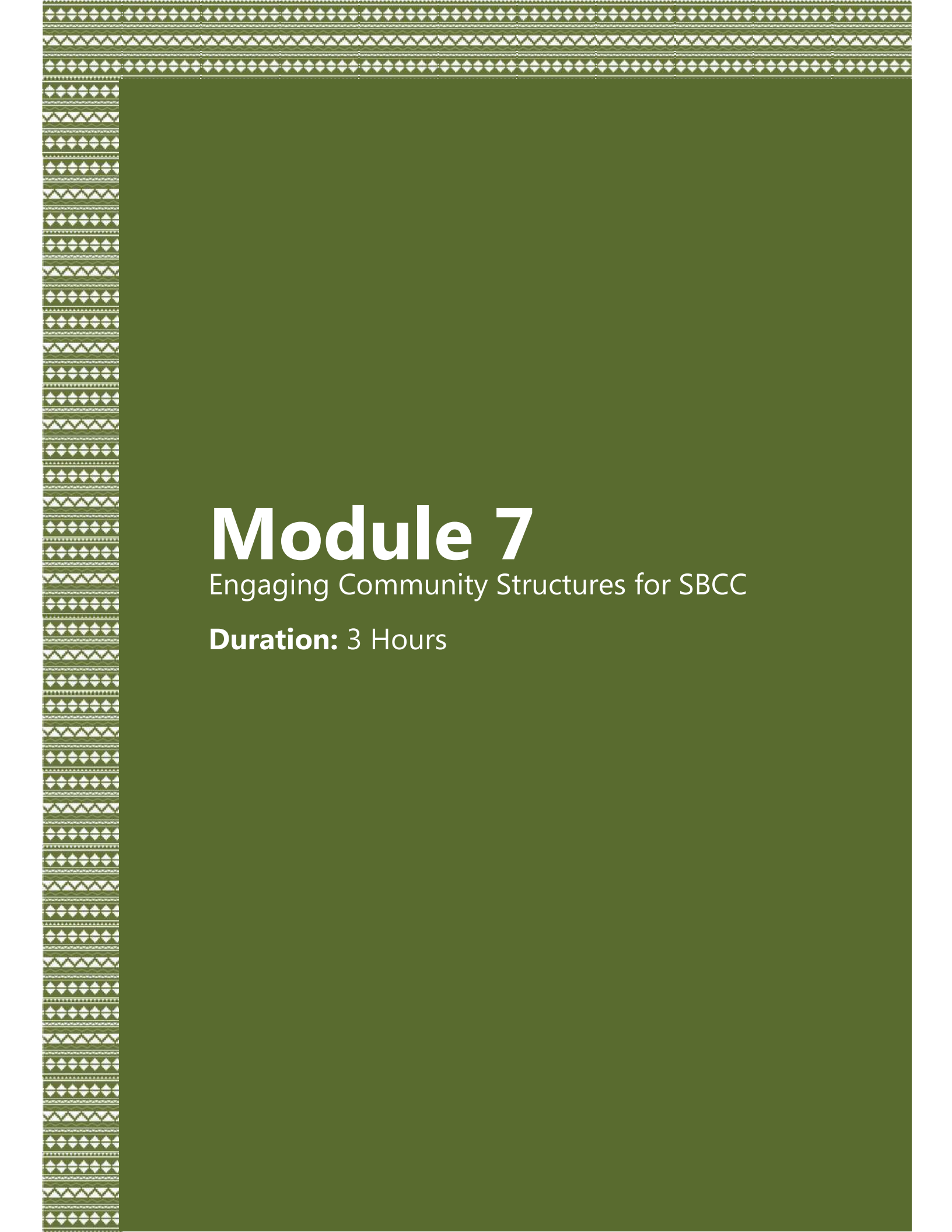
Activity 5: Identifying Common Planning Mistakes	
Time	15 minutes
Method	Reflection discussion
Purpose	Prevent future errors.
Steps	1. Ask: • “What mistakes do we usually make while planning?” 2. Write common issues: • Ignoring calendar • Overloading one week • Repeating same audience • No follow-up • No coordination 3. Groups present findings.

Activity 5: Identifying Common Planning Mistakes		
Create flipchart	Planning Dos • Review calendar monthly • Align with events • Distribute activities evenly • Plan reinforcement • Track completion	Planning Don'ts • Last-minute planning • Same message every week • Ignoring local context • Skipping follow-up

Session Closure (10 minutes)		
Reflection Round	Final Summary	Transition Statement
• Ask: "One change I will make in my planning from next month is..."	• Calendar provides structure • Planning ensures consistency • Reinforcement improves behaviour change • SBCC must be systematic	"In the next module, we will learn how to monitor and support SBCC activities to ensure quality implementation."

Facilitator Quick Checklist





Module 7

Engaging Community Structures for SBCC

Duration: 3 Hours

Purpose: To move beyond individual counselling to social norm change

Facilitator's Notes (Read Carefully Before Conducting the Session)

This module aims to help participants move beyond individual counselling toward influencing social norms through community engagement. The facilitator should emphasize that sustained behaviour change requires community ownership, not just one-to-one communication.

Encourage participants to think about both formal and informal influencers in their communities. The session should remain highly participatory, drawing on real examples from participants' field experiences.

By the end of this session, participants should be able to develop a practical engagement strategy for their own village/hamlet.

Session Objectives

By the end of this session, participants will be able to:

1. Identify key community platforms and influencers.
2. Map community structures relevant to SBCC.
3. Define roles of community cadres in reinforcing messages.
4. Develop strategies to engage and motivate community influencers.
5. Integrate SBCC messaging into local events and forums.

Expected Output & Outcome

Immediate Output:

- Participants complete a community mapping exercise.
- Participants prepare a basic community engagement strategy.

Expected Outcome:

- Increased community ownership of SBCC activities.
- Strengthened reinforcement of key messages through local influencers.
- Improved sustainability of behaviour change efforts.



Duration: 3 Hours

Stationery & Other Requirements
• Flip charts
• Markers (multiple colours)
• Community mapping templates
• Sticky notes
• Pens for participants
• Projector (if available)

Training Methodology (Participatory Approach)

Method 1: Brainstorming Exercise (20 minutes)	
Activity Title	“Who Influences Behaviour?”
Steps	1. Ask participants to individually list people or groups who influence decisions in a village. 2. Invite responses and write them on flip chart. 3. Categorize responses into: • Formal structures (e.g., committees, groups) • Informal influencers (e.g., elders, religious leaders) 4. Discuss how influence shapes behaviour. Facilitator links responses to the concept of social norm change.

Method 2: Community Mapping Activity (40 minutes)	
Activity Title	“Mapping the Village Influence System”
Steps	1. Divide participants into small groups. 2. Ask each group to draw a simple map of a village. 3. Mark: • Key institutions • Groups • Influential individuals 4. Identify where SBCC messages can be introduced. 5. Groups present their maps. Facilitator highlights overlooked influencers and practical entry points.

Method 3: Role Clarification Discussion (30 minutes)	
Interactive discussion covering	• Role of VHSNC members • Role of SHGs • Role of peer groups • Role of local leaders
Steps	1. Ask: • How can each group reinforce SBCC messages? • What limitations should be considered?

Method 4: Simulation – Engaging an Influencer (40 minutes)	
Activity Title	“Convincing the Community Leader”
Steps	1. Form pairs. 2. One participant plays frontline worker. 3. One plays community leader hesitant to support SBCC. 4. Conduct 5-minute role play. 5. Switch roles. 6. Group reflection on effective engagement techniques. Facilitator provides feedback on communication style and persuasion strategies.

Method 5: Local Event Integration Planning (20 minutes)	
Steps	1. Ask groups to: • Identify one upcoming local event. • Plan how to integrate SBCC messages naturally. • Present plan briefly.

Key Content Summary (For Facilitator Reference)



- Social norms influence individual behaviour.
- Community platforms amplify communication.
- Influencers require orientation and motivation.
- Integration into local events increases acceptance.
- Sustainability depends on shared responsibility.
- Reinforcement ensures sustained behaviour change.

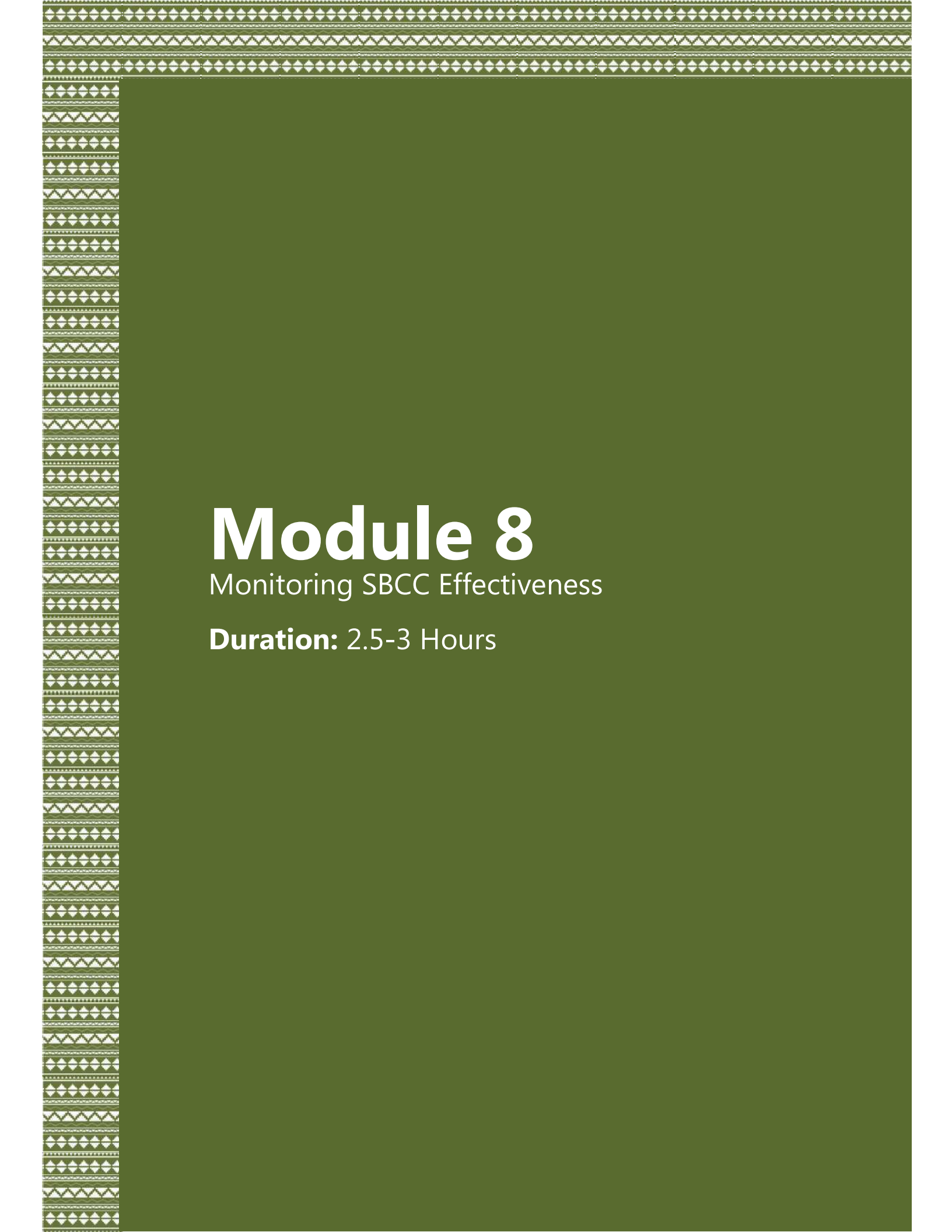
Assessment of Learning

Facilitator evaluates participants on:

- 1 Identify at least five relevant community structures.
- 2 Develop a realistic engagement approach.
- 3 Demonstrate respectful persuasion techniques.
- 4 Integrate messaging appropriately into community platforms.

Closure of the Session (10–15 minutes)			
Closure Steps			
1. Ask participants: • What new community engagement idea will you implement? • Which influencer will you approach first?	2. Summarize key learning points.	3. Reinforce that behaviour change is a collective effort	4. Link to previous modules (planning + tool use) to show integration.

End with an encouraging note emphasizing community partnership.



Module 8

Monitoring SBCC Effectiveness

Duration: 2.5-3 Hours

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.2 billion to 1.5 billion.

As the world's population grows, the demand for food and other resources will increase. This will put pressure on the environment and on the world's food supply.

One way to meet this demand is to increase the amount of food that is produced. This can be done by using more land for agriculture, by using more water, or by using more fertilizers.

Another way to meet this demand is to increase the efficiency of food production. This can be done by using better farming techniques, by using better seeds, or by using better fertilizers.

There are many ways to meet the world's growing demand for food and other resources. It is up to us to decide which way is best.

One of the most important things we can do is to make sure that we are using our resources wisely. This means that we need to be careful about how we use land, water, and fertilizers.

Another important thing we can do is to make sure that we are using the best farming techniques. This means that we need to be careful about how we plant our crops and how we care for them.

There are many other things we can do to meet the world's growing demand for food and other resources. It is up to us to decide which way is best.

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Purpose: To help frontline workers (FLWs) understand whether SBCC is working

Facilitator's Notes (Read Carefully Before Conducting the Session)

This module shifts the focus from “doing activities” to understanding “whether activities are making a difference.” Many frontline workers conduct SBCC sessions but do not systematically reflect on effectiveness.

The facilitator must simplify monitoring concepts. Avoid technical jargon such as “impact evaluation” or “complex indicators.” The goal is to help participants understand simple, practical ways to assess reach, quality, and behavioural response.

Encourage participants to share real examples from their field areas. Use practical scenarios to explain early signs of behaviour change.

By the end of the session, participants should clearly understand:

- What to monitor,
- How to monitor it simply,
- What success looks like in SBCC.

Keep the session interactive and reflection-based rather than theoretical

Session Objectives

By the end of this session, participants will be able to:

1. Identify key components to monitor in SBCC (reach, quality, response).
2. Define simple behaviour-linked indicators.
3. Collect and interpret community feedback.
4. Recognize early signs of behaviour shift.
5. Differentiate between activity completion and behaviour change.

Expected Output & Outcome

Immediate Output:

- Participants identify at least 3 indicators for a selected SBCC theme.
- Participants practice analysing simple monitoring scenarios.
- Participants develop a basic monitoring checklist.

Expected Outcome:

- Improved understanding of what success looks like in SBCC.
- Increased accountability and reflection among FLWs.
- Better identification of gaps in communication efforts.
- Strengthened quality of SBCC implementation.



Duration: 3 Hours

Stationery & Other Requirements
• Flip charts
• Markers (multiple colours)
• Sticky notes
• Scenario cards
• Sample monitoring formats/registers (if available)
• Printed behaviour indicator examples
• Pens for participants
• Projector (optional)



Training Methodology (Participatory Approach)

Method 1: Reflection Exercise – “Is SBCC Working?” (20 minutes)	
Steps	1. Ask participants: • How do you know if your SBCC session was successful? 2. Write responses on flip chart. 3. Categorize responses into: • Number of people attended (Reach) • Quality of discussion • Behaviour response 4. Facilitator introduces three monitoring pillars: • Reach • Quality • Response Clarify that counting attendance alone is not enough.

Method 2: Interactive Explanation – What to Monitor in SBCC (30 minutes)			
	Reach	Quality	Response
Facilitator explain	• Number of people engaged • Target group reached • Platform used	• Was discussion interactive? • Were materials used correctly? • Did participants ask questions?	• Did participants express intent to change? • Did anyone adopt the recommended behaviour? • Are follow-ups required? Use real examples to illustrate each category.

Method 3: Indicator Development Activity (40 minutes)	
Activity Title	“From Message to Measurement”
Steps	1. Divide participants into small groups. 2. Assign each group a theme (e.g., immunization, nutrition). 3. Ask groups to identify: • 2 reach indicators • 2 quality indicators • 2 behaviour indicators 4. Groups write on flip chart. 5. Present and discuss. Facilitator ensures indicators are: • Simple • Observable • Behaviour-linked

Method 4: Scenario Analysis Game (40 minutes)	
Activity Title	“Success or Just Activity?”
Steps	1. Provide scenario cards (e.g., 25 women attended session, but no questions asked; or small group attended but 3 mothers completed immunization).

Method 4: Scenario Analysis Game (40 minutes)

Steps	2. Groups analyse: • Was SBCC effective? • What evidence supports this? 3. Groups present analysis. 4. Facilitator emphasizes difference between output and outcome.
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Method 5: Identifying Early Signs of Behaviour Shift (20 minutes)

Discussion	Facilitated discussion on early indicators such as: • Increased questions from community • Reduced resistance • More voluntary participation • Peer-to-peer discussions emerging • Increased service uptake
Steps	Ask: • What early signs have you observed in your field area? Encourage sharing of real experiences.

Key Content Summary (For Facilitator Reference)

- Monitoring SBCC goes beyond attendance numbers.
- Three pillars: Reach, Quality, Response.
- Indicators must link to behaviour.
- Community feedback is valuable.
- Early signs of change matter.
- Reflection improves communication quality.

Keep this section concise during delivery.



Assessment of Learning

Facilitator evaluates participants on:

- ① Ability to differentiate between activity and behaviour change.
- ② Ability to propose simple, behaviour-linked indicators.
- ③ Participation in scenario analysis.
- ④ Understanding of early behaviour shift signs.

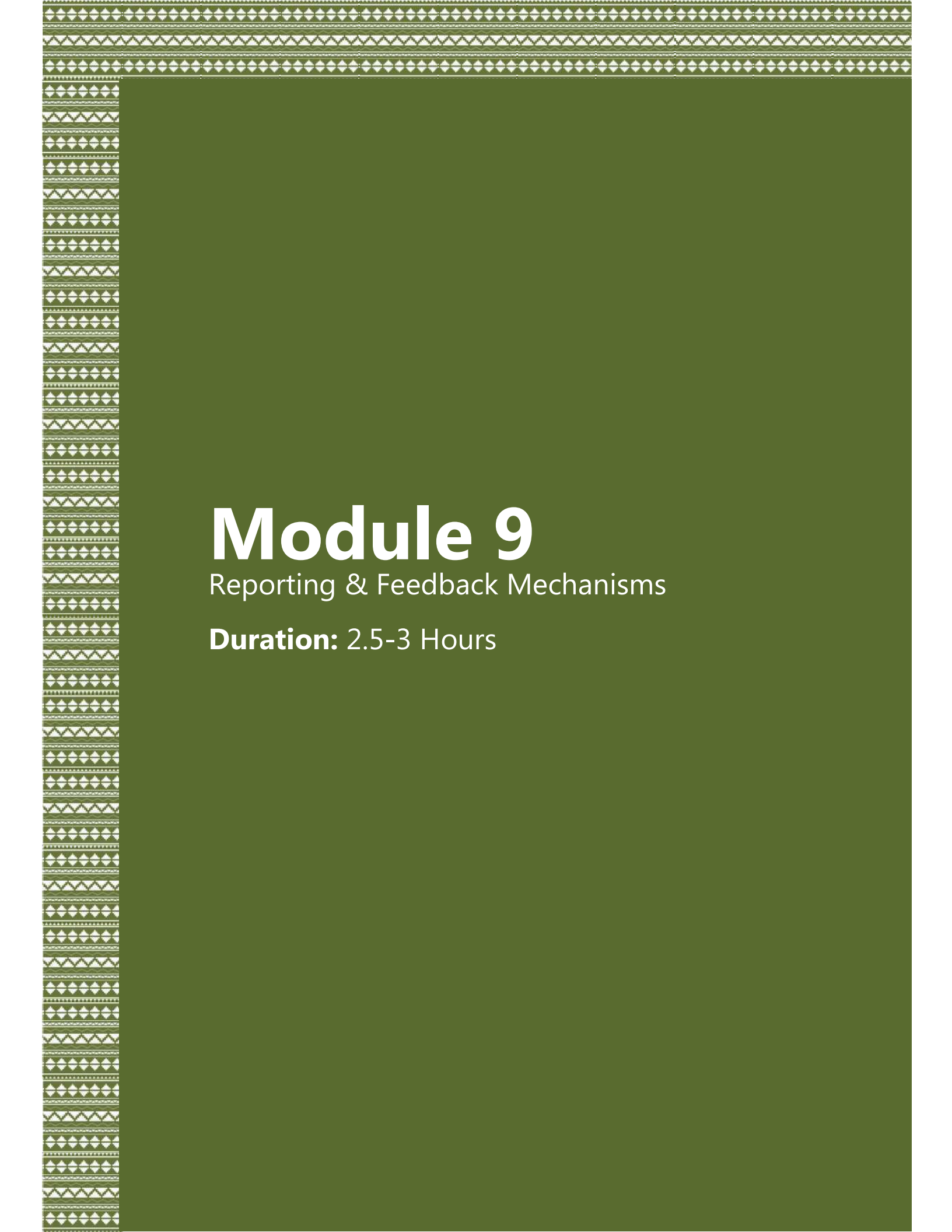
Participants should demonstrate conceptual clarity on what success looks like

Closure of the Session (10–15 minutes)			
Closure Steps			
1. Ask participants: • One new thing they learned about monitoring. • One indicator they will start tracking.	2. Summarize key takeaways: • Monitoring is reflection. • Success is behaviour change, not just attendance.	3. Link to next module (if applicable, such as documentation or reporting).	4. Reinforce that monitoring improves future SBCC quality.

End with a reflective note:

“Effective SBCC is not only about speaking – it is about seeing change.”





Module 9

Reporting & Feedback Mechanisms

Duration: 2.5-3 Hours

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

As the world's population grows, the demand for food and other resources will increase. This will put pressure on the environment and on the world's resources.

One of the main reasons for the world's population growth is the increase in life expectancy. People are living longer and longer, which means that there are more people in the world.

Another reason for the world's population growth is the increase in the number of children. There are more children in the world than there were in the past.

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Another reason for the world's population growth is the increase in the number of children. There are more children in the world than there were in the past.

Purpose: To institutionalise learning and accountability

Facilitator's Notes (Read Carefully Before Conducting the Session)

This module builds on the previous session on monitoring SBCC effectiveness. While monitoring helps frontline workers understand whether SBCC is working, reporting ensures that this learning is documented, shared, and used for improvement.

The facilitator should emphasize that reporting is not merely a formality or administrative burden, it is a tool for accountability, transparency, and course correction.

Keep the session practical. Use actual reporting formats (if available) and simulate real reporting scenarios. Encourage participants to reflect on common challenges such as incomplete entries, delayed reporting, or lack of feedback from supervisors.

By the end of this session, participants should understand:

- What information needs to be recorded,
- Why it is important,
- How to report meaningfully,
- How review meetings can be used for improvement.

Avoid overloading participants with technical language. Focus on clarity, accuracy, and usefulness of information.

Session Objectives

By the end of this session, participants will be able to:

1. Identify key reporting formats and tools used in SBCC.
2. Record relevant and accurate information.
3. Explain the importance of documenting SBCC activities and feedback.
4. Share field-level feedback effectively with supervisors.
5. Use review meetings as platforms for learning and course correction.

Expected Output & Outcome

Immediate Output:

- Participants practice filling out a sample SBCC reporting format.
- Participants identify essential information to be recorded.
- Participants simulate sharing feedback during a review meeting.

Expected Outcome:

- Improved accuracy and completeness of reporting.
- Stronger accountability mechanisms.
- Better communication between FLWs and supervisors.
- Enhanced use of feedback for improving SBCC implementation.



Duration: 2.5–3 Hours



Stationery & Other Requirements

- Sample reporting formats/registers
- Flip charts
- Markers (multiple colours)
- Scenario cards
- Sticky notes
- Pens for participants
- Projector (optional)



Training Methodology

Method 1: Reflection Exercise – “Why Do We Report?” (20 minutes)

Steps

1. Ask participants:
 - Why do we submit reports?
 - What happens to those reports?
2. Write responses on flip chart.
3. Discuss common perceptions (e.g., “just for records,” “for supervisors”).
Facilitator clarifies that reporting:
 - Tracks progress
 - Identifies gaps
 - Supports decision-making
 - Ensures accountability

Method 2: Understanding Reporting Formats (30 minutes)	
Facilitator presents available reporting tools and explains	Explain
• What sections exist? • What information is required? • Why each section matters?	• Date and location • Target group • Number reached • Theme/topic covered • Key issues raised • Follow-up actions needed Encourage questions and clarifications.

Method 3: Reporting Practice Activity (45 minutes)	
Activity Title	“Fill the Gap”
Steps	1. Provide participants with a mock SBCC session scenario. 2. Give them a blank reporting format. 3. Ask them to fill the report based on the scenario. 4. Groups exchange formats and review each other’s entries. 5. Discuss: • Was information complete? • Was it meaningful? • What was missing? 6. Facilitator highlights common errors such as: • Incomplete entries • Recording only numbers without context • Ignoring community feedback

Method 4: Feedback Simulation – “The Review Meeting” (40 minutes)	
Steps	1. Create small groups. 2. One participant plays FLW. 3. One plays supervisor. 4. One acts as observer. 5. FLW presents: • Activities conducted • Challenges faced • Community feedback

Method 4: Feedback Simulation – “The Review Meeting” (40 minutes)

Steps	6. Supervisor asks questions. 7. Observer provides feedback on clarity and completeness. Rotate roles. Facilitator emphasizes: • Being honest about challenges • Sharing field realities • Asking for support when needed
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Method 5: Using Review Meetings for Course Correction (20 minutes)

Discussion	• How review meetings should be used for learning • Sharing best practices • Identifying corrective actions • Planning improvements
Steps	Ask: • What makes a review meeting effective? • What prevents honest discussion?

Key Content Summary (For Facilitator Reference)

- Reporting ensures accountability.
- Accurate documentation supports monitoring.
- Numbers alone are not enough, context matters.
- Feedback loops improve program quality.
- Review meetings should focus on improvement, not blame.

Keep this section concise during delivery.



Assessment of Learning

Facilitator evaluates participants on:

- ① Accuracy in filling reporting formats.
- ② Understanding of essential information.
- ③ Ability to articulate feedback clearly.
- ④ Engagement in review meeting simulation.
- ⑤ Recognition of reporting as a learning tool.

Participants should demonstrate ability to report accurately and meaningfully.

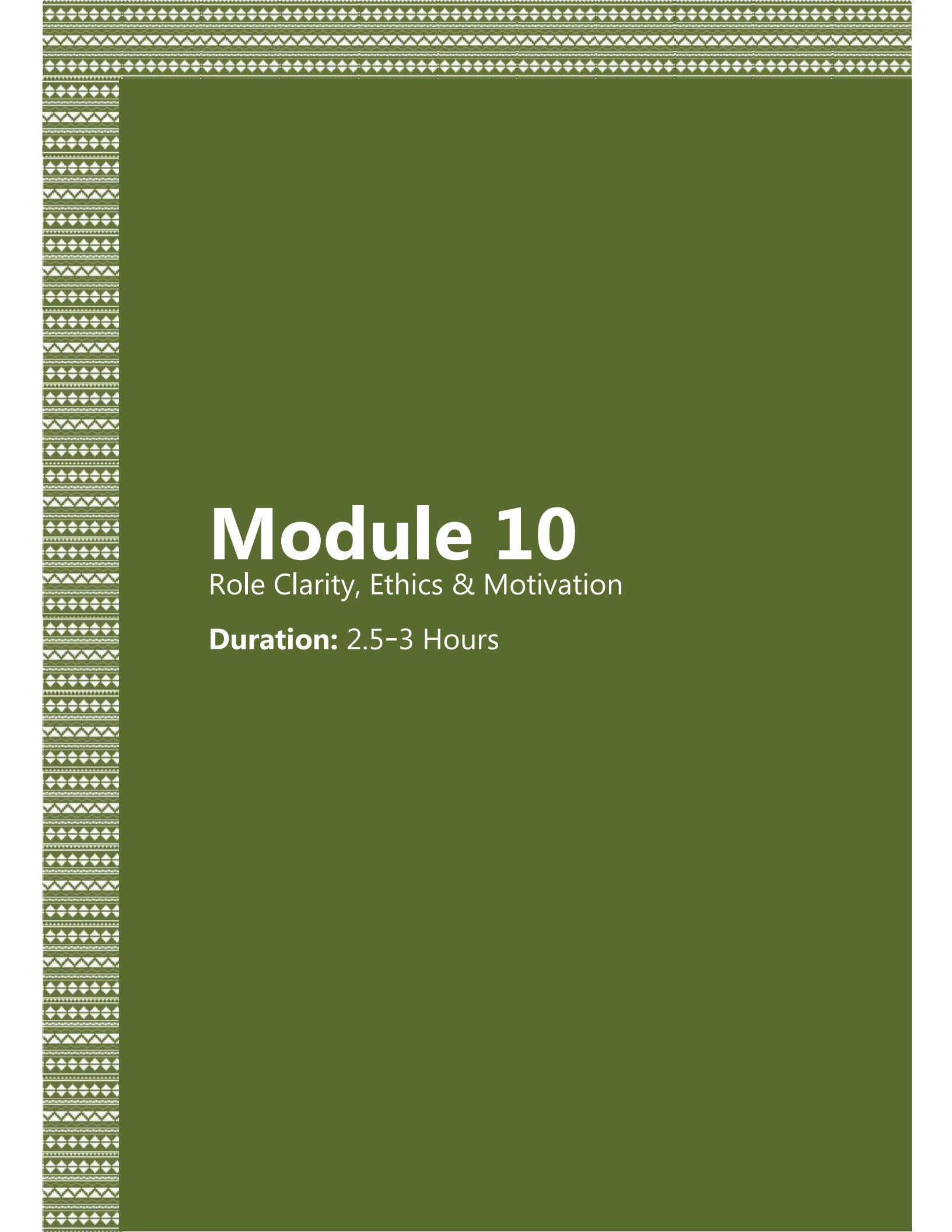
Closure of the Session (10–15 minutes)			
Closure Steps			
1. Ask participants: • One reporting practice they will improve. • One way they will use review meetings more effectively.	2. Summarize key takeaways: • Monitoring shows progress. • Reporting documents progress. • Feedback improves progress.	3. Reinforce that accurate reporting strengthens credibility and impact.	4. Link to final module or overall training conclusion.

End with a reflective note:

“Good reporting is not paperwork – it is professional responsibility.”

*"A safe space to talk,
listen, and guide—
Because every concern
Deserves care and clarity."*





Module 10

Role Clarity, Ethics & Motivation

Duration: 2.5–3 Hours

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

As the world's population grows, the demand for food and other resources will increase. This will put pressure on the environment and on the world's food supply.

One way to meet this demand is to increase the amount of food that is produced. This can be done by using more land for agriculture, by using more water, or by using more fertilizers.

Another way to meet this demand is to reduce the amount of food that is wasted. This can be done by improving the way that food is stored and distributed, or by changing the way that people eat.

There are many other ways to meet this demand, and it is important that we find ways to do so that do not harm the environment or the world's food supply.

One of the most important things we can do is to make sure that everyone has access to the food that they need. This means that we need to make sure that food is distributed fairly and that everyone has the resources that they need to grow their own food.

There are many challenges ahead of us, but if we work together, we can find ways to meet the world's growing demand for food and other resources.

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There are many challenges ahead of us, but if we work together, we can find ways to meet the world's growing demand for food and other resources.

Purpose: To reinforce ownership and quality

Facilitator's Notes (Read Carefully Before Conducting the Session)

This module is designed as a reflective and motivational session that consolidates learning from the entire training. It reinforces the identity of frontline workers (FLWs) as change agents and emphasizes ethical, respectful, and professional conduct.

The facilitator should create a safe and respectful environment for open discussion. This session may involve sharing personal experiences and challenges; therefore, maintain neutrality and encourage honest participation.

The focus should not be on criticism but on strengthening professional identity, accountability, and internal motivation. Avoid lecturing. Use reflective exercises, discussions, and peer-sharing activities.

By the end of this session, participants should internalize their role, understand the ethical dimensions of SBCC, and commit to maintaining credibility, consistency, and self-driven motivation.

This module should close the overall training on a strong and positive note.

Session Objectives

By the end of this session, participants will be able to:

1. Clearly articulate their role as change agents in the community.
2. Demonstrate understanding of ethical communication principles.
3. Identify behaviours that build or damage credibility.
4. Develop strategies for maintaining motivation and peer learning.
5. Commit to professional ownership and accountability.

Expected Output & Outcome

Immediate Output:

- Participants articulate their role and responsibilities.
- Participants identify ethical dilemmas and appropriate responses.
- Participants create a personal action commitment.
- Participants develop peer support ideas.

Expected Outcome:

- Stronger ownership of SBCC responsibilities.
- Improved ethical and respectful communication practices.
- Increased professional credibility in communities.
- Sustained motivation and peer collaboration.



Duration: 2.5–3 Hours

Stationery & Other Requirements

- Sample reporting formats/registers
- Flip charts
- Markers (multiple colours)
- Scenario cards
- Sticky notes
- Pens for participants
- Projector (optional)



Training Methodology

Method 1: Reflection Activity – “Who Am I in the Community?” (20 minutes)

Steps

1. Ask participants to reflect individually::
 - How does the community see you?
 - How do you see your role?
 2. Participants write 3–4 words on sticky notes.
 3. Stick on flip chart.
 4. Discuss common themes (helper, advisor, leader, educator, etc.).
- Facilitator links responses to the concept of “Change Agent.”

Method 2: Group Discussion – Role of FLWs as Change Agents (30 minutes)

Discussion

- Influencing behaviour
- Building trust
- Acting as bridge between system and community
- Modelling positive behaviour

Method 2: Group Discussion – Role of FLWs as Change Agents	
Steps	Ask: • What makes a change agent effective? • What behaviours reduce impact?
Summarize key characteristics	• Consistency • Empathy • Reliability • Professionalism

Method 3: Ethical Communication Scenario Game (40 minutes)	
Activity Title	“What Would You Do?”
Steps	1. Divide participants into small groups. 2. Provide ethical dilemma scenarios such as: • Community member refusing service due to belief. • Pressure to report inflated numbers. • Confidential information shared publicly. 3. Groups discuss: • What is the ethical issue? • What is the correct response? 4. Groups present solutions. 5. Facilitator clarifies ethical principles: • Respect for beliefs • Confidentiality • Honesty in reporting • Non-discrimination Emphasize dignity and respect in communication.

Method 4: Credibility Mapping Exercise	
Activity Title	“Building or Breaking Trust?”
Steps	1. Draw two columns on flip chart: • Builds Credibility • Damages Credibility • Following through on commitments

Method 4: Credibility Mapping Exercise (30 minutes)

Steps	2. Participants suggest behaviours for each column. 3. Discuss real-life examples. Highlight importance of: • Consistency in messaging • Punctuality • Transparency • Following through on commitments
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Method 5: Motivation & Peer Learning Circle (30 minutes)

Steps	Facilitator asks: • What motivates you in your work? • What challenges reduce motivation?
	Discuss: • Recognition • Community appreciation • Supportive supervision • Peer sharing
	Activity: • Participants form small groups. • Each group suggests one strategy for peer learning or support (e.g., monthly sharing meetings, WhatsApp group for best practices).



Key Content Summary (For Facilitator Reference)

- FLWs are change agents.
- Ethical communication builds trust.
- Credibility determines influence.
- Motivation sustains quality.
- Peer learning strengthens systems.
- Professionalism ensures long-term impact.

Keep this summary concise during session delivery.

Assessment of Learning

Facilitator evaluates participants on:

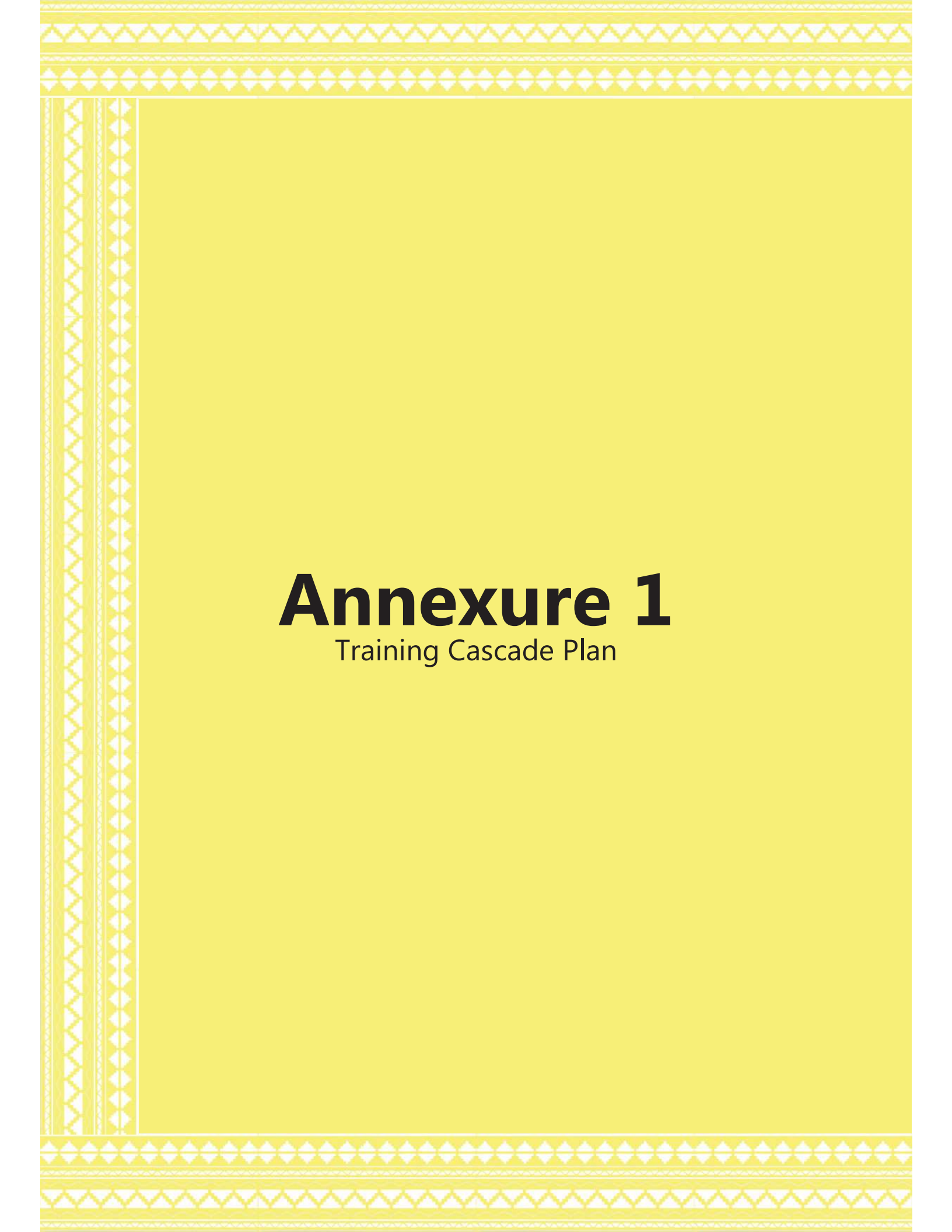
- 1 Participation in ethical discussions.
- 2 Ability to identify ethical dilemmas.
- 3 Understanding of professional responsibilities.
- 4 Engagement in reflection exercises.
- 5 Clarity in personal commitment statements.

Participants should demonstrate internalization of ownership and professionalism.

Closure of the Session (15–20 minutes)			
Closure Steps			
1. Conduct a closing reflection round: • One key takeaway from the entire training. • One action they will implement immediately.	2. Summarize the journey: • Understanding SBCC • Using tools • Planning • Monitoring • Reporting • Professional responsibility	3. Reinforce the central message: “Effective SBCC is not just about communication skills - it is about integrity, commitment, and belief in change.”	4. Thank participants and encourage continued peer learning.

End the training on a motivational and forward-looking note.



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Annexure 1

Training Cascade Plan

Annexure 1: Training Cascade Plan

1. Overview and Strategic Rationale

The SBCC Cascade Training Plan is designed as a structured and scalable mechanism to operationalise the state's SBCC strategy across all levels of the health system in Meghalaya. Meghalaya's complex health landscape, shaped by hilly terrain, ethnic and linguistic diversity, dispersed rural populations, and strong community governance structures, demands a behaviour change approach that goes far beyond service delivery alone.

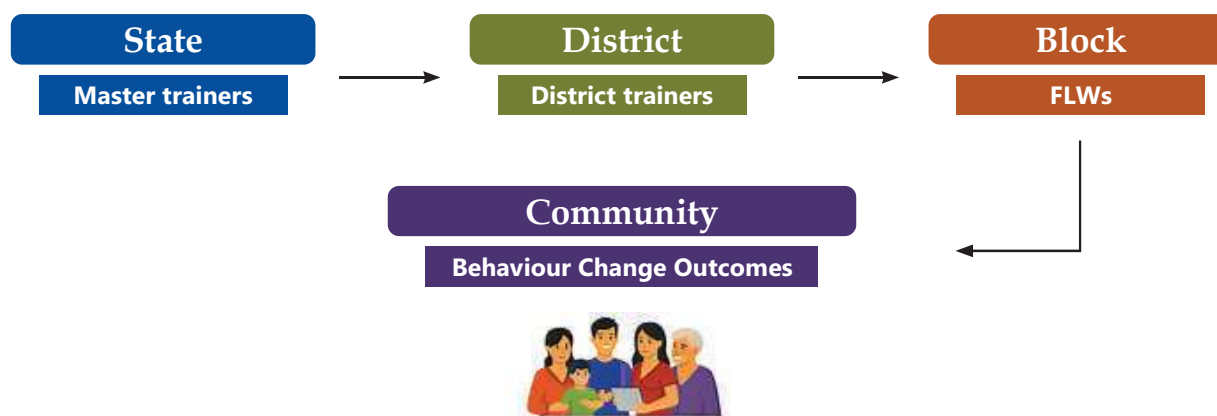
This plan operationalises Meghalaya's SBCC strategy through a three-tier architecture: from a state-level Master Trainer pool, through district-level Training of Trainers, down to the block, PHC, HWC, frontline worker, and Village Health Councils levels. District-wise participant cadre lists submitted by 9 of the 12 districts have been incorporated in the following section, making the cascade significantly more realistic and grounded in field realities.

2. Cascade Training Architecture

The cascade follows a three-tier model. Based on district participant cadre lists, the architecture has been updated to reflect the multi-sector and multi-cadre reality of training audiences across the state:

Tier	Level	Target Participants	Output
Tier 0	State-Level Master Trainer Pool	50–60 Master Trainers - state, district & multi-sector representatives	Certified Master Trainers with facilitation + multi-cadre content mastery
Tier 1	District-Level Training of Trainers (ToT)	5–8 District Trainers per district × 12 districts = 60–96 trainers	Certified District Trainers ready to train diverse multi-cadre block batches
Tier 2	Block-Level Training – Health Staff, FLWs & Community Cadres	25–40 participants per batch × 56 blocks = 1,400–2,240 trained across all cadres	All cadres equipped with SBCC skills for community-level implementation

3. Cascade Flow Diagram



Tier 0 – Master Trainer Pool Composition (50–60 persons)

Cadre	No. of Persons
State Programme Officers (NHM / MHSSP / Health Dept)	4–5
State SBCC / IEC Officers and BCC Consultants	3–4
District Programme Managers / DPHNs (1 per division cluster)	4–5
District Health Educators / DHEOs	3–4
District Coordinators (NHM) / Community Mobilisers	3–4
ICDS / Social Welfare representative (CDPO or DSWO level)	1–2
Representatives from Nursing / ANM training institutions	2–3
NGO / Development Partner representatives with SBCC expertise	2–3

Tier 1 – District Trainer Composition per District (5–8 per district x 12 districts)

Role	No.
District Health Education Officer (DHEO) – lead trainer	1
District Programme Manager (NHM) / DPHN / DCHO	1
District Medical Officer or Senior MO (CHC / Block PHC)	1
Block Extension Educator (BEE) or Block Health Educator (BHE)	1
District Community Mobiliser / District Coordinator	1
ICDS / DSWO representative (for multi-sector districts: Jaintia Hills, EKH, Ri Bhoi)	1
Additional: experienced ANM Supervisor, Block Health Manager, or NGO partner	1–2

Tier 2 – Block-Level Participant Composition per Batch (25–40 per batch)

Cadre Group	Persons per Batch
Health System Staff (BMO, MO, BEE/BHE, BPM, BPHN/ Supervisor, LHV/LHA)	4–6
HWC / Clinical Staff: MLHP, CHO, PHN, HA/LHA, ANM, Vaccinator	5–8
Community Health Workers: ASHA / ASHA Facilitator, AF, AWW, CGHA	6–10
Community Structures: VHC member, SHG leader, VO/CLF representative, Gram Sevaks	3–5
Convergent Sectors (where identified): Teacher, NGO/CBO, Religious leader	2–4

4. Implementation Phases

The cascade roll-out is organised across four sequential phases, implementable across a 9–12 month window.

Phase 1: State Master Trainer Pool Creation	
Duration	2.5 days (including pre-day), residential
Venue	Shillong — state capital (residential venue)
Participants	50–60 Master Trainers (state, district, multi-sector & partner representatives)
Led By	External SBCC facilitators (SACH–FirstBorn)
Expected Outputs	Certified pool of 50–60 State Master Trainers; district-wise cascade plan finalised with cadre-wise batch composition; State SBCC Trainer Registry established; materials and logistics pack prepared for all 12 district trainings
Prerequisites	Master Trainer candidates formally nominated; all district cadre lists received and incorporated; SBCC 2-Day Training Module finalised; venue, accommodation and logistics confirmed

Phase 2: District-Level Training of Trainers (All 12 Districts)	
Duration	2 days per district × 12 districts
Venue	District HQ or accessible central venue
Participants	5–8 District Trainers per district (60–96 total)
Led By	2–3 State Master Trainers per district (deployed from the pool)
Expected Outputs	60–96 Certified District Trainers across 12 districts; block training schedules with cadre-wise batch composition; District SBCC Trainer Registry completed
Prerequisites	Phase 1 completed (minimum 25 Master Trainers certified); District Trainers identified per cadre lists; district-specific health data, SBCC materials, and calendars prepared

Phase 3: Block-Level Training — All Cadres, All 56 Blocks	
Duration	2 days per block × 56 blocks (57–62 batches)
Venue	Block PHC, CHC, or community / panchayat training hall
Participants	25–40 per batch (1,485–2,300 staff and community cadres trained)
Led By	2 Certified District Trainers per batch; State Master Trainer present for first 2 batches per district
Expected Outputs	All identified cadres across 56 blocks trained in SBCC; individual 30-day action plans completed by each participant; block-level SBCC implementation tracker initiated
Prerequisites	Phase 2 completed (minimum 5 District Trainers certified per district); block participant lists confirmed; all SBCC materials available at block level

Phase 4: Post-Training Follow-Up — Monitoring, Support & Refresher	
Duration	Ongoing (quarterly supervisory visits + annual refresher)
Venue	Block and sub-centre level; field-based supportive supervision
Participants	All trained staff and community cadres, District Trainers, State Master Trainers
Led By	District Trainers (monthly); State Master Trainers (quarterly); State Programme Team (bi-annual)
Expected Outputs	Quarterly supervisory visit reports per block; monthly SBCC activity data collated at district level; annual state-level SBCC review and refresher conducted
Prerequisites	Phase 3 substantially completed (minimum 80% of blocks trained); monitoring formats distributed; district review meeting calendar established

5. Key Features & Quality Assurance Framework

Tier	Competency Requirement	How Assessed
Tier 0 (Master Trainers)	Content mastery across all 10 modules; facilitation of minimum 1 complete module; contextualisation for multi-cadre audiences; cascade planning competency	Written knowledge test (pre/post); micro-teaching with rubric; submission of district cascade plan with cadre-wise batch composition; peer evaluation
Tier 1 (District Trainers)	Content understanding across all 10 modules; facilitation of minimum 1 module segment; use of all local SBCC materials; block training scheduling	MT observation during micro-teaching; content knowledge check; submission of block training schedule with cadre composition; participant evaluation
Tier 2 (FLW / Cadre Level)	Ability to explain SBCC and own cadre's role; correct use of SBCC tools; handling resistance and myths; SBCC planning at community level	Facilitator observation during role plays; participant self-assessment; supervisory follow-up visit (30 days post-training); action plan completion

6. Additional Key Features

✓	Quality assurance through competency-based certification at every tier
✓	Contextualisation to local languages: Khasi, Garo/A'chik, and Pnar/Jaintia
✓	Integration within existing NHM systems and multi-sector convergence (ICDS, DSWO, DISHA, Link Worker Scheme)
	Hands-on and participatory training approach across all 10 SBCC modules
✓	Master Trainer deployment principles: language matching, female MT representation ≥40%, maximum 2 back-to-back districts
✓	Functional SBCC Trainer Registry tracking all trained persons by tier, district, block, designation, and cadre type

7. Expected Outcomes

Capacity Outcomes	Service & Behaviour Outcomes	Systemic Outcomes
50–60 State Master Trainers certified 60–96 District Trainers across 12 districts 1,485–2,300 staff and community cadres trained across 56 blocks Multi-sector cadres equipped with SBCC skills	Improved frontline worker communication and IPC skills Enhanced service uptake and health-seeking behaviour Reduced vaccine hesitancy, myths, and misconceptions Better community engagement at VHC/SHG/CLF level	Sustainable SBCC implementation system within NHM Functional SBCC Trainer Registry District-level monitoring and supportive supervision in place SBCC positioned as multi-sector responsibility

50–60 State Master Trainers	60–96 Certified District Trainers	56 Blocks Covered	~1,485–2,300 Staff & Cadres Trained
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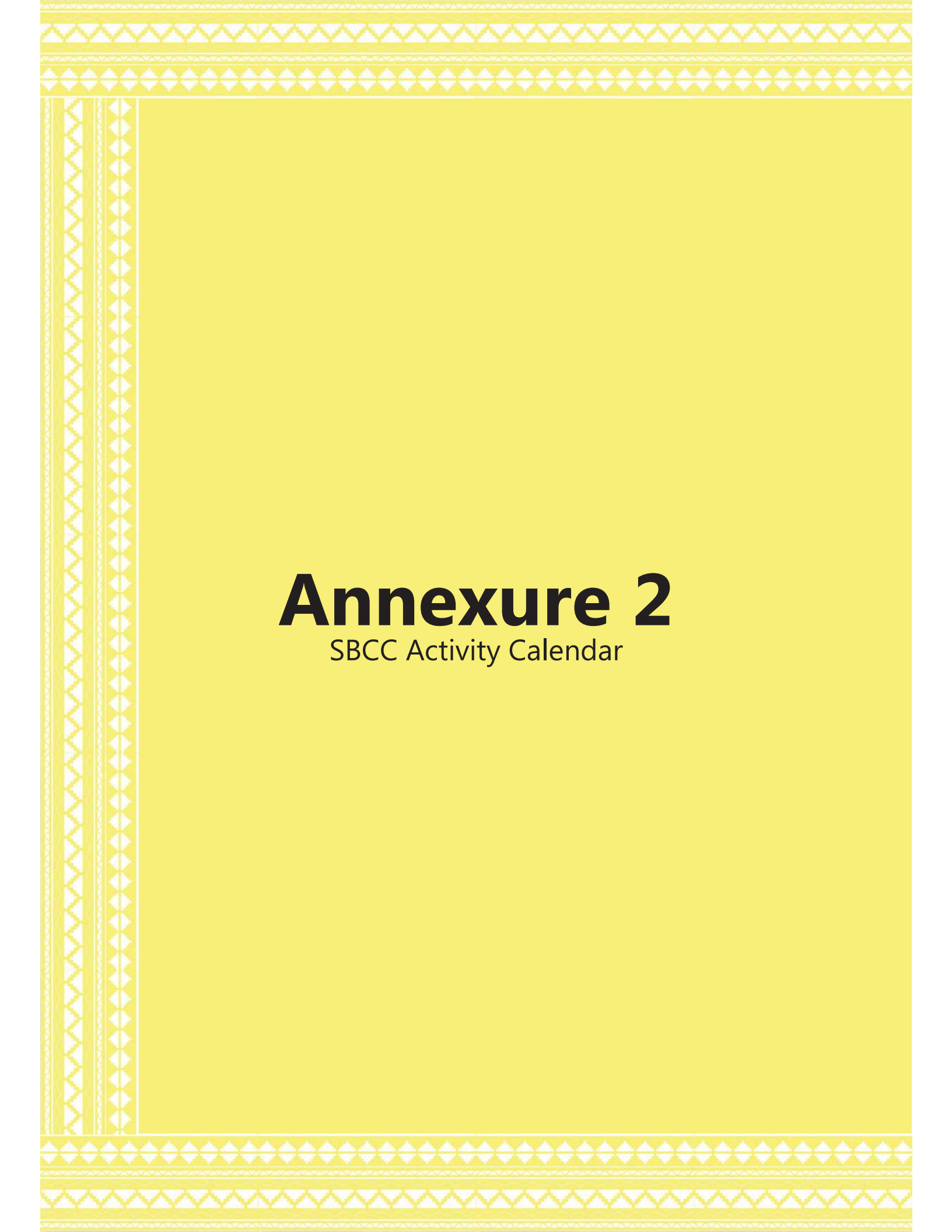
The ultimate measure of success is not the number of trainings conducted – it is whether communities across Meghalaya are making better-informed health decisions as a result of better communication from a system that listens, engages, and inspires.

Suggested Personnel for Training Cascade

Sl.No.	District	District Level	Block Level	Sub-Block/ FLWs
1	West Khasi Hills	District Programme Manager (DPM) -NHM	Block Extension Educators (BEE)	AF
		All Programmes - District Coordinators	Block Programme Managers (BPM)	ASHA
		Family Planning Counsellors	Supervisors - BPHN/HE	AWW
		RBSK	MLHPs/CHO	CGHA
		RKSK Counsellors	ANMs	
2	East + West Jaintia Hills	ICDS	Teacher	SHG
		NVK Volunteer	VO	
		DSWO (CDPO, OSC, DCPO)	CLF	
		Headman/ Community Leader		
		Targetted Intervention Staff		
		Sampoorna Suraksha Kendra Staff		
		Link worker Scheme Staff		
		ICTC/DSRC Staff		
		DSEO		
		DISHA		
		NGOs/CBOs		
3	East Khasi Hills	DPMs	MO	MLHP
		DCPC	BMO	ANM
		DPCs	BEE	ASHA
		PHN	BPHN	AF
		CHO	BPM	AWW
		LDPO	BDOs	CGHA
		Nodal Teachers	CHO	SHG
		MO	HE	VHCs
		DMCs	Gram Sevak	Vos

Sl.No.	District	District Level	Block Level	Sub-Block/ FLWs
3	East Khasi Hills	Nursing Tutor	Lady Supervisor	Religious leaders
		HE	BMC	Sengkynthei
			Teachers	Seng Samla
				Youth Club Leaders
				NGOs
				Teachers
				BEE
4	Ri-Bhoi	MO	BMO	CHO
		PHN	BMC	HE
		CHO	BPHN	PHN
		HE	BPM	ANM
		CDPO	MO	AF
			BEE	ASHA
			HE	AWW
			CHO	Teachers
			LHV	NGOs
			AF	VHCs
			LS	Religious leaders
			VO - Village Organisation	SHG
5	West Garo Hills	DPHN	BPM	ANM
		DHE	DDM	ASHA
		DCHO	BHE	MLHP
		DEE	CHO	Vaccinator
		DPM	LHA	AF
		DDM	HA	VHC
		DNI	SI	Peer Educator (NACO)
		DEMO	PHN	

Sl.No.	District	District Level	Block Level	Sub-Block/ FLWs
6	North Garo Hills	District Data Manager	Supervisor	ANM
		DNI	BPM	MLHP
		DCPC	BDM	ASHA
		DPM	HA	AWW
		DPC	LHV	VHC
			PHN	
7	East Garo Hills	BEE	CHO	ANMs
		CHO	HE	ASHA
		PHN	PHN	MLHPs
		HE	LHV	VHC
		DHEO	MLHPs	
		DEE	ANMs	
		ANM		
8	South West Garo Hills	DPM	BPM	ANM
		DPHM	CHO	MLHP
		DNI	BEE	ASHA
		DCPC	HE	AF
		CPHC	LHV	VHC
		IDSP	HA	AWW
		RKSK Manager	SI	
		DEE	MPW	



Annexure 2

SBCC Activity Calendar

CONSOLIDATED SBCC EVENTS MONTH-WISE CALENDAR: 2026-27

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
JANUARY	• 12 January – National Youth Day (youth engagement, school/college focus) • NACO thematic cycle: <i>Youth and HIV</i> (Jan–Mar)	• Teenage Pregnancy (TP) (risk, life goals, staying in school) • Anemia in adolescents • Youth & HIV (basic facts, myths, stigma reduction)	Posters (Community — VHIB / Markets / Bus stands / Shops / Salons / Restaurants): Teenage pregnancy prevention, anaemia awareness, youth & HIV basics, stigma reduction. Facility Posters (SC/PHC/CHC/DH/AFHC/OPD): HIV routes of transmission, adolescent-friendly service availability, anaemia testing & IFA schedule, adolescent reproductive health. FAQs: Teenage pregnancy, HIV transmission & testing, adolescent anaemia. Short Videos / Animations (ASHA Tablets): Teenage pregnancy storyline; HIV myths & facts; youth-friendly counselling conversations; adolescent anaemia awareness. Audio Spots / Voice Messages: Youth motivation messages; anaemia prevention reminders. Event-based Tools: National Youth Day celebration kits, quiz sheets, debate prompts, banners.	Home Visits: ASHAs conduct adolescent-focused counselling on TP prevention, HIV basics, and anaemia; use FAQs + short videos. Anganwadi Centres: Group talks with older girls/boys on nutrition & anaemia; display posters. VHND Sessions: Include adolescent health corner; show short video; distribute leaflets; discuss HIV myths & TP prevention. VHC Meetings: Place posters on VHIB; discuss youth vulnerabilities, link to AFHC services. Schools & Colleges: Debate, quiz, essay competition for National Youth Day; assembly messages; peer-group discussions; film screening on TP/HIV. Churches (Men/Women/Youth	ASHA, ANM, MLHP, Medical Officers, RKSK Counsellors, School Health Coordinators, Nodal Teachers, Church Youth Leaders, VHC Members, District IEC/BCC Team, Block Programme Manager, Youth Club Leaders	Posters (Community): Replace/rotate every 15 days; use complementary sets (TP + HIV & TP+ anaemia). Facility Posters: Monthly rotation based on adolescent health theme. Short Videos/Animations: January playlist focused on youth issues. School/College Materials: Used during National Youth Day week (8–15 Jan). FAQs / Job Aids: Continuous use – use relevant sections pertaining to TP and	• Posters displayed on VHIB & community points (verified by ASHA/ANM). • Facility posters displayed in OPD, AFHC, labour room, waiting areas. • ASHAs used videos/FAQs during home visits. • Schools/colleges conducted National Youth Day events. • Churches conducted youth or fellowship health talks. • Evidence of participation (photos, registers). • Community feedback documented by ASHA/ANM. • Stock of posters/leaflets checked at PHC/Block. • Rotation/refreshed IEC materials as per schedule. • Monthly reporting by ASHA/ANM; quarterly

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
				Wings): Youth sessions on responsible behaviour; HIV awareness; anaemia talk; short announcements during gatherings. Community Gatherings: Youth club meetings; sports events; display banners; interactive Q&A. Health Facilities: HIV/TP/anaemia posters in OPD; FAQs available; providers reinforce messages. Local Markets: Posters on TP/HIV/anaemia at shops, bus stands, tea stalls. Digital Platforms: WhatsApp reels on youth health; short district-level audio spots.		HIV.	verification by supervisors.

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
FEBRUARY	• 4 February - World Cancer Day • <i>Valentine's Week (opportunity for youth SRH awareness; NOT a formal observance but used as contextual piggybacking)</i>	• Cancer (with strong focus on Behavioural risks – tobacco, alcohol, junk food - linked to NCD - Cancer risk) • Anemia (with strong adolescent focus) • Nutrition & IFA adherence (especially school-going adolescents and pregnant women)	Posters (Community – VHIB / Markets / Bus stands / Shops / Salons / Restaurants): Anaemia prevention, iron-rich diets, deworming reminders, cancer early warning signs, tobacco hazards. Facility Posters (SC/PHC/CHC/DH/OPD): Cancer red-flag symptoms, screening services, anaemia management pathway. Leaflets: Anaemia (IFA + diet), cancer early detection (breast/oral/cervical), deworming schedule. FAQs: Anaemia & IFA, healthy diets, cancer signs & risk factors. Job Aids: ASHA counselling card on anaemia (Test-Treat-Talk), cancer warning signs, deworming prompts. Short Videos / Animations (ASHA Tablets): Anaemia awareness, oral/breast cancer early signs, tobacco-related cancer risks. Audio Spots: IFA adherence reminder; cancer early detection messages. Event-based Tools (Specific to 4 Feb – World Cancer Day): Pledge banners (“I commit to early screening”), quiz sheets for schools, cancer awareness rally posters, oral cancer screening camp IEC.	Home Visits: Counselling on anaemia, IFA adherence, deworming, cancer early signs (breast/oral); show short videos. Anganwadi Centres: Group talks on anaemia & cancer risks; display posters. VHND Sessions: Nutrition & anaemia corner; cancer awareness talk; distribute leaflets; show cancer-awareness short video. VHC Meetings: Discuss cancer risk factors in the community; display posters on VHIB; announce screening opportunities. Schools & Colleges: For World Cancer Day – drawing competition on “Healthy Habits,” quiz on cancer myths, pledge ceremony, awareness rally, short educational film screening. Churches (Men/Women/Youth Wings): Introduce key cancer awareness messages; interactive session on early detection for women;	ASHA, ANM, MLHP, Medical Officers, RKSK Counsellors, School Health Coordinators, Nodal Teachers, Church Leaders (youth/men/women wings), VHC Members, District IEC/BCC Team, Block Programme Manager, PHC Staff, Screening Camp Volunteers	Community Posters: Rotate every 15 days; cancer + anaemia combos during first half of February. Facility Posters: Monthly rotation; ensure Cancer Day materials remain up through 1–15 Feb. Short Videos/Animations: Cancer-focused videos between 1–10 Feb; anaemia playlist through rest of month. School Materials: Used intensively during Cancer Day week (1–7 Feb). FAQs / Job Aids: Theme based continuous use.	• Cancer Day posters displayed on VHIB & community locations. • Facility posters on cancer placed in OPD & waiting areas. • ASHAs used cancer + anaemia videos during home visits. • Schools/colleges observed World Cancer Day with at least one event. • Churches included cancer awareness announcements or sessions. • Oral cancer screening camp or community session documented. • Availability of anaemia & cancer leaflets at VHND and facilities. • IEC materials rotated as scheduled. • Monthly reporting by ASHA/ANM; quarterly verification by CHO/MO.

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
				announcements on risk factors. Community Gatherings: Cancer Day awareness rally; oral cancer screening camp; iron-rich diet demonstration. Health Facilities: Cancer posters in OPD; FAQs at waiting areas; MO-led cancer talk on 4 Feb; screening desk promotion. Local Markets: Posters on cancer early signs near busy areas; tobacco hazard warnings at tea stalls. Digital Platforms: WhatsApp posters for Cancer Day; diet/anaemia reels; screening reminders.			

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
MARCH		Gestational Diabetes Mellitus (GDM) — early screening, diet, follow-up, ANC linkage Tuberculosis Prevention & Care — symptoms, testing, treatment adherence Birth Spacing Recall Messages (as relevant for post-partum women and couples)	Posters (Community — VHIB / Markets / Bus stands / Tea stalls / Shops): GDM early test posters; healthy pregnancy diet charts; TB symptoms & testing reminders; cough-etiquette visuals. Facility Posters (SC/PHC/CHC/DH/OPD/Lab/ANC Clinics): GDM screening pathway (first ANC + 24–28 weeks); diet & physical activity chart; TB treatment literacy; sputum test reminders. Leaflets: GDM myths & facts, danger signs for high blood sugar in pregnancy, TB symptoms & testing, nutrition for pregnant women. FAQs: GDM screening & follow-up, blood sugar testing, pregnancy diet, TB transmission/testing. Job Aids: GDM counselling prompts (test timing, fasting/non-fasting, follow-up); TB symptom checklist; pregnancy danger-sign checklist. Short Videos / Animations (ASHA Tablelets): GDM story; TB awareness clip; ANC importance & early testing; HbA1c/Blood sugar basics explained. Audio Spots: GDM reminder (“Pregnant women must get tested for sugar levels”); TB symptom check alerts. Event-based Tools: GDM Day banner; ANC–GDM counselling kit; TB Day rally IEC; sputum-testing camp posters.	Home Visits: ASHAs counsel all pregnant women on early GDM testing, diet, follow-up, and TB symptoms; use GDM video + FAQs. Anganwadi Centres: Group talks on maternal nutrition & GDM; display posters; remind pregnant women about testing. VHND Sessions: Include GDM testing corner (where feasible); TB symptom talk; show short videos; distribute leaflets; identify high-risk pregnancies. VHC Meetings: Update VHIB with GDM/TB posters; discuss TB prevention; mobilise pregnant women for ANC visits. Schools & Colleges: TB awareness quiz & rally for World TB Day (senior students); drawing/essay on “Healthy Future Mothers” (GDM-friendly nutrition). Churches (Men/Women/Youth Wings): Women’s	ASHA, ANM, MLHP, Medical Officers, Lab Technicians, RKSK Counsellors, School Health Coordinators, Nodal Teachers, Church Leaders (Women/Men/Youth), VHC Members, District IEC/BCC Team, Block Programme Manager, NTEP TB Staff, PHC/CHC Staff	Community Posters: Rotate every 15 days; first half of March focus on GDM, last half on TB Day. Facility Posters: Monthly rotation with enhanced GDM visibility between 1–15 March and TB between 15–31 March. Short Videos/Animations: GDM-focused videos for weeks 1–2; TB-focused for weeks 3–4. School & TB Day Materials: Used between 20–27 March. FAQs / Job Aids: Continuous use throughout March.	- GDM posters displayed at VHIB, markets, AWCs, and facilities. - Facility ANC clinics conducted GDM screening as scheduled. - ASHAs used GDM & TB videos during home visits. - TB Day events held in schools/colleges (quiz, rally, assembly message). - Churches conducted at least one GDM/TB announcement or fellowship session. - TB sputum/CBNAAT testing activity documented around 24 March. - Availability of cancer/TB/GDM leaflets at VHND & facilities. - Rotation of materials for the two themes verified. - Monthly reporting by ASHA/ANM; quarterly verification by CHO/MO.
	• 8 March - International Women's Day						
	• 10 March - National GDM (Gestational Diabetes Mellitus) Awareness Day						
	• 24 March - World TB Day						
	• NACO theme: Youth & HIV (continues till March)						

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
				fellowship session on GDM awareness; announcements encouraging early ANC registration & TB symptom identification; youth-wing TB Day activities. Community Gatherings: TB Day rally on 24 March; community GDM talk led by ANM; nutrition demonstration for pregnant women. Health Facilities: ANC clinics highlight GDM testing; posters in OPD/lab; TB Day desk promoting sputum testing; FAQs available in waiting areas. Local Markets: GDM posters in pharmacies; TB symptom posters at bus stands/tea stalls. Digital Platforms: WhatsApp reminders about GDM testing windows & TB awareness.			

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
APRIL	• 7 April – World Health Day • 10 April - National Deworming Day • 11 April - National Safe Motherhood Day • 14 April - Ayushman Bharat - Health & Wellness Centre Day • Shad Suk Mynsiem festival (piggyback opportunity) • NACO theme (Apr-May): Stigma & Discrimination (HIV)	• Quality ANC & Safe Motherhood (early registration, 4+ ANC, danger signs, birth preparedness) • Institutional Delivery & Skilled Birth Attendance • Ayushman Bharat/HWC Services Awareness (comprehensive primary care, screening, NCD checks, maternal-child services)	Posters (Community — VHIB / Markets / Tea stalls / Shops / Bus stands): Safe motherhood, early ANC, danger signs, facility delivery, “WHD 2026” healthy mothers & babies theme, HWC services. Facility Posters (SC/PHC/CHC/DH/OPD/LR/ANC Rooms): Early ANC timeline, safe delivery checklist, danger signs in pregnancy, HWC services & screening. Leaflets: Safe motherhood (NSMD), ANC warning signs, labour readiness, HWC services packet. FAQs: ANC (tests, visits, supplements), delivery preparedness, HWC service FAQs. Job Aids: ANC counselling prompts, labour readiness card. Short Videos / Animations (ASHA Tablets): Early ANC story; safe delivery clip; Meghalaya Health Insurance Scheme, HWC service introduction. Audio Spots: WHD message on maternal health; NSMD safe delivery appeal. Event-based Tools: WHD rally kit; NSMD celebration materials; HWC Day banners; community mobilisation IEC.	Home Visits: Counsel pregnant women on ANC schedule, GDM testing, danger signs, institutional delivery, immunization; show ANC and MHIS videos; distribute leaflets, use MCP card for IPC Anganwadi Centres: Group discussion with pregnant & lactating mothers; Nutrition & ANC-focused talks; WHD community message. Use MCP card for Awareness generation VHND Sessions: Includes WHD/NSMD messaging; immunization corner for WIW; short video screening; ANC counselling. VHC Meetings: Update VHIB with WHD/NSMD/Immunization Week posters; discuss community mobilization for ANC & MHIS. Schools & Colleges: WHD pledge ceremony; drawing competition on “Healthy Mother, Healthy Family.” Churches (Men/Women/Youth Wings): Safe motherhood	ASHA, ANM, MLHP, Medical Officers, Staff Nurses, Immunization Officers, School Health Coordinators, Nodal Teachers, Church Leaders (women/men/youth), VHC Members, District IEC/BCC Team, Block Programme Manager, PHC/CHC Staff, Cold Chain Handlers	Community Posters: Rotate every 15 days; WHD/NSMD for weeks 1–2, NCD for weeks 3–4. Facility Posters: Monthly rotation with WHD/NSMD priority during early April, NCD IEC during last week. Short Videos/Animations: Early ANC & safe motherhood for April 1–15; NCD playlist for April 16–30. School & Church Materials: WHD (first week), NSMD (second week), NCD (last week). FAQs / Job Aids: Continuous use throughout the month.	• WHD, NSMD & WIW posters displayed across VHIB, AWCs, markets & facilities. • ASHAs used ANC videos during home visits. • Churches conducted safe motherhood announcements. • Schools organised WHD and WIW educational activities. • Facility ANC corners displayed proper IEC; staff delivered NSMD counselling. • IEC refresh/rotation verified for all four events. • Monthly reporting by ASHA/ANM; quarterly verification by CHO/MO.

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
				& ANC reminders; announcements encouraging institutional delivery; immunization messaging during WIW. Community Gatherings: WHD health walk; NSMD safe motherhood talk; birth preparedness meeting. Health Facilities: WHD desk; NSMD counselling session; ANC corner with posters & FAQs; HWC Day outreach activities. Local Markets: Safe motherhood posters; small display cards in busy shops. Digital Platforms: WHD awareness reels; HWC Day digital announcements.			

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
MAY		Tobacco Control – health risks, second-hand smoke, cancers, youth prevention messaging Menstrual Hygiene Day	Posters (Community – VHIB / Markets / Shops / Bus stands / Tea stalls / Salons): Handwashing steps; anti-tobacco posters; “WNTD 2026” campaign materials; Anaemia Facility Posters (SC/PHC/CHC/DH/OPD/LR/Labs): tobacco-related diseases; “Ask for help to quit tobacco.”, Anaemia. Leaflets Anti-tobacco messages for households, MHM hygiene steps and anaemia control. FAQs: Tobacco health risks, MHM & Anaemia(for adolescents/parents). Job Aids: Tobacco cessation prompts, Anaemia prevention IEC. Short Videos / Animations (ASHA Tablets): Anti-tobacco youth storyline, Anaemia and Teenage pregnancy for girls. Audio Spots: Anti-tobacco radio-style alert, Anaemia among adolescents reminders for caregivers. Event-based Tools: MHD awareness events for schools; Anaemia Awareness for schools and churches, WNTD rally banners; no-tobacco pledge boards.	Home Visits: MHM counselling & Anaemia for girls anti-tobacco counselling for households. Anganwadi Centres: Personal hygiene and discussion about anaemia and Cancer prevention. VHND Sessions: MHM awareness talk and discussion on anaemia; anti-tobacco message add-on. VHC Meetings: Display Anaemia and cancer posters on VHIB; community feedback; Schools & Colleges: WNTD debate, essay, pledge, poster-making, and youth-led awareness march, Anaemia awareness and cancer awareness Churches (Men/Women/Youth Wings): Youth group anti-tobacco session,, Women’s fellowship Anaemia talk. Community Gatherings: WNTD community rally, Community meeting on prevention of cancer.	ASHA, ANM, MLHP, Medical Officers, Staff Nurses, School Health Coordinators, Modal Teachers, RSKK Counsellors, Church Leaders (women/men/youth), VHC Members, District IEC/BCC Team, Block Programme Manager, PHC/CHC Staff, Community Volunteers	Community Posters: Use content available on the harmful effects of all forms of tobacco and WNTD materials. Facility Posters: Monthly rotation with prioritization around key days (MHD/ Anaemia on 28 May; WNTD on 31 May) by using available / existing materials. Short Videos/Animations: Existing Anaemia videos from 15 May onward; WNTD/ Cancer videos in last week of May. School & Church Materials: • MHD: Week of 28 May • WNTD: Last week of May FAQs / Job Aids: Continuous use for the themes.	- WNTD anti-tobacco/cancer posters displayed in facilities & markets. - ASHA used Anaemia during home visits. - Schools conducted MHD / Anaemia events and WNTD activities. - Churches conducted at least one awareness session/announcement. - IEC materials rotated as scheduled. - Monthly reporting by ASHA/ANM; quarterly supervision by CHO/MO.
		Menstrual Hygiene Management (MHM) – awareness, hygiene practices, myths/beliefs, pads/cloth hygiene, school attendance use					
	Continuation of World Health Day follow-up activities • NACO theme: Stigma & Discrimination (HIV) continues	Anaemia among adolescents					

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
				Health Facilities: WNTD IEC booth; tobacco cessation counselling desk, Anaemia sessions. Local Markets: Anaemia and tobacco warning posters at tea stalls. Digital Platforms: WhatsApp messages on Anaemia and tobacco risks.			

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
JUNE	12 June – World Day Against Child Labour (opportunistic youth-awareness messaging) 14 June – World Blood Donor Day (supportive health-systems messaging) 26 June – International Day Against Drug Abuse & Illicit Trafficking - NACO theme (Jun-Jul): EVTHS – Early & Voluntary Testing and HIV Services	HIV & AIDS Prevention and Testing Awareness (risk behaviours, stigma reducing, linkage to care) Substance Use Prevention (alcohol, tobacco, drugs) with direct link to HIV Youth Mental Wellbeing & Protective Behaviours (peer influence, decision-making)	Posters (Community – VHIB / Markets / Bus stands / Shops / Tea stalls / Salons): HIV myths vs facts; HIV transmission routes; prevention methods; benefits of testing; substance abuse harms; counselling availability; youth protective behaviour messages. Facility Posters (SC/PHC/CHC/DH/OPD/Labs/AFHC): HIV testing information; ART/ICTC services; drug/alcohol effects on health; mental health first-aid messages. Leaflets: HIV basics; PrEP/condom use (state-approved formats); substance use harms; where/when to test; mental wellbeing tips for adolescents. FAQs: HIV testing & prevention; stigma; substance-use questions; youth mental health basics. Job Aids: HIV counselling prompts; STI/HIV symptom cues; drug-alcohol risk prompts for ASHAs; referral pathway job aid. Short Videos / Animations (ASHA Tablets): HIV stigma story; testing importance; risk-taking behaviour storyline; substance use awareness clip; youth decision-making animation. Audio Spots: “Test for HIV, protect your future” message; substance-use awareness spot; youth motivation messages. Event-based Tools: Drug Abuse Day rally kit; poster-making activity sheets; HIV awareness banner; youth group discussion	Home Visits: HIV basics & transmission prevention; testing encouragement; discussions on alcohol/drug use; youth protective behaviours; use of short videos + FAQs. Anganwadi Centres: Caregiver sessions linking substance use in adults with household vulnerabilities; display posters. VHND Sessions: HIV awareness corner; drug/alcohol risk discussion; linkages to testing sites; distribution of leaflets. VHC Meetings: Update VHIB with HIV & substance-use posters; community planning for 26 June Drug Abuse Day; encourage referrals. Schools & Colleges: Youth sessions on substance use; debates on Drug Abuse Day; poster competition; assembly on HIV myths vs facts; peer-group discussions. Churches (Men/Women/Youth)	ASHA, ANM, MLHP, Medical Officers, ICTC/ART Counsellors, NCD Counsellors, RKSK Counsellors, School Health Coordinators, Nodal Teachers, Church Leaders (youth/men/women), VHC Members, District IEC Team, Block Programme Manager, PHC/CHC Staff	Home Visits: HIV basics & transmission prevention; testing encouragement; discussions on alcohol/drug use; youth protective behaviours; use of short videos + FAQs. Anganwadi Centres: Caregiver sessions linking substance use in adults with household vulnerabilities; display posters. VHND Sessions: HIV awareness corner; drug/alcohol risk discussion; linkages to testing sites; distribution of leaflets. VHC Meetings: Update VHIB with HIV & substance-use posters; community planning for 26 June Drug Abuse Day; encourage referrals. Schools & Colleges: Youth sessions on substance use; debates on Drug Abuse Day; poster competition; assembly on HIV myths vs facts; peer-group discussions. Churches (Men/Women/Youth)	- HIV & substance-use posters displayed at VHIB, markets, AWCs, and facilities. - ASHAs conducted home-visit counselling using HIV/substance-use videos and FAQs. - Schools conducted Drug Abuse Day events (debate/quiz/poster competition). - Churches conducted youth/adult fellowship sessions or announcements. - HIV testing promotions visible at facilities; referrals recorded. - Community rally/meeting held during 26 June observance week. - Stock availability of HIV leaflets checked at PHC/block. - IEC materials rotated as scheduled. - Monthly reporting by ASHA/ANM; quarterly verification by CHO/MO.

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
			cards.	Wings): Youth wing substance-use awareness talk; HIV stigma reduction message; women's fellowship announcements on care-seeking; men's group discussion on responsible behaviour. Community Gatherings: Drug Abuse Day rally on/around 26 June; HIV awareness meeting; youth sports-event sensitization. Health Facilities: HIV testing desk promotion; ICTC/ART awareness display; Drug Abuse Day IEC corner; provider-led short talk in waiting area. Local Markets: Posters on HIV prevention & drug-abuse hazards; sticker messages at tea stalls. Digital Platforms: WhatsApp reminders encouraging HIV testing; substance-use awareness reels.		Abuse Day; poster competition; assembly on HIV myths vs facts; peer-group discussions. Churches (Men/Women/Youth Wings): Youth wing substance-use awareness talk; HIV stigma reduction message; women's fellowship announcements on care-seeking; men's group discussion on responsible behaviour. Community Gatherings: Drug Abuse Day rally on/around 26 June; HIV awareness meeting; youth sports-event sensitization. Health Facilities: HIV testing desk promotion; ICTC/ART awareness display; Drug Abuse Day IEC corner; provider-led short talk in waiting area.	

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
						Local Markets: Posters on HIV prevention & drug-abuse hazards; sticker messages at tea stalls. Digital Platforms: WhatsApp reminders encouraging HIV testing; substance-use awareness reels.	

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
JULY		• Family Planning & Birth Spacing & Teenage pregnancy— spacing methods, family benefits, family well-being and adolescent empowerment • Male Participation in RMNCH — shared responsibility, partner support • NCD Awareness (Diabetes & Hypertension) — risk reduction, screening, lifestyle behaviours <i>(leveraging large festival gatherings)</i>	Posters (Community — VHIB / Markets / Shops / Bus stands / Tea stalls / Salons): spacing methods, benefits of 2-year spacing, modern contraceptive options, male responsibility in MCH, Teenage pregnancy, NCD risk posters for festival crowds. Facility Posters (SC/PHC/CHC/DH/OPD/NCD Clinics/AFHC): FP basket of choices, counselling points, postpartum FP, diabetes/HTN screening reminders. Leaflets: spacing methods, postpartum FP, male-engagement tips, NCD screening leaflets. FAQs: contraceptive methods, myths & facts, counselling on side effects, NCD prevention FAQs. Job Aids: FP counselling cards (methods, side effects, spacing messages), NCD screening prompts, MCP cards. Short Videos / Animations (ASHA Tablelets): FP methods explainer, spacing benefits storyline, male engagement clip, NCD risk animation, Teenage Pregnancy. Audio Spots: WPD messages on spacing; festival-friendly crowd announcements on screening & healthy habits. Event-based Tools: WPD celebration kits; FP pledge cards; festival IEC booth materials; NCD risk check banners; FP community event toolkit. Teenage pregnancy events	Home Visits: FP method counselling; couple postpartum FP follow-up; NCD screening encouragement; use of videos/FAQs. MCP card sensitisation Anganwadi Centres: Spacing talks for women; male participation messaging; NCD risk awareness at mothers' groups, discussion with adolescents on TP. VHND Sessions: FP demonstration table; postpartum FP messages; NCD screening booth; spacing method leaflets; male participation talk. VHC Meetings: WPD poster placement on VHIB; community mobilisation for FP events; festival planning for FP/NCD IEC. Schools & Colleges: WPD debate/essay on "Healthy Families"; poster competition on population & environment; youth FP awareness messages (age-appropriate). Teenage pregnancy events Churches	ASHA, ANM, MLHP, Medical Officers, FP Counsellors, NCD Clinic Staff, RKSK Counsellors, School Health Coordinators, Nodal Teachers, Church Leaders (women/men/youth), VHC Members, District IEC/BCC Team, Block Programme Manager, PHC/CHC Staff, Festival Organisers	Community Posters: Change every 15 days; first half FP + male involvement; second half FP + NCD (festival mode) & Teenage pregnancy. Facility Posters: Monthly rotation; ensure WPD FP messages are prominent from 1–15 July. Short Videos/Animations: FP playlist for first half; FP/NCD & Teenage pregnancy combo playlist during festival week. School & Church Materials: Used around WPD week (8–15 July). FAQs / Job Aids: Continuous use.	• WPD posters displayed at VHIB, AWCs, community sites, and facilities. • FP counselling documented at VHND and in home visits. • Festival IEC booth functioning with visible FP + NCD materials. • ASHAs used FP/NCD videos in home visits. • ASHA conducted TP sensitisation meeting in AWS • Schools conducted WPD activities as planned. • Schools conducted TP events • Churches held at least one FP & male participation announcement/session. • NCD screening referrals increased during festival period. • IEC material rotation and festival placement verified by supervisors. • Monthly reporting by ASHA/ANM; quarterly verification by CHO/MO.
	• 11 July - World Population Day Behdeinkhlam Festival (major piggybacking opportunity) • NACO theme: EVTHS continues (Jun–Jul)						

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
				(Men/Women/Youth Wings): Youth wing session on responsible behaviour; men's fellowship discussion on partner support; women's group session on spacing & postpartum FP. Teenage pregnancy events Community Gatherings: Behdeinkhiam Festival booth with FP/NCD IEC; crowd-reach messaging; distribution of leaflets; screening referrals. Health Facilities: FP desk; postpartum FP counselling; NCD screening registration; WPD display board. Local Markets: Spacing & NCD posters in busy areas; awareness stickers at shops/tea stalls. Digital Platforms: WPD FP awareness reels; festival IEC reminders on screening & spacing. Teenage pregnancy			

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
AUGUST		• Exclusive Breastfeeding (EBF): 0–6 months — early initiation, correct latch, feeding on demand, avoiding prelacteal feeds • 1–7 August – World Breastfeeding Week • 10 August - National Deworming Day • 12 August – International Youth Day • NACO theme (Aug–Oct): Routes of HIV Transmission (Intensified IEC)	Posters (Community — VHIB / Markets / Bus stands / Shops / Tea stalls): WBW themes, EBF benefits, correct latch & positioning visuals, CF charts, NDD reminders, youth wellbeing messages. Facility Posters (SC/PHC/CHC/DH/LR/PNC/Immunization Clinics): Early initiation steps, dangers of mixed feeding, CF introduction timing, NDD reminders (10 Aug), youth-friendly services. Leaflets: EBF practices, CF guidance, deworming benefits for children/adolescents, youth life-skill reminders. MCP card FAQs: Breastfeeding challenges, common CF mistakes, deworming myths & facts, youth behaviour FAQs. Job Aids: Breastfeeding positioning card, CF food group chart, deworming dosage card, youth counselling prompts. Short Videos / Animations (ASHA Tablets): Correct latch animation; EBF storyline; CF recipe demonstrations; deworming reminders; youth motivation clip. Audio Spots: WBW breastfeeding messages; NDD reminder for caregivers; youth wellbeing messages. Event-based Tools: WBW celebration kit; CF demo materials; deworming day banners; IYD youth engagement kit (debates/poster-making).	Home Visits: EBF counselling; CF guidance; problem-solving for breastfeeding issues; deworming reminders; youth guidance; show relevant videos. Use MCP card Anganwadi Centres: WBW themed sessions; CF food demo; deworming reminders; adolescent girls' session for IYD. Use MCP card VHND Sessions: WBW focus; breastfeeding support demonstration; CF counselling table; NDD reminders before 10 Aug. VHC Meetings: Display WBW posters; plan community meeting on breastfeeding & CF; mobilise caregivers for NDD. Schools & Colleges: NDD deworming reinforcement; IYD activities (debates, quizzes, poster-making, assemblies) on youth health, nutrition & behaviour. Churches (Men/Women/Youth)	ASHA, ANM, MLHP, Medical Officers, Staff Nurses (LR/PNC), AWW, RSKC Counsellors, School Health Coordinators, Nodal Teachers, Church Leaders (women/men/youth), VHC Members, District IEC/BCC Team, Block Programme Manager, PHC/CHC Staff	Community Posters: Rotate every 15 days; WBW (1–7 Aug), CF + NDD (8–20 Aug), Youth Day (10–20 Aug). Facility Posters: Monthly rotation; WBW cluster displayed prominently in first week. Short Videos/Animations: EBF & latch videos for WBW week; CF & NDD videos through mid-Aug; youth videos around 12 Aug. School & Church Materials: WBW activities 1–7 Aug; NDD activities up to 10 Aug; IYD activities during 10–20 Aug. FAQs / Job Aids: Continuous use.	• WBW posters displayed at VHIB, AWCs, and facilities. • Breastfeeding demonstrations conducted at VHND & AWCs. • Deworming reminders delivered before 10 August; coverage recorded. • IYD youth events conducted in schools/colleges/church youth groups. • ASHA used breastfeeding & CF videos during home visits. • Facility-based breastfeeding support documented (LR/PNC). • IEC materials rotated according to WBW–NDD–IYD cycle. • Monthly reporting by ASHA/ANM; supervision by CHO/MO.

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
				Wings): Women’s fellowship—breastfeeding & CF guidance; youth wing—life skills & wellbeing; announcements for NDD. Community Gatherings: WBW rallies; CF recipe fair; NDD mobilisation; IYD youth talk. Health Facilities: Breastfeeding support at LR/PNC; CF counselling in OPD; NDD desk with leaflets; youth-friendly services corner. Local Markets: EBF/CF posters in common areas; NDD reminders on 10 Aug; youth wellbeing posters. Digital Platforms: WhatsApp breastfeeding tips; CF infographics; NDD reminders; IYD youth motivation reels.			

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
SEPTEMBER	• 1-7 September - National Nutrition Week (Nutrition-related campaign month; can align with <i>Poshan Maah</i> if announced) • 29 September - World Heart Day	• Complementary Feeding (CF) — timely introduction at 6 months, meal frequency, dietary diversity, feeding during illness • Anaemia Prevention in Women, Adolescents & Children — IFA, diet diversity, deworming follow-up • Healthy Lifestyle & NCD Prevention — heart health, diet, salt/sugar control, physical activity, avoidance of tobacco/alcohol (linked to World Heart Day)	Posters (Community — VHIB / Markets / Shops / Bus stands / Tea stalls): CF charts; iron-rich food posters; Poshan Maah messages; heart-healthy habits; sodium/sugar reduction visuals; balanced diet plate. Facility Posters (SC/PHC/CHC/DH/OPD/NCD Clinic/Paediatric Clinic): CF timing & consistency chart; anaemia testing & IFA schedule; heart-health IEC; NCD risk check reminders. Leaflets: Age-wise CF guidance; family nutrition tips; anaemia diet; heart-health preventive behaviours. FAQs: CF myths & facts; anaemia & IFA; heart disease risks; salt/sugar guidance. Job Aids: CF food group chart; iron-rich meal combinations; heart-health counselling prompts for ASHAs. Short Videos / Animations (ASHA Tablets): CF routine animation; mother-child mealtime story; Poshan Maah nutrition video; basic NCD/heart health clip. Audio Spots: National Nutrition Week announcements; meal diversity reminders; World Heart Day healthy-lifestyle messages. Event-based Tools: NNW celebration kit; recipe demonstration materials; heart-health “pledge” board; community cooking competition templates; school nutrition games.	Home Visits: CF counselling for caregivers; anaemia prevention; IFA reminders; heart-health basics for adults; show CF videos. Anganwadi Centres: NNW sessions; recipe demonstrations; weighing sessions; anaemia/diet discussions; food models. VHND Sessions: Poshan corner; CF demonstration table; anaemia testing & counselling; heart-health session in last week. VHC Meetings: Display NNW posters on VHIB; plan recipe fair; community meeting on diet diversity & heart health. Schools & Colleges: Nutrition quizzes; Poshan games; drawing competitions; heart-health awareness talk; healthy snack day. Churches (Men/Women/Youth Wings): Women’s group nutrition talk; youth wing heart-health discussion; announcements during	ASHA, ANM, MLHP, Medical Officers, NCD Clinic Staff, AWW, Staff Nurses, School Health Coordinators, Nodal Teachers, Church Leaders (women/men/youth), VHC Members, District IEC/BCC Team, Block Programme Manager, PHC/CHC Staff	Community Posters: Change every 15 days; NNW material for first half; heart-health materials for second half (around 29 Sept). Facility Posters: Monthly rotation; ensure high visibility for heart-health IEC in last week. Short Videos/Animations: CF + nutrition videos for first 3 weeks; heart-health videos for last week. School & Church Materials: NNW activities from 1–7 Sept; heart-health activities around 29 Sept. FAQs / Job Aids: Continuous use.	• NNW/Poshan Maah posters displayed across VHIB & community spaces. • CF demonstration completed at AWCs & VHNDs. • Anaemia counselling delivered — IFA stock availability checked. • Heart-health messages delivered in schools, churches & facilities. • ASHAs used CF & nutrition videos in home visits. • Community nutrition events conducted (e.g., recipe fair). • Facility-based NCD/heart-health desk active during last week. • IEC materials rotated according to NNW → Heart Day sequence. • Monthly reporting by ASHA/ANM; supervision by CHO/MO.

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				NNW & WHD-Heart. Community Gatherings: Village cooking competition; Poshan Mela; heart-health mini-camp. Health Facilities: Nutrition desk; NCD/heart-health education; CF counselling for caregivers; IFA distribution for pregnant women & adolescents. Local Markets: CF & nutrition posters; heart-health infographics; local vendors engaged for Poshan displays. Digital Platforms: WhatsApp nutrition reels; heart-health reminders; recipe videos.			

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OCTOBER		• Family Planning & Birth Spacing (FP/BS) — spacing methods, postpartum FP, benefits for family wellbeing • Teenage Pregnancy Prevention (TPP) — delaying early pregnancy, life-skills, communication with caregivers • Adolescent Mental Health & Wellbeing — stress management, emotional health, positive behaviours, reducing stigma (aligned with WMHD)	Posters (Community — VHIB / Markets / Shops / Bus stands / Tea stalls / Salons): spacing methods; FP basket; healthy couple decision-making; teenage pregnancy prevention; mental health basics; stress signs; where to seek help. Facility Posters (SC/PHC/CHC/DH/OPD/AFHC/NCD Clinic): FP options; postpartum FP; adolescent mental health IEC; signs/symptoms of stress or depression; helpline information. Leaflets: FP counselling guidance; adolescent mental health tips; caregiver communication steps; TPP leaflets. FAQs: FP methods; common concerns about spacing; mental health myths & facts; teenage emotional distress FAQs. Job Aids: FP counselling prompts; postpartum FP checklist; adolescent wellbeing prompts for ASHAs/ANMs; mental health first-aid cues. Short Videos / Animations (ASHA Tablets): FP spacing explainer; TP prevention storyline; adolescent wellbeing & support-seeking video. Audio Spots: WMHD mental health awareness message; FP spacing announcements; youth protective behaviour reminders. Event-based Tools: WMHD celebration kit (posters, pledge cards, discussion prompts); FP/TP community session materials; school & youth group wellbeing	Home Visits: FP/spacing counselling for couples; postpartum FP reminders; conversations with adolescents & caregivers about teen wellbeing; videos & FAQs used. Anganwadi Centres: FP/TP awareness with mothers; adolescent girls' session on mental health; WBW-style group discussion adapted to wellbeing. VHND Sessions: FP counselling corner; postpartum FP messages; mental health add-on session for caregivers; leaflets and posters displayed. VHC Meetings: Display FP + mental health posters on VHIB; plan WMHD community session; TP prevention discussion with families. Schools & Colleges: WMHD activities (awareness assembly, "Stress-Free Campus" pledge, poster/drawing competition, mental health quiz, peer support circle); age-appropriate	ASHA, ANM, MLHP, Medical Officers, Staff Nurses, RKSK Counsellors, School Health Coordinators, Nodal Teachers, Church Leaders (women/men/youth), VHC Members, District IEC/BCC Unit, Block Programme Manager, PHC/CHC Staff, AFHC Counsellors	Community Posters: Rotate every 15 days; first half FP/TP; second half mental-health focus around 10 Oct. Facility Posters: Monthly rotation; ensure WMHD mental health IEC visible from 1–15 Oct. Short Videos/Animations: FP/TP during week 1–2; mental health-focused videos during 10–20 Oct. School & Church Materials: WMHD activities between 8–15 October. FAQs / Job Aids: Continuous use.	• WMHD posters displayed at VHIB & community points. • FP & TP prevention counselling conducted at home visits and VHND. • Schools conducted WMHD activities (assemblies, competitions, peer groups). • Churches delivered mental health announcements/sessions. • ASHAs used FP + mental health videos during home visits. • Facility mental health desk/AFHC corner active in October. • Evidence of participation collected (photos/register—optional). • IEC materials rotated as scheduled. • Monthly reporting by ASHA/ANM; quarterly verification by CHO/MO.

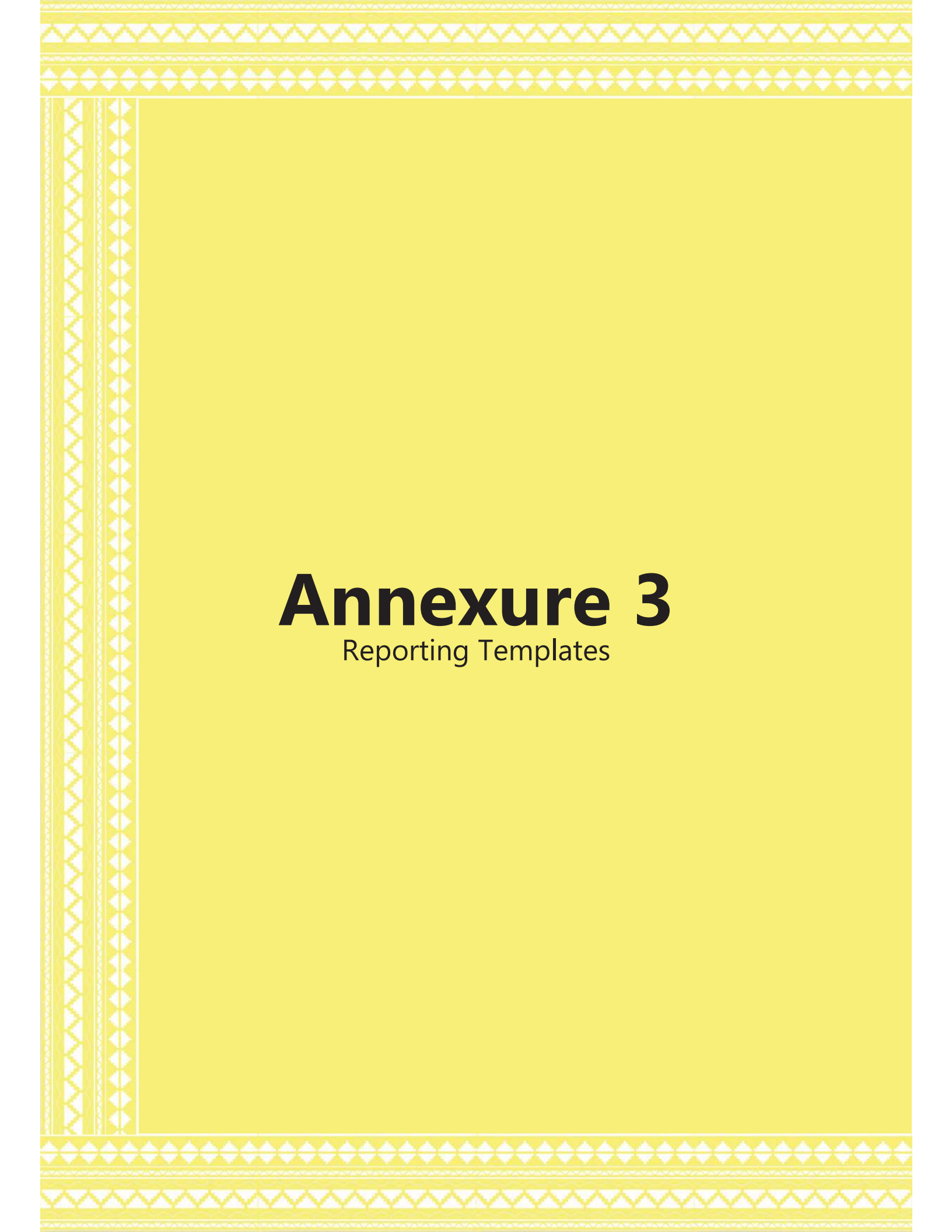
Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
			activity sheets.	TPP messaging; session with teachers on identifying distressed youth. Churches (Men/Women/Youth Wings): Women's group discussion on adolescent mental health; youth wing session on coping skills; men's fellowship session on partner support in FP; WMHD announcement. Community Gatherings: WMHD rally; FP/TP street play; community emotional-health talk by ANM/CHO; stress management demonstration. Health Facilities: FP desk; mental-health awareness corner; adolescent-friendly help desk; WMHD talk in waiting areas. Local Markets: Posters on FP & mental health; helpline information displayed in high-traffic zones. Digital Platforms: WhatsApp mental health tips; FP reminders; short emotional wellbeing reels.			

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
NOVEMBER	• 7 November - National Cancer Awareness Day • 14 November - World Diabetes Day	• Cancer Awareness — early detection (oral, breast, cervical), tobacco/alcohol risks, screening, warning signs • Diabetes Prevention & Care — risk factors, screening, diet control, physical activity	Posters (Community — VHIB / Markets / Shops / Bus stands / Tea stalls / Salons): cancer warning signs; self-breast exam visuals; oral cancer checks; diabetes diet plate; foot care basics; NCD related posters. Facility Posters (SC/PHC/CHC/DH/OPD/LR/PNC/NCD Clinic/AFHC): cancer early detection pathways; diabetes management reminders Leaflets: cancer myths & facts; diabetes risk reduction. FAQs: cancer screening (breast/oral/cervical); diabetes control; Job Aids: cancer risk counselling prompts; diabetes screening prompts; Short Videos / Animations (ASHA Tablets): oral/breast cancer detection; diabetes lifestyle story Audio Spots: cancer early detection reminder; diabetes screening alerts; Event-based Tools: Wangala & Cherry Blossom festival IEC booth materials; Cancer care; diabetes screening-day banners.	Home Visits: cancer early detection (oral/breast); diabetes risk guidance; Anganwadi Centres: cancer & diabetes awareness with caregivers; VHND Sessions: cancer awareness corner; diabetes BP/ sugar screening; VHC Meetings: display festival IEC; cancer-diabetes posters on VHIB; Schools & Colleges: cancer awareness assembly; diabetes quiz; Churches (Men/Women/Youth Wings): oral cancer & tobacco warning message; diabetes prevention talk; Community Gatherings: festival booths (Wangala, Cherry Blossom, Shad Nongkrem, Seng Kut Snem, Megong) with cancer/diabetes IEC; Health Facilities: cancer screening desk; diabetes screening day; Newborn screening day; Newborn diabetes posters in busy areas; Digital Platforms:	ASHA, ANM, MLHP, Medical Officers, Staff Nurses (LR/PNC), NCD Staff, ICTC/ART Counsellors, School Health Coordinators, Nodal Teachers, RSKS Counsellors, Church Leaders (men/women/youth), VHC Members, District IEC/BCC Team, Block Programme Manager, PHC/CHC/DH Staff, Festival Organisers	Community Posters: Change every 15 days; 1–14 Nov: Cancer + Diabetes; 15–30 Nov: Newborn Week + VAW; festival week adds festival IEC combo sets. Facility Posters: Monthly rotation; ensure Newborn Week IEC remains throughout 15–21 Nov. Short Videos/Animations: First half Cancer/Diabetes; second half Newborn/VAW. School & Church Materials: Week-long Cancer & Diabetes messages (1–14 Nov); Newborn Week activities (15–21); IDEVAW messages (25 Nov). FAQs / Job Aids: Continuous use.	• Cancer & diabetes posters displayed on VHIB, AWCs, markets & facilities. • Cancer & diabetes screening promoted at VHND & facility levels. • Newborn Week activities implemented (warmth, breastfeeding, cord care demonstrations). • Churches and schools delivered messages on cancer, diabetes, newborn care, and VAW. • Festival IEC booths active with visible health materials at major events. • ASHAs used relevant videos on cancer, diabetes & newborn care during home visits. • VAW announcement or session conducted around 25 Nov. • IEC rotated correctly between Cancer → Diabetes → Newborn → VAW. • Monthly reporting by ASHA/ANM; supervision by CHO/MO.
	Major Meghalaya festivals (for piggybacking):						
	- Wangala - Cherry Blossom Festival - Shad Nongkrem, - Seng Kut Snem, - Megong (Nov-Dec) • Run-up period to World AIDS Day (1 Dec)						

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
				WhatsApp IEC for Cancer Day, Diabetes Day, Newborn Week, festival-themed IEC reels.			

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
DECEMBER	• HIV & AIDS Awareness — prevention, testing, stigma reduction, linkage to care, ART adherence • Winter Maternal & Newborn Health — warmth, breastfeeding, timely care-seeking, infection prevention • Institutional Delivery & Birth Preparedness — winter complications, danger signs, transport planning • 1 December – World AIDS Day (state & district observance) • Megong Festival continues (Nov–Dec)	• HIV & AIDS Awareness — prevention, testing, stigma reduction, linkage to care, ART adherence • Winter Maternal & Newborn Health — warmth, breastfeeding, timely care-seeking, infection prevention • Institutional Delivery & Birth Preparedness — winter complications, danger signs, transport planning	Posters (Community — VHIB / Markets / Shops / Bus stands / Tea stalls / Salons): HIV transmission & prevention; stigma reduction; testing reminders; ART availability; newborn warmth & breastfeeding; winter danger signs; institutional delivery messages. Facility Posters (SC/PHC/CHC/DH/OPD/LR/PNC/ICTC/ART Centres): HIV testing flow chart; ART services; breastfeeding & thermal care; maternal danger signs; facility-delivery promotion. Leaflets: HIV basics; testing & care pathways; winter newborn care; birth preparedness checklists. FAQs: HIV myths & facts; mother-to-child transmission; breastfeeding in winter; labour readiness; newborn danger signs. Job Aids: HIV counselling prompts; ART adherence reminders; winter newborn care steps (warmth, breastfeeding, skin-to-skin); birth preparedness checklist. Short Videos / Animations (ASHA Tablelets): HIV stigma reduction clip; HIV testing storyline; winter newborn care demonstration; institutional delivery storyline. Audio Spots: WAD testing message; ART adherence reminders; winter newborn safety alert. Event-based Tools: WAD rally kit; HIV awareness banner; community pledge cards; Megong festival booth IEC; winter	Home Visits: HIV prevention & testing discussion; stigma reduction; ART reminders; winter newborn care (warmth, breastfeeding); institutional delivery counselling; use relevant videos/FAQs. Anganwadi Centres: HIV awareness talk; mother support group for winter newborn care; display posters. VHND Sessions: HIV corner for WAD; testing referral info; winter newborn care demonstration; facility delivery counselling. VHC Meetings: Place HIV + winter MCH posters on VHIB; community mobilisation for WAD; plan Megong festival booth. Schools & Colleges: WAD essay competition; HIV knowledge quiz; stigma-reduction pledge; youth-friendly HIV awareness sessions. Churches (Men/Women/Youth Wings): WAD announcements; HIV	ASHA, ANM, MLHP, Medical Officers, Staff Nurses (LR/PNC), ICTC/ART Counsellors, RKSK Counsellors, School Health Coordinators, Nodal Teachers, Church Leaders (men/women/youth), VHC Members, District IEC/BCC Team, Block Programme Manager, PHC/CHC/DH Staff, Festival Organisers	Community Posters: Rotate every 15 days; first half HIV/WAD materials; second half newborn winter care + institutional delivery. Facility Posters: Monthly rotation; ensure strong HIV visibility around 1–15 December. Short Videos/Animations: HIV-focused playlist for 1–10 Dec; newborn winter care & institutional delivery playlist for 11–31 Dec. School & Church Materials: WAD activities 1–10 Dec; winter newborn care in mid-late December. FAQs / Job Aids: Continuous use.	• WAD posters displayed at VHIB, markets, AWCs & facilities. • HIV awareness events conducted in schools, churches & communities. • Facility ICTC/ART centres promoted HIV testing & adherence. • Newborn winter care demonstrations completed at VHND & home visits. • Institutional delivery counselling given to every pregnant woman. • Megong Festival had visible IEC booth for HIV/MCH. • ASHAs used WAD videos & newborn-care animations during home visits. • IEC rotation (HIV → newborn care) verified mid-month. • Monthly reporting by ASHA/ANM; quarterly verification by CHO/MO.

Month	Key Health Day / Festival	Priority SBCC Theme	Materials to Use (Posters, Videos, FAQs, etc.)	Platforms (Home Visits / VHND / School / Facility)	Responsible Cadres	Material Rotation	Monitoring & Reporting Points
			MCH demonstration kits.	stigma reduction message; women's fellowship on newborn care; youth group discussion on responsible behaviour. Community Gatherings: Megong Festival IEC booth with HIV testing info, newborn warmth demos, and facility-delivery messaging; WAD rally (around 1 Dec). Health Facilities: ICTC/ART corner; WAD display; newborn care corner; facility-delivery help desk; breastfeeding support. Local Markets: HIV posters; winter newborn safety visuals; facility-delivery reminders. Digital Platforms: WhatsApp HIV awareness reels; winter MCH infographics; WAD messages from district health.			

The page has a solid yellow background. It is framed by decorative borders. The top and bottom borders consist of multiple horizontal bands of geometric patterns, including a row of small diamonds and a row of interlocking triangles. The left border is a vertical strip with a repeating diamond pattern.

Annexure 3

Reporting Templates

Annexure 3. Reporting Templates

MEGHALAYA SBCC PROGRAMME MONTHLY SBCC ACTIVITY REPORTING TEMPLATES

HOW TO USE THESE TEMPLATES

There are four reporting templates in this document, one for each level of the reporting hierarchy. Each template must be filled monthly and submitted to the level above before the 5th of the following month.

Template	Level	Filled By	Submitted To	Submission Deadline
Form A	Village / Sub-Centre Level	ASHA (with support from ANM)	Block Health Manager / BPM	By 3rd of following month
Form B	Block Level	Block Health Manager / BPM / BMO	District SBCC Nodal Officer (DHEO/DPM)	By 5th of following month
Form C	District Level	District SBCC Nodal	State NHM / MHSSP	By 8th of following month
Form D	State Level (Consolidated)	State SBCC Programme Officer (NHM/MHSSP)	Shared with MHSSP & Programme Leads	By 12th of following month

Key conventions: (M) = Male count; (F) = Female count; (T) = Total. Shaded grey cells are filled by the compiler; white cells are data-entry fields. Each SBCC platform (Home Visit, VHND, School, etc.) corresponds to a row. Tick (✓) or write 'NA' where a platform was not applicable for the month. All counts should reflect the reporting period only (one calendar month).

Calendar alignment: Each form includes the priority SBCC themes for that month as per the Consolidated SBCC Month-wise Events Calendar 2026-27. Reporters should ensure activities align with the monthly themes. IEC material rotation schedules and key health days are pre-filled for reference.

FORM A: VILLAGE / SUB-CENTRE LEVEL SBCC MONTHLY REPORT

Filled by: ASHA | Submitted by 3rd of following month

Reporting Month & Year	Sub-Centre / HWC Name	Block	District
Village Name	Name of ASHA	Name of ANM (Supervisor)	ASHA Phone No.

Priority SBCC Themes this Month (from Calendar): Write the month and fill the corresponding themes from the calendar. Example → January: Teenage Pregnancy | Anaemia | HIV (Youth). February: Cancer | Anaemia | Deworming. [Refer to the SBCC Month-wise Events Calendar 2026-27 for each month's themes.]

SBCC Platform / Activity Type	No. of Sessions Conducted	Total Households / Persons Reached	Participants (F)	Participants (T)	Monthly SBCC Theme Addressed? (Yes/No)	IEC Materials Used? (List types)	Remarks / Challenges
Home Visits (Counselling)							
VHND Sessions							
VHC / Community Meetings							
School / College Events							
Church / Community Gatherings							
Health camps (village / SC level)							
Poster Display (Community / Market / Public Space)							
Digital / WhatsApp / Audio Messages Shared							
TOTALS FOR THIS MONTH							

SECTION A2: IEC / SBCC MATERIALS STATUS

Instructions: Record the materials you have, used, and need. Rotation schedule: Community posters to be rotated every 15 days. Facility posters monthly. Videos/FAQs in continuous use.

IEC Material Type	Monthly Theme on Material	Stock Available (No.)	Quantity Used / Distributed	Posters Rotated as per Schedule? (Yes/No)	Additional Stock Required	Remarks
Posters (Community / VHIB)						
FAQs						
Short Videos / Animations (ASHA Tablet)						
Videos / Social Media						
Events – school/ colleges etc						
Other (specify)						

Name & Signature of ASHA	Name & Signature of ASHA Facilitator /ANM (Verifying)
Signature: _____ Date: _____	Signature: _____ Date: _____

FORM B: BLOCK LEVEL SBCC MONTHLY CONSOLIDATED REPORT

Filled by: BPM / SBCC In-Charge | Submitted to: District SBCC Nodal Officer / In-charge - by 5th of following month

Reporting Month & Year	Block Name	District	Name of Block Health Manager / BPM	Contact / Phone No.
Total Villages in Block	No. of Villages that Submitted Form A	No. of Trained ASHA / FLWs in Block	No. of ASHA / FLWs Who Reported SBCC Activity	Priority SBCC Themes this Month (from Calendar)

Village Name	ASHA Name	Form A Received? (Y/N)	Total Sessions	Participants (F)	Participants (T)	IEC Materials Used? (Y/N)	Referrals Made (No.)	Monthly Theme Addressed? (Y/N)	Issues Reported by ASHA
BLOCK TOTALS									

SBCC Platform	No. of Villages where Activity Conducted	Total Sessions (Block)	Participants (F)	Participants (T)	Monthly Theme Addressed across Villages? (Y/N/Partial)	IEC Materials Used (most common types)	Block-Level Observations / Gaps
Home Visits							
VHND Sessions							
VHC / Community Meetings							
School / College Events							
Church / Community Gatherings							
Health camps (village / SC level)							

SBCC Platform	No. of Villages where Activity Conducted	Total Sessions (Block)	Participants (F)	Participants (T)	Monthly Theme Addressed across Villages? (Y/N/Partial)	IEC Materials Used (most common types)	Block-Level Observations / Gaps
Markets / Public Spaces (VHIB/Posters)							
Digital / WhatsApp							
BLOCK TOTALS							

SECTION B3: IEC / SBCC MATERIAL STOCK STATUS AT BLOCK LEVEL							
Instructions: Record material availability at block store. Verify rotation compliance. Flag shortages for district supply.							
IEC Material Type	Monthly Theme	Opening Stock at Block	Received from District this Month	Distributed to Villages	Closing Stock at Block	Rotation Compliant? (Y/N)	Remarks / Shortage Noted
Posters (Community / VHIB)							
Health camps (village / SC level)							
Short Videos / Animations (ASHA Tablet)							
FAQs							
Videos for social media							
Events – school/ colleges etc							
Other (specify)							

Name & Signature of Block Health Manager / BPM	Verified by BMO (Block Medical Officer)
Signature: _____ Date: _____	Signature: _____ Date: _____

FORM C: DISTRICT LEVEL SBCC MONTHLY CONSOLIDATED REPORT

Filled by: District SBCC Nodal Officer (DHEO / DPM) | Submitted to: State NHM / MHSSP SBCC Cell by 8th of following month

Reporting Month & Year	District Name	Name of District SBCC Nodal Officer / In-charge	Contact / Phone No.
Total Districts in Block	No. of Blocks that Submitted Form B	Total Villages Covered (as per Form B reports)	Priority SBCC Themes this Month (from Calendar)

Block Name	Form B Received? (Y/N)	Villages Covered	Total Sessions	Home Visits (No.)	VHNDs (No.)	School / Community Events (No.)	Participants (F)	Participants (T)	IEC Rotation Compliant? (Y/N)	Key Issues / Gaps (from Block)
DISTRICT TOTALS										

SBCC Platform	No. of Blocks Active	No. of Villages	Total Sessions	Participants (F)	Participants (T)	Monthly Theme Addressed? (Y/N/Partial)	Main IEC Types Used	District-Level Observations / Gaps
Home Visits								
VHND Sessions								
VHC / Community Meetings								
Anganwadi Centre (AWC) Sessions								
School / College Events								

SBCC Platform	No. of Blocks Active	No. of Villages	Total Sessions	Participants (F)	Participants (T)	Monthly Theme Addressed? (Y/N/Partial)	Main IEC Types Used	District-Level Observations / Gaps
Health camps (village / SC level)								
Markets / Public Spaces (VHIB/Posters)								
Digital / WhatsApp / Audio								
Church / Community Gatherings								
DISTRICT TOTALS								

SECTION C3: DISTRICT IEC / SBCC MATERIAL SUPPLY & ROTATION STATUS

Instructions: Summarise district-level IEC material stock. Flag if any block is facing shortage. Rotation compliance is verified against the SBCC calendar schedule.

IEC Material Type	Monthly Theme	Opening Stock at District	Received from State this Month	Distributed to Blocks	Closing Stock at District	No. of Blocks with Adequate Stock	Rotation Schedule Complied with across District? (Y/N/Partial)	Shortage Reported?
Posters (Community / VHIB)								
Health camps (village / SC level)								
Leaflets / Brochures								
FAQs / Job Aids								
Short Videos / Animations (ASHA Tablet)								
Audio Spots / Voice Messages								
Other (specify)								

Name & Signature of District SBCC Nodal Officer	Verified by District Programme Manager (DPM)
Signature: _____ Date: _____	Signature: _____ Date: _____

FORM D: STATE LEVEL SBCC MONTHLY CONSOLIDATED REPORT

Filled by: State SBCC Programme Officer (NHM / MHSSP) | Shared with MHSSP Programme Leads by 12th of following month

Reporting Month & Year	State	Name of State SBCC Programme Officer	Total Districts in State	No. of Districts that Submitted Form C
	Meghalaya		12	
Priority SBCC Themes this Month (from Calendar)	Key Health Days / Events this Month	IEC Rotation Schedule (this month)	Key State-Level SBCC Actions Planned / Taken	No. of Blocks Covered (State Total)

District	Form C Received? (Y/N)	Blocks Covered	Villages Covered	Total Sessions	Home Visits	VHNDs Conducted	School/Comm. Events	Participants (F)	Participants (T)	IEC Rotation Compliant? (Y/N)	Key Issue / Gap (from District)
East Khasi Hills											
West Khasi Hills											
South West Khasi Hills											
Ri Bhoi											
Eastern West Khasi Hills											
West Garo Hills											
East Garo Hills											
North Garo Hills											
South Garo Hills											
South West Garo Hills											
West Jaintia Hills											
East Jaintia Hills											
MEGHALAYA STATE TOTALS											

SBCC Platform	Districts Active (No.)	Blocks Active (No.)	Villages (No.)	Total Sessions	Participants (F)	Participants (T)	Monthly Theme Addressed across State? (Y/N/Partial)	State-Level Observations / Trends
Home Visits								
VHND Sessions								
VHC / Community Meetings								
Anganwadi Centre (AWC) Sessions								
School/ College Events								
Church / Community Gatherings								
Health camps (village/ SC level)								
Markets / Public Spaces (VHIB/Posters)								
Digital/ WhatsApp/ Audio								
STATE TOTALS	12	56						

SECTION D3: MONTHLY SBCC THEME COMPLIANCE CALENDAR ALIGNMENT CHECK

Instructions: This table verifies whether the priority themes from the monthly calendar were addressed across districts. It is the key calendar-alignment check for MHSSP.

Month	Priority SBCC Themes (per Calendar)	Key Health Days / Events	No. of Districts Addressing Theme	No. of Blocks Addressing Theme	% Compliance (Districts)	IEC Rotation Followed? (Y/N)	Gaps / Districts Not Aligned with Theme
January	Teenage Pregnancy Anaemia HIV & AIDS (Youth Focus)	National Youth Day (12 Jan)					
February	Cancer Awareness Anaemia Nutrition &	World Cancer Day (4 Feb),					
March	Gestational Diabetes (GDM) Tuberculosis Birth Spacing	Int'l Women's Day (8 Mar), GDM Day (10 Mar), World TB Day (24 Mar)					

SECTION D3: MONTHLY SBCC THEME COMPLIANCE CALENDAR ALIGNMENT CHECK

Instructions: This table verifies whether the priority themes from the monthly calendar were addressed across districts. It is the key calendar-alignment check for MHSSP.

Month	Priority SBCC Themes (per Calendar)	Key Health Days / Events	No. of Districts Addressing Theme	No. of Blocks Addressing Theme	% Compliance (Districts)	IEC Rotation Followed? (Y/N)	Gaps / Districts Not Aligned with Theme
April	Safe Motherhood Institutional Delivery HWC Services Immunisation	World Health Day (7 Apr), Safe Motherhood Day (11 Apr), AB-HWC Day (14 Apr)					
May	Tobacco Control Menstrual Hygiene Anaemia	Menstrual Hygiene Day (28 May), World No Tobacco Day (31 May)					
June	HIV & AIDS Prevention Substance Use Youth Mental Wellbeing	World Blood Donor Day (14 Jun), Int'l Drug Abuse Day (26 Jun)					
July	Family Planning & Birth Spacing NCD (Diabetes/ Hypertension)	World Population Day (11 Jul), Behdeinkhlam Festival					
August	Breastfeeding (EBF & CF) Deworming Youth Health	World Breastfeeding Week (1-7 Aug), NDD (10 Aug), Int'l Youth Day (12 Aug)					
September	Complementary Feeding Anaemia NCD / Heart Health	National Nutrition Week (1-7 Sep), World Heart Day (29 Sep)					
October	Family Planning Teenage Pregnancy Adolescent Mental Health	World Mental Health Day (10 Oct)					
November	Cancer Diabetes Newborn Care	National Cancer Awareness Day (7 Nov), World Diabetes Day (14 Nov), Wangala/ Nongkrem/ Cherry Blossom					
December	HIV & AIDS (World AIDS Day) Winter Maternal & Newborn Health Institutional Delivery	World AIDS Day (1 Dec), Megong Festival					

SECTION D4: STATE SBCC KEY PROGRESS INDICATORS (MONTHLY DASHBOARD)

Indicator	Target (Annual / Monthly)	This Month Achieved	Cumulative (Year to Date)	Remarks / Interpretation
Total SBCC sessions conducted (all platforms)	-			
Total participants reached (all sessions)	-			
Of which: Female participants	-			
Of which: Male participants	-			
No. of districts where all monthly themes were addressed	12 districts			
No. of blocks where SBCC activities were reported	56 blocks			
% of villages with at least one SBCC session this month	-			
No. of Home Visits with SBCC counselling (ASHA-level)	-			
No. of VHNDs where SBCC theme was included	-			
No. of schools / colleges where health events were conducted	-			
No. of church / community gatherings with health messages	-			
No. of ASHA tablets used with SBCC videos this month	-			
IEC material rotation compliance (% blocks compliant)	100%			
No. of referrals generated through SBCC interactions	-			
No. of districts with material shortage reported	0			

Name & Signature of State SBCC Programme Officer	Reviewed by NHM / MHSSP Programme Lead
Signature: _____ Date: _____	Signature: _____ Date: _____

QUICK REFERENCE: SBCC MONTH-WISE THEME & REPORTING CALENDAR

To be used alongside all four reporting forms. Source: Consolidated SBCC Month-wise Events Calendar 2026-27, Government of Meghalaya

Month	Priority SBCC Themes	Key Health Days / Observances	Primary Platforms	Responsible Cadres	IEC Material Rotation Note
January	Teenage Pregnancy Anaemia HIV/AIDS (Youth Focus)	National Youth Day (12 Jan) NACO: Youth & HIV (Jan-Mar)	Home Visits, VHND, Schools, Churches, Community Gatherings	ASHA, ANM, MLHP, RKSK Counsellors, School Health Coordinators, VHC Members	Community posters: rotate every 15 days. Schools: National Youth Day week (8-15 Jan)
February	Cancer Awareness Anaemia Nutrition & Deworming	World Cancer Day (4 Feb) National Deworming Day (10 Feb)	Home Visits, VHND, Schools, Churches, Facilities, Community Gatherings	ASHA, ANM, MLHP, MO, RKSK Counsellors, Nodal Teachers, VHC Members	Cancer materials: 1- 15 Feb. Anaemia posters: 16-28 Feb. FAQs: continuous
March	Gestational Diabetes (GDM) Tuberculosis Birth Spacing	Int'l Women's Day (8 Mar) GDM Awareness Day (10 Mar) World TB Day (24 Mar)	Home Visits, VHND, ANC Clinics, Schools, Churches	ASHA, ANM, MLHP, MO, Lab Technicians, NTEP TB Staff, Nodal Teachers	GDM: 1-15 Mar; TB: 15-31 Mar. School/TB Day materials: 20-27 Mar
April	Safe Motherhood Institutional Delivery HWC Services Immunisation (WIW)	World Health Day (7 Apr) National Safe Motherhood Day (11 Apr) Ayushman Bharat HWC Day (14 Apr)	Home Visits, VHND, AWC, Schools, Churches, Facilities	ASHA, ANM, MLHP, Staff Nurses, Immunisation Officers, Nodal Teachers, VHC Members	WHD/NSMD: wks 1-2; NCD: wks 3-4. Festival materials: Shad Suk Mynsiem
May	Tobacco Control Menstrual Hygiene Anaemia	Menstrual Hygiene Day (28 May) World No Tobacco Day (31 May)	Home Visits, Schools, VHND, AWC, Churches, Markets	ASHA, ANM, MLHP, RKSK Counsellors, Nodal Teachers, VHC Members	MHD: week of 28 May; WNTD: last week May. Community posters: existing stocks
June	HIV/AIDS Prevention Substance Use Youth Mental Wellbeing	World Blood Donor Day (14 Jun) Int'l Drug Abuse Day (26 Jun) NACO: EVTHS (Jun- Jul)	Home Visits, VHND, Schools, Churches, Facilities (ICTC/ART)	ASHA, ANM, MLHP, ICTC Counsellors, RKSK Counsellors, Nodal Teachers	HIV posters: continuous. Drug Abuse: 20-30 Jun. Schools: Drug Abuse Day week
July	Family Planning & Birth Spacing Teenage Pregnancy NCD (Diabetes/HTN)	World Population Day (11 Jul) Behdeinkhlam Festival	Home Visits, VHND, AWC, Community/Festival Booths, Schools, Churches	ASHA, ANM, FP Counsellors, NCD Clinic Staff, RKSK Counsellors, Festival Organisers	FP+male: 1st fortnight; FP+NCD+TP: 2nd fortnight. Festival IEC active.
August	Exclusive Breastfeeding (EBF) Complementary Feeding (CF) Deworming Youth Health	World Breastfeeding Week (1-7 Aug) National Deworming Day (10 Aug) Int'l Youth Day (12 Aug) NACO: Routes of Transmission (Aug-Oct)	Home Visits, VHND, AWC, Schools, LR/PNC Facilities	ASHA, ANM, Staff Nurses (LR/PNC), AWW, School Health Coordinators	WBW: 1-7 Aug; CF+NDD: 8-20 Aug; Youth: around 12 Aug
September	Complementary Feeding Anaemia NCD / Heart Health	National Nutrition Week (1- 7 Sep) Poshan Maah World Heart Day (29 Sep)	Home Visits, AWC, VHND, Schools, Churches, Facilities	ASHA, ANM, MLHP, NCD Staff, AWW, Nodal Teachers, VHC Members	NNW: 1-7 Sep; Heart Health: around 29 Sep. CF+nutrition: continuous
October	Family Planning Teenage Pregnancy Prevention Adolescent Mental Health	World Mental Health Day (10 Oct) NACO: Routes of Transmission (Aug-Oct)	Home Visits, VHND, Schools, Churches, AFHC Facilities	ASHA, ANM, RKSK Counsellors, AFHC Counsellors, Nodal Teachers, VHC Members	FP/TP: wks 1-2; Mental Health: 8-20 Oct. WMHD materials: 1-15 Oct

Month	Priority SBCC Themes	Key Health Days / Observances	Primary Platforms	Responsible Cadres	IEC Material Rotation Note
November	Cancer Awareness Diabetes Newborn Care	National Cancer Awareness Day (7 Nov) World Diabetes Day (14 Nov) Wangala, Cherry Blossom, Shad Nongkrem, Seng Kut Snem, Megong Festivals WAD Run up	Home Visits, VHND, Festivals, Schools, Churches, NCD Clinics, Facilities	ASHA, ANM, MLHP, NCD Staff, Staff Nurses, Festival Organisers, Church Leaders	Cancer+Diabetes: 1-14 Nov; Newborn: 15-21 Nov; Festival IEC: festival dates
December	HIV/AIDS (World AIDS Day) Winter Maternal & Newborn Health Institutional Delivery	World AIDS Day (1 Dec) Megong Festival continues	Home Visits, VHND, AWC, Facilities (ICTC/ART), Schools, Churches, Festival Booths	ASHA, ANM, MLHP, ICTC/ART Counsellors, Staff Nurses, Festival Organisers	HIV/WAD: 1-15 Dec; Newborn winter care: 16-31 Dec. Festival: Megong booth



"Where Ideas Meet Sustainability."



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