SBCC STRATEGY FOR SYSTEM STRENGTHENING

Awareness to Action – Empowering Communities for a Healthier Meghalaya



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List of Abbreviations

AIDS – Acquired immunodeficiency syndrome

ANC – Antenatal Care

ANM – Auxiliary Nurse Midwife

ASHA – Accredited Social Health Activist

AWW – Anganwadi Worker

AWC – Anganwadi Centre

B-CAP – Block Convergence Action Plan

BCG – Bacillus Calmette-Guérin

BPM – Block Program Manager

C&RD – Community and Rural Development Department

CB – Capacity Building

CBO – Community-Based Organizations

CDPO – Child Development Project Officer

CF – Complementary Feeding

CHC – Community Health Centre

CSR – Corporate Social Responsibility

DC – District Collector

D-CAP – District Convergence Action Plan

DCPC – District Child Protection Officer

DMHO – District Medical and Health Officer

DMM – District Mission Manager

DPO – District Project Officer

DSWO – District Social Welfare Officer

EBF – Exclusive Breast Feeding

EIBF – Early Initiation of Breastfeeding

FAQ – Frequently Asked Question

FGD – Focus Group Discussion

FHI – Family Health International

FLW – Frontline Worker

FP – Family planning

H&WC – Health and Wellness Centre

HBNC – Home Based Newborn Care

HBYC – Home Based Care for Young Child

HIV – Human immunodeficiency viruses

ICDS – Integrated Child Development Service

IEC – Information, Education, and Communication

IFPRI – International Food Policy Research Institute

IIPHS – Indian Institute of Public Health Shillong

IPC – Interpersonal Communication

KAP-B – Knowledge, attitudes, and practice behaviours

KMC – Kangaroo Mother Care

LM – Lactating Mother

M&E – Monitoring and Evaluation

MCH – Maternal and Child Health

MCP – Maternal and Child Protection

MDRTB – Multi Drug Resistant Tuberculosis

MHSSP – Meghalaya Health Systems Strengthening Project

MIS – Management Information System

MLHP - Mid-Level Health Providers

MoM – Minutes of Meeting

MO i/c – Medical Officer in Charge

MP – Male Participation

MSACS – Meghalaya State AIDS Control Society

MSRLS – Meghalaya State Rural Livelihoods Society

NCD – Non-Communicable disease

NFHS – National Family Health Survey

NGO – Non Governmental Organization

NHM – National Health Mission

PA – Primary Audience

PHC – Primary Health Centre

PHED – Public Health Engineering Department

PLWHA – People Living With HIV/AIDS

PMU – Project Management Unit

PNC – Postnatal Care

PPP – Public Private Partnership

PSU – Public Sector Undertaking

PTA – Parent Teacher Association

PW – Pregnant Women

PWD – Public Works Department

RBSK – Rashtriya Bal Suraksha Karyakram

RCH – Reproductive Child Health

S-CAP – State Convergence Action Plan

SBCC – Social and Behaviour Change Communication

SC – Sub Centre

SHG – Self Help Group

SRS – Sample Registration System

SUD – Strategic Use of Data

TB – Tuberculosis

UNICEF – United Nations Children's Fund

VEC – Village Education Committee

VHC – Village Health Council

VHIB – Village Health Information board

VHND – Village Health and Sanitation Day

WCD – Women and Child development

WHO – World Health Organization

WRA – Women in Reproductive age

Executive Summary

The Social and Behaviour Change Communication (SBCC) Strategy developed by the Society for Action in Community Health (SACH) for the Government of Meghalaya represents a robust, culturally sensitive framework aimed at transforming health behaviours across the state. Rooted in evidence-based practices and contextualised through in-depth field research, this strategy seeks to address critical health challenges by leveraging communication as a transformative tool.

The state of Meghalaya faces a unique set of public health challenges, including high maternal and child mortality rates, inadequate uptake of health services, and limited awareness of preventive health measures. Its diverse cultural fabric necessitates a nuanced approach to communication, ensuring messages resonate with various communities. Recognising this complexity, SACH adopted a participatory methodology to develop a comprehensive, hyperlocalized inclusive SBCC strategy. This methodology involved comprehensive field surveys and Focus Group Discussions (FGDs) across the three regions of Meghalaya, evaluation of existing Information, Education, and Communication (IEC) materials to identify gaps and opportunities, multi-stakeholder consultations to ensure alignment with state and national priorities, and collaboration with a multi-sectoral team comprising experts from health, education, communication, and community development to ensure a holistic and integrated approach.

The strategy is built on a unifying framework designed to integrate SBCC efforts across health topics while addressing systemic challenges. It provides tailored approaches to address key health priorities, including maternal and child health, nutrition, and communicable and non-communicable diseases. Findings from Knowledge, Attitudes, Practices, and Behaviours (KAPB) assessments, analysis of cultural dimensions using Hofstede's model, and community engagement have informed its development to ensure relevance and acceptance. Recommendations to enhance the SBCC institutional framework include capacity building, resource allocation, and strategic partnerships. Furthermore, innovative channels and locally adapted communication tools and platforms have been identified to effectively reach diverse audiences.

Findings

Field insights have revealed that deeply ingrained cultural beliefs, religious influences, and traditional practices significantly shape health behaviours and attitudes. There is a high reliance on traditional healers and community leaders for health guidance, alongside passive engagement from religious institutions, which underscores the need for culturally sensitive interventions. Collective social norms and stigma play a critical role in shaping decisions about healthcare, breastfeeding, family planning, and disease management.

Gender dynamics in health decision-making also present challenges. Sociocultural norms reinforce traditional gender roles, with women as primary caregivers and limited male participation in maternal and child health. Women's health decisions are influenced by

collaborative family structures but are constrained by traditional norms and limited resources. Additionally, significant misconceptions and gaps exist in understanding health practices, including breastfeeding, birth spacing, HIV/AIDS, TB, and non-communicable diseases (NCDs) like diabetes, hypertension, and cancer. Knowledge dissemination is inconsistent, often reliant on ASHAs, traditional leaders, or informal networks, with limited reach to hard-to-access areas.

Structural and systemic challenges exacerbate these issues. Inadequate health infrastructure, limited uptake of health services, and irregular screenings for diseases contribute to delayed diagnosis and treatment. Existing health campaigns and communication strategies are insufficient in addressing deep-rooted cultural and social barriers effectively. However, opportunities for community-centric interventions exist. Community networks and traditional structures, though underutilised, present significant potential for promoting health awareness and behaviour change. Leveraging trusted sources like traditional healers, religious institutions, and local influencers can enhance the effectiveness of health promotion strategies.

Recommendations and Strategic Approaches

The strategy outlines macro and micro recommendations, combining high-level policy interventions with community-level action plans to drive behavioural change. Specific messaging and channels have been designed for diverse demographic groups, including men and women, community stakeholders like village headman, elders, religious leaders and traditional healers. Collaborative efforts across departments, with clearly defined roles and Key Performance Indicators (KPIs), are emphasised to achieve multi-sectoral convergence. A results-oriented approach that integrates monitoring, evaluation, and adaptive learning through a well-defined theory of change is central to this strategy.

Sustainability and Monitoring

To ensure long-term impact, the strategy proposes strengthening local capacity for SBCC implementation, establishing supportive supervision mechanisms, and embedding SBCC practices into existing health systems and policies. The sustainability plan is focused on institutional strengthening and fostering community ownership of health initiatives.

Conclusion

This SBCC Strategy is a critical step toward achieving Meghalaya's public health goals. By addressing cultural, systemic, and behavioural factors, it provides a roadmap for sustained improvement in health outcomes. With strong institutional support and community engagement, this strategy has the potential to transform health communication and drive meaningful behavioural change across the state.



How to Use This Document





How to Use This Document

This document is designed to guide officials of Health Department and it's allied departments like Women and Child Development (Social Welfare), Education, Meghalaya State Rural Livelihood Society (MSRLS), Community & Rural Development (C&RD) at the state level and below in implementing a comprehensive and culturally attuned SBCC strategy in the state of Meghalaya. It provides a structured approach to address key health topics while fostering community engagement and inter-departmental coordination. The document is mainly divided into two parts- The Core Strategy document and Health Topic Based-Specific Strategy.

Part 1: Core SBCC Strategy

The strategy document serves as a foundational guide, clearly outlining its purpose and emphasizing key collaborative efforts. It provides an overarching framework for the SBCC strategy, identifying gaps in existing approaches and detailing actionable solutions to address them. Additionally, the document introduces innovative strategies and communication materials, offering clear recommendations to achieve its goals of fostering behaviour change, increasing community awareness, and improving health outcomes.

A significant focus is placed on the need for a collaborative and integrated approach across departments, highlighting interdependencies and defining roles and responsibilities with setting up accountabilities. The document advocates for the development of a unified work plan to ensure alignment on health-specific and health-sensitive interventions, with active contributions from all relevant departments.

Furthermore, the document emphasizes system strengthening, with detailed strategies to address human resource requirements, supportive supervision, data-driven decision-making, and capacity building. It also underscores the importance of community mobilization, calling for the involvement of key community structures such as Village Headmen, Village Health Committees (VHCs), Self-Help Groups (SHGs), and Religious Institutions. By integrating these elements, the document provides a holistic approach to achieving the strategy's envisioned health and wellness objectives.

Part 2: Health Topic-Based Specific Strategies

This section presents a comprehensive, topic-specific approach tailored to address individual health priorities effectively. Each health topic is structured to include targeted objectives and desired outcomes, audience-specific messaging and communication channels, and cultural and regional adaptations to ensure relevance and effectiveness across diverse settings. The document adopts a multi-level approach to enhance both existing and new interventions by reviewing pre-existing communication materials and offering recommendations for improvement, as well as providing detailed guidance for designing new interventions. It emphasizes categorizing audiences into primary and secondary groups, developing key messages aligned with

communication goals, identifying targeted behaviours for change across audience types, selecting appropriate channels and modes for effective dissemination, and formulating monitoring plans to track progress for each health topic.

The structure ensures a seamless transition from high-level planning to topic-specific implementation, enabling stakeholders to gain a holistic understanding of the SBCC framework and access actionable strategies for execution. Furthermore, the design highlights the importance of periodic reviews of resources and the development of micro-plans for interventions. This approach allows stakeholders to assess preparedness, identify necessary prerequisites, monitor participation, and systematically track progress, resulting in a clear, actionable roadmap that fosters effective planning, execution, and continuous improvement.

Limitations

This document is prepared based on the information gathered from across the state reflecting the current scenario, perspectives and experiences shared by officials, community level workers and community level stakeholders, and beneficiaries. This information should be viewed as representative rather than definitive or standardized for the entire state. Given the state's expanse and diversity, additional research may reveal further variations. However, the sample size provided a sufficient representation of diverse findings at this stage, allowing for an adequate assessment based on the reported data. The strategy and recommendations are primarily centred on the suggested health topics.

This document does not address how to develop and implement other social or behaviour change initiatives beyond communications. This document will not provide a one-stop solution to the health behaviours, but will aid in understanding the social and behavioural changes required and the related barriers to change in order to help design effective communication materials and interventions. Social and behaviour change is complex and difficult, requiring sufficient resources-time, funding, skills and expertise.



Introduction





Introduction To The SBCC Strategy

Meghalaya, the "Abode of Clouds," is a northeastern Indian state known for its stunning geography, deep cultural roots, and indigenous identity. Defined by the Khasi, Jaintia, and Garo Hills, its diverse terrain ranges from the world's highest rainfall areas to drier regions, influencing agriculture, water availability, and health outcomes.

The state is witnessing a 'transitioning paradox'. A uniquely cultural and socially networked society grappling to find a place for its own indigenous logic, social doctrines and collective cultural cognition (way of thinking) in a radically new world with its own crises and malaises. Public health and decision making in indigenous environments serves as a complex site for this 'transitioning cycle'. The socio-political climate with the ongoing upsurge of local nationalism, preservation of community identity and fear of cultural erosion -has further escalated this 'crisis of faith' in the public systems.

While access and infrastructure remain a massive challenge along with the underutilisation of existing health infrastructure, poor education status (high drop-out ratio post primary education) and acute information asymmetry about health conditions has caused the historical practices and some antiquated cultural norms to fill that void and have become an influential factor in decision making in health-related matters at the community level. The absence of a dedicated SBCC unit to oversee and coordinate communication activities has resulted in fragmented efforts and limited impact.

The IEC unit lacks a cohesive and structured framework hence often relying on ad hoc processes to largely meet the immediate requirement. Currently the focus is meeting the various program requirement and pushing IEC materials as received from ministry because of which the IEC materials are not adequately tailored to local contexts, and dissemination is irregular, largely confined to specific events. Furthermore, community involvement is minimal although the concept of VHCs has been introduced into the system it is yet to gather momentum as expected, and local media and mobilisation platforms remain underutilized for consistent engagement. The absence of mechanisms to gather community feedback and integrate it into campaigns further hampers effectiveness.

These gaps have further strengthened the persistent misconceptions and have limited the adoption of critical health behaviours, underscoring the urgent need for a dedicated SBCC unit and a comprehensive, culturally sensitive strategy to drive sustainable behaviour change in the state.

The proposed SBCC strategy aims to act as a service redesign framework - with active engagement and outreach design -as the first and foremost component - to support in establishing the ideal conditions for better health outcomes.

The strategy's goals and objectives establish the foundation and framework for sustainable social and behaviour change, focusing on promoting desired behaviours among target groups, creating an enabling environment for change, and equipping functionaries and stakeholders to deliver the strategy. The MHSSP team, in collaboration with the IEC wing of the health department, will lead this initiative in coordination with the allied departments to ensure effective and efficient implementation of this SBCC strategy across the state and across all levels.

> *We know that feeding baby with only mother's milk is very healthy, although we don't know all the benefits, one that I know is that baby will not have gas and it prevents from jaundice, but still when the baby cries in the night we give cerelac or lactogen, it helps fill the tummy of the child & it sleeps better because of which the mother also sleeps well.*

– a participant of FGD in Dabit Village, Baghmara, South Garo Hills, about the current practices around EBF in their village.

Background

The state of Meghalaya shows a mixed performance across key health indicators, with sharp variations between rural and urban areas. While the state has made significant progress in reducing maternal and infant mortality rates and improving the performance of health facilities, it continues to struggle with a high fertility rate, low acceptance of family planning methods, poor infant care and feeding practices, high social acceptance of teenage pregnancies, and resistance to institutional maternal care.

Additionally, there is a dual burden of communicable and NCDs, with anaemia and malnutrition remaining endemic. The cultural and social factors play a significant role in influencing accepted behaviours and practices, which complicates the effectiveness of health services. Moreover, the low educational status among people of the indigenous groups reinforces negative social norms, further challenging the state health machinery's efforts to address these deeply rooted issues effectively.

Current Health and SBCC Landscape in Meghalaya

The state faces challenges like rural-urban disparities, inter-state & intra-state migration, limited healthcare access, and a rising burden of NCDs coupled with the burden of increasing malnutrition and existing burden of communicable diseases. Remote villages, scattered across rugged terrain, often lack infrastructure, while linguistic and cultural differences hinder effective communication and service delivery, making equitable healthcare delivery a persistent challenge.

In the state, birth spacing remains a critical issue with limited uptake of family planning options compounded by low male participation in reproductive health decisions. The state shows the lowest adoption of modern contraceptive methods among Northeastern states, at just 8.3%. Traditional methods remain prevalent, accounting for 39% of contraceptive users. Closely linked to this is the promotion of Exclusive Breastfeeding (EBF) and Complementary Feeding (CF) practices, which are essential for reducing infant mortality and preventing malnutrition, a risk factor that exacerbates other health conditions. Exclusive breastfeeding for children under six months improved from 35.8% in NFHS-4 (2015-16) to 42.7% in NFHS-5 (2019-20), reflecting enhanced awareness but requiring further efforts, especially in rural areas. Complementary feeding also improved, with children aged 6-8 months receiving solid or semi-solid food and breast milk rising from 51.6% to 62.9%. However, dietary diversity and minimum meal frequency remains critically low, with only 16.8% of children aged 6-23 months receiving an adequate diet in NFHS-5. Male participation in supporting these practices and broader maternal and child health efforts can create a supportive environment, fostering positive behavioural changes.

Furthermore, the rising burden of NCDs like cancer, hypertension, and diabetes further strains the healthcare system, particularly as these conditions often coexist with communicable diseases. As per NFHS 5 report, 9.5 % of women and 13.9% of men above 15 years have high or very high levels of glucose in their blood.

The report also states that 18.7% of Women and 21.5 % of Men having elevated blood pressure. Meghalaya exhibits a unique cancer profile compared to other parts of the country. The Age-Adjusted Incidence Rate for cancer is 176.8 per 100,000 in males. Notably, approximately two-thirds (66.9%) of cancers in males and 43.1% in females can be attributed to tobacco use.

Tuberculosis (TB), for instance, continues to affect vulnerable populations, with co-morbidities such as diabetes compounding its impact. In 2022, Meghalaya recorded 4,974 TB case notifications, which decreased slightly to 4,812 cases in 2023. Public awareness about TB is moderate but fragmented. While 76% of respondents recognize the symptoms and 66% are aware of its transmission mode, only 52.6% believe the disease is preventable, and knowledge about the BCG vaccine is limited to 32%. Adding to the challenge is the prevalence of HIV/AIDS has emerged as a significant public health challenge, with the state reporting a prevalence rate of 0.43%, surpassing the national average of 0.21%. This represents nearly 9,589 registered cases of people living with HIV (PLWHA), a dramatic increase compared to previous years.

Addressing these interconnected issues through a cohesive SBCC approach offers an opportunity to tackle these challenges in an integrated manner, fostering healthier behaviours and improving health outcomes across the state.

The SBCC strategy for Meghalaya is designed to address the diverse cultural and social contexts of its three main indigenous communities: the Khasi, Garo, and Jaintia. Each community has distinct traditions, belief systems, and health-seeking behaviours influenced by their unique cultural frameworks and geographic settings.

Methodology and Approach

The strategy development process followed a phased approach, beginning with initial discussions held with the MHSSP PMU team and key officials from the NHM and the Department of Health & Family Welfare. These discussions outlined their vision and expectations for the assignment, providing clarity on the goals to be achieved. Following this, a state-level consultation was conducted, which laid the groundwork for detailed state profiling, literature review, and situation analysis. This comprehensive exercise established the objectives and approaches necessary to create a robust foundation and framework for sustainable social and behaviour change. The focus was on promoting desired behaviour changes among target groups and fostering an enabling environment to support these changes.

To further inform the strategy, an in-depth understanding of the current health landscape was undertaken, including an exploration of health-seeking practices, cultural factors, and awareness levels related to the proposed health topics. This was achieved through extensive field visits and systematic data collection efforts. The data collection and analysis were guided by the KAP-B framework, further enriched by Hofstede's cultural dimensions and anthropological approaches. This integration provided a deeper understanding of local behaviours, cultural determinants, and the factors influencing health-related decision-making.

State Profiling: The process involved analysing the profile of Meghalaya across key aspects such as geography, demography, economy, climate, and culture. This analysis highlighted the state's diversity, including regional and cultural variations, which are critical for understanding the behavioural determinants essential to shaping the strategy. Particular attention was given to understanding the media environment, patterns of communication channel consumption and preferences, which was examined at two levels: variations between tribes & their geography, and the other on gender-based preferences, ensuring a comprehensive approach to strategy development.

Literature Review and Situational Analysis: The next step focused on understanding the current situation across various health topics. This involved a thorough review of existing literature, current statistics, and on-going interventions by the health department and other stakeholders. A systems-thinking approach was employed to analyse the interconnections and interactions among health topics. A comprehensive desk review was conducted, referring to existing literatures, reports and documents by MHSSP, MSRLS, IFPRI, WCD and the WISH Foundation, as well as other research papers. Data analysis utilized credible public sources, including NFHS-4 & 5, Census 2011, SRS 2020, and national and regional newspaper archives. To supplement this, discussions were held with the PMU MHSSP, Divisional Officers, the IEC team, various program teams and partner organizations such as UNICEF, WHO, IPE Global, WISH Foundation, and IIPH-Shillong. These interactions provided valuable insights into the root causes of current challenges, the effectiveness of ongoing programs, existing communication barriers, and areas requiring intervention or change.

Field Data Analysis (Qualitative Assessment): Based on the desk review and situational analysis, data collection tools were developed to identify and understand key challenges and barriers related to health-seeking practices, cultural dynamics, and awareness of the proposed health topics. These challenges were categorized into:

- Overarching Barriers: Factors influencing the broader environment necessary for decision-making among target audiences.
- Systemic Challenges: Issues at the administrative level impacting service delivery and outreach.
- Health Topic-Specific Barriers: Challenges specific to adopting desired health
- behaviours.

To capture these aspects, a KAP-B tool was designed for each health topic. This tool assessed awareness, perceptions, actions, and behavioural patterns within communities. Additionally, an anthropological survey tool was developed to understand cultural nuances, preferences, and differences among Meghalaya's three main indigenous groups. The tools incorporated components of the Hofstede Model to analyse cultural differences across regions, focusing on factors like power distance, individualism vs. collectivism, masculinity vs. femininity, uncertainty avoidance, long-term vs. short-term orientation, and indulgence vs. restraint influence behaviours, community dynamics, and decision-making. A score-based assessment was used to quantify these cultural dimensions. Another tool was deployed to map existing communication channels and materials, collecting information at both state and district levels.

Process Undertaken:

- Discussions with Officials and Stakeholders- consultations were conducted at the state level with officials from various health department verticals, including the State TB Cell, Megh-SACS, NHM-IEC division, RCH division, NCD unit, RBSK unit, and the NHM -State Program Manager.

- Group Discussions with Communities - Field visits were conducted in selected villages, involving interviews and group discussions with community members and stakeholders. Participants included:
  - Women aged 18–49 years (including pregnant and lactating women)
  - Adolescent girls
  - Women and men above 49 years
  - Male participants
  - ASHA workers and Anganwadi Workers

- Visits to Sub-centres / Health & Wellness Centres, and PHCs enabled interactions with healthcare staff.

Districts, blocks, and villages were selected based on discussions with state officials, considering accessibility, internet/mobile network connectivity, and performance. Fieldwork covered over 22 sites across the three regions, covering over 350 participants for focus group discussions and in-depth interviews. Separate questionnaires were developed for women, men, and mixed groups, tailored to the context of each discussion.

Key Outcomes from Field Discussions focuses on the following

- Identified preferred communication channels to prioritize in the strategy.
- Highlighted key barriers and enablers influencing health behaviour adoption, varying by factors such as community type, village location, proximity to cities or neighbouring states, and women's education levels.
- Beneficiaries provided feedback on communication tools and approaches they found resonant and commonly used.

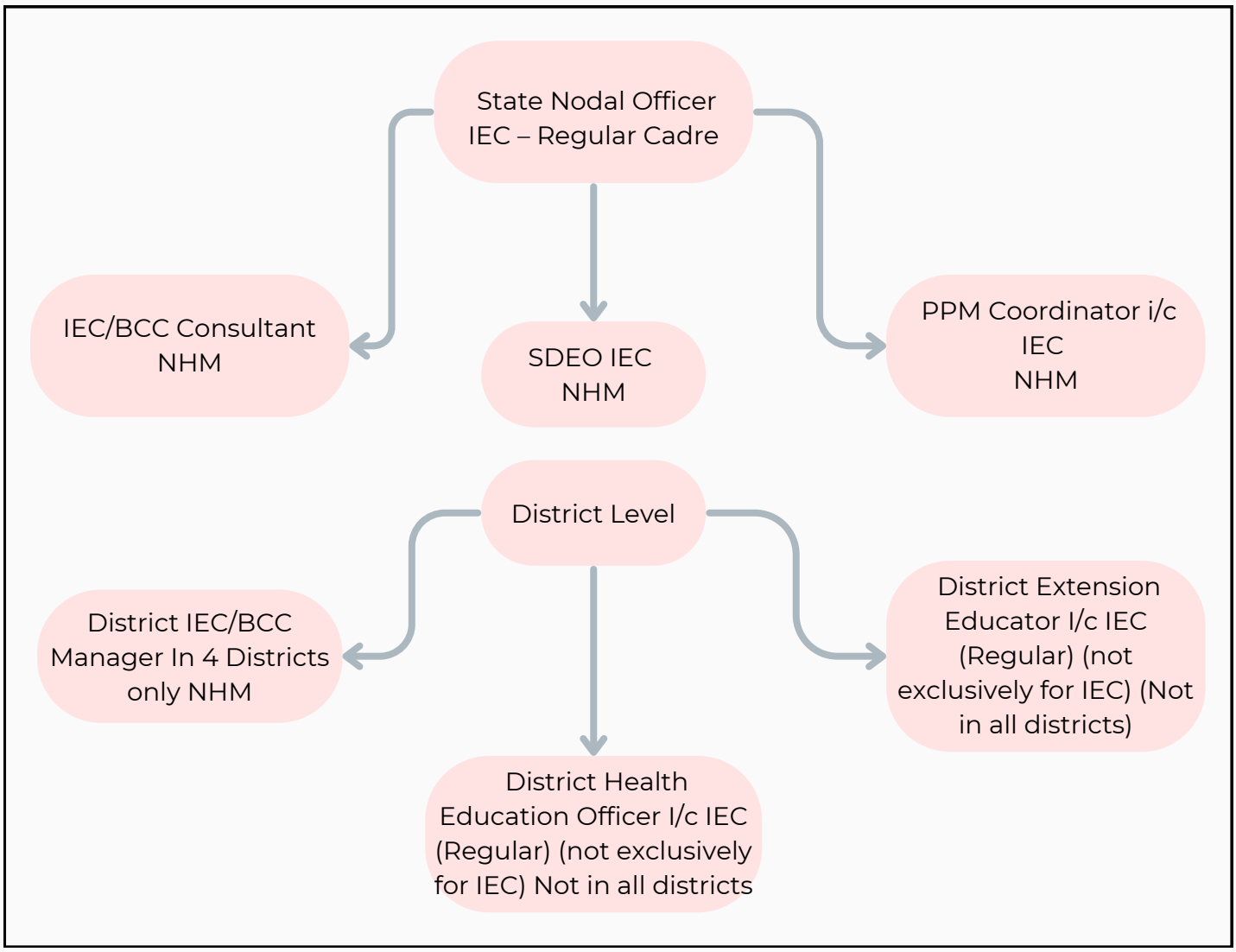


Assessment of Current SBCC Framework





Institutional Architecture Overview



Current institutional architecture

The IEC vertical of the State Health Department operates with a lean structure, characterized by role ambiguity and gaps in its functioning. At the state level, the vertical is led by the State Nodal Officer IEC , who is based in Shillong and supported by a team of three members i.e. IEC BCC Consultant NHM, PPM coordinator IEC NHM. and SDEO IEC NHM. In district level there are IEC/ BCC manager (only in 4 districts), District Health Education Officer (not in all districts) and District Extension Educator (Not in all districts).

The State Nodal IEC Officer is responsible for coordinating the development of IEC materials for various health programs and initiatives. Each program vertical submits its annual requirements for materials such as audio-visual, print, and digital content. The State Nodal IEC Officer ensures these materials are produced and dispatched to districts according to the plan.

At the district level, there are no dedicated District IEC Manager in many districts, except in four districts, the responsibility for IEC activities is managed by an officer in-charge. Few districts has got District Health Education Officer and few district have District Extension Educators. Further distribution of materials is carried out to blocks, PHCs, and HWCs, where the staff in charge of the respective facilities oversee their usage. These materials are either displayed or distributed, depending on their type and purpose. However, the absence of a structured and dedicated framework across levels often leads to inefficiencies.

Despite some level of functional coordination, the current system suffers from significant gaps. There is no robust mechanism to track the reach, usage, or effectiveness of IEC materials, making it difficult to assess their impact on the target population. The state also lacks a structured reporting and review process, which hampers the ability to identify usage patterns, assess needs, or recommend modifications to the materials. Moreover, the lean staffing and lack of defined roles further exacerbate these challenges, creating bottlenecks in the overall implementation of IEC activities. At the facility level, the usage of IEC materials is decentralized and ad hoc, with no standard guidelines governing their application.

> *Whenever the village people ask me about various diseases like sugar, BP, cancer and all I feel very embarrassed as being an ASHA I am unable to tell them anything about these kinds of diseases. I wish only if we got regular training and updates on these diseases, I could inform people when they approached me.*

– ASHA worker in Megonggre Village in Dadenggre block, West Garo Hills District

Field Insights: KAPB and Cultural Assessments

The findings presented in this section stem from a comprehensive field assessment and an in-depth review of secondary literature conducted as part of the SBCC strategy development for Meghalaya. The field assessment involved surveys and extensive interactions with key stakeholders, including community members, health workers, and local authorities, to capture grassroots insights and lived experiences. Simultaneously, the literature review examined existing policies, communication strategies, and behavioural patterns to provide a robust contextual framework.

The assessment highlights the intersection of social and cultural influences, which exacerbate hesitancy toward health services and emphasize the need for culturally sensitive interventions. Furthermore, the socio-political climate, characterized by the upsurge of local community identity and fears of cultural erosion, has intensified mistrust in public health systems and policies. This mistrust contributes to the low uptake of healthcare services and health-seeking behaviours in the state. Challenges such as limited access and poor educational attainment, including high dropout rates after primary and secondary education, further hinder the utilization of existing health facilities.

Below are the key findings categorized by the Hofstede cultural dimensions and anthropological inferences based on the KAPB assessment:

Macro-Findings: Cultural Dimensions

1. Major Beliefs and Social Order

Power Distance:

- The villages exhibit a high to moderate degree of power distance, where adherence to the authority of village heads or religious institutions is prominent.
- Approximately 90% of respondents reported refraining from actions disapproved by the church or religious institutions. Religion, traditional faith, and beliefs wield significant influence, with over 70% guided by spiritual, religious, and village institutions in health-related matters.
- Decision-making is driven by "community power structures" such as headmen, village elders, church authorities, and maternal uncles, emphasizing a hierarchy that influences health and family choices.

Gender Dynamics in Decision-Making:

- Sociocultural norms heavily influence reproductive health choices, including maternal health, birth spacing, breastfeeding, family planning, and male participation.
- While traditional norms dominate, resource constraints and aspirations have led to a slight positive shift in family size preferences, especially among the younger generation.
- Collaborative decision-making between spouses is common, though women remain the primary caregivers in 70% of households, responsible for elder, child, and extended family

health matters.

2. Collectivism and Social Networks

High Collectivism:

- The Khasi and Jaintia communities exhibit slightly stronger collectivist traits than the Garos.
- Community engagement is a defining feature, with over 61% of the population showing a strong proclivity for adherence to social norms and practices.
- Social inclusion and collective responsibility underpin societal behaviour, while social stigma and communal anxieties significantly shape decision-making.

Knowledge Transfer and Social Networks:

- Dissemination of knowledge largely depends on trusted sources such as the church, traditional healers, and village headmen. These networks act as both the message and the medium for health communication.
- Despite their influence, institutions like the church have adopted a passive stance on critical health topics, inadvertently reinforcing traditional norms such as large family sizes and low contraceptive use.

3. Short-Term Orientation and Risk Perception

Present-Oriented Thinking:

- Only 40% of respondents reported saving for health emergencies, with most prioritizing short-term goals over long-term planning.
- Decision-making is predominantly tied to immediate needs, with limited emphasis on savings or future-oriented health preparedness.

4. Masculinity and Femininity Norms

Moderate Masculinity Norms:

- Meghalaya reflects a balanced approach to competitiveness and quality of life, with minimal gender conflicts.
- While 90% of respondents believe men are primarily responsible for financial contributions, financial roles are increasingly seen as shared responsibilities between partners.
- Women's autonomy in health decisions is viewed as a collaborative process influenced by socio-economic dynamics rather than authority or permission.

5. Socio-Cultural Inferences

Role of Traditional Healers:

- Traditional healers play a pivotal role as both medical practitioners and custodians of collective identity and indigenous knowledge systems. They are often the first point of contact for common ailments like diarrhoea, fever, and cough.
- Their accessibility and integration into the cultural fabric position them as vital resources for addressing health challenges.

Stakeholder Engagement Gaps:

- Stakeholder engagement, particularly with non-traditional actors like pharmacists, local beauty salons, and weekly market vendors, remains poor. These spaces offer untapped potential for health awareness and communication interventions.

Role of the Church:

- Church is a highly influential institution but adopts a passive stance on critical health issues.

This passivity indirectly endorses traditional norms and behaviours, underscoring the need to engage religious institutions more actively in health promotion efforts.

Micro Findings: Topic-based findings

1. Exclusive Breastfeeding Practices

Cultural Beliefs and Practices:

- In all three regions, many mothers believe breast milk alone is insufficient for their baby's needs, especially at night. This misconception often leads to early complementary feeding before six months. In Khasi and Jaintia areas, rice broth, mashed rice, and bananas are common early foods, while Garo care-givers favour pre-lacteal feeds like cerelac and formula milk, believing these help babies sleep better.

Maternal Workload and Employment:

- Mothers across the region face challenges in practising EBF due to work and household responsibilities. Rural mothers working in farmlands or as daily labourers often lack support and turn to semi-solid foods or formula. Urban mothers face similar issues due to inadequate workplace breastfeeding facilities. Elder siblings or grandparents often introduce early feeding, and male partners provide limited support post-childbirth.

Knowledge and Misconceptions:

- While awareness of EBF benefits exists, gaps in understanding persist. Many mothers believe breastfeeding depletes their health or worry about insufficient milk production, leading to premature complementary feeding. Misinterpreting infant behaviours like crying as hunger also reinforces these misconceptions.

Traditional Practices and Societal Influence:

- Family traditions strongly influence feeding practices. Elders often advocate early complementary feeding, believing breast milk is insufficient. Foods like mashed rice and rice broth are introduced as early as one month, with societal pressure compelling mothers to follow these practices despite knowing the guidelines.

Health System Barriers:

- Lactating mothers primarily rely on ASHAs and ANMs for guidance, but counselling is often inconsistent or incomplete. Limited postnatal support and counselling undermine mothers' confidence in EBF and the timely initiation of complementary feeding.

2. Birth Spacing Practices

Cultural Beliefs and Practices:

- In Meghalaya, a strong belief that children are divine blessings discourages planned family decisions, as intervening is seen as interfering with God's will. Religious institutions, such as churches, remain neutral on family planning, offering no collective guidance. As a result, decisions on family size and spacing are influenced by personal beliefs, cultural norms, and individual discretion.

Traditional Norms and Ideal Family Size:

- Among younger women, the ideal family size is 3–5 children, reflecting financial challenges. In contrast, older women consider 5–8 children ideal, aligning with traditional norms. Younger women are more likely to support 2–3 years of spacing between births for better maternal and

child health, though societal expectations often prioritise lineage continuation over strategic planning.

Economic and Practical Constraints:

- Families with limited financial resources cite high education and healthcare costs as reasons to limit family size. However, the desire for a girl child often leads to larger families. Traditional support systems, such as older siblings assisting with caregiving, are common. Limited access to contraceptives is also a significant barrier to family planning.

Awareness of Family Planning Methods:

- Awareness of contraceptive options like pills (Mala D/N), injections (Antra), and Copper-T exists but is often basic and inconsistent. ASHA workers, nurses, and occasional health campaigns are the primary sources of information, which rarely reach remote areas comprehensively. Knowledge gaps about birth spacing and effective contraceptive use persist.

3. Low Male Participation in Maternal and Child Health Care

Inconsistent Support:

- Male involvement across the Khasi, Garo, and Jaintia regions varies, with many men providing support only in emergencies, lacking consistent engagement.

Low Prioritization:

- Despite recognising their role, men often view maternal and child health as a low priority, leaving women to manage independently.

Peer and Societal Pressure:

- Cultural norms discourage male participation, with fear of judgement deterring active involvement.

· *Traditional Gender Roles:*

- Caregiving is largely seen as a woman's responsibility, limiting men's engagement.

Regional Variations:

- In the Garo region, men often take decision-making roles, while in the Khasi region, women are left to manage healthcare, reflecting cultural differences.

Knowledge Gaps:

- Men lack awareness and sensitisation on how to contribute effectively.

Few Role Models:

- Absence of male examples reinforces the belief that maternal health is a woman's duty.

Economic Pressures:

- Men prioritise earning over health involvement, especially as primary breadwinners.

Institutional Gaps:

- Health systems lack structured initiatives to encourage male participation.

4. Incidence of HIV/ AIDS

Limited Understanding of HIV/AIDS Transmission:

- During the FGDs, it was revealed that while most participants, both men and women, identified sexual intercourse as the primary route of HIV transmission, there was minimal knowledge about other pathways, especially mother-to-child transmission. Awareness gaps, including some knowledge of needle sharing, can inadvertently increase the risk of transmission.

Cultural Terminology and Perceptions:

- In the Khasi community, HIV/AIDS is referred to as “Khniang Mynrain,” meaning a disease of private parts, which may shape how the disease is understood. Although this term acknowledges the disease, it carries social and cultural connotations that can stigmatise it, limiting open discussions and preventive actions.

Stigmatization:

- Participants noted that HIV/AIDS is often associated with “carelessness” in relationships, particularly among young people, reflecting a moralistic view. People living with HIV/AIDS are perceived as having "poor morals," which can discourage individuals from seeking information, testing, or treatment, potentially contributing to higher incidence rates.

Low Engagement with Awareness Campaigns:

- Although some people recalled HIV/AIDS awareness programs by health authorities and NGOs, many had limited knowledge, and the content from these programs was often poorly retained. The lack of engaging, frequent, and culturally relevant education contributes to ongoing gaps in awareness and preventive behaviours.

Limited Community Involvement in Health Campaigns:

- *Some groups suggested involving the VHC more in organizing HIV/AIDS awareness campaigns, noting that community-based education is insufficient. In some areas, people do not personally know anyone with HIV/AIDS, leading to indifference towards further learning. However, participants acknowledged that communities should actively engage in awareness campaigns if individuals are living with HIV/AIDS.*

Minimal Perception of Risk:

- Many respondents did not feel the need for more information about HIV/AIDS as they did not know anyone affected within their community or family. This misconception of low risk leads to complacency, increasing the likelihood of transmission.

Integrated Campaigns:

- Some participants suggested that HIV/AIDS information is often mixed with other health issues, such as tuberculosis, which dilutes the focus on HIV. This overlap may prevent people from fully understanding the significance of HIV and its impact on public health.

5. Incidence of TB

Cultural Norms and Practices:

In the Khasi, Garo, and Jaintia regions, many communities turn to traditional medicine as their first treatment option, delaying formal medical diagnosis and care. This cultural preference, coupled with limited understanding of tuberculosis (TB) prevention and treatment, contributes to

delays in intervention, worsening the disease control efforts.

Awareness and Education Gaps:

- While some respondents could identify prolonged cough as a TB symptom, few recognized weight loss or weakness. Knowledge of TB's full range of symptoms and its transmission—such as droplet infection—was limited. Misunderstandings about TB transmission and treatment, combined with insufficient knowledge among ASHA workers, delay medical help-seeking. Although health campaigns have raised awareness, they often lack depth, particularly in high-prevalence, hard-to-reach areas.

Stigma and Perception Challenges:

- While TB stigma is generally low, misconceptions about the disease's curability and preventability remain widespread. These false beliefs hinder early detection and treatment, discouraging patients from seeking medical help or completing their treatment, negatively affecting public health outcomes.

Role of Health Workers and Infrastructure:

- ASHA workers, who are over-reliant for patient follow-up in remote areas, face challenges due to limited resources. This hampers timely diagnosis and treatment. Additionally, there is unequal access to diagnostic and treatment facilities, particularly in hard-to-reach areas, further obstructing effective disease management and control.

6. Incidence of NCDs (Diabetes/Hypertension/Cancer)

Awareness Levels:

- Field interactions revealed that while there is some awareness of diabetes and hypertension, it remains superficial, focused mainly on basic causes like stress, smoking, and alcohol use. Awareness of cancer is significantly lower, with many misconceptions and incomplete understanding.

Knowledge Gaps:

- People have limited knowledge about the symptoms, prevention, and management of diabetes, hypertension, and cancer. Diabetes awareness includes symptoms like sweet urine and weight loss, whereas little is known about hypertension or cancer. Cancer is often misunderstood, with misconceptions such as radiation from mobile towers or the smell of burnt plastics as causes.

Screening Practices:

- Diabetes and hypertension screenings are irregular, mainly attended by older individuals, while younger people often skip them due to misconceptions. Cancer screenings are rarely conducted, highlighting a gap in preventive measures.

Cultural Perceptions and Local Terminology:

- Local terms for diseases like "andime" for hypertension, meaning "blood turning black and reaching the brain," and "Bampong" for cancer, show that these conditions are recognized within the community. Cultural perceptions, such as "sweet urine attracting ants" for diabetes, provide culturally relevant entry points for awareness efforts.

Community Beliefs and Misconceptions:

- Cancer is viewed as untreatable and equated with certain death. There is little understanding of hereditary or lifestyle-related risk factors for NCDs.

Sources of Information:

- Information is primarily accessed through health staff (ASHA workers and health camp officials), friends, family, and sometimes social media or tobacco warning labels. Posters and IEC materials have limited recall, indicating a need for more effective dissemination. There is also a lack of structured, sustained awareness campaigns, especially for cancer.

Review of existing IEC materials

The review of existing IEC materials and delivery modalities reveals that the recall value of these materials ranges from "poor" to "average" in most cases. Overall, the communication approach remains largely passive, failing to engage users effectively.

Key Observations:

- High Recall for Posters: Among the existing IEC materials, posters demonstrate the highest recall value, followed by videos. However, other resources register a poor impact due to a lack of user-centric design.
- Fragmented Messaging: Health messaging is currently delivered with low frequency and is often sporadic and fragmented.
- Transactional Nature of IEC Materials: The content primarily focuses on the "transaction of information" rather than being experiential, participatory, or rewards-centric—factors critical for influencing behaviour loops.

Infotainment and Phygital Model: The Emergent Medium

- One of the standout findings from the field assessment is the widespread penetration and consumption of digital media, even in geographically remote areas. Most of the population prefers infotainment as a medium for understanding complex real-life scenarios related to health decision-making.

Digital Media Trends:

- Videos: Entertainment videos are the most-watched format, indicating that sustained, video-based health messaging can create a significant impact over time.
- YouTube: YouTube emerges as the most preferred platform, with mobile phones increasingly replacing traditional televisions in households. Other popular platforms include Instagram, Facebook, and WhatsApp groups, which act as key communication channels.
- Digital Ads: Low subscription to ad-free content and minimal use of ad-blocking software highlight the potential of compulsory digital ads as an effective space for repetitive health messaging.

Phygital Communication: Integrating Physical and Digital Media

- The review also highlights the importance of integrating cultural storytelling into physical environments (phygital communication). The current lineup of health events and activities lacks cultural relevance and storytelling, leading to poor attention and engagement from the target audience.

Cultural Preferences:

- Drama and Storytelling: Physical event trends among the Khasi population indicate a preference for drama, performance, and satirical storytelling as effective infotainment genres.
- Song and Dance: Among the Garo demographic, traditional song and dance performances resonate more strongly.
- Modern Packaging of Cultural Traditions: Combining traditional cultural elements with modern packaging can create impactful health communication campaigns that captivate the audience and sustain their attention.

Assessment of existing IEC Materials (strategy), Enablers, Challenges and Mitigation Strategy

This section outlines the key components of the SBCC operational framework, with a primary focus on the assessment of existing IEC materials and strategies. This critical step involves a thorough evaluation of current resources and approaches to determine their effectiveness, cultural relevance, and ability to address community needs. By identifying both the enablers within the current context and the challenges that hinder their impact, the framework emphasizes refining and adapting these materials to enhance their utility and resonance, rather than discarding or unnecessarily reinventing them. This approach ensures that existing strengths are leveraged while addressing gaps through practical, context-specific solutions, thereby making the communication efforts more effective and impactful.

Platform	Existing Materials	Enablers	Challenges	Mitigation Strategy
Accredited Social Health Activist (ASHA)	Limited to MCP cards and flipbooks	Strong community trust	Limited resources and materials available for ASHA workers and the community	Enhance training programs and update materials for cultural relevance
		Accessibility and personal connection of ASHA workers with the community	Insufficient training, affecting ASHA workers' effectiveness	Integrate digital resources for wider outreach
		Willingness for information uptake, ensuring active participation in health initiatives	Underinformed and under-performing ASHA workers	Further training and skill development for ASHAs

Platform	Existing Materials	Enablers	Challenges	Mitigation Strategy
Accredited Social Health Activist (ASHA)	Limited to MCP cards and flipbooks	ASHAs are trusted messengers due to their local knowledge and relationships	Lack of awareness and clarity about roles and responsibilities	Capacity building through regular workshops and refresher training sessions
			Need for awareness of other field-level functionaries for better convergence	Develop a TOR (Terms of Reference) and JD (Job Description) for ASHA workers to provide clarity on their roles
				Implement mentorship and peer support systems to reduce burnout
				Regular feedback and evaluation mechanisms to assess training effectiveness and improve interventions
Sub-centre/Heal-th & Wellness Centre	Pamphlets, posters, flipbooks, handbooks, hoardings	Accessibility to basic healthcare services at the community level	Limited resources for comprehensive diagnosis and treatment	Improve infrastructure for basic diagnosis and services
		Acts as a first point of contact for rural health issues	Inequitable access to services, especially in hard-to-reach areas	Provide ANMs and ASHAs with training on specific health conditions like TB and NCDs
		Staffed by ANMs and supported by ASHAs	Over-reliance on ANMs with limited capacity for follow-up	Update IEC materials to reflect local languages and contexts

Platform	Existing Materials	Enablers	Challenges	Mitigation Strategy
Sub-centre/Heal-th & Wellness Centre	Pamphlets, posters, flipbooks, handbooks, hoardings	Infrastructure available for health campaigns	Inadequate IEC materials for NCDs, TB, and male participation, especially	Introduce mobile health units for hard-to-reach areas
		Equipped for basic maternal and child health services	Poor cultural relevance of materials in some areas	Enhance the use of IEC tools like MCP cards and flipbooks during counselling
			Infrequent counselling sessions by ANMs and Medical Officers	
			Low use of tools like MCP cards for structured sessions	
Village Health Committees (VHC)	VHC IEC handbooks, flipbooks, posters, banners, and village health information boards	Strong community engagement through local leaders, elders, and SHG members	Irregular meetings and low motivation among members	Conduct regular training for VHC members on key health topics
		Platform for grassroots health awareness campaigns and discussions	Minimal use of IEC handbooks during sessions	Improve the utilization of IEC handbooks and posters during VHC meetings
		Useful for monitoring child and maternal health practices and discussing general health-related practices	Limited awareness of health topics like EBF and TB and NCDs among members	Foster stronger collaboration with ASHAs and ANMs to amplify awareness

Platform	Existing Materials	Enablers	Challenges	Mitigation Strategy
Village Health Committees (VHC)	VHC IEC handbooks, flipbooks, posters, banners, and village health information boards	Existing handbooks provide guidance for awareness sessions	Weak coordination with ASHAs and frontline workers.	Schedule community monitoring activities and campaigns to boost motivation and impact.
		A platform where religious leaders can also engage and contribute	Weak coordination with ASHAs and frontline workers.	Suggest to the moderators and leaders of the meeting to engage with and include religious leaders and utilise their positive influence for shaping health-related behaviours
Primary Health Centre (PHC)	MCP cards, posters, flipbooks, VHC/IEC handbooks, wall paintings, hoardings, ASHA tabs with videos and animations	Acts as a referral hub for SCs	Overburdened staff due to high patient load	Strengthen staffing with additional Medical Officers and paramedics
		Staffed by Medical Officers and paramedics	Inconsistent stock of medicines and diagnostic kits	Conduct regular stock audits to ensure medicine and material availability
		Provides diagnostic and treatment services for TB, EBF, and other health concerns	Lack of structured counselling sessions for EBF and complementary feeding	Establish structured counselling protocols during ANC and PNC visits
		Regular platform for antenatal care and health counselling sessions	Poor display and use of IEC materials	Enhance the use of posters, videos, and digital tools at PHCs

Platform	Existing Materials	Enablers	Challenges	Mitigation Strategy
Primary Health Centre (PHC)	MCP cards, posters, flipbooks, VHC/IEC handbooks, wall paintings, hoardings, ASHA tabs with videos and animations	Regular platform for antenatal care and health counselling sessions	Limited outreach to hard-to-reach populations	Extend outreach through mobile units or satellite PHCs in remote areas

> *Our first point of access is the Oja so we go to them, they are available day & night. And why will not we go to them, they have been treating us for ages now for all different types of ailments!"*

– a participant from the FGD in Sakalgre, West Garo Hills District, when asked if they go to Traditional Healers for treatment



Proposed SBCC Strategy





Macro and Micro Recommendations

This framework provides a comprehensive blueprint for developing an effective SBCC strategy by addressing existing gaps while building on current strengths. It begins with an assessment of existing materials, highlighting their enablers within the current context and identifying challenges that hinder their impact. Instead of discarding or unnecessarily recreating these resources, the framework emphasizes refining them through targeted suggestions, making them more effective and impactful. Simultaneously, it proposes the introduction of innovative channels and materials, detailing their advantages, anticipated challenges, and practical solutions to optimize their utility. A key feature of the framework is topic-wise audience segmentation, which focuses on specific targeted behaviours to be changed and the development of key messages tailored to these behaviours. These messages serve as the foundation for crafting focused hyper-localized communication content, disseminated through carefully selected channels and materials. By proactively addressing challenges with well-defined and innovative solutions, the framework ensures effective SBCC intervention implementation. It integrates health actors such as ASHAs, ANMs, community leaders, and grassroots groups, delivering tailored, culturally relevant content to enhance community engagement and ownership of health practices. Through strategic execution, the framework aspires to foster sustainable health behaviour changes deeply embedded in the community's cultural and social fabric.

Macro Recommendations

These macro-level recommendations aim to strengthen healthcare policy initiatives, enhance multisectoral collaboration, and create an enabling environment conducive to sustained behaviour change. Below are the detailed strategies under various themes:

I. Policy Development and Promotion

Well-being of Future Generations Act

- Establish a legislative framework that mandates all government policies and programs to consider long-term sustainability and intergenerational equity.
- Integrate key social determinants of health, such as climate adaptation, affordable housing, income security, early childhood development, sustainable employment, and food security, into this act.
- Form a convergence body led by the Department of Health & Family Welfare to ensure coordinated efforts across departments, including Education, Community & Rural Development, Public Works Department (PWD), Public Health Engineering Department (PHED), Forest and Environment, and Food, Civil Supplies & Consumer Affairs.

Social Credit Program for Health Behaviours

- Leverage community governance systems like Nokmas, Himas, and Dorbar Shnong to foster pro-social health behaviours through a social credit system.
- Define measurable metrics such as regular health checkups, reduced alcohol/tobacco use, contraceptive adoption, and environmental contributions.
- Offer rewards like scholarships, improved village infrastructure, livelihood opportunities, and free passes to cultural events to incentivize positive behaviours.

Integrated State-Level Action Plans

- Develop culturally relevant, state-specific action plans targeting key health priorities such as maternal and child health, family planning, HIV/AIDS, TB, and NCDs.
- Advocate for workplace policies like crèche facilities, breastfeeding-friendly environments, and gender-sensitive health guidelines.
- Allocate sufficient resources and forge partnerships with development agencies, NGOs, and private entities to ensure effective implementation.

II. Technology, Media Campaigns, and Outreach

Infotainment-Driven Health Messaging

- Design state-wide multimedia campaigns using local languages and culturally sensitive content to address health misconceptions and promote positive behaviours.
- Incorporate testimonials and stories of positive deviations to build trust and relatability.

Voice Bot: 'Alexa for Maternal Health'

- Develop an AI-powered voice assistant (similar to that of 'Alexa' but with a local name) tailored for Khasi, Garo, and Pnar populations.
- Features may include real-time counselling during critical hours, nutritional reminders, menstrual tracking, and baby name suggestions.
- Ensure regular updates to incorporate local feedback and emerging maternal health issues.

'SWIPE' for Health

- Create a mobile application with a swipe-based interface to educate youth on sexual and reproductive health.
- Include AI-powered chatbots, culturally relevant content, and gamified learning modules to combat stigma and misinformation.

Phygital and Cultural Storytelling

- Combine traditional storytelling methods (e.g., drama, song, dance) with digital platforms for impactful health communication.
- Train local artists and performers to embed health messages into their work.

III. Capacity Development

Training and Skill Development

- Conduct periodic, standardized training for state and district health officials, program managers, and field staff.
- Develop a trainer pool with defined roles, annual training calendars, and SOPs.
- Use refresher training modules to ensure continuous reinforcement of knowledge and skills

Automating Frontline Health Tasks

- Introduce AI-driven tools for frontline health workers to automate repetitive tasks such as data entry, inventory management, and report generation.
- Free up capacity for critical interventions like counselling and patient care.

IV. Monitoring and Accountability

Community Scorecards

- Implement participatory scorecards to measure program effectiveness and identify service gaps.
- Conduct regular review meetings with VHCs, SHGs, and community representatives.

Feedback Mechanisms

- Establish structured systems for collecting and addressing community grievances through VHCs and frontline health workers.
- Use digital surveys and assessments to evaluate behaviour change and program impact.

Recognition Programs

- Celebrate milestones such as increased adherence to breastfeeding, family planning uptake, and successful TB/NCD management.
- Recognize high-performing communities and health workers through awards, public ceremonies, and media coverage.

V. Sustainability and Resource Mobilization

Sustained Awareness Campaigns

- Develop an annual State Health Campaign Calendar aligned with global health observances with clear action-plans along with accountability matrix.
- Collaborate with local influencers and NGO partners for year-round engagement.

Resource Partnerships

- Mobilize funds through CSR initiatives, PSUs, international donors, and local development partners for health campaigns, training, and infrastructure.
- Explore Public-Private Partnership (PPP) models to strengthen service delivery.

Strengthening Infrastructure

- Enhance diagnostic and treatment facilities in underserved areas through partnerships with corporate and development agencies.
- Prioritize telemedicine and mobile health units for remote locations.

Micro Recommendations

These micro-level recommendations aim to improve implementation and service delivery at the grassroots level by fostering community engagement, improving awareness, and addressing systemic barriers. The strategies focus on empowering individuals and groups to actively participate in health initiatives and promoting culturally relevant practices.

I. Community Mobilization and Engagement

Engage Community Leaders:

- Sensitize village headman, elders, and traditional healers to promote health practices like breastfeeding, birth spacing, HIV prevention, and NCD management.
- Partner with religious leaders and institutions to deliver health messages during gatherings, addressing cultural sensitivities and aligning messages with community values.

Leverage Community Platforms:

- Use VHCs, SHGs, and youth organizations to disseminate health information and mobilize the community.
- Train local influencers, SHG leaders, and male champions as peer educators to address misconceptions and promote health behaviours.

Promote Male Participation:

- Conduct father-to-father campaigns and peer discussions led by respected male figures, emphasizing shared responsibilities in family health.
- Organize dedicated health sessions for men during VHNDs, focusing on FP, MCH, and other health topics.

Empower Community Members:

- Train mothers, survivors of diseases, and individuals managing chronic conditions to serve as role models and community champions.

II. Awareness Campaigns and Local Media

Culturally Adapted Messaging:

- Develop region-specific, culturally sensitive communication materials in local languages using relatable visuals and terminology.
- Incorporate storytelling, folklore, and real-life testimonials to enhance community connection and retention.

Interactive and Engaging Campaigns:

- Use local festivals, community events, and cultural gatherings as platforms for promoting health messages.
- Conduct interactive activities like quizzes, role plays, and street plays to improve participation and understanding.

Mass and Digital Media:

- Utilize WhatsApp, Facebook, and Instagram to share videos, infographics, and stories targeting youth and other demographics.
- Equip influencers with simple, relatable messages to amplify campaigns and address myths.

III. Addressing Community-Level Barriers

Myth-Busting and Education:

- Work with traditional healers to dispel misconceptions and encourage timely medical interventions.
- Highlight the benefits of health behaviours like breastfeeding, birth spacing, and NCD management through positive framing (e.g., "healthy mother, healthy child").

Accessible Services:

- Provide mobile health units for screenings and testing in remote areas.
- Integrate health services like NCD screenings with existing community health events for improved accessibility.

Incentives and Recognition:

- Offer small incentives for participation in screenings and health camps.
- Recognize villages, groups, and individuals achieving health milestones to motivate broader engagement.

IV. Capacity Building and Training

Enhanced Training for Frontline Workers:

- Train ASHAs and ANMs to use the MCP card and ASHA Tabs as effective interpersonal communication tools.
- Conduct targeted training sessions on NCDs, including diabetes, cancer, and hypertension, as well as HIV, TB, and improving male participation for MCH.
- Strengthen HBNC and HBYC visits to counsel mothers on breastfeeding, complementary feeding, and family planning.

Role Clarity for ASHA Workers:

- Provide clarity on the shift of ASHAs' roles from mobilizers to skilled communicators with defined responsibilities.
- Introduce performance-based incentives linked to behaviour change outcomes.
- Update the job description of ASHAs and ANMs for clarity and delineation of roles.

Training Infrastructure Improvements:

- Establish district-level training teams to eliminate inefficiencies of the cascade model.
- Maintain a comprehensive database to track training participation and evaluate skill enhancement.
- Increase VHC training frequency with revised IEC material for effective community dissemination.

V. Communication Platforms and Tools

Community-Based Communication Spaces:

- Designate community spaces for health communication, managed by VHCs.
- Display updated posters, IEC materials, and digital kiosks for ongoing awareness.

Hotlines for Support and Awareness:

- Establish dedicated, toll-free hotlines for NCDs, TB, and HIV to provide real-time counselling and information.
- Ensure operational efficiency and user-friendly interfaces for callers.

VI. System Strengthening and Accountability

Improved IEC Delivery and Monitoring:

- Use participatory scorecards to measure the reach and impact of SBCC interventions.
- Regularly assess frontline workers' performance and incorporate community feedback for program refinement.

VII. Village-Level Recommendations

Community-Led Monitoring and Support:

- Empower VHCs and SHGs to monitor health activities and promote adherence to health programs.
- Establish peer-led initiatives such as male and youth champions to drive community campaigns.

Door-to-Door Outreach:

- Enhance ASHAs and ICDS workers' visits with comprehensive counselling on key health issues like breastfeeding, birth spacing, male participation and NCD prevention.

Integration with Local Events:

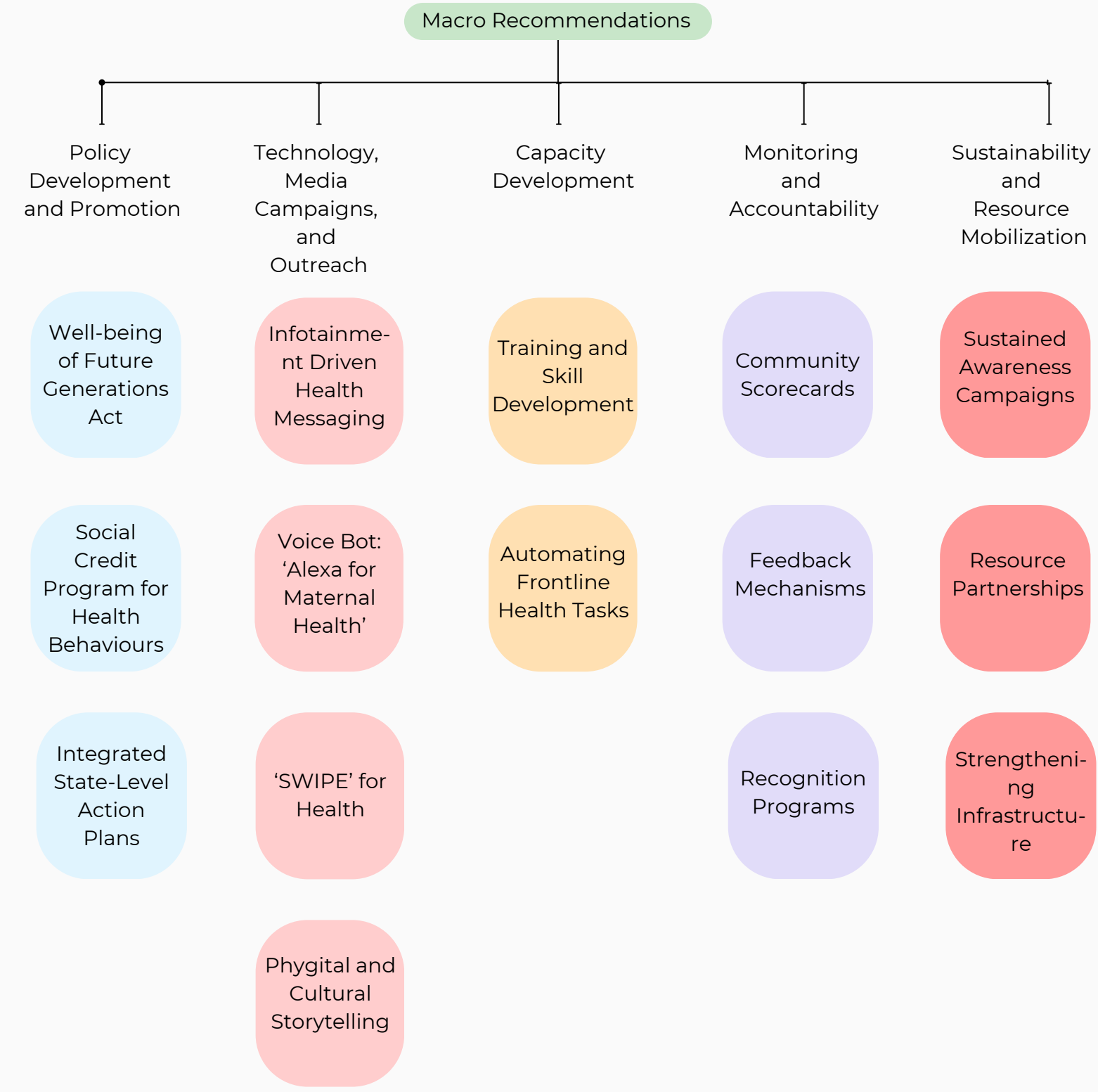
- Utilize village festivals, health camps, and cultural gatherings for health screenings and awareness campaigns.

Culturally Relevant IEC Materials:

- Develop pictorial and video-based IEC materials in local languages, focusing on health literacy and behavioural change.

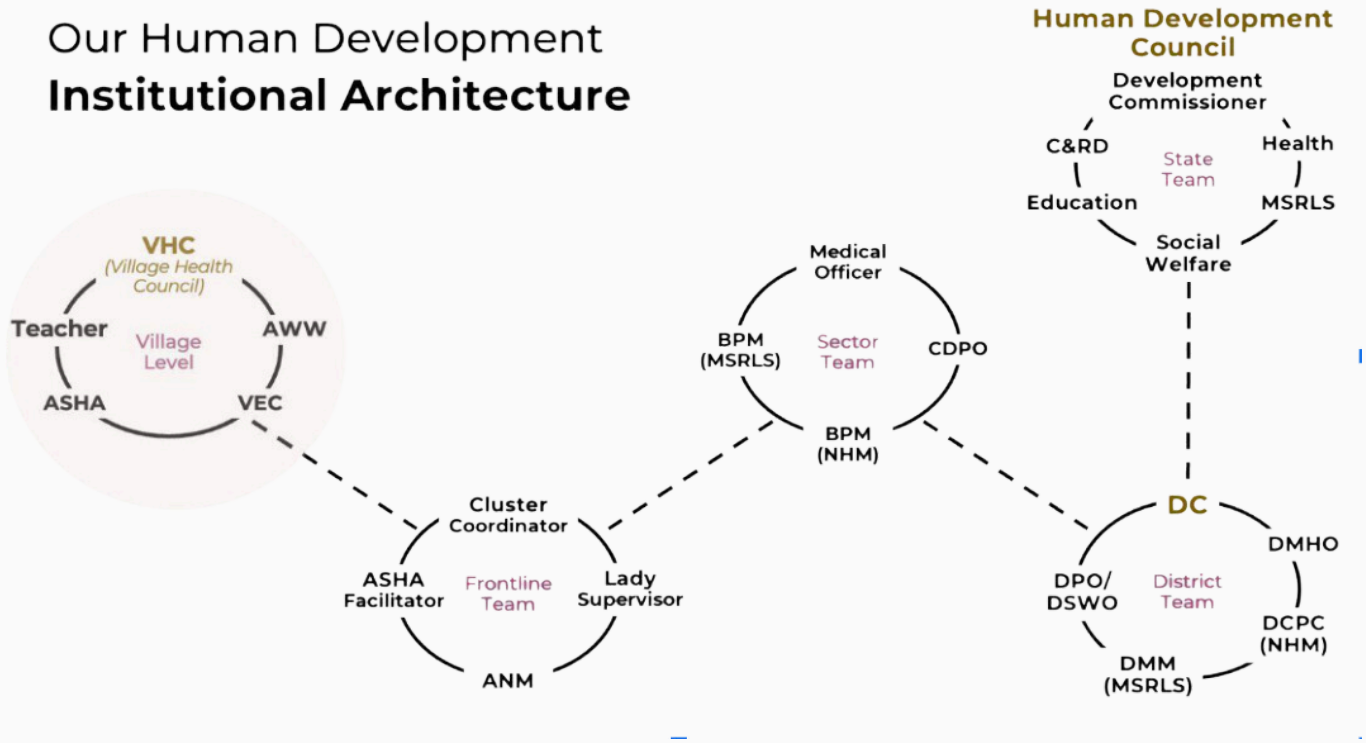
Recognition and Incentives:

- Introduce recognition programs for villages and individuals showing significant improvements in health metrics.



Strengthened SBCC Institutional Framework

The proposed HR Architecture is taken as proposed by MHSSP for Meghalaya. This model encompasses a multi-tiered structure integrating state, district, sector, and village-level teams to implement the SBCC strategy effectively. Each level plays a critical role in ensuring seamless communication, convergence, and execution of health promotion activities tailored to the state's socio-cultural context.



Given below are the expected roles played by each team across different levels:

State Level: Human Development Council - the Human Development Council, led by the Development Commissioner, comprises key stakeholders from Health, Education, Social Welfare, MSRLS and C&RD departments.

Expected Roles:

- Policy and Strategy Development: Provide overarching guidance on the SBCC framework and ensure alignment with state health priorities.
- Resource Allocation: Facilitate funding, infrastructure, and workforce allocation for SBCC initiatives.
- Capacity Building: Develop state-level training modules and conduct workshops for district and sector teams.
- Monitoring and Evaluation: Establish KPI and review the program's impact periodically (refer to the convergence section and M&E framework).

District Level: District Team - At the district level, the team is led by the DC and includes representatives such as DPO/DSWO, DMHO, DCPC and DMM (MSRLS).

Expected Roles:

- Program Coordination: Coordinate activities across departments to ensure integration of SBCC activities.
- Local Adaptation: Customize the SBCC strategy to district-specific cultural and demographic needs.
- Supportive Supervision: Supervise the performance of sector teams and provide necessary handholding support and feedback on real-time basis.
- Monitoring and Review: Based on KPI and accountability matrix, review the progress of implementation periodically and report to state team.

Sector Level: Sector Team - the sector team comprises the Medical Officer, BPM from NHM and MSRLS, and CDPO.

Expected Roles:

- Implementation Oversight: Oversee the rollout of SBCC activities within their sector.
- Health Topic Segmentation: Identify and prioritize health topics and target audiences based on local health indicators and community needs.
- Support Frontline Workers: Train and guide frontline teams in delivering SBCC messages effectively.
- Feedback Mechanism: Collect field-level feedback and share insights with the district team for iterative improvement.

Frontline Level: Frontline Team - the frontline team includes ASHA facilitators, ANMs, Lady Supervisors, and Cluster Coordinators.

Expected Roles:

- Direct Community Engagement: Conduct focus group discussions, one-on-one counselling, and health awareness campaigns.
- Message Dissemination: Use innovative channels and culturally relevant materials to promote SBCC messages.
- Behaviour Monitoring: Observe and document changes in community health-seeking behaviour.
- Supportive Supervision: Act as a link between sector teams and village-level stakeholders.

Village Level: VHC - VHC comprises ASHAs, AWW, teachers, and VEC.

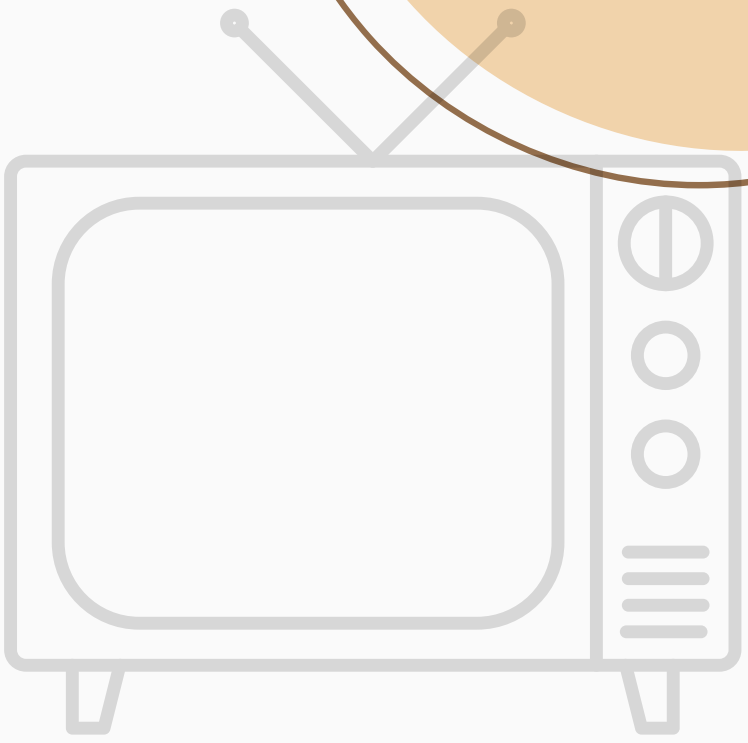
Expected Roles:

- Community Mobilization: Foster participation from community members in health promotion activities.
- Localized Messaging: Tailor SBCC messages to align with village-specific traditions, beliefs, and practices.
- Feedback Collection: Provide real-time data on community responses and challenges to the frontline team.
- Sustainability: Encourage local ownership of health initiatives to ensure long-term impact.

Anecdote

Television is outdated!

A significant shift in media consumption behaviour has been observed in Meggongre village in Garo region, where villagers no longer watch television as most of their time is now spent on mobile phones engaging with social media platforms and messaging apps. While villagers use mobile phones extensively, they rarely watch health-related videos, indicating an underutilization of this platform for health awareness.



Innovative Channels and Materials: Benefits, Challenges and Solutions

This section outlines the key components of the SBCC operational framework, emphasizing the proposal of new and innovative channels and materials designed to address specific health communication needs. These recommendations highlight the advantages of adopting novel approaches including use of technology and out-of-box thinking, while acknowledging potential challenges and providing practical solutions to overcome them, ensuring their effective implementation. These messages are further to-be-refined to create focused communication strategies using appropriate channels and materials. By integrating health actors across the levels from state to district and at grassroot level such as ASHAs, ANMs and community players such as village headman, VHC & SHG members, religious leaders, and traditional healers, the framework ensures the delivery of tailored, culturally relevant content that resonates with diverse communities and their health practices, contributing to sustained behaviour change health practices, contributing to sustained behaviour change.

Proposed Channels and Materials with Detailed Description for Channel: IPC				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
ASHA Tab	ASHAs in the state are equipped with mobile tablets for reporting and information dissemination. These compact devices, loaded with user-friendly SBCC materials, replace bulky paper-based IEC tools.	Multi-Utility: Supports reporting, awareness sessions, activity documentation, and photo capturing.	ASHA Skills: Non-tech-savvy ASHAs, especially in remote areas, may struggle with using Tabs.	ASHA Skills: Provide regular training and support to non-tech-savvy ASHAs; phase out those unable to adapt over time.
		Compact: Easily portable, unlike bulky paper-based IEC materials.	Training Quality: Poor training on Tabs and SBCC materials can defeat the purpose.	Quality Training: Establish regional/district trainers with IT and SBCC expertise using an interactive, fit-for-purpose training module.

Proposed Channels and Materials with Detailed Description for Channel: IPC				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
ASHA Tab	The content, including animation, real-life stories, edutainment, and influencer videos, will educate and motivate beneficiaries with relatable, engaging examples to promote positive health behaviours.	Ample Storage: Stores SBCC materials for multiple health topics.	Field Support: Lack of handholding and supervision may hinder effective use.	Field Support: Supervisors must offer hands-on training and support to enhance ASHA performance.
		Easy Updates: New content can be downloaded online or from health centres.	Monitoring: Inconsistent reporting and monitoring can render Tabs ineffective.	Reporting & Monitoring: Implement robust reporting and periodic monitoring to ensure effective use of SBCC/IEC materials.
		Simple Sharing: Content can be shared via WhatsApp, Facebook, Instagram, and YouTube.	Maintenance: Regular updates and maintenance are crucial for optimal performance.	Updates & Maintenance: Schedule regular updates and maintenance sessions at health facilities with IT staff support.
Compact Handbook	ASHAs and ANMs should be provided with a compact, durable pocket-sized handbook containing FAQs and acting as a ready reference during fieldwork.	Quick Access: The handbook will serve as a ready-reckoner with FAQs for easy access to accurate information.	Literacy: Non-literate ASHAs may face challenges using the handbook.	Illustrations: Includes visuals to assist ASHAs with limited literacy.

Proposed Channels and Materials with Detailed Description for Channel: IPC				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Compact Handbook	It will cover key health topics, including MCH (focusing on EBF, timely initiation of CF, and birth spacing), male roles in MCH, HIV/AIDS prevention, and managing TB and NCDs like diabetes, hypertension, and cancer. The handbook will serve as backup SBCC/IEC material during home visits and VHNDs, offering quick access to accurate information and addressing common beneficiary queries. Made with lightweight, laminated paper, it will be durable and easy to carry.	Backup Support: It acts as a reliable backup during counselling sessions, especially if the Tab malfunctions.	Willingness: Some ASHAs may resist carrying it, preferring Tabs instead.	Awareness: Educate ASHAs on its purpose and importance as a quick-reference tool.
		Lightweight & Compact: Its portable design ensures easy carrying in a bag.	Durability: Careless handling could damage the handbook, reducing its usability.	Durability: Made with high-quality laminated material for long-lasting use.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Posters	Posters will be developed in Khasi and Garo languages to address gaps in health topics, and displayed in multiple locations. They will be made of laminated, durable material for reuse, with holes and strings for hanging instead of sticking to surfaces. This design allows for easy removal and extended reuse. Since the posters will be used beyond health facilities and on different health days, their portability and storage ease are crucial for effective deployment.	Recall Value: Posters had the highest recall value among all IEC materials.	Poor Utilization: Posters need to be visible and understandable to be effective for beneficiaries.	Ineffective Utilization: Designated spaces for different topics, especially in health facilities, are needed for proper poster display.
		Attract Attention: Well-designed, hyper-localized posters capture attention and interest.	Non-localized Content: Posters must relate to the local context to attract attention and improve recall.	Non-localized Content: Posters should be hyper-localized, with culturally sensitive images and messages in the local dialect to connect with the community.
		Easy to Use and Replace: Wall-hanging posters are easy to replace, ideal for using specific posters on celebratory days.	Old Approach: Paper posters stuck haphazardly lose attention and effectiveness.	Old Approach: Use durable, reusable materials and hanging posters with holes and strings for easy storage and use.
			Limited Reach: Posters are mostly confined to health facilities, limiting the visibility of health messages.	Limited Reach: Posters should be displayed in locations beyond health facilities to increase visibility and impact.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Village Health Informati-on Board (VHIB)	To maximize poster outreach, Village Health Information Boards are proposed in every village. These durable, weather-protected boards will be installed at central, visible locations. VHC office bearers, with ASHA's support, will manage poster display and ensure effective use, reporting monthly. An annual calendar will guide them on which posters to display and when.	Effective penetration: The village-level boards will ensure health posters reach all village residents.	Lack of VHC engagement: VHC members may lack interest or understanding, leading to underutilization of the Village Health Information Boards (VHIB).	VHC engagement: VHC members will receive high-quality training on the SBCC strategy and their role in using the VHIB to sensitize the village.
		Sustained usage: This approach promotes long-term, effective use of posters beyond just facility display.	Improper storage: Poor storage could damage posters, hindering their planned use.	Poster storage: VHC members and ASHA will be educated on proper storage, upkeep, and reuse of posters, following the annual calendar.
		Durable posters: Reusable laminated plastic-coated posters, designed with holes and threads for easy hanging, will outlast paper posters.	Inadequate ASHA support: If ASHA workers are unaware of the VHIB's purpose, they may fail to motivate VHC members.	ASHA support: ASHA and other functionaries will undergo intense training on engaging community structures for effective health message dissemination. Their support will be reviewed through field visits and monthly reports.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Village Health Informati-on Board (VHIB)	This approach ensures broader community penetration of health information.		Low community interest: Without awareness of the VHIB's purpose, people may show little interest in the information displayed.	Community interest: Regular sensitization sessions will be held with beneficiaries and stakeholders to raise awareness of SBCC materials and their use.
IEC Handbook (VHC)	The VHC IEC handbook is a valuable resource at the village level. It is proposed to update it and distribute it to other platforms like SHGs, religious leaders, schools, and traditional healers, renaming it the "Health Handbook." This handbook will cover key health topics, including managing TB, NCDs (Diabetes, Hypertension, Cancer), reducing HIV/AIDS, MCH (EBF, CF), birth spacing, and MCH.	Uniform Messaging: Standardized content ensures consistent messaging.	Technical Competency Gaps: Stakeholders from diverse backgrounds may struggle with understanding technical content, so it should be simple and clear.	Technical Competency: High-quality, simple training will be provided to all users. The handbook will use clear, minimal text with relevant visuals, finalized through iterations with community stakeholders and vetted by real users.
		Reference Material for Stakeholders: Provides high-quality, easy-to-use resources for all stakeholders.	Lack of Interest: A lack of interest in using the resource could undermine its purpose.	Interest: Regular follow-ups, refresher training, and handholding support will ensure stakeholders stay engaged.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
IEC Handbook (VHC)	It will serve as a reference guide with FAQs for easy access. The handbook will be made from high-quality laminated paper with spiral binding for durability and ease of use.	Support for Traditional Healers: The handbook will help traditional healers provide accurate, timely information to patients.	Clarity in Use: Ambiguity in how and when to use the content may lead to the dissemination of incorrect or unclear information. Different stakeholders may have varied usage contexts, adding to the confusion.	Clarity in Use: The handbook will include a section outlining expectations for each stakeholder, detailing how, when, and on which platforms to use the content for effective dissemination.
		Resource for Schools: Useful for both teachers and students, offering a handy reference for various health conditions.		
Events	Busking and Karaoke Tour: "Awareness to Action"	Collaborate with Grassroots Cultural Projects and music agencies to release health-focused videos and host statewide music tours	Coordinating statewide tours across various regions can be complex and resource-intensive.	Develop a detailed event calendar and establish partnerships with local organisations to manage logistics.
		Music and performance art have a universal appeal, making them powerful tools for engaging diverse audiences.	Ensuring the content aligns with the cultural and traditional values of diverse communities.	Involve local cultural experts and community leaders in content creation and approval processes to ensure cultural sensitivity.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Events	Busking and Karaoke Tour: "Awareness to Action"	The tour creates widespread awareness about health issues by using a culturally relevant and entertaining medium.	Maintaining momentum and engagement beyond the initial tour phase.	Establish follow-up activities such as workshops to reinforce health messages and provide actionable steps.
		Partnering with local artists and agencies fosters community involvement and strengthens ties with grassroots organisations. Live performances and video content ensure health messages reach even remote areas with limited media penetration.	Securing adequate funding for the tour and video production.	Engage corporate sponsors under CSR initiatives and explore government grants for health awareness campaigns.
	Cosplay	Collaborate with influencers like Zacky D and Reuben Hnamte to integrate cosplay formats into HIV/AIDS messaging.	High costs of production and influencer partnerships.	Explore sponsorships and crowdfunding to cover costs.
		Develop Meghalaya's first anime or cosplay character for aspirational role modelling.	Limited familiarity with cosplay in some regions may reduce immediate resonance.	Conduct awareness campaigns about cosplay before the event to build interest.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Events	Cosplay	Leverage the growing popularity of anime and cosplay among youth to deliver impactful messages. Influencers bring credibility and reach, ensuring a broader audience. An anime or cosplay character can serve as a long-term symbol of awareness and positive behaviour.	Ensuring the messaging aligns with health communication objectives.	Involve health communication experts to guide content creation and align messaging with health objectives.
	Travelling Folk Theatre for Men/Women	Revive local performance traditions like Bamphalar and Jabulo to engage older male audiences with storytelling on gender norms.	Lack of performers skilled in traditional art forms.	Collaborate with local cultural groups to train new performers and document traditional forms.
		Preserve and revitalise cultural heritage while addressing critical social issues.	Difficulty in measuring the direct impact of storytelling on behaviour change.	Pair performances with interactive sessions to evaluate audience reception and impact.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Events	Travelling Folk Theatre for Men/Women	Folk theatre has a deep emotional appeal, encouraging audience reflection and dialogue.	Resistance to discussing sensitive topics like gender norms.	Engage community leaders to foster acceptance of sensitive topics and influence people to motivate them to attend the performances.
		Targets a demographic often excluded from modern health campaigns.	There may be a lack of interest in people to attend and engage with folk theatre.	
	Angling Competitions	Leverage the popularity of angling to promote male involvement in maternal health through community events.	Risk of health messages being overshadowed by the competitive nature of the event.	Embed health messages within competition rules or announcements.
		Utilises an existing recreational activity to engage men in health conversations.	Limited participation if angling is seasonal or region-specific.	Schedule events during peak angling seasons and involve local angling clubs.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Events	Angling Competitions	Builds a sense of community while subtly integrating health messaging. Encourages male participation in maternal health, traditionally seen as a women-focused area.	Ensuring health messaging is relevant and engaging without seeming forced.	Offer prizes that align with maternal health themes (e.g., family wellness kits).
	Teer Counters and Livestreams	Uses this widely followed cultural activity to disseminate health messages to a captive male audience.	Risk of audiences perceiving the messages as intrusive or unrelated to the activity.	Collaborate with teer organisers to ensure seamless integration of health messages.
		Capitalises on a popular and trusted community activity and Low-cost dissemination with potential for high reach.	Ethical considerations in targeting gambling spaces.	Ensure messages align with ethical standards by promoting health and well-being without exploiting the audience's engagement with teer.
		Allows for repetitive messaging, reinforcing health campaigns over time.	Difficulty in creating impactful yet concise messages for live-stream formats.	Focus on brief, engaging, and visually appealing content.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Van-mounted digital screen with 'Ask-The-Machine' (ATM) and vending machine	In Meghalaya, technological advancements contrast with deeply rooted cultural traditions, leaving many remote areas disconnected. To bridge this gap, a mobile SBCC/IEC unit called the "Mobile Health ATM" (Ask-The-Machine) has been proposed. This unit features an interactive screen with voice and touch support, offering a comprehensive health information repository. Users can ask questions or navigate the screen for information. At the end of the session, topic-specific leaflets or pamphlets are provided.	Innovative Solution: This first-of-its-kind SBCC product could make Meghalaya the first state in India to launch such a mobile health unit, serving as a case study for national and international platforms.	Concept Design: As a first-of-its-kind product, a clear concept note is needed, and finding the right mix of experts will be challenging.	Concept Design: A team of health, communication, automobile (modification), and IT specialists, led by the MHSSP team with consultant guidance, will develop the design and technical specifications. The team will handle vehicle modifications and integrate equipment, with IT setting up the interactive screen and health/comms specialists guiding content and presentation.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Van-mounted digital screen with 'Ask-The-Machine' (ATM) and vending machine	The unit will also feature mounted screens for AV communication materials and, potentially, a vending machine offering free sanitary pads and condoms (if culturally accepted).	Comprehensive Information & Services: The unit will provide both health information and basic services (sanitary pads, condoms) in one place.	Procurement & Maintenance: Since this is an innovative product, procurement and ongoing maintenance of vehicles, screens, and vending machines may face apprehensions. A PPP or CSR model could mitigate risks. Resource allocation for maintenance and upgrades will be crucial for success.	Procurement & Maintenance: Procurement and maintenance can be approached through a PPP model with equal partnership or through CSR initiatives, where a firm provides resources and maintenance while the government handles implementation.
	The unit can be deployed at large events, schools, busy locations, and remote villages.	Access in Hard-to-Reach Villages: The mobile unit brings health information and services to remote areas, showing educational videos in communities, schools, and religious places.	Low Usage/Uptake: Without sufficient publicity, people may mistake the unit for a mobile bank ATM, leading to low usage and awareness challenges.	Low Awareness/Uptake: A strong campaign using social media influencers, along with a state and district-level launch, will generate awareness and increase usage.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Van-mounted digital screen with 'Ask-The-Machine' (ATM) and vending machine		Wide Coverage: The mobile unit can cover extensive geography and reach a large population based on an annual event calendar.	Vending Machine Misuse: Free products like sanitary pads and condoms may be misused, with individuals taking them unnecessarily or hoarding. Monitoring or limiting access per individual may be required	Vending Machine Misuse: The mobile unit driver will be trained to assist with the screen and vending machine operation, ensuring proper use and managing any misuse of products.
		PPP or CSR Model: This initiative can be developed through a PPP model or CSR support from corporates, enabling promotion and publicity opportunities, such as adding ATMs to the mobile unit.		

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Digital wall mounted (signage) screen	Install digital screens in health facility waiting areas, IP wards, and maternity wards to play health awareness videos continuously.	Maximize resource utilization: Enables regular use of the department's digital health awareness content.	Operational challenges: Common issues include ensuring electricity, regularly using screens, following content schedules, and addressing minor issues like replacing remote control batteries. Repair management: Lack of clear SOPs often leads to neglect and eventual discarding of malfunctioning equipment.	Operational challenges and maintenance: A detailed SOP with a clear responsibility matrix must be established and followed. Monthly reporting and district/state SBCC team visits should ensure effective resource utilization. Accountability must be set and regularly reviewed.
	Content will follow a scheduled calendar, tailored to the local language of the region, and include diverse topics to maintain interest (as detailed in the topic-wise strategy).	Engage in-patients: Keeps patients informed and entertained with relevant and engaging video content.	Content updates: A system is needed to regularly update content to maintain beneficiary interest.	Content updates: The state/district SBCC team must ensure timely updates of newly released content on all relevant systems, with accountability and regular reviews resolving any delays.

Proposed Channels and Materials with Detailed Description for Channel: Mid Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Digital wall mounted (signage) screen	These screens can also be used for health-related public announcements, such as new schemes or upcoming events.	Broader audience reach: Engages family members accompanying patients, extending health awareness to a larger audience.	Content monotony: Officials may hesitate to play repetitive content, reducing its utilization. Beneficiary awareness and interest: Lack of awareness or interest among beneficiaries highlights the need for better communication about the content's purpose and benefits.	Monotony of content: Health facility staff should be reminded that the content is for beneficiaries, not for them. Their focus should remain on keeping screens operational and playing content as per the schedule.

Proposed Channels and Materials with Detailed Description for Channel: Mass/Digital Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Digital Hoarding (Solar powered)	It is proposed to set up solar-powered digital hoardings in busy locations of major cities and towns to display health-related digital content developed by the state. Solar power will reduce electricity dependency and costs. These hoardings can be established under CSR initiatives, with corporates handling maintenance and the state department managing content.	Engaging Information Sharing: Digital screens offer an attractive way to disseminate health information, sparking curiosity and excitement among the public.	High Setup Costs: Establishing large digital hoardings can be expensive.	CSR Collaboration to Reduce Costs: Partnering with corporates under CSR reduces government expenses and ensures long-term maintenance of assets.
		Innovative Solar-Powered Solution: Solar panels ensure a consistent power supply, addressing electricity challenges effectively.	Maintenance Challenges: Regular upkeep of solar panels and digital boards is essential to prevent malfunctions.	Maintenance: Engage the same corporates providing CSR support for upkeep.
		Utilization of Digital Health Products: This approach maximizes the use of existing digital health information resources.	Content Updates: Frequent updates are necessary to maintain public interest and fulfil the hoardings' purpose.	Content Updates: The state and district SBCC teams will handle content updates, monitor performance, and ensure accountability through regular reviews.

Proposed Channels and Materials with Detailed Description for Channel: Mass/Digital Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Voice Bot for Health	Develop an AI-powered voice assistant (similar to that of 'Alexa' but with a local name) tailored for Khasi, Garo, and Pnar populations.	The AI-powered voice assistant will make maternal health information accessible to Khasi, Garo, and Pnar populations in their local languages, improving engagement and understanding.	There may be limited access that could reduce the reach of voice bot	The voicebot for health should be designed to be installed in any smart phone with internet access and should take less space. Wide publicity through health workers and VHC can increase the reach.
	Features may include real-time counselling during critical hours, nutritional reminders, menstrual tracking, and baby name suggestions.	Real-time counselling during critical hours can provide support to pregnant women and new mothers, enhancing maternal health outcomes.	User may lack familiarity with voice bot technology which could hinder the adoption	FLWs to be trained on how to support beneficiaries to use voice bot
	Ensure regular updates to incorporate local feedback and emerging maternal health issues.	Nutritional reminders and menstrual tracking will help users manage their health more effectively and also enable FP.	Challenge in ensuring the voice bot effectively understand and respond to regional dialects and accents	Voice bot to be trained with different dialects and accents. Regular feedback from the community members to be collected about the effectiveness and clarity of response and modification to be made accordingly

Proposed Channels and Materials with Detailed Description for Channel: Mass/Digital Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
SWIPE for Health	Create a mobile application with a swipe-based interface to educate youth on sexual and reproductive health.	The swipe-based interface and gamified learning modules will make the app engaging and easy to navigate for youth.	Limited access to smartphones or the internet in rural areas could hinder widespread use of the app.	Develop offline functionality or integrate the app with low-data modes to cater to users with limited internet access. Partner with local organizations to promote app access in rural areas.
	Include AI-powered chatbots, culturally relevant content, and gamified learning modules to combat stigma and misinformation.	The mobile application will provide convenient access to sexual and reproductive health information anytime, anywhere. Chatbots powered by AI will provide personalized responses to queries, ensuring a reliable source of information and guidance.	Resistance to discussing sexual and reproductive health openly could limit app adoption, especially in more conservative regions.	Collaborate with local community leaders to ensure content is culturally appropriate.

Proposed Channels and Materials with Detailed Description for Channel: Mass/Digital Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
SWIPE for Health		Tailoring content to the local culture will improve acceptance and increase the likelihood of behaviour change. The app can challenge stigmas and correct misconceptions by providing accurate, science-based information in an accessible format.	Ensuring continuous funding and content updates to keep the app relevant and functional over time could pose a challenge.	Conduct focus groups to adapt language, imagery, and messaging to local norms. Seek funding through partnerships with health organizations, CSR initiatives, and government grants. Regularly update content and introduce new features to maintain user engagement.
Health Memes: Introduci-ng health as satire	Health memes are humorous, shareable images, videos, or text that convey important health messages in an engaging and easily digestible format, addressing a wide range of health topics.	Increased Engagement: Memes have the potential to capture attention quickly, especially among youth and online communities, making them an effective tool for spreading health messages.	Misinformation: If not carefully crafted, health memes could spread incorrect or misleading information, potentially harming the public's understanding of critical health issues.	Ensure Accuracy: Work with health experts to ensure that the health messages conveyed through memes are accurate, scientifically sound, and evidence-based.

Proposed Channels and Materials with Detailed Description for Channel: Mass/Digital Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Health Memes: Introducing health as satire	Memes are designed to be culturally relevant, relatable, and visually appealing to different target audiences, especially younger demographics.	Wide Reach: With their shareable nature, memes can reach a large audience across different demographics, especially if shared by influential individuals or groups.	Cultural Sensitivity: Memes need to be culturally sensitive and tailored to the target audience, as humour that works in one community may be inappropriate or offensive in another.	Cultural Customization: Involve local influencers, and cultural experts to design memes that resonate with specific audiences and are culturally appropriate.
	They can be shared widely on social media platforms, mobile apps, and community-based messaging systems.	Breaking Stigma: Humorous and relatable content can help break down social barriers and stigma related to sensitive health topics, making it easier for people to engage in discussions about their health.	Over-simplification: Health issues, especially complex topics, may be oversimplified in meme format, leading to the risk of trivializing serious concerns.	Strategic Targeting: Use data analytics to identify and target specific demographic groups, such as youth or high-risk populations, through social media platforms and mobile apps to ensure the widest impact.

Proposed Channels and Materials with Detailed Description for Channel: Mass/Digital Media				
Material	**Description**	**Advantages**	**Potential Challenges**	**Proposed Solutions**
Health Memes: Introduci-ng health as satire		Cost-Effective: Creating and distributing memes is a low-cost strategy compared to traditional media, allowing for frequent updates and targeting a broad audience without significant financial investment.	Saturation and Fatigue: Overuse or over-saturation of memes can lead to fatigue among the audience, reducing their effectiveness over time.	Monitor and Adapt: Regularly monitor the effectiveness of the memes through engagement metrics (shares, likes, comments) and adjust the content to prevent over-saturation and keep it fresh and engaging. Hybrid Approach: Combine digital meme campaigns with offline strategies, such as community events or health talks, to reach populations with limited access to digital media.
		Viral Potential: Memes have the potential to go viral, dramatically amplifying the reach and impact of health messages.		

Target Audience Segmentation and Key Messages

The operational framework of the SBCC strategy emphasizes topic-wise audience segmentation to ensure tailored interventions that address specific health issues, align with cultural contexts, and resonate with diverse community groups. For each identified health topic, the primary and secondary audiences are carefully segmented based on demographics, socio-cultural factors, and roles within the community. Targeted behaviours to be changed are identified for each audience. Key messages are developed to address these behavioural gaps using culturally relevant and easy-to-understand language, leveraging traditional beliefs and practices where appropriate. These messages are disseminated through strategic channels, including interpersonal communication by ASHAs and ANMs, SHG meetings, community gatherings, and multimedia tools, ensuring alignment with the preferences and accessibility of each audience segment. This tailored approach ensures that SBCC interventions are precise, impactful, and responsive to the unique needs of the states varying geography.

Target Audience Segmentation and Key Messages for Birth Spacing		
Audience Type		**Targeted Behaviour**
Primary Audience	Women in Reproductive age group & their male partners / Eligible Couples	• Ensuring women and their male partners actively plan and maintain a minimum spacing of 3 years between births to safeguard maternal and child health. • Both partners seek information from frontline health workers and adopt modern contraceptive methods suited to their needs. • Male partners actively engage in discussions and decisions regarding family planning and health needs, fostering a supportive environment.
Secondary Audience 1	Immediate family members – Wife / Female Partner, Mother, Maternal Uncle etc.	• Family members encourage birth spacing, respecting the couple's decision while providing emotional and logistical support.Relatives positively influence and endorse the use of modern contraceptives by reducing stigma and misinformation.

Target Audience Segmentation and Key Messages for Birth Spacing		
Audience Type		**Targeted Behaviour**
Secondary Audience 2	FLWs	• Proactively providing accurate, culturally sensitive, and tailored counselling on birth spacing and family planning options to couples, ensuring both women and men are equally engaged in discussions. • Actively encourage male participation by addressing their questions and concerns about family planning, emphasizing their role as supportive partners in reproductive health decisions. • Consistently follow up with families to ensure the adoption and sustained use of family planning methods, addressing any challenges or misconceptions encountered by the couple or family.
Secondary Audience 3	VHC members / SHG members / Religious Leaders / Traditional Healers	• Actively engage communities with accurate information on birth spacing and its health benefits through meetings, counselling, and cultural events. • Ensuring men are sensitized on their critical role in family planning and dispel traditional norms that limit male involvement. • Supporting in addressing and combating cultural and religious beliefs that hinder the uptake of family planning options, ensuring messages align with community values.

Key Messages for Birth Spacing option uptake and male participation

Plan 2-3 years between births to protect the health of mothers and children and strengthen family well-being

Modern family planning options are safe and accessible—consult health workers to choose what's best for you.

Support your partner in family planning decisions and lead the way to a healthier family.

Target Audience Segmentation and Key Messages for EBF and CF		
Audience Type		**Targeted Behaviour**
Primary Audience	Lactating Mothers	• Ensuring that the baby is not given any other food item including rice broth with sugar, any pre-lacteals, water or animal milk for the first 6 months. • Ensuring proper positioning and attachment to the breast, giving enough time at each feed until baby leaves the breast, emptying both breasts and feeding frequently during the day and night. • Assess the supply of breast milk by checking the number of times the baby urinates and maintain breastfeeding frequently ensuring each breast is completely emptied (to ensure baby gets the fore-milk & hind-milk) for the first 6 months.
Secondary Audience 1	Husband / Partners	• Help with household chores to free up time for mothers to practice exclusive breastfeeding frequently especially when facing concerns that breast milk may be insufficient. • Talk with their mother and other elders living in the family about the need for EBF and how they should support the lactating mother to ensure EBF is done.
Secondary Audience 2	Mother & Family Elders- Maternal Uncle, Grandparents etc.	• Encourage the son/partner to help with household chores to ensure that the lactating mother gets enough time and space for practising EBF till 6 months of age of the child. • Help the lactating mother by attending to other children and also helping in reducing the workload so that she can practice EBF.
Secondary Audience 3	FLWs	• Encourage pregnant women, especially in the last trimester, to plan for Early Initiation of Breastfeeding and also for EBF till 6 months. • Ensure that the mother and the family members receive correct and complete information about EIBF and EBF. • Emphasize that during the first six months of life, no food or liquids other than the mother's milk should be given to the child. • Ensure timely and planned home visits in the first six months to counsel and support the mother for EBF and correct CF practices.

Target Audience Segmentation and Key Messages for EBF and CF		
Audience Type		**Targeted Behaviour**
Secondary Audience 3	VHC members / SHG members / Religious Leaders / Traditional Healers	• Sensitize and encourage husbands/partners of lactating women regarding helping with household chores to provide time and space for the mother for EBF till 6 months of age of the child. • Sensitize community members especially husband/partner, Mother and immediate family members regarding the need and advantages of EBF and correct weaning practices. • Sensitize and encourage Mother and other family elders to share household chores and to take care of other children in the family to provide time and scope for the mother to do EBF till 6 months of the age of the child. • Encourage community members to share information on correct weaning practices focusing on timing of initiation, meal frequency and diet diversity using locally available food items with lactating mothers and their family members.

Key Messages for Promotion of Exclusive Breast Feeding and complementary Feeding Practices

Give Exclusive Breastfeeding to the child up to six months of age.

Pre-lacteal feeds such as rice broth with sugar, water, other liquids and foods can be a source of infection and interfere with breastfeeding.

Mother's milk has enough nutrition and water to meet all the requirements of the child up to 6 months of age.

Baby's tummy is very small and requires very little quantity of milk again and again.

Target Audience Segmentation and Key Messages for Male Participation in MCH		
Audience Type		**Targeted Behaviour**
Primary Audience	Male Partners	• Ensure providing support to female partner / wife by accompanying for Healthcare Visits especially during ANC, PNC visits, for child's immunization and during the time sickness. • Supporting EBF by encouraging and assisting female partner / wife in practicing exclusive breastfeeding for six months by reducing maternal workload by contributing in household chores. • Ensure Complementary Feeding (weaning) is initiated for the child starting six months, by making other family members understand the advantages and benefits, and ensuring till then no other feeds including pre-lacteals are given. • Sharing Household Responsibilities to reduce physical strain on pregnant or breastfeeding mothers, allowing them to focus on their health and the child's well-being.
Secondary Audience 1	Family Elder, including Husbands mother	• Encouraging Positive Behaviours by support the couple in attending healthcare visits and practicing EBF, and discourage cultural practices or advice that conflict with recommended maternal and child health practices. • Creating a supportive environment by reducing the burden of traditional roles and expectations placed on mothers, allowing them to prioritize health
Secondary Audience 2	FLWs	• Engage Male Partners during outreach activities targeting to educate them on maternal and child health and provide culturally tailored counselling for men on supporting EBF and supporting in CF. • Building Community Awareness through facilitating group discussions during ANC / PNC visits or village meetings (during VHC or PTA meetings) to share success stories and address barriers to male involvement.

Target Audience Segmentation and Key Messages for Male Participation in MCH		
Audience Type		**Targeted Behaviour**
Secondary Audience 3	VHC members / SHG members / Religious Leaders / Traditional Healers	• Sensitize community members especially male partners and the village elders on gender equality in maternal and child caregiving and endorse & appreciate male participation in maternal and child health during community gatherings or religious sermons. • Promoting Cultural Acceptance by addressing cultural taboos or traditional beliefs that discourage male involvement in caregiving roles and encourage family-centred health practices as part of communal values.

Key Messages For Increasing Male Participation in Improving Maternal And Child Health

Encouraging men to share household responsibilities, provide emotional support during pregnancy, and ensure reduced physical burden for mothers.

Encouraging men to accompany their partners during ANC, understand the importance of balanced nutrition during pregnancy, and support breastfeeding and postnatal care.

Promoting male involvement in ensuring maternal and child care especially for seeking timely healthcare during illnesses of mother or child, and supporting in child care practices like accompanying during vaccinations, participating and supporting during initiation of CF.

Target Audience Segmentation and Key Messages for Reducing the Incidence of HIV/AIDS		
Audience Type		**Targeted Behaviour**
Primary Audience	General Population	• Ensuring individuals undergo regular HIV testing and know their status, especially among high-risk groups. • Ensuring individuals are aware of HIV/AIDS and its modes of transmission and attend screening program for early & timely detection of HIV/ AIDS
Secondary Audience 1	People Living with HIV/AIDS (PLWHA)	• PLWHA consistently adhere to antiretroviral therapy (ART) for improved health and reduced transmission risk. • People living with HIV/AIDS understand and continue with regular ART to suppress the viral load and prevention of progression to AIDS. • Ensure People living with HIV/AIDS make necessary lifestyle modifications to ensure a healthy living.
Secondary Audience 2	Immediate family members of PLWHA	• Families and caregivers to provide emotional, physical, and logistical support to PLWHA, such as accompanying them to medical appointments and ensuring treatment adherence. • Families to prevent isolation and discrimination, and promote acceptance.
Secondary Audience 3	FLWs	• Encourage and ensure pregnant women undergo HIV and STI testing as part of their 'Essential Investigations' during pregnancy. • Provide necessary information to address stigma, promote testing, and facilitate access to ART and relevant support services. • Advocate for safer sexual behaviours especially among younger population, including creating awareness and pushing for condom use and reduced multiple sexual partnerships, through culturally sensitive messaging. • Engage religious leaders and village headmen to champion awareness campaigns and foster collective action against stigma.

Key Messages For Increasing Reducing the Incidence of HIV/AIDS

Regular HIV testing and early detection are vital for protecting your health and preventing transmission, especially for at-risk population.

Consistently follow ART to suppress viral load, prevent progression to AIDS, and live a healthy, fulfilling life.

Families and communities play a crucial role by offering emotional and logistical support to PLWHA while combating stigma and discrimination.

Practice safer sexual behaviours, including consistent condom use and reducing multiple partnerships, to prevent HIV and other STIs.

Target Audience Segmentation and Key Messages for Addressing Tuberculosis		
Audience Type		**Targeted Behaviour**
Primary Audience	Stakeholder – TB Patient	• Ensuring timely action is taken for early testing if experiencing symptoms like prolonged cough, fever, night sweats, or weight loss. • Ensure complete course of TB medication is adhered to as prescribed, even if symptoms improve, understanding that discontinuation of medication before completing the regimen could cause multi-drug resistance and reoccurrence of TB. • Ensure hygiene practices like covering the mouth while coughing and using personal utensils to prevent transmission is practiced till TB is completed treated and ensure eating nutritious food.
Secondary Audience 1	Immediate Caretakers / Family members	• Providing Emotional and Practical Support to the patient to complete treatment and attend follow-up appointments. • Developing necessary understanding about prevention of transmission to reduce fear and stigma, ensuring isolation and hygiene as needed to facilitate healthy and effective recovery.

Target Audience Segmentation and Key Messages for Addressing Tuberculosis		
Audience Type		**Targeted Behaviour**
Secondary Audience 2	FLWs	• Proactively identify and refer TB suspects promptly for testing and follow up on treatment adherence. • Providing effective counselling by being empathetic and provide clear communication about TB diagnosis, treatment, and prevention measures, giving confidence that TB is completely treatable and to follow all instructions as informed. • Facilitate effective community engagement by conducting awareness sessions and ensure accessibility of government schemes for TB patients.
Secondary Audience 3	VHC members / SHG members / Religious leaders	• Promoting TB awareness, emphasizing its curability and the importance of timely detection and complete treatment during community events, gatherings etc. • Actively create community support system through community discussions and mobilization for supporting TB patients and their families.
Secondary Audience 4	Traditional Healers	• Ensuring early referral as soon as a suspected TB case is found, to formal health facilities for testing and treatment. • Work collaboratively with health workers to reinforce accurate TB-related information in communities and patients that come for consultations.

Key Messages for Addressing Tuberculosis

Identifying TB and the Need for Timely Screening / Testing

Importance of Completing TB Treatment to prevent Multi-Drug Resistance

Breaking Stigma and Building Support in community and within family

Target Audience Segmentation and Key Messages for NCDs		
Audience Type		**Targeted Behaviour**
Primary Audience 1	General Population	• Get screened for diabetes, hypertension, and cancer regularly, especially after the age of 30, to detect these diseases early and manage them effectively. • Reduce risk factors by quitting tobacco, limiting alcohol consumption, eating a balanced diet, and exercising regularly. • Understand and recognize the signs of diabetes, hypertension, and cancer (e.g., frequent urination, chest pain, unexplained weight loss) to seek timely medical help. Sometimes the disease may be asymptomatic, requires regular screening. • Participate in community health campaigns that educate about the importance of early detection and lifestyle changes in preventing NCDs.
Primary Audience 2	People with NCDs	• Follow prescribed medication regimens and attend regular check-ups to manage diabetes, hypertension, and cancer effectively. • Make lifestyle changes such as reducing salt, sugar, and unhealthy fats in the diet, quitting smoking, and increasing physical activity to manage the disease and improve quality of life. • Regularly check blood sugar, blood pressure, and undergo cancer screenings as advised by healthcare providers to avoid complications and improve long-term health outcomes. • Involve family members and community leaders in supporting health decisions and adhering to treatment plans.
Secondary Audience 1	Immediate Family Members / Caretakers	• Help loved ones with NCDs adhere to their medication and treatment schedules, and assist in making healthier lifestyle choices, such as preparing nutritious meals and encouraging physical activity. • Foster an environment that reduces stress and encourages regular health check-ups and medication adherence for those with NCDs. • Learn about the risks and symptoms of diabetes, hypertension, and cancer, and advocate for early detection and prevention within

Target Audience Segmentation and Key Messages for NCDs		
Audience Type		**Targeted Behaviour**
Secondary Audience 2	FLWs	• Encourage regular screenings for diabetes, hypertension, and cancer during home visits and in community meetings. • Educate patients and their families about the importance of timely medical treatment, medication adherence, and healthy lifestyle practices to manage NCDs. • Assist individuals with NCDs in setting goals for lifestyle modifications (e.g., diet, exercise) and provide ongoing support and counselling
Secondary Audience 3	Traditional Healers	• Educate and inform patients about the risks of diabetes, hypertension, and cancer, and refer them to medical professionals for proper screening and treatment. • Encourage patients for lifestyle modification like diet control and exercise along with medical supervision. • Help reduce the stigma surrounding NCDs by providing culturally sensitive care and supporting individuals in their health journey.
Secondary Audience 4	VHC members, SHG members, Religious Leaders	• Use platforms such as community gatherings or religious services to spread awareness about NCDs and promote healthy lifestyles. • Support the community in understanding the importance of early detection and regular check-ups for diabetes, hypertension, and cancer. • Advocate for families to support members with NCDs, particularly in managing their conditions and fostering an environment conducive to health.

Key Messages For Improving Awareness, Prevention And Management Of Non-communicable Diseases (diabetes, Hypertension And Cancer)

Identifying diabetes, hypertension, and cancer early through regular screening can save lives and prevent complications.

Adhering to prescribed treatments and making lifestyle changes like healthy eating, regular exercise, and stress management ensures better control of NCDs.

Addressing risk factors such as tobacco use, poor diet, and inactivity is essential to prevent the onset of these diseases.

Breaking myths and stigma around NCDs helps foster understanding and support within families and communities.

Routine check-ups and vaccinations, like HPV for cervical cancer, empower individuals to take charge of their health and prevent severe outcomes.

Specific Risk factors for NCDs to shed light on
- Tobacco use in any form
- Physical inactivity
- Unhealthy diet (high salt, sugar, and saturated fats)
- Harmful use of alcohol
- Stress
- Obesity and overweight

VHC is a good platform for health information dissemination, but the current officials cannot communicate with the members effectively on health topics as that is not their area of expertise. Good to have designated people who are experts in health can do this. More training to be given for VHC officials as currently they were given one day training only

– Village Headman of Moknoor village, Saipung, East Jaintia Hills District

Preferred Communication Channels by Audience

The following are the recommended preferred communication channels of different audience types in different geographies:



General population/ high risk group

Urban — 'Voice-Bot for Health(Alexa type); Posters in hospitals and busy community / public places; Social media - WhatsApp, YouTube, Health memes; Hoarding; Travelling Folk Theatre; Religious institutions; Schools; Sensitisation programs attached to events & gatherings; Wall paintings

Rural — 'Voice-Bot for Health(Alexa type); Posters in hospitals and village health information board; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; VHC meetings; 'Ask the mechine' van Religious institutions; Schools; Sensitisation programs attached to Melas; Wall paintings'



Persons impacted directly

Urban — Hosptial and Home based counselling by Healthcare providers; posters in hospitals and public places; Social media - WhatsApp, YouTube, Health memes; Voice-Bot for Health(Alexa type); Wall paintings

Rural — Hosptial and Home based counselling by Healthcare providers; posters in hospitals and village health information board; Social media - WhatsApp, YouTube, Health memes; VHC meetings, SHG meetings, 'Ask the Mechine' Van; Voice-Bot for Health(Alexa type); Wall paintings



Family members of persons impacted directly

Urban Hosptial and Home based counselling by Healthcare providers; posters in hospitals and public places; Social media - WhatsApp, YouTube, Health memes; Voice-Bot for Health(Alexa type); Wall paintings

Rural Hosptial and Home based counselling by Healthcare providers; posters in hospitals and village health information board; Social media - WhatsApp, YouTube, Health memes; VHC meetings, SHG meetings, 'Ask the Mechine' Van; Voice-Bot for Health(Alexa type); Wall paintings



Community Based Organisations (VHC, SHG etc)

Urban and Rural Specific training programs; Sensitisation sessions by health providers; Handbook on Health



Religious Leaders / Teachers/ Social Leaders

Urban and Rural Specific training programs; Sensitisation sessions by health providers; Handbook on Health



Traditional Healers

Urban and Rural Specific training programs; Sensitisation sessions by health providers; Handbook on Health



Frontline Workers

Urban and Rural Training on how to use different communication tools (ASHA tab, flip chart handbook, VHC IEC Book; Training on communication & counselling

Integrated Strategic Approaches

Multi-sectoral convergence with Roles & KPIs – The need

The emerging health landscape across all the three regions of Meghalaya presents with rather complex challenges, where there is an increasing burden of NCDs like diabetes, cancer, and hypertension, communicable diseases such as TB and HIV/AIDS, couple with alarming health and nutrition practices like low rate of EBF and high rates of child malnutrition and limited male participation in MCH care. These challenges demand a multisectoral approach leveraging the strengths of the Health Department, ICDS, Education Department, and C&RD (SHG). There are platforms like the VHC, SHG, PTA, VHSND etc existing at the community level which can facilitate the ease of convergence.

The primary goal of this concept of convergence is to provide a comprehensive and effective service to the populace in an integrated manner which is influenced by multiple health and social attributed and platforms.

Strengthening VHCs a crucial step for effective SBCC Implementation

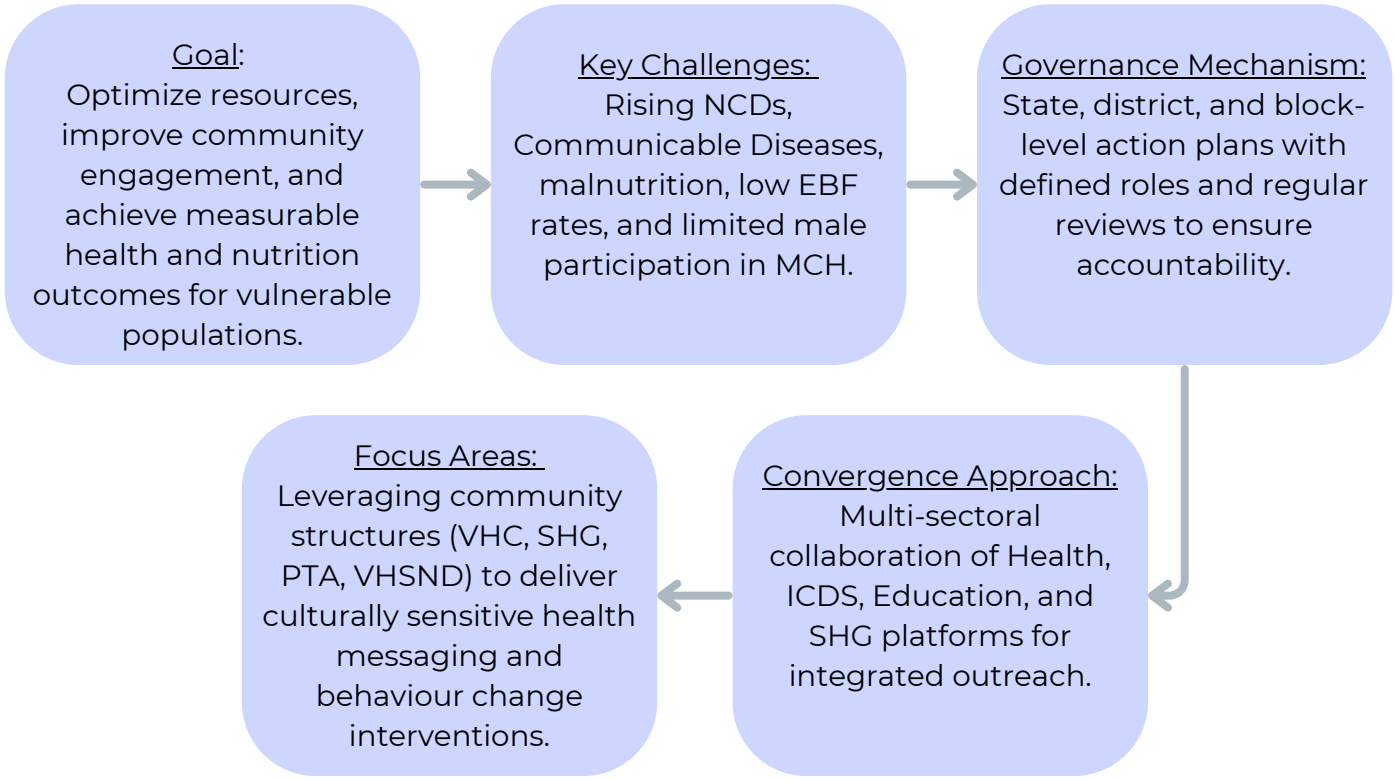
VHCs play a pivotal role in ensuring the success of SBCC strategies at the grassroots level. Strengthening VHCs is essential to establish them as facilitators, implementers, and monitors of health initiatives. Empowered VHCs can bridge the gap between policy and community action, fostering ownership and accountability for health outcomes.

Key responsibilities of VHCs include planning, executing, and monitoring activities as per an annual calendar of events tailored to local health priorities. This structured approach ensures consistent messaging and effective resource utilization while promoting community participation. VHCs can act as a platform for disseminating culturally sensitive health information, organizing events like health camps and awareness drives, and addressing community-level barriers to behaviour change.

The philosophy of the convergence strategy is to work together for the benefit of all especially the vulnerable and marginalized. Convergence among these stakeholders and effective utilization of these platforms can help optimize resources, improve community engagement, and achieve shared health goals. The main objective of convergence is to enhance the utilization of the system through provision of a common platform for availability of and access to all relevant information pertaining the expected behaviour change around various existing health practices.

Effective institutional mechanism for convergence of health care and awareness services with other government run schemes for health determinants is critical considering the massive burden on the department and the population.

The Multi-Sectoral Convergence Approach:



For effective convergence across different departments, it is important that convergence plans are developed across all levels – State, Districts and Block levels. It is proposed that S-CAP should be developed, implemented and bi-annually reviewed under the Chairmanship of Chief Secretary with Principal Secretary- Health and Family Welfare being the nodal officer, involving secretaries of all relevant departments namely Social Welfare Department (WCD / ICDS), C&RD Department, Department of Education and CEO-SMMU, MSRLS.

At the District level, the convergence action plan will be developed under the Chairmanship of the District Collectors where Deputy Commissioner would be nodal officer for coordination, other members would be DM&HO, DPO – WCD/ICDS, DEO and DPM-DMMU/MSRLS.

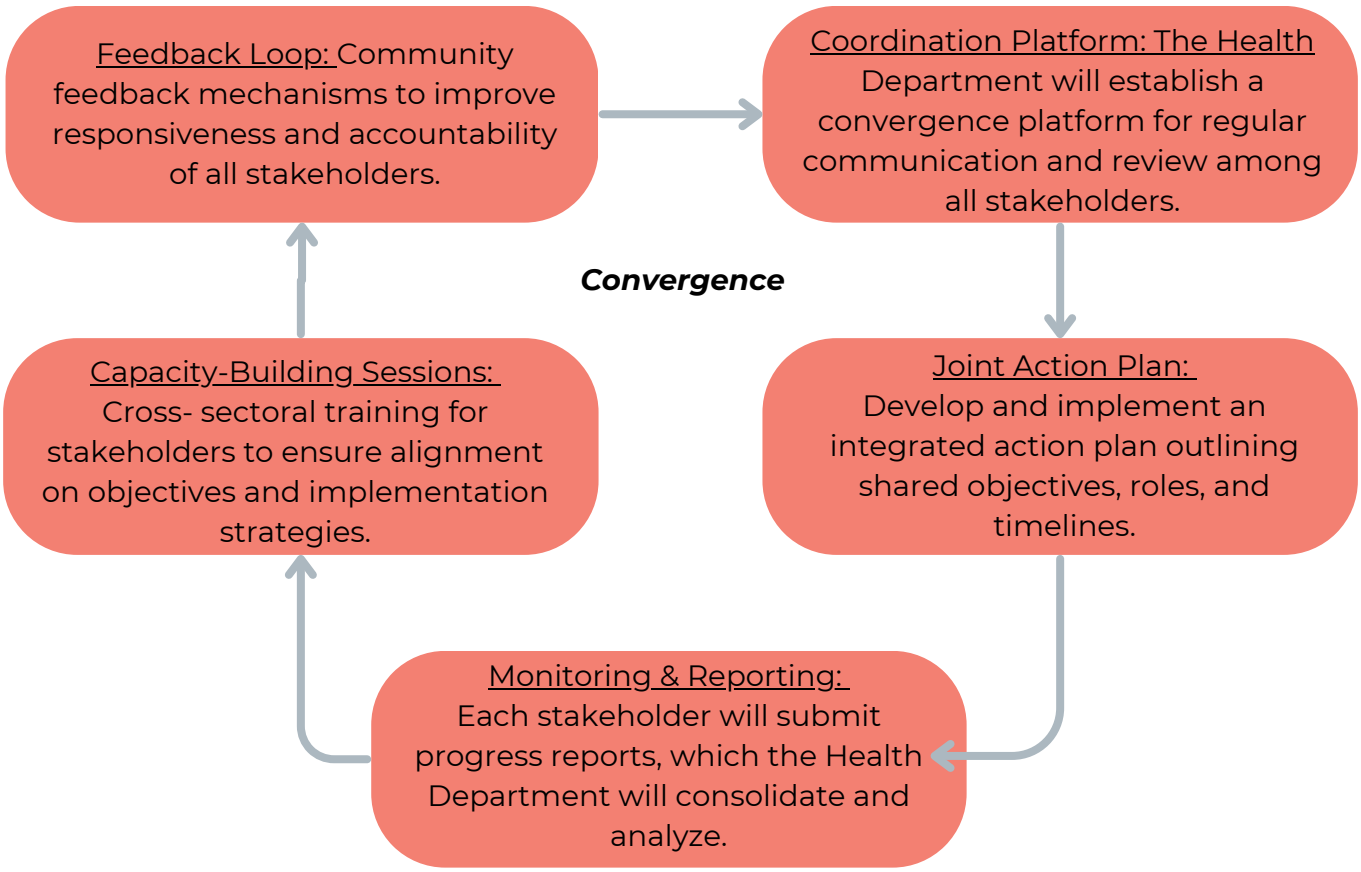
By integrating VHCs into the SBCC strategy, activities such as door-to-door outreach, community mobilization, and monitoring of frontline workers' performance can be streamlined. Additionally, regular capacity-building efforts, coupled with access to tools like participatory scorecards and updated IEC materials, will enable VHCs to deliver measurable and sustainable results.

At the block level, the process of convergence would be led by Block Development Officer along with other block level officials namely the BMO, CDPO, BEO and BPM-BMMU/MSRLS. The process of CAP document development will be a consultative process with lead official / department taking responsibility of development, implementation, review and reporting on a mutually agreed timeline.

In summary, strengthening VHCs is a critical step in creating a community-driven, locally relevant, and accountable health communication ecosystem that ensures the successful implementation of the proposed SBCC strategy.

The SBCC convergence plan involves the coordinated efforts of multiple departments—H&FW, WCD/ICDS, Education, C&RD and MSRLS —to address health & associated social challenges comprehensively. This plan ensures the integration of tailored messaging across platforms and institutions to tackle issues such as NCDs – Diabetes/ Cancer / Hypertension; communicable diseases like TB, HIV-AIDS; need for promotion of EBF and correct weaning (complementary feeding) practices; uptake of Birth spacing options, and male participation in maternal and child healthcare. It focuses on streamlining roles, building capacity, and leveraging existing community structures for impactful outreach. Each stakeholder plays a defined role, for example frontline workers delivering community-based structured counselling to schools promoting adolescent health education (& sensitizing parents), while SHGs ensuring reaching out to family members (including male members) on various health messages, ensuring uniformity and efficiency in messaging. The approach emphasizes collaboration, capacity building, culturally sensitive communication strategies, and systematic monitoring to achieve measurable improvements in health outcomes.

Operational Mechanisms



Roles and Responsibility / Accountability Matrix with KPIs of each department for SBCC Convergence

Accountability Matrix for SBCC Convergence – State Level

Department/ Agency	Roles and Responsibilities	KPIs	Process Activities
Health and Family Welfare (H&FW) / NHM	Lead the development of S-CAP; ensure interdepartmental coordination; oversee SBCC messaging integration and capacity building of state-level trainers.	S-CAP developed and reviewed biannually; number of state-level trainings conducted; proportion of SBCC content integrated.	Chair State Convergence Committee meetings; approve guidelines; coordinate SBCC dissemination.
Women & Child Development (ICDS)	Ensure inclusion of EBF, CF practices, and maternal health in SBCC content; provide ICDS platform for messaging dissemination.	Integration of maternal and child health messages into ICDS services; quarterly progress report submissions.	Participate in S-CAP planning; coordinate capacity building for ICDS workers; monitor implementation.
Education Department	Facilitate adolescent and parental health education campaigns; ensure SBCC materials are available in schools.	Number of school campaigns conducted; proportion of students sensitized on SBCC health topics.	Plan education campaigns; integrate health messages into curriculum; track school engagement.
Community & Rural Development (C&RD)	Support SHGs and VHCs in awareness drives; integrate SBCC messages into rural outreach activities.	Percentage of SHGs trained on SBCC; number of VHC-driven community meetings conducted.	Mobilize SHGs; review community awareness drives; link SHG outcomes to district plans.
Meghalaya State Rural Livelihood Society (MSRLS)	Engage SHGs for family and male member sensitization; support SBCC dissemination through rural networks.	Number of families reached through SHGs; male participation in SBCC activities measured through surveys.	Provide SBCC content to SHGs; ensure SHGs report outcomes to district officials.

Accountability Matrix for SBCC Convergence – District Level

Department/ Agency	Roles and Responsibilities	KPIs	Process Activities
Health and Family Welfare (H&FW) / NHM	Coordinate D-CAP; monitor district-level SBCC implementation; facilitate training of ANMs and ASHAs.	Finalized D-CAP; number of training sessions; percentage of ANMs and ASHAs trained.	Convene District Convergence Committee; ensure district health reviews.
Women & Child Development (ICDS)	Integrate SBCC messages into AWWs' activities; monitor community awareness sessions on EBF and weaning.	SBCC sessions by AWWs or no. of beneficiaries covered; quarterly progress reports.	Align AWW outreach with SBCC; ensure monitoring of field activities.
Education Department	Conduct adolescent and parental sensitization programs; integrate health education into school activities.	Number of schools engaged in SBCC campaigns; attendance in health sessions.	Plan sensitization sessions; review teacher involvement in SBCC.
MSRLS	Mobilize SHGs for health outreach; ensure timely reporting on SBCC activities.Provide infrastructural support for SBCC campaigns; align health themes with community projects.	Percentage of SHGs implementing SBCC; proportion of families reached through campaigns.SBCC themes included in 70% of projects; number of awareness drives conducted.	Track SHG activities; support district-level SBCC reporting.Coordinate health awareness drives.

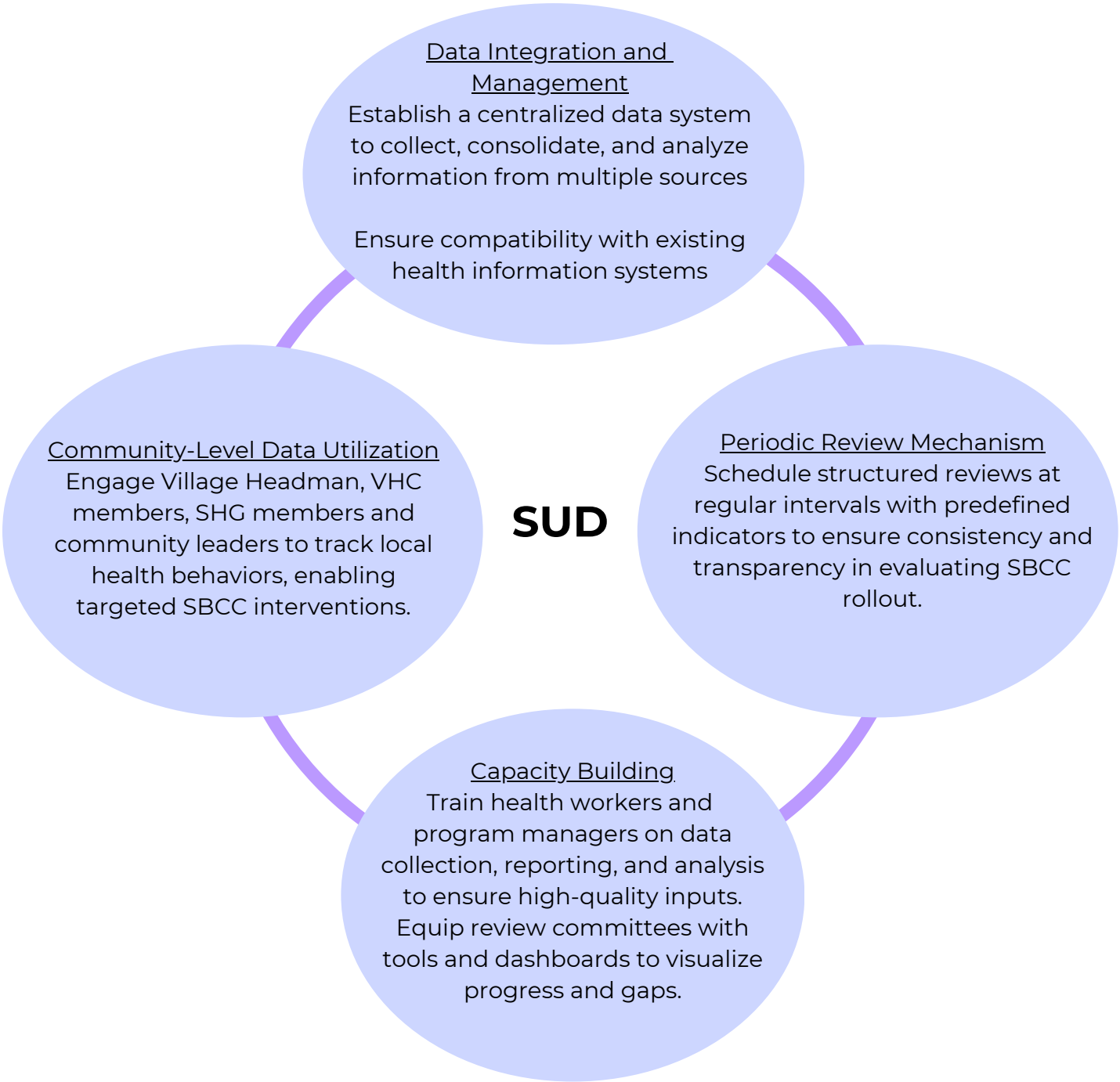
Accountability Matrix for SBCC Convergence – Block Level

Department/ Agency	Roles and Responsibilities	KPIs	Process Activities
Health and Family Welfare (H&FW)	Ensure B-CAP aligns with D-CAP and S-CAP; lead capacity building for frontline workers; conduct health camps.	Number of ASHAs trained; health camp participation rates; community feedback analysis.	Organize B-CAP implementation workshops; oversee health camp outcomes.
Women & Child Development (ICDS)	Facilitate AWWs in delivering SBCC; monitor home visits and community sessions.	Proportion of AWWs trained in SBCC; number of home visits conducted; number of community sessions conducted.	Coordinate block-level workshops; support field worker engagement.
Education Department	Promote SBCC through block-level schools; conduct teacher training on SBCC integration.	Percentage of schools implementing SBCC; number of teachers trained.	Monitor school outreach; ensure student-parent participation in health sessions.
MSRLS	Build SHG capacity for SBCC activities; track no. of household engagement done. Support SHGs in delivering health messages; involve male members in health programs.	Number of block-level SHG campaigns conducted; percentage of target families engaged. Number of SHG-driven events; percentage of male participation in awareness campaigns.	Facilitate resource provision; coordinate block-level SBCC activities. Conduct capacity building sessions for SHGs; track male involvement.

System Strengthening and Data Driven Implementation

Strategic Use of Data (SUD) for Effective Rollout of SBCC Strategy

Strategic use of data is imperative for the successful rollout of the SBCC strategy in Meghalaya. Data-driven decision-making can enable the Health Department to prioritize interventions, monitor progress, and recalibrate strategies based on real-time insights for improving coverage and quality of services. A robust review mechanism with focus on processes, embedded at all levels—State, District, Block, and PHC / SC—is essential for tracking implementation effectiveness, ensuring accountability, and achieving desired health outcomes.



Review based on SUD Indicators across various Levels – State, District and Block

Level	Indicators	Review Activities	How to review
State	Percentage of districts with functional D-CAPs.	Bi-annually state-level review chaired by Chief Secretary the Principal Secretary (H&FW).	Use a consolidated MIS from districts; maintain MoM for action points and timelines.
	Proportion of districts submitting timely and accurate reports.	Analysis of district data for trends, gaps, and best practices.	Review submission timelines and validation accuracy using MIS. Share comparative dashboards over ppt.
	State-level campaign coverage and participation rates.	Develop and share data-driven recommendations with all districts.	Analyse MIS data, conduct spot checks, and use survey reports for participation validation.
District	Number of blocks with active SBCC activities aligned to D-CAP.	Monthly district SBCC review chaired by the District Collector.	Verify activity logs submitted by blocks; prepare MoM for monthly progress and challenges.
	Participation rates in SBCC campaigns (segmented by community groups).	Cross-check data with frontline worker feedback.	Conduct FGDs with community groups; compare feedback with campaign data from the field and MIS reports.
	Timely training completion rates for ASHAs, ANMs, and SHGs.	Share district progress reports with the state.	Validate training attendance using signed attendance sheets and digital MIS records.
Block	Proportion of PHCs and sub-centres submitting complete and timely data.	Monthly block-level meetings led by the Block Development Officer (BDO).	Cross-verify PHC and sub-centre reports with data in the district MIS. Prepare actionable insights in MoM.

Review based on SUD Indicators across various Levels – State, District and Block

Level	Indicators	Review Activities	How to review
Block	Number of SBCC community sessions conducted per month.	Verify frontline worker attendance and coverage reports.	Use attendance sheets and field visit records; ensure triangulation with random spot checks.
	Feedback from community members on campaign relevance and clarity.	Compile block-level insights for district reports.	Conduct FGDs and short surveys; consolidate qualitative feedback with trends from field staff reports.
PHC/Sub-Centre	Number of households covered during community outreach sessions.	Bi-weekly review meetings with PHC medical officers.	Use frontline workers' reports validated by random household surveys and GPS tracking for outreach coverage.
	Counselling session coverage rates by ASHAs and AWWs.	Validate field data through random household surveys.	Cross-check session attendance registers with family reports during surveys and MIS analysis.
	Feedback on message comprehension and behavioural changes from families and male participants.	Prepare PHC-level data summaries for block-level review.	Conduct household surveys for feedback; integrate findings into qualitative and quantitative block-level data.

Supportive supervision

Supportive supervision is critical to ensuring that the SBCC strategy is understood, implemented as designed, sustained and adapted effectively to meet local needs. A robust supervision system provides frontline workers and their supervisors with the tools and guidance necessary to address challenges, maintain fidelity to the strategy, and achieve desired behaviour change outcomes.

Key Features of Supportive Supervision

Dual Approach: In-Person and Remote (hard-to-reach areas)

- In-Person Support: Supervisors conduct planned joint field visits to observe and guide frontline workers, providing real-time feedback and hands-on training as required.
- Remote Supervision: Leveraging technology, remote support can be provided via smartphones, internet connectivity, and dedicated apps (e.g., the SAHYOG app developed by FHI and adopted by the Ministry of Women and Child Development)

Structured Process

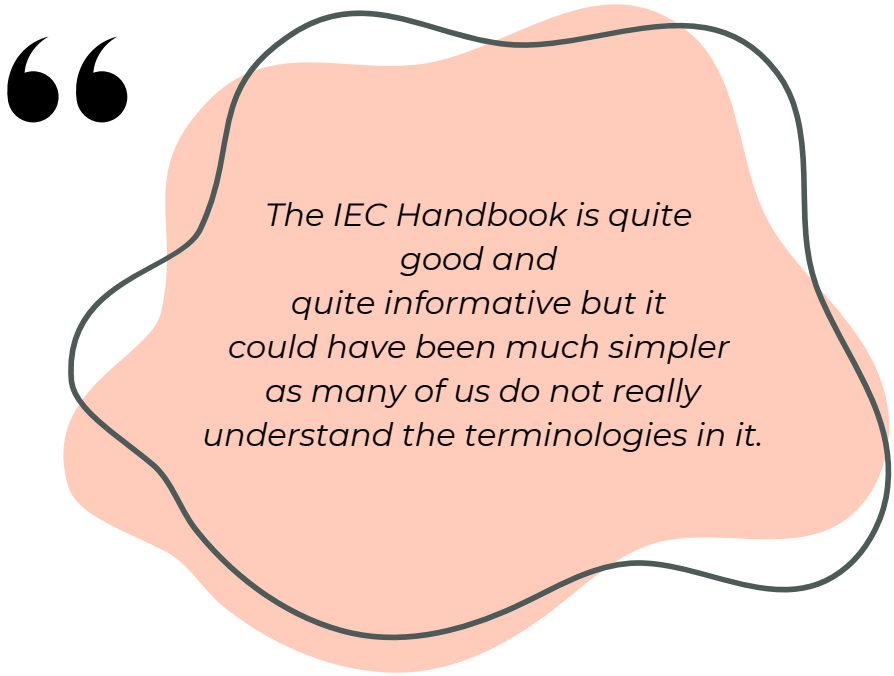
- Planned Joint Visits: Supervisors schedule regular field visits, either virtually or physically, to monitor implementation, answer queries, and address barriers in real-time.
- On-Job Support: Hands-on guidance is provided to strengthen worker confidence and skill application during their routine activities.
- Debriefing Sessions: After each session, supervisors and workers review activities, appreciate successes, and identify areas needing improvement.
- Identification of field level issues and resolution: Issues are identified during the debriefing sessions which based on the level of resolution is escalated in real-time; issues which can be resolved instantly are resolved during the debrief, while others which require escalation to the next level are either escalated using the app or through field visit reporting.

Real-Time Tracking and Reporting

- A dashboard integrates data from supervisory visits, enabling higher authorities to monitor support efforts across levels and ensure accountability.
- Insights from the dashboard inform decision-making, ensuring timely intervention and addressing systemic challenges.

Capacity Building

- Supportive supervision fosters continuous learning by reinforcing workers' knowledge of the SBCC strategy, improving their counselling skills, and enabling adaptive problem-solving.



- VHC members in Ganol Apal, West Garo Hills.



Theory of Change





Theory of Change

The proposed TOC for the SBCC strategy in Meghalaya outlines a comprehensive pathway to achieve improved health outcomes by addressing key behavioural and systemic barriers. Rooted in an evidence-based approach, this framework highlights the critical role of capacity building, community mobilization, stakeholder engagement, and policy advocacy in fostering sustained behaviour change and promoting health-seeking behaviours.

The strategy leverages existing community platforms, such as VHCs, SHG meetings, and religious gatherings, as conduits for delivering culturally appropriate health messages. By engaging influential community members—such as religious leaders, traditional healers, and SHG leaders—it aims to build trust and support for health initiatives. To ensure long-term impact, the strategy emphasizes the integration of SBCC interventions into existing health systems and multi-sectoral collaboration among key departments like Health, Education, and Social Welfare.

A robust M&E framework underpins the TOC, ensuring real-time tracking of progress, identification of challenges, and data-driven decision-making. This framework also incorporates sustainability measures to encourage community ownership and ensure continuity of efforts beyond the program lifecycle.

The ultimate goal of the proposed TOC is to achieve measurable improvements in health behaviours, increased utilization of healthcare services, and a reduction in preventable diseases, contributing to the overall health and well-being of Meghalaya's population.

> *I was told by the houseowner where I work as a maid that steel scrub used for washing dishes causes cancer, so we have stopped using that!*

– 31 years old FGD participant in Laitmawpen, Mawplang, West Khasi Hills District, when asked about causes of cancer.

Theory of Change

Goal

Improve health outcomes in Meghalaya through sustained behaviour change, increased health-seeking behaviours, and enhanced community engagement.

Interventions	Outputs	Outcomes
Capacity Building	Improved knowledge and skills of frontline workers and community influencers.	Increased adoption of positive health behaviours within communities.
Development and Dissemination of IEC Materials	Increased awareness of health issues through widespread dissemination of IEC materials.	
Community Mobilization	Strengthened community platforms for health-related discussions and activities.	Improved utilization of healthcare services, particularly in hard-to-reach areas.
Integration with Existing Platforms	Existing community platforms leveraged for effective message delivery.	
Stakeholder Engagement	Collaboration among government departments, community leaders, and development partners ensured to align for SBCC efforts	Reduced cultural and social barriers to health-seeking behaviours.
Advocacy for Policy Support	Promotion of inter-departmental coordination and policy support to institutionalize SBCC interventions secured.	
Sustainability Measures	Fostering community ownership and embedded SBCC activities into existing health systems for long-term impact	Strengthened community structures that support sustained behaviour change.
Multi-Sectoral Convergence	Partnerships across Health, Education, Social Welfare, and MSRLS departments strengthened to amplify the reach and effectiveness of SBCC efforts	
Monitoring and Evaluation	Regular collection and use of high quality data to inform program improvement	

Improved health and well-being of individuals and communities in Meghalaya.

Reduction in the prevalence of preventable diseases.

Sustainable health systems that integrate SBCC as a core component.

IMPACT



Institutional Strengthening





Institutional Strengthening

The effective implementation of the SBCC strategy hinges on the strength and preparedness of the institutional structures outlined in Meghalaya's Human Development Institutional Architecture. Each level, from state to village, plays a pivotal role in ensuring that SBCC interventions are tailored, culturally relevant, and impactful. However, to achieve the desired health behaviour changes, these structures require targeted capacity-building efforts to address knowledge gaps, enhance technical skills, and foster collaboration.

It is proposed to have two-pronged training plan with one focussing on the proposed HR architecture covering officials of Health Department and its allied departments as clearly stated above in the HR section and proposed in the Convergence Action Plan section.

Capacity Building for State, District, Sector and Frontline Structures in SBCC Strategy Implementation

Key Areas of Capacity Building – State, District, Sector and Frontline level

Level	Areas of Capacity Building
State Level - Human Development Council	Policymakers and department heads need training on SBCC design, strategic planning, and monitoring tools.Enhanced capacity to integrate SBCC principles with existing policies and interdepartmental coordination for cohesive implementation.
District Level - District Team	District leaders require skill development in data analysis, local adaptation of strategies, and operational management.Focus on fostering partnerships and engaging community stakeholders.
Sector Level – Sector Team	Capacity enhancement in program implementation, resource optimization, and use of innovative communication channels.Training in supervising and mentoring frontline workers.
Frontline Level - Frontline Team	FLWs (ASHAs, ANMs) and Cluster Coordinators need hands-on training in interpersonal communication, counselling, and mobilizing communities.Building their ability to monitor behaviour change indicators and relay actionable insights.

Capacity Building Plan

Level	Training Focus	Participants	Methods	Duration
State Level	Strategic SBCC planning, inter-departmental convergence, monitoring, and review	Development Commissioner, key department heads (Health, Education, MSRLS, Social Welfare), and concerned state officials from all relevant departments	High-level workshops for sensitization on SBCC strategy, CAP and role of each partner department	Annual
District Level	District-specific adaptation of SBCC strategies, inter-departmental convergence, monitoring, and review	DC, DPO/ DSWO, DMHO, DCPC, DMM, and all relevant district officials	Interactive training modules Convergence Action Plan and role of each partner department	Bi-annual workshops (1-2 days each)
Sector Level	Supervising frontline teams, effective communication for program coordination, stakeholder engagement and utilizing innovative SBCC tools	MOs, BPMs (NHM and MSRLS), CDPO, all relevant block level officials	Sector-level training camps Role-play and scenario-based exercisesToolkits for resource optimization	Bi-annual workshops (2 days each)
Frontline Level	Interpersonal communication, counselling techniques, community mobilization, and data documentation	ASHAs, ANMs, Lady Supervisors, Cluster Coordinators	Hands-on practical sessions Mobile-based learning applications Community simulations	Quarterly with refresher sessions (1–2 days)

Capacity Building for Village level Structures in SBCC Strategy Implementation

The successful rollout of the SBCC strategy in Meghalaya requires strengthening the capacity of various institutional and community structures. The gaps identified during primary data collection highlight the need for targeted capacity-building initiatives, periodic refresher training, and robust engagement with key stakeholders to ensure the sustained and effective dissemination of SBCC messaging.

Key Areas of Capacity Building – Village level

Platform	Areas
VHC	VHCs act as a critical communication platform at the village level, bringing together ASHAs, ANMs, and social representatives.Despite the one-day orientation currently provided, there is a need for in-depth engagement to:Build awareness about their roles.Enhance their capacity to implement health activities, including SBCC rollout.Strengthen their role as a bridge between service providers and beneficiaries.
Religious Leaders	Religious leaders are influential community members who can integrate health messages into religious counselling sessions and gatherings.Periodic sensitization is essential to equip them with the knowledge to promote health-related information passively and actively during their sessions.
Traditional Healers	In remote and hard-to-reach areas, traditional healers remain primary points of contact for health-related issues.Sensitizing them to align their practices with basic health awareness and disseminate SBCC messages can leverage their influence effectively.
SHG Members	SHG meetings are informal yet impactful forums where health topics can be introduced passively.Sensitizing SHG leaders can help cascade health messages to their members, enhancing community-level awareness.
Frontline Workers (ASHAs, ANMs, Cluster Coordinators)	Although these workers attend various training programs, periodic refresher courses are necessary to:Keep their knowledge up-to-date.Strengthen interpersonal communication skills.Improve their use of SBCC materials for effective community engagement.

Capacity Building Plan for SBCC

Training Framework

Training Frequency

- Refresher Trainings – every two years for all key stakeholders
- Regular Sensitization / Orientation – quarterly or bi-annually depending on the target group

Training Level

- State Level TOT - state-level team will train district-level trainers
- District-Level Trainings*- District teams will conduct training for frontline workers and community leaders.

** Each district will have a 5-member training team, including one coordinator. These teams will - develop detailed annual training plans, facilitate all SBCC-related trainings, maintain a database of training activities and progress for ASHAs, ANMs, and other health actors, address challenges in training during district review meetings.*

Capacity Building Activities

Stakeholder	Training Topics	Mode of Delivery	Frequency	Stakeholder
VHC Members	Roles and responsibilities, SBCC messaging, health activity implementation	Workshops, Interactive Discussions	Quarterly	VHC Members
Religious Leaders	Health awareness, integrating messages into religious gatherings	Sensitization Meetings, Toolkits	Bi-annual	Religious Leaders
Traditional Healers	Awareness of key health issues, collaboration with medical systems, referral protocols	On-site Workshops, Case-based Discussions	Quarterly	Traditional Healers

Stakeholder	Training Topics	Mode of Delivery	Frequency	Stakeholder
SHG Leaders	Basic health knowledge, SBCC messaging, passive health information dissemination methods	Community-level Sessions, Visual Aids	Bi-annual	SHG Leaders
Frontline Workers	Advanced communication skills, SBCC material utilization, data documentation	Refresher Training, Role-Playing Exercises	Quarterly	Frontline Workers

I was told by the houseowner where I work as a maid that steel scrub used for washing dishes causes cancer, so we have stopped using that!

-31 years old FGD participant in Laitmawpen, Mawplang, West Khasi Hills District, when asked about causes of cancer.



Project Implementation Plan





SACH - SBCC Strategy Development Project, MHSSP / NHM, Govt of Meghalaya

Project Implementation Plan

Sl no.	List of Materials/ Activity	Description - Number and type of materials topic wise	Roles and Responsibilities of SACH	Timeline (2024-2027)	Role of MHSSP/ Health department	Monitoring indicators- Pre implementation	Monitoring indicators- post implementation	Output / Deliverable
	Strategy development and submission Phase 1 (6 topics)							**Strategy document for 6 topics**
	Strategy development and submission Phase 2 (4-5 topics)							**Additional document for remining 4-5 topics**
	Material Development							
1	New Poster Development	4 Types of posters on each topic. For 8 topics, 32 types of posters	Development of prototype with design		Review and finalising and content, Printing and distribution	# of prototypes developed	# of communities received posters	EBF Poster designed in ready-to-print form
2	ASHA & ANM Compact Handbook (FAQs)	1 Handbook with information about all 8 topics	Content development with design		Review and finalising and content, Printing and distribution	# of prototypes developed	# of ASHA & ANM received handbooks	ASHA Compact handbook designed and ready-to-be printed
3	MCP Card updating	Updating with local pictures including additional information about HIV, TB and NCD	Content development with design		Review and finalising and content, Printing and distribution	# of prototypes developed	# of ASHA & ANM received new MCP card	Updated MCP card in place
4	VHC IEC Handbook Updating	Updating the VHC Handbook with additional information	Content development with design		Review and finalising and content, Printing and distribution	# of prototypes developed	# of VHCs received booklet with additional topics	Updated VHC Handbook in place
5	Videos - Real life Video / Animation Video YouTube -long version / WhatsApp - short version)	Atlest 1 video type as appropriate for each for each of the topics	Development of script - for animation, no-animation, long & short video type		Development of videos and distribution	# of scripts developed, # of videos developed	# of videos broadcasted	Long & short version videos for sharing on various Social media platforms (YouTube / WhatsApp / Instagram etc.) ready for dissemination.
6	Travelling Folk Theatre / Street Play	Atlest 1 street play each for 8 topics	Development of concept and script		Contracting the vendor, planning and implementation	# of street play script finalised	# of communities where shows happened	Folk theatre / street play team with appropriate storyline ready for deployment.
7	Mobile Information Unit (ATM)	1 ATM machine which can be used for all the topics	Vehicle design, content development		Hardware and software purchase and development, planning and implementation	# of fully functional units ready	# of communities reached by ATM machine	Fully equipped Mobile Information Unit ready for deployment.
8	SOP for counselling	1 SOP document on counselling related to breast feeding and birth spacing to be followed by health care workers	Development of the document		Review and finalising and content, Printing and distribution	# of SOP document finalised # of SOP document printed	# of ASHA & ANMs received SOP document	FLWs following SOP for communication
9	Flip Book	1 flip book each for Birth spacing and TB, Translation of PPTCT Flip book	Development of the content on flip book		Review and finalising and content, Printing and distribution	# of Flip book designed # of Flip book printed	# of AHSA & ANM received Flip books	ANM & ASHA workers using Flip book for communication
10	Materials for Salon workers	1 printed reference material for salon workers on all the topic	Development of the content on the document		Review and finalising and content, Printing and distribution	# of documents developed # of documents printed	# of Saloon workers received the document	Saloon workers providing health information to clients
11	Health information board at community	The health information board to be placed at main location in the community where high foot fall is there. This is to display posters on health	Draft guideline for development of such board		Sensitisation of Village Headman, Facilitating for construction of the board at community level. Communication to ASHA workers and VHC members about pasting appropriate posters in the board.	# of guidelines about health information board developed	# of communities have dedicated village health information board	Community members are getting health related information from the posters placed at community level
12	IEC hand book for religious leaders, SHG members and Traditional Healers	1 printed reference material on all the topic	Development of the content on the document		Review and finalising and content, Printing and distribution	# of IEC handbook developed # of IEC handbook printed	# of religious leaders, SHG members and Traditional healers received the handbook	Religious leaders, SHG members and Traditional healers provide right information to the members/ clients
13	Wall painting	2 wall paintings on 8 topics in selected locations across 3 regions	Development of the prototype		Implementation at community level after review and finalising the content	# of wall painting designed	# of wall paintings done at community level	Community members are getting health related information from the wall paintings placed at community level
14	Hoarding	1 hoarding on each selected topic at selected places across 3 regions	Development of the prototype		Implementation at community level after review and finalising the content	# of hoardings designed	# of hoardings placed at community level	Community members are getting health related information from the hoardings placed at community level
15	Instagram reels	1 Instagram reel on each topic	Development of the concept and script		Development of videos and distribution	# of Instagram reals developed	# of Instagram reels broadcasted	Community members are getting health related information from the Instagram reels
16	Social media posts written, memes, pictorial	Atleast 2 Social media content for 8 topic	Development of the content and design		Distribution of the content after review and finalisation	# of materials developed and designed	# of materials released through social media	Community members are getting health related information from short messages in social media
17	Swipe for health app	1 app that can be installed in mobile phone for providing information related to specific topics such as HIV/AIDS, Birth Spacing, TB & NCDs in local language	Development of repository of myths, misconception and incorrect information viz-avis correct information and practices.		Development of the software, renting service space, technology support, getting necessary approvals, placing in play store, encouraging people to use this service through FLWs	# of health app developed	# of persons using health app to receive information	Community members are getting health related information from swipe for health App
18	Busking Events	Atleast 1 event per topic in identified locations (with high prevances or poor indicators) for each of the topic across 3 regions	Develop a detailed event calendar with specific information pertaining to location, topic etc.					
19	Cosplay events TBC	Atleast 1 event per topic in identified locations (with high prevances or poor indicators) for each of the topic across 3 regions	Develop a detailed event calendar with specific information pertaining to location, topic etc.					

20	Leaflets distributed through drone	1 leaflet for each topic to selected hard-to-reach location based on specific calendar	Development of the content and calendar for distribution	Development of contract with drone company, Printing and distribution of leaflets after review and approval of content.	# of leaflets developed for distribution	# of communities received leaflets through drone service	Community members of hard to reach areas are getting health related information from leaflets distributed through drone
21	Telephone hotline	Hotline for NCD and TB	Development of all possible question and answers	Contracting appropriate vendor, program implementation and publicity through FLWs	# of functional hotline number in place	# of calls received through hotline	Community members are getting clarification and information related to health through telephone hotline
22	Music and Dance competition for School and College students	Competition with themes on Male Participation, TB, HIV and NCD	Develop a detailed event calendar with specific information pertaining to topic.	Organising programs at community level	# of specific guideline document for youth music and dance competition in place	# of youth music and dance competition organised	Community members are sensitised about specific health information through platform of youth music and dance competition
23	Sensitisation events in Religious Institutions and Religious leaders	Sensitisation meetings on all topics	Development of the content and calendar for conducting events	Organising programs at community level	# of specific guideline document for church and school sensitisation meeting developed	# of youth church and school sensitisation meeting organised	Community members and school children are sensitised about specific health information through sensitisation meetings organised at church and schools
24	VoiceBot for Health	1 voice bot program for all the topics	Development of all possible question and answers. (Develop platform and language database)	Contracting appropriate vendor, program implementation and publicity through FLWs	# of fully functional voice bot system in place	# of persons receiving the service of voicebot	Community members are getting clarification and information related to health through voicebot for health
Training							
25	ASHA & ANM, Staff nurse (maternity ward) training on counselling based on MCP card, IEC hand book and flip chart	2 days non residential training at block level	Development of training module and Facilitating TOT		# of training modules developed # of trainers trained through TOT sessions	# of ANMs, ASHA workers and staff nurses trained	ANM, ASHA and staff nurse using MCP card, IEC handbook and flip chart for counselling
26	Training of VHC members on IEC book training	1 day training and refresher training every year	Development of training module and Facilitating TOT		# of training modules developed # of trainers trained through TOT sessions	# of VHC members trained	VHC members are using IEC book for discussions in their meeting
27	ASHA worker training on how to use ASHA tab videos for counselling and other digital content on mobile phone (including social media)	1 day training and refresher training every year	Development of training module and Facilitating TOT		# of training modules developed # of trainers trained through TOT sessions	# of ASHA workers trained	ASHA worker using videos at ASHA tab for counselling
28	Training of health workers on SOP counselling	1 day training and refresher training every year	Development of training module and Facilitating TOT		# of training modules developed # of trainers trained through TOT sessions	# of health workers trained	Health workers following SOP for counselling
29	Training of FLWs on how to support beneficiaries to use mobile apps like swipe for health and voicebot	1 day training and refresher training every year	Development of training module and Facilitating TOT		# of training modules developed # of trainers trained through TOT sessions	# of FLWs trained	FLWs supporting beneficiaries on how to use mobile apps, voicebot and chat bot
Monitoring and Reporting							
30	Development of monitoring and evaluation plan		Development of M&E Plan		# of monitoring and evaluation plan document developed	# of FLWs received formats for filling information	Document on M&E plan
31	Data collection and consolidation of data		Support in data consolidation			# of FLWs submitted data on time	Findings from data
32	Preparation of monitoring reports		Preparation of reports			# of quarterly monitoring reports prepared	Monitoring reports
33	Review meetings		Presentation of reports in review meetings			# of review meetings were the findings are discussed	Monitoring reports used for decision making
34	Preparation of Final Project report		Final report preparation			# of Final project report submitted	Final Project report



Monitoring and Evaluation





Monitoring and Evaluation

A robust Monitoring and Evaluation (M&E) framework is essential for the effective implementation of the SBCC strategy, ensuring it achieves its intended outcomes and long-term impact. Such a framework facilitates systematic data collection, analysis, and utilization to track progress, identify challenges, and support evidence-based decision-making. Integrity in reporting and timely data flow are fundamental to building trust, ensuring transparency, and fostering accountability among stakeholders. By converting field data into actionable insights, the framework enables regular program reviews and timely interventions to address gaps and enhance performance. A critical component of the framework is capacity building, which ensures data quality through training stakeholders in accurate collection, reporting, and analysis. This approach supports continuous improvement while fostering collaboration among all stakeholders. Additionally, an effective M&E framework measures long-term behavioural and social impacts, aligning SBCC interventions with broader health and development goals, and promoting engagement through feedback mechanisms that drive collective learning and improvement.

SBCC strategy – Objectives, Monitoring Indicators & Evaluation Indicators

Objectives, Monitoring Indicators & Evaluation Indicators for EBF and CF		
Objectives	**Monitoring Indicators**	**Evaluation Indicators**
• Educate mothers, families, and male partners on EBF for the first 6 months and proper CF practices, including timely initiation, meal frequency, and diet diversity. • Raise awareness among mothers of under-2 children on EBF, timely CF, diet diversity, and meal frequency.	• % of ASHA workers using communication materials on EBF and CF • # of mothers informed on EBF post-delivery • # of mothers/families counselled on EBF and CF during HBNC and HBYC visits • # of communities displaying EBF and CF posters	• % of mothers of children <6 months aware of EBF • % of mothers of children <6 months aware of CF initiation at 6 months • % of mothers of children <1 year receiving counselling on EBF/CF from ASHA/ANM • % of mothers satisfied with the EBF/CF counselling from ASHA/ANM

Objectives, Monitoring Indicators & Evaluation Indicators for EBF and CF		
Objectives	**Monitoring Indicators**	**Evaluation Indicators**
• Equip stakeholders (FLWs, VHC, SHG members, traditional healers) to promote EBF and proper CF practices.	• % of mothers receiving information on EBF and CF through any source • % of ASHA & ANM trained on EBF and CF in the last 3 years	• % of mothers of children 6-23 months aware of diet diversity and meal frequency • % of mothers informed on breastfeeding and CF through any source

Objectives, Monitoring Indicators & Evaluation Indicators for Birth Spacing		
Objectives	**Monitoring Indicators**	**Evaluation Indicators**
• To raise awareness on birth spacing by promoting FP uptake and encouraging male involvement. • To educate eligible couples, women of reproductive age, and their male partners about the importance of birth spacing and available FP options.	• # of couples counselled on FP methods post-delivery • % of ASHA workers using communication materials for FP counselling • # of couples counselled on FP methods during immunisation days • # of mothers receiving FP information during HBYC visits by ASHA workers • # of communities/public locations displaying birth spacing posters • % of ASHA & ANM trained on birth spacing in the last 3 years	• % of currently married males recalling different FP methods • % of currently married females recalling different FP methods • % of community members understanding the importance of a 3-year birth spacing • % of mothers and fathers receiving birth spacing information through any source

Objectives, Monitoring Indicators & Evaluation Indicators for Male participation in MCH		
Objectives	**Monitoring Indicators**	**Evaluation Indicators**
• To raise awareness on the importance of male participation in MCH for better health outcomes of mothers and children. • To engage community members, including social and religious leaders, to promote male involvement in MCH.	• % of husbands counselled during ANC checkups at VHND • % of families/husbands counselled by ASHA during HBNC visits • % of families/husbands counselled by ASHA during HBYC visits • % of ASHA & ANM trained on enhancing male participation in MCH in the last 3 years	• % of fathers of children under one year recalling counselling session details • % of fathers accompanying their wives for hospital delivery • % of fathers present during ASHA's HBNC visits • % of fathers attending children's immunisation sessions • % of fathers acknowledging the importance of supporting mothers and caring for the child • % of fathers of children under one year receiving information on male participation in MCH through any source

Objectives, Monitoring Indicators & Evaluation Indicators for HIV/AIDS		
Objectives	**Monitoring Indicators**	**Evaluation Indicators**
• Raise community awareness on HIV/AIDS, focusing on risk reduction (condom use, uninfected partner) and dispelling misconceptions.	• # of communities/public locations displaying posters • % of ASHA & ANM with HIV communication materials	• % of individuals undertaking HIV test voluntarily • % of pregnant women undertaking HIV test voluntarily

Objectives, Monitoring Indicators & Evaluation Indicators for HIV/AIDS		
Objectives	**Monitoring Indicators**	**Evaluation Indicators**
• Promote HIV testing among reproductive-age individuals by increasing awareness, reducing stigma, and encouraging proactive health-seeking behaviours.	• % of ASHA using HIV counselling videos • % of ASHA & ANM trained on HIV in the last 3 years	• % of individuals with comprehensive HIV/AIDS knowledge • % of community members receiving HIV information through any source

Objectives, Monitoring Indicators & Evaluation Indicators for Tuberculosis		
Objectives	**Monitoring Indicators**	**Evaluation Indicators**
• Raise awareness on TB signs, symptoms, transmission, prevention, and management to promote timely detection and treatment completion. • Foster community support for TB patients by encouraging screening, treatment adherence, and rehabilitation. • Improve TB patients' and families' understanding of the importance of completing treatment.	• # of communities/public locations displaying posters • % of ASHA workers using TB communication materials • % of ASHA & ANM trained on TB in the last 3 years	• % of community members aware of TB signs, symptoms and the need for screening • % of TB patients aware of the need for completion of treatment • % of TB patients' family members aware of the importance of TB testing • % of community members receiving TB information through any sources

Objectives, Monitoring Indicators & Evaluation Indicators for NCDs		
Objectives	**Monitoring Indicators**	**Evaluation Indicators**
• Raise awareness on risk factors, prevention, and management of NCDs (Diabetes, Hypertension, Cancer). • Increase awareness of the importance of early detection and screening for NCDs.	• # of communities/public locations displaying posters • % of ASHA workers using NCD communication materials • % of ASHA & ANM trained on NCDs in the last 3 years	• % of people aware of screening programs for diabetes, hypertension, and cancer • % of people aware of NCD risk factors, signs, and symptoms • % of NCD patients receiving appropriate treatment • % of community members receiving NCD information from any sources

Levels of monitoring

SBCC system monitoring should be an integral part of health system monitoring. Indicators of SBCC to be reviewed during the quarterly review meetings at block level, district level and state level. The indicators belonging to each health topic to be complied and presented before the meeting by the respective IEC officer or the program manager.

Data compilation and Reporting

The data flow can be along with the existing reporting structure by adding additional indicators to the existing reports. Data compilation can be done at block level by Block Data Manager and at the district level the district data manager. Reports for the review can be prepared by the program managers at respective levels.



Sustainability Plan





Anecdote

The agony!

Sakalgre village, a remote settlement at the end of a deteriorating road, faces an ongoing struggle for basic healthcare services. The village is isolated, with no functioning health center or Village Health Committee (VHC). While a VHC was once established, it has since become defunct, leaving the villagers without any local healthcare support. The nearest Primary Health Centre (PHC) is in Asanang, approximately 26 kilometers away, making it difficult for residents to access timely medical care. The closest health facility, a Sub Centre in Durakalakgre village, is around 5 kilometers away but remains non-functional as it has yet to be inaugurated. The residents of Sakalgre are in dire need of accessible healthcare. Their collective plea is for the authorities to expedite the inauguration and functioning of the Durakalakgre Sub Centre. For a community already grappling with isolation and poor infrastructure, this health center represents a lifeline that could significantly improve their access to essential health services.

Why Sustainability Matters

The proposed SBCC strategy for Meghalaya aims to bring about transformative changes in health behaviours across diverse communities. However, for the strategy to achieve its intended long-term impact, it is crucial to embed sustainability in its design, along with implementation, and monitoring. Ensuring sustainability will not only maintain the momentum of behaviour change but also institutionalize the processes and mechanisms developed under the strategy, leading to a self-sustaining ecosystem of health promotion and communication.

Behaviour Change as a Long-Term Process:
Behaviour change is often gradual and requires consistent reinforcement over time. A sustainable SBCC strategy ensures continuity in messaging, engagement, and motivation, reducing the risk of relapse into previous behaviours.

Community Ownership and Empowerment:
A sustainable approach empowers communities to take charge of their health behaviours and advocate for improved health practices, reducing dependency on external interventions.

Integration with Existing Systems:
Sustainability ensures that SBCC efforts are not treated as standalone initiatives but are integrated into the existing health, education, and social welfare systems for long-term institutional support.

Efficient Resource Utilization:
A well-embedded strategy optimizes the use of available resources, avoiding duplication of efforts and ensuring maximum impact with minimal additional investment.

Recommendations to Ensure Sustainability

- Community-Centric Approaches:
  - Strengthen community structures like VHCs, SHGs and traditional networks such as religious leaders and healers, making them the primary drivers of SBCC initiatives.
  - Ensure periodic capacity-building and refresher training for these groups to keep them informed and motivated.

- Institutionalization within Governance Systems:
  - Integrate the SBCC strategy into existing government programs like the NHM and MSRLS to ensure dedicated support and resources.
  - Mandate SBCC activities in the roles of frontline workers such as ASHAs, ANMs, and Lady Supervisors, linking their performance to measurable SBCC outcomes.

- Culturally Sensitive and Locally Relevant Messaging:
  - Develop locally tailored communication materials that resonate with the cultural beliefs, languages, and practices of Khasi, Garo, and Jaintia communities.
  - Use traditional platforms such as festivals, religious gatherings, and community events to deliver health messages, ensuring higher acceptance and uptake.

- Technology-Enabled Interventions:
  - Leverage mobile-based applications and digital platforms for continuous engagement, training, and real-time data collection.
  - Promote community-led social media campaigns to amplify health messaging.

- Stakeholder Collaboration:
  - Foster inter-departmental coordination among health, education, social welfare, and rural development sectors to pool resources and expertise for SBCC activities.
  - Engage private sector players, NGOs, and academic institutions to co-create innovative SBCC tools and approaches.

- Robust Monitoring and Evaluation:
  - Establish a strong M&E framework to track progress, measure impact, and identify areas for improvement.
  - Regularly disseminate success stories and best practices to motivate stakeholders and showcase the value of SBCC interventions.

- Policy Advocacy:
  - Advocate for policies that prioritize SBCC as a core component of health and social development programs.
  - Ensure budget allocations for SBCC activities in state and district health plans.



Annexure





Glossary

- Age-adjusted incidence rate – A statistical measure that compares cancer incidence rates across groups of people while accounting for age distribution differences.
- Andime – Garo term for hypertension.
- Angling – A fishing technique that involves using a hook, line, and rod to catch fish. In Meghalaya, angling is a significant part of the local culture, economy, and ecology.
- Bampong – Pnar term for cancer which roughly means "blood turning black and reaching the brain".
- BCG vaccine - The BCG (Bacillus Calmette-Guérin) vaccine is to protects against Tuberculosis (TB).
- Birth spacing – The time between giving birth and getting pregnant again.
- Busking - To sing or play music in public places as a street performance.
- Collective Cultural Cognition – Collective cultural cognition is the idea that people's cultural values and beliefs influence how they interpret information and make decisions.
- Complementary feeding – The process of introducing semi-solid foods and liquids in addition to breast milk to an infant at the age of six months.
- Cosplay - A performance art activity where participants, known as cosplayers, dress up as particular characters from different movies/TV shows/video games/comics, using clothing and accessories.
- Exclusive breastfeeding – The practice of feeding a baby only breast milk for the first six months of life. It's a key part of a child's health and survival.
- Hofstede's Cultural Dimensions - Hofstede's Cultural Dimensions is a framework for understanding how cultural values influence behaviour, communication, and decision-making in different societies. It identifies six key dimensions that vary across cultures; Power Distance, Individualism vs Collectivism, Masculinity vs Femininity, Uncertainty Avoidance, Long-term vs Short-term Orientation, Indulgence vs Restraint
- Hyper-localization – The process of customizing products, services, or content to meet the needs of a specific local audience. It involves tailoring the service to the local culture of the target audience
- IEC - Information, Education, and Communication (IEC) materials are a variety of tools used to convey information to a target audience. They are used to promote positive behaviours and support public health messaging

- Individualism vs Collectivism - One of the dimensions of Hofstede's cultural framework. The degree to which individuals are integrated into groups, focusing on personal independence versus group cohesion
- Indulgence vs Restraint - One of the dimensions of Hofstede's cultural framework. The degree to which societies allow or suppress gratification of desires and the pursuit of happiness.
- Infant mortality - The death of a baby that occurs between the time it is born and 1 year of age
- Kangaroo Mother Care – A technique that involves placing a newborn in skin-to-skin contact with a caregiver
- KAPB - Knowledge, Attitude, Practices, and Behaviour survey is a research method used to assess a population's level of understanding (knowledge), opinions (attitude), actions (practices), and overall Behaviour related to a specific topic or issue, often used in public health research to design targeted interventions and evaluate their effectiveness
- Long-term vs Short-term Orientation - One of the dimensions of Hofstede's cultural framework. The focus on future-oriented virtues like perseverance and thrift (long-term) versus past and present values like tradition and social obligations (short-term).
- Malnutrition - Deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization.
- Masculinity vs Femininity - One of the dimensions of Hofstede's cultural framework. The preference for achievement, competition, and material success (masculinity) versus cooperation, caring for others, and quality of life (femininity). This should not be confused with matriarchal vs patriarchal traits.
- Meme – An amusing or interesting item (such as a captioned picture or video) or genre of items that is spread widely online especially through social media.
- Phygital – A term that describes the blending of physical and digital worlds to create a more immersive consumer/audience experience. It's a combination of the words "physical" and "digital".
- Power Distance – One of the dimensions of Hofstede's cultural framework. The extent to which less powerful members of a society accept and expect unequal distribution of power.
- Public Private Partnership (PPP) – An arrangement between a government /statutory entity/Government owned entity on one side and a private sector entity on the other, for the provision of public assets and/or public services, through investments being made and/or management being undertaken by the private sector.

- SBCC - A collection of communication strategies known as Social and Behaviour transformation Communication (SBCC) seeks to encourage constructive social and personal transformation. SBCC employs a range of communication strategies, such as interpersonal communication, mainstream media, and social media.
- Situational analysis – A comprehensive assessment of the current context and environment surrounding a research topic, examining both internal and external factors that could influence the study, including relevant trends, challenges, opportunities, and key stakeholders, essentially providing a detailed understanding of the "situation" before launching a research project.
- Theory of Change – A textual or graphic depiction of how a series of actions will result in desired outcomes is called a Theory Of Change (TOC). It is a tool for social change planning, assessment, and decision-making.
- Traditional healers – Individuals who practice healing methods rooted in cultural, spiritual, and community traditions, often using indigenous knowledge, herbal remedies, rituals, and other techniques passed down through generations. Traditional healers include Khasi, Garo, and Jaintia practitioners who hold a significant role in providing primary healthcare within rural communities.
- Uncertainty Avoidance - One of the dimensions of Hofstede's cultural framework. How comfortable a culture is with ambiguity, risk, and unstructured situations.
- Voice bot - An artificial intelligence (AI)-powered virtual assistant that uses voice recognition, natural language processing, and speech synthesis to interact with users and perform tasks. Examples include Alexa, Siri, and Google Assistant, which can answer questions, control smart devices, provide information, and facilitate various services through spoken commands.

Data Source for information

Health Topic	Monitoring Indicator	Primary source	Responsible person	Frequency
Birth Spacing	# of couples provided counselling on family planning methods while discharge from hospitals after delivery.	Counselling checklist during discharge	Maternity ward nursing in-charge / counsellor	Monthly
EBF & CF	# of mothers provided with information related to exclusive breast feeding while discharge from hospitals after delivery.	Counselling checklist during discharge	Maternity ward nursing in-charge/ counsellor	Monthly
Birth Spacing	# communities/ public locations have displayed posters related to birth spacing in designated spaces.	Field report	ASHA	Monthly
EBF & CF	# communities/ public locations have displayed posters related to breast feeding / complementary feeding in designated spaces.	Field report	ASHA	Monthly
HIV/ AIDS	# communities/ public locations have displayed posters related to HIV in designated spaces.	Field report	ASHA	Monthly
HIV/ AIDS	% ASHA & ANM using booklet on HIV for counselling.	Field report	ASHA & ANM	Monthly
TB	# of communities/ public locations have displayed posters related to TB in designated spaces.	Field report	ASHA	Monthly
NCD	# of communities/ public locations have displayed posters related to diabetes, hypertension and cancer in designated spaces.	Field report	ASHA	Monthly
EBF & CF, FP, TB, HIV, NCD	% of ASHA received videos to display on tablet related to EBF&CF, FP materials, TB, HIV/AIDS and NCD (diabetes, hypertension and cancer).	Field report	ASHA	Monthly
EBF & CF	# of mothers and family members were provided information about importance of exclusive breast feeding and how to handle issues related to it during HBNC visit by ASHA workers visit by ASHA workers.	HBNC visit report	ASHA	Monthly
Male participation in MCH	# and % of families which husbands were able to be counselled by ASHA workers on the MCP card in any of the HBNC visits.	HBNC visit report	ASHA	Monthly

Health Topic	Monitoring Indicator	Primary source	Responsible person	Frequency
Birth Spacing	# of mothers provided information about family planning during HBYC visits by ASHA worker.	HBYC visits report	ASHA	Monthly
EBF & CF	# of mothers and family members were provided information about right time of initiation of complementary feeding, minimum diet diversity and minimum meal frequency during HBYC visits.	HBYC visits report	ASHA	Monthly
Male participation in MCH	# and % of families which husbands were able to be counselled by ASHA workers on the MCP cared in any of the HBYC visits	HBYC visits report	ASHA	Monthly
HIV/ AIDS	# calls received in hotline	Report from the agency	Head of the agency	Monthly
NCD	# of calls received through the hotline	Report from the agency	Head of the agency	Monthly
Birth Spacing	% of ASHA & ANM received training related to Birth spacing in last 3 years.	Training report	Training organiser	When training is organised
EBF & CF	% of ASHA & ANM received trainings related to EBF & CF in last 3 years	Training report	Training organiser	When training is organised
Male participation in MCH	% of ASHA & ANM received training related to improving men's participation in last 3 years.	Training report	Training organiser	When training is organised
HIV/ AIDS	% ASHA and ANM received training on HIV in last 3 years	Training report	Training organiser	When training is organised
Tuberculosis	% of ASHA and ANM received training on TB in last 3 years	Training report	Training organiser	When training is organised
NCD	% of ASHA and ANM received training on diabetes, hypertension and cancer in last 3 years	Training report	Training organiser	When training is organised
Birth Spacing	# of couples provided counselling related to family planning methods when they attend immunisation day at community.	VHND report	ANM	Monthly

Health Topic	Monitoring Indicator	Primary source	Responsible person	Frequency
Male participation in MCH	# and % of husbands counselled on MCP card during ANC checkups at VHND	VHND report	ANM	Monthly
Supportive supervision	% of ASHA provided with supportive supervision visits	Supportive supervision visits report	ASHA facilitator	Monthly
Supportive supervision	% of ANM provided with supportive supervision visits	Supportive supervision visits report	ANM supervisor	Monthly



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Strategy For Promotion of Exclusive Breastfeeding & Complementary Feeding Practices

Project submitted by
SACH
Society For Action In Community Health

Strategy For Promotion of Exclusive Breastfeeding & Complementary Feeding Practices

1. Introduction

The state of Meghalaya shows a mixed performance across key health indicators, with sharp variations between rural and urban areas. The state of Meghalaya demonstrates a mixed performance in maternal and child health, with noticeable disparities between rural and urban areas. Data from NFHS-4 (2015-16) and NFHS-5 (2019-20) show progress in certain areas while highlighting persistent challenges and stagnation in others. Institutional deliveries increased from 51.4% in NFHS-4 to 58.1% in NFHS-5, indicating better access to healthcare facilities, with public facility births rising from 39.5% to 49.1%. However, the percentage of mothers receiving postnatal care within 2 days of delivery dropped from 47.5% to 43.9%, exposing a gap in essential post-delivery services. Mothers who had at least four antenatal visits showed slight improvement, rising from 50.0% in NFHS-4 to 52.2% in NFHS-5. Infant and under-five mortality rates have not shown improvement. The Infant Mortality Rate increased from 29.9 per 1,000 live births in NFHS-4 to 32.3 in NFHS-5, while the Under-Five Mortality Rate rose marginally from 39.6 to 40.0 per 1,000 live births, pointing to the need for enhanced neonatal and child healthcare. The Total Fertility Rate decreased marginally from 3.0 in NFHS-4 to 2.9 in NFHS-5, but it remains above the national average. Modern contraceptive use increased slightly from 21.9% to 22.5%, but family planning services still face low uptake. Child nutrition indicators reveal both progress and challenges.

Exclusive breastfeeding for children under six months improved from 35.8% in NFHS-4 to 42.7% in NFHS-5. Complementary feeding practices improved, with the percentage of children aged 6-8 months receiving solid or semi-solid food and breast milk increasing from 51.6% to 62.9%.

However, dietary diversity remains low, with only 16.8% of children aged 6-23 months reported to have an adequate diet in NFHS-5. Chronic undernutrition persists, as stunting among children under five increased from 43.8% to 46.5% while wasting decreased from 15.3% to 12.1%. The proportion of underweight children under five declined from 28.9% to 26.6%.
The cultural and social factors play a significant role in influencing accepted behaviours and practices, which complicates the effectiveness of health services. Moreover, the low educational status among various tribes reinforces negative social norms, further challenging the state health machinery's efforts to address these deeply rooted issues effectively.

Exclusive breastfeeding (EBF) practices in Meghalaya's Khasi, Garo, and Jaintia communities face significant cultural and socio-economic challenges. In a study conducted by Badondor, S et al. (2020), it was found that while many mothers initiate breastfeeding, adherence to EBF for six months remains low due to factors such as traditional beliefs favouring pre-lacteal feeding, perceived insufficiency of breast milk, and the mother's workload. Limited access to knowledge about the need to practice EBF and poor access to adequate healthcare support in terms of services and counselling further worsen these challenges, contributing to suboptimal health outcomes for infants. Similarly, as far as correct complementary feeding practices are concerned within these communities, it is seen that weaning is started as early as one month of age for the child due to various reasons.[1] In another study conducted by Chyne DAL, Meshram II, Rajendran A, et al. (2017), it was observed that complementary feeding, initiated post six months, is primarily based on rice, starchy staples, and occasionally wild edibles. However, the dietary diversity required for healthy growth is lacking. Economic constraints, shifts toward processed foods, and limited awareness about nutritious complementary feeding practices hinder optimal feeding. Although traditional food systems in these communities offer rich agrobiodiversity, their potential remains underutilized due to changing dietary patterns and reduced reliance on indigenous knowledge.[2]

Addressing these issues requires culturally sensitive interventions, improved healthcare services, and community-driven initiatives to enhance Meghalaya's breastfeeding and complementary feeding practices.

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[1] Badondor Shylla, Mebarika Toi, Nochovono Tase, Jodibala Haobijam, Dr. Himashree Bhattacharrya. Knowledge, practice and barriers of exclusive breastfeeding among mothers in East Khasi hills district, Meghalaya, India: A mixed method study. Int J Res Paediatric Nurs 2020;2(1):31-35. DOI: 10.33545/26641291.2020.v2.i1a.23
[2] Chyne DAL, MeshramII, Rajendran A, et al. Nutritional status, food insecurity, and biodiversity among the Khasi in Meghalaya, North-East India. Matern Child Nutr. 2017;13(S3):e12557. https://doi.org/10.1111/mcn.12557

2. The Current Landscape

Practicing exclusive breastfeeding (EBF) up to the age of six months in Meghalaya is influenced by several challenges across the Khasi, Garo, and Jaintia regions. These barriers are rooted in cultural, social, economic, and infrastructural factors, as well as individual misconceptions. Based on the SBCC draft Communication Need Assessment Report submitted to MHSSP more than 57% of women still do not follow exclusive breastfeeding for 180 days. There seems to be a lack of knowledge and awareness amongst lactating mothers on the importance of exclusive breastfeeding, while quite interestingly there are high levels of awareness of EIBF among both rural and urban populations. The higher rates of early breastfeeding initiation in rural areas might reflect stronger adherence to traditional practices, while urban areas may benefit from greater access to healthcare guidance.

However, the performance is dismal in EBF. As per the Draft Communication Needs Assessment Report on SBCC submitted to MHSSP, providing feeds other than breast milk before completing 6 months is accepted and practised in 26% of the communities, and 19% of the communities are not accepted but practised.

Complementary feeding (weaning) practices vary across the Khasi, Garo, and Jaintia communities, influenced by traditional knowledge, food systems, and socio-economic factors. Timely initiation of complementary feeding in Meghalaya has been challenging, with some mothers starting complementary feeding much before six months of age and some starting as late as eight months, and inadequate complementary feeding in either situation leads to child malnutrition. It was found that in some cases mothers introduce complementary feeding as early as two months in parts of the Khasi and Jaintia regions.

In the study conducted by Anamika K, et al it was found that out of 100 children enrolled for the study, only 35% of infants and young children received adequate complementary feeds, while 58% were stunted. Out of those who were stunted, 81% had not received adequate complementary feeds. 46.6% of those who were stunted were started on complementary feeds beyond 6 months of age.[3] Inadequate complementary feeding is a significant contributor to child malnutrition.

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[3] Krishnan, Anamika & Deb, Santanu & Gogoi, Palash & Dch, Paul & Yesmin, Sabrina & Lima, Sangla & Paharia, Pramod. (2022). Original Research Paper Infant and Young Child Feeding Practices Among Children in Meghalaya – A hospital based cross sectional study.

Case Study: A Mother's Determination

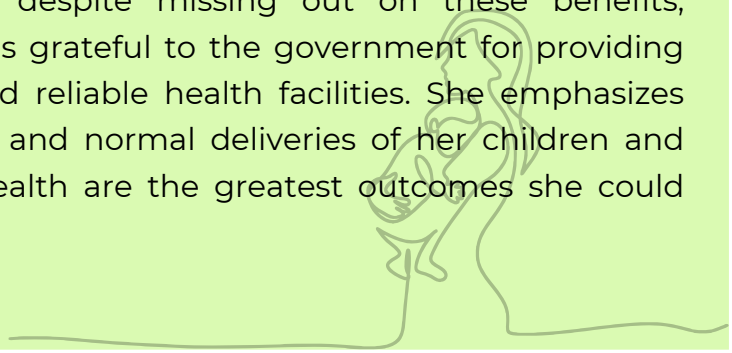
Angie (name changed), a 25-year-old mother from Laitmawpen village in Mawphlang, East Khasi Hills, has consistently prioritized safe institutional deliveries for all three of her children. Her decision stemmed from a deep fear of home deliveries after losing her mother during childbirth at home.

Angie opted for deliveries at health facility due to her fear of complications; which also motivated her to learn about the benefits of institutional delivery from the ANM at the local Sub-centre. During her visits, the ANM educated Angie on key aspects of newborn care. Angie learned the importance of initiating breastfeeding within 1-2 hours of birth and the benefits of colostrum for newborn immunity and nutrition. She was also informed about the advantages of exclusive breastfeeding for the first 6 months, which includes optimal growth, immunity, and bonding with the baby.

Angie diligently followed the advice and ensured all her children were exclusively breastfed without any additional food or water during the first 6 months. Her third child, now 8 months old, was exclusively breastfed for the first six months, and she continues to breastfeed.

A gap that clearly emerged out was that despite regular ANC visits and institutional deliveries, Angie was never informed about ongoing government schemes or entitlements available for pregnant women and new mothers. Consequently, she did not receive any financial or other benefits under these schemes.

Nevertheless, despite missing out on these benefits, Angie remains grateful to the government for providing accessible and reliable health facilities. She emphasizes that the safe and normal deliveries of her children and their good health are the greatest outcomes she could ask for.



The major reasons for not following exclusive breastfeeding that emerged during the focus group discussions conducted across the three regions of Meghalaya are as mentioned below:

Cultural Beliefs and Practices

- In all three regions of Meghalaya—Khasi, Garo, and Jaintia—many mothers hold the belief that breast milk alone is insufficient to meet their baby's nutritional needs, particularly during the night.
- This misconception often leads to initiation of complementary feeding before six months of age. In the Khasi and Jaintia regions, common initial foods include rice broth with sugar, mashed rice, and mashed bananas, introduced before the baby turns six months.
- In parts of the Garo region, there is a preference for pre-lacteal feeds such as Cerelac, Lactogen, and Nan formula milk.
- Caregivers often justify these practices by observing that infants sleep better after being fed these alternatives, further reinforcing the perception that breast milk alone is inadequate.

Maternal Workload and Employment

- Across all three regions, it was found that maternal workload and employment challenges hinder the practice of EBF.
- Many rural mothers, working away from home in farmlands or as daily labourers, lack adequate support systems and often resort to alternative feeding methods such as semi-solid foods or formula.
- Urban working mothers face similar issues due to the absence of breastfeeding-friendly infrastructure at the workplace. Household responsibilities further exacerbate the burden on mothers, as they are expected to manage caregiving and other chores in addition to their employment.
- In cases where elder siblings or grandparents are present, semi-solid food is often introduced prematurely, contrary to recommended guidelines. While male partners provide some assistance with household chores, this support is typically limited to the period around childbirth, after which mothers resume full responsibility for managing household chores.

Knowledge and Misconceptions

- In the Khasi, Garo, and Jaintia regions, while there is some awareness among mothers about the benefits of EBF, notable gaps persist in their understanding and application of these practices.
- Many mothers lack comprehensive knowledge of the long-term advantages of EBF, such as enhanced immunity and overall health for the child.
- Misconceptions are widespread, including beliefs that breastfeeding can deplete the mother's health or that insufficient milk production is common, which often leads to the initiation of complementary feeding before six months of age.
- Mothers frequently misinterpret signs of infant behaviour, such as frequent crying, as hunger, further reinforcing the perception that breast milk alone is inadequate.

Traditional Practices and Societal Influence

- Across the three regions, family dynamics and traditional norms strongly influence infant feeding decisions.
- Elders, particularly grandparents, often advocate for the initiation of complementary feeding before the age of six months. on the belief that a mother's milk is insufficient.
- In many cases, these traditional practices involve feeding babies mashed rice or rice broth with sugar as early as one month of age.
- These practices are rooted in the perception that such foods are more filling and help the baby sleep longer.
- Societal pressure from family members often compels mothers to adopt these practices, even when they are aware of the recommended practices on exclusive breastfeeding.

Health System Barriers

- It was found that across the state, lactating mothers and their families primarily rely on ASHA and ANM for information on infant feeding practices, with occasional guidance from Medical Officers during health camps.
- However, structured counselling sessions by ASHAs on EBF and appropriate complementary feeding practices are infrequent. ASHAs and ANMs often provide incomplete or inconsistent information, leading to confusion among mothers and caregivers.
- PNC and lactation support (both in the facility and at home) are severely limited, which impacts mothers' knowledge and confidence to exclusively breastfeed their babies. FLWs rarely engage in detailed discussions about the advantages of EBF or the importance of timely initiation of complementary feeding after six months.
- This lack of comprehensive and consistent support is a deterrent to correct BF practices and correct complementary feeding practices across the state.

3. Objectives

Objective 1

To inform and enable mothers, and immediate family members including male partners on the need for the promotion of exclusive breastfeeding of children up to the age of 6 months and on the correct complementary feeding practices focusing on timely initiation, meal frequency and diet diversity

Objective 2

To sensitise and equip various stakeholders (viz FLWs, VHC members, SHG members, traditional healers) on the need for the promotion of exclusive breastfeeding of children up to the age of 6 months and on the correct complementary feeding practices focusing on timely initiation, meal frequency and diet diversity.

4. Theory of Change

Input	Output	Outcome	Impact
Community Awareness and Engagement	Active community campaigns promoting EBF and correct CF (weaning) practices. Culturally tailored SBCC campaign leveraging traditional practices, traditional festivals and community resources and platforms.	Improved community awareness and engagement in promotion of EBF and Complementary feeding practices Improved knowledge and skills of FLW, supervisors and community structures Frontline Health Workers and community structures effectively using SBCC toolkit for promotion of EBF and correct weaning Review meetings focusing on EBF and correct complementary feeding practices conducted	***Behavioural changes in BF and CF Feeding practices.*** ***Improved health and nutrition outcomes for infants and young children in Meghalaya.***
Capacity Building	Trained FLWs and community structures Toolkit for health workers and community structures, including print materials, videos, and social media platforms tailored to local languages; Khasi, Garo and Pnar		
Health Systems Strengthening	EBF and correct CF practice promotion integrated into existing health campaigns and maternal health programs. Setting-up monitoring and review system across the health system with well-defined accountability matrix		

5. Current Communication tools available

5.1 Current IEC materials and their status in the channel: **IPC**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Counselling during Home visit	MCP Card*	Home Visit	Pregnant women (in third trimester), Lactating women; male partner; other family members	Poor, no recall of having seen messages on the MCP card or remember any messages from the MCP card.	Poor
Counselling during ANC visit		VHND (AWC) SC (H&WC) PHC	Pregnant women (in the third trimester), Lactating women	Poor, no recall of having seen messages on the MCP card or remember any messages from the MCP card	Average

**MCP Card provides all relevant information related to various MCHN schemes, messages related to care during the ANC period /pregnancy, PNC period, immunization, newborn care, growth, and development, Family Planning methods etc.*

5.1 Current IEC materials and their status in the channel: **IPC**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Counselling at the facility (during delivery)	MCP Card*	SC (H&WC) PHC CHC	Lactating women; male partner; other family members	Recall is limited to doing EBF and CF practices but don't remember the advantages	High
Counselling during PNC visit		VHND (AWC) SC (H&WC) PHC	Lactating women	Poor, no recall of advantages of EBF and correct CF practices but only know that EBF should be practiced	Poor

5.2 Current IEC materials and their status in the channel: **MID MEDIA**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Posters	HBYC, Postnatal care (PNC), Breastfeeding policy for the hospital, Respectful Maternity care & Counselling for KMC	SC (H&WC) PHC CHC	Lactating women and their family members	Poor, can recall having seen some posters but cannot recall the content	Poor

"We know that feeding baby with only mother's milk is very healthy, although we don't know all the benefits, one that I know is that baby will not have gas and it prevents from jaundice, but still when the baby cries in the night we give cerelac or lactogen, it helps fill the tummy of the child & it sleeps better because of which the mother also sleeps well."

A participant of FGD,
Dabit Village, Baghmara,
South Garo Hills

5.3 Current IEC materials and their status in the channel: <u>DIGITAL/MASS MEDIA</u>					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
YouTube	HealthPhone |Exclusive Breastfeeding - Mariyal Singh (Amir Khan)- Nutrition|Poshan – Garo & Khasi dubbing HealthPhone |Poshan 3|Breastfeeding and Foods after Six Months- Mariyal Singh (Amir Khan)- Garo & Khasi dubbing	Mobile	Women of Reproductive age/ General population	Average; can recall videos on YouTube but cannot recall the content.	Good, as phones and network are available almost everywhere

6. Suggested Changes for Improving IEC Materials and their Usage

6.1. Suggested changes for improving IEC Materials and their usage in the channel: **IPC**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Counselling during Home visit	MCP Card	Home visit	ASHA ANM	Update the MCP card with technical content (in alignment with the latest guidelines) and improve/update the pictorial presentation. Use MCP cards to conduct structured counselling with Lactating mothers and their family members

6.1 Suggested changes for improving IEC Materials and their usage in the channel: **IPC**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Counselling during ANC (third trimester) visit	MCP Card	VHND (AWC) SC (H&WC) PHC	ANM	Use an MCP card to conduct structured group counselling sessions with pregnant women and their accompanying family members with a social focus on EIBF, the need for EBF till 6 months and importance of Colostrum feeding.
Counselling at the facility (after delivery)		SC (H&WC), PHC, CHC	ANM MLHP MO i/c	Conduct one-to-one counselling with the mother and accompanying family member using an MCP card, with a special focus on challenges in BF and the importance of EBF

6.1 Suggested changes for improving IEC Materials and their usage in the channel: **IPC**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Counselling during PNC visit	MCP Card	VHND (AWC) SC (H&WC) PHC	ASHA ANM	Conduct structured group counselling sessions with Lactating mothers and their accompanying family members using MCP cards, with a focus on timely initiation of complementary feeding, including IYCF practices and the importance of tracking monthly growth monitoring of the infant/child
Posters	HBYC, Post Natal care (PNC), Breastfeeding policy for the hospital, Respectful Maternity care & Counselling for KMC	SC (H&WC), PHC, CHC	ANM MLHP MO i/c	Display the posters in a dedicated place always and should be presented clearly so that people can see and read it clearly; All the posters which are not available in local languages – Khasi and Garo should be translated and used; Beneficiaries (pregnant women & lactating mother) and their accompanying family members should be informed about various posters and its relevance for them to read and understand.

6.2. Suggested changes for improving IEC Materials and their usage in the channel: **DIGITAL/MASS MEDIA**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Youtube	HealthPhone |Exclusive Breastfeeding - Mariyal Singh (Amir Khan)- Nutrition|Poshan – Garo & Khasi dubbing HealthPhone |Poshan 3|Breastfeeding and Foods after Six Months- Mariyal Singh (Amir Khan)- Garo & Khasi dubbing	Mobile Phone	State SBCC/ IEC Officer	The content of the videos should be reproduced in the local setting and local language for people to be able to connect. A calendar for dissemination of all the online content should be prepared and adhered to; all the FLWs should be informed to share the content in various WhatsApp groups.

6.3. Suggested changes for improving IEC Materials and their usage in the channel: **Others - VHC**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Handbook	IEC Handbook	VHC	ASHA ANM	During VHC meetings use the VHC IEC Handbook to sensitize VHC members on various topics related to the promotion of breastfeeding and correct CF practices periodically

7. Suggested New Additions to Tools and Platforms

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
ASHA Tab	Short Videos	Home Visit	ASHA	Digital content (include separate Tabs for all different topics): • Animation related to the promotion of Breastfeeding informing about the advantages of EBF to the growth and development of the child. • Animation related to correct CF (weaning) practices informing that CF should start at 6 months and describing meal frequency and diet diversity. The content should inform about the advantages of starting CF at 6 months. • Influencer videos on the advantages of EBF and correct complementary feeding practices. • Influencer videos on how the partner (spouse) and other family members could extend support to the mother to ensure EBF till 6 months of age of the child and also on the importance of correct complementary feeding practices. • Edutainment videos on the need and importance of EBF from agencies such as BPNI, translated into Khasi, Garo and Pnar. • Edutainment videos for partners and other family members regarding providing necessary support for creating an enabling environment for being able to carry out EBF for 6 months and also creating awareness of correct complementary feeding practices and their importance.

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Printed Material	Compact Handbook (ready reckoner)	Home visit	ASHA	Compact Handbook like a ready-reckoner with FAQs and specific illustrations covering important topics about ANC, PNC, Breastfeeding and Childcare with special emphasis on promotion and need of EBF and timely & correct complementary feeding practices. The handbook should be able to respond/convey the important messages related to the need and importance of EBF till 6 months of age of the child along with importance of colostrum feeding and also on the importance of correct complementary feeding practices covering meal frequency and diet diversity using locally available food items.
	Flip-book	VHND (AWC) SC (H&WC) PHC	ANM	Illustration-based comprehensive Flip-book (adapted from MAA flip-book if available/accessible and VHC IEC Handbook) covering important topics about ANC, PNC and Childcare with special emphasis on promotion and need of EBF and timely & correct complementary feeding practices. The flipbook should be kept at the facility and used for counselling. The flip-book should be able to convey all the important messages ANC, PNC, BF and Childcare.

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Individual Counselling	Standard operating Procedure (SoP) for Counselling	SC (H&WC) PHC CHC	ANM MLHP MO i/c	Based on the existing MAA, HBNC & HBYC guidelines develop an easy-to-use handbook (as a ready reckoner) on Counselling Pregnant women and lactating others and their family members on all aspects of ANC, PNC, Breastfeeding and childcare, which will be used when the lady comes to the facility.
	Digital content as Ready Reckoner	Beauty Salon	ASHA ANM VHC members	The salons will serve as hubs of information for women and young girls on reproductive health and nutrition-related matters. The information shared with clients visiting the salons will be developed as a digital tool accessible via mobile phones. Key features of the tool include short and concise content acting as a "ready reckoner" and a comprehensive list of FAQs for easy reference. Salon workers will also act as referral agents, directing individuals requiring medical intervention to the nearest health centre or health worker. They will be provided with digital content as a reference tool, covering topics such as pregnancy (ANC and PNC), basic child care, basic immunization, and family planning (FP), with special emphasis on breastfeeding and complementary feeding practices.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Printed Material	Poster	Facility Waiting area Maternity ward	ANM MLHP MO i/c	Develop picture-based (pictorial) posters on the following themes: • Highlight the advantages and the need for EBF until 6 months. • Highlight the importance of colostrum feeding • Include clear dos and don'ts to guide mothers effectively. Family Support for EBF and CF) • Emphasise the participation of partners/spouses and other family members in creating an enabling environment for EBF. • Provide guidance on initiating correct complementary feeding practices. Correct Complementary Feeding Practices: • Highlight the advantages and need for correct CF (weaning) practices, targeting mothers and immediate caretakers. • Include information on meal frequency and diet diversity. • Focus on promoting locally available food items to ensure affordability and accessibility.
		Community Market place Salon Community meeting halls Bus stop	VHC members ASHA	

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Printed Material	IEC Handbook	VHC meeting	VHC members	VHC IEC Handbook to sensitise VHC members on various topics related to the promotion of BF and correct CF practices periodically. Posters and banners should be used/displayed during various community events/festivals with messages about: • Advantages of EBF and correct CF (complementary feeding practices), and its impact on the child's growth and development. • How the partner (spouse) and other family members could extend support to the mother to ensure EBF till 6 months of age of the child.
		SHG Meeting	SHG members	
		Counseling during treatment from traditional healers	Traditional healers	
		Religious meeting	Religious leaders	

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Mobile Information Unit / Centre	Van-mounted digital screen with 'Ask-The-Machine' (ATM) and vending machine	Public places like festivals, events, competitions (fishing etc), market places and tourist sites	District SBCC/ IEC Officer	The van would have the following features: Ask-The-Machine (ATM): A user-friendly, interactive information system with voice-enabled support and a touchscreen interface. It allows users to ask health-related questions through voice or explore topics via touch navigation. The ATM provides concise, easy-to-read information on-screen and offers printable leaflets at the end of each session for future reference or sharing. The proposed health topics are: Birth Spacing / Family Planning, HIV/AIDS, Drug Abuse including Smoking/Alcoholism/Tobacco -Pan-masala use, EBF & CF, Male participation in MCH, NCDs and healthy living. Vending machine (free of cost): Users can use the vending machine to get family planning materials like condoms, OCP and Sanitary Pads. Digital Display Screen: Displays engaging, standardized content to educate and inspire. Suggestions include: • Real-life stories: Highlight good practices from Khasi, Jaintia, and Garo regions where mothers adopt EBF methods, showcasing their experiences and positive outcomes. • Animations: Illustrate the importance of EBF and CF, available options and associated health benefits. • Influencer videos: Showcase male partners support EBF and CF, emphasizing improved health outcomes. • Edutainment videos: Provide culturally relevant content on EBF and CF options in Khasi, Garo, and Pnar languages for greater relatability and impact.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Digital Signage screen	Develop digital content	In facility – PHC/CHC: Waiting areas Maternity wards	State SBCC officer District SBCC Officer	Develop digital content on: • Advantages and need for EBF till 6 months, with clear dos and don'ts. • Participation of partner/spouse and other family members in creating an enabling environment for EBF and initiating correct complementary feeding practices. • Advantages of and need for correct complementary feeding practices for mothers and immediate caretakers of the child. • Correct complementary feeding practices, including informing about meal frequency and diet diversity, focusing on the promotion of locally available food items.
Folk Theatre	Folk Play/ Street Play/ Performances	Events Market Place Community meetings Institutions	District SBCC Officer Block SBCC Officer	The script of the folks play / street play would convey the important messages related to the need and importance of ANC, PNC, EIBF, and EBF till 6 months of age of the child and also on the importance of correct complementary feeding practices covering meal frequency and diet diversity using locally available food items.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Wall Paintings	Pictorial content on EBF and CF	Community: Hard-to-reach villages Market place Community meeting halls Bus stop	District SBCC officer Block SBCC Officer	Develop wall paintings on: • Advantages and need for EBF till 6 months, with clear dos and don'ts. • Participation of partner/spouse and other family members in creating an enabling environment for EBF and initiating correct complementary feeding practices. • Advantages of and need for correct complementary feeding practices for mothers and immediate caretakers of the child. • Correct complementary feeding practices, including informing about meal frequency and diet diversity, focusing on the promotion of locally available food items.
Hoarding	Pictorial content on EBF and CF	Community Marketplace Bus stop	State SBCC officer District SBCC Officer	Develop picture-based hoarding capturing information on the promotion of EBF and correct practices of weaning.

7.3 Suggested new additions to tools and platforms in the channel: **DIGITAL/MASS MEDIA**				
Modes	**Suggested/Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Digital Hoardings	Develop digital content (videos, images/pi-ctorial content, written messages, animations, etc.) to continuou-sly play on the screen	Community: Bus stop Popular (busy) locations	State SBCC officer District SBCC Officer	Develop digital content on: • Advantages and need for EBF till 6 months, with clear do's and don'ts. • Participation of partner/spouse and other family members in creating an enabling environment for EBF and initiating correct complementary feeding practices. • Advantages of and need for correct complementary feeding practices for mothers and immediate caretakers of the child. • Correct complementary feeding practices, including informing about meal frequency and diet diversity, focusing on the promotion of locally available food items

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Instagram	Post / Story	Mobile phones	State SBCC officer	Create real-life stories representing Khasi, Jaintia, and Garo regions, based on positive deviance and best practices collected from the field, to share with a larger audience. The stories should authentically capture real-life situations and include all relevant information, enabling others to learn from these experiences.
YouTube	Videos and Songs – Traditional and New Age	Mobile phones	State SBCC officer	Develop influencer videos/songs in local languages (Khasi, Garo, Pnar) on: • The advantages of EBF and correct complementary feeding practices, and their impact on the child's growth and development. • How partners (spouses) and other family members can support mothers to ensure EBF till 6 months of age and highlight the importance of correct complementary feeding practices. • The need for diet diversity (locally available food types such as cereals, pulses, vegetables, fruits, meats, and cooking oil) and its impact on society, with a special focus on pregnant women, lactating mothers, adolescents, and children

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
WhatsApp	Video snippets GIF messages Automated voice messages	Mobile Phones	State SBCC Officer District SBCC Officer	The content would focus on: • Need for EBF and its advantages • About the importance of emptying breasts correctly while feeding • Correct positioning and attachment to the breast • Reinforcing that all mothers produce enough milk to meet the requirements of the child • Need for a nutritious diet for mothers to be healthy – dos and don'ts
Voice-bot /assistant (similar to Alexa)	Voice-enabled information provision	Mobile Phone	State SBCC officer	Develop a Voice-bot (similar to Alexa) with a detailed repository of possible queries/questions in the local language (Khasi, Garo, Pnar) related to pregnancy, ANC, PNC, basic child care, basic immunization, family planning, with special emphasis on breastfeeding and complementary feeding practices.

7.4. Suggested new additions to tools and platforms in the channel: **OTHERS**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Village-level Display Board	Posters	Village Health Information Board	VHC ASHA	Develop posters on:- • Advantages and need for EBF till 6 months, with clear dos and don'ts. • Participation of partner/spouse and other family members in creating an enabling environment for EBF and initiating correct complementary feeding practices. • Advantages of and need for correct CF (weaning) practices for mothers and immediate caretakers of the child. • Correct CF (weaning) practices including informing about meal frequency and diet diversity focusing on the promotion of locally available food items.
Healthy Baby - Healthy Mother Competition	Competition	Village-level / community-level	VHC ANM	Organize village/community level 'Health Baby-Health Mother' competition based on specific parameters:- • No. of ANC / PNC check-ups done • Hb levels of mother • EIBF and EBF done • CF started at 6 months • Immunization status of the child

7.4 Suggested new additions to tools and platforms in the channel: **OTHERS**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Drone Services	Leaflet / Pamphlet	Direct dropping to community (hard-to-reach)	ASHA VHC	The leaflet would cover information pictorially on: • Need for EBF and its advantages-About the importance of emptying breasts correctly while feeding • Correct positioning and attachment to breast • Reinforcing that all mothers produce enough milk to meet the requirements of the child • Need for a nutritious diet for mothers to be healthy – dos and don'ts • Participation of partner/spouse and other family members for creating an enabling environment for EBF and initiating correct complementary feeding practices. • Advantages of and need for correct CF (weaning) practices for mothers and immediate caretakers of the child. • Correct CF (weaning) practices including informing about meal frequency and diet diversity focusing on the promotion of locally available food items.

7.4 Suggested new additions to tools and platforms in the channel: **OTHERS**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Mobile Application (App)	App	Individual – PW & LM	ASHA	Develop a mobile interactive-voice-enabled application (free download) which would support the following:- • Remind pregnant women to go for regular ANC check-ups and share relevant information about do's and don'ts during each trimester, including informing about the danger signs. This will also prepare the mother for childbirth along with pushing for EIBF and EBF. • Track Menstrual cycle assisting women to track safe periods / practice abstinence who do not use FP methods. • Support mothers to practice EBF through reminders and voice-enabledEBF messages. • Inform and guide mothers and their male partners about timely initiation and correct CF practices through reminders and voice-enabledmessages.

SUGGESTED / PROPOSED KEY MESSAGES

This section highlights a few samples of new, innovative messages, aiming to present fresh perspectives that enhance audience engagement with the communication material. These are just a few samples of perspectives that can be explored further, showcasing how different angles can make communication more accessible, relevant, and impactful for diverse audiences.

Importance of Exclusive Breastfeeding up to six months of age.



Pre-lacteal feeds such as rice broth with sugar, water, other liquids and foods can be a source of infection and interfere with breastfeeding.



Mother's milk has enough nutrition and water to meet all the requirements of the child up to 6 months of age.



Baby's tummy is very small and requires very little quantity of milk again and again.



8. Types of Audience and Targeted Behaviour

Audience Type

Primary Audience

Lactating women

Suggested Behaviours

- Ensure that baby is not given any other food item including rice broth with sugar, any pre-lacteals, water or animal milk for the first 6 months.
- Ensure proper positioning and attachment to the breast, giving enough time at each feed until baby leaves the breast, emptying both breasts and feeding frequently during the day and night.
- To assess the supply of breast milk by checking the number of times the baby urinates and maintain breastfeeding frequently for the first 6 months.

Audience Type

Secondary Audience

Husband/Partner

Suggested Behaviours

- Help with household chores to free up time for mothers to practice exclusive breastfeeding frequently especially when facing concerns that breast milk may be insufficient.
- Talk with their mother and other elders living in the family about the need for EBF and how they should support the lactating mother to ensure EBF is done.

Audience Type

Secondary Audience

FLWs

Suggested Behaviours

- Encourage pregnant women, especially in the last trimester, to plan for Early Initiation of Breastfeeding and also for Exclusive Breastfeeding till 6 months.
- Ensure that the mother and the family members receive correct and complete information about EIBF and EBF.
- Emphasize that during the first six months of life, no food or liquids other than the mother's milk should be given to the child.
- Ensure timely and planned home visits in the first six months to counsel and support the mother for EBF and correct CF (weaning) practices.

- Encourage the son/partner to help with household chores to ensure that the lactating mother gets enough time and space for practising EBF till 6 months of age of the child.
- Help the lactating mother by attending to other children and also helping in reducing the workload so that she can practice EBF.

Suggested Behaviours

Audience Type

Secondary Audience

Family elders

9. Audience-wise Suggested Channels and Materials

Primary Audience



Lactating Mothers

Urban — 'Voice-Bot for Health(Alexa type); Home visits by FLWs (counselling); Posters at Health Centre; Digital Hoarding; Social media - WhatsApp, YouTube, Insta post, Health memes; SWIPE for Health (App); Community Events.

Rural — Voice-Bot for Health (Alexa type); Home visits by FLWs (counselling); Posters at Health Centre; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; Village Health Information Board; Community Events.

Secondary Audience



Husbands and Family ELders

Urban — Voice-Bot for Health (Alexa type); Community events; Home visits by FLWs (counselling); Posters at Health Centre; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; Digital Hoarding; SWIPE for Health (App).

Rural — Home visits by FLW (counselling); Voice-Bot for Health (Alexa type); Posters at Health Centre; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; Village Health Information Board; Community Events.

Secondary Audience



FLWs

Urban and Rural — ASHA Tabs during Home visits by FLWs (counselling); Compact Handbook during home visits by FLWs (counselling); Community Events

Strategy For Promotion of Exclusive Breastfeeding & Complementary Feeding Practices

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Dissemination channels & sample messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (Including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
PA: Mothers	The baby is given pre-lacteal feeds such as rice broth with sugar, water, animal milk, or other food items within the first six months, believing it to be beneficial for the baby's health and nutrition.	Ensure that baby is not given any other food item including rice broth with sugar, any pre-lacteals, water or animal milk for the first 6 months.	**Cultural beliefs and practices**: Traditional practices encourage giving pre-lacteal feeds, considering them beneficial for digestion and immunity. **Perceived insufficient milk supply**: Mothers may believe their milk is inadequate if the baby cries frequently, leading them to introduce other fluids or foods. **Lack of awareness:** Caregivers may not understand the risks of introducing other foods early, such as infections and digestive issues..	1. Importance of Exclusive Breastfeeding up to six months of age. 2. Pre-lacteal feeds such as rice broth with sugar, water, other liquids and foods can be a source of infection and interfere with breastfeeding. 3. Mother's milk has enough nutrition and water to meet all the requirements of the child up to 6 months of age. 4. Baby's tummy is very small and requires very little quantity of milk again and again.	**IPC: Counselling**	MCP card, Posters, ASHA Tab Videos, Handbook, Flipbook	"Breast milk alone is enough for the first 6 months of your baby's life. It builds immunity, protects from diseases, and ensures healthy growth. Even if your baby cries often, it does not mean breast milk is insufficient—it's natural for babies to seek comfort at the breast." "You can express breast milk and store it for later. Health workers can guide you on how to safely feed expressed milk when you are away at work." "After 6 months, introduce soft, nutritious foods alongside breast milk. Foods like mashed banana (fruits), vegetables, and rice mixed with lentils help your baby grow strong and healthy."	Pictorial Based , Infographics and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Pictorial Based, Infographics and Indigenous Characterisation Folk Characters and deities like Misi Sajong with messaging| Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Pictorial Based, Infographic and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	✓	✓	✓	✓		
	Mothers, unaware of the importance of proper positioning and attachment during breastfeeding, switch breasts too quickly or not allow the baby enough time to feed, leading to incomplete emptying. Additionally, feeding frequency may be irregular, with long gaps, especially at night.	Ensure proper positioning and attachment to the breast, giving enough time at each feed until baby leaves the breast, emptying both breasts and feeding frequently during the day and night.	**Workload and fatigue:** Household chores and responsibilities may prevent mothers from dedicating sufficient time to breastfeeding. **Discomfort or pain while breastfeeding:** Poor attachment can cause nipple pain or cracks, discouraging continued breastfeeding.		**Mid Media**	Posters (to be displayed at SC/PHC/CHC, village locations, beauty salons and other institutions)	Message (With Image of Mother Breastfeeding): "Breast milk alone for 6 months—nature's gift for your baby's health and happiness!" Message 4 (To Working Mothers): "You can express breast milk and store it for later. Health workers can guide you on how to safely feed expressed milk when you are away at work."	Folk Characters With Messages | Messaging Based on Good Mothers and Virtues of Healthy Khasi Mother in Local language and Local Characters	Folk Characters With Messages | Messaging Based on Good Mothers and Virtues of Healthy Mother in Local language and Local Characters	Folk Characters With Messages | Messaging Based on Good Mothers and Virtues of Healthy Mother in Local language and Local Characters	✓	✓	✓	✓		
						Community Gatherings/events (& bible study classes)	**Theme: ""Healthy babies, strong families!""** Conduct group discussions with elders, fathers, and mothers highlighting myths vs. facts on breastfeeding and complementary feeding. **Theme: ""Healthy Baby -Healthy Mother Competition""** Organize village/community level 'Health Baby-Health Mother' competition based on specific parameters:- No. of ANC / PNC check-ups done, Hb levels of mother, EIBF and EBF done, CF started at 6 months, Immunization status of the child	Unveiling posters and endorsing cultural traditions/events on Ka Tap Kpoh-a blessing ritual after the first trimester of pregnancy and health packaging on traditional gifts integration - Jain-Sop (baby cloth diapers), Dabor (bathing basins), Jain-It (baby slings).	A'kawes: Childbirth observance and traditional gift integration	Jaintia specific childbirth observance and traditional gift integration	✓	✓	✓		✓	
	Irregular monitoring of the baby's urine output as an indicator of sufficient breast milk supply. Assuming that crying or frequent feeding means inadequate milk and may introduce other fluids or foods instead of maintaining exclusive breastfeeding for the first six months.	To assess the supply of breast milk by checking the number of times the baby urinates and maintain breastfeeding frequently for the first 6 months.	**Lack of awareness**: Many mothers do not know that urine frequency is a key indicator of sufficient milk supply. **Misinterpretation of baby's behavior**: Crying or frequent feeding may be wrongly assumed to mean low milk supply instead of normal infant behavior. **Pressure to introduce supplements**: Family members may pressure mothers to start animal milk or formula if they think the baby is not getting enough milk. **Limited postpartum support:** Lack of guidance from healthcare providers on monitoring urine output and exclusive breastfeeding.		**Digital/Mass Media**	WhatsApp	"Did you know? Breast milk alone for 6 months is all your baby needs. It strengthens immunity and keeps your baby healthy!" "Mothers, express breast milk if you work. It keeps your baby strong and healthy even when you are away!"	More slick 20 seconders and 5 seconder packaged Digital Ads around drama formats and local news channels More slick 20 seconders and 5 seconder packaged Digital Ads around Song and music formats	More slick 20 seconders and 5 seconder packaged Digital Ads around drama formats and local news channels More slick 20 seconders and 5 seconder packaged Digital Ads around Song and music formats	More slick 20 seconders and 5 seconder packaged Digital Ads around drama formats and local news channels More slick 20 seconders and 5 seconder packaged Digital Ads around Song and music formats	✓	✓		✓	✓	
						Social Media Post	"Visual 1 (Mother Breastfeeding): Caption: ""Exclusive breastfeeding for 6 months = Stronger immunity + Healthier growth. Let's give our babies the best start!"" ** More scripts shall be developed in consultation with the team."									
						YouTube Video	Title: "6 Months of Exclusive Breastfeeding: Myths and Truths" Content: Testimonials from mothers, guidance from health workers, and animated explanations on the benefits of EBF and complementary feeding. ** More scripts shall be developed in consultation with the team.									
						Insta Reels	Content: A comparison of babies—one breastfed exclusively and another fed with alternatives—showing differences in growth and health. Text Overlay: "Breast milk is complete nutrition—no rice water, no sugar, just love!" ** More scripts shall be developed in consultation with the team.									
						Voice Bot	Develop a Voice-bot (similar to Alexa) with a detailed repository of possible queries/questions in the local language (Khasi, Garo, Pnar) related to pregnancy, ANC, PNC, basic child care, basic immunization, family planning, with special emphasis on breastfeeding and complementary feeding practices.	Colloquial- local language model	Colloquial- local language model	Colloquial- local language model	✓	✓				✓
Secondary Target Group																
SA: Elders and Family	Men (sons/partners) rarely help with household chores, leaving lactating mothers with little time for exclusive breastfeeding (EBF).	Encourage the son/partner to help with household chores to ensure that the lactating mother gets enough time and space for practising EBF till 6 months of age of the child.	Grandmothers and other elders often insist on pre-lacteal feeding based on their past experiences. Family members do not fully understand the importance of EBF and their role in supporting it.	1. Respect traditions, but adapt for better health – Exclusive breastfeeding ensures stronger immunity and healthier babies. 2. Support new mothers – Encourage rest and ensure she has enough time to breastfeed. 3. Ditch pre-lacteals – Mother's milk is the only nutrition a baby needs for six months.	**IPC: Counselling**	Posters, ASHA Tab Videos, Handbook, Flipbook	"Your wisdom is valuable, but let's protect our babies with new knowledge. Giving rice water or other foods before 6 months can cause illness and weakens a baby's health. Exclusive breastfeeding ensures the baby is strong and healthy."	Pictorial Based , Infographics and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Pictorial Based, Infographics and Indigenous Characterisation Folk Characters and deities like Misi Sajong with messaging| Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Pictorial Based, Infographic and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	✓	✓	✓	✓		
	The mother is often expected to manage the needs of the newborn as well as other children, leading to fatigue and irregular breastfeeding practices.	Help the lactating mother by attending to other children and also helping in reducing the workload so that she can practice EBF.	Elders may discourage men from engaging in childcare or household chores.		**Mid Media**	Street Play/Folk Theatre	Scene: A grandmother encourages early feeding, but a health worker educates the family on EBF. The baby thrives with breastfeeding, and the family realizes their mistake. Message: ""Exclusive breastfeeding for 6 months protects your baby from infections and ensures healthy growth. Let's choose health over old myths!"" ** More scripts shall be developed in consultation with the team.	Plots and Stories includes Adaptation of cultural narratives like: Ka-lukhmai'i (highlighting women as caregivers).	Pnar Cultural Story about a mother's unwavering love is the tale of "Ka Syntu Ksiar" (The Golden Flower)	Plots and Folk Stories like Dombi Wari (focused on breastfeeding mothers)	✓	✓	✓		✓	
						VHC IEC Handbook	VHC IEC Handbook to sensitise VHC members on various topics related to the promotion of BF and correct CF practices periodically, with messages about: "Advantages of EBF and correct CF (complementary feeding practices), and its impact on the child's growth and development. How the partner (spouse) and other family members could extend support to the mother to ensure EBF till 6 months of age of the child."	Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language		✓	✓	✓		
Partners / Husband	Traditional beliefs and past experiences often encourage early introduction of pre-lacteal feeds and supplementary foods. Discussions about exclusive breastfeeding may not happen due to fear of contradicting elders.	Talk with their mother and other elders living in the family about the need for EBF and how they should support the lactating mother to ensure EBF is done.	Husbands often step away from domestic and motherly duties due to lack of knowledge. Men/partners may not realize their role in supporting breastfeeding through shared responsibilities.	1. Be a hands-on father – Help with household chores and childcare to ease the mother's burden. 2. Encourage breastfeeding – Assure your wife that her milk is enough and provide emotional support. 3. Educate elders – Talk to family members about the benefits of EBF and correct feeding practices.	**IPC: Counselling**	Posters, ASHA Tab Videos, Handbook, Flipbook	"A mother needs your support! Help her with household chores and encourage breastfeeding for 6 months. Together, you can give your baby the best start to life."	Pictorial Based , Infographics and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Pictorial Based, Infographics and Indigenous Characterisation Folk Characters and deities like Misi Sajong with messaging| Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Pictorial Based, Infographic and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	✓	✓	✓	✓		
	Household chores take priority over breastfeeding; concerns about milk insufficiency lead to formula or other fluids instead of increased breastfeeding.	Help with household chores to free up time for mothers to practice exclusive breastfeeding frequently especially when facing concerns that breast milk may be insufficient.	Men's jobs or daily routines may prevent them from assisting at home.		**Digital/Mass Media (Including news channels)**	Social Media Post Digital Hoardings Ask-the-machine (ATM)	Visual (Father Supporting Mother): Caption: "Fathers, you play a role too! Support your wife so she can exclusively breastfeed for 6 months. Healthy families start with you!" ** More scripts shall be developed in consultation with the team.	More slick 20 seconders and 5 seconder packaged Digital Ads around Song and music formats and local news channels	More slick 20 seconders and 5 seconder packaged Digital Ads around Song and music formats and local news channels	More slick 20 seconders and 5 seconder packaged Digital Ads around Song and music formats and local news channels	✓	✓		✓	✓	✓
SA: FLWs	Women are unaware of the importance of EIBF and EBF, and decisions about feeding practices are often made after delivery, sometimes based on hospital staff or family members' advice rather than prior planning.	Encourage pregnant women, especially in the last trimester, to plan for Early Initiation of Breastfeeding and also for Exclusive Breastfeeding till 6 months.	Families may distrust FLWs' advice, preferring guidance from elders or unverified sources.	1. Strengthen counseling – Provide correct, clear, and practical advice on EBF and EIBF. 2. Address myths sensitively – Engage elders and families in discussions to replace old practices with science-backed information. 3. Ensure regular home visits – Support mothers at every stage, from early breastfeeding to complementary feeding. 4. Empower pregnant women – Encourage advance planning for breastfeeding and ensure families are involved.	**Reference Materials**	Tranings, Posters, ASHA Tab Videos, Handbook, Flipbook	"During each visit, check if the mother and family members have accurate information. Reinforce that for the first six months, the baby needs only breast milk—no water, honey, or other feeds"	Pictorial Based , Infographics and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Pictorial Based , Infographics and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Pictorial Based , Infographics and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	✓	✓	✓	✓		
	Mothers and families lack correct information on EIBF and EBF, often following traditional practices instead.	Ensure that the mother and the family members receive correct and complete information about EIBF and EBF.	Traditional beliefs and family hierarchies make it difficult to challenge existing feeding practices.				"Involve husbands, mothers-in-law, and other family members in discussions—explain that a supportive home environment helps mothers breastfeed successfully."									
	Pre-lacteal feeds and early complementary feeding are common due to cultural beliefs and misconceptions about breast milk sufficiency.	Emphasize that during the first six months of life, no food or liquids other than the mother's milk should be given to the child.	Some FLWs lack in-depth understanding or confidence in explaining EIBF, EBF, and CF effectively.				"If a mother faces difficulty, reassure her and demonstrate techniques from ASHA training videos to ensure effective feeding."									
	Home visits for breastfeeding and complementary feeding (CF) support are irregular, leaving mothers without proper guidance.	Ensure timely and planned home visits in the first six months to counsel and support the mother for EBF and correct CF (weaning) practices.	High caseloads and multiple responsibilities limit the time available for breastfeeding counseling. Logistical challenges and resource limitations lead to gaps in follow-ups.													

10. Monitoring and Evaluation plan

Monitoring Framework for EBF and Correct Weaning Practices			
Process Monitoring (Assesses the implementation of activities)			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of individual awareness sessions conducted on EBF and correct CF (weaning) practices	Monthly Report, session attendance sheets	Monthly	ASHA ANM
# of group awareness sessions conducted on EBF and correct CF (weaning) practices			
# of community (SHG/ VHC/Religious leaders/ Traditional healers) awareness sessions conducted on EBF and correct CF (weaning) practices			
# of counselling sessions provided by frontline workers	ASHA/ANM records	Monthly	Supervisors
Percentage of households reached with SBCC materials	Household survey reports	Bi-annually	IEC Team / Monitoring and Evaluation (M&E) Team

Monitoring Framework for Birth Spacing (Option uptake and male participation)			
Outcome Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
% of mothers of children less than 6 months and their immediate family members are aware that they have to practise EBF for up to 6 months.	Sample survey	Yearly	M&E Department
% of mothers of children less than 6 months and their immediate family members are aware that they have to practise exclusive breastfeeding for up to 6 months.			
% of mothers of children less than one year received counselling from ASHA or ANM on EBF and CF (initiation of complementary feeding, diet diversity and minimum meal frequency)			
% of mothers of children less than one year are satisfied with counselling of AHSA and ANM that they have provided valuable information that helped them on EBF and CF.			
% of mothers of children between 6 months to 23 months are aware of diet diversity and minimum meal frequency.			
% mothers received information about EBF and CF through sources like campaigns, VHC, ASHA, WhatsApp videos, posters and Religious institutions.			

11. Recommendations: A multi-pronged approach

Below are specific recommendations for effective rollout at state, district, block, and village levels, taking into consideration the region disparities among Khasi, Garo and Jaintia regions, with a focus on government system strengthening, inter-departmental convergence, community mobilization, and engagement of community structures.

11.1. GOVERNMENT SYSTEM STRENGTHENING	
STATE LEVEL	**Develop a State-Level EBF and CF Strategy**: Formulate a roadmap for EBF promotion and complementary feeding practices, integrating these efforts into existing health and nutrition programs. **Capacity Building of Health Workers**: Organize state-level training for program managers, District Nutrition Officers (DNOs), and District Reproductive and Child Health Officers (DRCHOs) on EBF promotion and counselling techniques. **Strengthen Monitoring and Evaluation (M&E)**: Implement a robust M&E framework to track key indicators on breastfeeding and complementary feeding practices, using digital platforms for real-time monitoring. **Policy Advocacy**: Advocate for workplace breastfeeding-friendly policies, including crèche facilities and breastfeeding corners, through partnerships with labour and women's welfare departments (urban locations for working women).

11.1. GOVERNMENT SYSTEM STRENGTHENING	
DISTRICT & BLOCK LEVEL	**Regular Review Meetings**: Ensure breastfeeding and complementary feeding are priority agenda items in monthly District and Block Health and Nutrition Committee meetings. **Training of Grassroots Workers**: Train ASHAs, ANMs, and ICDS workers on counselling mothers and families about breastfeeding benefits, myths, and complementary feeding techniques. **Dedicated Lactation Support**: Establish lactation support corners in all Primary Health Centres (PHCs) and Community Health I (CHCs) to provide structured counselling.
VILLAGE LEVEL	**Home-Based Care Support**: Strengthen the role of ASHAs and ICDS workers in providing postpartum home visits to counsel mothers on EBF and complementary feeding. **Local Community-based Monitoring Committees**: Engage Village Health Councils (VHCs) to monitor infant feeding practices, ensuring consistent counselling by frontline workers. **Frequent Counselling Sessions**: Schedule bi-weekly group counselling sessions for new mothers, facilitated by ASHAs and supported by ANMs. **Increased Postnatal Support**: Equip health workers with mobile kits to provide home-based lactation counselling in the first month postpartum. **Health Camp Integration**: Incorporate breastfeeding and CF counselling into the agenda of regular health camps and outreach programs.

11.2. INTER-DEPARTMENTAL CONVERGENCE APPROACHES

Health and ICDS Collaboration: Ensure ASHAs and Anganwadi Workers (AWWs) collaborate during Village Health and Nutrition Days (VHNDs) to deliver consistent messages on EBF and complementary feeding.

Agriculture and Rural Development Partnerships: Promote kitchen gardens for diverse, nutritious foods as part of the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS).

Education Department Involvement: Integrate breastfeeding and complementary feeding messages in adolescent health education to promote intergenerational awareness

11.3. COMMUNITY MOBILIZATION AND ENGAGEMENT

Conduct orientation sessions for village elders, traditional healers, and religious leaders on the benefits of EBF and complementary feeding to dispel myths and influence community norms.

Conduct grandparent-targeted sessions, led by respected community elders or healthcare providers, explaining the importance of EBF.

Engage traditional healers in advisory roles to dispel myths about complementary feeding and promote evidence-based practices.

Train mothers who successfully practice EBF as community champions to motivate other mothers.

Conduct interactive sessions for fathers during VHNDs to highlight their role in supporting breastfeeding and complementary feeding, such as assisting with chores or ensuring nutritious family meals.

11.4. COMMUNITY EVENTS AND LOCAL MEDIA

Use of Cultural Festivals: Incorporate breastfeeding promotion into cultural festivals, community fairs, and religious gatherings.

Localized Communication Materials: Develop region-specific digital content (animation, edutainment videos, real-life experiences etc.), digital & paper-based posters, and social media content in Khasi, Garo, and Jaintia languages to address common misconceptions.

Standardized Messaging: Develop a single, unified training manual for ASHAs, ANMs, and AWWs to ensure consistency in counselling.

Targeted Awareness Campaigns: Run campaigns using relatable stories to explain infant behaviour (e.g., crying does not always mean hunger) and encourage exclusive breastfeeding.

Influencer Advocacy: Equip local influencers (social media) with simple and relatable messages to explain how breast milk meets all nutritional needs for the first six months.

11.5. MONITORING AND ACCOUNTABILITY

Incentivize ASHAs: Provide performance-based incentives (Monetary or non-monetary) to ASHAs for achieving key breastfeeding and complementary feeding targets.

Community Feedback Loops: Establish community-based feedback mechanisms through VHCs to ensure mothers' concerns are addressed promptly.

Public Recognition: Recognize villages with high adherence to EBF and complementary feeding practices through “Healthy Mother-Healthy Baby competitions” and give awards and public acknowledgement to motivate others.

10. Monitoring and Evaluation plan

Monitoring Framework for EBF and Correct Weaning Practices			
Process Monitoring (Assesses the implementation of activities)			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of individual awareness sessions conducted on EBF and correct CF (weaning) practices	Monthly Report, session attendance sheets	Monthly	ASHA ANM
# of group awareness sessions conducted on EBF and correct CF (weaning) practices			
# of community (SHG/ VHC/Religious leaders/ Traditional healers) awareness sessions conducted on EBF and correct CF (weaning) practices			
# of counselling sessions provided by frontline workers	ASHA/ANM records	Monthly	Supervisors
Percentage of households reached with SBCC materials	Household survey reports	Bi-annually	IEC Team / Monitoring and Evaluation (M&E) Team

List of Abbreviations

AIDS – Acquired immunodeficiency syndrome

ANC – Antenatal Care

ANM – Auxiliary Nurse Midwife

ASHA – Accredited Social Health Activist

AWW – Anganwadi Worker

AWC – Anganwadi Centre

B-CAP – Block Convergence Action Plan

BCG – Bacillus Calmette-Guérin

BPM – Block Program Manager

C&RD – Community and Rural Development Department

CB – Capacity Building

CBO – Community-Based Organizations

CDPO – Child Development Project Officer

CF – Complementary Feeding

CHC – Community Health Centre

CSR – Corporate Social Responsibility

DC – District Collector

D-CAP – District Convergence Action Plan

DCPC – District Child Protection Officer

DMHO – District Medical and Health Officer

DMM – District Mission Manager

DPO – District Project Officer

DSWO – District Social Welfare Officer

EBF – Exclusive Breast Feeding

EIBF – Early Initiation of Breastfeeding

FAQ – Frequently Asked Question

FGD – Focus Group Discussion

FHI – Family Health International

List of Abbreviations

FLW – Frontline Worker

FP – Family planning

H&WC – Health and Wellness Centre

HBNC – Home Based Newborn Care

HBYC – Home Based Care for Young Child

HIV – Human immunodeficiency viruses

ICDS – Integrated Child Development Service

IEC – Information, Education, and Communication

IFPRI – International Food Policy Research Institute

IIPHS – Indian Institute of Public Health Shillong

IPC – Interpersonal Communication

KAP-B – Knowledge, attitudes, and practice behaviours

KMC – Kangaroo Mother Care

LM – Lactating Mother

M&E – Monitoring and Evaluation

MCH – Maternal and Child Health

MCP – Maternal and Child Protection

MDRTB – Multi Drug Resistant Tuberculosis

MHSSP – Meghalaya Health Systems Strengthening Project

MIS – Management Information System

MLHP - Mid-Level Health Providers

MoM – Minutes of Meeting

MO i/c – Medical Officer in Charge

MP – Male Participation

MSACS – Meghalaya State AIDS Control Society

MSRLS – Meghalaya State Rural Livelihoods Society

NCD – Non-Communicable disease

NFHS – National Family Health Survey

List of Abbreviations

NGO – Non Governmental Organization

NHM – National Health Mission

PA – Primary Audience

PHC – Primary Health Centre

PHED – Public Health Engineering Department

PLWHA – People Living With HIV/AIDS

PMU – Project Management Unit

PNC – Postnatal Care

PPP – Public Private Partnership

PSU – Public Sector Undertaking

PTA – Parent Teacher Association

PW – Pregnant Women

PWD – Public Works Department

RBSK – Rashtriya Bal Suraksha Karyakram

RCH – Reproductive Child Health

S-CAP – State Convergence Action Plan

SBCC – Social and Behaviour Change Communication

SC – Sub Centre

SHG – Self Help Group

SRS – Sample Registration System

SUD – Strategic Use of Data

TB – Tuberculosis

UNICEF – United Nations Children's Fund

VEC – Village Education Committee

VHC – Village Health Council

VHIB – Village Health Information board

VHND – Village Health and Sanitation Day

WCD – Women and Child development

WHO – World Health Organization

WRA – Women in Reproductive age

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Strategy For Birth Spacing (Option-uptake and Male Participation)

Project submitted by
SACH
Society For Action In Community Health

Strategy For Birth Spacing (Option-uptake and Male Participation)

1. Introduction

The state of Meghalaya shows a mixed performance across key health indicators, with sharp variations between rural and urban areas. While the state has made notable progress in reducing maternal and infant mortality rates and improving the performance of health facilities, it continues to struggle with a high fertility rate, low acceptance of family planning methods, poor infant care and feeding practices, high social acceptance of child marriages, and resistance to institutional maternal care. Additionally, there is a dual burden of communicable and non-communicable diseases, with anaemia and malnutrition remaining endemic. The cultural and social factors play a significant role in influencing accepted behaviours and practices, which complicates the effectiveness of health services. Moreover, the low educational status among various tribes reinforces negative social norms, further challenging the state health machinery's efforts to address these deeply rooted issues effectively.

Birth spacing in Meghalaya's Khasi, Garo, and Jaintia communities faces major cultural and socio-economic challenges, with deeply rooted matrilineal norms discouraging modern contraceptive use and abortion being culturally stigmatized. Studies reveal one of India's lowest contraceptive adoption rates, with modern methods used by only 8.3% of women, while traditional methods dominate at 39%, perceived as safer and more acceptable. Fear of side effects, limited awareness of modern methods, male apprehensions about women's health, and poor spousal communication further hinder family planning. Addressing these barriers requires culturally sensitive interventions, education campaigns, and improved access to modern contraceptive options. Addressing these issues requires culturally sensitive interventions, improved healthcare services, and community-driven initiatives to enhance Meghalaya's Birth Spacing (family planning) practices to promote improved health outcomes for both mother and child.

2. The Current Landscape

Cultural beliefs and the matrilineal system in Meghalaya heavily influence family planning attitudes, placing the responsibility on women to sustain lineage while limiting their economic and social power. Minimal spousal communication, fears of contraceptive side effects, and reliance on traditional methods contribute to high fertility rates, poor birth spacing, and adverse reproductive health outcomes, including high infant mortality and maternal undernutrition. A study published in the International Journal of Reproduction, Contraception, Obstetrics and Gynaecology found that only 27.4% of married women aged 15–49 in Meghalaya use any contraceptive method, with a total fertility rate of 2.9, exceeding the national average. Addressing these challenges requires culturally tailored public health campaigns, community leader engagement, enhanced interspousal communication, improved access to family planning services, and male involvement to promote equitable participation and better reproductive health outcomes.

Mentioned below are the major findings regarding birth spacing from the FGDs conducted across the three regions of Meghalaya:

Cultural Beliefs and Practices

A deeply ingrained belief that children are a divine blessing discourages deliberate planning, as it may feel inappropriate or even sinful to interfere with what is seen as God's will. Religious institutions, such as churches, do not actively promote or oppose family planning. This neutrality means there is no collective guidance or support for structured birth spacing. Decisions about family size and spacing are left entirely to individual discretion, often influenced by personal understanding, cultural norms and their belief systems.

Traditional Norms and Ideal Family Size

Among young women, the ideal family size is seen as 3-5 children, influenced by the challenges of raising large families due to higher living costs. In contrast, middle-aged and older women view 5-8 children as ideal, rooted in traditional expectations and a sense of familial completeness. Younger women are more likely to acknowledge the benefits of a 2-3 year spacing between births for maternal health and child care, compared to older women. However, social norms often prioritize the continuation of lineage and strengthening of the clan over strategic family planning.

Economic and Practical Constraints

Families with limited financial resources often cite the high cost of raising children, particularly for education and healthcare, as a reason to limit family size, although efforts are taken to ensure a lesser number of children but it was widely observed that aspiring to have a girl child could lead to higher number of children. Larger families tend to rely on traditional support systems, such as extended families, where older siblings assist with caregiving responsibilities. Having limited or no access to contraceptive methods also came across as a reason for the use of any of the use of modern contraceptive methods.

Awareness of Family Planning Methods

Family planning methods such as pills (Mala D/N), injections (Antra), and Copper-T are commonly mentioned, indicating basic awareness exists in many communities. Most information about these methods is provided by ASHA workers, nurses and sporadic health awareness campaigns, which may not always reach remote areas consistently. Despite this awareness, many families lack comprehensive knowledge about the benefits of birth spacing or how to use contraceptives effectively.

Barriers to Contraceptive Use

Perceptions of side effects, such as blood disorders and changes to physical appearance, deter many from using modern contraceptives. Cultural taboos and social stigma further discourage open discussions about family planning, leading some families to avoid contraceptives altogether or rely on less effective natural methods. Fear of judgment often prevents individuals from publicly disclosing their use of contraceptives, reinforcing reliance on private or traditional practices.

Case Study: Shalini's Story

Shalini (name changed), a 48-year-old mother of two, lives with her husband in Nekora village, Maheshkola, bordering Bangladesh. Her story highlights the critical role of maternal health care, family planning, and the impact of timely information on child health outcomes.

Shalini's first child was born full-term through a normal delivery. However, due to an illness, she could not breastfeed her child and had to rely on breast milk substitutes from day one. Over time, Shalini observed that her first child's physical and mental growth was not progressing normally, and the child frequently fell ill. Discussions with health workers later made her realise that poor maternal care during her pregnancy had led to her poor health and, consequently, her child's health challenges.

After her first experience, Shalini and her husband decided to wait for three years before having their second child. During this time, she focused on improving her health and preparing her body for a healthy pregnancy.

Shalini received counselling and followed their advice closely- she consumed a nutritious diet and ensured proper rest and sleep, she opted for a facility delivery, ensuring the presence of skilled healthcare providers, ensured early initiation of breastfeeding (within one hour of birth).

She ensured that she did exclusive breastfeeding for the first six months and effectively introduced of complementary feeding after six months.

Shalini now sees a clear difference in the physical and mental development of her second child, who is growing up healthy and strong compared to her firstborn.

With regret, Shalini shared, *"If someone had informed me earlier about how to take care of myself during pregnancy and care for my child after birth, my firstborn would also have been as hale and hearty as my second one."*

After their second child, Shalini and her husband decided not to have any more children. Following discussions with her husband and consultations with healthcare workers, Shalini opted for tubectomy as a permanent family planning method.



3. Objectives

Objective 1

To create awareness among various stakeholders on the need for the promotion of birth spacing through increasing family planning option uptake and male participation

To sensitise and educate eligible couples and/or women of reproductive age and their male partners on the importance and practices of focusing on birth spacing.

Objective 2

4. Theory of Change

Input	Output	Outcome	Impact
Community Awareness and Engagement	Active community campaigns promoting birth spacing & male participation in family planning. Culturally tailored SBCC campaign leveraging traditional practices, traditional festivals and community resources focusing on community leaders.	Improved community awareness and engagement in promotion of birth spacing and family planning practices. Improved knowledge and skills of FLW, supervisors and community structures Frontline Health Workers and community structures effectively using SBCC toolkit for promotion of EBF and correct weaning Review meetings focusing on EBF and correct complementary feeding practices conducted	***Behavioural changes in birth spacing and family planning practices.*** ***Improved health and nutrition outcomes for infants and young children in Meghalaya.***
Capacity Building	Trained FLWs and community structures Toolkit for health workers and community structures, including print materials, videos, and social media platforms tailored to local languages; Khasi, Garo and Pnar		
Health Systems Strengthening	Birth spacing and family planning practice promotion integrated into existing health campaigns and maternal health programs Setting-up monitoring and review system across the health system with well-defined accountability matrix		

5. Current Communication tools available

5.1 Current IEC materials and their status in the channel: **IPC**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Counselling during Home visit	MCP Card*	Home Visit	Eligible couples and/or women of reproductive age and their male partners	Poor, no recall of having seen messages on the MCP card or remember any messages from the MCP card.	Poor
Counselling during PNC visit		VHND (AWC) SC (H&WC) PHC	Women of reproductive age	Poor, no recall of advantages of Birth Spacing and different types of Family planning methods available	Poor

**MCP Card provides all relevant information related to various MCHN schemes, messages related to care during the ANC period /pregnancy, PNC period, immunization, newborn care, growth, and development, Family Planning methods etc.*

5.2 Current IEC materials and their status in the channel: **MID MEDIA**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Posters	English: Busting Myths on Vasectomy; Benefits of Child Spacing. Garo: Benefits of Child Spacing; No Scalpel Vasectomy; Busting Myths on Vasectomy. Khasi: No-Scalpel Vasectomy; Benefits of Child Spacing.	SC (H&WC) PHC CHC	Eligible couples/ women of reproductive age and their male partners. Other Community members like Elders, Village Headman, VHC members, Traditional Healers etc.	Average; can recall having seen some posters but cannot recall the content.	Average

"Women bear the children and it's always women who take up contraceptives so it's their decision"

A 32-year-old male participant
from Khanar Village, Saipung, EJH

5.3 Current IEC materials and their status in the channel: DIGITAL MEDIA & OTHERS					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Instagram	Reel by Iba Wriang	Mobile Phone	General population	Average; only some people could recall having seen Instagram reels but could not specifically remember having seen this one.	Average
Others-VHC	VHC IEC Handbook	VHC meetings	VHC members	The IEC handbook is not used effectively to share any information during meetings or otherwise.	Poor

6. Suggested Changes for Improving IEC Materials and their Usage

6.1 Suggested changes for improving IEC Materials and their usage in the Channel: **IPC**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Counselling during Home visit	MCP Card	Home visit	ASHA ANM	Conduct structured counselling with Eligible couples/women of reproductive age and their male partners.
Counselling during PNC visit		VHND (AWC) SC (H&WC) PHC	ANM MLHP	Conduct structured group counselling sessions with Women of reproductive age and couple counselling with eligible couples

6.2 Suggested changes for improving IEC Materials and their usage in the Channel: **MID MEDIA**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Posters	English: Busting Myths on Vasectomy; Benefits of Child Spacing. Garo: Benefits of Child Spacing; No Scalpel Vasectomy; Busting Myths on Vasectomy. Khasi: No-Scalpel Vasectomy; Benefits of Child Spacing.	SC (H&WC) PHC CHC	ANM MLHP MO i/c	Display the poster in the local language at places of prominence and clear visibility in Facilities. Inform eligible couples/women of reproductive age and their male partners about the various posters and their relevance to them and their family members.

6.3 Suggested changes for improving IEC Materials and their usage in the Channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Instagram	Reel by Iba Wriang	Mobile phone	State / District SBCC Officer	Share regular updates about the various digital awareness materials on different platforms for people to know and use through existing WhatsApp groups of beneficiaries created by ASHA/AWW/ SHGs at the village level. Dubbing the existing Reels in other local languages and sharing in WhatsApp groups of beneficiaries created by ASHA/AWW/SHGs at the village level.

6.4 Suggested changes for improving IEC Materials and their usage in the Channel: **OTHERS**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
VHC	VHC IEC Handbook	VHC meetings / other community gatherings	ASHA ANM VHC members	ASHA/ANM to ensure VHC members use the IEC Handbook during VHC meetings to sensitize on various topics related to the need for birth spacing and options available for both males & females and its positive health outcomes. ASHA/ANM along with the VHC office bearers develop a calendar for sharing & discussing various health topics.

7. Suggested New Additions to Tools and Platforms

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Counselling during home visits	ASHA Tabs: Short Videos	Home Visit	ASHA	Digital content (include separate Tabs for all different topics): • Create real-life stories, representing Khasi, Jaintia and Garo regions from across the field for sharing with a larger populace, based on good practices where couples/partners have jointly decided and have adopted family planning methods, and share their experiences. Stories should capture the real-life situation and provide all relevant information for others to learn about their experiences. • Animation on various topics related to the need for birth spacing and options available for both males & females and its positive health outcomes. • Influencer videos on how the male partners jointly with their partners plan for birth spacing using FP methods and showing the positive health outcomes. • Edutainment videos on various topics related to the need for birth spacing and options available for both males & females and its positive health outcomes in Khasi, Garo and Pnar.

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Counselling during home visits & Postnatal ward	Compact Handbook	Home Visit, Maternity ward/ Post delivery ward	ASHA, Nurse in charge of Post delivery ward	Compact Handbooks like a ready-reckoner & FAQs and specific illustrations covering topics related to the need for birth spacing and options available for both males & females and its positive health outcomes, addressing myths & misconceptions, and the role of the male partner in supporting their spouse
Individual Counselling	Digital content as Ready Reckoner	Salons	ASHA ANM VHC members	The salons would act as a hub of information for women and young girls about their reproductive health matters. The information to be shared with clients visiting the salon will be developed as a digital tool which will be used using mobile phones. The content will be short and to the point acting as a “ready reckoner” and will also have a list of FAQs. Salon workers will educate clients on teenage pregnancy, the right age for marriage, birth spacing, and FP options for men and women. Salons may also act as depots for temporary contraceptives. Salon workers will refer clients needing medical intervention to nearby health centers or health workers, acting as key connectors to healthcare services.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Print material	Poster	Facility: - Waiting area - Maternity ward Community: - Market place - Salon - Community meeting halls - Bus stop	ANM MLHP VHC members	Develop posters in Khasi and Garo with translation in Hindi / English: • Regarding the need to have a gap of about 3 years between all children/pregnancies, detailing the health advantages for the mother & the baby. • On different kinds of female and male family planning methods with mentioning the advantages and busting myths and misconceptions around it. • Emphasising the use of condoms by men for both ensuring birth spacing and as a safe sex practice.
	VHC IEC Handbook	VHC meetings	VHC members ASHA	VHC IEC Handbook to include sections on: • Need for sensitizing VHC members on birth spacing and the health advantages to the mother and child. • On the role that both male and female partners should be playing to ensure birth spacing and effective use of FP methods. • On different kinds of female and male family planning methods with mentioning the advantages and busting myths and misconceptions around it.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Print material	IEC Handbook	SHG meetings Religious meetings / Gatherings (Sunday mass/prayer) Traditional Healers Counselling during Treatment	SHG members ASHA Religious leaders Traditional Healers	Adapt the VHC IEC Handbook to develop a common Handbook for use across multiple platforms, which should include sections on the following: • Need for sensitizing SHG members on birth spacing and the health advantages to the mother and child. • On the role that both male and female partners should be playing to ensure birth spacing and effective use of FP methods. • On different kinds of female and male family planning methods with mentioning the advantages and busting myths and misconceptions around it.
Wall Paintings	Pictorial content	Community: - Hard-to-reach villages - Market place - Community meeting halls - Bus stop	District SBCC Officer Block SBCC Officer	Develop wall paintings on: • - Regarding the need to have a gap of about 3 years between all children/pregnancies, detailing the health advantages for the mother & the baby. • On different kinds of female and male family planning methods with emphasis on the use of condoms by men for both ensuring birth spacing and safe sex practices.

7.2 Suggested new additions to tools and platforms in the channel: <u>MID MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Mobile Information Unit	Van-mounted digital screen with 'Ask-The-Machine' (ATM) and vending machine	At crowded sites like festivals, events, competitions (fishing etc), market places and tourist sites	State/District SBCC Officer	The van would have the following features: Ask-The-Machine (ATM): A user-friendly, interactive information system with voice-enabled support and a touchscreen interface. It allows users to ask health-related questions through voice or explore topics via touch navigation. The ATM provides concise, easy-to-read information on-screen and offers printable leaflets at the end of each session for future reference or sharing. The proposed health topics are: Birth Spacing / Family Planning, HIV/AIDS, Drug Abuse including Smoking/Alcoholism/Tobacco -Pan-masala use, EBF & CF, Male participation in MCH, NCDs and healthy living. Vending machine (free of cost): Users can use the vending machine to get family planning materials like condoms, OCP and Sanitary Pads. Digital Display Screen: Displays engaging, standardized content to educate and inspire. Suggestions include: • Real-life stories: Highlight good practices from Khasi, Jaintia, and Garo regions where couples jointly adopt family planning methods, showcasing their experiences and positive outcomes. • Animations: Illustrate the importance of birth spacing, available options for both genders, and associated health benefits. • Influencer videos: Showcase male partners planning birth spacing with their spouses using FP methods, emphasizing improved health outcomes. • Edutainment videos: Provide culturally relevant content on birth spacing and FP options in Khasi, Garo, and Pnar languages for greater relatability and impact.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Folk Theatre	Folk Play/ Street Play/ Performances	Events Market Place Community meetings Institutions	District SBCC Officer Block SBCC Officer	The script of the folks play/street play would convey important messages related to the need to have a gap of about 3 years between all children/pregnancies, detailing the health advantages for the mother & the baby and the need for birth spacing and options available for both males & females and its positive health outcomes in Khasi, Garo and Pnar.
Ritualized Community Traditions	Family-based traditional events	Home visits during celebratory events	ASHA SHG members	Community rituals conducted at home should be used for sharing information about the need to have a gap of about 3 years between all children/pregnancies, detailing the health advantages for the mother & the baby and on the need for birth spacing and options available for both males & females and its positive health outcomes. This will be conducted in informal settings and at an appropriate time during the ritual where the mother, father and other family members will be informed about birth spacing and its relevance to the family.

7.2 Suggested new additions to tools and platforms in the channel: <u>MID MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Digital screen	Develop digital content	In facility – PHC/CHC: Waiting areas Maternity wards	State/District SBCC Officer	The digital content could be common / standard to be used across all channels, suggestions are as follows: • Create real-life stories, representing Khasi, Jaintia and Garo regions from across the field for sharing with a larger populace, based on good practices where couples/partners have jointly decided and have adopted family planning methods, and share their experiences. Stories should capture the real-life situation and provide all relevant information for others to learn about their experiences. • Animation on various topics related to the need for birth spacing and options available for both males & females andits positive health outcomes. • Influencer videos on how the male partners jointly with their partners plan for birth spacing using FP methods and showing the positive health outcomes. • Edutainment videos on various topics related to the need for birth spacing and options available for both males & females and its positive health outcomes in Khasi, Garo and Pnar.

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Digital Hoardings Instagram YouTube	Develop digital content	Community – - Bus stop - Popular (busy) locations	State / District SBCC Officer	The digital content could be common / standard to be used across all channels, suggestions are as follows: • Create real-life stories, representing Khasi, Jaintia and Garo regions from across the field for sharing with a larger populace, based on good practices where couples/partners have jointly decided and have adopted family planning methods, and share their experiences. Stories should capture the real-life situation and provide all relevant information for others to learn about their experiences. • Animation on various topics related to the need for birth spacing and options available for both males & females andits positive health outcomes. • Influencer videos on how the male partners jointly with their partners plan for birth spacing using FP methods and showing the positive health outcomes. • Edutainment videos on various topics related to the need for birth spacing and options available for both males & females and its positive health outcomes in Khasi, Garo and Pnar.

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
WhatsApp	Video Snippets GIF messages	Mobile Phones	State/District SBCC Officer	The content would focus on: • Sensitizing on birth spacing and the health advantages to the mother and child. • On the role that both male and female partners should be playing to ensure birth spacing and effective use of FP methods. • On different kinds of female and male family planning methods, mentioning the advantages and busting myths and misconceptions around it.
Voice-bot /assistant (similar to Alexa)	Voice-enabled information provision	Mobile Phones	State SBCC Officer	Develop a Voice-bot (similar to Alexa) with a detailed repository of possible queries/questions in the local language (Khasi, Garo, Pnar) related to birth spacing- its importance and relevance to the family from both health and other socio-economic factors, it will also cover details about temporary & permanent family planning methods for male and females. It will also address all myths and misinformation about FP methods.

7.3 Suggested new additions to tools and platforms in the channel: **DIGITAL/MASS MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Hoarding	Pictorial content	Community - - Market place - Bus stop	State/District SBCC Officer	Develop picture-based hoarding capturing information: • One needs to have a gap of about 3 years between all children/pregnancies, detailing out the health advantages for the mother & the baby. • On different kinds of female and male family planning methods with emphasis on the use of condoms by men for both ensuring birth spacing and safe sex practices.
Health Meme	Post	Mobile Phone	State SBCC Officer	Develop interesting, attractive and catchy meme posts with appropriate images on birth spacing and about temporary & permanent family planning methods for males and females, and also address all myths and misinformation about FP methods.

7.4 Suggested new additions to tools and platforms in the channel: **OTHERS**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Village-level Display Board	Posters	Community - - Market place - Bus stop	State/District SBCC Officer	Develop picture-based hoarding capturing information: • One needs to have a gap of about 3 years between all children/pregnancies, detailing out the health advantages for the mother & the baby. • On different kinds of female and male family planning methods with emphasis on the use of condoms by men for both ensuring birth spacing and safe sex practices.
Drone Services	Leaflet / Pamphlet	Direct dropping to Village (hard-to-reach)	State SBCC Officer	The leaflet would cover information pictorially on: • Sensitizing on birth spacing and the health advantages to the mother and child. • On the role that both male and female partners should be playing to ensure birth spacing and effective use of FP methods. • On different kinds of female and male family planning methods with mentioning the advantages and busting myths and misconceptions around it.

SUGGESTED / PROPOSED KEY MESSAGES

This section highlights a few samples of new, innovative messages, aiming to present fresh perspectives that enhance audience engagement with the communication material. These are just a few samples of perspectives that can be explored further, showcasing how different angles can make communication more accessible, relevant, and impactful for diverse audiences.

Plan 3 years between births to protect the health of mothers and children and strengthen family well-being



Modern family planning options are safe and accessible—consult health workers to choose what's best for you.



Support your partner in family planning decisions and lead the way to a healthier family.



8. Types of Audience and Targeted Behaviour

Audience Type

Primary Audience

Women in the reproductive age group & their male partners / Eligible Couples

Suggested Behaviours

- Ensuring women and their male partners actively plan and maintain a minimum spacing of 3 years between births to safeguard maternal and child health.
- Both partners seek information from frontline health workers and adopt modern contraceptive methods suited to their needs.
- Male partners actively engage in discussions and decisions regarding family planning and health needs, fostering a supportive environment.

- Family members encourage birth spacing, respecting the couple's decision while providing emotional and logistical support.
- Relatives positively influence and endorse the use of modern contraceptives by reducing stigma and misinformation.

Suggested Behaviours

Audience Type

Secondary Audience

Immediate family members (e.g. Mother / Maternal Uncle)

Audience Type

Secondary Audience

FLWs

Suggested Behaviours

- Proactively providing accurate, culturally sensitive, and tailored counselling on birth spacing and family planning options to couples, ensuring both women and men are equally engaged in discussions.
- Actively encourage male participation by addressing their questions and concerns about family planning, emphasizing their role as supportive partners in reproductive health decisions.
- Consistently follow up with families to ensure the adoption and sustained use of family planning methods, addressing any challenges or misconceptions encountered by the couple or family.

- Actively engage communities with accurate information on birth spacing and its health benefits through meetings, counselling, and cultural events.
- Ensure that men are sensitized to their critical role in family planning and dispel traditional norms that limit male involvement.
- Supporting in addressing and combating cultural and religious beliefs that hinder the uptake of family planning options, ensuring messages align with community values.

Suggested Behaviours

Audience Type

Secondary Audience

VHC & SHG Members
Religious Leaders
Traditional Healers

9. Audience-wise Suggested Channels and Materials

Primary Audience



WRA & their male partners / Eligible Couples

Urban — Home visits by FLWs (counselling); Posters at Health Centre; Social media - WhatsApp, YouTube; SWIPE for Health (App); Community Events.

Rural — Home visits by FLWs (counselling); Posters at Health Centre; Social media - WhatsApp, YouTube; Travelling Folk Theatre; Village Health Information Board; Community Events - VHC /SHG meetings; 'Ask-The-Machine' Van.

Secondary Audience



Immediate Family Members (Elders)

Urban — Community Events- VHC /SHG meetings; Posters at Health Centre; Social media - WhatsApp, YouTube.

Rural — Posters at Health Centre; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; Village Health Information Board; Community Events - VHC /SHG meetings; 'Ask-The-Machine' Van.

Secondary Audience



FLWs

Urban and Rural — ASHA Tabs during Home visits by FLWs (counselling); Compact Handbook during home visits by FLWs (counselling); Community Events - VHC /SHG meetings.

Strategy For Birth Spacing (Option-uptake and Male Participation)

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Dissemination channels & sample messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (Including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
PA: WRA WRA's male partners Eligible Couples	Women conceive too soon after a previous birth, increasing health risks for both mother and child.	Ensuring women and their male partners actively plan and maintain a minimum spacing of 3 years between births to safeguard maternal and child health.	**Lack of awareness:** Many couples do not know the health benefits of birth spacing for both mother and child.	Spacing your pregnancies by at least three years gives your body time to recover and ensures a healthier future for you and your baby.	IPC: Counselling	MCP card, Posters, ASHA Tab Videos, Handbook, Flipbook	To Couples Message 1: "Spacing births by 2-3 years helps keep mothers healthy and gives each child the care they deserve. Plan your family for a better future." Message 2: "Modern contraceptives are safe and effective. Pills, injections, and Copper-T help you plan your family while protecting the health of the mother and child." Message 3: "Family planning decisions work best when made together. Visit your nearest health center to explore safe options for birth spacing."	Local Language and Integration of Indigenous virtues and wisdom in the design and language	Local Language and Integration of Indigenous virtues and wisdom in the design and language	Local Language and Integration of Indigenous virtues and wisdom in the design and language	✓	✓	✓	✓		
			Misconceptions about contraceptives: Fear of side effects or myths about infertility prevent consistent use.				Message (To Women): ""Worried about side effects? Speak to your health worker. There are many options to choose from, so you can find what suits you best." Message (To Husbands): "A healthy wife means a healthy family. Support birth spacing and learn about safe contraceptive options together—it's a shared responsibility."									
	Men assume that family planning is solely a woman's responsibility.	Male partners actively engage in discussions and decisions regarding family planning and health needs, fostering a supportive environment.	**Traditional gender roles:** Men often see family planning as a woman's responsibility.	Support your partner in family planning decisions and lead the way to a healthier family.	Mid Media	Posters (to be displayed at SC/PHC/CHC, village locations, beauty salons and other institutions)	Poster: **Birth Spacing** Visual: A smiling family with 2 young children playing happily. Text: "Healthy spacing, happy family. Wait 2-3 years between children for their brighter future." **Increasing Contraceptive Use:** Visual: A couple discussing contraceptive options with a health worker. Text: "Plan your family wisely—safe methods, healthier future. Talk to your health worker today!" **Male Participation:** Visual: A husband and wife visiting a health center together. Text: "Family planning is teamwork. Support your wife for a healthier family and future."	**Reference to a popular scene from popular folk tales and oral stories and mythologies**	**Reference to a popular scene from popular folk tales and oral stories and mythologies**	**Reference to a popular scene from popular folk tales and oral stories and mythologies**	✓	✓	✓	✓		
	Men discourage or refuse contraceptive use due to misconceptions about fertility or masculinity.		**Lack of information:** Men may not have enough knowledge about reproductive health and contraception.			Community Gatherings/events	Birth Spacing: Street Play: Scene: A family struggles financially and emotionally to care for closely spaced children. A health worker explains the benefits of spacing births—healthier mothers, stronger children, and better family prosperity. Message: "Spacing children helps you give them the care, education, and future they deserve." Increasing Contraceptive Uptake: Folk Performance: Lyrics: "Contraceptives are safe, they help you plan, A healthier future is in your hands. Don't fear side effects, options are many, Speak to your health worker—they're your family!" Male Participation: Street Play: Scene: A husband encourages birth spacing and supports his wife in accessing family planning services. Their family prospers as they provide education and better care to their children.	**Plots and Stories includes Adaptation of cultural narratives like: Ka-lukhmai'i (highlighting women as caregivers).**	**Pnar Cultural Story about a mother's unwavering love is the tale of "Ka Syntu Ksiar" (The Golden Flower)**	**Plots and Folk Stories like Dombi Wari**	✓	✓	✓		✓	
	Couples rely on traditional methods or myths instead of modern, scientifically proven contraceptives.	Both partners seek information from frontline health workers and adopt modern contraceptive methods suited to their needs.	**Social and cultural norms:** Pressure from family or community expectations to have children in quick succession or religious obstructions for the use of FP methods.	1. Plan 3 years between births to protect the health of mothers and children and strengthen family well-being 2. Modern FP options are safe and accessible—consult health workers to choose what's best for you.	Digital/Mass Media	Digital Ads News Channels WhatsApp YouTube Instagram	Birth Spacing 1. "Did you know spacing children by 2-3 years protects mothers and gives children a healthier start in life? Learn more from your ASHA today!" 2. Visual: A happy family of 4 enjoying a meal together. Caption: "Healthy spacing = Happy family. Wait 2-3 years between children for a stronger future." 3. Content: A short animation explaining how birth spacing improves maternal health and child development. Increasing Contraceptive Use: 1. "Worried about contraceptives? Talk to your health worker about safe options—pills, Copper-T, or injections. Your health matters!" 2. Visual: A woman confidently speaking with a health worker. Caption: "Many options, one goal—healthy families. Modern contraceptives are safe and effective." 3. Content: A health worker addressing myths about contraceptive side effects and explaining the benefits of family planning. Male Participation: 1. "Men—family planning is teamwork. Help your wife space births for her health and your child's bright future." 2. Visual: A father playing with his two children. Caption: "Real men plan for their family's happiness. Support birth spacing!" 3. Content: A testimonial from a father highlighting how supporting his wife in family planning improved their family's well-being.	**Indigenous characterisation and integration with healthy children.Animated Videos and Pictorial Messages abeout contraceptives** **Integration with Khasi Masculinity Norms and Morality Messaging In a quirky Kitsch Illustration Formats and Memes (Life of a Khasi Guy/Husband)**	**Indigenous characterisation and integration with healthy children.Animated Videos and Pictorial Messages abeout contraceptives Integration with Khasi Masculinity Norms and Morality Messaging In a quirky Kitsch Illustration Formats and Memes (Life of a Garo Husband)**	**Indigenous characterisation and integration with healthy children.Animated Videos and Pictorial Messages abeout contraceptives . Integration with Khasi Masculinity Norms and Morality Messaging In a quirky Kitsch Illustration Formats and Memes (Life of a Pnar Guy/ Husband)**	✓	✓		✓	✓	
	Family elders or community influencers discourage the use of contraceptives, reinforcing outdated beliefs.		**Preference for traditional methods:** Some prefer traditional or natural methods over modern contraception.			Voice Bot	Develop a Voice-bot (similar to Alexa) with a detailed repository of possible queries/questions in the local language (Khasi, Garo, Pnar) related to pregnancy, ANC, PNC, basic child care, basic immunization, family planning, with special emphasis on breastfeeding and complementary feeding practices.	**Colloquial- local language model**	**Colloquial- local language model**	**Colloquial- local language model**	✓	✓				✓
Secondary Target Group																
SA: Immediate Family Members and Elders	Families often prioritize early and frequent childbirth over spacing, with limited discussion on reproductive choices.	Family members encourage birth spacing, respecting the couple's decision while providing emotional and logistical support.	Traditional beliefs prioritizing large families, lack of awareness of maternal and child health benefits, fear of community judgment.		IPC: Counselling	Posters, ASHA Tab Videos, Handbook, Flipbook	Message (To Mothers-in-Law and Elders): "Birth spacing ensures healthier mothers and children. Supporting your daughters-in-law in planning births strengthens your family's well-being." Message 2 (To Men's Groups/Community Leaders): "Real strength lies in caring for your family. Spacing children allows you to provide better education, healthcare, and opportunities for your children."	Pictorial Based , Infographics and Indigenous Characterisation Folk Characters With Messages | Messaging Based on Good Mothers and their virtues in Local language and Local Characters. Slick graphic videos on complementary feeding and correct weaning practices in local regional dialect and step by step process Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language			✓	✓	✓	✓		
						Posters (to be displayed at SC/PHC/CHC, village locations, beauty salons and other institutions)	Poster: **Birth Spacing** Visual: A smiling family with 2 young children playing happily. Text: "Healthy spacing, happy family. Wait 2-3 years between children for their brighter future." **Increasing Contraceptive Use:** Visual: A couple discussing contraceptive options with a health worker. Text: "Plan your family wisely—safe methods, healthier future. Talk to your health worker today!" **Male Participation:** Visual: A husband and wife visiting a health center together. Text: "Family planning is teamwork. Support your wife for a healthier family and future."	Folk Characters With Messages | Messaging Based on Good Mothers and Virtues of Healthy Khasi Mother in Local language and Local Characters	Folk Characters With Messages | Messaging Based on Good Mothers and Virtues of Healthy Khasi Mother in Local language and Local Characters	Folk Characters With Messages | Messaging Based on Good Mothers and Virtues of Healthy Khasi Mother in Local language and Local Characters	✓	✓	✓	✓		

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Dissemination channels & sample messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (Including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
SA: Immediate Family Members and Elders	Relatives discourage contraceptive use due to myths, misconceptions, and fear of side effects.	Relatives positively influence and endorse the use of modern contraceptives by reducing stigma and misinformation.	Deep-rooted misconceptions, fear of social disapproval, and limited access to trustworthy contraceptive information.	Healthy families thrive with informed decisions on birth spacing and family planning. Elders and relatives play a crucial role in supporting maternal and child health.	Mid Media	Community Gatherings Street Play/Folk Theatre Ritualized Community Traditions Bible Study Classes	Birth Spacing: Street Play: Scene: A family struggles financially and emotionally to care for closely spaced children. A health worker explains the benefits of spacing births—healthier mothers, stronger children, and better family prosperity. Message: ""Spacing children helps you give them the care, education, and future they deserve."" Increasing Contraceptive Uptake: Folk Performance: Lyrics: ""Contraceptives are safe, they help you plan, A healthier future is in your hands. Don't fear side effects, options are many, Speak to your health worker—they're your family!"" Male Participation: Street Play: Scene: A husband encourages birth spacing and supports his wife in accessing family planning services. Their family prospers as they provide education and better care to their children.	Unveiling posters and endorsing cultural traditions/events on Ka T'ap Kpoh-a blessing ritual after the first trimester of pregnancy, Ka-Jer Kha Thoh: Naming ceremony. and health packaging on traditional gifts integration - Jain-Sop (baby cloth diapers), Dabor (bathing basins),Jain-It (Baby Slings)	A'kawes: Childbirth observance and traditional gift integration	Jaintia specific childbirth observance and traditional gift integration	✓	✓	✓		✓	
						VHC IEC Handbook	Adapt the VHC IEC Handbook to develop a common Handbook for use across multiple platforms, which should include sections on the following: Need for sensitizing VHC members on birth spacing and the health advantages to the mother and child. On the role that both male and female partners should be playing to ensure birth spacing and effective use of FP methods. On different kinds of female and male family planning methods with mentioning the advantages and busting myths and misconceptions around it. Need for sensitizing SHG members on birth spacing and the health advantages to the mother and child. On the role that both male and female partners should be playing to ensure birth spacing and effective use of FP methods. On different kinds of female and male family planning methods with mentioning the advantages and busting myths and misconceptions around it.	Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language	Indigenous Characterisation and Design | FAQs tailored to regional practices, traditions and language		✓	✓	✓		
					Digital/Mass Media	Digital Ads News Channels WhatsApp YouTube Instagram Ask the Machine (ATM)	1. Headline: "Birth Spacing—A Gift of Care for Mothers and Children." Subtext: "Space births by 2-3 years for healthier families. Visit your nearest health center for options." 2. Headline: "Worried About Side Effects? Safe Options Are Available!" Subtext: "Family planning helps protect mothers and children. Visit your health worker to know more." 3. Headline: "Family Planning—A Partnership for a Brighter Future." Subtext: "Men and women together can ensure healthier families. Visit your health center for more information."	Real Life Stories of Healthy Mothers as Brand Ambassadors For Birth Spacing, Slick 20 Seconders graphic ads about Contraceptives and Myths and Spiritual Belief Systems in Local Colloquial Language, Infographics on Inhibitions and graphic 20 seconders and reel on what family planning means etc	Real Life Stories of Healthy Mothers as Brand Ambassadors For Birth Spacing, Slick 20 Seconders graphic ads about Contraceptives and Myths and Spiritual Belief Systems in Local Colloquial Language, Infographics on Inhibitions and graphic 20 seconders and reel on what family planning means etc	Real Life Stories of Healthy Mothers as Brand Ambassadors For Birth Spacing, Slick 20 Seconders graphic ads about Contraceptives and Myths and Spiritual Belief Systems in Local Colloquial Language, Infographics on Inhibitions and graphic 20 seconders and reel on what family planning means etc	✓	✓		✓	✓	
Religious Leaders, beauty parlours and Local Influencers	Men are often not sensitized to their role in family planning due to societal expectations and cultural beliefs.	Actively engage communities with accurate information on birth spacing and its health benefits through meetings, counselling, and cultural events.	Cultural norms reinforcing male dominance in decision-making, lack of targeted messaging for men, and limited male champions advocating FP.	1. Leverage Cultural and Religious Influence for Positive Messaging: Frame family planning as a means to ensure maternal and child well-being within traditional and religious values. Use faith-based justifications to highlight responsible parenthood and health benefits. 2. Promote Male Involvement in Reproductive Health: Sensitize men on their role in family planning and challenge restrictive norms. Encourage respected community figures to model and advocate for shared decision-making. 3. Create Safe Spaces for Dialogue: Facilitate community meetings, counseling sessions, and cultural events to discuss birth spacing and its benefits. Address misconceptions through trusted voices within religious and local leadership.	IPC: Counselling	Posters, Handbook, Flipbook	Message (To Religious Leaders): "Healthy families are God's blessing. Birth spacing protects maternal health and ensures children are nurtured well—it's about care, not control." Message 2 (To Men's Groups/Community Leaders): "Real strength lies in caring for your family. Spacing children allows you to provide better education, healthcare, and opportunities for your children."	Familiar Spiritual Texts and Interpretation about popular belief systems , Pastors and Village Elders and Community Heads as Health Influencers and Invoking Health as a spiritual right of a child	Familiar Spiritual Texts and Interpretation about popular belief systems , Pastors and Village Elders and Community Heads as Health Influencers and Invoking Health as a spiritual right of a child	Familiar Spiritual Texts and Interpretation about popular belief systems , Pastors and Village Elders and Community Heads as Health Influencers and Invoking Health as a spiritual right of a child	✓	✓	✓	✓		
						Digital content as Ready Reckoner (& Bible Study classes)	The salons would act as a hub of information for women and young girls about their reproductive health matters. The information to be shared with clients visiting the salon will be developed as a digital tool which will be used using mobile phones. The content will be short and to the point acting as a "ready reckoner" and will also have a list of FAQs. Salon workers will educate clients on teenage pregnancy, the right age for marriage, birth spacing, and FP options for men and women. Salons may also act as depots for temporary contraceptives. Salon workers will refer clients needing medical intervention to nearby health centers or health workers, acting as key connectors to healthcare services.	Colloquial Peer to Peer Counselling For Birth Spacing	Colloquial Peer to Peer Counselling For Birth Spacing	Colloquial Peer to Peer Counselling For Birth Spacing	✓	✓	✓		✓	
	Deep-rooted beliefs discourage contraceptive use, with family planning seen as interfering with divine will or traditional values.	Ensure that men are sensitized to their critical role in family planning and dispel traditional norms that limit male involvement.	Strong religious influence on reproductive choices, fear of community backlash, and lack of culturally adapted FP messaging.		Mid Media	Community Gatherings Street Play/Folk Theatre Ritualized Community Traditions	"Birth Spacing: Street Play: Scene: A family struggles financially and emotionally to care for closely spaced children. A health worker explains the benefits of spacing births—healthier mothers, stronger children, and better family prosperity. Message: "Spacing children helps you give them the care, education, and future they deserve." Increasing Contraceptive Uptake: Folk Performance: Lyrics: "Contraceptives are safe, they help you plan, A healthier future is in your hands. Don't fear side effects, options are many, Speak to your health worker—they're your family!" Male Participation: Street Play: Scene: A husband encourages birth spacing and supports his wife in accessing family planning services. Their family prospers as they provide education and better care to their children."	Plots and Stories includes Adaptation of cultural narratives like:Plots and Stories includes Adaptation of cultural narratives like:Ka-lukhmai'i (highlighting women as caregivers).	Cultural Narrative Like Dombi Wari	Pnar Cultural Story about a mother's unwavering love is the tale of "Ka Syntu Ksiar" (The Golden Flower)	✓	✓	✓		✓	
		Supporting in addressing and combating cultural and religious beliefs that hinder the uptake of family planning options, ensuring messages align with community values.				Posters (to be displayed at SC/PHC/CHC, village locations, beauty salons and other institutions)	Poster: **Birth Spacing** Visual: A smiling family with 2 young children playing happily. Text: "Healthy spacing, happy family. Wait 2-3 years between children for their brighter future." **Increasing Contraceptive Use:** Visual: A couple discussing contraceptive options with a health worker. Text: "Plan your family wisely—safe methods, healthier future. Talk to your health worker today!" **Male Participation:** Visual: A husband and wife visiting a health center together. Text: "Family planning is teamwork. Support your wife for a healthier family and future."	Indigenous Characterisation and Virtue Signalling on Good Mothers and Emotional tug of Mothers Wisdom	Indigenous Characterisation and Virtue Signalling on Good Mothers and Emotional tug of Mothers Wisdom	Indigenous Characterisation and Virtue Signalling on Good Mothers and Emotional tug of Mothers Wisdom	✓	✓	✓	✓		
					Digital/Mass Media	Digital Ads News Channels WhatsApp YouTube Instagram Ask the Machine (ATM)	1. "Spacing children by 2-3 years gives mothers time to recover and children time to grow strong. Visit your health center to learn how to plan your family wisely." 2. Scene: A doctor explains birth spacing benefits to a young couple, showing a healthy family enjoying quality time together. Voiceover: "Birth spacing strengthens families. Healthy mothers, healthy children, happy future!" 3. Scene: A couple discusses contraceptives with a health worker who addresses their concerns about side effects and explains available options. Voiceover: "Modern contraceptives protect your family's health. Take charge of your future—plan together." 4. Scene: A man encourages his friends to support their wives in using family planning methods. Voiceover: "Real men plan for their family's health and happiness. Learn about safe options today."	Real Life Stories of Healthy Mothers as Brand Ambassadors For Birth Spacing, Slick 20 Seconders graphic ads about Contraceptives and Myths and Spiritual Belief Systems in Local Colloquial Language, Infographics on Inhibitions and graphic 20 seconders and reel on what family planning means etc	Real Life Stories of Healthy Mothers as Brand Ambassadors For Birth Spacing, Slick 20 Seconders graphic ads about Contraceptives and Myths and Spiritual Belief Systems in Local Colloquial Language, Infographics on Inhibitions and graphic 20 seconders and reel on what family planning means etc	Real Life Stories of Healthy Mothers as Brand Ambassadors For Birth Spacing, Slick 20 Seconders graphic ads about Contraceptives and Myths and Spiritual Belief Systems in Local Colloquial Language, Infographics on Inhibitions and graphic 20 seconders and reel on what family planning means etc	✓	✓		✓	✓	

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Dissemination channels & sample messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (Including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
FLWs	Health workers may provide generic advice without addressing cultural sensitivities or engaging both partners equally.	Proactively providing accurate, culturally sensitive, and tailored counselling on birth spacing and family planning options to couples, ensuring both women and men are equally engaged in discussions.	Limited training of healthcare workers, discomfort in discussing contraception with men, and reluctance to challenge traditional norms.	1. Strengthen Counseling for Male Engagement: Deliver clear, practical, and culturally sensitive guidance on men's role in maternal and child health. Use interactive approaches to address doubts and encourage involvement. 2. Tackle Myths and Misinformation: Engage elders and families in open discussions to shift traditional norms. Replace misconceptions with evidence-based information while respecting cultural beliefs. 3. Enhance Home-Based Support: Ensure regular home visits to guide families on breastfeeding, complementary feeding, and maternal care. Reinforce the father's role in reducing maternal workload and ensuring child well-being. 4. Empower Women and Families for Early Planning: Encourage pregnant women to plan ahead for exclusive breastfeeding and postpartum care. Involve family members in discussions to build a supportive home environment.	Reference Materials	Tranings, Posters, ASHA Tab Videos, Handbook, Flipbook	Strengthen culturally relevant counseling: Train FLWs to provide clear, practical, and culturally sensitive advice on birth spacing. Encourage engaging both partners in discussions, using familiar examples and community-relevant analogies. Address traditional norms without direct confrontation, ensuring respect for cultural values.	More Visual And Colliquial Language For Counselling	More Visual And Colliquial Language For Counselling	More Visual And Colliquial Language For Counselling	✓	✓	✓	✓		
	Men see contraception as a woman's responsibility and hesitate to discuss or support reproductive health decisions.	Actively encourage male participation by addressing their questions and concerns about family planning, emphasizing their role as supportive partners in reproductive health decisions.	Social norms discouraging male participation, fear of reduced masculinity, and lack of male-friendly FP services.				Promote male involvement in family planning: Highlight the role of men as supportive partners in reproductive health decisions. Facilitate male-friendly FP discussions by using male role models and peer educators. Offer counseling strategies that build confidence in men to engage in FP choices.	Material With Sensitasation around traditional Male and Masculinity Norms and replete with Khasi beliefs and oral wisdom	Material With Sensitasation around traditional Male and Masculinity Norms and replete with Garo beliefs and oral wisdom	Material With Sensitasation around traditional Male and Masculinity Norms and replete with Jaintia beliefs and oral wisdom						
	Birth spacing is rarely discussed in public forums, limiting awareness and acceptance.	Actively encourage male participation by addressing their questions and concerns about family planning, emphasizing their role as supportive partners in reproductive health decisions.	Religious and cultural taboos, limited platforms for open dialogue, and reluctance to discuss reproductive health publicly.				Normalize birth spacing conversations: Integrate discussions on birth spacing into existing community meetings and social gatherings. Leverage religious and traditional leaders to dispel myths and promote FP as a family well-being practice. Use storytelling, case studies, and testimonials to create an open dialogue about FP benefits.									

10. Monitoring and Evaluation plan

Monitoring Framework for Birth Spacing (Option uptake and male participation)			
Process Monitoring (Assesses the implementation of activities)			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of counselling sessions conducted by FLWs on birth spacing and the need for male participation	Monthly Report, session attendance sheets	Monthly	ASHA ANM
# of male-focused awareness sessions on the need for birth spacing and promoting the use of FP methods organized			
# of SHG/VHC meetings discussing birth spacing and promotion of family planning methods including increased male participation			
# of orientation sessions conducted by frontline workers for Traditional healers and Religious leaders	ANM records		Supervisors
# of FLWs trained on gender-sensitive communication including increasing male participation in birth spacing and family planning counselling	Training reports, attendance sheets	Bi-annually	IEC Team / Monitoring and Evaluation (M&E) Team

Monitoring Framework for Birth Spacing (Option uptake and male participation)			
Output Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of couples provided counselling on family planning methods while discharged from hospitals after delivery	Counselling checklist during discharge	Monthly	Maternity ward nurse/counsellor
% of ASHA using videos for counselling	Field report		ASHA
# of couples provided counselling related to family planning methods when they attended immunisation day at the community	VHSND report		ANM
# of mothers provided information about family planning during HBYC visits by ASHA worker	HBYC report		ASHA
# of communities/ public locations have displayed posters related to birth spacing in designated spaces	Field report		ASHA
% of ASHA & ANM received training related to birth spacing in last 3 years	Training report	During the training	Training organiser

Monitoring Framework for Birth Spacing (Option uptake and male participation)			
Outcome Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
% of currently married males able to recollect different types of family planning methods	Sample Survey	Yearly	M&E Department
% of currently married females able to recollect different types of family planning methods			
% of of community members understand the importance of having a birth spacing of 3 years.			
% of mothers and percentage of fathers received information about birth spacing through sources like campaigns, VHC, ASHA, WhatsApp videos, posters and religious institutions.			
% of currently married couples using modern family planning methods (sub-indicator for each type of modern family planning method)			

11. Recommendations: A multi-pronged approach

The SBCC strategy for promoting birth spacing in Meghalaya must address cultural norms, traditional practices, and structural barriers while leveraging opportunities for community mobilization, inter-departmental convergence, and system strengthening across the Khasi, Garo, and Jaintia regions. Given below are multi-pronged specific recommendations across levels-

11.1. GOVERNMENT SYSTEM STRENGTHENING	
STATE LEVEL	**Policy Integration**: Integrate birth spacing and family planning (FP) messaging into broader health, nutrition, and social protection programs under the National Health Mission (NHM) and the Integrated Child Development Scheme (ICDS). **Capacity Building of Health Staff**: Organize state-level training programs for District and Block Health Officers, Medical Officers at PHCs (MOs), and field staff on the need for BS and FP counselling, contraceptive options, and male engagement strategies. **Strengthen Contraceptive Supply Chains**: Ensure consistent availability of contraceptives (pills, injectables, condoms, Copper-T) in all public health facilities, including outreach camps using innovative approaches. **Media Campaigns**: Develop state-wide multimedia campaigns, including FM radio, television, and social media, using specific local languages (Khasi/Garo/Pnar) to promote the health benefits of birth spacing.

11.1. GOVERNMENT SYSTEM STRENGTHENING	
DISTRICT & BLOCK LEVEL	**Strengthen Community Health Platforms**: Use Village Health and Nutrition Days (VHNDs) effectively as a platform for providing FP counselling, distributing contraceptives, and addressing misconceptions, which are currently underutilized. Also using other important platforms such as VHC and SHGs for effective reinforcement for the need for birth spacing within the villages. **Monitoring and Review Mechanism**: Establish district and block-level data monitoring and review systems to track contraceptive uptake and conduct community surveys to identify barriers and successes. **Male Engagement Training**: Train male health workers and village-level volunteers to engage with men in their role in supporting birth spacing and also taking up family planning.
VILLAGE LEVEL	**Counselling and Follow-Up**: Equip ASHAs and Anganwadi Workers (AWWs) to provide culturally sensitive counselling at the household level including to the men of the family (in reproductive age) and follow up on contraceptive use and side effects. **Leverage Local Governance**: Engage village headmen to lead discussions on FP and birth spacing during community meetings and VHC sessions.

11.2. INTER-DEPARTMENTAL CONVERGENCE APPROACHES

Health and ICDS Collaboration: Conduct joint counselling sessions during VHNDs, combining health (ASHA/ANM) and nutrition (AWW) services to promote maternal health benefits of birth spacing.

Education Department Collaboration: Introduce reproductive health and FP education in school curriculums for adolescents to normalize discussions about family planning and to “catch them young” to sensitise and make them aware of such important health aspects.

Community & Rural Development Department: Engage SHGs under the National Rural Livelihood Mission (NRLM) to promote FP messages and contraceptive use through peer discussions during their regular meeting where ASHA or ANM could act as a facilitator.

Convergence with Faith-Based Organizations: The Health Department along with the Community & Rural Departments partner with religious institutions to develop neutral, health-focused Birth Spacing messages that align with community values; consider activity-based incentivization for various community institutions to motivate them to effectively promote appropriate BS using available methods and services.

11.3. COMMUNITY MOBILIZATION AND ENGAGEMENT

Sensitise and train village headmen and elders to advocate for the health benefits of birth spacing during community gatherings, and importantly promote male participation.

Engage the church and other religious institutions/leaders to provide support by addressing FP as a health "need" rather than an "issue" or a "moral" one, avoiding direct conflict with cultural sensitivities. Also engaging youth clubs and organizations (within various church groups and Nehru Yuva Kendra (NYK) to promote FP messages, increasing male participation, and addressing myths and misconceptions among young men and women, would be a very effective channel.

Educate traditional healers to dispel myths about contraceptives refer individuals to health facilities for FP services, and provide basic contraceptives like condoms.

Male Participation – Organize Father-to-Father campaigns by conducting peer discussions led by respected male figures in the community, highlighting their role in supporting FP decisions and reducing maternal workload.

Organize dedicated health sessions for men during VHNDs, focusing on FP, contraceptive methods, and shared decision-making.

During VHC meetings emphasise the role of men in birth spacing to ensure a "healthy mother & healthy child" concept.

11.4. ADDRESSING COMMUNITY LEVEL BARRIERS

Culturally Appropriate Messaging- Develop SBCC materials that respect the belief that children are a blessing while emphasizing the health benefits of birth spacing for both mother and child. Use phrases like “healthy mother & healthy child” or “ensuring a healthy family” to frame FP discussions positively.

Standardized Communication- Develop and distribute IEC materials (posters, flipbooks) in Khasi, Garo, and Jaintia languages that explain FP methods and address misconceptions.

Dialogue with Faith Leaders- Encourage religious leaders to discuss FP in the context of maternal and child health, aligning messages with community values.

Tailored Counselling- Address the generational divide in family size perceptions by tailoring messages to younger and older audiences. Highlight the economic and health benefits of smaller families to younger women while respecting traditional norms of lineage continuity.

Mother-to-Mother Support Groups- Establish support groups where younger mothers share their experiences and benefits of birth spacing with older women in the community.

Mass Media Campaigns- Use storytelling formats on local WhatsApp groups to demonstrate how families benefit from birth spacing and FP; use social media platforms popular among youth to disseminate short videos, infographics, and testimonials on FP and birth spacing.

Alternative Methods- Promote natural FP methods like lactational amenorrhea and fertility awareness techniques, particularly in communities resistant to modern contraceptives.

Public Recognition Programs- Celebrate villages with high contraceptive uptake and successful FP practices during community events to motivate others.

List of Abbreviations

AIDS – Acquired immunodeficiency syndrome

ANC – Antenatal Care

ANM – Auxiliary Nurse Midwife

ASHA – Accredited Social Health Activist

AWW – Anganwadi Worker

AWC – Anganwadi Centre

B-CAP – Block Convergence Action Plan

BCG – Bacillus Calmette-Guérin

BPM – Block Program Manager

C&RD – Community and Rural Development Department

CB – Capacity Building

CBO – Community-Based Organizations

CDPO – Child Development Project Officer

CF – Complementary Feeding

CHC – Community Health Centre

CSR – Corporate Social Responsibility

DC – District Collector

D-CAP – District Convergence Action Plan

DCPC – District Child Protection Officer

DMHO – District Medical and Health Officer

DMM – District Mission Manager

DPO – District Project Officer

DSWO – District Social Welfare Officer

EBF – Exclusive Breast Feeding

EIBF – Early Initiation of Breastfeeding

FAQ – Frequently Asked Question

FGD – Focus Group Discussion

FHI – Family Health International

List of Abbreviations

FLW – Frontline Worker

FP – Family planning

H&WC – Health and Wellness Centre

HBNC – Home Based Newborn Care

HBYC – Home Based Care for Young Child

HIV – Human immunodeficiency viruses

ICDS – Integrated Child Development Service

IEC – Information, Education, and Communication

IFPRI – International Food Policy Research Institute

IIPHS – Indian Institute of Public Health Shillong

IPC – Interpersonal Communication

KAP-B – Knowledge, attitudes, and practice behaviours

KMC – Kangaroo Mother Care

LM – Lactating Mother

M&E – Monitoring and Evaluation

MCH – Maternal and Child Health

MCP – Maternal and Child Protection

MDRTB – Multi Drug Resistant Tuberculosis

MHSSP – Meghalaya Health Systems Strengthening Project

MIS – Management Information System

MLHP - Mid-Level Health Providers

MoM – Minutes of Meeting

MO i/c – Medical Officer in Charge

MP – Male Participation

MSACS – Meghalaya State AIDS Control Society

MSRLS – Meghalaya State Rural Livelihoods Society

NCD – Non-Communicable disease

NFHS – National Family Health Survey

List of Abbreviations

NGO – Non Governmental Organization

NHM – National Health Mission

PA – Primary Audience

PHC – Primary Health Centre

PHED – Public Health Engineering Department

PLWHA – People Living With HIV/AIDS

PMU – Project Management Unit

PNC – Postnatal Care

PPP – Public Private Partnership

PSU – Public Sector Undertaking

PTA – Parent Teacher Association

PW – Pregnant Women

PWD – Public Works Department

RBSK – Rashtriya Bal Suraksha Karyakram

RCH – Reproductive Child Health

S-CAP – State Convergence Action Plan

SBCC – Social and Behaviour Change Communication

SC – Sub Centre

SHG – Self Help Group

SRS – Sample Registration System

SUD – Strategic Use of Data

TB – Tuberculosis

UNICEF – United Nations Children's Fund

VEC – Village Education Committee

VHC – Village Health Council

VHIB – Village Health Information board

VHND – Village Health and Sanitation Day

WCD – Women and Child development

WHO – World Health Organization

WRA – Women in Reproductive age

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Strategy for Increasing Male Participation in Improving Maternal and Child Health

Project submitted by
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MEGHALAYA HEALTH SYSTEMS STRENGTHENING PROJECT

Strategy for Increasing Male Participation in Improving Maternal and Child Health

1. Introduction

The state of Meghalaya shows a mixed performance across key health indicators, with sharp variations between rural and urban areas. While the state has made considerable progress in reducing maternal and infant mortality rates and improving the performance of health facilities, it continues to struggle with a high fertility rate, low acceptance of family planning methods, poor infant care and feeding practices, high social acceptance of child marriages, and resistance to institutional maternal care. Additionally, there is a dual burden of communicable and non-communicable diseases, with anaemia and malnutrition remaining endemic. The cultural and social factors play a significant role in influencing accepted behaviours and practices, which complicates the effectiveness of health services. Moreover, the low educational status among various tribes reinforces negative social norms, further challenging the state health machinery's efforts to address these deeply rooted issues effectively.

Male participation in improving MCH outcomes, although is a very important aspect of providing care and support but due to several reasons, both personal and societal, it is often ignored. A growing body of literature indicates that including male partners in antenatal care (ANC) can be instrumental in improving women's health service utilization and MCH outcomes. In a study conducted by Paul P.L and Pandey S, (2015) of the women who had attended at least one ANC contact during their pregnancy found that about 85% reported that their male partners had accompanied them to ANC contacts, with variations across regions. Level of education, household wealth, knowledge of pregnancy-related issues, men's age at marriage, region, and women's level of autonomy emerged as significant predictors of male partner attendance in ANC.

The results of this study highlight the multiple influences that shape male partners' attendance in ANC. The findings underscore the need for a multi-faceted approach to programs and interventions aimed at encouraging male partner involvement; recognizing men both as individuals, as well as being situated within the family/household and community.[1]

A growing body of literature indicates that involving male partners in ANC can be instrumental in improving women's health service utilization and MCH outcomes. For instance, a study conducted among tribal communities in India found that only 22% of men accompanied their wives to ANC (ANC), 25% were present at the time of delivery, and 25% attended postnatal care (PNC).[2]

The main reason cited for non-participation was the belief that maternal health issues were solely women's concerns. This underscores the need for culturally sensitive and community-driven interventions to increase male participation in maternal and child care. Addressing these issues requires culturally sensitive and community-driven awareness-cum-sensitization interventions to increase male participation in Maternal and Child Care in Meghalaya.

2. The Current Landscape

Male involvement in MCH positively influences health outcomes by ensuring access to ANC, proper nutrition, and immunizations while supporting financial planning and resource allocation. However, the extent of male participation varies across Meghalaya, with men generally having low involvement in healthcare decision-making. Regional disparities are evident, with fathers minimally involved in the East Khasi Hills, spouses taking primary responsibility in the West Garo Hills, and pregnant women making decisions in the West Jaintia Hills. While focus group discussions reveal some men actively support maternal and child health, many fail to prioritize these responsibilities due to societal pressures, traditional assumptions, or a lack of proactive engagement. Elder community members advocate for male involvement, but the degree of participation remains influenced by personal choices rather than societal norms. The level of male participation varies across the Khasi, Garo, and Jaintia regions, but this variation appears to be influenced more by personal attitudes and perceptions than by broader societal influences. Addressing this paradox requires targeted efforts to transform individual mindsets while challenging peer and community norms that discourage male involvement in maternal and child health.

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[1] Paul PL, Pandey S. An examination of the factors associated with male partner attendance in ANC in India. BMC Pregnancy Childbirth. 2023 Jul 22;23(1):532. doi: 10.1186/s12884-023-05851-8. PMID: 37481558; PMCID: PMC10362642.
[2] https://www.cambridge.org/core/journals/journal-of-biosocial-science/article/abs/supported-motherhood-an-examination-of-the-cultural-context-of-male-participation-in-maternal-health-care-among-tribal-communities-in-india/46D61F069A79D5FA95430274ED4F96F5?

The level of male participation varies across the Khasi, Garo, and Jaintia regions, but this variation appears to be influenced more by personal attitudes and perceptions than by broader societal influences. Addressing this paradox requires targeted efforts to transform individual mindsets while challenging peer and community norms that discourage male involvement in maternal and child health.

Inconsistent Support

Across the Khasi, Garo, and Jaintia regions, there is inconsistency in male involvement. While some men actively support maternal and child health, many limit their involvement to emergencies, reflecting a lack of sustained support.

Low Prioritization

Many men recognize their role in MCH care but do not view it as a priority. This results in a reliance on women to independently manage their health and the health of their children.

Peer and Societal Pressure

Societal norms and peer expectations discourage men from participating in MCH activities. The fear of being judged or "looked down upon" by peers deters men from playing an active role.

Cultural Beliefs and Gender Roles

Traditional gender roles often place the responsibility for caregiving on women, limiting men's involvement. Some men view caregiving as a "woman's duty," leading to limited engagement in maternal and child health.

Variations Across Regions

Male participation varies across the three regions. For example, men in the Garo region are reported to take on decision-making roles, while in the Khasi region, healthcare decisions are often left to women. These regional disparities suggest differing cultural influences and attitudes.

Lack of Knowledge and Sensitization

Although men may understand their roles, there is often a gap in knowledge about how they can effectively contribute. Without adequate sensitization, they may not take proactive steps to engage.

Economic Pressures

For many men, economic responsibilities dominate their priorities, leaving little time or energy to engage in MCH care, this is particularly pronounced now where men have become the primary earners.

Minimal Institutional Encouragement

Lack of focused effort from the health systems in the region to actively encourage male participation, limited initiatives or structured programs targeting men as active participants in maternal and child health.

Limited Role Models

A lack of visible male role models involved in MCH care perpetuates the notion that such responsibilities are exclusively for women.

Case Study: My Husband is a STAR!

"My husband is a star!" quickly retorted Patience (name changed), a 30-year-old mother of three, who lives with her husband in Khanar village in Saipung block of East Jaintia Hills, "he during all my three deliveries not only accompanied for check-ups every time but also helped me with all household chores literally washing clothes, fetching water, taking care of kids, and sometimes cooking food for all".

"This is not a completely unique case but certainly is special as other men also do help their partners but it is based on their interest and availability some accompany them for check-up while some would help with some household works but my husband did help me throughout and interestingly during all the three pregnancies", said Patience proudly.

Based on the interaction in the discussion with the group earlier, it was evident that men are not too sensitive about the need to extend help for maternal and child as they largely consider it to be the lady's responsibility.

Men participation in maternal and child health care is vary individual based, some are keen and understand the importance of their support while others are very ignorant and unaware. Men are often found to extend support and help to their partners during the time of need depending on their availability and based on their priorities. When it is an emergency, they do support their families but otherwise it completely depends.

Patience, because of the support from her partner, had all her deliveries conducted in the facility, although it is a very treacherous road that they have to take but because of his support she could manage it well. Since he also took good care of her during her pregnancy and after she did not face too many challenges at home.

As Patience said *"that due to his support I had HAPPY PREGNANCIES!!! and I hope every woman gets husband like mine – a Star"*, with a bright smile on her face.



3. Objectives

Objective 1

To sensitize various stakeholders, including community leaders/influencers, on the importance of male participation in MCH for improving the health outcomes of mothers and children.

To create awareness among men and their families on the need for male involvement in maternal and child healthcare to enhance overall health outcomes.

Objective 2

4. Theory of Change

Input	Output	Outcome	Impact
Stakeholder Sensitization and Awareness	Increased knowledge among men and communities regarding their role in maternal and child health. Greater acceptance of male participation as a norm within communities.	Men actively supporting women during antenatal and postnatal care, including nutrition, check-ups, and household responsibilities.	**Improved maternal and child health outcomes through increased male participation in maternal and child health care.**
Capacity Building	Trained frontline workers capable of engaging men in health discussions. Region-specific, culturally appropriate SBCC toolkit for health workers and community structures including schools, SHGs, and for local media, and community events.	Enhanced community awareness and dismantling of societal barriers discouraging male involvement.	
Community Strengthening	Visible involvement of men in maternal health events, such as antenatal check-ups, immunization drives, counselling sessions etc. Male-friendly spaces in healthcare settings with provision for session on counselling to the male partners and young adults (fathers-to-be).	Improved decision-making dynamics within families, promoting joint responsibility for maternal and child health.	

5. Current Communication tools available

5.1 Current IEC materials and their status in the channel: **IPC**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Counselling during Home visit	None Available	Home Visit	Male partner; other family members	NA	NA
		VHND (AWC), SC (H&WC), PHC, CHC			

5.2 Current IEC materials and their status in the channel: **Mid Media**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Posters	None Available	NA	NA	NA	NA

5.3 Current IEC materials and their status in the channel: **Digital Media**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Video Film	YouTube Video	Mobile / Personal	Male partner; other family members	Poor recall	Urban - Fair Rural - Poor

5.4 Current IEC materials and their status in the channel: **Others-VHC**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
VHC Handbook	None Available	VHC meetings, Community Events/meetings	VHC Members	NA	Good, every VHC has an IEC handbook

6. Suggested Changes for Improving IEC Materials and their Usage

6.1 Suggested changes for improving IEC Materials and their usage in the channel: **IPC**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Counselling during Home visit	MCP Card*	Home visit	ASHA ANM	MCP card to include sections/messages related to male participation on MCH specifically during ANC, delivery, PNC, and Child Immunization, supporting in creating an enabling environment for EBF and supporting in promotion of CF practices. Also, mentioning the advantages of providing support and the improved health outcomes for the mother & child dyad. Conduct structured group counselling sessions with male partners and any other accompanying family member using an MCP card during VHND sessions. Conduct one-to-one Counselling with the mother & her make partner using an MCP card during ANC & PNC visits
Counselling during ANC visit		VHND (AWC) SC (H&WC) PHC	ANM	
Counselling at the facility (after delivery)		SC (H&WC) PHC CHC	ANM MLHP	
Counselling during PNC visit		VHND (AWC) SC (H&WC) PHC	ANM MLHP	

6.2 Suggested changes for improving IEC Materials and their usage in the channel: **MID MEDIA**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Posters	Poster on Male Participation	SC (H&WC) PHC CHC	ANM MLHP	Ensure all posters are available in Khasi and Garo languages. In the existing posters on breastfeeding promotion, KMC, needs for ANC and PNC include images of male partners (e.g. accompanying for check-ups, feeding baby, doing KMC etc) along with partner/wife and always mention it as a joint responsibility of the couple. Facility-level officials should consciously inform the stakeholders including accompanying male partners about the various posters and their relevance to them and their families, reinforcing & reiterating the importance of reading them.

6.3 Suggested changes for improving IEC Materials and their usage in the channel: DIGITAL/MASS MEDIA				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
YouTube Video	Mobile / Personal	Male partner; other family members	State SBCC Officer	Develop a calendar for repeat reminders through available platforms to all different WhatsApp groups about the existing video and its usefulness.

6.4 Suggested changes for improving IEC Materials and their usage in the channel: Others - VHC				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
VHC Handbook	IEC Handbook	VHC Meeting	VHC members ASHA	During VHC meetings use the VHC IEC Handbook to sensitise VHC members on the need and importance of male support to women for MCH care and nutrition, clearly sensitizing on the benefits and positive outcomes on the health of mother and child. The family elders especially the mothers and maternal uncle should also be sensitized on ensuring men are asked to support maternal and child care within the family.

7. Suggested New Additions to Tools and Platforms

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Counselling during home visits	ASHA Tabs: Short Videos	Home Visit	ASHA	Digital content (include separate Tabs for all different topics): • Create real-life stories, representing Khasi, Jaintia and Garo regions from across the field for sharing with a larger populace, based on good practices where male partners support mothers and children on health care. Stories should capture the real-life situation and provide all relevant information for others to learn about their experiences. • Animation on various topics related to the need for men involvement in MCH and its positive health outcomes. • Influencer videos on how the male partners jointly with their partners plan for birth spacing using FP methods and showing the positive health outcomes. • Edutainment videos on various topics related to the need for involvement of male in MCH and its positive health outcomes in Khasi, Garo and Pnar.

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Print Material	Flipbook	Counselling during Home visit	ASHA	Illustration-based comprehensive Flipbook covering important topics about ANC, PNC and Childcare with special emphasis on male participation not limited to accompanying for accessing health services but also supporting household chores. The flipbook should also include male figures in all relevant sections of ANC, PNC, EBF and CF to reinforce male participation and support at all times of MCH care & development.
		VHND (AWC) SC (H&WC) PHC	ANM	

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Men-Helping-Men (MHM) Anonymous	Leaflet Digital Content as Ready Reckoner / FAQs	Men's group meetings	VHC members Village Headman	MHM groups would function as a support mechanism for men to openly discuss and get information from their influential peers within the community regarding various topics, but this platform to begin with would focus on discussion and seeking information about the role of male partners on how and why to provide support in MCH care, and how that translate into a happier and healthy family. This will also help establish a platform for men to meet and discuss other health & non-health-related matters. The discussions will be facilitated both digital content (through mobile phones) and also using print materials like leaflets, the content will be developed for a whole range of health topics, and the content will be developed as ready reckoners or FAQs for their ease of use.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Print Material	Poster	In facilities – - Waiting area - Maternity ward Community -Market place - Salon - Community meeting halls - AWC - Bus stop	ANM MLHP MO i/c VHC ASHA	Develop picture-based posters on: • Depict how male partners could support during pregnancy (during ANC & time of delivery). • Illustrate how male partners in the family help during the PNC period, during the period of EBF and for immunization and growth monitoring of the child. • Illustrate how male partners could support the mother with child care during initiation of CF - including informing about meal frequency and diet diversity focusing on the promotion of locally available food items, responsive feeding and when the child is sick.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Digital Signage screen	Develop digital content	In facilities – Waiting areas Maternity wards	State / District SBCC Officer	Develop digital content on: • Animation to promote male participation during pregnancy – focusing on ANC, time of delivery, EBF and PNC, clearly depicting the advantages and improved health outcomes for mother and baby. • Animation related to the right support to be provided during initiation of CF practices informing that CF should start at 6 months and describing meal frequency and diet diversity. The content should inform about the advantages of starting CF at 6 months and how men play an important role in the same. • Influencer videos on the promotion of male participation during pregnancy – focusing on ANC, time of delivery, EBF and PNC, and child health care. • Edutainment videos on male participation during pregnancy – focusing on ANC, time of delivery, EBF & PNC, and child health care. • Picture Story – real-life cases sharing experiences of how their male partners supported the female partner during pregnancy (accompanying for ANC, being present during delivery, supporting in managing the newborn baby) and then supporting during the time of breastfeeding (ensuring EBF) and timely initiation of CF.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Print Material	VHC IEC Handbook	VHC meeting	VHC members	Revise the VHC IEC Handbook to include a section on sensitizing the male participation in supporting ANC, time of delivery, and promotion of EBF and timely initiation of CF practices.

"Once the boy decides to live with a girl then it is his responsibility to help his wife in whichever situation they are, and they better do!"

52-year-old FGD participant,
Nekora Village,
Maheshkola, South Garo Hills

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Print Material	IEC handbook	SHG meetings	SHG officials ASHA	Adapt VHC's IEC Handbook with messages about various appropriate/correct health practices and behaviours which should have a special focus on the promotion of male participation during pregnancy – focusing on ANC, time of delivery, EBF and PNC, and child health care. The handbook should be able to guide the traditional healers to easily communicate with their patients/visitors about: • how male partners could support during pregnancy (during ANC & time of delivery). • how male partners in the family help during the PNC period, during the period of EBF and for immunization of the child. • how male partners could support the mother with child care during initiation of CF – why including informing about meal frequency and diet diversity focusing on the promotion of locally available food items and responsive feeding importance • How the males should support the family when the child or the mother is sick and take responsibility for household chores.
		Religious meetings	Religious leaders	
		Traditional Healers Counselling during Treatment	Traditional Healers ASHA / ANM	

7.2 Suggested new additions to tools and platforms in the channel: <u>MID MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Mobile Information Unit	Van-mounted digital screen with 'Ask-The-Machine' (ATM) and vending machine	At crowded sites like Festivals, Events / Competitions (like fishing /angling, archery / teer etc) Marketplaces and tourist sites	District SBCC / IEC Officer	The van would have the following features: **Ask-The-Machine (ATM)**: Interactive information screen with voice-enabled support or touchscreen-based information repository. The ATM shall give options for direct voice-based interaction where the user can ask questions about a set of health issues, or else use the touch screen to navigate and get information on the screen for reading. The machine would be equipped with providing an information leaflet once the session is completed for the user to refer later or share further. The proposed health topics are: Male participation in Maternal & Child Health, Birth Spacing / Family Planning, HIV/AIDS, Drug Abuse including Smoking/Alcoholism/Tobacco -Pan-masala use, EBF & CF, NCD- Diabetes / Cancer / Hypertension, and healthy living. **Vending machine (free of cost)**: Users can use the vending machine to get family planning materials like condoms, OCP and Sanitary Pads.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Mobile Information Unit	Van-mounted digital screen with 'Ask-The-Machine' (ATM) and vending machine	At crowded sites like Festivals, Events / Competitions (like fishing /angling, archery / teer etc) Marketplaces and tourist sites	District SBCC / IEC Officer	**Digital Display Screen**: The digital content could be common / standard to be used across all channels, suggestions are as follows: • Animation to promote male participation during pregnancy – focusing on ANC, time of delivery, Breastfeeding the child (EBF) and PNC, clearly depicting the advantages and improved health outcomes for mother and baby. • Influencer videos on promotion of male participation during pregnancy – focusing on ANC, time of delivery, Breastfeeding the child (EBF) and PNC, and child health care. • Edutainment videos on male participation during pregnancy – focusing on ANC, time of delivery, Breastfeeding the child (EBF) & PNC, and child health care. • Picture Story – real-life cases sharing experiences of how their male partners supported the female partner during pregnancy (accompanying for ANC, being present during delivery, supporting in managing the newborn baby) and then supporting it during the time of breastfeeding (ensuring EBF) and timely initiation of CF.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Wall Paintings	Painting on walls	Community Market place, Community meeting halls, School walls, Panchayat buildings, PDS shops, Bus stop	Block SBCC officer ANM	Develop wall paintings on: • Depict how male partners could support during pregnancy (during ANC & time of delivery). • Illustrate how male partners in the family help during the PNC period, during the period of EBF and for immunization. • Illustrate how male partners could support the mother with child care during initiation of CF - including informing about meal frequency and diet diversity focusing on the promotion of locally available food items.
Events	Folk Play Street Play Performances	Events, Market Place, Community meetings	District SBCC Officer Block SBCC Officer	A folk play/street play script will be developed to highlight the crucial role of male participation in maternal and child healthcare. It will focus on key areas where male partners can provide support, including during conception, the ANC period, preparation for safe delivery, breastfeeding, timely immunization, initiation of complementary feeding, and growth monitoring. To ensure cultural relevance and effective communication, the script will be developed in Khasi, Garo, and Pnar, promoting active male involvement in fostering healthier families.

7.3 Suggested new additions to tools and platforms in the channel: **DIGITAL/MASS MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Digital Hoarding Boards	Digital hoarding with digital content	Community – Bus stop, Main marketplace (in main cities)	State / District SBCC Officer	Digital Content in local languages to depict the importance of male participation in MCH care and nutrition, especially during ANC, PNC, at times of sickness and during initiation of complementary feeding using – • Animation • Short real-life videos • Short Influencer videos • Edutainment videos • Local folk / traditional songs • Short bytes from celebrities and govt doctors • Short messages
Hoarding Boards	Comprehensive hoarding displaying pictorially	Community – Bus stop, Main marketplaces (in tier 2 & 3 cities/towns)	State / District SBCC Officer	Content in local languages to depict the importance of male participation in MCH care and nutrition especially during ANC, PNC, at times of sickness and during initiation of complementary feeding.

7.3 Suggested new additions to tools and platforms in the channel: **DIGITAL/MASS MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Instagram	Post / Story	Mobile phones	State SBCC Officer	Create real-life stories, representing Khasi, Jaintia and Garo regions, based on the importance of male participation in MCH care and nutrition especially during ANC, PNC, at times of sickness and during initiation of complementary feeding and also about how they can help with doing various household chores at various stages and pregnancy and child-rearing. Stories should capture the real-life situation and provide all relevant information for others to learn about their experiences. Influencer videos on promotion of male participation during pregnancy – focusing on ANC, time of delivery, Breastfeeding the child and PNC, and child health care.

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
YouTube	Videos	Mobile phone	State SBCC Officer	Influencer videos in local languages - Khasi/Garo/Pnar- on: - Influencer videos on the promotion of male participation during pregnancy – focusing on ANC, time of delivery, EBF and PNC, and child health care. - Edutainment videos on male participation during pregnancy – focusing on ANC, time of delivery, EBF & PNC, and child health care. - Picture Story – real-life cases sharing experiences of how their male partners supported the female partner during pregnancy (accompanying for ANC, being present during delivery, supporting in managing the newborn baby, doing household chores) and then support during the time of breastfeeding and timely initiation of CF - on the need to include locally available food types for diet diversity and mentioning its positive impact and mother and child dyad.

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Health Memes	Post	Mobile phone	State SBCC Officer	Create engaging and visually appealing meme posts with captivating images to showcase how men can support their partners during pregnancy and beyond. Highlight simple yet impactful actions such as helping with household chores, offering emotional support during pregnancy, being present at delivery, assisting during breastfeeding, ensuring timely immunization, initiating complementary feeding, and caring for the mother and child during illness. These posts will promote shared responsibilities and emphasize the importance of active male participation in maternal and child health.

7.4 Suggested new additions to tools and platforms in the channel: **OTHERS**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Village-level Display Board	Posters	Village Health Information Board (VHIB)	VHC ASHA	Existing and new posters developed for the promotion of increasing Male Participation, EBF and CF to be displayed on the VHIB based on the annual calendar, which details the topic, type and number of posters to be displayed.
Drone Services	Leaflet / Pamphlet	Direct dropping to community (hard-to-reach)	State SBCC Officer	Leaflet/Pamphlet depicting the importance of male participation in MCH care and nutrition especially during ANC, PNC, at times of sickness and during initiation of complementary feeding, to be dropped through drone to hard-to-reach village along with other supplies based on the annual calendar developed.

SUGGESTED / PROPOSED KEY MESSAGES

This section highlights a few samples of new, innovative messages, aiming to present fresh perspectives that enhance audience engagement with the communication material. These are just a few samples of perspectives that can be explored further, showcasing how different angles can make communication more accessible, relevant, and impactful for diverse audiences.

Encouraging men to share household responsibilities, provide emotional support during pregnancy and lactation, and ensure reduced physical burden for mothers-to-be and new mothers.



Promoting male involvement in ensuring maternal and child care especially for seeking timely healthcare during illnesses of mother or child, and supporting in child care practices like accompanying during vaccinations, growth monitoring sessions, participating and supporting during initiation of CF.



Encourage men to accompany their partners during ANC and PNC, understand the importance of balanced nutrition during pregnancy, and support breastfeeding and postnatal care.



8. Types of Audience and Targeted Behaviour

Audience Type

Primary Audience

Stakeholder – Male Partners

Suggested Behaviours

- Ensure providing support to female partner/wife by accompanying for Healthcare Visits, especially during ANC, and PNC visits, for child's immunisation, growth monitoring sessions and during the time of sickness.
- Supporting Exclusive Breastfeeding by encouraging and assisting female partner/wife in practising exclusive breastfeeding for six months by reducing maternal workload by contributing to household chores.
- Ensure Complementary Feeding is initiated for the child starting at six months, by making other family members understand the advantages and benefits, and ensuring till then no other feeds including pre-lacteals are given.
- Sharing Household Responsibilities to reduce physical strain on pregnant or breastfeeding mothers, allowing them to focus on their health and the child's well-being.

- Encouraging Positive Behaviours by supporting the couple in attending healthcare visits and practising exclusive breastfeeding, and discouraging cultural practices or advice that conflict with recommended MCH practices.
- Creating a supportive environment by reducing the burden of traditional roles and expectations placed on mothers, allowing them to prioritize health.

Suggested Behaviours

Audience Type

Secondary Audience

Family Elder, including Husbands mother

8. Types of Audience and Targeted Behaviour

Audience Type

Secondary Audience

FLWs

Suggested Behaviours

- Engage Male Partners during outreach activities targeting to educate them on MCH and provide culturally tailored counselling for men on supporting exclusive breastfeeding and supporting complementary feeding.
- Building Community Awareness through facilitating group discussions during ANC / PNC visits or village meetings (during VHC or PTA meetings) to share success stories and address barriers to male involvement.

- Sensitize community members especially male partners and the village elders on gender equality in maternal and child caregiving and endorse & appreciate male participation in MCH during community gatherings or religious sermons.
- Promoting Cultural Acceptance by addressing cultural taboos or traditional beliefs that discourage male involvement in caregiving roles and encourage family-centred health practices as part of communal values.

Suggested Behaviours

Audience Type

Secondary Audience

VHC & SHG Members
Religious Leaders
Traditional Healers

Application across Khasi, Garo, and Jaintia Regions

- *Adapt the approach to respect the matrilineal system prevalent in these tribes, framing male involvement as complementary and supportive rather than replacing existing caregiving roles.*
- *Use culturally appropriate mediums like community meetings, traditional performances, and storytelling to convey these critical behaviours.*

9. Audience-wise Suggested Channels and Materials

Primary Audience



Male Partners

Urban Community Events - VHC / SHG meetings; Home visits by FLWs (counselling); Posters at Health Centre; Social media - WhatsApp, YouTube

Rural Community Events - VHC /SHG meetings; Home visits by FLWs (counselling); Posters at Health Centre; Social media - WhatsApp, YouTube; Travelling Folk Theatre; VHIB

Secondary Audience



Wife / Female Partners & Family Members (Elders)

Urban Community Events- VHC /SHG meetings; Posters at Health Centre; Social media - WhatsApp, YouTube.

Rural Posters at Health Centre; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; VHIB; Community Events - VHC /SHG meetings; Ask-The-Machine' Van.

Secondary Audience



FLWs

Urban and Rural ASHA Tabs during Home visits by FLWs (counselling); Compact Handbook during home visits by FLWs (counselling); Community Events - VHC /SHG meetings.

Strategy for Increasing Male Participation in Improving Maternal and Child Health

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Topic-wise Messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	MP in MCH Materials	MP in MCH Messages	Khasi	Garo	Jaintia	Urban	Rural (Including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
PA: Male Partners	Limited involvement in healthcare visits – Men rarely accompany their wives for ANC, PNC, immunization, or child health check-ups, considering it a woman's responsibility.	Ensure providing support to female partner/wife by accompanying for Healthcare Visits, especially during ANC, and PNC visits, for child's immunisation, growth monitoring sessions and during the time of sickness.	Work commitments, social norms discouraging male involvement, lack of awareness about the importance of their presence.	Encouraging men to share household responsibilities, provide emotional support during pregnancy and lactation, and ensure reduced physical burden for mothers-to-be and new mothers.	**IPC: Counselling**	MCP card, Posters, ASHA Tab Videos, Handbook, Flipbook	Message 1: "A father's role starts during pregnancy, not after birth. Join ANC visits and learn how you can support your wife and baby for a healthier future." Message 2: "Did you know? Fathers who are actively involved during pregnancy reduce stress for mothers and improve newborn health outcomes. Start by asking your wife how you can help today!" Message 3: "Supporting your wife during pregnancy isn't just about finances—it's about being by her side emotionally and physically. Small steps like helping her rest, eating nutritious food together, and talking about health matters can make a big difference."	Indigenous Characterisation and Emphasis on Character Modelling and Ideal Khasi Virtues. Drama and Satire For Videos and Memes like How Not to be a Bad Khasi Guy For Reels	Indigenous Characterisation and Emphasis on Character Modelling and Ideal Garo Virtues. Satire, Humour and Dramatic meme formats to Break the masculinity norms	Indigenous Characterisation and Emphasis on Character Modelling and Ideal Garo Virtues. Satire, Humour and Strong Messaging on breaking patriarchial notions. Pnar Messaging to be Stronger in Tone than Khasi and Garo Messaging	✓	✓	✓	✓		
	Minimal support for breastfeeding – Husbands do not actively encourage or assist in EBF, and maternal workload remains high, affecting breastfeeding frequency.	Supporting Exclusive Breastfeeding by encouraging and assisting female partner/wife in practising exclusive breastfeeding for six months by reducing maternal workload by contributing to household chores.	Lack of knowledge about EBF benefits, belief that household chores are women's responsibility, societal stigma around men engaging in childcare.	Promoting male involvement in ensuring maternal and child care especially for seeking timely healthcare during illnesses of mother or child, and supporting in child care practices like accompanying during vaccinations, growth monitoring sessions, participating and supporting during initiation of CF.		MHM (Men Helping Men) Anonymous Leaflet Digital Content as Ready Reckoner / FAQs	MHM groups would function as a support mechanism for men to openly discuss and get information from their influential peers within the community regarding various topics, but this platform to begin with would focus on discussion and seeking information about the role of male partners on how and why to provide support in MCH care, and how that translate into a happier and healthy family. This will also help establish a platform for men to meet and discuss other health & non-health-related matters. The discussions will be facilitated both digital content (through mobile phones) and also using print materials like leaflets, the content will be developed for a whole range of health topics, and the content will be developed as ready reckoners or FAQs for their ease of use.	Therapeutic Peer to Peer Modalities and local Language for the Master Facilitators to counsel and create a peer to peer advocacy structure	Therapeutic Peer to Peer Modalities and local Language for the Master Facilitators to counsel and create a peer to peer advocacy structure	Therapeutic Peer to Peer Modalities and local Language for the Master Facilitators to counsel and create a peer to peer advocacy structure	✓	✓	✓		✓	
	Lack of role in Complementary Feeding – Men are not engaged in decisions about CF, leaving it to mothers and elders, leading to early or inappropriate feeding practices.	Ensure Complementary Feeding is initiated for the child starting at six months, by making other family members understand the advantages and benefits, and ensuring till then no other feeds including pre-lacteals are given.	Cultural norms assigning feeding responsibilities to women, low awareness about the father's role in child nutrition, hesitation to challenge elders' advice.	Encourage men to accompany their partners during ANC and PNC, understand the importance of balanced nutrition during pregnancy, and support breastfeeding and postnatal care.	**Mid Media**	Posters (to be displayed at SC/PHC/CHC, Archery counters,angling competitions, Barber shops,village locations, salons and other institutions)	Message (Poster): "Healthy families start with involved fathers! Attend check-ups, learn about good nutrition, and support your wife for a brighter future." Visual: Image of a man proudly holding his baby alongside his smiling wife at a health center.	Using Khasi Virtues of a Man as Role Model in the language and design	Using Garo Virtues of a Man as Role Model in the language and design	Using Jaintia Virtues of a Man as Role Model in the language and design	✓	✓	✓	✓		
	Household responsibilities seen as women's duty – Men often do not share domestic work, increasing the physical strain on pregnant and breastfeeding mothers.	Sharing Household Responsibilities to reduce physical strain on pregnant or breastfeeding mothers, allowing them to focus on their health and the child's well-being.	Traditional gender roles, fear of judgment from peers/elders, perception that helping with chores is not a "man's job."			Community Gatherings/events Ask the Machine (ATM) Angling Competitions Archery Grounds Bible study class	Message 1 (Street Plays/Folk Performances): Scene: A husband accompanies his wife to the health center, helps with household work, and learns from health workers. Narrative: "A real man cares for his wife and child before, during, and after birth. Be the father your child will look up to!" Message (Folk Songs/Chants): "Together we share the load, Together we walk the road, A father's care, a mother's rest, Gives our baby the very best!" Message (Local Gatherings): "Fathers, let's talk! Your involvement makes pregnancy safer and babies healthier. Attend group discussions with health workers to learn simple ways you can help."	Khasis folk traditions of ballads about Ki Sun Phawar and couplets	Garos folk traditions of ballads about inspirational heroes like Ki-Sur Param Ka Duitara, Marynthing bad Marynpod and Ki-Sur-Khana Paro and Katta Againa' along with Achik Theatre formats	Use of of 'Bamphalar'-,'Bamphalar'-, a theater tradition popular in Jowai region	✓	✓	✓		✓	✓
					Digital/Mass Media	Digital Ads News Channels WhatsApp YouTube Instagram Integration with Hello Meghalaya	Message (WhatsApp/SMS): "A healthy pregnancy needs a supportive father. Visit the health center together and learn about your role during pregnancy and childbirth. Your family counts on you!" Message (Social Media Visuals): "Did you know? Babies whose fathers are involved during pregnancy are healthier and happier. Be the dad who makes a difference!" Visual: Happy family picture with text overlays. Message (YouTube Videos): Title: "Why Fathers Matter During Pregnancy" Content: Short video showing testimonials of fathers who supported their wives during pregnancy, featuring health worker tips and positive outcomes. Message (Social Media Campaign Hashtags): #HealthyFathersHealthyFamilies | #StrongDadsCare | #Men4MaternalHealth Message 5 (Short Reels): "A real man shares the journey of pregnancy. Cook a meal, share a smile, and walk with her to health check-ups. Together, we build strong families!"	Prominent Use of Satire, Humour, Modern Rap Songs and Memes. An Integrated Modern Kitsch Illustrated Campaign of How to Be a Good Man Etc, Satire and Humour to be the main editorial peg for this messaging for Digital and Video Content	Prominent Use of Satire, Humour, Modern Rap Songs and Memes. An Integrated Modern Kitsch Illustrated Campaign of How to Be a Good Man Etc, Satire and Humour to be the main editorial peg for this messaging for Digital and Video Content	Prominent Use of Satire, Humour, Modern Rap Songs and Memes. An Integrated Modern Kitsch Illustrated Campaign of How to Be a Good Man Etc, Satire and Humour to be the main editorial peg for this messaging for Digital and Video Content	✓	✓		✓	✓	
Secondary Target Group																
SA: Family Elder, including Husbands mother	Families do not prioritise or encourage couples to attend antenatal/postnatal check-ups, assuming they are unnecessary unless complications arise.	Encouraging Positive Behaviours by supporting the couple in attending healthcare visits and practising exclusive breastfeeding, and discouraging cultural practices or advice that conflict with recommended MCH practices.	Pregnancy, childbirth, and childcare are traditionally seen as a woman's responsibility, discouraging male involvement in healthcare visits and breastfeeding support.	Maternal and child health is a family concern, not just a woman's duty. Supporting healthcare visits and exclusive breastfeeding ensures a healthier future for both mother and baby.	**IPC: Counselling**	MCP card, Posters, ASHA Tab Videos, Handbook, Flipbook	Message: "Did you know? Fathers who are actively involved during pregnancy reduce stress for mothers and improve newborn health outcomes. Start by asking your wife how you can help today!" Message: "Break the stigma! Men who participate in maternal health are not weak—they are strong leaders for their families and communities." Message: "Health workers are here to guide you. Ask them how you can help during pregnancy, delivery, and childcare."	Indigenous Characterisation and Emphasis on Character Modelling and Ideal Khasi Virtues. Drama and Satire For Videos and Memes like How Not to be a Bad Khasi Guy For Reels	Indigenous Characterisation and Emphasis on Character Modelling and Ideal Khasi Virtues. Drama and Satire For Videos and Memes like How Not to be a Bad Garo Guy For Reels	Indigenous Characterisation and Emphasis on Character Modelling and Ideal Khasi Virtues. Drama and Satire For Videos and Memes like How Not to be a Bad Jaintia Guy For Reels	✓	✓	✓	✓		
	Families do not prioritise or encourage husbands to actively participate in MCH or try to normalise the norms of doing so.	Creating a supportive environment by reducing the burden of traditional roles and expectations placed on mothers, allowing them to prioritize health.	Families prioritise cultural practices over medical advice, leading to resistance against exclusive breastfeeding and modern MCH recommendations.	Grandparents and elders are key influencers in the household. Encouraging modern healthcare practices over outdated traditions can protect both mother and child.	**Mid Media**	Posters (to be displayed at SC/PHC/CHC, Archery counters,village locations, salons and other institutions)	Message (Poster): "Healthy families start with involved fathers! Attend check-ups, learn about good nutrition, and support your wife for a brighter future." Visual: Image of a man proudly holding his baby alongside his smiling wife at a health center.	Folk Heroes, Local Khasi Role Models, Real Life Brand Ambassadors on Posters to reward spur male participation	Folk Heroes, Local Garo Role Models, Real Life Brand Ambassadors on Posters to reward spur male participation	Folk Heroes, Local Jaintia Role Models, Real Life Brand Ambassadors on Posters to reward spur male participation	✓	✓	✓	✓		
			Men often have limited knowledge about maternal and child health, leading to disengagement from healthcare visits and decision-making.	Some cultural practices may unknowingly harm the baby. Following medically proven advice on breastfeeding and childcare ensures the best start in life.		Community Gatherings/events Ask the Machine (ATM) Angling Competitions Archery Grounds Bible study classes	Message (Street Plays/Folk Performances): Scene: A husband accompanies his wife to the health center, helps with household work, and learns from health workers. Narrative: "A real man cares for his wife and child before, during, and after birth. Be the father your child will look up to!" Message (Local Gatherings): "Fathers, let's talk! Your involvement makes pregnancy safer and babies healthier. Attend group discussions with health workers to learn simple ways you can help." Message (Folk Songs/Chants): "Together we share the load, Together we walk the road, A father's care, a mother's rest, Gives our baby the very best!"	Khasis folk traditions of ballads about Ki Sun Phawar and couplets	Garos folk traditions of ballads about inspirational heroes like Ki-Sur Param Ka Duitara, Marynthing bad Marynpod and Ki-Sur-Khana Paro and Katta Againa' along with Achik Theatre formats	Use of of 'Bamphalar'-,'Bamphalar'-, a theater tradition popular in Jowai region	✓	✓	✓		✓	
VHC & SHG Members Religious Leaders Traditional Healers	Male partners and elders do not actively discuss or promote men's role in caregiving and Men who engage in caregiving are not acknowledged or appreciated in community settings. MCH topics are typically directed at women, excluding men from discussions.	Sensitize community members especially male partners and the village elders on gender equality in maternal and child caregiving and endorse & appreciate male participation in MCH during community gatherings or religious sermons.	Community elders and religious leaders often uphold traditional gender roles, making it difficult to challenge norms.	Recognising fathers who actively engage in caregiving sets a positive example for the community.	**IPC: Counselling**	Posters, Handbook, Flipbook Digital Content as ready reckoner	Message: "Did you know? Fathers who are actively involved during pregnancy reduce stress for mothers and improve newborn health outcomes. Start by asking your wife how you can help today!" Message: "Break the stigma! Men who participate in maternal health are not weak—they are strong leaders for their families and communities." Message: "Health workers are here to guide you. Ask them how you can help during pregnancy, delivery, and childcare."	Indigenous Characterisation and Familar Colloquial Language	Indigenous Characterisation and Familar Colloquial Language	Indigenous Characterisation and Familar Colloquial Language	✓	✓	✓		✓	
			Community discussions on MCH are mostly attended by women, reducing male exposure to such messages.	Religious sermons and village meetings can be powerful spaces to normalise male involvement in MCH.	**Mid Media**	Community Gatherings/events Ask the Machine (ATM) Angling Competitions Archery Grounds Bible Study Classes	Message (Street Plays/Folk Performances): Scene: A husband accompanies his wife to the health center, helps with household work, and learns from health workers. Narrative: "A real man cares for his wife and child before, during, and after birth. Be the father your child will look up to!" Message (Local Gatherings): "Fathers, let's talk! Your involvement makes pregnancy safer and babies healthier. Attend group discussions with health workers to learn simple ways you can help." Message (Folk Songs/Chants): "Together we share the load, Together we walk the road, A father's care, a mother's rest, Gives our baby the very best!"	Folk Theatre, Stand Ups and Satire Traditions	Folk Song and Music Formats, Stand Up and Humour	Folk Theatre, Stand Ups and Satire Traditions	✓	✓	✓		✓	✓

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Topic-wise Messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	MP in MCH Materials	MP in MCH Messages	Khasi	Garo	Jaintia	Urban	Rural (Including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
VHC & SHG Members Religious Leaders Traditional Healers			Limited collaboration between FLWs and influential leaders weakens advocacy for male participation.		**Digital/Mass Media**	VHC IEC Handbook	Adapt VHC's IEC Handbook with messages about various appropriate/correct health practices and behaviours which should have a special focus on the promotion of male participation during pregnancy – focusing on ANC, time of delivery, EBF and PNC, and child health care. The handbook should be able to guide the traditional healers to easily communicate with their patients/visitors about: how male partners could support during pregnancy (during ANC & time of delivery). how male partners in the family help during the PNC period, during the period of EBF and for immunization of the child. how male partners could support the mother with child care during initiation of CF – why including informing about meal frequency and diet diversity focusing on the promotion of locally available food items and responsive feeding importance How the males should support the family when the child or the mother is sick and take responsibility for household chores.	Pictoral And Indegnous Charactrisation, Faq tailored to Local Practices and Belief Systems	Pictoral And Indegnous Charactrisation, Faq tailored to Local Practices and Belief Systems	Pictoral And Indegnous Charactrisation, Faq tailored to Local Practices and Belief Systems		✓	✓	✓		
	Families often rely on outdated practices that exclude male participation rather than following medical advice. Community Gatherings tend to not focus on topics like this since health is seen as an individual, not a family responsibility. Mothers are left to manage MCH alone, with little support from male partners or extended family.	Promoting Cultural Acceptance by addressing cultural taboos or traditional beliefs that discourage male involvement in caregiving roles and encourage family-centred health practices as part of communal values.	Changing long-standing beliefs about male roles in caregiving is seen as unnecessary or inappropriate.	Adapting traditions to prioritise health benefits strengthens rather than weakens cultural identity. Involving men in caregiving creates stronger, healthier families and communities.		Announcements/broadcasts during Angling competitions Archery counters	Message 1 (Announcements): "Fathers, your involvement matters! Attend antenatal check-ups, learn about breastfeeding, and help your partner during pregnancy. A strong father means a strong family!" Message (Ads): Scene: A husband helping his wife with daily chores, attending ANC visits, and holding their healthy newborn. Voiceover: "True strength is in standing by your family. Join hands with your wife for your child's health and future!" Message (Ads): "Men, your role is key to a healthy family! Support your wife during pregnancy and after birth. Visit your nearest health center to learn how."	Phawar Couplets and Local brand Ambassadors(Community Heads, Village Elders, Local Achievers, Celbrities	Local Brand Ambassadors, Local Achievers, Archik Theatre Traditions to convey Messages	Pnar Folk Traditions and Local brand Ambassadors(Community Heads, Village Elders, Local Achievers, Celbrities	✓	✓	✓		✓	
			Elders and religious leaders may worry that promoting gender equality in caregiving challenges their authority.	Religious and traditional leaders have the power to reshape harmful norms and promote caregiving as a communal value.		Digital Ads News Channels WhatsApp YouTube Instagram	Message (Social Media Visuals): "Did you know? Babies whose fathers are involved during pregnancy are healthier and happier. Be the dad who makes a difference!" Visual: Happy family picture with text overlays. Message 3 (YouTube Videos): Title: "Why Fathers Matter During Pregnancy" Content: Short video showing testimonials of fathers who supported their wives during pregnancy, featuring health worker tips and positive outcomes. Message 4 (Social Media Campaign Hashtags): #HealthyFathersHealthyFamilies | #SStrongDadsCare | #Men4MaternalHealth Message 5 (Short Reels): "A real man shares the journey of pregnancy. Cook a meal, share a smile, and walk with her to health check-ups. Together, we build strong families!"	Slick 20 second Graphic, Memes, Local heroes on Messaging For Youtube, Reels and Instagram series based on 'Small Giants'	Slick 20 second Graphic, Memes, Local heroes on Messaging For Youtube, Reels and Instagram series based on 'Small Giants'	Slick 20 second Graphic, Memes, Local heroes on Messaging For Youtube, Reels and Instagram series based on 'Small Giants'	✓	✓		✓	✓	
FLWs	FLWs primarily engage with mothers, missing opportunities to involve fathers in EBF and complementary feeding support. Male partners are often excluded from MCH discussions, assuming it is solely a woman's responsibility.	Engage Male Partners during outreach activities targeting to educate them on MCH and provide culturally tailored counselling for men on supporting exclusive breastfeeding and supporting complementary feeding.	FLWs are primarily trained to counsel women, leaving them with limited strategies to effectively engage men.	Educating men on MCH empowers them to make informed decisions that safeguard their child's well-being.	**Reference Materials**	Tranings, Posters, ASHA Tab Videos, Handbook, Flipbook	1. Engaging Men in MCH: A Shared Responsibility! Key Message: A father's role in MCH is as important as a mother's. Supporting maternal health and child nutrition strengthens the entire family. How FLWs Can Communicate This: Include fathers in ANC/PNC discussions to reinforce their role in caregiving. Highlight how their support in exclusive breastfeeding and complementary feeding can improve child health. Share real-life stories of families where male involvement led to healthier children.				✓	✓	✓	✓	✓	
			Many men work long hours and are unavailable during FLW visits, reducing opportunities for direct engagement.	When men participate in ANC/PNC discussions, they contribute to a healthier future for their children and the entire community.			2. Fathers as Champions of Child Nutrition Key Message: Men's involvement in breastfeeding and child nutrition creates a healthier future for their children. How FLWs Can Communicate This: Explain how fathers can help mothers rest, reduce stress, and ensure timely feeding. Encourage fathers to actively participate in meal preparation and feeding routines. Use simple visuals and culturally relevant storytelling to normalize men's roles in childcare.	Folk Heroes, Local Indigenous Charactrisation, spiritua Sentiments in language and details	Folk Heroes, Local Indigenous Charactrisation, spiritua Sentiments in language and details	Folk Heroes, Local Indigenous Charactrisation, spiritua Sentiments in language and details			
	FLWs may face resistance from men due to social norms that exclude them from childcare responsibilities. Community discussions on MCH primarily involve women, reinforcing the idea that men do not need to participate.	Building Community Awareness through facilitating group discussions during ANC / PNC visits or village meetings (during VHC or PTA meetings) to share success stories and address barriers to male involvement.	Community elders and traditional leaders may discourage discussions that challenge existing norms about male involvement in childcare.	Encouraging men to engage in child health practices leads to better family health, economic stability, and community progress.			3. Overcoming Barriers to Male Engagement Key Message: Men often work long hours, but small actions—like providing emotional support, ensuring nutritious food, and attending health discussions—make a big difference. How FLWs Can Communicate This: Schedule discussions during village meetings (VHC, PTA) where men are present. Provide alternative options such as evening group sessions or home visits at convenient times. Gain support from community elders to create an environment where male involvement is encouraged.	Language around socio-cultural norms and familiar language as opposed to academic language	Language around socio-cultural norms and familiar language as opposed to academic language	Language around socio-cultural norms and familiar language as opposed to academic language			
			Meetings on MCH are traditionally attended by women, making it difficult for FLWs to create spaces where men feel welcomed.	Integrating positive cultural values with modern health practices ensures both tradition and the best health outcomes for the family.			4. Male Participation: A Tradition of Strong Families Key Message: Traditional family values of protection and care align with modern MCH practices—ensuring a strong, healthy family for generations. How FLWs Can Communicate This: Use cultural references that emphasize fatherhood and family well-being. Highlight how integrating traditional caregiving values with modern health knowledge strengthens communities. Facilitate storytelling sessions where elders acknowledge the benefits of men's involvement in childcare.	Language around socio-cultural norms and familiar language as opposed to academic language	Language around socio-cultural norms and familiar language as opposed to academic language	Language around socio-cultural norms and familiar language as opposed to academic language			

10. Monitoring and Evaluation plan

Monitoring Framework for Male Participation in Maternal and Child Health			
Process Monitoring (Assesses the implementation of activities)			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of individual awareness sessions conducted for male partners on MCH (using various SBCC materials including ASHA Tab / Flipbook etc.)	Session attendance sheets, monthly reports	Monthly	ASHA ANM
# of group awareness sessions conducted with male partners on breastfeeding and complementary feeding (using various SBCC materials including ASHA Tab / Flipbook etc.)			
# of community-level awareness sessions conducted for male champions, village elders, and religious leaders using various SBCC materials	Monthly reports, attendance sheets		ANM, Supervisors
# of counselling sessions provided to male partners by frontline health workers	ASHA/ANM records		Supervisors
% of households reached with SBCC materials focused on male participation	Household survey reports	Bi-annually	IEC Team / Monitoring and Evaluation (M&E) Team

Monitoring Framework for Male Participation in Maternal and Child Health			
Outcome Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# and % of husbands counselled on MCP card during ANC checkups at VHND	VHND report	Monthly	ANM
# and % of families in which husbands were able to be counselled by ASHA workers on the MCP card in any of the HBNC visits	HBNC report		ASHA
# and % of families in which husbands were able to be counselled by ASHA workers on the MCP card in any of the HBYC visits	HBYC report		ASHA
% of ASHA & ANM received training related to improving men's participation in the last 3 years.	Training report	During the training	Training organizer

Monitoring Framework for Birth Spacing (Option uptake and male participation)			
Outcome Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
% of fathers of children under one year recalling counselling session details	Sample Survey	Yearly	M&E Department
% of fathers accompanying their wives for hospital delivery			
% of fathers present during ASHA's HBNC visits			
% of fathers attending children's immunisation sessions			
% of fathers acknowledging the importance of supporting mothers and caring for the child			
% of fathers of children under one year receiving information on male participation in MCH through any source			

11. Recommendations: A multi-pronged approach

The strategy must address field-level barriers, promote cultural sensitivity, and create opportunities for men to actively participate in MCH(MCH) activities across the Khasi, Garo, and Jaintia regions. This involves targeted efforts at different levels of governance, inter-departmental collaboration, and community-driven approaches.

11.1. GOVERNMENT SYSTEM STRENGTHENING	
STATE LEVEL	**Policy Advocacy:** Develop and advocate state-specific male engagement guidelines for MCH under the NHM, emphasizing their roles in ANC, PNC immunization, and nutrition, including birth preparedness and responsible birth spacing/family planning. **Capacity Building:** Conduct state-level training for policymakers and program managers on strategies to integrate male participation into health programs. **Media Campaigns**: Launch state-wide multimedia campaigns, featuring male role models and culturally sensitive messages, to normalize men's involvement in MCH.
11.1. GOVERNMENT SYSTEM STRENGTHENING	
DISTRICT & BLOCK LEVEL	**Health Worker Training:** Train ASHAs, ANMs, and health workers to include men in counselling sessions, providing practical guidance on their roles in MCH. **Male-Specific Health Workers:** Train a cadre of male health workers to engage with other men on MCH issues. **Monitoring Male Engagement:** Establish district-level indicators for tracking male participation in ANC visits, immunization drives, and nutrition programs

11.1. GOVERNMENT SYSTEM STRENGTHENING

VILLAGE LEVEL

Community Leadership: Engage village headmen and VHC members to promote male participation through community meetings and outreach activities.

Male-Focused Health Sessions: Introduce male-focused sessions during VHNDs to educate men on MCH, addressing peer and societal pressures, economic responsibilities, and caregiving roles.

Incentives for Engagement: Introduce recognition programs for villages and individuals with high male participation in MCH activities.

Culturally Adapted IEC Materials: Distribute pictorial and video-based IEC materials in local languages, emphasizing men's roles in ensuring maternal and child well-being.

11.2. INTER-DEPARTMENTAL CONVERGENCE APPROACHES

Health and ICDS Collaboration: Coordinate efforts between health (NHM) and ICDS workers to include men in sessions on maternal nutrition, immunization, and child care during VHNDs.

Education Department Partnership: Integrate MCH and gender equity topics into school and college curricula to encourage long-term behavioural change in younger generations.

Community & Rural Development/MSRLS -VHC collaboration: Creating Men SHGs groups to initiate male-focused campaigns, encouraging spouses of SHG members also to participate in joint sensitization sessions.

11.3. COMMUNITY MOBILIZATION AND ENGAGEMENT

Use village headmen and VHC members to lead community dialogues on the importance of male participation in MCH, linking it to family and community well-being.

Engage church leaders to integrate messages about shared responsibilities in MCH into sermons and faith-based gatherings. Involve youth clubs and organizations, at the village level like church base, Nehru Yuva Kendra (NYK) etc in promoting messages about gender equity and shared responsibilities in caregiving of mother and child.

Collaborate with traditional healers to incorporate modern MCH practices into their counselling, reaching men who rely on traditional care systems, and emphasising to women patients to get their male partners to accompany them.

Identify and train male champions who are already involved in MCH to lead peer discussions, break stereotypes and address societal pressures.

Highlight and reward (non-monetary) male role models at community events to create visibility and inspire others.

Use platforms like WhatsApp, Facebook, and Instagram to share relatable stories and videos of men contributing to MCH

11.4. ADDRESSING COMMUNITY LEVEL BARRIERS

Family-Centred Counselling: Train ASHAs and ANMs to provide family-centred counselling that includes both men and women, emphasizing shared responsibilities.
Community Pledges: Organize village-level pledge campaigns where men commit to supporting their families' health needs
Economic Framing of MCH: Frame MCH participation as an investment in family well-being, emphasizing reduced healthcare costs and improved productivity.
Time-Saving Solutions: Offer flexible ANC and immunization schedules to accommodate working men.
Male Peer Groups: Establish male peer groups to provide a safe space for discussing challenges and strategies for engaging in MCH without judgment.
Community Dialogues: Facilitate discussions that challenge harmful gender norms and celebrate supportive male behaviours.
Cultural Framing: Frame male participation as an extension of their role as protectors and providers, emphasizing their importance in ensuring family health and well-being.
Joint Decision-Making Models: Promote joint decision-making in healthcare through targeted counselling sessions for couples.
Region-Specific Approaches: In Garo regions, focus on educating men about supporting their decisions with actions (e.g., attending ANC visits). In Khasi regions, emphasize empowering men to share caregiving responsibilities traditionally left to women.

11.5. MONITORING AND ACCOUNTABILITY

Community Scorecards- Introduce community scorecards to monitor male engagement in MCH activities, with regular reviews by VHCs and health staff.
Periodic Assessments- Conduct surveys to evaluate changes in male attitudes and behaviours toward MCH.
Recognition & Awards- Acknowledge high-performing VHCs (village level) and their respective blocks having maximum VHC scoring high, in state health reviews for successful male engagement initiatives.

List of Abbreviations

AIDS – Acquired immunodeficiency syndrome

ANC – Antenatal Care

ANM – Auxiliary Nurse Midwife

ASHA – Accredited Social Health Activist

AWW – Anganwadi Worker

AWC – Anganwadi Centre

B-CAP – Block Convergence Action Plan

BCG – Bacillus Calmette-Guérin

BPM – Block Program Manager

C&RD – Community and Rural Development Department

CB – Capacity Building

CBO – Community-Based Organizations

CDPO – Child Development Project Officer

CF – Complementary Feeding

CHC – Community Health Centre

CSR – Corporate Social Responsibility

DC – District Collector

D-CAP – District Convergence Action Plan

DCPC – District Child Protection Officer

DMHO – District Medical and Health Officer

DMM – District Mission Manager

DPO – District Project Officer

DSWO – District Social Welfare Officer

EBF – Exclusive Breast Feeding

EIBF – Early Initiation of Breastfeeding

FAQ – Frequently Asked Question

FGD – Focus Group Discussion

FHI – Family Health International

List of Abbreviations

FLW – Frontline Worker

FP – Family planning

H&WC – Health and Wellness Centre

HBNC – Home Based Newborn Care

HBYC – Home Based Care for Young Child

HIV – Human immunodeficiency viruses

ICDS – Integrated Child Development Service

IEC – Information, Education, and Communication

IFPRI – International Food Policy Research Institute

IIPHS – Indian Institute of Public Health Shillong

IPC – Interpersonal Communication

KAP-B – Knowledge, attitudes, and practice behaviours

KMC – Kangaroo Mother Care

LM – Lactating Mother

M&E – Monitoring and Evaluation

MCH – Maternal and Child Health

MCP – Maternal and Child Protection

MDRTB – Multi Drug Resistant Tuberculosis

MHSSP – Meghalaya Health Systems Strengthening Project

MIS – Management Information System

MLHP - Mid-Level Health Providers

MoM – Minutes of Meeting

MO i/c – Medical Officer in Charge

MP – Male Participation

MSACS – Meghalaya State AIDS Control Society

MSRLS – Meghalaya State Rural Livelihoods Society

NCD – Non-Communicable disease

NFHS – National Family Health Survey

List of Abbreviations

NGO – Non Governmental Organization

NHM – National Health Mission

PA – Primary Audience

PHC – Primary Health Centre

PHED – Public Health Engineering Department

PLWHA – People Living With HIV/AIDS

PMU – Project Management Unit

PNC – Postnatal Care

PPP – Public Private Partnership

PSU – Public Sector Undertaking

PTA – Parent Teacher Association

PW – Pregnant Women

PWD – Public Works Department

RBSK – Rashtriya Bal Suraksha Karyakram

RCH – Reproductive Child Health

S-CAP – State Convergence Action Plan

SBCC – Social and Behaviour Change Communication

SC – Sub Centre

SHG – Self Help Group

SRS – Sample Registration System

SUD – Strategic Use of Data

TB – Tuberculosis

UNICEF – United Nations Children's Fund

VEC – Village Education Committee

VHC – Village Health Council

VHIB – Village Health Information board

VHND – Village Health and Sanitation Day

WCD – Women and Child development

WHO – World Health Organization

WRA – Women in Reproductive age

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Strategy for Reducing the Incidence of HIV/AIDS

Project submitted by
SACH
Society For Action In Community Health

Strategy for Reducing the Incidence of HIV/AIDS

1. Introduction

The state of Meghalaya shows a mixed performance across key health indicators, with sharp variations between rural and urban areas. While Meghalaya has made progress in certain health indicators, the state continues to face significant challenges in combating communicable diseases, including a notable rise in HIV cases. According to the India HIV Estimation Factsheet 2023, Meghalaya recorded an HIV prevalence rate of 0.43%, higher than the national average of 0.20%, indicating an increasing number of new HIV cases, particularly among younger populations.

HIV/AIDS in Meghalaya faces significant cultural and behavioural challenges rooted in socio-cultural norms. A lack of awareness and widespread misconceptions about transmission, particularly among women, highlights gaps in education and prevention programs. Cultural stigma further compounds the issue, discouraging open discussions on sexual health and leading to the ostracization of people living with HIV/AIDS. Meghalaya exhibits one of the lowest levels of knowledge, prevention, and acceptance attitudes in the Northeast, with a study showing a score of just 17.4 compared to Manipur's 95.1, underscoring critical disparities in awareness and attitudes across the region.

The state's vulnerability is exacerbated by its geographical location along international borders, which facilitates high-risk behaviours such as cross-border migration and trafficking (UNAIDS 2022). Additionally, socio-economic disparities and cultural dynamics significantly influence health-seeking behaviour and awareness. Data from the National Family Health Survey (NFHS-5) reveal that only 32% of women aged 15–49 years in Meghalaya have comprehensive knowledge of HIV prevention methods, compared to the national average of 42%.

The low level of awareness among youth about HIV transmission modes is a critical issue, as highlighted in the Youth and Adolescent Survey by UNICEF (2020), which found that only 18% of respondents aged 15–24 years in the state could identify key modes of HIV transmission. These findings underscore the gaps in public health outreach and the urgent need for targeted interventions. To address the epidemic effectively, there is a pressing need for focused initiatives on education and stigma reduction, particularly among indigenous populations. Programs emphasizing culturally sensitive approaches, as recommended by the Global Fund's Community-Led Response Framework (2021), have shown success in similar contexts and could serve as a model for Meghalaya.

2. The Current Landscape

Meghalaya's HIV/AIDS scenario has emerged as a significant public health challenge, with the state reporting a prevalence rate of 0.43%, surpassing the national average of 0.21% (Meghalaya AIDS Control Society, 2024). This represents nearly 9,589 registered cases of people living with HIV (PLHIV), a dramatic increase compared to previous years. The East Jaintia Hills district records the highest percentage of cases relative to population size, while West Jaintia Hills reports the largest absolute numbers, underscoring the epidemic's widespread impact across different demographics (National AIDS Control Society, 2024). The contributing factors to this rise are multifaceted. Rural areas primarily see transmission through sexual contact, while urban centres experience higher rates of HIV spread through injecting drug use. Alarmingly, knowledge levels remain critically low; only 16% of women and 17% of men possess comprehensive awareness of HIV/AIDS, according to the National Family Health Survey (NFHS-5 2021). These gaps in understanding perpetuate myths about the disease and contribute to significant social stigma, which prevents timely testing and treatment. The stigma associated with HIV/AIDS further complicates the landscape. Cultural taboos surrounding discussions of sexual health and widespread discrimination against those living with the virus discourage testing and treatment. This is evident in low rates of participation in antiretroviral therapy (ART) and the social ostracization of individuals living with HIV/AIDS.

The major reasons that hint towards a higher incidence of HIV/AIDS that emerged during the focus group discussions conducted across the three regions of Meghalaya are as mentioned below:

Partial Understanding regarding the spreading of HIV/AIDS

During the FGDs, it was revealed that while the majority of respondents, both women and men, identified sexual intercourse as the primary mode of HIV transmission, awareness of other transmission pathways, particularly mother-to-child transmission, was notably low. Conversely, some participants demonstrated knowledge about HIV transmission through needle sharing. Lack of complete and comprehensive awareness can inadvertently lead to an increase of transmission risk.

Cultural Terminology and Understanding

It was found that in Khasi, HIV/AIDS is referred to as “Khniang Mynrain”, which roughly translates to a disease of private parts, which may influence how the disease is conceptualized within the community. While it displays recognition of the disease within the community, it may also carry cultural or social connotations that shape perceptions and stigmatization, further limiting open discussions and preventive actions.

Perceived Stigma

The respondents said that HIV/AIDS is often associated with "carelessness" in relationships, especially amongst young populace, indicating a moralistic and stigmatized view of the disease. The community perceives that people who acquire this disease are people with “poor/bad morals”. This stigma may prevent individuals from seeking information, testing, or treatment, which can contribute to an increase in incidence.

Low Engagement with Awareness Programs

While participants were able to recall awareness sessions conducted by the health department and certain NGOs, their retention of specific content from these programs was limited. Additionally, some respondents had little to no information about HIV/AIDS. The lack of engaging, frequent, and culturally relevant educational campaigns may result in persistent gaps in knowledge and preventive behaviours.

Limited Community Involvement in Health Campaigns

During the discussions, some groups emphasized the need to enhance the involvement of the Village Health Committee (VHC) in organizing sessions on HIV/AIDS, highlighting the inadequacy of community-driven education and discussions on the topic. In certain areas, respondents indicated that they did not know of anyone with HIV/AIDS within their village or social networks and, as a result, had not sought to learn more about the condition. However, participants emphasized that if HIV/AIDS exists in their community, collective efforts should focus on awareness campaigns. The absence of community-based initiatives was seen as a major barrier to accessing critical information.

Minimal Perception of Risk

A majority of respondents do not feel the need for more information about HIV/AIDS because they do not know anyone personally affected within their village or families. This misconception of the low perceived risk can often lead to a state of information “not-required” which then could lead to complacency in adopting preventive measures, increasing the likelihood of transmission within the population.

Integrated Campaigns

Some respondents during the FGD believed that the information on HIV/AIDS is presented alongside other health issues like tuberculosis, which can dilute the focus on HIV-specific awareness and prevention. This may result in a superficial understanding of HIV/AIDS, rather than being able to provide a detailed understanding of its implications on personal and public health, so the importance is lost due to a mix-up of information.

3. Objectives

Objective 1

Enhance community awareness of HIV/AIDS by providing accurate knowledge about risk reduction methods, and dispelling transmission misconceptions to enable informed decision-making and preventive behaviours.

Objective 2

increased HIV testing among individuals of reproductive age by raising awareness of its importance, reducing stigma, and encouraging proactive health-seeking behaviours for timely diagnosis and management.

4. Theory of Change

Input	Output	Outcome	Impact
Community Awareness and Engagement	Active community campaigns promoting comprehensive knowledge of HIV transmission, prevention, and treatment. Culturally tailored SBCC strategies leveraging local languages, traditional festivals, and community gatherings to foster understanding and inclusivity.	Increased community awareness and engagement in promoting HIV prevention and treatment. Increased uptake of voluntary testing, early treatment, and use of preventive measures. Improved attitudes and reduced stigma toward people living with HIV/AIDS.	***Reduction in new HIV infections across Meghalaya.*** ***Enhanced health outcomes for individuals and communities affected by HIV/AIDS.***
Capacity Building	Frontline health workers (FLWs) and community leaders trained to be the change agents. SBCC toolkit, including print materials, videos, and social media content in Khasi, Garo, and Jaintia developed. FLWs equipped with skills to conduct stigma-free awareness sessions and promote voluntary testing.		
Health Systems Strengthening	Integration of HIV/AIDS awareness and prevention into existing health campaigns, including maternal health and adolescent health programs. Monitoring and review system established to track campaign effectiveness, including clearly defined accountability frameworks.		

5. Current Communication tools available

5.1 Current IEC materials and their status in the channel: IPC					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Counselling during ANC home visit	MCP card – under "Essential Investigation"	Home visit VHND	Pregnant women and their male partners & immediate family members	Poor, no recall of having seen the flip book or having received any counselling on HIV/AIDS including messages on mother-to-child transmission	Good- MCP cards are available but not used effectively.
Counselling during ANC visit	PPTCT flip book about transmission of HIV from mother to child Sampoorna Suraksha Kendra (SSK) flip book about STIs and HIV	VHND (AWC) SC (H&WC) PHC SC (H&WC) PHC CHC	Pregnant women and lactating mothers	Very poor	Poor- The flipbook was neither observed at the healthcare facilities nor referenced during interactions with field-level health functionaries.
Group Counselling	IPC Game - Kahaniyon Se baat about HIV stories	Health awareness camps, Community events	General public	Poor, no recall	Poor

5.2 Current IEC materials and their status in the channel: **MID MEDIA**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Posters	Multiple posters by SSK, NACO, about OST, ART, Symptoms, early testing, condom use, NACO AIDS app, toll free number (English) Posters in Khasi about HIV testing	Health facilities (SC/HWC, PHC, CHC)	General Public	Good, people could recall having seen posters on HIV/AIDS, but could not recall the messages of all the posters that they had seen.	Good- Posters were observed to be displayed within the healthcare facilities
Pamphlet	SSK pamphlets about ACT, ART. (English) Pamphlet about TB and HIV together (English and Khasi) STI pamphlet in Khasi Pamphlet targeted at the Youth for condom use and preventive measures	Health facilities (SC/HWC, PHC, CHC)	General Public	Poor, no recall of having seen any pamphlets on HIV/AIDS	Poor- Pamphlets were not observed to be available in the facilities visited.

5.2 Current IEC materials and their status in the channel: <u>MID MEDIA</u>					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Hoardings	MACS hoarding in Khasi and a SSK hoarding	Pubic Place	General Public	Average, vague recall of having seen a hoarding on HIV/AIDS	Good- Posters were observed to be displayed within the healthcare facilities
Wall Paintings	Wall paintings in Hindi for SSK on condom use, HIV testing, STI RT, and risk reduction	Public Place		Poor; no recall on having seen any wall paintings.	Poor- Not observed to be available in the facilities visited.
Flyers	SSK flyers on condoms, HIV testing and STIs	Meetings at facility, community gatherings, events, and festivals		Poor; no recall on having seen flyers at the village level.	Poor-Flyers were not observed to be available in the facilities visited.

5.3 Current IEC materials and their status in the channel: **DIGITAL/MASS MEDIA**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
TV	Talk show – To Tip ia ka ain – HIV/AIDS Control & Prevention Act 2017 – National Lega Service Authority – DD Meghalaya	TV, Mobile	General Public	Poor- as individuals in the rural regions predominantly prefer watching content on mobile devices and often do not own television sets, whereas in urban areas, television viewership is more common. However, there was no recall from either group regarding having seen any such awareness program.	Good; the reach is good in both rural and urban parts as there is connectivity to the internet and satellite channels.
SMS	SMS in English and Hindi about ART SSK messages in Hindi	Mobile Phone		Poor; no recall	Good; People have access to phones and reliable connectivity

5.3 Current IEC materials and their status in the channel: **DIGITAL/MASS MEDIA**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Short Film	Warning-I'm having HIV positive (Khasi) – Mon Vlogs Sdia – Baiahunlang Kynter – Meghalaya AIDS control Society (Khasi) About HIV/AIDS – Ri Bhoi Emperor (Khasi)	Mobile Phone	General Public	Average; people could recall YouTube videos about health but not specifically about HIV/AIDS	Good; While everyone has access to the internet via mobile phones, awareness of such content remains low. Additionally, there is a limited preference for watching this content, as people prefer entertainment videos over health-related material.
YouTube	Hai daal anching HIV ni gimin niangtaina – Angel Sangma (Garo) Is HIV and AIDS are same? – A'chik Tutor (Garo) Tura ni nomil sil sila rang HIV sabisi – Jekoni Sangma (Garo) HIV Virus saa ko altue noko donge namatani ACHIK samachik – Achik Oja official (Garo) HIV Virus.na Maina Kena Gita Nanga – Maidakani ia Sabisi Danger ong'a? – Hello TV News (Garo) Jingbatai HIV/AIDS – K L Marshilong (Khasi)	Mobile Phone			Good; While everyone has access to the internet via mobile phones, awareness of such content remains low. Additionally, there is a limited preference for watching this content, as people prefer entertainment videos over health-related material.

6. Suggested Changes for Improving IEC Materials and their Usage

6.1 Suggested changes for improving IEC Materials and their usage in the channel: **IPC**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Counselling during ANC Home visit	MCP card – under "Essential Investigation"	Home visit VHND	ASHA	Insert a section on the need for HIV/AIDS testing and mention mother-to-child transmission. ASHA to use an MCP card for counselling during home visits.
Counselling during ANC visit	PPTCT flip book about transmission of HIV from mother to child Sampoorna Suraksha Kendra (SSK) flip book about STIs and HIV	VHND (AWC) SC (H&WC) PHC SC (H&WC) PHC CHC	ANM MLHP	Translate the PPTCT flipbook in Khasi and Garo for ease of use for counselling. Organize focussed group counselling sessions for to-be-mothers or women attending the first ANC session.
Group counselling	IPC Game - Kahaniyon Se baat about HIV stories	Health awareness camps, Community events	HIV Cluster Coordinator, ASHA	Translate the IPC game into Khasi and Garo languages for ease of use

6.2 Suggested changes for improving IEC Materials and their usage in the channel: **MID MEDIA**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Posters	Multiple posters by SSK, NACO, about OST, ART, Symptoms, early testing, condom use, NACO AIDS app, toll-free number (English) Posters in Khasi about HIV testing	Health facilities (SC/HWC, PHC, CHC)	HIV Cluster Coordinator, ASHA	Translate all the posters, which are in English or Hindi, into local languages- Khasi and Garo. These should be strategically displayed at the healthcare facilities in designated spaces to ensure visibility. Additionally, they should be shared with community members for display during specific celebratory days, enhancing outreach and engagement.
Wall Paintings	Wall paintings in Hindi for SSK on condom use, HIV testing, STI RT, and risk reduction	Public Place	District / Block SBCC Officer	Translate the existing content into the local language – Khasi & Garo. Identify strategic locations where the wall paintings would be effectively visible.

6.2 Suggested changes for improving IEC Materials and their usage in the channel: **MID MEDIA**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Short Film	Warning-I'm having HIV positive (Khasi) – Mon Vlogs Sdia – Baiahunlang Kynter – Meghalaya AIDS control Society (Khasi) About HIV/AIDS – Ri Bhoi Emperor (Khasi)	Mobile Phone	State and District / Block SBCC Officer	Develop a comprehensive plan or campaign to distribute the videos, accompanied by periodic reminders throughout the calendar year, to the WhatsApp groups of ASHAs, VHCs, SHGs, and School Teachers. The campaign should emphasize the importance of both viewing and sharing the videos with relevant community groups.

6.3 Suggested changes for improving IEC Materials and their usage in the channel: **DIGITAL/MASS MEDIA**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
YouTube	Hai daal anching HIV ni gimin niangtaina – Angel Sangma (Garo) Is HIV and AIDS are same? – A'chik Tutor (Garo) Tura ni nomil sil sila rang HIV sabisi – Jekoni Sangma (Garo) HIV Virus saa ko altue noko donge namatani ACHIK samachik – Achik Oja official (Garo) HIV Virus.na Maina Kena Gita Nanga – Maidakani ia Sabisi Danger ong'a? – Hello TV News (Garo) Jingbatai HIV/AIDS – K L Marshilong (Khasi)	Mobile Phone	State and District / Block SBCC Officer	Develop a comprehensive plan or campaign to distribute the videos, accompanied by periodic reminders throughout the calendar year, to the WhatsApp groups of ASHAs, VHCs, SHGs, and School Teachers. The campaign should emphasize the importance of both viewing and sharing the videos with relevant community groups.

7. Suggested New Additions to Tools and Platforms

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Counselling during home visits	ASHA Tabs: Short Videos	Home Visit	ASHA	Develop digital animation/video / real-life stories content, in local languages – Khasi/ Garo / Pnar: • HIV/AIDS - modes of transmission, signs and symptoms and about ART therapy. • Need for conducting HIV / STI tests during pregnancy • Sharing information on the risk of mother-to-child transmission • Need for providing care for PLWHA
Print materials	Compact handbooks IEC Handbook	Home Visit SHG members, Religious Leaders, Traditional Healers	ASHA ANM & Block level MSACS official	Compact (comprehensive) handbook with relevant information (FAQs – ready reckoner) and Adapting the existing VHC IEC Handbook to organise awareness sessions in religious institutions, schools and at traditional healer's places during patient visits: • HIV/AIDS - modes of transmission, signs and symptoms and about ART therapy. • Need for conducting HIV /STI tests during pregnancy • Sharing information on the risk of mother-to-child transmission • Need for creating an enabling environment in the community and at the family level for providing care for PLWHA

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Digital screen	Develop digital content (videos, images / pictorial content, written messages, animation, real-life cases etc) to run on the signage screen.	In facility – PHC / CHC (waiting areas / IP wards)	State SBCC officer State & District MeghSACS IEC Officer	Digital Display Screen: All existing digital content including songs, short films, Influencer videos, and the new proposed digital content on: • HIV/AIDS - modes of transmission, signs and symptoms and about ART therapy. • Need for conducting HIV / STI tests during pregnancy • Sharing information on the risk of mother-to-child transmission • Need for providing care for PLWHA.
Print Materials	Posters	Health Centre Community Health information Boards.	State SBCC officer State & District MeghSACS IEC Officer	Designated place for hanging the posters. Standard-sized posters for all programs. Posters can be replaced based on the highlight of the month. The content of the posters should focus on the following: • HIV/AIDS - modes of transmission, signs and symptoms and about ART therapy. • Need for conducting HIV / STI tests during pregnancy • Sharing information on the risk of mother-to-child transmission • Need for creating an enabling environment in the community and at the family level for providing care for PLWHA

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Mobile Information Unit	Van-mounted digital screen with 'Ask-The-Machine' (ATM) and vending machine	At crowded sites like festivals, events, competitions (fishing etc), market places and tourist sites	State SBCC officer State & District MeghSACS Officer	The van would have the following features: Ask-The-Machine (ATM): Interactive information screen with voice-enabled support or touchscreen-based information repository. The ATM shall give options for direct voice-based interaction where the user can ask questions about a set of health issues, or else use the touch screen to navigate and get information on the screen for reading. The machine would be equipped with providing an information leaflet once the session is completed for the user to refer later or share further. The proposed health topics are: HIV/AIDS, Drug Abuse including Smoking, Alcoholism, Tobacco -Pan-masala use, TB, Family Planning, EBF & CF, Male participation in MCH, NCD- Diabetes, Cancer, Hypertension, and healthy living. Vending machine (free of cost): Users can use the vending machine to get family planning materials like condoms, OCP and Sanitary Pads. Digital Display Screen: All existing digital content including Songs, short films, Influencer videos, and the new proposed digital content like animation etc on HIV/AIDS, could be played on the screen.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Events	Busking	Events, festivals and public places like cafes, etc.	State/District SBCC officer	Collaboration with **Grassroots Musical Project** and local talents to develop songs specific to the HIV/AIDS, which will be included as part of the Project's event schedule across the state. The content will focus on creating awareness regarding - • Modes of transmission, signs and symptoms and availability of treatment; need for prevention to stop the spread. • Stop stigmatization of PLWHA • Need for creating an enabling environment in the community and at the family level for providing care for PLWHA
	Cosplay	Cosplay events; festivals and other major events		Developing the first indigenous Anime character, specific to Meghalaya, and introducing it during Cosplay events. The narrative of the character to include stories/content specific to HIV/AIDS. Collaboration with influencers like Zacky D and Reuben H to integrate cosplay formats. The script will focus on: • HIV/AIDS - modes of transmission, signs and symptoms and availability of treatment; need for prevention to stop the spread. • Need for conducting HIV/STI tests during pregnancy • Sharing information on the risk of mother-to-child transmission • Need for providing care for PLWHA.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Events	Youth Dance and Music Campaigns	Events and Festivals	State SBCC officer	Organize a virtual or physical dance competition where young people create performances that incorporate HIV prevention messages. The event could be promoted via social media and WhatsApp groups.

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Digital Hoardings	Develop digital content to continuously play on the screen	Community – Bus stop Popular (busy) locations	State / District IEC Officer	Digital Display Screen: All existing digital content including songs, short films, influencer videos, and the new proposed digital content like animation etc on HIV/AIDS, could be played on the screen.
Video Games	Interactive game	Mobile Phone	State SBCC officer	Gamification of HIV/AIDS education can raise awareness among the younger population about transmission modes, symptoms, treatment availability, prevention, and care for PLWHA. Games can include a quiz with instant feedback or a decision-making game where players navigate choices promoting safe sexual practices. Another option is role-playing as a character making HIV-related life decisions. Incorporating reward systems, such as virtual badges for completing educational levels, can further engage students.

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
SWIPE for Health	App	Mobile Phone	State SBCC officer	Develop a mobile based application to provide correct information about HIV/AIDS - modes of transmission, signs and symptoms and availability of treatment; need for prevention to stop the spread; Need for providing care for PLWHA. The mobile app will have a detailed repository of information and the user will be able to identify correct information/message against misinformation/incorrect information, which gives the opportunity for the user to be able to differentiate between correct and incorrect (myths) information.
Health Memes	Post			Develop interesting, attractive and catchy meme posts with appropriate images on modes of transmission, signs and symptoms and availability of treatment; need for prevention to stop the spread; need for taking care of PLWHA, which will be shared across through social media platforms.

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Messages through social media influencers & role models	Messages and interactive sessions	Social media	State SBCC officer	Engage social media influencers to deliver HIV awareness messages in a relatable and trendy way, such as through Instagram, or YouTube. Their content could focus on destigmatizing HIV testing and treatment or the importance of consistent condom use. Set up live interactive sessions or Q&A with influencers on platforms like Instagram or Facebook, where followers can ask questions about HIV prevention and get advice
WhatsApp	Short videos and Animated videos	Mobile phone		Target group is children of class 7/8/9Message about HIV prevention, stigma, and safe sexual practices.Animated videos – like friends discussing on importance of prevention, testing, and treatment in an engaging format
	Interactive Digital Booklets			Digital booklets (PDFs, interactive e-books) with quizzes, infographics, and games about HIV. These materials can be easily shared in school groups via WhatsApp

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
WhatsApp	Posters and Flyers	Mobile phone	State SBCC officer	Visually impactful posters and flyers that provide basic HIV prevention tips and information about testing centers. These materials could be distributed to students via email or through physical copies in school clinics and public spaces
Social Media	Quick Facts card			Set of cards with key facts about HIV transmission, prevention, and treatment that students can share on their own social media profiles.

7.4 Suggested new additions to tools and platforms in the channel: <u>OTHERS</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Drone Services	Leaflet / Pamphlet	Direct dropping to community (hard-to-reach)	ASHA & VHC	The leaflet would cover information pictorially on: • HIV/AIDS - modes of transmission, signs and symptoms and about ART therapy. • Need for conducting HIV / STI tests during pregnancy • Sharing information on the risk of mother-to-child transmission. • Need for providing care for PLWHA.
Chat bot and quiz chatbot	Interactive messaging system online AI powered	Mobile phone	State SBCC officer	Create an interactive chatbot that answers HIV-related questions, shares prevention tips, and helps users understand HIV myths and facts.

SUGGESTED / PROPOSED KEY MESSAGES

This section highlights a few samples of new, innovative messages, aiming to present fresh perspectives that enhance audience engagement with the communication material. These are just a few samples of perspectives that can be explored further, showcasing how different angles can make communication more accessible, relevant, and impactful for diverse audiences.

Regular HIV testing and early detection are vital for protecting your health and preventing transmission, for those who are in high-risk category



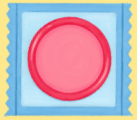
People living with HIV consistently follow ART to suppress viral load, prevent progression to AIDS, and live a healthy, fulfilling life.



Families and communities play a crucial role by offering emotional and logistical support to PLWHA while combating stigma and discrimination.



Practice safer sexual behaviours, including consistent condom use and reducing multiple partnerships, to prevent HIV and other STIs.



8. Types of Audience and Targeted Behaviour

Audience Type

Primary Audience

Women in the reproductive age group & their male partners / Eligible Couples

Suggested Behaviours

- Ensuring High risk individuals undergo regular HIV testing and know their status, especially among high-risk groups.
- Ensuring individuals are aware of HIV/AIDS and its modes of transmission and attend screening programs for early & timely detection of HIV/ AIDS

Audience Type

Primary Audience

People Living with HIV/AIDS (PLWHA)

Suggested Behaviours

- People living with HIV/AIDS (PLWHA) consistently adhere to antiretroviral therapy (ART) for improved health and reduced transmission risk.
- People living with HIV/AIDS understand and continue with regular ART to suppress the viral load and prevent progression to AIDS.
- Ensure People living with HIV/AIDS make necessary lifestyle modifications to ensure healthy living.

8. Types of Audience and Targeted Behaviour

Audience Type

Secondary Audience –

FLWs

Suggested Behaviours

- Encourage and ensure pregnant women undergo HIV and STI testing as part of their 'Essential Investigations' during pregnancy.
- Provide necessary information to address stigma, promote testing, and facilitate access to ART and relevant support services.
- Advocate for safer sexual behaviours especially among the younger population, including creating awareness and pushing for condom use and reducing multiple sexual partnerships, through culturally sensitive messaging.
- Engage religious leaders and village headmen to champion awareness campaigns and foster collective action against stigma.

- Families and caregivers provide emotional, physical, and logistical support to PLWHA, such as accompanying them to medical appointments and ensuring treatment adherence.
- Families to prevent isolation and discrimination, and promote acceptance.

Suggested Behaviours

Audience Type

Secondary Audience –

Immediate family members of PLWHA

9. Audience-wise Suggested Channels and Materials

Primary Audience



Men and women in Reproducitive age group

Urban Posters at Health Centre; Hoarding; Social media - WhatsApp, YouTube, Insta post, Health memes; Travelling Folk Theatre

Rural Posters at Health Centre & Village Health Information Board; Social media - WhatsApp, YouTube, Insta post, Health memes; Travelling Folk Theatre ; VHC meetings

Primary Audience



Pregnant women

Urban 'Voice-Bot for Health(Alexa type); Home visits by FLWs (counselling using MCP card, short videos at ASHA tab,); Posters at Health Centre; Digital Hoarding; Social media - WhatsApp, YouTube, Insta post, Health memes; Community Events.

Rural 'Voice-Bot for Health(Alexa type); Home visits by FLWs (counselling using MCP card, short videos at ASHA tab,); Posters at Health Centre; Digital Hoarding; Social media - WhatsApp, YouTube, Insta post, Community Events; VHC meetings

Primary Audience



PLWHA

Urban and Rural 'Voice-Bot for Health(Alexa type); Posters at Health Centre; Counselling by Health Care Workers'

Secondary Audience



Family members of pregnant women

Urban Home based counselling by FLWS; Posters at Health Centre & public places; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre;

Rural Home based counselling by FLWS; Posters at Health Centre; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; Village Health Information Board; Community Events - VHC /SHG meetings; 'Ask-The-Machine' Van.

Urban and Rural 'Voice-Bot for Health(Alexa type); Posters at Health Centre; Counselling by Health Care Workers'



Family members of PLWHA

Secondary Audience

Secondary Audience



CBOs

Urban and Rural Training programs; Posters/ Hoardings, Sensitisation meetings

Secondary Audience



Religious leaders, Teachers

Urban and Rural Posters/ Hoardings; Sensitisation meetings; information booklets

Urban and Rural Training programs; Posters/ Hoardings, Sensitisation meetings; information booklets



Traditional Healers

Secondary Audience

Secondary Audience



FLWs

Urban and Rural Training programs; Posters/ Hoardings, Sensitisation meetings; information booklets; ASHA tab videos

Strategy for Reducing the Incidence of HIV/AIDS

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Topic-wise Messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	TB Materials	TB Messages	Khasi	Garo	Jaintia	Urban	Rural (Including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
PA: Women in the reproductive age group & their male partners / Eligible Couples	People often wait until they feel unwell rather than getting tested proactively.	Ensuring High risk individuals undergo regular HIV testing and know their status, especially among high-risk groups.	Many believe testing is only necessary when symptoms appear.	Regular HIV testing and early detection are vital for protecting your health and preventing transmission, for those who are in high-risk category	**IPC: Counselling**	MCP card, Posters, ASHA Tab Videos, Handbook, Flipbook	For Women in the Reproductive Age Group: "Ladies, HIV doesn't wait for symptoms. Early testing protects you and your baby. Let's get tested together!" "Many women think they are safe, but HIV can affect anyone. Regular screening is easy and confidential!" "You care for your family—now care for yourself. Get tested and stay informed about HIV prevention." For Male Partners / Eligible Couples: "Gentlmen, protecting your family starts with you. Regular HIV tests keep you and your partner safe!" "Do you love your partner? Then show it—know your status, use protection, and prevent HIV." "Testing for HIV is not about doubt; it's about trust and responsibility. Take the step today!"	Local Language and Local Characterisation	Local Language and Indeigenous Characterisation	Local Language and Indeigenous Characterisation	✓	✓	✓	✓		
	Misconceptions about how HIV spreads lead to unnecessary fear or risky behaviour.	Ensuring individuals are aware of HIV/AIDS and its modes of transmission and attend screening programs for early & timely detection of HIV/ AIDS	People are more likely to focus on immediate health issues rather than preventive care.	Practice safer sexual behaviours, including consistent condom use and reducing multiple partnerships, to prevent HIV and other STIs.	**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	Poster Messages (Short, visually striking messages with bold fonts and compelling images) "HIV Doesn't Show Signs Early. Get Tested Now!" "A Small Test Can Save a Big Future—Know Your HIV Status." "Protect Yourself, Protect Your Partner—Use Condoms, Get Tested!" "HIV Testing is Easy, Free, and Confidential. Don't Wait!" (Include images of happy couples, pregnant women getting tested, and healthcare workers offering support.)	Modern and Kitsch Design to Hold attention with indigenous characters	Modern and Kitsch Design to Hold attention with indigenous characters	Modern and Kitsch Design to Hold attention with indigenous characters	✓	✓	✓	✓	✓	
					Digital/Mass Media	Digital Ads News Channels WhatsApp YouTube Instagram Health Memes	Video Messages (30-60 seconds) Concept 1: "Know Your Status" Scene 1: A young woman and her husband in a clinic, hesitant but encouraged by a counselor. Scene 2: A doctor explains that HIV testing is quick and confidential. Scene 3: The couple walks out with relief and smiles, with the message: "Knowing your status means taking control of your health!" Concept 2: "Testing is Love" Scene 1: A husband surprises his wife with a health check-up appointment. Scene 2: A doctor explains HIV transmission and safe practices. Scene 3: The wife thanks her husband, and the message appears: "Love means protection—get tested together!" Social Media Content Instagram/Twitter/Facebook Posts: Did you know? HIV doesn't always show symptoms early. Regular testing = peace of mind! #KnowYourStatus #HIVTestingSavesLives Love responsibly! Get tested for HIV and protect your partner. Find a free testing center near you. #StaySafe #HIVAwareness Myths won't protect you—facts will! Learn how HIV spreads and how to prevent it. 🔗 [Link to resource] #BreakTheStigma Calling all couples! Show your love by knowing your status. Free, quick, and confidential HIV tests available! #TestTogether #HealthyFuture Reels: "True or False?" – A short video debunking HIV myths with a health worker answering in a fun, engaging way. "Did You Know?" – Quick facts about HIV prevention, testing, and transmission. Couple Challenge – A fun reel where couples take an HIV test together and show their results with a heartwarming message.	Alternate Story-Telling in 20 second Video Ads to convey the danger as opposed to straight jacketed symptology	Alternate Story-Telling in 20 second Video Ads to convey the danger as opposed to straight jacketed symptology	Alternate Story-Telling in 20 second Video Ads to convey the danger as opposed to straight jacketed symptology	✓	✓		✓	✓	
						Video games SWIPE for health (App)	Gamification of HIV/AIDS education can raise awareness among the younger population about transmission modes, symptoms, treatment availability, prevention, and care for PLWHA. Games can include a quiz with instant feedback or a decision-making game where players navigate choices promoting safe sexual practices. Another option is role- playing as a character making HIV-related life decisions. Incorporating reward systems, such as virtual badges for completing educational levels, can further engage students. Develop a mobile based application to provide correct information about HIV/AIDS - modes of transmission, signs and symptoms and availability of treatment; need for prevention to stop the spread; Need for providing care for PLWHA. The mobile app will have a detailed repository of information and the user will be able to identify correct information/message against misinformation/incorrect information, which gives the opportunity for the user to be able to differentiate between correct and incorrect (myths) information.	Piloted with Indigenous Characters and Local symbology to create stickiness and rewards based competition to learn safe sexual behaviours . SWIPE to be localised information app for connection and chat rooms for safe discourse	Piloted with Indigenous Characters and Local symbology to create stickiness and rewards based competition to learn safe sexual behaviours SWIPE to be localised information app for connection and chat rooms for safe discourse	Piloted with Indigenous Characters and Local symbology to create stickiness and rewards based competition to learn safe sexual behaviours . SWIPE to be localised information app for connection and chat rooms for safe discourse	✓	✓				✓
People Living with HIV/AIDS (PLWHA)	Some PLWHA skip doses or stop ART due to side effects or feeling better.	People living with HIV/AIDS (PLWHA) consistently adhere to antiretroviral therapy (ART) for improved health and reduced transmission risk.	Some believe ART is only necessary when symptoms worsen.	People living with HIV consistently follow ART to suppress viral load, prevent progression to AIDS, and live a healthy, fulfilling life.	**IPC: Counselling**	MCP card, Posters, ASHA Tab Videos, Handbook, Flipbook	"ART is for life, not just for symptoms. Staying on treatment keeps you strong and healthy!" "Feeling better? That's because ART is working! Keep taking it every day to stay well." "Good food, exercise, and regular check-ups help you live a long, fulfilling life with HIV." "Skipping ART can make the virus stronger. Stay on your medication and take control of your health!"	Local Language and Local Familiar Practice Integration	Local Language and Local Familiar Practice Integration	Local Language and Local Familiar Practice Integration	✓	✓	✓	✓		
	Some discontinue ART when symptoms disappear or out of hopelessness.	People living with HIV/AIDS understand and continue with regular ART to suppress the viral load and prevent progression to AIDS.	Some may not understand the importance of routine monitoring.		**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	Poster Messages (Bold, eye-catching messages with supportive visuals) "HIV Can't Stop You—Adherence to ART Can!" "Take Your ART Every Day. Stay Healthy, Stay Strong!" "Living with HIV? Your Choices Matter—Medication + Nutrition + Exercise = A Healthy Life!" "Skipping ART Lets HIV Fight Back—Don't Give It a Chance!" (Include images of PLWHA leading active lives, taking medication on time, and engaging in physical activity.)				✓	✓	✓			
	There may be poor nutrition which weakens immunity and not sufficient physical activity.	Ensure People living with HIV/AIDS make necessary lifestyle modifications to ensure healthy living.	Some think lifestyle changes are unnecessary if they are on medication.	PLWHA need to Reinforce holistic wellbeing and the benefits of small lifestyle adjustments.	**Digital/Mass Media**	Digital Ads News Channels WhatsApp YouTube Instagram	Video Messages (30-60 seconds) Concept 1: "Power in Your Hands" Scene 1: A person with HIV feeling weak and unmotivated. Scene 2: A doctor explains that skipping ART lets the virus grow stronger. Scene 3: The person follows a healthy routine—taking ART, eating well, exercising. Final Message: "Take your ART daily. Stay strong, stay in control!" Concept 2: "What Happens When You Stop?" Scene 1: Two people living with HIV—one skips ART, the other takes it regularly. Scene 2: The one skipping ART experiences health decline, while the other remains energetic. Final Message: "ART works only if you take it. Protect your health!" Social Media Content Instagram/Twitter/Facebook Posts: ART keeps you strong! Don't stop when you feel better—stay consistent. #AdherenceMatters #StayHealthy Skipping ART? Think again! Sticking to your meds helps you live a long, healthy life. #HIVTreatmentWorks Food + Exercise + ART = A powerful combination! Small lifestyle changes = Big health benefits. #HealthyLivingWithHIV Viral load suppression = A longer, stronger life! Take ART daily & take control of your future. #EndAIDS Reels: "ART Myth vs. Fact" – A doctor/health worker debunks common misconceptions in a quick Q&A format. "A Day in the Life of Someone on ART" – A short video showing how easy ART adherence can be. "Skip ART vs. Take ART" – A side-by-side comparison of outcomes when someone stops vs. adheres to ART.	Alternative Guerilla Story-telling like Truth Or Dare to destigmatise the sexual kinship patterns and behaviours	Alternative Guerilla Story-telling like Truth Or Dare to destigmatise the sexual kinship patterns and behaviours	Alternative Guerilla Story-telling like Truth Or Dare to destigmatise the sexual kinship patterns and behaviours	✓	✓		✓	✓	
					Events: Street Plays Busking Cosplay		Collaboration with Grassroots Musical Project and local talents to develop songs specific to the HIV/AIDS, which will be included as part of the Project's event schedule across the state. The content will focus on creating awareness regarding - Modes of transmission, signs and symptoms and availability of treatment; need for prevention to stop the spread. Stop stigmatization of PLWHA; Need for creating an enabling environment in the community and at the family level for providing care for PLWHA Developing the first indigenous Anime character, specific to Meghalaya, and introducing it during Cosplay events. The narrative of the character to include stories/content specific to HIV/AIDS. Collaboration with influencers like Zacky D and Reuben H to integrate cosplay formats. The script will focus on: HIV/AIDS - modes of transmission, signs and symptoms and availability of treatment; need for prevention to stop the spread. Need for conducting HIV/STI tests during pregnancy; Sharing information on the risk of mother-to-child transmission; Need for providing care for PLWHA.	Sponsoring the Khasi Event and integration with Grassroots Programme for busking calendar	Partnering with Tura Cosplay Society and Create an Indignous character againt HIV.	Taking Cosplay and Busking to Jaintia Region for awareness on HIV	✓	✓	✓		✓	✓
Secondary Target Group																
Immediate family members of PLWHA	Some families do not ensure regular medication intake and some family members may remain distant due to misconceptions about HIV transmission.	Families and caregivers provide emotional, physical, and logistical support to PLWHA, such as accompanying them to medical appointments and ensuring treatment adherence.	Some family members fear getting infected or believe HIV is a moral failing. Caregivers may struggle with the emotional toll of supporting PLWHA.		**IPC: Counselling**	MCP card, Posters, ASHA Tab Videos, Handbook, Flipbook	"HIV is not spread by touch, sharing meals, or caring for your loved one. Show support, not fear." "Your love and encouragement can make all the difference. Support treatment, ensure adherence!" "HIV does not define a person. With ART, your loved one can live a full and healthy life—be their strength!" "You are their first line of support—help them take their medication on time and stay healthy."	Local Language and Symbology	Local Language and Symbology	Local Language and Symbology	✓	✓	✓	✓		

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Topic-wise Messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	TB Materials	TB Messages	Khasi	Garo	Jaintia	Urban	Rural (including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
Immediate family members of PLWHA	Families may not understand that PLWHA can live normal lives with proper treatment.	Families to prevent isolation and discrimination, and promote acceptance.	Families worry about how others will perceive them if they support an HIV-positive member.	Families and communities play a crucial role by offering emotional and logistical support to PLWHA while combating stigma and discrimination.	**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	Poster Messages (Bold, eye-catching messages with positive imagery) "HIV Does Not Spread by Love—Support Your Family Member!" "Strong Families = Stronger Health! Help Your Loved One Stay on Treatment." "Stand Together, Not Apart—End Stigma, Offer Support!" "Caring, Not Fearing! HIV Cannot Be Spread by Sharing a Meal or a Hug." (Include visuals of families sharing a meal, hugging, or accompanying their loved ones to a check-up.)	Alternative Storytelling for HIV messaging as opposed to simple academic language	Alternative Storytelling for HIV messaging as opposed to simple academic language	Alternative Storytelling for HIV messaging as opposed to simple academic language		✓	✓	✓	✓	
					Digital/Mass Media	Digital Ads News Channels WhatsApp YouTube Instagram	Video Messages (30-60 seconds) Concept 1: "Breaking Myths, Building Bonds" Scene 1: A family sitting at the dining table, hesitating to eat together. Scene 2: A doctor explains that HIV does not spread through food or casual contact. Scene 3: The family embraces their loved one, sharing a meal. Final Message: "HIV does not spread by caring. Support your family member with love!" Concept 2: "A Day in Their Life" Scene 1: A person with HIV struggling to remember medication. Scene 2: A supportive family member reminds them and helps them take ART. Scene 3: The person stays healthy and active because of family support. Final Message: "Your support keeps them strong—Encourage ART adherence!" Social Media Content Instagram/Twitter/Facebook Posts: Love, not fear! HIV is NOT spread by hugs, sharing meals, or casual contact. Support your family, not the stigma! #EndHIVStigma Together, we are stronger! Remind your loved one to take ART on time—it saves lives. #FamilySupportMatters HIV doesn't define a person—love and care do! Be their strength, not their barrier. #HIVSupport #NoMoreStigma Did you know? People with HIV can live long and healthy lives with ART. Let's spread awareness, not fear. #HIVAwareness Reels/TikTok Ideas: "Myths vs. Facts: HIV and Family Life" – A health worker debunks common misconceptions in a quick, engaging video. "A Day in a Supportive Family" – Show a family reminding their loved one to take ART and go for check-ups. "What Not to Say to Someone with HIV" – A light but impactful reel showcasing phrases that promote stigma vs. supportive phrases.	Memes as Digital ads, Stories about survivors. Call In shows called 'How to Adult' and Music Countdown shows etc along with inspirational stories of survivors	Memes as Digital ads, Stories about survivors. Call In shows called 'How to Adult' and Music Countdown shows etc along with inspirational stories of survivors	Memes as Digital ads, Stories about survivors. Call In shows called 'How to Adult' and Music Countdown shows etc along with inspirational stories of survivors	✓	✓		✓	✓	
SA: FLWs Social and religious leaders	Some FLWs do not actively counsel pregnant women on the importance of HIV/STI testing.	Encourage and ensure pregnant women undergo HIV and STI testing as part of their 'Essential Investigations' during pregnancy.	Some FLWs may not have the skills to provide effective counselling on HIV/STI testing and Health centres may not always have sufficient supplies.	FLWs need to highlight prevention of mother-to-child transmission and reduce fear and hesitancy towards HIV/AIDS prevention.	**Reference Materials**	Tranings, Posters, ASHA Tab Videos, Handbook, Flipbooks	Encouraging HIV/STI Testing in Pregnant Women Testing is Care: "HIV testing is a routine and essential part of pregnancy care, just like checking blood pressure or iron levels." Healthy Mother, Healthy Baby: "Timely HIV testing and treatment can prevent transmission to the baby—every test is a step toward a healthy future." No Fear, Just Facts: "An HIV test doesn't mean bad news—it means taking control of your health." Ensuring Awareness and Access to ART & Support Services Early Treatment, Better Health: "HIV is not a death sentence—ART can help people live long, healthy lives." No One Should Miss Out: "Every person diagnosed with HIV deserves to know about free treatment and counseling services." Confidential & Lifesaving: "Counseling and ART services are private and available—help patients take the first step." Addressing Stigma and Misinformation HIV is Just a Condition: "HIV doesn't define a person. With treatment, anyone can live a full life just like others." Stigma Hurts, Support Heals: "Discrimination stops people from seeking care—let's build trust, not fear." Touch, Sharing Food, or Living Together Doesn't Spread HIV: "Educate communities to replace fear with facts." Promoting Safe Sex & Condom Use (in a culturally sensitive way) Protection is Smart, Not Shameful: "Condoms prevent HIV, STIs, and unplanned pregnancies—talking about them means saving lives." Safer Choices, Stronger Families: "Encouraging safe sex helps protect the future of families and communities." Cultural Sensitivity First: "Frame condom use as protection, responsibility, and care rather than as a taboo." Partnering with Community & Religious Leaders Leaders Shape Attitudes: "When respected leaders speak up, communities listen—engage them in HIV awareness." Faith & Science Work Together: "Encourage leaders to support HIV prevention through messages of compassion and care." Breaking Silence Saves Lives: "Empower leaders to openly discuss HIV, reducing stigma and misinformation."	local Language and sensitisation around these topics in alignment with local practices	ocal Language and sensitisation around these topics in alignment with local practices	ocal Language and sensitisation around these topics in alignment with local practices	✓	✓	✓	✓		
	Some health workers fail to inform patients about available ART and counselling services. Some FLWs provide medical advice but do not actively address stigma.	Provide necessary information to address stigma, promote testing, and facilitate access to ART and relevant support services.	Some health workers lack time, awareness or training for proper counselling.	Promote a non-judgmental approach to treatment of HIV/AIDS. FLWs need to understand and help patients understand that HIV/AIDS is just a condition, not a death sentence.	**IPC: Counselling**	Digital content as ready reckoner (Social & Religious Leaders)	"Testing is a routine part of a healthy pregnancy. Encourage every expectant mother to get tested for HIV and STIs!" "HIV is not a death sentence—early testing and ART mean a long, healthy life!" "Condoms prevent infections and unplanned pregnancies—talk about them as protection, not a taboo." "Religious and community leaders are powerful voices. Join hands to reduce stigma and spread awareness!"	Alternative Storytelling and Messaging in Local Language	Alternative Storytelling and Messaging in Local Language	Alternative Storytelling and Messaging in Local Language	✓	✓	✓	✓		
	Some FLWs avoid discussing condoms and safer sex practices due to cultural taboos.	Advocate for safer sexual behaviours especially among the younger population, including creating awareness and pushing for condom use and reducing multiple sexual partnerships, through culturally sensitive messaging.	Discussions on sex and condoms are often seen as inappropriate.	FLWs need to frame safe sex as a responsible and necessary choice.	**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	Poster Messages (Bold, visually striking messages with positive imagery) "Healthy Mothers, Healthy Babies—Ensure HIV/STI Testing in Every Pregnancy!" "HIV Treatment Works! Support Those Who Need It, Without Judgment." "Talk About Protection, Save Lives—Encourage Condom Use and Safer Choices!" "Stigma Blocks Progress. Together, We Can End HIV Discrimination!" (Include visuals of FLWs counseling women, religious leaders addressing communities, and families supporting HIV-positive members.)	Visual Imagery as per the target audience to do the same messaging for HIV in Local langiage	Visual Imagery as per the target audience to do the same messaging for HIV in Local langiage	Visual Imagery as per the target audience to do the same messaging for HIV in Local langiage	✓	✓	✓	✓	✓	
						VHC IEC Handbook	Compact (comprehensive) handbook with relevant information (FAQs – ready reckoner) and Adapting the existing VHC IEC Handbook to organise awareness sessions in religious institutions, schools and at traditional healer's places during patient visits: HIV/AIDS - modes of transmission, signs and symptoms and about ART therapy Need for conducting HIV /STI tests during pregnancy Sharing information on the risk of mother-to-child transmission Need for creating an enabling environment in the community and at the family level for providing care for PLWHA	FAQ tailored to sensitive language and local practices and knowledge	FAQ tailored to sensitive language and local practices and knowledge	FAQ tailored to sensitive language and local practices and knowledge		✓	✓		✓	
	FLWs often work alone rather than partnering with local leaders.	Engage religious leaders and village headmen to champion awareness campaigns and foster collective action against stigma.	Community leaders may not understand how stigma affects HIV prevention.	Empower leaders to take action and promote open discussion.	**Digital/Mass Media**	Digital Ads News Channels WhatsApp YouTube Instagram	Video Messages (30-60 seconds) Concept 1: "Breaking the Silence" Scene 1: A hesitant pregnant woman refuses HIV testing. Scene 2: A caring FLW explains it's part of routine care. Scene 3: The woman gets tested and receives proper care. Final Message: "Every mother deserves a healthy future—HIV testing is essential!" Concept 2: "The Role of Leaders" Scene 1: A village headman sees discrimination against an HIV-positive family. Scene 2: A health worker explains how stigma harms communities. Scene 3: The leader speaks at a gathering, encouraging openness and support. Final Message: "Strong leaders fight stigma—be the voice of change!" Social Media Content Routine HIV testing saves lives! Ensure every pregnant woman gets tested—it's quick, confidential, and essential! #HealthyMothers #HIVPrevention HIV is not a death sentence! ART helps people live long, fulfilling lives. Spread awareness, not fear. #EndStigma #HIVTreatmentWorks Community leaders can change lives! Speak up against HIV discrimination and promote testing. Your voice matters. #StrongerTogether Safe sex isn't taboo—it's responsible. Encourage condom use and safer choices for a healthier future. #SafeSex #PreventionMatters Reels "HIV Testing in Pregnancy – Why It Matters" – A short skit showing a mother benefiting from early diagnosis. "Leaders Against Stigma" – A powerful call to action for religious and community leaders. "What FLWs Should Say About HIV" – A quick do's and don'ts guide on counseling strategies.	Visual First Graphic led Ads, Watsapp Videos to be Slick and More modern and real life stories for the segment for sensitisation	Visual First Graphic led Ads, Watsapp Videos to be Slick and More modern and real life stories for the segment for sensitisation	Visual First Graphic led Ads, Watsapp Videos to be Slick and More modern and real life stories for the segment for sensitisation	✓	✓		✓	✓	

10. Monitoring and Evaluation plan

Monitoring Framework for HIV/AIDS			
Process Monitoring (Assesses the implementation of activities)			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of PHC and HWC received the posters	Reports from PHC/HWC	Quarterly	DPM / District IEC Officer
# of sensitisation campaigns conducted at community level			
# of VHCs discussed about HIV in their meeting	VHC report		BPM
# of educational videos on HIV developed for ASHA Tabs	MSAC office - report	Yearly	MSACs IEC officer
# of short videos for WhatsApp developed for HIV/AIDS			
# of training programs conducted for ASHA/ ANM on HIV	Training Report	Quarterly	DPM/District IEC Officer

Monitoring Framework for HIV/AIDS			
Process Monitoring (Assesses the implementation of activities)			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of sensitisation programs conducted at schools	Training report	Quarterly	DPM / District IEC Officer
# of sensitisation programs conducted at religious institutions			
Output Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# communities/ public locations have displayed posters related to HIV in designated spaces	Field report	Monthly	ASHA
% ASHA & ANM using printed booklets on HIV			
% of ASHA using HIV education videos for counselling			

Monitoring Framework for HIV/AIDS			
Output Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# calls received on hotline	Implementing agency	Monthly	Head of the Agency
% ASHA and ANM received training on HIV in last 3 years	Training report	During the training	Training organiser
Outcome Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
% of individuals undertaking HIV test voluntarily	Sample Survey	Yearly	M&E Department
% of pregnant women undertaking HIV test voluntarily			
% of individuals with comprehensive HIV/AIDS knowledge			
% community members received information about HIV through any sources			

11. Recommendations: A multi-pronged approach

The strategy must tackle stigma, enhance comprehensive awareness, leverage cultural nuances, and promote preventive behaviours while addressing at-risk groups such as migrants and vulnerable populations. To ensure sustainability, government systems need strengthening at all levels, inter-departmental convergence must be prioritized, and community structures must be mobilized effectively.

11.1. GOVERNMENT SYSTEM STRENGTHENING	
STATE LEVEL	**Policy and Program Development:** Develop a State Action Plan on HIV/AIDS with explicit focus areas for inbound and outbound migrants, youth, and other vulnerable groups for both urban and rural geographies. Meghalaya State AIDS Control Society (MeghSACS) in collaboration with other line departments (part of the inter-departmental convergence action plan) to develop targeted interventions aligned with National AIDS Control Program (NACP) priorities. **Capacity Building:** Conduct advanced sensitization training for state and district health officials focusing on identification of at-risk and vulnerable groups and to engage in providing intense awareness of safe practices, need for testing, adhering to treatment protocols etc. through culturally relevant communication. Train health workers on identification of at-risk and vulnerable groups and providing inclusive counselling approaches, focusing on mother-to-child transmission and other less-known transmission pathways. **Media and Campaign Strategy:** Launch a statewide HIV/AIDS awareness campaign incorporating local terminology, such as "Khniang Mynrain," to foster relatability while addressing misconceptions. Develop multimedia content (radio, TV, and social media) featuring testimonials from survivors and families affected by HIV/AIDS to humanize the disease and combat stigma.

11.1. GOVERNMENT SYSTEM STRENGTHENING	
DISTRICT & BLOCK LEVEL	**Strengthen Testing Infrastructure:** Ensure availability of voluntary testing and counselling centres at all PHCs, CHCs, and district hospitals. Partner with private laboratories to enhance testing reach, especially in remote areas. **Targeted Migrant Outreach:** Collaborate with labour departments to identify and map outbound and inbound migrants and set up mobile testing and counselling units at major transit hubs. Distribute IEC materials, including safe sex messages and HIV transmission prevention tips, at migration hotspots such as bus stops and railway stations. **Periodic Reviews and Data-Driven Interventions:** Use district-level health data to identify high-risk areas and populations, prioritizing resource allocation and tailored campaigns. Regularly review and adapt interventions to reflect evolving community needs and challenges.
VILLAGE LEVEL	**Community-Led Monitoring:** Train VHCs to organize and monitor HIV awareness and prevention activities in their communities. Establish community reporting systems for stigma-related incidents or challenges in accessing services. **Integration with Village Health Days:** Include HIV testing and counselling in Village Health and Nutrition Days (VHNDs) and other routine health outreach programs. Promote awareness on mother-to-child transmission, safe sex practices, and the importance of early detection.

11.2. INTER-DEPARTMENTAL CONVERGENCE APPROACHES

Education and Youth Engagement: Collaborate with the Department of Education to integrate HIV/AIDS education into school and college curricula, emphasizing stigma reduction and risk mitigation. Partner with youth organizations like Nehru Yuva Kendra, College clubs, church-based Youth groups, to organize peer-led discussions and competitions on HIV prevention and reproductive health.

Labour and Employment: Work with the labour department to implement workplace awareness programs on HIV/AIDS for industries employing migrant labour, particularly in construction, mining and transport. Promote employer-led initiatives to provide condoms, testing, and counselling services at workplaces.

Social Welfare Department: Include HIV/AIDS awareness in existing women empowerment programs and self-help group (SHG) meetings. Ensure the integration of HIV-related topics into social protection schemes for high-risk groups.

Transport / Urban Development-Health Department: Establish condom vending machines and IEC material distribution points at transit hubs, such as railway stations, bus terminals, and taxi stands. Establish migrant-focused health kiosks at transit hubs to provide information, condoms, and voluntary testing services.

11.3. COMMUNITY MOBILIZATION AND ENGAGEMENT

Village Headmen and VHCs: Leverage the authority of village headmen to initiate open discussions on HIV prevention and stigma reduction during community meetings. Encourage VHCs to organize targeted sessions on less-understood transmission pathways, like mother-to-child transmission.

Traditional Healers and Religious Institutions: Sensitize traditional healers to recognize symptoms, counsel patients, and refer them to formal healthcare systems for testing and treatment. Engage church and other religious leaders to deliver sermons incorporating HIV/AIDS awareness and compassion-focused messages to reduce stigma.

Community Platform and Structures: Train SHG leaders as peer educators to promote awareness of HIV/AIDS, safe sex, early testing during pregnancy, and mother-to-child transmission in group meetings. Focus on SHGs in areas with high male migration to educate women on prevention and condom use. Additionally, train young men and women to lead HIV prevention sessions in schools, colleges, and workplaces.

11.4. ADDRESSING COMMUNITY LEVEL BARRIERS

Comprehensive Awareness Campaigns: Highlight all transmission pathways, including mother-to-child and needle sharing, through locally relatable stories and imagery. Use interactive sessions, such as quizzes and role plays, to increase community participation.
Culturally Sensitive Messaging: Frame messages using local terms like “Khniang Mynrain” while providing accurate scientific explanations to prevent stigma and misconceptions.
Survivor Stories: Feature testimonies of people living with HIV/AIDS (PLHIV) who lead normal lives, focusing on the effectiveness of antiretroviral therapy (ART).
Community Engagement: Organize community events like sports competitions or cultural programs to create neutral platforms for discussing HIV/AIDS openly.
Dynamic and Frequent Campaigns: Conduct frequent and engaging awareness campaigns using drama, music, and storytelling to improve recall.
Mobile Units for Outreach: Deploy mobile health units equipped with IEC materials and testing services to reach remote villages.
Risk Awareness Campaigns: Use relatable scenarios to show how even low-risk individuals can be affected, emphasizing the importance of testing.

11.5. MONITORING AND EVALUATION

Community Scorecards: Develop community scorecards to monitor participation and measure changes in awareness and attitudes.

Periodic Impact Assessments: Conduct periodic surveys to assess the effectiveness of campaigns and modify strategies accordingly.
Feedback Mechanisms - Set up feedback systems for health workers and community members to report challenges and successes.

List of Abbreviations

AIDS – Acquired immunodeficiency syndrome

ANC – Antenatal Care

ANM – Auxiliary Nurse Midwife

ASHA – Accredited Social Health Activist

AWW – Anganwadi Worker

AWC – Anganwadi Centre

B-CAP – Block Convergence Action Plan

BCG – Bacillus Calmette-Guérin

BPM – Block Program Manager

C&RD – Community and Rural Development Department

CB – Capacity Building

CBO – Community-Based Organizations

CDPO – Child Development Project Officer

CF – Complementary Feeding

CHC – Community Health Centre

CSR – Corporate Social Responsibility

DC – District Collector

D-CAP – District Convergence Action Plan

DCPC – District Child Protection Officer

DMHO – District Medical and Health Officer

DMM – District Mission Manager

DPO – District Project Officer

DSWO – District Social Welfare Officer

EBF – Exclusive Breast Feeding

EIBF – Early Initiation of Breastfeeding

FAQ – Frequently Asked Question

FGD – Focus Group Discussion

FHI – Family Health International

List of Abbreviations

FLW – Frontline Worker

FP – Family planning

H&WC – Health and Wellness Centre

HBNC – Home Based Newborn Care

HBYC – Home Based Care for Young Child

HIV – Human immunodeficiency viruses

ICDS – Integrated Child Development Service

IEC – Information, Education, and Communication

IFPRI – International Food Policy Research Institute

IIPHS – Indian Institute of Public Health Shillong

IPC – Interpersonal Communication

KAP-B – Knowledge, attitudes, and practice behaviours

KMC – Kangaroo Mother Care

LM – Lactating Mother

M&E – Monitoring and Evaluation

MCH – Maternal and Child Health

MCP – Maternal and Child Protection

MDRTB – Multi Drug Resistant Tuberculosis

MHSSP – Meghalaya Health Systems Strengthening Project

MIS – Management Information System

MLHP - Mid-Level Health Providers

MoM – Minutes of Meeting

MO i/c – Medical Officer in Charge

MP – Male Participation

MSACS – Meghalaya State AIDS Control Society

MSRLS – Meghalaya State Rural Livelihoods Society

NCD – Non-Communicable disease

NFHS – National Family Health Survey

List of Abbreviations

NGO – Non Governmental Organization

NHM – National Health Mission

PA – Primary Audience

PHC – Primary Health Centre

PHED – Public Health Engineering Department

PLWHA – People Living With HIV/AIDS

PMU – Project Management Unit

PNC – Postnatal Care

PPP – Public Private Partnership

PSU – Public Sector Undertaking

PTA – Parent Teacher Association

PW – Pregnant Women

PWD – Public Works Department

RBSK – Rashtriya Bal Suraksha Karyakram

RCH – Reproductive Child Health

S-CAP – State Convergence Action Plan

SBCC – Social and Behaviour Change Communication

SC – Sub Centre

SHG – Self Help Group

SRS – Sample Registration System

SUD – Strategic Use of Data

TB – Tuberculosis

UNICEF – United Nations Children's Fund

VEC – Village Education Committee

VHC – Village Health Council

VHIB – Village Health Information board

VHND – Village Health and Sanitation Day

WCD – Women and Child development

WHO – World Health Organization

WRA – Women in Reproductive age

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Strategy For Addressing Tuberculosis

Project submitted by

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MEGHALAYA HEALTH SYSTEMS STRENGTHENING PROJECT

Strategy For Addressing Tuberculosis

1. Introduction

The tuberculosis (TB) situation in Meghalaya presents significant challenges influenced by its geographic, demographic, and socio-economic context. According to Ni-kshay dashboard data (August 2023–August 2024), 4,582 cases were reported, primarily from public hospitals, demonstrating the effectiveness of active case-finding mechanisms. East Khasi Hills and West Garo Hills report the highest case numbers, highlighting regional disparities needing focused attention. Urban areas show higher prevalence rates compared to rural ones, and children under 15 years are disproportionately affected, necessitating family-centred prevention and management strategies. The NFHS-5 data indicate awareness of TB among the population, but gaps in knowledge about transmission persist, particularly among rural women, while stigma, especially among rural men, hinders prevention and treatment efforts.

Additionally, significant inbound and outbound migration increases the risk of TB transmission, compounded by poor nutritional practices that weaken immunity, challenging terrains that limit healthcare access, and low awareness levels delaying diagnosis and treatment. To combat TB effectively, strategies must focus on improving nutrition, enhancing healthcare accessibility in remote areas, and implementing targeted awareness campaigns to address knowledge gaps, stigma, and regional disparities across the Khasi, Jaintia and Garo regions.

The state has launched the 100-day Ni-kshay Shivir Campaign, focusing on five districts with high TB prevalence, aiming to identify cases early, initiate treatment regimens, provide nutritional support, and prevent disease spread, aligning with the national goal of a TB-free India by 2025. However, challenges persist, including delayed diagnosis, treatment defaulting, uncontrolled co-morbidities like diabetes, reactivation of latent TB, emergence of drug-resistant variants, limited accredited laboratories for high-end drug sensitivity testing, malnutrition amid low socio-economic status. The Meghalaya State Strategic Plan to Eliminate Tuberculosis by 2025 aims to decrease the TB burden, targeting an incidence rate of 44 per lakh and a mortality rate of 3 per lakh, while reducing catastrophic costs due to TB.

Despite these efforts, the Revised National Tuberculosis Control Programme (RNTCP) reports a success rate of 83%, indicating room for improvement. The burden of TB-HIV co-infection further complicates elimination efforts, with the Meghalaya State AIDS Control Society reporting 4,525 HIV-infected cases, a 57.47% increase from 2015 to 2019.

Addressing these issues through tailored SBCC strategies is critical for reducing TB prevalence and associated stigma in Meghalaya.

2. The Current Landscape

TB remains a public health challenge with both the prevalence and awareness levels exhibiting regional variations. In 2015, 4,674 TB cases were registered under the RNTCP, including 2,365 sputum-positive cases. A study in Shillong reported a period prevalence of TB at 24 per 1,000 population, with pulmonary TB at 15 per 1,000. Notably, women bear a higher burden of the disease, with a female-to-male case ratio of 3:1. Among women, 83% of cases were in the reproductive age group, while the highest TB load overall (62.5%) was observed in the productive age group of 20–29 years. Treatment outcomes show an initiation and success rate of 87.5%, though the defaulters' rate stands at 12.5%, primarily due to side effects from medication.

Public awareness about TB is moderate but fragmented. While 76% of respondents recognize the symptoms and 66% are aware of its transmission mode, only 52.6% believe the disease is preventable, and knowledge about the BCG vaccine is limited to 32%. Despite the minimal stigma surrounding TB, gaps in understanding comprehensive symptoms, prevention measures, and treatment persist.

Recent data indicates a decline in TB incidence in Meghalaya. The presumptive TB examination rate increased from 646 per lakh in 2021 to 1,433 per lakh in 2023, yet the notification rate decreased from 130 per lakh in 2022 to 124 per lakh in 2023, reflecting an overall fall in TB incidence. Additionally, 98 villages in North Garo Hills district were felicitated as TB-free in 2023, based on six indicators outlined under the National Tuberculosis Elimination Programme (NTEP). Awareness campaigns led by health workers and NGOs have been instrumental in spreading basic knowledge, but deeper, consistent education is lacking.

Mentioned below are the major findings regarding birth spacing from the FGDs conducted across the three regions of Meghalaya:

Cultural Norms and Practices

Many communities in the Khasi, Garo, and Jaintia regions rely heavily on traditional medicine as their first line of treatment when faced with health issues. This cultural preference often leads to delays in seeking formal medical diagnosis and care, as traditional practices are deeply ingrained in their way of life. Additionally, a lack of comprehensive understanding of TB treatment and prevention measures was observed among some respondents. This knowledge gap not only delays timely intervention but also perpetuates the cycle of delayed care, further complicating efforts to control the disease.

Awareness and Education Gaps

While many of the respondents in the group could identify prolonged cough as a symptom and very few mention weight loss and weakness, the knowledge about the full spectrum of TB symptoms and mode of transmission remains low with very few respondents being able to mention droplet infection. Also, misunderstandings about TB transmission and treatment cause delays in seeking medical help, and ASHA displaying minimal understanding adds to the problem. Although health campaigns have increased general awareness, they often fail to provide in-depth education, especially in pockets with higher prevalence which are hard to reach.

Stigma and Perception Challenges

Although the level of stigma associated with TB is relatively low in the communities visited, persistent misconceptions about the disease pose considerable challenges. Many individuals are uncertain about its curability and preventability, which undermines efforts for early detection and treatment initiation. These false beliefs create hesitancy in seeking medical help and may discourage patients from completing their treatment regimen, adversely impacting overall public health outcomes.

Role of Health Workers and Infrastructure

There is an over-reliance on ASHA workers, who often face constraints in their ability to follow up with patients in remote or difficult-to-access areas. This limited capacity significantly hampers timely detection and treatment. Furthermore, there is a notable inequity in access to diagnostic and treatment facilities across the Khasi, Garo, and Jaintia regions. Hard-to-reach areas, in particular, suffer from a lack of adequate healthcare infrastructure, creating additional barriers to achieving effective disease management and control.

Case Study: TB is completely curable; I am the living example!

Regina (name changed), is in her early 50's residing in Dabit Bolong in Baghmara in South Garo hills, is now hale and hearty with a glowing smile on her face.

She recalls "I still remember the ordeal very clearly in my mind, it was about 7 years back when I caught a cough. I initially thought that it was a normal cough & will disappear after a few days, so I went to our Oja and took medicines from for more than week-ten days, but after taking various kinds of medicines my cough became persistent and in fact got worse to the point that blood started coming out in my phlegm and I started having fever. That is when I got really worried, as by this time I lost a lot of weight and started feeling very tired that I couldn't do my normal chores".

"It was then, when things started getting worse for me, one day finally I went to meet the ASHA who took me to the nurse. Upon seeing me and my condition the nurse informed that I immediately should get my blood test done. It was then that I was tested for TB and it turned out to be positive. Life around me shattered and I thought it was the end of my life". Said Regina with dismay.

"But the doctor and nurse at the facility gave me hope and confidence saying that if I take good care of myself, especially completing the treatment which would take long, eat good nutritious food and take care of my own and surroundings' hygiene, I will get completely cured. I had to live and live a healthy life, so I religiously did what was informed to me and went for regular check-ups" Regina recalls this entire phase of her life as "resurrection".

After about eight to nine months of treatment and taking good care of herself, Regina became normal and tested negative for TB. That is when she realised that TB is completely curable and one can come to normal life. She says that "I am the living example that TB is completely curable and one can live a normal life after completing the treatment. I thank the all the health officials who helped me to come out of this ordeal."



3. Objectives

Objective 1

To enhance awareness among various stakeholders about TB, including its signs, symptoms, transmission, prevention, and management, to promote timely detection and treatment.

To enhance awareness among various stakeholders about TB, including its signs, symptoms, transmission, prevention, and management, to promote timely detection and treatment.

Objective 2

4. Theory of Change

Input	Output	Outcome	Impact
Community Awareness and Engagement	Increased awareness within the community by effective use of Community-specific SBCC materials. Increased levels of awareness in the community through sessions conducted by healthcare workers through IPC and by other officials through screening camps.	Increased number of patients screened and completing TB treatment regimens with support from healthcare providers and community structures. Enhanced knowledge of TB symptoms, transmission, prevention, and treatment options among the general population, especially hard-to-reach areas. Active involvement of traditional healers, village elders, and religious leaders in disseminating accurate TB information.	**Improved overall community health and strengthened healthcare systems to address issues related TB effectively.** **Reduced TB incidence and mortality rates in Meghalaya.**
Healthcare System Strengthening	Trained frontline workers capable of identifying TB symptoms, refer cases for timely testing / screening, and counsel patients and families. Frontline workers trained use of region-specific, culturally appropriate TB-specific communication strategies and materials to increase awareness, timely testing /screening and medication adherence.		
Community Strengthening	Community leaders, elders, religious heads, and traditional healers aware regarding TB and know how to address TB-related stigma and misconceptions in the community.		

5. Current Communication tools available

5.1 Current IEC materials and their status in the channel: <u>MID MEDIA</u>					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Pamphlets	Pamphlet on raising awareness on what is HIV and Tuberculosis and their impact Symptoms to look out for and informing that checkups are free at TB centres and List of TB centres in the state and toll-free number helpline in the back	Health facilities (SC/HWC, PHC, CHC)	General Public	Average; mentioned about having received from health facilities/health workers but could not recall the message or content	Good, has reached the community, but did not find any in facility

5.1 Current IEC materials and their status in the channel: **MID MEDIA**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Posters	General awareness on how to stop the spread of TB (in English and Khasi) English poster about de-stigmatization and the possibility of a cure for TB English poster on the promotion of early testing of TB English poster on early detection of TB in pregnant mothers English poster to spread awareness on contamination and proper disposal of trash from TB patients English poster on diabetes increasing the risk of TB	Health facilities (SC/HWC, PHC, CHC)	General Public	Average; could recall having seen but could not remember the message or content	Good; facilities were seen having displayed posters.

5.2 Current IEC materials and their status in the channel: **DIGITAL/MASS MEDIA**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Jingle	Tuberculosis awareness on de-stigmatization, how it is curable and the psychological toll it takes on ostracised patients in Garo	Radio	General Public	Poor	Poor; no one listens to the radio generally

I know about TB that it is hard cough that stays for a long and is spread by someone coughing on the face, and also that it spreads by using the same utensils, touching and being together. I also know that it is curable but I don't know how one gets it. We know there are few people in our village who had TB and who got completely cured of TB."

40-year-old lady
Lad Rymbai, Wapung block,
East Jaintia Hills

5.2 Current IEC materials and their status in the channel: **DIGITAL/MASS MEDIA**					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
YouTube	NGIN IA PYRTA - Wanbhaa ft. Dapynn - **Khasi Song** Kem pang u Jlaw ha sem sniang - **Khasi Short Film** JINGPANG Sick Song - Ki Jlawdohtir - **Khasi Song** Ioh TB u Lorni - **Khasi sketch comedy** on TB Iarap | Call for Action - Nikshay Mitra -Eddie Lyngdoh - **Khasi Song** KA KJUT TB " - DJ RYAN - **Pnar song** TB sabisi nampilna man.a – Enosh Sangma – **Garo song**	Mobile Phone	General Public	There was recall about YouTube health videos but not specifically about TB	Good; everyone has access to the internet through mobiles

5.3 Current IEC materials and their status in the channel: <u>OTHERS</u>					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Street Play	Tuberculosis awareness, de-stigmatization and about it being curable	Community	General Public	Good, people could recall the storyline	Average; only in a few places

6. Suggested Changes for Improving IEC Materials and their Usage

6.1 Suggested changes for improving IEC Materials and their usage in the channel: **IPC**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Posters	General awareness on how to stop the spread of TB (in English and Khasi) English poster about de-stigmatization and the possibility of a cure for TB English poster on the promotion of early testing of TB English poster on early detection of TB in pregnant mothers English poster to spread awareness on contamination and proper disposal of trash from TB patients English poster on diabetes increasing the risk of TB	SC (H&WC) PHC CHC	ANM ANM MLHP	The posters should be translated into Khasi and Garo, using locally used words/terms. The pictures/images need to be adapted as per the local requirement e.g. people should be representative of the Khasi, Garo and Jaintia regions. The poster should be used in all facilities with dedicated space allocated for awareness materials related to TB

6.2 Suggested changes for improving IEC Materials and their usage in the channel:
DIGITAL/MASS MEDIA

Modes	List of materials	Platform	Responsible person	Suggestions for Improvement
Jingle	Radio Jingle on TB awareness, how it is curable and the psychological toll on ostracised patients	Radio	State/District SBCC officer	The jingle should be recreated in Khasi. Radio is not preferred in rural parts; it may be used in cities and towns where FM radio is listened to. These jingles may be used as audio files (mp3) to be shared over WhatsApp. These audio files may be played during local events/festivals and meetings, especially during celebratory days e.g. 24th March TB Day
Song Short Film Sketch Comedy	NGIN IA PYRTA - Wanbhaa ft. Dapynn - **Khasi Song** on TB awareness JINGPANG - Sick Song - Ki Jlawdohtir - **Khasi Song** on TB awareness Iarap - Call for Action - Nikshay Mitra - Eddie Lyngdoh - **Khasi Song** on TB awareness KA KJUT TB - DJ RYAN - **Pnar song** on TB awareness Kem pang u Jlaw ha sem sniang - **Khasi Short Film** on TB Ioh TB u Lorni - **Khasi sketch comedy** on awareness on TB	Mobile	State/District SBCC officer	The Khasi songs need to be reproduced in Garo. All songs, in Khasi and Garo, should be played in FM channels, especially on celebratory days e.g. 24th March TB Day. The Khasi short film and the Sketch comedy video need to be reproduced in Garo with local contextualization.

6.3 Suggested changes for improving IEC Materials and their usage in the channel: **OTHERS - VHC**				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
VHC Handbook	IEC Handbook	VHC meetings and community events	ASHA ANM	ANM / ASHA to push for effective use of the VHC IEC handbook, during VHC meetings and other events/meetings organized by VHC, schedule a short time slot to inform and sensitise both VHC members and other participating community members about TB disease, its signs and symptoms, need for timely testing/screening, adherence to complete medication regimen, and need for a social support system for complete rehabilitation and bringing back to normal life

7. Suggested New Additions to Tools and Platforms

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Printed Material	Compact Handbook Flipbook	Home visit VHND (AWC) SC (H&WC) PHC	ASHA ANM	Compact (comprehensive) handbook with relevant information (FAQs – ready reckoner) on TB disease, its signs and symptoms, the need for timely testing/screening, adherence to complete medication regimen, environmental cleanliness and hygiene promotion within and around the household, need to eat nutritious and healthy food, and need for a social support system for complete rehabilitation. Adapt the existing VHC IEC Handbook content to include TB disease, its signs and symptoms, the need for timely testing/screening, adherence to complete medication regimen, environmental cleanliness and hygiene promotion within and around the household, the need to eat nutritious and healthy food and need for a social support system for complete rehabilitation. The flipbook should be able to convey all the important messages and also be able to clarify any concerns that beneficiaries would have.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Printed Material	Poster	Community: Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stop	VHC ASHA	Adapt existing Posters to local context and local language (Khasi & Garo) and to be used in public places (of importance/relevance) like Salons, local tea shops and restaurants, market places for increased visibility & penetration. The posters should cover the following: TB disease, its signs and symptoms, the need for timely testing/screening, adherence to complete medication regimen, environmental cleanliness and hygiene promotion within and around the household, need to eat nutritious and healthy food, and need for a social support system for complete rehabilitation.
	IEC Handbook	SHG meetings Religious meetings/ Gatherings	SHGs and Religious Leaders	IEC Handbook with messages about TB, its signs and symptoms, the need for timely testing/screening, adherence to complete medication regimen, environmental cleanliness and hygiene promotion within and around the household, the need to eat nutritious and healthy food and the need for a social support system for complete rehabilitation. ASHA should ensure that a short/small time slot is kept aside in every meeting (VHC & SHG) / gathering (religious) where the IEC Handbook is used to share information on various topics regularly.
		Traditional Healers Counselling during Treatment	Traditional Healers	

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Digital Signage screen	Develop digital content	In facility – PHC & CHC (waiting areas / IP wards)	State SBCC officer District SBCC Officer	**Digital Display Screen**: All existing digital content including Songs, short films, Influencer videos, and the new proposed digital content like animation etc on TB disease, its signs and symptoms, the need for timely testing/screening, adherence to complete medication regimen, environmental cleanliness and hygiene promotion within and around the household, need to eat nutritious and healthy food, and need for social support system for complete rehabilitation, could be played on the screen.
Wall Paintings	Pictorial content	Community: • Hard-to-reach villages • Market place • Community meeting halls	District SBCC Officer Block SBCC Officer	Develop wall paintings on: • TB disease, its signs and symptoms • Need for timely testing/screening, adherence to complete medication regimen • De-stigmatization • Environmental cleanliness and hygiene within & around the house • Need to eat nutritious food.

7.3 Suggested new additions to tools and platforms in the channel:

DIGITAL/MASS MEDIA

Modes	Suggested/ Proposed materials	Platforms	Responsible Persons	Suggested / Proposed Content
Hoarding	Pictorial content	Community- Market places, Bus stops	State / District SBCC officer District TB Officer	Develop picture-based hoarding capturing information on TB disease, its signs and symptoms, the need for timely testing/screening, adherence to complete medication regimen, environmental cleanliness and hygiene promotion within and around the household, need to eat nutritious and healthy food, and need for a social support system for complete rehabilitation.
Instagram	Post/Story	Mobile Phones	State SBCC officer	Create real-life stories, representing Khasi, Jaintia and Garo regions, based on positive deviance & best practices collected from across the field for sharing with a larger populace. Stories should capture the real-life situation and provide all relevant information for others to learn about their experiences. The stories must focus on aspects like a source of correct information, early detection, testing, guidance & counselling and sticking to a complete regimen of medication to influence and sensitise other people.
YouTube	Videos and Songs- Traditional and New age	Mobile Phones	State SBCC Officer	Videos and stories based on real-life, representing Khasi, Jaintia and Garo regions, based on good practices collected from across the field for sharing with a larger populace. Stories should capture aspects like a source of correct information, early detection, testing, guidance & counselling and sticking to a complete regimen of medication to influence and sensitise other people.

7.3 Suggested new additions to tools and platforms in the channel: **DIGITAL/MASS MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
WhatsApp	Video Snippets GIF messages	Mobile Phones	State / District SBCC officer	The content would focus on:- TB disease, its signs and symptoms- Need for timely testing/screening, adherence to complete medication regimen- and need for a social support system for complete rehabilitation- Environmental cleanliness and hygiene promotion within and around the household- Need to eat nutritious and healthy food Targeted automated voice calls to identified TB patients and/ortheir caretakers/family members informing them about the continuing medication, regularly meeting health workers / visiting health centres and issues related to discontinuation of medication like MDRTB and reoccurrence.

7.4 Suggested new additions to tools and platforms in the channel: **OTHERS**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Phone Calls	Targeted Automated Vice Messages	Mobile Phones	State SBCC officer District / Block TB officer	Targeted automated voice calls to identified TB patients and/or their caretakers/family members informing them about the continuing medication, regularly meeting health workers / visiting health centres and issues related to discontinuation of medication like MDRTB and reoccurrence. To ensure complete adherence to medication.
Village-level Display Board	Posters	Village Health Information Board	VHC ASHA	Use of existing Posters to be displayed on these boards, especially around and during the specific celebratory days - 24th March TB Day.

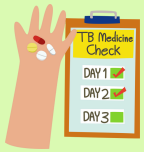
SUGGESTED / PROPOSED KEY MESSAGES

This section highlights a few samples of new, innovative messages, aiming to present fresh perspectives that enhance audience engagement with the communication material. These are just a few samples of perspectives that can be explored further, showcasing how different angles can make communication more accessible, relevant, and impactful for diverse audiences.

Identifying TB and the Need for Timely Screening / Testing



Importance of Completing TB Treatment to Prevent multidrug Resistance



Need for overcoming TB stigma with understanding and support, ensuring timely care and healthier communities



8. Types of Audience and Targeted Behaviour

Audience Type

Primary Audience

TB Patient and those having symptoms of TB

Suggested Behaviours

- Ensuring timely action is taken for early testing if experiencing symptoms like prolonged cough, fever, night sweats, or weight loss.
- Ensure the complete course of TB medication is adhered to as prescribed, even if symptoms improve, understanding that discontinuation of medication before completing the regimen could cause multi-drug resistance and recurrence of TB.
- Ensure hygiene practices like covering the mouth while coughing and using personal utensils to prevent transmission are practiced till TB is completely treated and ensure eating nutritious food.

Audience Type

Secondary Audience

Immediate Caretakers / Family members of TB patients and those having symptoms of TB

Suggested Behaviours

- Providing Emotional and Practical Support to the patient to complete treatment and attend follow-up appointments.
- Developing necessary understanding about prevention of transmission to reduce fear and stigma, ensuring isolation and hygiene as needed to facilitate healthy and effective recovery.

Audience Type

Secondary Audience

FLWs

Suggested Behaviours

- Proactively identify and refer TB suspects promptly for testing and follow-up on treatment adherence.
- Providing effective counselling by being empathetic and providing clear communication about TB diagnosis, treatment, and prevention measures, giving confidence that TB is completely treatable and to follow all instructions as informed.
- Facilitate effective community engagement by conducting awareness sessions and ensuring accessibility of government schemes for TB patients.

Audience Type

Secondary Audience

VHC members / SHG members / Religious leaders

Suggested Behaviours

- Promoting TB awareness, emphasizing its curability and the importance of timely detection and complete treatment during community events, gatherings etc.
- Actively create a community support system through community discussions and mobilization for supporting TB patients and their families.

Audience Type

Secondary Audience

Traditional Healers

Suggested Behaviours

- Ensuring early referral as soon as a suspected TB case is found, to formal health facilities for testing and treatment.
- Work collaboratively with health workers to reinforce accurate TB-related information in communities and patients that come for consultations.

9. Audience-wise Suggested Channels and Materials

Primary Audience

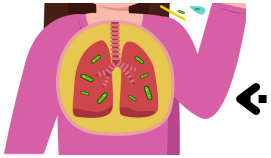


General Public and high risk persons

Urban — Posters in hospitals and public places; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; Hoardings

Rural — Posters in hospitals and Village Health Information Board; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; VHC meetings; Sensitisation meetings

Urban and Rural — 'Voice-Bot for Health(Alexa type); Counselling by health workers; Posters, Social media - WhatsApp, YouTube, Health memes; 'Ask-The-Machine' Van.



TB patients

Primary Audience

Secondary Audience



Immediate family members of TB patients

Urban — Home based counselling by FLWS; Posters at Health Centre & public places; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre;

Rural — Home based counselling by FLWS; Posters at Health Centre; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; Village Health Information Board; Community Events - VHC /SHG meetings; 'Ask-The-Machine' Van.

Secondary Audience



CBOs

Urban and Rural Training programs; Posters/ Hoardings, Sensitisation meetings

Urban and Rural Training programs; Posters/ Hoardings, Sensitisation meetings; information booklets



Traditional Healers

Secondary Audience

Secondary Audience



Religious leaders, Teachers

Urban and Rural Posters/ Hoardings; Sensitisation meetings; information booklets

Urban and Rural Training programs; Posters/ Hoardings, Sensitisation meetings; information booklets; ASHA tab videos



FLWs

Secondary Audience

Strategy For Addressing Tuberculosis

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Topic-wise Messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	TB Materials	TB Messages	Khasi	Garo	Jaintia	Urban	Rural (Including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
PA: TB Patient and those having symptoms of TB	Many individuals ignore or dismiss symptoms, assuming they will resolve on their own.	Ensuring timely action is taken for early testing if experiencing symptoms like prolonged cough, fever, night sweats, or weight loss.	People do not always recognise persistent cough, fever, and weight loss as signs of TB.	Identifying TB and the Need for Timely Screening / Testing	**IPC: Counselling**	ASHA Tab Compact Handbook Flipbook	Message (To TB Patients): "Traditional medicine can provide comfort, but for TB, proper diagnosis and medical treatment are essential to get cured. Visit your nearest health center today." Message (To Remote Communities): "TB is treatable and preventable. If you or someone you know has a prolonged cough or other symptoms, visit the nearest health center for free testing and treatment." Message (To Patients): "TB is curable with free treatment at government health centers. Complete your treatment for a healthy and active life!"	Messages to be in local dialects and symptoms to be described in the local parlance of the symptoms and language as opposed to academic discourse	Messages to be in local dialects and symptoms to be described in the local parlance of the symptoms and language as opposed to academic discourse	Messages to be in local dialects and symptoms to be described in the local parlance of the symptoms and language as opposed to academic discourse	✓	✓	✓	✓		
	Patients often take over-the-counter medicines or traditional remedies instead of getting tested for TB.		Some patients delay testing due to transportation costs, lack of access to healthcare, or work obligations.	Testing is the first step toward full recovery and a healthy future.	**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Communnity meeting halls, Bus stops	Poster:. Visual: A smiling patient ringing a bell at a health center, symbolizing their cure. Text: "TB is treatable. Complete your treatment for a healthy life."	Imagery to also contain the existent cultural practices of the indigenous medicine system in alignment with the modern practices to bolster trust in modern medicinal discipline	Imagery to also contain the existent cultural practices of the indigenous medicine system in alignment with the modern practices to bolster trust in modern medicinal discipline	Imagery to also contain the existent cultural practices of the indigenous medicine system in alignment with the modern practices to bolster trust in modern medicinal discipline	✓	✓	✓	✓		
	Patients are unaware that stopping treatment can make TB harder to cure in the future.	Ensure the complete course of TB medication is adhered to as prescribed, even if symptoms improve, understanding that discontinuation of medication before completing the regimen could cause multi-drug resistance and recurrence of TB.	Patients think they no longer need medication once they start feeling better.	Importance of Completing TB Treatment to Prevent multidrug Resistance		Community gatherings/Events Street plays/Folk Theatre	Folk Performance: Lyrics: "A cough that lasts, weight falls away, TB can be cured, don't delay! Visit your health worker, take the test, Treatment's free and works the best!" Street Play: Scene: A cured TB patient shares their journey, emphasizing the importance of completing treatment to stay healthy. Message: "TB can be cured—complete your treatment and protect your loved ones." Folk Performance: Lyrics: "ASHA workers are here for you, Guiding you to what to do. Health centers have what you need, Let's fight TB and all succeed!"	Repackaging the old khasi folk tales in scripts where health was always deemed as demonic or catastrophic visitation to be packaged in modern health narrative and endorsed by the local deities in the folk theatre	Repackaging the old Garo folk tales in scripts where health was always deemed as 'demonic or catastrophic visitation' to be packaged in modern health narrative and endorsed by the local deities in the folk theatre	Repackaging the old jaintia folk tales in scripts where health was always deemed as demonic or catastrophic visitation to be packaged in modern health narrative and endorsed by the local deities in the folk theatre	✓	✓	✓		✓	
	Patients discontinue TB treatment as soon as they start feeling better, leading to incomplete cure and risk of drug resistance.		Some patients stop taking medicine due to nausea, fatigue, or other discomforts.		**Digital/Mass Media**	Digital Ads News Channels WhatsApp YouTube Instagram	1. Cultural Norms and Practices Announcements/Audio format: "When a cough doesn't go away, don't delay. TB is curable with medical care. Visit your health center today." Ad: Headline: "Prolonged Cough? Weakness? It Could Be TB." Subtext: "Seek free testing and treatment at your nearest health center today." 2. Perception Challenges Audio: "TB is preventable and treatable. Complete your treatment and lead a healthy life. Visit your nearest health center today." Video: Scene: A cured TB patient explains the importance of completing the full treatment course. Voiceover: "TB is curable. Complete your treatment and protect your family." 3. Awareness and Education Gaps YouTube Video: Content: An animated video explaining TB symptoms, transmission, and prevention in a simple, engaging format. Social Media Post: Visual: TB symptoms displayed alongside a clear call to action. Caption: "Know the signs of TB: Cough, weight loss, weakness. Free treatment is available—act now."	Pictorial And Indegneous Imagery, Local dialects of symptoms followed by 20 secon graphics on bursting myths around Tuberculosis	Pictorial And Indegneous Imagery, Local dialects of symptoms followed by 20 secon graphics on bursting myths around Tuberculosis	Pictorial And Indegneous Imagery, Local dialects of symptoms followed by 20 secon graphics on bursting myths around Tuberculosis	✓	✓		✓	✓	
			Patients may be unaware of TB related Govt. schemes and struggle with transportation or medicine costs, leading to non-adherence.					Reels on real life TB survivors , Stigma surrounding the disease and recognition for their efforts	Reels on real life TB survivors , Stigma surrounding the disease and recognition for their efforts	Reels on real life TB survivors , Stigma surrounding the disease and recognition for their efforts						
	Patients cough openly, unknowingly spreading TB bacteria. TB patients continue sharing food and utensils with family, increasing infection risks.	Ensure hygiene practices like covering the mouth while coughing and using personal utensils to prevent transmission are practiced till TB is completely treated and ensure eating nutritious food.	Many do not realise that coughing and sharing utensils can spread TB.	Simple habits like covering your mouth while coughing can stop TB from spreading.				Influencer and podcast driven strategy for You tube For early diagnosis . Influencers to be localised in Khasi Region. Open Phone lines for anonymous calls and live chats for Tb afflicted to destigmatise the disease	Influencer and podcast driven strategy for You tube For early diagnosis . Influencers to be localised in Garo Region. Open Phone lines for anonymous calls and live chats for Tb afflicted to destigmatise the disease	Influencer and podcast driven strategy for You tube For early diagnosis . Influencers to be localised in Jaintia Region. Open Phone lines for anonymous calls and live chats for Tb afflicted to destigmatise the disease						
	Patients do not prioritise nutrition, leading to weak immunity and slow recovery.		Patients feel uncomfortable about isolating themselves or using separate utensils and may not end up adhering to it well.	Eating a healthy diet boosts your immunity and speeds up your cure. Small lifestyle changes can prevent TB from affecting your family and community.												
Secondary Target Group																
SA: Immediate Caretakers / Family members of TB patients and those having symptoms of TB	Some families may see TB as a burden and do not offer emotional encouragement. Family members may not actively remind or encourage the patient to take medicine regularly.	Providing Emotional and Practical Support to the patient to complete treatment and attend follow-up appointments.	Caregivers may experience stress or social pressure, leading to lack of support for the patient.	Encouragement, regular follow-ups, and small acts of care help patients complete treatment, heal faster, and stay strong.	**IPC: Counselling**	ASHA Tab Compact Handbook Flipbook	Message (To Families): "Did you know? TB spreads through droplets when someone with active TB coughs or sneezes. Protect your family—know the symptoms and seek timely treatment." Message (To Remote Communities): "TB is treatable and preventable. If you or someone you know has a prolonged cough or other symptoms, visit the nearest health center for free testing and treatment." Message (To Families): "Support your loved ones in completing their TB treatment. Together, we can stop TB in our community."	Messages to be in local dialects and symptoms to be described in the local parlance of the symptoms and language as opposed to academic discourse	Messages to be in local dialects and symptoms to be described in the local parlance of the symptoms and language as opposed to academic discourse	Messages to be in local dialects and symptoms to be described in the local parlance of the symptoms and language as opposed to academic discourse	✓	✓	✓	✓		
						Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Communnity meeting halls, Bus stops	Poster: Visual: A family discussing TB symptoms with a health worker at home. Text: "Know the signs: Cough, weakness, weight loss. Get tested for TB—it's free and treatable."	Imagery to also contain the existent cultural practices of the indigenous medicine system in alignment with the modern practices to bolster trust in modern medicinal discipline	Imagery to also contain the existent cultural practices of the indigenous medicine system in alignment with the modern practices to bolster trust in modern medicinal discipline	Imagery to also contain the existent cultural practices of the indigenous medicine system in alignment with the modern practices to bolster trust in modern medicinal discipline	✓	✓	✓	✓		
	Family members distance themselves out of fear instead of providing balanced care. Families may have wrong beliefs like TB is hereditary or cannot be cured, increasing stigma.	Developing necessary understanding about prevention of transmission to reduce fear and stigma, ensuring isolation and hygiene as needed to facilitate healthy and effective recovery.	Avoid isolation, maintain hygiene with proper ventilation and mask use, and prevent stigma by spreading correct information—TB is curable and not hereditary.	Need for overcoming TB stigma with understanding and support, ensuring timely care and healthier communities	**Mid Media**	Community gatherings/Events Street plays/Folk Theatre	Folk Performance: Lyrics: "A cough that lasts, weight falls away, TB can be cured, don't delay! Visit your health worker, take the test, Treatment's free and works the best!" Street Play: Scene: A cured TB patient shares their journey, emphasizing the importance of completing treatment to stay healthy. Message: "TB can be cured—complete your treatment and protect your loved ones." Folk Performance: Lyrics: "ASHA workers are here for you, Guiding you to what to do. Health centers have what you need, Let's fight TB and all succeed!"	Repackaging the old khasi folk tales in scripts where health was always deemed as demonic or catastrophic visitation to be packaged in modern health narrative and endorsed by the local deities in the folk theatre	Repackaging the old Garo folk tales in scripts where health was always deemed as demonic or catastrophic visitation to be packaged in modern health narrative and endorsed by the local deities in the folk theatr	Repackaging the old jaintia folk tales in scripts where health was always deemed as demonic or catastrophic visitation to be packaged in modern health narrative and endorsed by the local deities in the folk theatre	✓	✓	✓		✓	
VHC members / SHG members / Religious leaders	TB is rarely mentioned in village meetings, SHG discussions, or religious sermons. Some community influencers may unknowingly reinforce harmful beliefs, such as TB being a punishment or hereditary.	Promoting TB awareness, emphasizing its curability and the importance of timely detection and complete treatment during community events, gatherings etc.	Fear of exclusion or discrimination prevents open discussions.	Leaders can help correct misconceptions and encourage medical care. mbedding TB messages in existing events normalizes discussions.	**IPC: Counselling**	Posters, Handbook, Flipbook Digital Content as ready reckoner	Message (To Community Leaders): "Your voice matters. Encourage your community to seek medical care for prolonged coughs and other TB symptoms. Early detection saves lives." Message (To Community Groups): "Cured TB patients are living proof—TB is preventable and treatable. Timely medical care is key." Message (To Community Leaders): "Support ASHA workers and health campaigns in your village. Together, we can ensure no one suffers from undiagnosed TB."	Local colloquial language to describe the symptom and destigmatising the disease	Local colloquial language to describe the symptom and destigmatising the disease	Local colloquial language to describe the symptom and destigmatising the disease	✓	✓	✓	✓		
			Many leaders are unaware of updated TB treatment protocols.			Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Communnity meeting halls, Bus stops	Poster: Visual: A family discussing TB symptoms with a health worker at home. Text: "Know the signs: Cough, weakness, weight loss. Get tested for TB—it's free and treatable." Poster: Visual: A smiling patient ringing a bell at a health center, symbolizing their cure. Text: "TB is treatable. Complete your treatment for a healthy life." Poster: Visual: An ASHA worker visiting a remote village, guiding a family to a health center. Text: "Your ASHA worker is here to help. Let's defeat TB together."	Indigenous Characters, Local Dialects	Indigenous Characters, Local Dialects	Indigenous Characters, Local Dialects	✓	✓	✓	✓		

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Topic-wise Messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	TB Materials	TB Messages	Khasi	Garo	Jaintia	Urban	Rural (Including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
VHC members / SHG members / Religious leaders			Health issues like TB are deprioritized in favour of other social or economic topics.	Leaders can help correct misconceptions and encourage medical care, mbedding TB messages in existing events normalizes discussions.	**Mid Media**	VHC IEC Handbook	IEC Handbook with messages about TB, its signs and symptoms, the need for timely testing/screening, adherence to complete medication regimen, environmental cleanliness and hygiene promotion within and around the household, the need to eat nutritious and healthy food and the need for a social support system for complete rehabilitation. ASHA should ensure that a short/small time slot is kept aside in every meeting (VHC & SHG) / gathering (religious) where the IEC Handbook is used to share information on various topics regularly.	FAQ tailored to local cultural practices and local dialects	FAQ tailored to local cultural practices and local dialects	FAQ tailored to local cultural practices and local dialects		✓	✓		✓	
	TB patients often feel isolated without emotional or practical help. SHGs and VHCs do not actively create support systems for nutrition, transport, or counselling.	Actively create a community support system through community discussions and mobilization for supporting TB patients and their families.	Families and communities may isolate TB patients.	Encouraging action through structured support can reduce the incidence of TB.		Community gatherings/Events Street plays/Folk Theatre Ask the Machine (ATM)	Street Play: Scene: A traditional healer collaborates with a health worker to encourage a coughing patient to visit the health center. The patient gets diagnosed with TB, starts treatment, and recovers. Message: "Traditional wisdom and modern care together can save lives. Seek timely medical help for TB symptoms." Poster: Visual: A traditional healer and health worker standing together, holding TB awareness leaflets. Text: "Prolonged cough? Visit your health center for a free TB check-up today." Folk Performance: Lyrics: "A cough that lasts, weight falls away, TB can be cured, don't delay! Visit your health worker, take the test, Treatment's free and works the best!" Poster: Visual: A family discussing TB symptoms with a health worker at home. Text: "Know the signs: Cough, weakness, weight loss. Get tested for TB—it's free and treatable." Street Play: Scene: A cured TB patient shares their journey, emphasizing the importance of completing treatment to stay healthy. Message: "TB can be cured—complete your treatment and protect your loved ones." Poster: Visual: A smiling patient ringing a bell at a health center, symbolizing their cure. Text: "TB is treatable. Complete your treatment for a healthy life."	Repackaging the old khasi folk tales in scripts where health was always deemed as demonic or catastrophic visitation to be packaged in modern health narrative and endorsed by the local deities in the folk theatre	Repackaging the old khasi folk tales in scripts where health was always deemed as demonic or catastrophic visitation to be packaged in modern health narrative and endorsed by the local deities in the folk theatre	Repackaging the old khasi folk tales in scripts where health was always deemed as demonic or catastrophic visitation to be packaged in modern health narrative and endorsed by the local deities in the folk theatre	✓	✓	✓		✓	
			Community members may not see their role in supporting recovery.		**Digital/Mass Media**	Digital Ads News Channels WhatsApp YouTube Instagram	1. Audio Announcements: "When a cough doesn't go away, don't delay. TB is curable with medical care. Visit your health center today." "Coughing for more than two weeks? Feeling weak? TB is curable. Talk to your ASHA worker or visit a health center for a free test." "TB is preventable and treatable. Complete your treatment and lead a healthy life. Visit your nearest health center today." "ASHA workers are here to guide you. Together, let's end TB. Seek help for free testing and treatment." 2. Video Format: Scene: A traditional healer accompanies a patient to a health center, where they receive a free TB test and start treatment. Voiceover: "Combining tradition with modern medicine can save lives. Get tested for TB today." Scene: A family learns about TB symptoms and prevention from an ASHA worker. Voiceover: "Know the symptoms: Cough, weakness, weight loss. TB can be cured—seek timely medical help." Scene: A cured TB patient explains the importance of completing the full treatment course. Voiceover: "TB is curable. Complete your treatment and protect your family." Scene: A health worker trekking to a remote area to bring TB care to a family. Voiceover: "No place is too far. TB care is available for everyone. Let's defeat TB together." 3. Ads: Headline: "Prolonged Cough? Weakness? It Could Be TB." Subtext: "Seek free testing and treatment at your nearest health center today."	Integration of Traditional Healers as brand ambassadors for Tuberculosis and real life stories about families of TB survivors	Integration of Traditional Healers as brand ambassadors for Tuberculosis and real life stories about families of TB survivors	Integration of Traditional Healers as brand ambassadors for Tuberculosis and real life stories about families of TB survivors	✓	✓			✓	
Traditional Healers	Traditional healers may first attempt their remedies before or not at all referring patients to health centres.	Ensuring early referral as soon as a suspected TB case is found, to formal health facilities for testing and treatment.	Some healers believe TB can be treated without modern medicine.	Emphasizing healers' importance in early detection.	**IPC: Counselling**	Posters, Handbook, Flipbook Digital Content as ready reckoner	Message (To Traditional Healers): "You are trusted by your community. If someone has a prolonged cough, guide them to visit a health center for TB diagnosis and treatment—it could save their life."	Indigenous Medicinal System and local parlance to be aligned with modern practices to bolster trust	Indigenous Medicinal System and local parlance to be aligned with modern practices to bolster trust	Indigenous Medicinal System and local parlance to be aligned with modern practices to bolster trust	✓	✓	✓	✓		
			Healers may worry that referrals to hospitals will reduce their importance in the community.		**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	Poster: Visual: A traditional healer and health worker standing together, holding TB awareness leaflets. Text: "Prolonged cough? Visit your health center for a free TB check-up today."	Local Imagery and Dialect	Local Imagery and Dialect	Local Imagery and Dialect	✓	✓	✓	✓		
			No structured collaboration between traditional healers and the health system.			Community gatherings/Events Street plays/Folk Theatre	Street Play: Scene: A traditional healer collaborates with a health worker to encourage a coughing patient to visit the health center. The patient gets diagnosed with TB, starts treatment, and recovers. Message: "Traditional wisdom and modern care together can save lives. Seek timely medical help for TB symptoms." Street Play: Scene: A cured TB patient shares their journey, emphasizing the importance of completing treatment to stay healthy. Message: "TB can be cured—complete your treatment and protect your loved ones."	Repackaging old folk tales with traditional healers as the main character and modern health practicians as being regarded the same	Repackaging old folk tales with traditional healers as the main character and modern health practicians as being regarded the same	Repackaging old folk tales with traditional healers as the main character and modern health practicians as being regarded the same	✓	✓	✓		✓	
	Traditional healers often work independently, without linking patients to formal health services. Some traditional beliefs may discourage medical treatment.	Work collaboratively with health workers to reinforce accurate TB-related information in communities and patients that come for consultations.	Some healers may see health workers as competitors.	Encouraging traditional healers to take an active role in TB education.							✓	✓	✓		✓	
FLWs	FLWs may not actively screen for TB symptoms or may delay referring patients due to workload or lack of resources. Some FLWs do not regularly check on TB patients to ensure they are completing their treatment.	Proactively identify and refer TB suspects promptly for testing and follow-up on treatment adherence.	FLWs may struggle to prioritise TB case identification among other health tasks. Some FLWs may not be well-trained in early TB detection.	Community health depends on proactive identification and follow-up and FLWs' contribution is essential for it.	**Reference Materials**	Tranings, Posters, ASHA Tab Videos, Handbook, Flipbook	1. Early Detection & Referral: Your Role is Key Key Message: "Detecting TB early saves lives! Your proactive screening and timely referrals ensure faster treatment and a healthier community." How FLWs Can Communicate This: Regularly screen for TB symptoms (persistent cough, fever, weight loss) during routine visits. Encourage community members to report symptoms early and seek testing. Explain that TB testing and treatment are free and available at government health facilities.	FLWS material to be pictorial and localised in nature	FLWS material to be pictorial and localised in nature	FLWS material to be pictorial and localised in nature	✓	✓	✓	✓	✓	
			People with symptoms may hide their condition, making identification difficult.	Regular check-ins with patients ensure they complete their treatment and recover fully.			2. Consistent Follow-ups: Ensure Complete Recovery Key Message: "Every follow-up visit brings a patient closer to full recovery. Your support helps them complete their treatment and prevents the spread of TB." How FLWs Can Communicate This: Check on TB patients regularly to ensure they take their medication as prescribed. Remind them that stopping treatment too early can lead to drug-resistant TB. Involve family members in treatment adherence, so they can offer support at home.								
	Some FLWs may be judgmental, dismissive, or rushed when discussing TB with patients. TB patients may receive unclear instructions, leading to non-adherence.	Providing effective counselling by being empathetic and providing clear communication about TB diagnosis, treatment, and prevention measures, giving confidence that TB is completely treatable and to follow all instructions as informed.	Some FLWs may not have skills to communicate sensitively and effectively.	Patients listen better when they feel understood and supported. Encouraging words can change mindsets.			3. Building Trust through Clear and Empathetic Communication Key Message: "Your words can heal! When patients feel supported and understood, they are more likely to complete treatment." How FLWs Can Communicate This: Avoid judgmental language; listen patiently to patients' concerns. Reassure patients that TB is curable and treatment is effective when followed properly. Use simple, everyday language to explain TB symptoms, treatment, and prevention.	FLWS material to be pictorial and localised language and symptoms description in nature	FLWS material to be pictorial and localised language and symptoms description in nature	FLWS material to be pictorial and localised language and symptoms description in nature	✓	✓	✓	✓		
			Heavy workload prevents detailed conversations with patients.	Use relatable language to ensure patients understand treatment steps.			4. Combatting Stigma & Encouraging Community Awareness Key Message: "TB is just like any other illness—it can happen to anyone and is completely treatable. Support, not stigma, helps patients recover faster." How FLWs Can Communicate This: Address misconceptions that TB is a curse or punishment. Educate community members about how TB spreads and how it can be prevented. Organize awareness sessions at community meetings, self-help groups, and village gatherings.								
	FLWs may not prioritise TB education in their community sessions. Patients and families remain unaware of free services available to them and are not informed by FLWs.	Facilitate effective community engagement by conducting awareness sessions and ensuring accessibility of government schemes for TB patients.	FLWs may struggle to organise sessions due to funding or logistical constraints.	Educated communities prevent TB through early detection and treatment.			5. Mobilizing Community Support & Access to Free Services Key Message: "An informed community is a healthy community! Let's work together to prevent and treat TB by spreading awareness and using free healthcare services." How FLWs Can Communicate This: Inform community members about government schemes that provide free TB treatment and nutrition support. Encourage community leaders to advocate for TB awareness and patient support. Share success stories of patients who have recovered, reinforcing that TB is curable.								

10. Monitoring and Evaluation plan

Monitoring Framework for Tuberculosis			
Process Indicators (Assesses the implementation of activities)			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of community awareness sessions conducted on TB prevention, symptoms, and treatment	Monthly Report, session attendance sheets	Monthly	ASHA ANM
# of IEC materials disseminated		Quarterly	
# of patients identified & referred for TB testing by FLWs, traditional healers and others	Monthly Report	Monthly	
# of engagement meetings conducted with village headmen, religious leaders, and traditional healers	ASHA/ANM records	Monthly	Supervisors
# of social media posts and digital campaigns on TB awareness	Social media Data analytics	Quarterly	State SBCC team / M&E Team

Monitoring Framework for Tuberculosis			
Output Indicators			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of communities/public locations displaying posters	Field report	Monthly	ASHA
% of ASHA using videos for counselling			
% of ASHA and ANM trained on TB in last 3 years	Training Report	When training is organised	Training organiser

Monitoring Framework for Tuberculosis			
Outcome Indicators			
Indicator	**Data Source**	**Frequency**	**Responsibility**
% of community members aware of TB signs, symptoms and the need for screening	Sample survey	Yearly	M&E Department
% of TB patients know that they have to take TB medicines on a regular basis.			
% of TB patients aware of the need for completion of treatment			
% of TB patient's family members understand the importance of TB testing			
% of community members received information about tuberculosis through any sources			

11. Recommendations: A multi-pronged approach

To ensure successful implementation of the strategy across the Khasi, Garo, and Jaintia regions, the focus must be on system strengthening, leveraging inter-departmental convergence, addressing cultural barriers, engaging community structures, and improving accessibility to healthcare services, especially in hard-to-reach areas.

11.1. GOVERNMENT SYSTEM STRENGTHENING	
STATE LEVEL	**Policy and Resource Allocation:** Adapt and modify the existing **State Action Plan for TB Elimination**, focusing on culturally tailored approaches and equitable healthcare access in remote areas. Allocate additional resources for TB awareness, testing & screening, and treatment in hard-to-reach regions. **Training and Capacity Building:** Organize cross-sectoral workshops for health officials and non-health departments to sensitize them about the challenges and collaborative opportunities for TB management. Conduct state-level refresher training for Health officials especially focusing on frontline health workers on TB symptoms, transmission, treatment, and stigma reduction. **Innovative Surveillance:** Strengthen surveillance systems by integrating digital platforms for TB notification and follow-up in collaboration with the National TB Elimination Program (NTEP) / Ni-Kshay.

11.1. GOVERNMENT SYSTEM STRENGTHENING	
DISTRICT & BLOCK-LEVEL	**Health Worker Capacity Development:** Conduct block-level cascade training programs for all health workers, emphasizing: Early symptom identification. • Effective patient communication for stigma reduction. • Ensuring treatment adherence through community follow-ups. Provide digital learning modules (mobile-accessible) as reference materials for continuous learning. Train ASHA workers, ANMs, and Multipurpose Health Workers (MPHWs) at the block level in interpersonal communication (IPC) skills to address community myths and misconceptions. Equip them with conversation scripts tailored to common concerns like TB stigma, curability, and myths about transmission. **Youth-Driven Advocacy:** Form district and block-level Youth TB Champions, engaging local youth organizations or clubs like NYK, NSS, church-based youth groups to promote TB awareness in schools and colleges through skits, debates, and awareness drives. **Digital Media Outreach:** Leverage popular platforms like WhatsApp groups, FM radio, and short-form videos tailored for local contexts to amplify TB messages. Incorporate real life stories of successful TB treatment and recovery to inspire confidence in healthcare services.

11.1. GOVERNMENT SYSTEM STRENGTHENING

VILLAGE LEVEL	**Community-Based Detection:** Train VHCs and SHGs to identify TB symptoms in their communities and refer suspected cases to the nearest healthcare facilities. Establish Village-Based DOTS (Directly Observed Treatment Short-Course) providers to ensure treatment adherence. **Localized Campaigns for Awareness:** Develop culturally relevant SBCC materials in local languages (Khasi, Garo, Jaintia) addressing TB symptoms, transmission, and treatment. Incorporate culturally specific metaphors and local terms like "droplet infection" and community-specific beliefs (e.g., stigma-free language) to ensure relevance. Use mobile vans with audio-visual aids to disseminate TB information in remote areas, focusing on high-burden communities. **Behavioural Nudges via Community Gatekeepers:** Engage Village Headmen, Religious Leaders, and Traditional Healers to act as advocates for TB awareness and reduce stigma through storytelling, sermons, or public announcements. Facilitate block-level sensitization workshops for these leaders, focusing on TB as a preventable and curable disease to shift perceptions. **Strengthening Village Health Committees (VHCs):** Organize monthly block-level VHC capacity-building sessions to enable them to conduct awareness drives, monitor TB activities, and support contact tracing in their villages. **Integration with SHGs and Local Organizations:** Engage Self-Help Groups (SHGs) in block-level training on TB awareness and patient support (e.g., assisting in transportation to health facilities, home visits for treatment adherence). Provide SHGs with simple toolkits to spread awareness during their meetings.

11.2. INTER-DEPARTMENTAL CONVERGENCE APPROACHES

Health Department:

- Lead the development and dissemination of culturally relevant, **local-language IEC materials** on TB symptoms, transmission, prevention, and treatment, ensuring these are tailored to specific community beliefs and practices.
- Integrate TB awareness and screening into **routine health camps**, leveraging existing ASHA workers, ANMs, and health sub-centres for outreach.
- Use mobile health vans and **real-time TB patient monitoring systems** to extend services to hard-to-reach areas and ensure follow-ups for treatment completion.
- Establish **block and district-level review committees** to coordinate TB-specific campaigns and monitor progress across departments.

Educational Department:

- Integrate TB awareness content into **school curriculums and extracurricular activities**, such as health clubs, debates, and skits, to foster knowledge among students.
- Organize TB-focused **health sessions in schools and colleges**, engaging teachers as facilitators and leveraging NYK, NSS and NCC volunteers as youth advocates.
- Collaborate with the health department to observe **TB Awareness Days** in schools, focusing on early identification and reducing stigma.
- Promote TB-related digital resources on **teacher training portals** to build educators' capacity for disseminating accurate information.

Women and Child Development (ICDS):

- Engage Anganwadi Workers (AWWs) to incorporate TB messaging into **Mother and Child Health (MCH) sessions** during Village Health, Sanitation, and Nutrition Days (VHSNDs).
- Include TB awareness in **home visits for pregnant women and young mothers**, highlighting the importance of screening for TB, particularly for malnourished children.
- Develop a toolkit for AWWs to address TB stigma and emphasize its curability in **Self-Help Group (SHG) and community meetings.**
- Utilize ICDS platforms for **nutritional support programs** targeted at TB patients, linking them with treatment adherence counselling.

11.2. INTER-DEPARTMENTAL CONVERGENCE APPROACHES

Community and Rural Development (C&RD):

- Use the **Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)** platform to reach at-risk populations with TB messaging during workers' group gatherings.
- Mobilize Village Health Committees (VHCs) to organize TB awareness campaigns, linking them with existing social and health programs at the village level.
- Facilitate convergence meetings at the block level, ensuring **PRI members and traditional leaders** are sensitized and actively involved in TB control efforts.
- Promote the construction of **sanitary housing and better ventilation** in rural homes under housing schemes to prevent TB spread.

Meghalaya State Rural Livelihoods Society (MSRLS):

- Engage SHGs supported by MSRLS to act as community-level TB champions by disseminating information during regular meetings and community gatherings.
- Integrate TB awareness into **livelihood programs** and community projects, emphasizing early detection, treatment adherence, and the availability of free services.
- Train SHG leaders in identifying early symptoms of TB and referring suspected cases to nearby health centres for diagnosis and treatment.
- Collaborate with the health department to organize **mobile TB screening camps** in remote areas using MSRLS's network of community groups for mobilization.

11.3. COMMUNITY MOBILIZATION AND ENGAGEMENT

Village Headmen and VHCs

- Use the influence of village headmen to convene community meetings for open discussions about TB symptoms, transmission, and prevention.
- Leverage VHCs to organize TB-specific awareness drives during Village Health and Nutrition Days (VHNDs).

Traditional Healers and Religious Institutions

- Train traditional healers to identify TB symptoms and refer suspected cases to healthcare facilities.
- Collaborate with religious leaders to disseminate messages about the curability of TB and the importance of completing treatment.

Community Platform and Structures

- Train SHG members to act as peer educators, emphasizing the role of women in detecting and managing TB within households.
- Set up mobile health units at transit points to offer TB screening and counselling for migrants, especially in villages with migrant labour workforce (inbound or outbound) both in urban & rural settings.
- Involve youth organizations to conduct street plays, songs, and campaigns focused on TB awareness and stigma reduction.

11.4. ADDRESSING COMMUNITY LEVEL BARRIERS

Behaviour Change Communication-Develop culturally sensitive IEC materials that respect the community's reliance on traditional medicine but encourage timely medical intervention. Use storytelling and folklore, delivered by local storytellers captured and disseminated through digital media, to explain TB symptoms, transmission, and treatment in relatable ways.

Tailored Education Campaigns- Focus campaigns on the full spectrum of TB symptoms, modes of transmission, and the importance of completing treatment. Organize community-level TB quiz competitions and interactive sessions to reinforce learning.

Normalize TB Treatment- Showcase success stories of TB survivors during community meetings to demonstrate that the disease is curable. Develop community support groups for TB patients and their families to improve adherence and support in mainstreaming post curing of TB.

Improve Facility Accessibility- Ensure that all PHCs and CHCs are equipped with TB diagnostic and treatment services, especially in hard-to-reach areas.

List of Abbreviations

AIDS – Acquired immunodeficiency syndrome

ANC – Antenatal Care

ANM – Auxiliary Nurse Midwife

ASHA – Accredited Social Health Activist

AWW – Anganwadi Worker

AWC – Anganwadi Centre

B-CAP – Block Convergence Action Plan

BCG – Bacillus Calmette-Guérin

BPM – Block Program Manager

C&RD – Community and Rural Development Department

CB – Capacity Building

CBO – Community-Based Organizations

CDPO – Child Development Project Officer

CF – Complementary Feeding

CHC – Community Health Centre

CSR – Corporate Social Responsibility

DC – District Collector

D-CAP – District Convergence Action Plan

DCPC – District Child Protection Officer

DMHO – District Medical and Health Officer

DMM – District Mission Manager

DPO – District Project Officer

DSWO – District Social Welfare Officer

EBF – Exclusive Breast Feeding

EIBF – Early Initiation of Breastfeeding

FAQ – Frequently Asked Question

FGD – Focus Group Discussion

FHI – Family Health International

List of Abbreviations

FLW – Frontline Worker

FP – Family planning

H&WC – Health and Wellness Centre

HBNC – Home Based Newborn Care

HBYC – Home Based Care for Young Child

HIV – Human immunodeficiency viruses

ICDS – Integrated Child Development Service

IEC – Information, Education, and Communication

IFPRI – International Food Policy Research Institute

IIPHS – Indian Institute of Public Health Shillong

IPC – Interpersonal Communication

KAP-B – Knowledge, attitudes, and practice behaviours

KMC – Kangaroo Mother Care

LM – Lactating Mother

M&E – Monitoring and Evaluation

MCH – Maternal and Child Health

MCP – Maternal and Child Protection

MDRTB – Multi Drug Resistant Tuberculosis

MHSSP – Meghalaya Health Systems Strengthening Project

MIS – Management Information System

MLHP - Mid-Level Health Providers

MoM – Minutes of Meeting

MO i/c – Medical Officer in Charge

MP – Male Participation

MSACS – Meghalaya State AIDS Control Society

MSRLS – Meghalaya State Rural Livelihoods Society

NCD – Non-Communicable disease

NFHS – National Family Health Survey

List of Abbreviations

NGO – Non Governmental Organization

NHM – National Health Mission

PA – Primary Audience

PHC – Primary Health Centre

PHED – Public Health Engineering Department

PLWHA – People Living With HIV/AIDS

PMU – Project Management Unit

PNC – Postnatal Care

PPP – Public Private Partnership

PSU – Public Sector Undertaking

PTA – Parent Teacher Association

PW – Pregnant Women

PWD – Public Works Department

RBSK – Rashtriya Bal Suraksha Karyakram

RCH – Reproductive Child Health

S-CAP – State Convergence Action Plan

SBCC – Social and Behaviour Change Communication

SC – Sub Centre

SHG – Self Help Group

SRS – Sample Registration System

SUD – Strategic Use of Data

TB – Tuberculosis

UNICEF – United Nations Children's Fund

VEC – Village Education Committee

VHC – Village Health Council

VHIB – Village Health Information board

VHND – Village Health and Sanitation Day

WCD – Women and Child development

WHO – World Health Organization

WRA – Women in Reproductive age

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Strategy For Improving Awareness, Prevention & Management of Non-Communicable Diseases (Diabetes, Hypertension & Cancer)

Project submitted by
SACH
Society For Action In Community Health

MEGHALAYA HEALTH SYSTEMS STRENGTHENING PROJECT

Strategy For Improving Awareness, Prevention & Management of Non-Communicable Diseases (Diabetes, Hypertension & Cancer)

1. Introduction

According to the "Meghalaya: Disease Burden Profile, 1990 to 2016," Non-Communicable Diseases (NCD) accounted for 38.4% of the total disease burden in 2016, up from 30.4% in 1990. This indicates a substantial rise in the impact of NCDs over the years. Furthermore, the "Health Dossier 2021: Reflections on Key Health Indicators – Meghalaya" reports that ischemic heart diseases and chronic respiratory conditions like asthma and COPD are major contributors to disability-adjusted life years (DALYs) in the state. The dossier also highlights that 64.1% of all deaths in Meghalaya are premature, with NCDs contributing to 56.36% of the total DALYs.

Lifestyle changes, urbanization, dietary shifts, and limited physical activity have accelerated the prevalence of NCDs, straining the state's healthcare system. High tobacco (47%) and betel nut consumption, as reported by the Global Adult Tobacco Survey (GATS) 2016-17, significantly contribute to oral and oesophageal cancers. Dietary shifts towards processed foods, as reflected in NFHS-5, have increased obesity, hypertension, and diabetes prevalence. Urbanization and sedentary lifestyles exacerbate these risks, while alcohol consumption, highlighted in the India State-Level Disease Burden Report (2017), adds to cardiovascular and liver diseases. Limited healthcare infrastructure in rural areas delays early diagnosis and treatment, particularly for cancers, as noted by the Journal of Health Management (2020). Environmental exposures, including pollution from coal mining and biomass fuel use, further contribute to chronic respiratory diseases, according to the Lancet Planetary Health (2020). Cultural norms around tobacco and betel nut usage, coupled with gaps in awareness and preventive measures like cervical cancer vaccination and screening, underscore the urgent need for integrated strategies to tackle NCDs effectively.

2. The Current Landscape

As per the NFHS 5 report, 9.5 % of women and 13.9% of men above 15 years have high or very high levels of glucose in their blood. Relatively high prevalence is seen in men and women in urban areas. The prevalence rate of glucose rates among urban women is 10.3% and rural women is 9.3%, urban men at 16 % and rural men at 13.4%. NFHS 5 report also states that 18.7% of Women and 21.5 % of Men have elevated levels of blood pressure (Systolic ≥140 mm of Hg and/or Diastolic ≥90 mm of Hg) or taking medicine to control blood pressure. A relatively higher prevalence of hypertension is seen in men and women in urban areas. The prevalence of hypertension is, urban women at 24.6% and rural women is 17.1%, urban men is 28.5 and rural men is 19.9%. The high prevalence rate of hypertension could result in the increasing incidence of cardiovascular problems and stroke. Meghalaya exhibits a unique cancer profile compared to other parts of the country. As per the Monitoring Survey of Cancer Risk Factors and Health System Response in Meghalaya, 2021-22," published by the Indian Council of Medical Research-National Centre for Disease Informatics and Research (ICMR-NCDIR), in Meghalaya, the Age-Adjusted Incidence Rate for cancer is 176.8 per 100,000 in males. Notably, approximately two-thirds (66.9%) of cancers in males and 43.1% in females can be attributed to tobacco use. The oesophagus is the leading site of cancer for both genders, accounting for 31.0% in males and 22.3% in females. Other significant cancer sites include the hypopharynx (8.8%) and stomach (6.3%) in males, while in females, the cervix uteri (10.0%) and mouth (8.2%) are also common.

Awareness Levels

During the field interactions it was observed that awareness of diabetes and hypertension exists but remains superficial, with knowledge limited to basic causes like meat consumption, stress, smoking, and alcohol use. Awareness about cancer is drastically lower, with incomplete understanding and widespread misconceptions.

Screening Practices

It was observed that screenings for diabetes and hypertension are irregular and mostly attended by older individuals, while younger populations lack participation due to misconceptions that screenings are unnecessary unless visibly unwell. Cancer screenings are rarely discussed or conducted, reflecting a gap in preventive efforts.

Knowledge Gaps

It was found that people had limited understanding of symptoms, prevention, and management of diabetes, hypertension, and cancer. Diabetes seemed to be the only disease among the three about which people had some awareness about its symptoms e.g., sweet urine, weight loss. compared to none about hypertension and cancer. Cancer is often misunderstood, with misconceptions about causes such as radiation from mobile towers, smell of burnt plastics, use of steel scrubber while washing utensils.

Community Beliefs and Misconceptions

It was found that cancer is perceived as untreatable, with was equated with being fatalistic (meaning a positive diagnosis means a certain death). There is no understanding of hereditary and lifestyle-related risk factors for NCDs.

Cultural Perceptions and Local Terminology

Interestingly it was observed that there were local terminology existing which meant that these diseases are well recognized within the community, for e.g. hypertension is locally referred to as “andime” which roughly translates to "blood turning black and reaching the brain", while cancer is known as “Bampong” in some regions. Interesting cultural perception around symptoms for various diseases, such as “sweet urine attracting ants” for diabetes exists in the community; this presents culturally relevant entry points for awareness campaigns.

Sources of Information

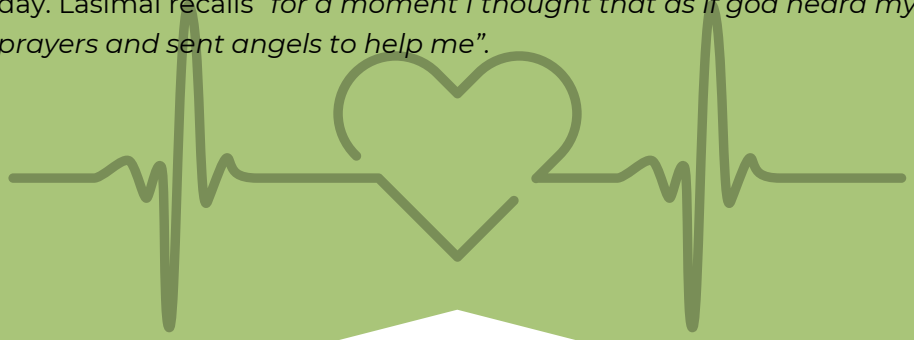
During the discussion it was seen that generally information is accessed largely through health staff (mainly ASHA and officials coming for health camps), but also from friends and relatives, and sometimes through social media, and through warning labels on tobacco products. It was found that Posters and IEC materials have limited recall, indicating gaps in effective dissemination. There is a notable absence of structured, sustained awareness campaigns, especially for cancer.

Case Study: I am lucky to get tested!

Lasimai (name changed), is in her late 50's stays with her big family of nine members in Ganchikalak village in Chokpot block in West Garo Hills, was feeling uneasy and tired for the last few weeks but was not able to understand what was wrong with her. She was eating food and drinking water more than her usual quantities, and yet was confused why she was feeling so tired always.

Although she tried to manage her situation by herself and also by visiting the local traditional healers, who gave some herbal potion for her to drink, which was of no help to her. While she was getting very uneasy and impatient, one day the ASHA of the village informed her that there was a health camp being conducted in their village the next day.

She was relieved to hear that the medical team was coming the next day. Lasimai recalls *"for a moment I thought that as if god heard my prayers and sent angels to help me"*.



Next day morning, Lasimai was one of people to reach first to the camp, it was a screening camp being organized by the team from the local health facility. Among various tested conducted, Lasimai was tested for her sugar levels and it was found that she had diabetes. She was informed by the nurse that she has diabetes.

Lasimai says that the first though that came to her mind was "*oh my god, now I cannot live a normal life and I will also have to stop eating especially sugar as I had heard that sugar causes this disease and it can kill the person too, I got really frightened*", but after letting me know that I diabetic the nurse sat with me and informed me in detail about the disease and how it is to managed.

Now I know that although it is a dangerous disease if managed well there is nothing to worry about, and that I can eat and drink normally in moderation".

"Now when I look back, I feel so lucky that as if the screening camp by the health department was god-send!" said Lasimai with a sense of satisfaction and gratitude.

3. Objectives

Objective 1

To improve awareness level among the community members about prevention, the importance of early identification and management of Non-Communicable Diseases like Diabetes, Hypertension and Cancer.

Objective 2

To increase the number of persons attending early detection (screening program) of Non-Communicable Diseases like Diabetes, Hypertension and Cancer.

4. Theory of Change

Input	Output	Outcome	Impact
Community Awareness and Engagement	Active community awareness campaigns on Diabetes, Hypertension and Cancer. Culturally tailored SBCC campaign leveraging traditional practices, traditional festivals and community resources and platforms, involving social and religious leaders.	Improved community awareness and engagement about NCDs and the necessary health seeking behaviour. Improved knowledge and skills of FLW, supervisors and community structures. Frontline Health Workers and community structures effectively using SBCC toolkit for communication on NCDs. Increased number of persons attending screening program.	***Behavioural changes in health seeking practices.*** ***Improved health (prevention) and proper treatment outcomes for people with NCDs in Meghalaya.***
Capacity Building	Trained FLWs and community structures Toolkit for health workers and community structures, including print materials, videos, and social media platforms tailored to local languages – Khasi, Garo and Pnar		
Health Systems Strengthening	Messages and information about NCDs integrated into existing health campaigns and programs. Setting-up monitoring and review system across the health system with well-defined accountability matrix		

5. Current Communication tools available

5.1 Current IEC materials and their status in the channel: MID MEDIA					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Posters	Limited posters on Tobacco control, healthy diet to avoid hypertension in English	Health facilities (SC/HWC, PHC, CHC)	General Public	Poor	Below average; not as present

5.2 Current IEC materials and their status in the channel: DIGITAL MEDIA					
Modes	**List of materials**	**Platform**	**Audience**	**Recall**	**Reach (of modes/materials)**
Instagram	Instagram video made by Freemen in collaboration with Megh Health on diabetes Podcasts by Ha Shillong on cancer	Mobile	General Public	Poor	Average outreach

6. Suggested Changes for Improving IEC Materials and their Usage

6.1 Suggested changes for improving IEC Materials and their usage in the channel: MID MEDIA				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Print material	Poster	Health facilities (SC/HWC, PHC, CHC)	ANM MLHP	Currently available posters are not targeted to a culturally specific audience. They are generic and mostly not available in local languages, Khasi and Garo. Develop culturally relevant posters and digital videos highlighting key NCD risk factors (e.g., smoking, poor diet, physical inactivity) and benefits of healthier lifestyle choices.

6.2 Suggested changes for improving IEC Materials and their usage in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**List of materials**	**Platform**	**Responsible person**	**Suggestions for Improvement**
Social media	Sketch video Podcast	Mobiles	State Nodal Officer	Need to share them widely as currently penetration of these videos is very limited. These videos need to created in local languages like Khasi, Garo and Pnar. They need to be more engaging and higher in quantity to ensure the message attracts desired attentions and therefore gets across.

7. Suggested New Additions to Tools and Platforms

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
ASHA Tab	Videos	Counselling session to patients and high-risk community members	ASHA	Digital content in Khasi, Garo and Pnar (include separate Tabs for all different topics): - Animation related to diabetes, hypertension and cancer, its signs and symptoms, need for timely testing / screening, importance of timely and proper medical support adherence to medication and lifestyle modification and risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight) - Animation related to the need of a support system both in the family and at the community level. Depicting how health-workers, VHC and the others can support patients and their families affected with diabetes, hypertension and cancer. - Edutainment videos on the need of early / timely detection of diabetes, hypertension and cancer through testing / screening at a health facility and on the importance of getting timely treatment, adherence to treatment and lifestyle modification

7.1 Suggested new additions to tools and platforms in the channel: **IPC**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested / Proposed Content**
Printed material	Compact Handbook	Home visit	ASHA	Compact (yet comprehensive) handbook with relevant information (FAQs – ready reckoner) on diabetes, hypertension and cancer, its signs and symptoms, need for timely testing / screening, importance of timely medication, adherence to medication and lifestyle modification and risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight) Diet modification for persons affected with diabetes and hypertension, availability of treatment in cancer and cancer is curable if appropriate treatment is given timely. Diabetes and hypertension can be asymptomatic also needs regular testing for identification.

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Print material	Poster	Community -- Market place - Salon-Tea stall / restaurants- Community meeting halls - Bus stop	VHC members ASHA	Adapt existing Posters to local context and local language (Khasi & Garo) and to be used in public places (of importance / relevance) like Salons, local tea shops and restaurants, marketplace for increased visibility & penetration. The posters should cover the following: What are the signs and symptoms of diabetes, hypertension and cancer, need for timely testing / screening, adherence to medication and lifestyle modification and risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight)

"Kwai doesn't cause cancer our ancestors have been eating this for ages, but smoking and drinking alcohol causes cancer!"

A 54-year-old FGD participant
Lad-Rymbai B village, Wapung Block, EJH

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Print material	IEC Handbook	SHG meetings Religious meetings / Gatherings (Sunday mass/prayer) Traditional Healers Counselling during Treatment	SHG members ASHA Religious leaders Traditional Healers	Adapt the VHC IEC Handbook to develop a common Handbook for use across multiple platforms. ASHA should ensure that a short / small time-slot is kept aside in every meeting (VHC & SHG) / gathering (religious) where the IEC Handbook is used to share information on various topics on a regular basis.
Wall Paintings	Pictorial content	Community:- Hard to reach villages- Market place - Community meeting halls	District SBCC Officer Block SBCC Officer	Develop wall paintings on:- Diabetes, hypertension and cancer, its signs and symptoms - Need for timely testing / screening, proper medical support- Continuation of medication and lifestyle modification- Risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight)

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Mobile Information Unit	Van-mounted digital screen with 'Ask-The-Machine' (ATM) and vending machine	At crowded sites like festivals, events, competitions (fishing etc), market places and tourist sites	State/District SBCC Officer	The van would have the following features: Ask-The-Machine (ATM): A user-friendly, interactive information system with voice-enabled support and a touchscreen interface. It allows users to ask health-related questions through voice or explore topics via touch navigation. The ATM provides concise, easy-to-read information on-screen and offers printable leaflets at the end of each session for future reference or sharing. The proposed health topics are: Birth Spacing / Family Planning, HIV/AIDS, Drug Abuse including Smoking/Alcoholism/Tobacco -Pan-masala use, EBF & CF, Male participation in MCH, NCDs and healthy living. Vending machine (free of cost): Users can use the vending machine to get family planning materials like condoms, OCP and Sanitary Pads. Digital Display Screen: All existing digital content including Songs, short films, Influencer videos, and the new proposed digital content like animation on What are diabetes, hypertension and cancer, its signs and symptoms, need for timely testing / screening, adherence to medication and lifestyle modification and risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight).

7.2 Suggested new additions to tools and platforms in the channel: **MID MEDIA**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Digital screen	Develop digital content	In facility – PHC/CHC: Waiting areas Maternity wards	State/District SBCC Officer	Digital Display Screen: All existing digital content including Songs, short films, Influencer videos, and the new proposed digital content like animation on What are diabetes, hypertension and cancer, its signs and symptoms, need for timely testing / screening, adherence to medication and lifestyle modification and risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight).

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Digital Hoardings Instagram YouTube	Develop digital content	Community – - Bus stop - Popular (busy) locations	State / District SBCC Officer	Digital Display Screen: All existing digital content including Songs, short films, Influencer videos, and the new proposed digital content like animation etc on What are the signs and symptoms of diabetes, hypertension and cancer, need for timely testing / screening, adherence to medication and lifestyle modification and risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful effects of alcohol, Air pollution, Stress, Obesity and overweight). Create real-life stories, representing Khasi, Jaintia and Garo regions, based on positive deviance & best practices collected from across the field for sharing with a larger populace. Stories should capture the real-life situation and provide all relevant information for others to learn about their experiences. The stories must focus on aspects like source of correct information, early detection, screening, adherence to medication, lifestyle modification etc. Videos on real-life stories, representing Khasi, Jaintia and Garo regions, based on good practices collected from across the field for sharing with a larger populace. Stories should capture the aspects like source of correct information, early detection, screening, adherence to medication, lifestyle modification etc.

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
WhatsApp	Video Snippets GIF messages	Mobile Phones	State/District SBCC Officer	The content would focus on: What are signs and symptoms of diabetes, hypertension and cancer, need for timely testing / screening, adherence to medication and lifestyle modification and risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight). Targeted automated voice-calls to identified patients of diabetes, hypertension & cancer and / or their caretakers / family members informing about the continuing medication, regularly meeting health workers / visiting health centres for regular checkups/ lifestyle modification.
Voice-bot /assistant (similar to Alexa)	Voice-enabled information provision	Mobile Phones	State SBCC Officer	Develop a voice-bot, similar to Alexa, with a comprehensive repository of queries and responses in local languages (Khasi, Garo, and Pnar) addressing signs and symptoms of diabetes, hypertension, and cancer. The voice-bot will provide information on the importance of timely testing, adherence to medication, lifestyle modifications, and key risk factors such as tobacco use, physical inactivity, unhealthy diets (high salt, sugar, and saturated fats), harmful alcohol consumption, air pollution, stress, obesity, and overweight. This tool will ensure easy access to accurate health information and promote awareness in culturally relevant and user-friendly ways.

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Hoarding	Pictorial content	Community - - Market place - Bus stop	State/District SBCC Officer	Develop picture-based hoarding capturing information on What are diabetes, hypertension and cancer, their signs and symptoms, the need for timely testing/screening, adherence to medication and lifestyle modification and risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight).
Wall Paintings	Pictorial content	Community:- Hard to reach villages- Market place - Community meeting halls	District SBCC Officer Block SBCC Officer	Develop wall paintings on:- Diabetes, hypertension and cancer, its signs and symptoms Need for timely testing / screening, proper medical support Continuation of medication and lifestyle modification Risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight)

7.3 Suggested new additions to tools and platforms in the channel: <u>DIGITAL/MASS MEDIA</u>				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
"SWIPE" for Health	App	Mobile Phone	State SBCC officer	Develop a mobile-based application to provide accurate information on the signs and symptoms of diabetes, hypertension, and cancer, along with the importance of timely testing, adherence to medications, and lifestyle modifications. The app will also address key risk factors such as tobacco use, physical inactivity, unhealthy diets (high in salt, sugar, and saturated fats), harmful alcohol consumption, air pollution, stress, obesity, and overweight. It will feature a comprehensive repository of information and an interactive feature that allows users to identify and differentiate correct health messages from myths and misinformation, empowering them with the knowledge to make informed health decisions.
Health Meme	Post	Mobile Phone	State SBCC Officer	Create engaging and visually appealing meme posts with impactful images highlighting the signs and symptoms of diabetes, hypertension, and cancer. Emphasize the importance of timely testing, adherence to medications, and lifestyle modifications. Include messages on risk factors such as tobacco use, physical inactivity, unhealthy diets (high in salt, sugar, and saturated fats), harmful alcohol consumption, air pollution, stress, and obesity. These posts will raise awareness and encourage proactive health measures in an engaging and relatable way.

7.4 Suggested new additions to tools and platforms in the channel: **OTHERS**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Phone calls	Targeted automated Voice Messages	Mobile Phones	State SBCC Officer District SBCC Officer	Targeted automated voice-calls to identified patients of diabetes, hypertension & cancer and / or their caretakers / family members informing about the importance of continuing medication, regularly meeting health workers / visiting health centres for regular checkups/ lifestyle modification.
Village level Display Board	Posters	Village Health Information Board	VHC ASHA	Use of existing Poster to be displayed on these boards, especially around and during the specific celebratory day related to diabetes day (Nov), Hypertension Day (May), Cancer Day (Feb).
Drone Services	Leaflet / Pamphlet	Direct dropping to community (hard-to-reach)	State SBCC Officer ASHA VHC	The leaflet would cover information pictorially on: - What is diabetes, hypertension and cancer, its signs and symptoms, need for timely testing / screening, adherence to medication and lifestyle modification and risk factors which is associated with these diseases (Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight).

7.4 Suggested new additions to tools and platforms in the channel: **OTHERS**				
Modes	**Suggested/ Proposed materials**	**Platforms**	**Responsible Persons**	**Suggested/ Proposed Content**
Church and school sensitisation meetings	PowerPoint presentation	Church and school meetings	State/District SBCC Officer	What is diabetes, hypertension and cancer, its signs and symptoms, need for timely testing / screening, adherence to medication and lifestyle modification and risk factors which is associated with these diseases. Diet modification for persons affected with diabetes and hypertension, availability of treatment in cancer and cancer is curable if appropriate treatment is given timely. Diabetes and hypertension can be asymptomatic also needs regular testing for identification.

SUGGESTED / PROPOSED KEY MESSAGES

This section highlights a few samples of new, innovative messages, aiming to present fresh perspectives that enhance audience engagement with the communication material. These are just a few samples of perspectives that can be explored further, showcasing how different angles can make communication more accessible, relevant, and impactful for diverse audiences.

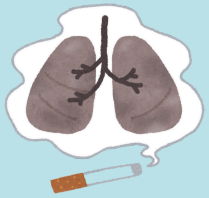
Early diagnosis, treatment, follow up and control prevents complications



Adhering to prescribed treatments and making lifestyle changes like healthy eating, regular exercise, and stress management ensures better control of NCDs.



Addressing risk factors such as tobacco use, poor diet, and inactivity is essential to prevent the onset of these diseases.



Breaking myths and stigma around NCDs help's foster understanding and support within families and communities.



Routine check-ups and vaccinations, like HPV for cervical cancer, empower individuals to take charge of their health and prevent severe outcomes.



Specific Risk factors for non-communicable diseases to shed light on: Tobacco use in any form, Physical inactivity, Unhealthy diet (high salt, sugar, and saturated fats), Harmful use of alcohol, Air pollution, Stress, Obesity and overweight)

8. Types of Audience and Targeted Behaviour

Audience Type

Primary Audience

General public

Suggested Behaviours

- Get screened for diabetes, hypertension, and cancer regularly, especially after the age of 30, to detect these diseases early and manage them effectively.
- Reduce risk factors by quitting tobacco, limiting alcohol consumption and exercising regularly.
- Reduce risk factors by eating a balanced diet and reducing the consumption of salt, sugar and fat.
- Understand and recognize and act on the appearance of the signs of diabetes, hypertension, and cancer (e.g., frequent urination, chest pain, unexplained weight loss) to seek timely medical help.
- Participate in community health campaigns that educate about the importance of early detection and lifestyle changes in preventing NCDs.
- Understand that sometimes diabetes and hypertension can by asymptomatic, hence regular screening is required

Audience Type

Secondary Audience

People living with NCDs

Suggested Behaviours

- Follow prescribed treatment regimens and attend regular check-ups to manage diabetes, hypertension, and cancer effectively.
- Make lifestyle changes such as reducing salt, sugar, and unhealthy fats in the diet, quitting smoking, and increasing physical activity to manage the disease and improve quality of life.
- Regularly check blood sugar, blood pressure, and undergo cancer screenings as advised by healthcare providers to avoid complications, minimize risk of sizable spending on treatment and improve long-term health outcomes.
- Involve family members and community leaders in supporting health decisions and adhering to treatment plans.

Audience Type

Secondary Audience

Immediate Caretakers / Family members

Suggested Behaviours

- Help loved ones with NCDs adhere to their medication and treatment schedules, and assist in making healthier lifestyle choices, such as preparing nutritious meals and encouraging physical activity.
- Foster an environment that reduces stress and encourages regular health check-ups and medication adherence for those with NCDs.
- Learn about the risks and symptoms of diabetes, hypertension, and cancer, and advocate for early detection and prevention within the family.

Audience Type

Secondary Audience

FLWs

Suggested Behaviours

- Encourage regular screenings for diabetes, hypertension, and cancer during home visits and in community meetings.
- Educate patients and their families about the importance of timely medical treatment, medication adherence, and healthy lifestyle practices to manage NCDs.
- Assist individuals with NCDs in setting goals for lifestyle modifications (e.g., diet, exercise) and provide ongoing support and counselling.

Audience Type

Secondary Audience

Healthcare Providers

Suggested Behaviours

- Offer regular screenings for high-risk individuals and provide holistic care for those with NCDs, including monitoring, advice, and medical treatment.
- Focus on patient education about the importance of taking prescribed medications on time and making lifestyle adjustments to manage their conditions.
- Advocate for early diagnosis and treatment of NCDs to prevent complications and improve health outcomes for patients.

Audience Type

Secondary Audience

Traditional Healers

Suggested Behaviours

- Educate and inform patients about the risks of diabetes, hypertension, and cancer, and refer them to medical professionals for proper screening and treatment.
- Encourage patients for lifestyle modifications like diet control and exercise along with medical supervision for managing NCDs
- Help reduce the stigma surrounding NCDs by providing culturally sensitive care and supporting individuals in their health journey

Audience Type

Secondary Audience

Social and Religious Leaders

Suggested Behaviours

- Use platforms such as community gatherings or religious services to spread awareness about NCDs and promote healthy lifestyles.
- Support the community in understanding the importance of early detection and regular check-ups for diabetes, hypertension, and cancer.
- Advocate for families to support members with NCDs, particularly in managing their conditions and fostering an environment conducive to health.

9. Audience-wise Suggested Channels and Materials

Primary Audience

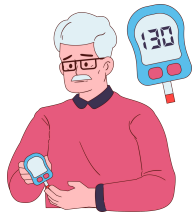


General Public and high risk persons

Urban — Posters in hospitals and public places; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; Hoardings

Rural — Posters in hospitals and Village Health Information Board; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; VHC meetings; Sensitisation meetings

Urban and Rural — 'Voice-Bot for Health(Alexa type); Counselling by health workers; Posters, Social media - WhatsApp, YouTube, Health memes; 'Ask-The-Machine' Van.



People affected by NCDs

Primary Audience

Secondary Audience



Immediate family members of NCD patients

Urban — Home based counselling by FLWS; Posters at Health Centre & public places; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre;

Rural — Home based counselling by FLWS; Posters at Health Centre; Social media - WhatsApp, YouTube, Health memes; Travelling Folk Theatre; Village Health Information Board; Community Events - VHC /SHG meetings; 'Ask-The-Machine' Van.

Secondary Audience →  → **Urban and Rural** Training programs; Posters/ Hoardings, Sensitisation meetings

CBOs

Urban and Rural Training programs; Posters/ Hoardings, Sensitisation meetings; information booklets ←  ← **Secondary Audience**

Traditional Healers

Secondary Audience →  → **Urban and Rural** Posters/ Hoardings; Sensitisation meetings; information booklets

Religious leaders, Teachers

Urban and Rural Training programs; Posters/ Hoardings, Sensitisation meetings; information booklets; ASHA tab videos ←  ← **Secondary Audience**

FLWs

Strategy For Improving Awareness, Prevention & Management of Non-Communicable Diseases(Diabetes, Hypertension & Cancer)

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Topic-wise Messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	NCD Materials	NCD Messages	Khasi	Garo	Jaintia	Urban	Rural (including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
PA: People living with NCDs	Some patients take medication irregularly or stop once they feel better. Many patients miss follow-ups due to time, cost, or perceived lack of necessity.	Follow prescribed treatment regimens and attend regular check-ups to manage diabetes, hypertension, and cancer effectively.	Many patients underestimate the long-term consequences of skipping medication and some patients refuse to accept their diagnosis and delay care.	Adhering to prescribed treatments and making lifestyle changes like healthy eating, regular exercise, and stress management ensures better control of NCDs.	**IPC: Counselling**	ASHA Tab Compact Handbook	1. Diabetes: "Diabetes is not just about sugar. It affects your whole body. Regular screening and balanced meals can help you control it and live a healthy life." "Skipping your diabetes medication can silently damage your heart, kidneys, and nerves. Even if you feel fine, your body needs regular care. Let's set a reminder for your medication and check-ups. 2. Hypertension: " Andime'—blood pressure rising—can damage your heart and brain. It's a silent killer. Regular screening and reducing salt, stress, and tobacco can save your life." "smoked meat and high-salt dishes are common—reducing salt and adding fresh vegetables can protect your heart." 3. Cancer: Message (To Women): "Breast lumps or unusual bleeding can be early signs of cancer. Early screening can save your life—visit the health center for help." Message (To Men and Smokers): "Tobacco doesn't just cause mouth cancer. It damages your lungs, throat, and other organs. Quit tobacco today—it's never too late."	Local and Pictorial First, Indigenous Character Visuals , Language and Faq tailored to cultural practices	Local and Pictorial First, Indigenous Character Visuals , Language and Faq tailored to cultural practices	Local and Pictorial First, Indigenous Character Visuals , Language and Faq tailored to cultural practices	✓	✓	✓	✓		
	Many patients do not adjust their diet and lifetstyle despite medical advice.	Make lifestyle changes such as reducing salt, sugar, and unhealthy fats in the diet, quitting smoking, and increasing physical activity to manage the disease and improve quality of life.	Old dietary and lifestyle habits are hard to break.	Encourage gradual, manageable lifestyle improvements.	**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	Headline: "Your Health, Your Future: Take Charge Today" Visuals: 1. Image of a diabetic patient checking blood sugar at home 2. Family encouraging an elderly hypertensive member to take medication. 3. A woman undergoing a cancer screening at a local health center. Diabetes: Replace white rice with red rice, eat local greens, and check your sugar regularly. Hypertension: Cut back on salt and smoked meats, increase fresh vegetables, and check BP often. Cancer: Reduce areca nut consumption and get regular screenings—early detection means better chances of survival.	Local and Pictorial First, Indigenous Character Visuals and local cultrual language likeHypertension: Known as 'Andime', meaning "blood turning black." Cancer: Called 'Bampong' in some regions. Diabetes: Referred to as 'Arits.' and Shini	Local and Pictorial First, Indigenous Character Visuals and local cultrual language likeHypertension: Known as 'Andime', meaning "blood turning black." Cancer: Called 'Bampong' in some regions. Diabetes: Referred to as 'Arits.' and Shini	Local and Pictorial First, Indigenous Character Visuals and local cultrual language likeHypertension: Known as 'Andime', meaning "blood turning black." Cancer: Called 'Bampong' in some regions. Diabetes: Referred to as 'Arits.' and Shini	✓	✓	✓	✓	✓	
	Patients may not check their blood sugar, BP, or undergo screenings.	Regularly check blood sugar, blood pressure, and undergo cancer screenings as advised by healthcare providers to avoid complications, minimize risk of sizable spending on treatment and improve long-term health outcomes.	People may find it time-consuming or tedious.	Emphasize self-management and encourage proactive engagement.		Community Gatherings/Events Street Play/Folk Performances	Diabetes : Street Play: Scene: A young person ignores diabetes symptoms (fatigue, frequent urination). After diagnosis, a health worker guides the family on prevention and lifestyle management. Message: "Recognize the signs early—diabetes can be managed. Eat healthy, exercise, and get regular check-ups." Hypertension : Folk Performance: Lyrics: "Andime comes silent, unseen, it's true, Reduce salt and stress—it's up to you. Screening will tell if you're at risk, Act now, don't wait—time moves quick!" Cancer : Street Play: Scene: A family hesitates to screen for cancer due to fear. A survivor shares their story, explaining how early detection saved their life. Message: "Cancer can be treated if caught early. Don't fear—screen for health, screen for life!"	Old Folk stories around Funeral rites - Ka Thep Mawbah*- can be a cultural entry into diseases like cancer which is deemed untratable in regions and new line of health pop up events for the young audience - wellness events	The epic narrations known as Katta Agana and folk songs of various kinds against diseases could be a good way of capturning attention through achik theatre traditionand new line of health pop up events for the young audience - wellness events	Folk tale of Kwai as the centrepiece for fatal disease prevention could be reinterpreted followed by Jabulo used to create awareness about these diseases and new line of health pop up events for the young audience - wellness events	✓	✓	✓		✓	
	Some patients do not communicate their health struggles.	Involve family members and community leaders in supporting health decisions and adhering to treatment plans.	Patients worry about being seen as weak or burdensome. Some feel discussing health is inappropriate or shameful.	Breaking myths and stigma around NCDs help's foster understanding and support within families and communities.	**Digital/Mass Media**	Digital Ads News Channels WhatsApp YouTube Instagram	Post: Feeling better? That's great! But stopping your treatment can bring your symptoms back. Stick to your medicines and check-ups—because prevention is better than emergency care. Stay strong, stay healthy. Visit your nearest PHC today! Video: Content: A doctor explaining diabetes symptoms and prevention with animation highlighting culturally familiar cues like "sweet urine." Content: Interviews with doctors and survivors explaining hypertension's risks and prevention. Content: A survivor sharing their story to encourage cancer screening and debunk myths.	Pictorial Presentation along the local symbology and language in Graphic presentation, 20 seconder visuals of digital ads Real Life Inspirational stories of cancer survivors, Videos of Local Influencers showing diabetes prevention practices in local parlance etc	Pictorial Presentation along the local symbology and language in Graphic presentation, 20 seconder visuals of digital ads Real Life Inspirational stories of cancer survivors, Videos of Local Influencers showing diabetes prevention practices in local parlance etc	Pictorial Presentation along the local symbology and language in Graphic presentation, 20 seconder visuals of digital ads Real Life Inspirational stories of cancer survivors, Videos of Local Influencers showing diabetes prevention practices in local parlance etc	✓	✓		✓	✓	
Secondary Target Group																
SA: General Public	People only visit a doctor when symptoms appear. Many assume they are healthy unless visibly ill and they avoid tests due to anxiety about bad news.	Get screened for diabetes, hypertension, and cancer regularly, especially after the age of 30, to detect these diseases early and manage them effectively. Reduce risk factors by quitting tobacco, limiting alcohol consumption and exercising regularly.	People do not realise diseases can be managed better if caught early.	Early diagnosis, treatment, follow up and control prevents complications	**IPC: Counselling**	ASHA Tab Compact Handbook	1. Diabetes: "You don't need to look sick to get screened. Diabetes can affect anyone, even if you are young and feel healthy." 2. Hypertension: "High blood pressure doesn't only affect the elderly. Stress, smoking, and unhealthy food habits increase the risk in younger adults too." 3. Cancer: Message (To Women): "Breast lumps or unusual bleeding can be early signs of cancer. Early screening can save your life—visit the health center for help." Message (To Men and Smokers): "Tobacco doesn't just cause mouth cancer. It damages your lungs, throat, and other organs. Quit tobacco today—it's never too late."	Indigenous Characterisation and local langauge and disease	Indigenous Characterisation and local langauge and disease	Indigenous Characterisation and local langauge and disease	✓	✓	✓	✓		
	People may not know where or how to get tested.		Screening is perceived as expensive and long distances or lack of nearby screening facilities.		**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	1. Diabetes Poster (Visual of Family Getting Screened): Text: "Sweet urine? Frequent thirst? These are signs of diabetes. Screening and early care can keep you healthy!" 2. Hypertension Poster (Elder and Young Adult Checking Blood Pressure): Text: "High blood pressure can hit anyone. Check regularly, eat wisely, and stay stress-free!" 3. Cancer: Poster (Smoker Throwing Away Tobacco): Text: "Tobacco kills. Quit today and protect yourself from mouth, lung, and throat cancer."	Symptoms with local symbology and practices	Symptoms with local symbology and practices	Symptoms with local symbology and practices	✓	✓	✓	✓	✓	
	Many individuals regularly consume tobacco or alcohol despite knowing the health risks. Many people do not fully understand the link between these habits and NCDs.	Reduce risk factors by quitting tobacco, limiting alcohol consumption and exercising regularly.	Tobacco and alcohol use are habitual and often culturally/socially reinforced.	Addressing risk factors such as tobacco use, poor diet, and inactivity is essential to prevent the onset of these diseases.		Community Gatherings/Events Street Play/Folk Performances	Diabetes : Street Play: Scene: A young person ignores diabetes symptoms (fatigue, frequent urination). After diagnosis, a health worker guides the family on prevention and lifestyle management. Message: "Recognize the signs early—diabetes can be managed. Eat healthy, exercise, and get regular check-ups." Hypertension : Folk Performance: Lyrics: "Andime comes silent, unseen, it's true, Reduce salt and stress—it's up to you. Screening will tell if you're at risk, Act now, don't wait—time moves quick!" Cancer : Street Play: Scene: A family hesitates to screen for cancer due to fear. A survivor shares their story, explaining how early detection saved their life. Message: "Cancer can be treated if caught early. Don't fear—screen for health, screen for life!"	Old Folk stories around Funeral rites - Ka Thep Mawbah*- can be a cultural entry into diseases like cancer which is deemed untratable in regions	The epic narrations known as Katta Agana and folk songs of various kinds against diseases could be a good way of capturning attention through achik theatre tradition	Folk tale of Kwai as the centrepiece for fatal disease prevention could be reinterpreted followed by Jabulo used to create awareness about these diseases	✓	✓	✓		✓	
			Misinformation and Myths prevent behaviour change, e.g., 'occasional smoking is harmless'		**Digital/Mass Media**	Digital Ads News Channels WhatsApp YouTube Instagram	Audio/Announcements: "Frequent urination? Fatigue? Sweet urine attracting ants? These could be signs of diabetes. Get screened today. Early action = Healthy life!" "Andime'—high blood pressure—can cause heart attacks or strokes. Get your BP checked regularly and reduce salt and stress for a healthier tomorrow." "Bampong' is not always fatal. Early detection of cancer can save lives. Look for signs like lumps, bleeding, or sores, and visit a health center for screening."	Local Symptoms and Local Language	Local Symptoms and Local Language	Local Symptoms and Local Language						
	Cooking habits promote high-risk diets. People don't always understand how their diet affects health.	Reduce risk factors by eating a balanced diet and reducing the consumption of salt, sugar, and fat.	Traditional diets may include excessive salt, oil, and sugar. Processed foods are often cheaper and more available.	Promote realistic dietary changes and link food choices to long-term health.			Social Media Posts: Visual: A family eating healthy food. Caption: "Small steps to beat diabetes: Healthy meals, daily exercise, and regular check-ups!" Visual: A young adult checking BP. Caption: "Hypertension isn't just for elders. Stay stress-free, check your BP, and live a healthy life!" Visual: A tobacco-free family. Caption: "Quit tobacco to protect yourself and your loved ones. Early screening = Early cure."	Local Symptoms and Local Language , 20 second ads on symtoms and stigma, Inspirational and Influencer driven strategy around NCDs, podcasts and real life storeis	Local Symptoms and Local Language , 20 second ads on symtoms and stigma, Inspirational and Influencer driven strategy around NCDs and real life storeis	Local Symptoms and Local Language , 20 second ads on symtoms and stigma, Inspirational and Influencer driven strategy around NCDs and real life storeis	✓	✓		✓	✓	
	Many people dismiss symptoms as minor or unrelated and Health check-ups are postponed until symptoms worsen.	Understand, recognize, and act on the signs of Diabetes, Hypertension, and Cancer (e.g., frequent urination, chest pain, unexplained weight loss) to seek timely medical help.	Many don't recognize early warning signs and some believe illnesses will resolve naturally or with traditional remedies.	Promote participation as a collective effort and encourage peer influence.			Videos: Scene: A mother recognizes her fatigue and weight loss. A health worker explains diabetes management—healthy eating, exercise, and medication. Voiceover: "Don't ignore the signs of diabetes. Screening and simple lifestyle changes can save your health." Scene: A father with "normal" health feels dizzy. A screening reveals hypertension. With advice, he changes his diet and exercises regularly. Voiceover: "Hypertension is silent but deadly. Regular screening keeps your heart and brain Scene: A tobacco user gets diagnosed early, quits smoking, and begins treatment successfully. Voiceover: "Cancer is treatable if detected early. Quit tobacco and get screened for a healthier future."								
	Many only visit the doctor when they feel unwell and those at high risk may not take action.	Understand that sometimes diabetes and hypertension can by asymptomatic, hence regular screening is required	Many believe diseases always show symptoms and preventive care is not widely practised.	Routine check-ups and vaccinations, like HPV for cervical cancer, empower individuals to take charge of their health and prevent severe outcomes.			Content: A doctor explaining diabetes symptoms and prevention with animation highlighting culturally familiar cues like "sweet urine." Content: Interviews with doctors and survivors explaining hypertension's risks and prevention. Content: A survivor sharing their story to encourage cancer screening and debunk myths.								
Immediate Caretakers / Family members	Family members may not remind or check if medication is taken correctly or support lifetstyle changes.	Help loved ones with NCDs adhere to their medication and treatment schedules, and assist in making healthier lifestyle choices, such as preparing nutritious meals and encouraging physical activity.	Family members may not understand the consequences of missing medication and be pre-occupied w/ other responsibilities.	Emphasise the importance of consistency in treatment and lifestyle changes.	**IPC: Counselling**	ASHA Tab Compact Handbook	Diabetes: "Your love and support can make a difference. Encouraging your loved one to take medication regularly, eat healthy, and check their sugar levels can prevent complications." "If you see signs like frequent urination, weight loss, and fatigue, get screened. Sweet urine attracting ants is not normal—it's a sign of diabetes." Hypertension: "Helping your family member reduce stress, eat less salt, and take regular BP readings is an act of care. A small effort today prevents major problems tomorrow." "Hypertension often has no visible signs, but headaches, dizziness, and tiredness can be warning signals. Don't wait—get screened today." Cancer: "Early detection saves lives. Encouraging a family member to go for screening or seek treatment is a way to show love and responsibility." "'Bampong'—cancer—is not always a death sentence. If detected early, many cancers can be treated. Don't delay screenings." "Managing an NCD is a team effort. Let's work together to keep our family healthy and strong."	Local and Pictorial First, Indigenous Character Visuals , Language and Faq tailored to cultural practices	Local and Pictorial First, Indigenous Character Visuals , Language and Faq tailored to cultural practices	Local and Pictorial First, Indigenous Character Visuals , Language and Faq tailored to cultural practices	✓	✓	✓	✓		

Audience Type	Existing Behaviour	Targeted Behaviour	Barriers	Message Contours	Topic-wise Messages			Message Design Briefs			Geography			Development Duration		
					Channel & Platform of dissemination	NCD Materials	NCD Messages	Khasi	Garo	Jaintia	Urban	Rural (including remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)	8-12 months (Long term)
Primary Target Group																
Immediate Caretakers / Family members	Some families dismiss stress as unimportant to health.	Foster an environment that reduces stress and encourages regular health check-ups and medication adherence for those with NCDs.	Some patients may not seek family support due to expectations of independence.	Emphasise emotional support from family.	**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	1. Diabetes Poster (Visual of Family Getting Screened): Text: "Sweet urine? Frequent thirst? These are signs of diabetes. Screening and early care can keep you healthy!" 2. Hypertension Poster (Elder and Young Adult Checking Blood Pressure): Text: "High blood pressure can hit anyone. Check regularly, eat wisely, and stay stress-free!" 3. Cancer: Poster (Smoker Throwing Away Tobacco): Text: "Tobacco kills. Quit today and protect yourself from mouth, lung, and throat cancer." Headline: "Family Support = Better Health Outcomes!" Visuals: A family member reminding a patient to take medication. A caregiver helping a loved one with a healthy meal. A supportive family accompanying a patient to a medical check-up.	Local and Pictorial First, Indigenous Character Visuals and local cultrual language likeHypertension: Known as 'Andime', meaning "blood turning black." Cancer: Called 'Bampong' in some regions. Diabetes: Referred to as 'Arits.' and Shini. Invoking local dieties of health as ambassadors for NCDS	Local and Pictorial First, Indigenous Character Visuals and local cultrual language likeHypertension: Known as 'Andime', meaning "blood turning black." Cancer: Called 'Bampong' in some regions. Diabetes: Referred to as 'Arits.' and Shini. Invoking local dieties of health as ambassadors for NCDS	Local and Pictorial First, Indigenous Character Visuals and local cultrual language likeHypertension: Known as 'Andime', meaning "blood turning black." Cancer: Called 'Bampong' in some regions. Diabetes: Referred to as 'Arits.' and Shini. Invoking local dieties of health as ambassadors for NCDS	✓	✓	✓	✓	✓	
	Family members may not recognise warning signs or take them seriously.	Learn about the risks and symptoms of diabetes, hypertension, and cancer, and advocate for early detection and prevention within the family.	Many families do not understand the symptoms or risks associated with NCDs.	Reinforce the importance of awareness and promote advocacy for symptoms of NCDs.	**Digital/Mass Media**	Digital Ads News Channels WhatsApp YouTube Instagram	"A family that supports health stays healthy together! If your loved one has diabetes, hypertension, or is at risk of cancer, remind them to take medicines, eat healthily, and go for regular check-ups. Prevention starts at home! Visit your nearest health center for free check-ups!" "Care starts at home—help your loved ones stay on track with their health! Timely check-ups = a healthier family! 💚 Cook healthy meals, encourage exercise, and remind them to take medication!" "Diabetes: A small reminder to take medicine can prevent big complications., Hypertension: A stress-free, active lifestyle starts with family support. Cancer: Encouraging a loved one to get screened is an act of love." [Soft instrumental music] Voice-over: "When someone in our family is sick, we care for them, But chronic diseases like diabetes, high BP, and cancer need daily care." Solution: "Remind them to take medicines, eat healthily, and go for regular check-ups. Your support can make all the difference."	Local Symptoms and Local Language , 20 second ads on symtoms and stigma, Inspirational and Influencer driven strategy around NCDs, podcasts and real life storeis	Local Symptoms and Local Language , 20 second ads on symtoms and stigma, Inspirational and Influencer driven strategy around NCDs, podcasts and real life storeis	Local Symptoms and Local Language , 20 second ads on symtoms and stigma, Inspirational and Influencer driven strategy around NCDs, podcasts and real life storeis	✓	✓		✓	✓	
Social and Religious Leaders	Sermons and speeches rarely address health topics.	Use platforms such as community gatherings or religious services to spread awareness about NCDs and promote healthy lifestyles.	Talking about illnesses like cancer or diabetes may be uncomfortable.	Integrate health messages about preventive care and early screening for NCDs into faith-based teachings.	**IPC: Counselling**	ASHA Tab Compact Handbook Digital content as ready reckoner	Diabetes: "Health is a gift, and taking care of it is our duty. Diabetes may not show immediate signs, but it can damage our body over time. Just as we prepare for the future with faith, let's prepare our health by eating right, staying active, and taking regular check-ups." Hypertension: "A peaceful heart is important for spiritual and physical well-being. High blood pressure is often silent, but it can lead to severe illness. Let's encourage one another to check our BP regularly and reduce salt in our diets." Cancer: "Life is precious, and early detection of cancer can save lives. In our community, we must support screenings for our loved ones, especially for women and elders. Prevention is a shared responsibility." "Encourage your families to make health-conscious choices, just as we encourage them in matters of faith and community values."	ndigenous Characterisation and local langauge and disease	ndigenous Characterisation and local langauge and disease	ndigenous Characterisation and local langauge and disease	✓	✓	✓	✓		
	Leaders may not actively promote screenings or regular check-ups and it may not be perceived as important to discuss.	Support the community in understanding the importance of early detection and regular check-ups for diabetes, hypertension, and cancer.	Many people only seek care when symptoms become severe.	Align medical check-ups with religious or social responsibility.	**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	Posters Headline: "Faith and Health Go Hand in Hand: Take Care, Stay Strong" Visuals: Religious leader addressing a community about health. Family accompanying an elder to a health check-up. Community members attending a free screening.				✓	✓	✓	✓	✓	
						VHC IEC Handbook Bible Study Classes	Adapt the VHC IEC Handbook to develop a common Handbook for use across multiple platforms. ASHA should ensure that a short / small time-slot is kept aside in every meeting (VHC & SHG) / gathering (religious) where the IEC Handbook is used to share information on various topics on a regular basis.	Pictorial Representation with FAQ tailored to local cultural practices and belief systems	Pictorial Representation with FAQ tailored to local cultural practices and belief systems	Pictorial Representation with FAQ tailored to local cultural practices and belief systems	✗	✗			✓	
	The role of family in health management is often overlooked and people may see NCDs as self-inflicted due to lifestyle choices.	Advocate for families to support members with NCDs, particularly in managing their conditions and fostering an environment conducive to health.	Talking about chronic diseases openly can be seen as uncomfortable.	Encourage collective action for better health and reinforce the role of family in health management.	**Digital/Mass Media**	Digital Ads News Channels WhatsApp YouTube Instagram	"Faith and health go together. Our body is a gift—taking care of it is an act of gratitude. Check your BP, sugar, and get regular screenings to stay strong for yourself and your loved ones. Visit the nearest health center for free check-ups today!" Faith in action: Encourage your family to stay healthy! Healthy choices = a stronger community! Regular screenings = peace of mind for all! Voice-over: "In our faith, we believe in caring for our body and soul. But many of us ignore silent diseases like high BP, diabetes, and cancer until it's too late." Solution: "Prevention is wisdom! Regular check-ups and a healthy lifestyle keep us strong. Visit your health center today!" Encourage your family members to take the step towards health today. Video Format: Title: "Good Health, Strong Faith" Scene 1: Religious leader speaking to a group Leader: "Would you ignore a small fire in your home? No! You put it out before it spreads. Then why ignore your health until it becomes serious?" Scene 2: A woman taking her mother for a check-up Voice-over: "Prevention is wisdom. Regular screenings save lives." Scene 3: Family eating a healthy meal together Voice-over: "Eating wisely and living healthily is not just good practice, it's an act of gratitude." Scene 4: Call to Action Text overlay: "Health is a blessing—cherish it! Encourage your loved ones to get checked today!"	More invocation of spiritual sentiments and emotional storytelling for digital content	More invocation of spiritual sentiments and emotional storytelling for digital content	More invocation of spiritual sentiments and emotional storytelling for digital content	✓	✓		✓	✓	
Traditional Healers	Some healers may not fully understand chronic diseases and their long-term impact.	Educate and inform patients about the risks of diabetes, hypertension, and cancer, and refer them to medical professionals for proper screening and treatment.	Healers may not recognise early warning signs of diabetes, hypertension, or cancer.	Position healers as key influencers in preventive care.	**IPC: Counselling**	ASHA Tab Compact Handbook Digital content as ready reckoner	Diabetes: "Traditional healing and modern medicine can work together. Encourage patients to take their medicines, eat healthy, and check their sugar levels while also following safe traditional practices." Hypertension: "High BP is a silent threat. Herbal remedies can support health, but regular BP checks and reducing salt in food are also important for prevention." Cancer: "Early detection saves lives. Encourage people to go for screenings. Traditional wisdom teaches us to care for our bodies—let's use all available knowledge to protect health." "Healing is about balance. Encourage healthy lifestyles, routine check-ups, and adherence to treatment."	Pictorial Representation with FAQ tailored to local cultural practices and belief systems	Pictorial Representation with FAQ tailored to local cultural practices and belief systems	Pictorial Representation with FAQ tailored to local cultural practices and belief systems		✓	✓	✓		
	Patients may be advised to take traditional treatments without modifying diet or physical activity.	Encourage patients for lifestyle modifications like diet control and exercise along with medical supervision for managing NCDs	Many traditional healers and patients see traditional medicine as a complete solution.	Position healers as health educators to support patients by teaching healthy habits alongside treatment.	**Mid Media**	Posters Wall Paintings/Hoardings Community, Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	Posters Headline: "Traditional Knowledge + Medical Care = Better Health" Visuals: A traditional healer advising a patient alongside a doctor. A healer explaining lifestyle changes to a community. People going for check-ups with support from healers. Key Messages: Diabetes: Support your community by promoting healthy eating and adherence to medicines. Hypertension: Encourage herbal and lifestyle remedies, but also promote BP monitoring. Cancer: Early detection is key—refer people to health centers for screening. Call to Action: "As a healer, your guidance can save lives. Encourage early action!"	Alignment with traditional rituals with modern medicinal practices of the Khasi Region	Alignment with traditional rituals with modern medicinal practices of the Khasi Region	Alignment with traditional rituals with modern medicinal practices of the Khasi Region	✓	✓	✓	✓		
	Some healers may attribute diseases to unscientific causes or correlate incorrect symptoms or behaviors.	Help reduce the stigma surrounding NCDs by providing culturally sensitive care and supporting individuals in their health journey	Patients may avoid diagnosis due to stigma.	Break misconceptions about disease origins by educating traditional healers.	**Digital/Mass Media**	Digital Ads News Channels WhatsApp YouTube Instagram	"Traditional wisdom and modern healthcare can work together! As a healer, you can guide people to eat healthier, reduce salt, and seek timely medical advice for diabetes, BP, and cancer. Refer patients to health centers for check-ups—it could save their lives! Healers are protectors of community health—guide people toward early care and prevention! A small check-up today prevents big problems tomorrow! Healing is holistic! Encourage your community to combine traditional care with medical check-ups for a healthier future. [Soft instrumental music] Voice-over: "In our communities, traditional healers have always guided us to good health. But diseases like diabetes, high BP, and cancer need extra care." Solution: "Encourage regular check-ups, a balanced diet, and a healthy lifestyle. Your wisdom, combined with modern healthcare, can save lives." Visit your nearest health center today!	Symptom Oriented and Local Dialect	Symptom Oriented and Local Dialect	Symptom Oriented and Local Dialect	✓	✓		✓	✓	
Healthcare Providers	Screenings may not be actively promoted or regularly conducted, especially in underserved areas.	Offer regular screenings for high-risk individuals and provide holistic care for those with NCDs, including monitoring, advice, and medical treatment.	Limited medical equipment, staff, or funding to conduct widespread screening.	Early detection prevents severe somplications. Reinforce the importance of proactive screening.	**Reference Materials**	Tranings, Posters, ASHA Tab Videos, Handbook, Flipbook	Early detection saves lives Encourage regular screenings for high-risk individuals, even if they feel healthy. Emphasize that early diagnosis prevents complications and increases treatment success rates.				✓	✓	✓	✓		
	NCD management is limited to medication without integrating lifestyle counselling or mental health support.		Many high-risk individuals do not seek screening due to fear, lack of symptoms, or financial constraints.	Highlight the long-term benefits of preventive care.			Integrated care approach Advocate for holistic management beyond medication—emphasizing lifestyle changes, mental health support, and dietary counselling. Ensure patients understand their condition and are empowered to make informed health choices.	Local Language and Indeigenous Characterisation	Local Language and Indeigenous Characterisation	Local Language and Indeigenous Characterisation						
	Patients may not receive tailored advice on diet, exercise, or stress management.	Focus on patient education about the importance of taking prescribed medications on time and making lifestyle adjustments to manage their conditions.	Some healthcare providers assume patients already know how to manage their NCDs.	Encourage patient-centred education and clear communication on adherence to treatments for managing NCDs.			Consistent treatment adherence Reinforce the importance of taking prescribed medications on time to prevent worsening of conditions. Address myths and misconceptions regarding medications, particularly for chronic conditions like hypertension and diabetes.									
	NCD symptoms are sometimes dismissed or misattributed to minor ailments and patients often receive care only when complications arise.	Advocate for early diagnosis and treatment of NCDs to prevent complications and improve health outcomes for patients.	Some providers are not well-versed in the latest NCD screening guidelines.	Empower healthcare providers to lead the change in NCD support for patients.			Prevention is better than cure Promote healthy lifestyle choices—balanced diet, regular exercise, stress management, and reducing tobacco/alcohol use. Educate communities on modifiable risk factors and how they can prevent NCDs.									

9.1 Message & Dissemination Matrix: Primary Audience - People living with NCDs			
Existing Behaviours	**Targeted Behaviours**	**Barriers**	**Message Contour**
Some patients take medication irregularly or stop once they feel better. Many patients miss follow-ups due to time, cost, or perceived lack of necessity.	Follow prescribed treatment regimens and attend regular check-ups to manage diabetes, hypertension, and cancer effectively.	Many patients underestimate the long-term consequences of skipping medication and some patients refuse to accept their diagnosis and delay care.	Adhering to prescribed treatments and making lifestyle changes like healthy eating, regular exercise, and stress management ensures better control of NCDs.
Many patients do not adjust their diet and lifetstyle despite medical advice.	Make lifestyle changes such as reducing salt, sugar, and unhealthy fats in the diet, quitting smoking, and increasing physical activity to manage the disease and improve quality of life.	Old dietary and lifestyle habits are hard to break.	Encourage gradual, manageable lifestyle improvements.
Patients may not check their blood sugar, BP, or undergo screenings.	Regularly check blood sugar, blood pressure, and undergo cancer screenings as advised by healthcare providers to avoid complications, minimize risk of sizable spending on treatment and improve long-term health outcomes.	People may find it time-consuming or tedious.	Emphasize self-management and encourage proactive engagement.

9.1 Message & Dissemination Matrix: Primary Audience - People living with NCDs			
Existing Behaviours	**Targeted Behaviours**	**Barriers**	**Message Contour**
Some patients do not communicate their health struggles.	Involve family members and community leaders in supporting health decisions and adhering to treatment plans.	Patients worry about being seen as weak or burdensome. Some feel discussing health is inappropriate or shameful.	Breaking myths and stigma around NCDs help's foster understanding and support within families and communities.

9.1.1 Message design briefs, geography and development duration:
Primary Audience - People living with NCDs; For IPC Counselling

Messaging		Message design brief			Geography			Development Duration	
Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (inc. remote locati-ons)	Inter-net Dark	0-3 months (Short term)	3-8 months (Interm ediate)
ASHA Tab Compact Handbook	Diabetes: Diabetes is not just about sugar. It affects your whole body. Regular screening and balanced meals can help you control it and live a healthy life." "Skipping your diabetes medication can silently damage your heart, kidneys, and nerves. Even if you feel fine, your body needs regular care. Let's set a reminder for your medication and check-ups.	Local and Pictorial First, Indigenous Character Visuals , Language and Faq tailored to cultural practices			✅	✅	✅	✅	

9.1.1 Message design briefs, geography and development duration: <u>Primary Audience - People living with NCDs; For IPC Counselling</u>									
Messaging		**Message design brief**			**Geography**			**Development Duration**	
Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (inc. remote locati-ons)	Inter-net Dark	0-3 months (Short term)	3-8 months (Interm ediate)
ASHA Tab Compact Handbook	<u>Hypertension</u>: "'Andime'—blood pressure rising—can damage your heart and brain. It's a silent killer. Regular screening and reducing salt, stress, and tobacco can save your life." "smoked meat and high-salt dishes are common—reducing salt and adding fresh vegetables can protect your heart."	Local and Pictorial First, Indigenous Character Visuals , Language and Faq tailored to cultural practices			✅	✅	✅	✅	

9.1.1 Message design briefs, geography and development duration: Primary Audience - People living with NCDs; For IPC Counselling									
Messaging		**Message design brief**			**Geography**			**Development Duration**	
Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (inc. remote locati-ons)	Inter-net Dark	0-3 months (Short term)	3-8 months (Interm ediate)
ASHA Tab Compact Handbook	Cancer: Message (To Women): "Breast lumps or unusual bleeding can be early signs of cancer. Early screening can save your life—visit the health center for help." Message (To Men and Smokers): "Tobacco doesn't just cause mouth cancer. It damages your lungs, throat, and other organs. Quit tobacco today—it's never too late."	Local and Pictorial First, Indigenous Character Visuals , Language and Faq tailored to cultural practices			✅	✅	✅	✅	

9.1.2 Message design briefs, geography and development duration:
Primary Audience - People living with NCDs; For Mid media

Messaging		Message design brief			Geography			Development Duration	
Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (inc. remote locati-ons)	Inter-net Dark	0-3 months (Short term)	3-8 months (Interm ediate)
Posters Wall Paintings/ Hoardings Communi Market place, Salon, Tea stalls, restaurants, Community meeting halls, Bus stops	Headline: "Your Health, Your Future: Take Charge Today" Visuals: 1. Image of a diabetic patient checking blood sugar at home 2. Family encouraging an elderly hypertensive member to take medication. 3. A woman undergoing a cancer screening at a local health center. Diabetes: Replace white rice with red rice, eat local greens, and check your sugar regularly. Hypertension: Cut back on salt and smoked meats, increase fresh vegetables, and check BP often. Cancer: Reduce areca nut consumption and get regular screenings—early detection means better chances of survival.	Local and Pictorial First, Indigenous Character Visuals and local cultrual language like Hypertension: Known as 'Andime', meaning "blood turning black." Cancer: Called 'Bampong' in some regions. Diabetes: Referred to as 'Ants.' and Shini			✅	✅	✅	✅	✅

9.1.2 Message design briefs, geography and development duration:
Primary Audience - People living with NCDs; For Mid media

Messaging		Message design brief			Geography			Development Duration	
Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (inc. remote locati-ons)	Inter-net Dark	0-3 mon-ths (Short term)	3-8 months (Interm ediate)
Comm-unity Gatheri-ngs/Eve-nts Street Play/Folk Perform-ances	Diabetes: Street Play: Scene: A young person ignores diabetes symptoms (fatigue, frequent urination). After diagnosis, a health worker guides the family on prevention and lifestyle management. Message: "Recognize the signs early—diabetes can be managed. Eat healthy, exercise, and get regular check-ups." Hypertension: Folk Performance: Lyrics: "Andime comes silent, unseen, it's true,Reduce salt and stress—it's up to you.Screening will tell if you're at risk,Act now, don't wait—time moves quick!" Cancer: Street Play: Scene: A family hesitates to screen for cancer due to fear. A survivor shares their story, explaining how early detection saved their life. Message: "Cancer can be treated if caught early. Don't fear—screen for health, screen for life!"	Old Folk stories around Funeral rites - Ka Thep Mawbah"- can be a cultural entry into diseases like cancer which is deemed untratable in regions and new line of health pop up events for the young audience - wellness events	The epic narrations known as Katta Agana and folk songs of various kinds against diseases could be a good way of capturning attention through achik theatre traditionand new line of health pop up events for the young audience - wellness events	Folk tale of Kwai as the centrepiece for fatal disease prevention could be reinterpreted followed by Jabulo used to create awareness about these diseases and new line of health pop up events for the young audience - wellness events	✅	✅	✅		✅

9.1.3 Message design briefs, geography and development duration:
Primary Audience - People living with NCDs; For Digital media

Messaging		Message design brief			Geography			Development Duration	
Materials	Messages	Khasi	Garo	Jaintia	Urban	Rural (inc. remote locations)	Internet Dark	0-3 months (Short term)	3-8 months (Intermediate)
Digital Ads News Channels WhatsApp YouTube Instagram	Post: Feeling better? That's great! But stopping your treatment can bring your symptoms back. Stick to your medicines and check-ups—because prevention is better than emergency care. Stay strong, stay healthy. Visit your nearest PHC today!Video:Content: A doctor explaining diabetes symptoms and prevention with animation highlighting culturally familiar cues like "sweet urine."Content: Interviews with doctors and survivors explaining hypertension's risks and prevention.Content: A survivor sharing their story to encourage cancer screening and debunk myths.	Pictorial Presentation along the local symbology and language in Graphic presentation, 20 seconder visuals of digital ads Real Life Inspirational stories of cancer survivors, Videos of Local Influencers showing diabetes prevention practices in local parlance etc			✅	✅		✅	✅

9.2 Message & Dissemination Matrix: <u>Secondary Audience - General public</u>			
Existing Behaviours	**Targeted Behaviours**	**Barriers**	**Message Contour**
People only visit a doctor when symptoms appear. Many assume they are healthy unless visibly ill and they avoid tests due to anxiety about bad news.	Get screened for diabetes, hypertension, and cancer regularly, especially after the age of 30, to detect these diseases early and manage them effectively.Reduce risk factors by quitting tobacco, limiting alcohol consumption and exercising regularly.	People do not realise diseases can be managed better if caught early.	Early diagnosis, treatment, follow up and control prevents complications
People may not know where or how to get tested.		Screening is perceived as expensive and long distances or lack of nearby screening facilities.	
Many individuals regularly consume tobacco or alcohol despite knowing the health risks. Many people do not fully understand the link between these habits and NCDs.	Reduce risk factors by quitting tobacco, limiting alcohol consumption and exercising regularly.	Tobacco and alcohol use are habitual and often culturally/socially reinforced.	Addressing risk factors such as tobacco use, poor diet, and inactivity is essential to prevent the onset of these diseases.
		Misinformation and Myths prevent behaviour change, e.g., 'occasional smoking is harmless'	

9.2 Message & Dissemination Matrix: <u>Secondary Audience - General public</u>			
Existing Behaviours	**Targeted Behaviours**	**Barriers**	**Message Contour**
Many individuals regularly consume tobacco or alcohol despite knowing the health risks. Many people do not fully understand the link between these habits and NCDs.	Reduce risk factors by quitting tobacco, limiting alcohol consumption and exercising regularly.	Tobacco and alcohol use are habitual and often culturally/socially reinforced. Misinformation and Myths prevent behaviour change, e.g., 'occasional smoking is harmless'	Addressing risk factors such as tobacco use, poor diet, and inactivity is essential to prevent the onset of these diseases.
Cooking habits promote high-risk diets. People don't always understand how their diet affects health.	Reduce risk factors by eating a balanced diet and reducing the consumption of salt, sugar, and fat.	Traditional diets may include excessive salt, oil, and sugar. Processed foods are often cheaper and more available.	Promote realistic dietary changes and link food choices to long-term health.
Many people dismiss symptoms as minor or unrelated and Health check-ups are postponed until symptoms worsen.	Understand, recognize, and act on the signs of Diabetes, Hypertension, and Cancer (e.g., frequent urination, chest pain, unexplained weight loss) to seek timely medical help.	Many don't recognize early warning signs and some believe illnesses will resolve naturally or with traditional remedies.	Promote participation as a collective effort and encourage peer influence.
Many only visit the doctor when they feel unwell and those at high risk may not take action.	Understand that sometimes diabetes and hypertension can by asymptomatic, hence regular screening is required	Many believe diseases always show symptoms and preventive care is not widely practised.	Routine check-ups and vaccinations, like HPV for cervical cancer, empower individuals to take charge of their health and prevent severe outcomes.

10. Monitoring and Evaluation plan

Monitoring Framework for Non-Communicable Disease			
Process Monitoring (Assesses the implementation of activities)			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of PHC & HWC received the posters	Reports from PHC/HWC	Quarterly	DPM / District IEC officer
# of PHCs & HWC have designated place to hang the posters			
# of identified communities have designated place to hang health posters			
# of sensitisation campaigns conducted at community level	PHC/ HWC		
# of VHCs discussed about NCD in their meeting	VHC report		BPM
# of educational videos on NCD developed for ASHA Tabs	State IEC office - report	Yearly	State IEC officer
# of short videos for WhatsApp developed for NCD		Yearly	

Monitoring Framework for Non-Communicable Disease			
Output Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
# of communities/ public locations have displayed posters related to diabetes, hypertension and cancer in designated spaces	ASHA field report	Monthly	ASHA Cell
% of ASHA received videos for counselling			
% of ASHA and ANM received training on diabetes, hypertension and cancer in last 3 years	Training report	During occurrence	Training organiser
# of patients reached through phone calls	Report from implementing agency	Monthly	Head of the implementing agency

Monitoring Framework for Non-Communicable Disease			
Outcome Monitoring			
Indicator	**Data Source**	**Frequency**	**Responsibility**
% of targeted beneficiaries understand the type of screening program to be attended for diabetes, hypertension and cancer and where to go for the screening.	Sample survey	Yearly	M&E Department
% of targeted beneficiaries aware of diabetes, hypertension, cancer the risk factors, signs and symptoms			
% of targeted beneficiaries who are affected with diabetes, hypertension or cancer is taking appropriate medical treatment			
% of community members received information about diabetes, hypertension and cancer through any sources			

11. Recommendations: A multi-pronged approach

The strategy should address knowledge gaps, improve screening practices, correct misconceptions, and leverage local cultural contexts. To ensure effectiveness, it must strengthen government systems at all levels, enable inter-departmental collaboration, and actively involve community structures.

11.1. GOVERNMENT SYSTEM STRENGTHENING	
STATE LEVEL	**Policy and Program Development:** Develop a state-level NCD action plan with clear roles for various departments (Health, Education, Social Welfare, etc.) to implement targeted campaigns for diabetes, hypertension, and cancer. Integrate NCD prevention and awareness into ongoing NHM programs and ensure screening of at-risk populations. **Capacity Building:** Train state & district health officials and district program managers on designing culturally sensitive NCD campaigns using local terminology and beliefs as entry points. Develop standardized training modules for health workers, emphasizing awareness, screening, and referral pathways. **Media Outreach:** Launch statewide multimedia campaigns roping-in known and famous figures / celebrities / Sports persons etc, addressing misconceptions such as "cancer equals death", “Hypertension is harmless”, “Diabetes happens because of eating excess sugar and reducing it manages diabetes” and promoting early screening and treatment. Partner with FM radio stations to broadcast local dialect programs with stories of survivors (especially for cancer) and prevention tips on various lifestyle diseases including Hypertension, Diabetes.

11.1. GOVERNMENT SYSTEM STRENGTHENING	
DISTRICT & BLOCK LEVEL	**Regular Screening Camps:** Mandate monthly NCD screening camps at PHCs, HWCs, and VHNDs, with special outreach to youth and working-age populations, and pregnant women for gestational diabetes. Include basic cancer screening and risk assessment in routine health checks. **Data-Driven Monitoring:** Use HMIS and local-level data to identify high-risk areas and prioritize outreach campaigns. Ensure regular reporting of screening, diagnosis, and treatment follow-ups for diabetes, hypertension, and cancer. **Health Worker Sensitization:** Train ASHAs, ANMs, and PHC staff to educate communities using culturally relatable analogies like "sweet urine attracting ants" or “andime.” Equip health workers with flip-books and visual aids tailored to local languages and cultural contexts.
VILLAGE LEVEL	**Community-Based Screening:** Conduct door-to-door screenings for diabetes and hypertension during health campaigns and festivals, utilizing SHGs and youth groups for mobilization. Establish Village Health Committees (VHCs) as monitoring bodies for ensuring follow-ups and referrals. **Promotion of HWCs:** Increase awareness about HWCs' role in NCD prevention and care, emphasizing free screenings and lifestyle counselling services.

11.2. INTER-DEPARTMENTAL CONVERGENCE APPROACHES

Health-Education Partnership:

- Incorporate NCD awareness into school curricula, with age-appropriate lessons on lifestyle risks and prevention.
- Organize school-based health camps for parents, leveraging PTAs for outreach.
- Conduct regular school level screening for identifying at-risk children (especially diabetes / hypertension) and have targeted intervention for lifestyle modification from a young age.

Health (AYUSH)-Agriculture Collaboration:

- Sensitization of beneficiaries regarding locally available food items for diabetes and hypertension prevention, also including the AYUSH medication under government guidelines

MSRLS- SHG Engagement:

- Sensitise and train SHGs to conduct discussions on NCDs during their meetings, with trained leaders delivering key messages regarding management of the NCDs.

Collaborations with ICDS:

- Integrate NCD awareness into Anganwadi sessions for young mothers and caregivers, addressing hereditary and lifestyle-related risks.

Partnership with Labour Departments:

- Conduct workplace health programs targeting men and younger populations who might otherwise avoid screenings.

11.3. COMMUNITY MOBILIZATION AND ENGAGEMENT

Mobilize village headmen and VHC members to promote early screening and treatment, addressing fatalistic beliefs about cancer through trusted community channels; hold community dialogues to debunk myths, such as mobile tower radiation or steel scrubbers causing cancer.

Train traditional healers on NCD symptoms and treatment, positioning them as referral agents to formal health systems.

Engage church and temple leaders to incorporate NCD awareness messages during sermons and gatherings, emphasizing the role of faith in promoting health.

Identify survivors of cancer and individuals managing diabetes or hypertension effectively to serve as role models and conduct peer education; highlight their real-life stories through community events and social media platforms.

11.4. ADDRESSING COMMUNITY LEVEL BARRIERS

Culturally Adapted IEC Materials: Develop IEC materials using local terminology like “andime” (hypertension) and “Bampong” (cancer), along with relatable visuals. Highlight manageable aspects of these diseases (e.g., controlled blood sugar or early cancer detection success stories).

Interactive Awareness Campaigns: Conduct community quiz competitions, focusing on symptoms and prevention of diabetes, hypertension, and cancer. Use storytelling and local folklore to explain risk factors and prevention strategies.

Incentives for Screening: Provide small incentives like free health kits or refreshments for participating in screenings, targeting younger populations. Organize mobile screening units in remote areas to improve access. Integrate NCD screenings with VHNDs and immunization drives to leverage existing community turnout.

Myth-Busting Campaigns: Use traditional and digital media to address misconceptions like cancer being untreatable or caused by mobile towers. Promote factual messages like the hereditary and lifestyle links to NCDs; Collaborate with local influencers to amplify messages. Use social media platforms to share short videos, infographics, and testimonials targeting younger audiences.

Health Camp Visibility: Use street banners and loudspeaker announcements especially by the Village Headman before health camps to increase visibility and attendance, use other active platforms such as SHGs and VHC for spreading information about up-coming camps.

11.5. MONITORING AND SUSTAINABILITY

Community Scorecards: Develop community scorecards to monitor participation in screenings and awareness campaigns. Hold periodic feedback sessions with VHCs and SHGs to assess gaps and successes.

Sustained Campaigns: Plan year-round campaigns, linking them with important dates like World Cancer Day or World Diabetes Day.

Resource Mobilization: Secure funding from CSR initiatives and development partners for sustained awareness and screening efforts.

List of Abbreviations

AIDS – Acquired immunodeficiency syndrome

ANC – Antenatal Care

ANM – Auxiliary Nurse Midwife

ASHA – Accredited Social Health Activist

AWW – Anganwadi Worker

AWC – Anganwadi Centre

B-CAP – Block Convergence Action Plan

BCG – Bacillus Calmette-Guérin

BPM – Block Program Manager

C&RD – Community and Rural Development Department

CB – Capacity Building

CBO – Community-Based Organizations

CDPO – Child Development Project Officer

CF – Complementary Feeding

CHC – Community Health Centre

CSR – Corporate Social Responsibility

DC – District Collector

D-CAP – District Convergence Action Plan

DCPC – District Child Protection Officer

DMHO – District Medical and Health Officer

DMM – District Mission Manager

DPO – District Project Officer

DSWO – District Social Welfare Officer

EBF – Exclusive Breast Feeding

EIBF – Early Initiation of Breastfeeding

FAQ – Frequently Asked Question

FGD – Focus Group Discussion

FHI – Family Health International

List of Abbreviations

FLW – Frontline Worker

FP – Family planning

H&WC – Health and Wellness Centre

HBNC – Home Based Newborn Care

HBYC – Home Based Care for Young Child

HIV – Human immunodeficiency viruses

ICDS – Integrated Child Development Service

IEC – Information, Education, and Communication

IFPRI – International Food Policy Research Institute

IIPHS – Indian Institute of Public Health Shillong

IPC – Interpersonal Communication

KAP-B – Knowledge, attitudes, and practice behaviours

KMC – Kangaroo Mother Care

LM – Lactating Mother

M&E – Monitoring and Evaluation

MCH – Maternal and Child Health

MCP – Maternal and Child Protection

MDRTB – Multi Drug Resistant Tuberculosis

MHSSP – Meghalaya Health Systems Strengthening Project

MIS – Management Information System

MLHP - Mid-Level Health Providers

MoM – Minutes of Meeting

MO i/c – Medical Officer in Charge

MP – Male Participation

MSACS – Meghalaya State AIDS Control Society

MSRLS – Meghalaya State Rural Livelihoods Society

NCD – Non-Communicable disease

NFHS – National Family Health Survey

List of Abbreviations

NGO – Non Governmental Organization

NHM – National Health Mission

PA – Primary Audience

PHC – Primary Health Centre

PHED – Public Health Engineering Department

PLWHA – People Living With HIV/AIDS

PMU – Project Management Unit

PNC – Postnatal Care

PPP – Public Private Partnership

PSU – Public Sector Undertaking

PTA – Parent Teacher Association

PW – Pregnant Women

PWD – Public Works Department

RBSK – Rashtriya Bal Suraksha Karyakram

RCH – Reproductive Child Health

S-CAP – State Convergence Action Plan

SBCC – Social and Behaviour Change Communication

SC – Sub Centre

SHG – Self Help Group

SRS – Sample Registration System

SUD – Strategic Use of Data

TB – Tuberculosis

UNICEF – United Nations Children's Fund

VEC – Village Education Committee

VHC – Village Health Council

VHIB – Village Health Information board

VHND – Village Health and Sanitation Day

WCD – Women and Child development

WHO – World Health Organization

WRA – Women in Reproductive age

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