Preparation of Project Implementation Plans (PIPs) for the IDA-assisted ICDS-IV/Reform Project

Thematic Workshop on Information, Education & Communication (IEC) & Dissemination of Findings of Social Assessment Study

June 24, 2008
India Habitat Centre, New Delhi

A Report

Ministry of Women and Child Development
Government of India

The World Bank
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Organized by

Ministry of Women and Child Development Government of India &

The World Bank
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1. INTRODUCTION

Information, Education and Communication (IEC) is critical for the success of any nutrition programme. Various studies have shown that improvement in child malnutrition is greatly dependent on the knowledge and practice of nutritionally supportive and health seeking behaviors by the care givers. Thus, when the Government of India (GoI) designed the Integrated Child Development Services (ICDS) Scheme, IEC became an integral part of the ICDS programme. In addition, the GoI also laid equal emphasis on community engagement as essential for effective communication delivery and for the successful implementation of the programme.

Community mobilization in ICDS was seen as being important in the context of (a) the large scale nature of the programme and (b) its focus on changing the health and nutrition behaviors of the community. The success of both these elements required extensive community engagement initiatives, as universal outreach was a near impossible task without community support and sustainable behavior change was only possible with the support of community leaders.

With this perspective in mind, the GoI issued guidelines for IEC for the ICDS programme that included elements of Community Mobilization as well. The ‘IEC and Community Mobilisation’ guidelines clearly direct ICDS functionaries to (i) create awareness and build-up the image of the programme, (ii) stimulate demand for ICDS services, (iii) affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour, and (iv) muster and sustain community participation (MWCD, GoI, 2000).

However, despite these clear directions, the existing focus and success of IEC efforts within the programme has been limited. Evaluations of the ICDS programme suggest that the problem is that knowledge gained through various IEC activities and also training in ICDS are not adequately and effectively translated into health and nutrition behaviors by the community due to various obstacles at the household, community and system level resulting in poor health and nutritional outcomes. The community still largely perceives the programme as being a food supplementation programme, with nutrition and health education being seen as a poor appendix.

One of the prime reasons for the limited outcome of the IEC efforts is the sporadic nature of most IEC interventions within the ICDS, which are additionally plagued by the limited technical capacity of functionaries and the lack of a context-specific, focused strategy aimed at addressing the specific communication needs of different communities.

In an effort to overcome these lacunae, the MWCD, as part of the proposed World Bank assisted ICDS-IV/Reform Project aimed at developing a focused and more intensive health and nutrition component within the project to be implemented in 158 ‘high-burden’ districts in eight selected States, which could later feed into the larger ICDS programme. The project by clearly outlining ‘creation of awareness’ as one of its project development objectives and ‘behavior change’ as one of its key outcomes, lays a definite emphasis on Nutrition and Health Education as one of the means of bringing about improved nutritional outcomes.
To facilitate the process of developing this component of the project, the MWCD as part of project preparation, organized a thematic workshop on IEC/BCC on the 24 June 2008 at New Delhi. The workshop was aimed at orienting key stakeholders from the eight project States on the concepts of IEC and BCC (Behavior Change Communication) and also to provide inputs on various aspects of planning, implementation and monitoring for the IEC component of the Project Implementation Plans (PIPs). In addition, keeping in view the relevance of social contexts for effective communication, findings from the Social Assessment Study conducted as part of the ICDS-IV/Reform project preparation, was also shared with the States.

The workshop was organized jointly by the Ministry of Women and Child Development (MWCD) and the World Bank and was attended by senior officials from the eight project States, National and State representatives of the development partners (UNICEF, USAID, CARE), officials from the MWCD and members of the World Bank ICDS-IV/Reform Project team. Key resource persons from Public Health Foundation of India, Population Foundation of India, National Institute of Public Cooperation and Child Development etc., also participated in the workshop to help review the IEC plans in the draft State PIPs.

The main objectives of the workshop were:

- To revisit the concept of IEC as ‘communication for behaviour change’.
- To develop a shared understanding on the key indicators for a good communication strategy that would facilitate self-review by project States.
- To share findings of the recently concluded Social Assessment Study conducted in Andhra Pradesh, Jharkhand, Uttar Pradesh and Rajasthan.
- To jointly assess the implications of the findings for fine-tuning the draft State PIPs.

2. SESSIONS PLAN

The workshop consisted of two technical sessions:

**Technical Session I:** This session was devoted to discuss key issues of the Social Assessment followed by dissemination of findings of the Social Assessment Study which was conducted in four project States. Implications of the findings for the State PIPs for the ICDS-IV/Reform Project were also presented and discussed.

**Technical Session II:** This session focussed on the IEC and BCC strategy in the ICDS-IV/Reform Project and sharing of a few successful IEC/BCC models.

A detailed overview of the two sessions is presented in the following sections.
3. TECHNICAL SESSION I: SOCIAL ASSESSMENT

3.1 Introduction to Social Assessment

As part of the preparation for the ICDS-IV/Reform project, a Social Assessment Study was planned with the DFID’s support to strengthen the design and implementation of the proposed project, by providing relevant social analysis that promotes equity and social inclusion within the ICDS programme.

The study was planned to focus on the identification of community needs, practices and preferences, and constraints in accessing the ICDS services. It was aimed to help

<table>
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<tr>
<th>Specific Objectives of the Social Assessment Study:</th>
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<tr>
<td>• To strengthen the design and implementation process of the proposed project by providing relevant social analysis and operationally relevant recommendations that promote equity and social inclusion.</td>
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<tr>
<td>• To suggest steps for institutionalising effective use of social appraisals at the national and state level implementation processes.</td>
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<tr>
<td>• To provide necessary qualitative inputs for evaluation of the performance of the ICDS programme</td>
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<tr>
<td>• To ensure compliance of the ICDS Reforms project with applicable World Bank Operational Policies related to Social Safeguards (OP 4.10 on Indigenous Peoples and OP 4.12 on Involuntary Resettlement).</td>
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the project planning and implementation in addressing the nutrition, health and early childhood education needs of the socially and economically disadvantaged sections of the community.

3.2 PRESENTATIONS AND DISCUSSIONS

3.2.1. Social Assessment: Its relevance in Project Development

(Presentation by Dr. Kumar Amarendra N. Singh, Social Development Specialist, The World Bank)

The session introduced the concept of social assessment and its relevance in project development. It helped identify the following key expected outcomes of the social assessment exercise:

• Identification of key stakeholders and the establishment of an appropriate framework for their participation in the project design, and implementation.
Key Concepts of Social Assessment

Social Assessment is an integral part of the framework for incorporating social analysis and participatory processes into project design and implementation.

Key tasks of a Social Assessment Process are:

- Systematic stakeholder analysis
- Identify social factors, issues and risks
- Data collection and analysis
- Assess priorities based on the data analysis
- Share the analysis with key stakeholders
- Develop plans in consultation with stakeholders
- Ensure institutional capacity for sustainability of the project activities
- Adjust and adopt with stakeholder involvement (Not clear)

Primary Social Assessment Tools

i) Basic Tools like Secondary Data Review, stakeholder analysis, institutional analysis and gender analysis.

ii) Observation and Interview Tools like participatory observation, semi-structured interview and Focus Group Meetings.

iii) Visual Tools like access to resources and for needs assessment.

• To ensure acceptability of the project objectives and incentives for change to the range of beneficiaries, or target population and to ensure that gender and other social differences are reflected in the project design.

• To assess the social impact of investment projects, identify possible adverse impacts and determine how they can overcome or at least mitigate substantially.

The presentation reiterated on the need for development and incorporation of specific and separate strategies for tribal communities based on the Social Assessment Study findings in the State PIPs of the ICDS-IV/Reform Project.

3.2.2 Why Social Inclusion Matters?
(Presentation by Dr. Arundhuti Roy Choudhury, Social Development Advisor, DFID)

The presentation gave a perspective of the DFID’s views on social inclusion policy. Social inclusion is one of the key cross cutting principles in the DFID’s Human Rights Strategy. The presentation focused on various reasons for social exclusion with emphasis on understanding the significance and need for addressing social exclusion. It highlighted the key steps involved in addressing exclusion:

- Acknowledgement that exclusion and discrimination exists.
- Mapping the problem – through dis-aggregation of gender and social group data base.
• Outlining a vision for the program that clearly articulates inclusive society (where all can make their voices heard and claim their rights) as the destination or goal.
• Outlining a mechanism to help achieve the vision and reach the goal.
• Involving partners to support this process—Government, Donors, Civil Society and Private Sector.

Furthermore, the presentation indicated the following next steps that could add value to the project design and implementation:
• Integration of the findings and recommendations of the Social Assessment Study into the project design.
• Strengthening of the Monitoring and Evaluation (M & E) component of the Central and State PIPs by identifying some key social or equity aspects needs to be monitored.
• Enabling better monitoring of outcomes on the social dimensions of the project.

3.3 Salient Findings of the Social Assessment Study
(Presentations by Mr. Mukesh Kumar and Dr. Suman Bisht, CARE India and Mr. Ryan Figueiredo, PwC)

Pricewaterhouse Coopers (PwC) and CARE India jointly conducted a study on the social assessment of the ICDS Programme to support the preparation of the IDA assisted ICDS-IV/Reform Project. The study was carried out in four out of eight States selected under the ICDS-IV/Reform Project. CARE and PwC, Mumbai disseminated the salient findings of the study jointly.

The study was aimed at strengthening the design and implementation by taking community’s perceptions and feedback into account while planning for the project. The study included interviews and group discussions with a small sample of the beneficiaries in four states.

Specifically, the study looked at the following aspects:
- Community’s perceptions of the ICDS service delivery
- Community’s expectations from ICDS
- Participation of excluded communities in ICDS
- Factors contributing to the exclusion
Community’s perceptions about the ICDS Programme

- Community had limited understanding of relevance of health and nutrition behaviors and remained largely unaware about the services offered under the ICDS programme;
- Community held a poor perception of the AWWs – in terms of her capacity, skill and commitment.
- Quality of services delivered at the AWCs was seen as poor, especially with respect to pre-school education.
- The need for growth monitoring was not clearly understood and counseling for growth promotion was minimal.
- Quality of food served at AWCs was a matter of concern in some places.
- Counseling and home visits were largely neglected.

- The ICDS infrastructure was said to be of poor quality that had adversely affected people’s participation in the programme.
- Poor coordination between the Health Department and ICDS functionaries hindered service delivery.
- IEC materials for conveying important messages were rated as inadequate in contents and quantity.

Community’s Expectations from ICDS

- Improved quality and variety in supplementary food and home delivery of take-home rations (THR) for working mothers.
- Improved counseling skills among the works and regular home visits
- Escort for taking children to the AWC and dropping them back.
- Well-equipped AWC in remote areas.
Better pre-school education facilities.

Participation of excluded communities in ICDS

An analysis of nutrition data from NFHS 3 clearly indicates that nutrition indicators are poorer for scheduled caste (SC) and scheduled tribe (ST) populations. For most indicators the status of STs is worse than that of SCs.

Yet, utilization of the ICDS services is more among the tribal communities than the SC populations, indicating various causes for poor nutritional status among the two excluded groups that need to be explored and specific strategies be devised for inclusion.

Factors contributing exclusion

- Differential attitude of the AWWs and/or the community or beneficiary towards the other when the functionary or the community belongs to a different social groups inhibits their participation in ICDS.
- Some social/cultural practices of the community inhibit their participation, for example, limited participation of the Muslim community in immunization activities.
- Distance from the AWC determines accessibility and participation.
- Location of the AWC also determines accessibility when it is linked to dynamics of caste and religion, for example, location of the centre in a religious place affects access by other religious groups.

To address these concerns that emerged from the study, a number of interventions were suggested for inclusion in the State PIPs by the study team. The suggestions were categorized into four strategic areas to specifically address exclusion, keeping in view of the ICDS-IV/Reform principles.

**Strategy 1: Bringing the ICDS services closer to the beneficiary**

**Strategy 2: Targeting the neediest**

**Strategy 3: Ensuring that the ICDS caters to the needs of different beneficiary groups**

**Strategy 4: Building capacities of service providers and strengthening communities**
3.4 Implications of the Social Assessment Findings for the State PIPs
(Presentation by Dr. Saroj K. Adhikari, Asstt. Director, MWCD, Government of India)

The key findings of the Social Assessment Study were aimed to help the States design their PIPs by addressing issues of outreach to the excluded and most vulnerable. Additionally, these can be fed into the M & E component of the Central and State PIPs by enabling monitoring of outcomes on the social dimensions of the project.

### Reasons for poor Service Delivery
(Per the Social Assessment Study)

- Low levels of education of AWWs
- Rigid customs and beliefs
- Shifting priorities – domestic or agricultural works gain a greater priority than availing services at the AWC
- Poor awareness among the community on their entitlements leads to unreasonable demands by them (an example of providing THR s to every member of the household in the community)
- Non-cooperation from the community in participation in AWCs activities
- No targeted programme delivery
- No means to ensure that anaemic mothers and malnourished children are effectively reached through the ICDS services
- Lack of motivation among the AWWs
- Lack of coordination and poor inter-departmental convergence between the Health, Education and WCD Departments.

### What Can Be done?
Implications for PIP

- IEC campaign on key messages keeping the local contexts into account
- Trigger ways to create local mechanism of accountability in the villages by enlisting the support of women groups and youth cells.
- Involvement of the community in the appraisal of AWW’s work
- Role of Panchayats in monitoring the AWC activities
- Special fund allocation to train Panchayat on maternal and child health and nutrition issues
- Better infrastructure for providing quality antenatal care for pregnant women and ECE
- Training of AWWs to address the challenges of imparting non-formal education to young children
- Develop counseling skills of the AWWs, building community participation and consensus, improving child education through a joyful learning pedagogy. Improving convergence between the Health Department and ICDS functionaries. ways of addressing myths, misconceptions and age-old traditional beliefs and practices that hinder acceptance of services and service delivery, involving CBOs in the AWC activities.

The presentation highlighted key implications of the findings of the Social Assessment Study for the State PIPs. Summarising the key findings of the study, the presentation emphasised the need for the State PIPs to identify and include specific strategies and activities to address the issues of exclusion and poor service delivery outlined by the study. For example, an exercise required to be done by the States is to link the proposed activities with the results framework to assess how it would help achieve the project outcomes.

Moving from specifics to general, the presentation outlined broad areas that need to be detailed out in the PIPs to address the social assessment findings and improve implementation of the ICDS programme.
• Community-based locally responsive child care approaches
• Strengthening partnership with PRIs, NGOs/CBOs, public and private sector
• Strengthening local capacity development
• Empowering ICDS functionaries
• Promoting convergence to address nutrition, health and development needs of the young children, girls and women
• Ensuring equity-inclusive approaches to reach the most vulnerable and disadvantaged

4. TECHNICAL SESSION II: IEC/BCC IN ICDS-IV/REFORM PROJECT

IEC combines strategies, approaches and methods that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their own health. Considering this, IEC is a process of learning that empowers people to make decisions, modify behaviors and change social conditions.

4.1 PRESENTATIONS AND DISCUSSIONS

4.1.1 IEC/BCC in ICDS-IV/Reform Project
(Presentation by Ashi K. Kathuria, Sr. Nutrition Specialist, The World Bank)

The presentation highlighted that the most important interventions that ensure child nutritional outcomes are those that focuses on the promotion of childcare behaviours and educating parents on how to improve nutrition using the family food budget. Effective IEC requires identification of key messages, contextualising them and finding a best mode for dissemination, which although seems simple enough, requires a well thought out strategy to be effective.

With this understanding, the ICDS-IV/Reform Project aims at developing a communication strategy that looked at various approaches to enhance the capacities and skills of the field functionaries on one hand and target groups for adopting positive behaviour change on the other. In addition, IEC in ICDS-IV/Reform Project aims at building an environment for a nation wide people’s movement of participation in the program.

The ICDS-IV/Reform project therefore, would attempt to:

An IEC Plan in the State PIPs should necessarily include:

- A comprehensive state specific strategy
- Local needs and context specific approach
- Identification of key indicators for M & E
• bring to the forefront a framework on how to change behaviors of the community to correct health and nutrition practices, by removing cultural barriers, age-old practices and superstitions; and
• enable sustained community engagement as a result of better understanding and appreciation of the ICDS program as well as the relevance of health, nutrition and early childhood education.

4.1.2 Communicating for Real Change: Moving from ‘IEC’ to ‘Communications for Behaviour Change’ (Presentation by Dr. Subhadhra Menon, Sr. Health Communication Specialist, Public Health Foundation of India, New Delhi)

The presentation focused on ‘Engage, Educate and Empower’ the communities. Given the limited scope for communications in the existing ICDS programme, the presentation highlighted the need to move from conventional IEC approach to ‘communication for behaviour change’. The ICDS-IV/Reform project provides such an opportunity to shape planning and strategic thinking on IEC, offering a critical window of opportunity to relook at communication efforts within the ICDS by:

• developing and communicating correct nutrition, health and ECE messages;
• using diverse channels of communication to promote ‘appropriate’ health, nutrition and ECE behaviors; and
• considering the end goals while going ahead with communicating information, educating people for change, and facilitating communication amongst communities.

Key aspects of a Behavior Change Communication (BCC) strategy:-
• Situational analysis
• Mapping and segmenting audiences/target groups
• Articulating clear BCC objectives – short, medium and long term
• Messages, messengers and channels/tools
• Operational and management plan including major activities
• Monitor and evaluate

Similarly effective communications for advocacy purposed would require:-
• The need for high level and grass roots political leadership
• Local champions and celebrities/agents for change/influencers
• Advocating the urgency of change with workers and implementers within the ICDS
• A nation-wide campaign mode

The presentation also highlighted some known successful mechanisms of communications for behavior change:
• Intensive Inter-Personal Communication (IPC) and Counseling
• Involving the beneficiary or caretaker
• Speaking the same language/singing the same song/understanding the culture/context
• Supporting growth of knowledge and literacy of healthy behaviors

In addition, it drew attention to the critical elements of effective communication:
• Getting the right message
• Messages for impact
• Using the best channels
• Diversity is key
• Communicating for an end goal
• Monitor and evaluate
• Reaching out to those who need us the most is the only real job of any health communicator

In the end, the presentation stressed on the need for an effective communication strategy since effective health communication requires strategic and planned interventions that aimed at altering behaviors. It outlined the following key pointers for development of an effective BCC strategy:
• The strategy should look beyond process, towards key outputs
• Use a situational and gap analysis, best practices and lessons learnt
• Undertake Community Needs Assessments for informing and enriching the strategy
• Use data and evidence
• Be oriented towards results
• Translate into an action plan
4.2.1 Behavior Change Communication through CARE’s INHP Program
(Presentation by Mr. Mukesh Kumar, Senior Program Director, CARE-India)

The presentation focused on key behavior change communication approaches adopted successfully within USAID-funded Integrated Nutrition and Health Project (INHP) implemented by CARE. The basic premise of the INHP is that community behavior change can have maximum impact on the key feeding behaviors. Thus, a lot of focus was given to developing systematic communication approaches.

Communication in INHP focused on the lifecycle approach as a basis for its interventions by:

- Identifying the key contact points during the life cycle (pregnancy, delivery, post-partum, 0-28 days-newborn period, 0-6 months, 6-12 months, 12-24 months, 24 months to 6 years, adolescent period);
- Developing a communication package to be delivered during these contact points;
- Stressing on the importance/criticality of delivering the complete INHP package for achieving impact.

The program outlined the following specific BCC objectives:

- **To educate** mothers and caregivers on the need for complementary feeding in required frequency, quality and quantity to children of age 6-24 months.
- **To communicate** to mothers or caregivers about the benefits of initiating and disadvantages of not initiating complementary feeding at the right time.
- **To address the barriers** in complementary feeding through proper and effective communication media and materials to mothers /caregivers.
- **To reinforce and support** correct and consistent complementary feeding messages transmittal to mothers and caregivers by increasing family / community support.
• To strengthen the communication capability of the service providers in technical information, interpersonal/group communication and training on the use of IEC materials.

Sharing the project’s experience and how it achieved the focused strategy, the presentation outlined the following steps that the project followed in the development and designing of its BCC strategy:

Step 1  Stating the Overall Objective
Development of customized messages aimed at inducing positive practices in newborn care and nutrition

Step 2  Specifying the Purpose of the Research
Identification of the socio-cultural and institutional factors that shape the existing beliefs and practices, explore facilitating factors and barriers in adoption of feasible desired behaviors.

Step 3  Detailing out the Research Objectives
• Identification of the dominant practices vis-à-vis the desirable practices in home based newborn care and child malnutrition
• Identification of the current messages vis-à-vis the desirable messages
• Identification of factors/actors that facilitate/impede movement towards ideal behaviors in home-based newborn care and nutrition
• Recommending ways through which the desirable practices can be promoted.

Step 4  Identifying the Target Audience
• Primary audience - Mothers and caregivers of children between 0-24 months
• Secondary audience - Family and community
• Service providers – AWWs, Supervisors, ANM, CHWs, TBAs.

Step 5  Spelling out the Communication Focus
• Sensitizing mothers / caregivers about complementary feeding through enhanced knowledge and skills
• Enhancing mothers / caregivers nurturing image
• Provide non-prescriptive messages

Step 6  Developing Communication Content for different audiences based on their specific issues and needs:
• Primary Audience
• Secondary Audience
• Service Providers

Step 7  Developing indicators to monitor the Process Outcomes
• Increased awareness and skills amongst mothers and caregivers
• Increased awareness amongst secondary audience so that they play a supportive role to mothers
• Increased capability of service providers
• Reduced myths and misconceptions
• Availability of IEC material with service providers.

The presentation concluded by listing out the key lessons learnt from implementation of the INHP BCC strategy, which may hold relevance for the ICDS-IV/Reform project
• A strong behavior analyses is most important
• A local ad agency, communication agency would be most effective to recommend a strategy
• Involvement of all stakeholders is important in the initiation, implementation and evaluation of the strategy

4.2.2 IEC for BCC in Dular Strategy
(Presentation by Dr. Farhat Saiyed, Nutrition Specialist, UNICEF Bihar)

The presentation highlighted the key features of the IEC strategy adopted in UNICEF-supported Dular Programme in Bihar. The Dular Strategy adopted different modes of communication for different levels and audiences and had successfully created a movement towards change.

Following is the tabular depiction of Dular IEC Strategy followed at various levels of implementation:

<table>
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<tr>
<th>Level</th>
<th>Change Agents</th>
<th>Target Audience</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village</td>
<td>Supervisors AWWs Local Resource Persons (LRPs)</td>
<td>Communities Mothers/families</td>
<td>Group exercises IPC supported with counseling tools</td>
</tr>
<tr>
<td>Block</td>
<td>District ICDS &amp; Dular Team</td>
<td>CDPOs</td>
<td>Technical materials for reference</td>
</tr>
<tr>
<td>District</td>
<td>State ICDS &amp; Dular Team</td>
<td>DPOs, CS</td>
<td>Technical &amp; Display materials for sensitization &amp; knowledge</td>
</tr>
</tbody>
</table>
At the **Village level** the IEC Strategy encouraged community participation through informal group meetings, inter-personal communication and counseling with pictorial tools to impart key messages to families. The focus was on regular interactions and quality of communication.

At the **Block level**, through the IEC Strategy CDPOs/ block officials were oriented on their role in implementing the Dular strategy at Project/cluster levels through group discussions and meetings. Technical and display materials were provided to officials for their reference.

At the **District level**, the IEC Strategy sensitized the district officials on the Dular strategy through group discussions and meetings. Here too, technical and display materials were provided to officials for their reference.

During the implementation, some key action areas for further development were also identified as being relevant for successful behavior change communication. These may prove useful while designing the ICDS-IV/Reform project:

- Development of a separate strategy for PRI and Socially Excluded Communities for improving accountability and increasing their participation
- Development of different tools, IEC materials and training package for PRIs focusing on their role of social monitoring
- Materials and tools for service providers that focus on the need for services to reach socially excluded families e.g. social mapping
- State Training curriculum made robust with above components and delivered to the ICDS functionaries
- Using Satellite Mapping and Gopal Positioning Systems for ensuring physical access to services
4.2.3 Innovative Use of Media for IEC  
(Presentation by Ms Priyanka Zutshi, Sesame Workshop India)

The presentation highlighted the work of Sesame Workshop India in making learning child friendly and conveying important messages through innovative use of media and media tools. Sharing experiences from their successful media endeavour *Gali Gali Sim Sim* – an entertaining-cum-educational program for children telecasted nationally – the presentation underlined the fact that innovative thinking and adaptation to local contexts could make any mode of communication successful.

Sesame Workshop successfully adapted their televised program *Gali Gali Sim Sim*, to reach out to pre-school centres in urban slums by developing a bioscope and other educational material that relayed the same messages as that of the TV program through an equally entertaining medium. The development of this strategy took into account:

- Local contexts and realities, i.e. lack of electricity and televisions in slums was overcome by developing a battery run bioscope, which gave children the same learning opportunity as those with televisions.
- Communication was seen both as a means of entertainment and education to reach out to more people and keep them engaged
- Developed context specific material
- Mobile equipment allowed for community viewing in a large number of places – reaching out to many more
- Besides providing material, capacity building of pre-school teachers/AWWs on the use of the material was also organised to enhance effectiveness in delivery of the message

In the end, the presentation pointed out that since the ICDS-IV/Reform project has included a large number of urban centres could explore and work towards developing
and using such innovative media, for pre-school education and to communicate key nutrition messages.

5. SESSION III: REVIEW OF IEC COMPONENT OF DRAFT STATE PIPs

The objective of the group exercise was to facilitate the translation of the conceptual knowledge gained from the presentations into an actual review of the IEC component of the State PIPs.

Four groups were formed with each group consisting of two States each. Each of the group was supported by two Resource Persons to facilitate the review process. A checklist (Annex 3) of key issues for review of draft IEC plan in the State PIP was provided.
The groups formed were as follows:

### Group I
**Maharashtra and Uttar Pradesh**

**Resource Persons:**
- Dr. Subhadra Menon, PHFI
- Deepika Shrivastava, UNICEF

**Members:**
- Maharashtra
  - Dr. Manjusha Molwane, ICDS, GoM
  - D.J. Mundhe, ICDS, GoM
  - Dr. Evelet Sequeria, UNICEF
  - Rita Punhani, UNICEF
- Uttar Pradesh
  - Santosh Kumar, GoUP
  - Gayatri Singh, UNICEF
  - Pratibha Sharma, CARE
  - Anil Mishra, CARE
  - A.K. Dwivedi, AMS
  - Sanjay Tripathi, AMS

### Group II
**Rajasthan and Chhattisgarh**

**Resource Persons:**
- Ashi K. Kathuria, World Bank
- Mukesh Kumar, CARE

**Members:**
- Rajasthan
  - B. Praveen, Director (DWCD)
  - B.L. Garg, DWCD, GoR
  - Dr. S.N. Methi, DWCD, GoR
  - Manish Mathur, CARE
  - Mahima Matta, CARE
  - Dr. Mukta Arora, UNICEF
  - Dr. Pramila Sanjaya, CARE
- Chhattisgarh
  - Sandeepa Biswal, CARE
  - Neha Khandpur, PHFI

### Group III
**Andhra Pradesh and Bihar**

**Resource Persons:**
- Dr. Savita Bhakhry, NIPCCD
- Dr. Saroj K Adhikari, MWCD, GoI

**Members:**
- Andhra Pradesh
  - Sarala Rajya Lakshmi, WD & CW, GoAP
  - Shyam Sundari K. WD & CW, GoAP
  - Dr. Roja Rani G., CARE
- Bihar
  - A.K. Choudhary, DWCD, GoB
  - Dr. Farhat Saiyed, UNICEF
  - Dr. Deepika Nayar Chaudhery, MI
  - S.C. Srivastava, NIPCCD

### Group IV
**Madhya Pradesh and Jharkhand**

**Resource Persons:**
- Dr. Sona Sharma, PFI
- Kavita Chauhan, PHFI

**Members:**
- Madhya Pradesh
  - JDR. Sandhya Vyas, DWCD, GoMP
  - Vishal Nadkarni, DWCD, GoMP
  - Bindu Varghese, DFID-TAST, MP
  - Pushpa Awasthy, UNICEF, MP
- Jharkhand
  - S.P. Verma, Social Welfare, GoJ
  - Sujeet Ranjan, CARE
  - Naveen Yadav, MWCD, GoJ
  - Dr. Sweta Jain, CARE

The expected outcome of the exercise was to provide greater clarity to the State representatives on the IEC issues to enable them make refinements to the IEC component of their PIPs. The exercise was useful in stimulating a thought process leading to detailed development of IEC activities and their implementation arrangements.
The workshop ended with concluding remarks from Mr. Mahesh Arora, Director, MWCD and Ms. Ashi K. Kathuria, Senior Nutrition Specialist, The World Bank. They appreciated the success of the workshop in building a common understanding amongst the participants on the IEC issues in the context of planning and implementation. The need for a strong State specific IEC strategy was felt by all, to enable longer term gains for early child development outcomes.

Mr. Naveen Yadav, Under Secretary, MWCD thanked the participants, especially the State Government officials, Resource Persons from various organizations and representatives of the Development Partners for their active participation and valuable inputs to ensure achievement of the workshop object.
Annex 1: List of Participants
(arranged in alphabetic order)

<table>
<thead>
<tr>
<th>SL.No.</th>
<th>Name</th>
<th>Organization</th>
<th>Email</th>
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<tbody>
<tr>
<td>1</td>
<td>Mr. Mahesh Arora</td>
<td>Director (ICDS), MWCD, GOI</td>
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<tr>
<td>3</td>
<td>Dr. Mukta Arora</td>
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<tr>
<td>4</td>
<td>Ms Pushpa Awasthy</td>
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<td>5</td>
<td>Ms Archana S.Awasthi</td>
<td>Dy. Secretary (ICDS), MWCD, GOI</td>
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<tr>
<td>6</td>
<td>Ms Reeti Bangia</td>
<td>Sesame Workshop India E-1/A, Kailash Colony</td>
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<tr>
<td>7</td>
<td>Dr. Savita Bhakry</td>
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<td>8</td>
<td>Dr. Suman Bisht</td>
<td>CARE INDIA</td>
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<tr>
<td>9</td>
<td>Mr. Sandeepa Biswal</td>
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<td>10</td>
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<td>11</td>
<td>Ms Kavita Chauhan</td>
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<td>12</td>
<td>Mr. S.P. Dutta</td>
<td>ICDS Training Unit, MWCD, GOI</td>
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<td>13</td>
<td>Mr. A.K.Dwivedi</td>
<td>AMS Consulting, Lucknow</td>
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<td>14</td>
<td>Mr. Ryan Figueiredo</td>
<td>PriceWaterHouse Coopers, Mumbai</td>
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<td>15</td>
<td>Mr. B.L.Garg</td>
<td>Additional Director, ICDS, Govt. of Rajasthan</td>
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<td>16</td>
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<tr>
<td>17</td>
<td>Ms Mohini Kak</td>
<td>Consultant, The World Bank</td>
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<td>18</td>
<td>Ms Ashi K.Kathuria</td>
<td>Sr.Nutrition Specialist, The World Bank</td>
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<td>19</td>
<td>Dr. Vanita Kaul</td>
<td>Sr.Education Specialist, The World Bank</td>
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<td>20</td>
<td>Ms Neha Khandpur</td>
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<td>21</td>
<td>Mr. Prateek Khare</td>
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<tr>
<td>22</td>
<td>Mr. Santosh Kumar</td>
<td>Dy. Director, ICDS, Uttar Pradesh</td>
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<td>23</td>
<td>Mr. Rajesh Kumar</td>
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<td>24</td>
<td>Mr. Mukesh Kumar</td>
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<td>25</td>
<td>Mr. Geroge Kurien</td>
<td>CARE INDIA</td>
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<td>26</td>
<td>Ms Sarala Rajya Lakshmi</td>
<td>Dy.Director, Govt. of Andhra Pradesh, Women Development &amp; Child Welfare Deptt.</td>
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<tr>
<td>27</td>
<td>Mr. Manish Mathur</td>
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<tr>
<td>29</td>
<td>Dr. Subhadra Menon</td>
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<tr>
<td>30</td>
<td>Dr. S.N.Methi</td>
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<tr>
<td>31</td>
<td>Dr. Anil Mishra</td>
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<td>Mr. D.J. Mundhe</td>
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<td>Mr. B.Praveen</td>
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<tr>
<td>36</td>
<td>Mr. Snehashish Rai Chowdhary</td>
<td>Operations Officer, The World Bank</td>
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<td>Dr. Roja Rani G.</td>
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<td>39</td>
<td>Dr. Arundhuti Roy Choudhury</td>
<td>Social Development Advisor, DFID, New Delhi</td>
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<tr>
<td>40</td>
<td>Dr. (Ms) Farhat Saiyed</td>
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<td>43</td>
<td>Ms Pratibha Sharma</td>
<td>CARE UP/MP</td>
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<td>44</td>
<td>Ms Reetu Sharma</td>
<td>CARE INDIA</td>
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<td>45</td>
<td>Dr. (Ms) Sona Sharma</td>
<td>Sr. Communication Specialist, Population Foundation of India, New Delhi</td>
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<td>46</td>
<td>Ms Deepika Shrivastava</td>
<td>Officer in charge (CDN), UNICEF India</td>
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<td>47</td>
<td>Mr. A.P. Shrivastava</td>
<td>Under Secretary (Trng), MWCD, Gt</td>
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<td>Ms Gayatri Singh</td>
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<td>50</td>
<td>Dr. Kumar Amarendra Singh</td>
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<td>51</td>
<td>Ms K. Shayma Sundari</td>
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<td>Ms Tanusree Talukdar</td>
<td>The World Bank</td>
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<td>Mr. Sanjay Tripathi</td>
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<td>55</td>
<td>Ms. Bindu Varghese</td>
<td>DFID - TAST, Madhya Pradesh</td>
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<td>56</td>
<td>Dr. Philip Viegas</td>
<td>CARE India</td>
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<td>57</td>
<td>Mr. S.P. Verma</td>
<td>Assistant Director, Social Welfare, Govt. of Jharkhand</td>
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<tr>
<td>58</td>
<td>Dr. Sandhiya Vyas</td>
<td>Joint Director, Indore, Madhya Pradesh</td>
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<td>Mr. Naveen Yadav</td>
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<tr>
<td>60</td>
<td>Ms Priyanka Zutshi</td>
<td>Sesame Workshop India E-1/A, Kailash Colony, New Delhi</td>
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</table>
### Technical Session II: 9:30 – 11:15 hrs

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<tr>
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<th>Topic</th>
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<tbody>
<tr>
<td>9.30 – 10:00 hrs</td>
<td>Social Assessment in ICDS-IV/Reform Project</td>
<td>Dr. Kumar Amarendra N. Singh, <em>Social Development Specialist, World Bank</em></td>
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<td>Dr. Arundhuti Roy Choudhury, <em>Advisor Social Development, DFID</em></td>
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<tr>
<td>10:00 – 11:00 hrs</td>
<td>Social Assessment: <em>Key Findings from a study conducted in 4 States</em></td>
<td>Mr. Mukesh Kumar, <em>Program Director, CARE</em></td>
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<td>Dr. Suman Bisht, CARE and Mr. Ryan Figueiredo, PWC</td>
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<tr>
<td>11:00 – 11:15 hrs</td>
<td>Implications of findings of Social Assessment for PIPs</td>
<td>Dr. Saroj K. Adhikari, <em>Asst. Director, MWCD</em></td>
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### Technical Session III: 11:30 – 16:30 hrs

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>11.45 – 12.30 hrs</td>
<td>Moving from ‘IEC’ to ‘Communication for Behaviour Change’</td>
<td>Dr. Subhadhra Menon, <em>Sr. Health Communication Specialist, PHFI</em></td>
</tr>
<tr>
<td>12:30 – 13:30 hrs</td>
<td>Sharing of experiences: IEC/BCC Strategy in ICDS</td>
<td>Mukesh Kumar, <em>Program Director, CARE</em></td>
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<td>o INHP-II by CARE</td>
<td>Dr. Farhat Saiyed, <em>Nutrition Specialist, UNICEF</em></td>
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<td>o Dular by UNICEF</td>
<td>Ms Priyanka Zutshi, <em>Program Manager, Sesameworkshop India</em></td>
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<td>o Innovative use of media for IEC</td>
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<td>13:30 – 14:30 hrs</td>
<td>LUNCH</td>
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<tr>
<td>14.30 – 16.30 hrs</td>
<td>Introduction to the session - Checklist</td>
<td>Dr. Saroj K Adhikari, MWCD and Ms Kavita Chauhan, <em>Program</em></td>
</tr>
<tr>
<td>Time</td>
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<tr>
<td>16.30 – 16:45 hrs</td>
<td>Review of IEC component of draft State PIPs</td>
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<td></td>
<td><em>Specialist, Advocacy, PHFI</em></td>
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<td><em>One Resource Person each for two States will facilitate the review process (4 Resource Persons)</em></td>
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<th>Time</th>
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<tr>
<td>16:30 – 16:45 hrs</td>
<td><strong>Concluding Session: 16:45 – 17:30 hrs</strong></td>
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<td><strong>Concluding Remarks</strong></td>
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<tr>
<td>16:45 – 17:30 hrs</td>
<td><strong>Vote of Thanks</strong></td>
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<th>Time</th>
<th>Concluding Session: 16:45 – 17:30 hrs</th>
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<tr>
<td>16:45 – 17:30 hrs</td>
<td><strong>Mr. Mahesh Arora</strong></td>
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<td><strong>Director, MWCD</strong></td>
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<td><strong>Dr. Venita Kaul, Sr. Education Specialist, World Bank</strong></td>
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<td><strong>Mr. Naveen Yadav, Under Secretary, MWCD</strong></td>
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Annex 3:
CHECKLIST FOR REVIEW OF DRAFT IEC PLAN OF STATE PIPs

☑ Over all planning and strategy development

→ Does the strategy have an overall vision of the role that communication plays in the effectiveness of ICDS-IV?
→ Does the communication plan integrate with and support the other program components or is it an appendix to the program?
→ Does the IEC SPIP include a situational assessment and gap analysis? Is this gap analysis based on evidence from relevant data/data sources?
→ Does it draw from/include lessons learnt in the past from the ICDS program within the State?
→ Does it include findings from the Social Assessment?
→ Does the strategy include Best Practice experiences (from within or outside the State) and clearly outline requirements for adapting and implementing it?
→ Does the communication strategy/plan include context specific communication interventions based on identification of communication needs through a consultative process with the stakeholders including the community (CNA)? Are the strategies focusing on vulnerable groups clearly outlined?
→ Does the strategy clearly identify priorities in terms of behavioral change objectives, target groups, and interventions?
→ Is the strategy linked to a monitoring and evaluation plan (logical framework); using results-oriented framework to inform ICDS IV IEC/BCC strategy development?

☑ Need for an Innovative Communication Approach

→ Does the plan include efforts at documenting positive innovations for learning, scaling up and advocacy purposes? ?
→ Does the plan focus on developing innovative materials (e.g. pictorial material for illiterate etc) to support behavior change communication for different target groups? Has the need for such materials emerged from the CNA (for e.g.)
→ Does the plan include efforts at advocacy for commitment towards ICDS with relevant stakeholders through orientations, consultations and campaigns?
→ Is there innovatory use of locally relevant channels of communication (stronger use of folk and mass media, community radio, local events and others)

☑ Implementation arrangement

→ Human resources required (at State/District/Block level) for all aspects of strategy development, monitoring and planned interventions
→ Are the roles and responsibilities (at various levels) defined to carry out IEC activities as per the plan?
→ Have the roles of CBOs/NGOs etc, been outlined in sharing of these responsibilities?
→ Does the plan include efforts at convergence with other programs (e.g NRHM/SSA) or agencies (Dist Field Publicity etc)?
→ Stronger community participation for implementation of communication strategy
Addressing capacity and resources

→ Resource cell at state level; dedicated communication specialist at state/district level.
→ Is there any direct link between the capacity development programme for field functionaries and IEC activities that are proposed under the plan?
→ Identification of institutes of relevance available to partner and offer technical support.
→ Does the plan include efforts at developing/customizing the Training and capacity building methodology and curricula on IEC/BCC?

Monitoring and Evaluation

→ Developing qualitative and quantitative indicators (input, process, outcome and output) for measurement
→ What are the arrangements for continuous strategy review and development over the 5 years? Provision for rapid assessments/operations research?
→ Collect base line data (Baseline survey)
→ Defining means of verification for communications-specific interventions
→ Focus on outputs and outcomes
Annex 4
GLIMPSES OF THE WORKSHOP

[Image of workshop scene]

Thematic Workshop on ECE and IEC

Dissemination of Findings of Social Assessment Study
The IDA assisted ICDS-IV/Reform Project
23-24 June, 2008
India Habitat Centre, New Delhi
Organised by

[Image of workshop scene]

Annex 5

POWERPOINT PRESENTATIONS

(i) Social Assessment: Its relevance in Project Development: Dr. Kumar Amarendra N. Singh, Social Development Specialist, The World Bank

(ii) Why Social Inclusion Matters? Dr. Arundhati Roy Choudhury, Social Development Advisor, DFID)

(iii) Salient Findings of the Social Assessment Study: Mr. Mukesh Kumar and Dr. Suman Bisht, CARE India and Mr. Ryan Figueiredo, PwC

(iv) Implications of the Social Assessment findings for State PIPs: Dr. Saroj K. Adhikari, Asstt. Director, MWCD, Government of India


(vi) Communicating for Real Change: Moving from ‘IEC’ to ‘Communications for Behaviour Change’: Dr. Subhadhra Menon, Sr. Health Communication Specialist, Public Health Foundation of India, New Delhi

(vii) Behavior Change Communication through CARE’s INHP Program: Mr. Mukesh Kumar, Senior Program Director, CARE-India

(viii) IEC for BCC in Dular Strategy: Dr. Farhat Saiyed, Nutrition Specialist, UNICEF Bihar

(ix) Innovative Use of Media for IEC: Ms Priyanka Zutshi, Sesame Workshop India
Social Assessment
Its relevance in project development

Dr. Kumar Amarendra N. Singh
Social Development Specialist
The World Bank

Thematic Workshop on IEC for ICDS-IV/Reform Project
24 June 2008
India Habitat Centre, New Delhi

Social assessments are carried out in a project context to do the following:

• Identify key stakeholders and establish an appropriate framework for their participation in the project selection, design, and implementation.
• Ensure that project objectives and incentives for change are acceptable to the range of people intended to benefit and that gender and other social differences are reflected in project design.
• Assess the social impact of investment projects and, where adverse impacts are identified, determine how they can be overcome or at least substantially mitigated.
• Develop ability at the appropriate level to enable participation, resolve conflict, permit service delivery, and carry out mitigation measures as required.

Common Questions in SA

• Who are the stakeholders? Are the objectives of the project consistent with their needs, interests, and capacities?
• What social and cultural factors affect the ability of stakeholders to participate or benefit from the operations proposed?
• What is the impact of the project or program on the various stakeholders, particularly on women and vulnerable groups? What are the social risks (lack of commitment or capacity and incompatibility with existing conditions) that might affect the success of the project or program?
• What institutional arrangements are needed for participation and project delivery? Are there adequate plans for building the capacity required for each?

SOCIAL ASSESSMENT (SA)
..is an integrated framework for incorporating social analysis and participatory processes into project design and implementation

SOCIAL ANALYSIS
..is the systematic investigation of demographic factors, socio-economic determinants, social organizations, socio-political context, and needs and values, in order to account for social differences, assess impacts and risks, mitigate adverse impacts, and build capacity of institutions and individuals...
SOCIAL ASSESSMENT (SA)

OBJECTIVES:

More inclusive
- stakeholders involved in identification and design
- diversity recognized and taken into account
- vulnerable groups have a seat at the table

More socially sound
- objectives and incentives for change are suited to the people involved
- adverse impacts are minimized
- positive impacts are maximized

More sustainable
- people understand and buy into objectives
- the right institutions are identified and strengthened
- constraints are overcome
- linkages are made between the micro and macro levels

Key Tasks in the SA Process

• Systematic stakeholder analysis
• Identify social factors/issues/risks
• Data collection
• Analyze data and assess priorities
• Develop plans in consultation with stakeholders
• Ensure institutional capacity to sustain the project
• Adjust and adopt with stakeholder involvement

SA... TOOLS

• Basic Tools
  - Secondary Data Review
  - Stakeholder Analysis
  - Institutional Analysis
  - Gender analysis

• Observation and Interview Tools
  - Participatory observation
  - Semi-structured interview
  - Focus Group Meetings

• Visual Tools
  - Access to resources
  - Needs assessment

THANK YOU
Why Social Inclusion Matters to DFID

Arundhuti Roy Choudhury
Social Development Advisor, DFID
ICDS-IV/Reform Project
Social Assessment Dissemination Workshop

Objectives

- Where is DFID Coming From: Rationale for Engaging with ICDS?
- Why Addressing Social Inclusion is Critical to DFID?
- What is DFID hoping to Achieve?

Where is DFID Coming From?

DFID Sees Improvement in Child and Women’s Nutrition as Integral to Reaching:
- Millennium Development Goal 1- Eradicate Poverty and Hunger
- Government of India goal of Equitable and Inclusive Growth
- Tackling Social Exclusion – DFID Policy Paper

Why Social Inclusion Matters?

- Analysis show India’s development is marked with inequities based on caste, gender, community, disability
- It denies some people the same rights and opportunities as others
- It causes poverty, reduces productivity capacity and future economic improvement
- Social Exclusion can cause conflict and insecurity
- Most Critical - Addressing Social Barriers is critical for improving programme outcomes

DFID’s Tackling Social Exclusion Policy

Social Inclusion is one of the key cross cutting principles in DFID’s Human Rights Strategy

- Analyse the impact of exclusion on poverty reduction in all our country programmes, in order to:
  - Decide priorities for work by region, country and sector in our Business Plans and Regional Directors’ Delivery Plans
  - Support Local government efforts to integrate inclusion into mainstream policies and programmes
  - Engage with other development partners to make development work better for excluded groups;
  - Strengthen the collection and analysis of statistics on excluded groups
  - Be accountable to the excluded groups by monitoring and evaluating progress

Some Key Steps

- Acknowledge that Exclusion and Discrimination Exists
- Map the Problem – Gender and Social Group disaggregated data base
- Decide on our Destination – Inclusive Society where all can make their voices heard and claim their Rights
- Decide on mechanism that will help us reach our Destination
- Decide who can help us – Government, Donors, Civil Society, Private Sector.
What DFID Hopes To Achieve?

The key findings will:

- Be integrated into the ICDS central programme design
- Feed into the M & E component of the Central and State Project Implementation Plans (PiPs)
- Enable better monitoring of outcomes on the social dimensions of the project

Thank You

Inclusive Society just don’t happen
We Have to Make it Happen.

DFID Policies and Procedures available at www.dfid.gov.uk/countries/asia/india
Social Assessment for ICDS Programme

Mukesh Kumar, Program Director, CARE
Dr. Suman Bish, CARE
Ryan Figueiredo, PriceWaterhouse Coopers

Thematic Workshop on IEC for ICDS-IV/Reform Project
24 June 2008
India Habitat Centre, New Delhi

Overview

1. Objectives of the study
2. Scope
3. Limitations
4. Methodology
5. Findings
6. Recommendations

1. Objectives

• To strengthen the design and implementation process of the proposed project by providing relevant social analysis and operationally relevant recommendations that promote equity and social inclusion

• To suggest steps for institutionalising effective use of social appraisals at the national and state level implementation processes

• To provide necessary qualitative inputs for evaluation of the performance of the ICDS programme

• To ensure compliance of the ICDS Reforms project with applicable World Bank Operational Policies related to Social Safeguards (OP 4.10 on Indigenous Peoples and OP 4.12 on Involuntary Resettlement)

2. Scope of the study

• Community’s perception of ICDS service delivery
• Community’s expectations of ICDS services
• Extent of communities’ participation in the ICDS services
• Community practices in health and nutrition

Understanding the determinants of social exclusion

3. Limitations of the Study

• Small sample: 4 states (AP, Jharkhand, Rajasthan and UP), 8 districts and 16 villages
• Qualitative field study: findings based on interviews and focus groups with a small section of beneficiaries
• Desk Research: to triangulate findings from state research
• Focus on the voices of excluded and vulnerable groups: including SCs/STs/OBCs and minorities
• Key service providers: interviewed at village, block & district level

4. Sampling Methodology
Consulted groups

**Beneficiaries**
- Mothers with children from 0 - 3 years
- Mothers with children from 4 – 6 years
- Mothers in law
- Husbands
- Traditional birth attendants
- Community based organisations

**Service Providers**
- Members of the local Panchayat
- Anganwadi Workers
- ASHA workers
- Supervisors, ICDS
- CDPOs, ICDS
- Auxiliary Nurse and Midwife, Sub centres
- Lady Health Visitors, PHC
- Medical Officers, PHC
- Block Development Officer, ITDA
- District Magistrate/ District Collector
- Chief Medical Officer
- PO, ITDA

5. Findings

A. Who are Socially Excluded?

Social exclusion

Basic health data: Religion

![Basic health data: Religion](image_url)

Source: NFHS 3 Report

Basic health data: Caste/Tribe

![Basic health data: Caste/Tribe](image_url)

Source: NFHS 3 Report

Child Nutrition data: Religion

![Child Nutrition data: Religion](image_url)

Source: NFHS 3 Report

Child Nutrition data: Caste/Tribe

![Child Nutrition data: Caste/Tribe](image_url)

Source: NFHS 3 Report
5. Findings

B. What causes social exclusion?

Information and awareness

- Awareness of SN, immunisation and ECE. Poor awareness of other services
- AWH is proactive in providing information about ICDS services to them
- Poor understanding of malnourishment
- Communities are unable to say which diseases are prevented by immunisation
- Communities with high immunization awareness accessed this service from private healthcare providers more
- Unaware of roles and responsibilities of ICDS staff
- Mothers-in-law important influencers in accessing ICDS services

Availability and Access

- AWWs are callous towards complaints of lower caste beneficiaries.
- AWWs belonging to one caste group do not visit the homes of women belonging to other caste groups.
- Differential attitude of AWWs and AWHs influences participation of children belonging to disadvantaged groups.
- Muslims exclude themselves from receiving vaccinations.
- Preference of private and government schools.
- Gender discrimination in vaccinations
Quality of Services

- AWWs perceived to be ill informed, corrupt, poorly trained and unmotivated.
- Poor growth promotion of children < 3
- Grading of children not communicated
- Poor ECE and health referral services
- THR quality and quantity not uniform
- Limited variety of cooked food
- Poor infrastructure for ECE and health check-ups
- Home visits are neglected
- Poor counseling to mothers
- Some women asked to pay for syringes, shortages of vaccines
- IEC material poor quality and is hardly used
- Poor coordination between AWW and ANM
- Uptake improved when AWH is proactive
- ASHA filled important service delivery gaps
- Poor focus on adolescent girls

Other socio-economic factors

- AWWs are callous towards complaints of lower caste beneficiaries.
- AWWs belonging to one caste group do not visit the homes of women belonging to other caste groups.
- Differential attitude of AWWs and AWHs influences participation of children belonging to disadvantaged groups.
- Muslims exclude themselves from receiving vaccinations.
- Preference of private and government schools.
- Gender discrimination in vaccinations

C. Perceptions and Practices

5. Findings

Communities’ perception on health and nutrition

- General awareness of health and nutrition is poor
  - Awareness of SN, immunization and ECE more popular than other 6 services.
  - Immunization is considered taboo for some Muslim communities
  - Not always important to immunize girl children
  - Private healthcare services accessed e.g. immunization

Communities’ expectations from the ICDS

- Regular, equal quantity and improved quality of SN.
- All beneficiaries should be covered including adolescent girls.
- THR should be home delivered for working mothers.
- Wider variety in spot feeding and cooked foods.
- SN entitlements should be made known to the community.
- Fixed timings for AWC along with AWH escort for children.
- Regular home visits and use of attractive IEC material
- Improved counseling during NHD and THR distribution
- Better referral services.
- Accountability, effective supervision and monitoring
- Improved teaching quality and better learning environment
- Well equipped AWCs and Mini AWCs for remote habitations
6. Suggestions for PIP
These are presented for consideration only and will depend on local contexts.

They have been classified as:

• ‘Quick wins’ – i.e. can be quickly implemented at the local and district level
• ‘Longer term’ – i.e. will require more planning to implement

The suggestions are strategized into 4 areas to specifically address exclusion and keeping in mind the ICDS IV Reform principles.

Note: Suggestions highlighted in red are part of ICDS IV and the focus on ECE, Monitoring, Training/Capacity building.

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### Strategy 1: Bringing ICDS services closer to the beneficiary

**Quick Wins**
- Home planner for AWW to record key service delivery milestones

**Longer Term**
- Creche facilities for vulnerable working women’s children
- Establish Mini AWCs
- Temporary access to ICDS for migrant families
- Outsource ICDS through PPPs for hard to reach communities
- Mobile AWCs for hard to reach communities
- Commission special outreach workers from marginalized communities
- Two AWWs concept - where 1 is from poorer/vulnerable group
- Train AWWs to contextualise messages to local traditions & customs
- Mobile training teams to conduct training for AWWs and ASHAs. Enlist local voluntary teachers to support in training
- Mandatory NHD in each AWC

---

### Strategy 2: Targeting those most in need

**Quick Wins**
- Social mapping to ensure AWW, AWH & ASHA understand beneficiary groups
- Complaint and grievance redressal mechanisms for marginalized groups

**Longer Term**
- Bal Adhikar Patra to record birth date, immunization, growth data, AWC registration, health check-ups etc.
- Conditional cash-transfer and financial incentive mechanisms
- Growth monitoring/ progress charts for children that communities can review
- Specific print and electronic media campaigns to improve awareness of entitlements in excluded groups
- Social audits by Panchayats - community based monitoring
- Comprehensive MIS to collect & analyse data on progress of women and children disaggregated by group.

---

### Strategy 3: Ensuring that ICDS caters to the needs of different beneficiary groups

**Quick Wins**
- Enforcement of secular and independent buildings for AWCs

**Longer Term**
- Enlist support of religious leaders to improve uptake of services in their communities
- Open and transparent appointment process for AWWs
- Use NREGS scheme to build and maintain AWCs
- Targeted strategies towards girl children
- Form adolescent girls groups to undertake targeted interventions for girl children
- Beacon AWCs to act as ‘role-models’ for other centres
- IEC campaigns for secondary care-givers to improve health & nutrition seeking behaviours
- Social mapping to identify vulnerable groups, plan interventions, deploy manpower and monitor progress of beneficiary groups
- Establish rehabilitation facilities like nutritional rehabilitation centres for children suffering from Grade 3-4 malnourishment

---

### Strategy 4: Building capacities of service providers and strengthening communities

**Quick Wins**
- Establish Open Black Boards based on RTI principles to display service delivery milestones of AWC and provide contact information of the redressal officer
- Innovation funds to create opportunities for communities to foster inclusion

**Longer Term**
- Train AWHs and build her capacity to reach excluded groups
- Involve Panchayats to fund infrastructure improvements
- Train AWW & AWH on issues of exclusion and the rights of marginalized groups
- Enlist SHGs to monitor and facilitate certain ICDS services in the AWC

---

Thank You
ICDS-IV/Reform Project: Implications of Findings from Social Assessment for State PIPs

Dr. Saroj K. Adhikari
Asstt.Director, MWCD, GoI

Thematic Workshop on ECE/IEC
23 June 2008
India Habitat Centre, New Delhi

Findings from SA study

- Perception of the community about service delivery, H&N
- Expectations of ICDS services
- Participation in ICDS and Health program and barriers to participation
- H&N Practices prevalent in the community

Linkages to the Results Framework

Addressing issues of outreach to the excluded and most vulnerable

Implcation of the Findings of the SA Study for Project Implementation Plan

[Diagram showing the implications and linkages]
**Input**

- Infrastructure with proper hygiene and sanitation facility
- AWCs required with more extensive infrastructure
- Capacity building in existing AWCs
- Operational components: convergence of ICDS, health, education departments
- Training institutes for lower and middle level functionaries were deficient in resources
- Increased capacity of partners to adapt and incorporate required behaviors

**Activity**

- Problems experienced
  - Infrastructure
    - Media campaigns cited as most effective way in polio campaigns
    - Lack of awareness about entitlements resulting in low demand for quality services
  - IEC
    - Training institutes for lower and middle level functionaries were deficient in resources
    - CB
      - Training modules for lower and middle level functionaries were deficient in resources
      - CB
        - Training modules for lower and middle level functionaries were deficient in resources
        - CB
          - Training modules for lower and middle level functionaries were deficient in resources
          - CB
            - Training modules for lower and middle level functionaries were deficient in resources
  - Quality of service delivery
  - Poor quality of ICDS
  - Generating awareness among the community regarding their actual entitlements
  - Increased involvement and role of women SHGs and Mahila Mandal in the functioning of AWCs
  - Generating awareness among the community regarding referral services
  - AWW to be made accountable to the community
  - Increased capacities of SP
  - Increased capacity of the community taking over services
  - Shifting priorities – domestic or agricultural works gain a greater priority than availing services at the AWC
  - Role of Panchayats in monitoring the work of the AWC
  - Increased motivation among AWWs
  - Increased capacities to use IEC
  - Increased capacities of SP
  - Identified mechanism for convergence
  - Increased capacities to use IEC
  - Increased capacities of SP
  - Identified mechanism for convergence
  - Increased capacities to use IEC
  - Increased capacities of SP

**Output**

- Problems experienced from the findings
  - Little or no accountability on the part of AWW to the community
  - From the findings
- Implications for PIP
  - Community based locally responsive child care approaches
  - Strengthening partnerships with PRIs, NGOs/CBOs, public and private sector
  - Ensuring equity-inclusive approaches to reach the most vulnerable and disadvantaged
  - Strengthening local capacity development
  - Empowering ICDS functionaries
  - Promoting convergence to address nutrition, health and development needs of the young children, girls and women

**Reasons for poor service delivery**

- Lack of motivation among AWWs
- Non-cooperation from the community in participation in AWCs
- Poor quality of service delivery
- Little or no accountability on the part of AWW to the community
- Generating awareness among the community regarding their actual entitlements
- AWW to be made accountable to the community
- Generating awareness among the community regarding referral services

**What can be done?**

**Implications for PIP**

- Community based locally responsive child care approaches
- Strengthening partnerships with PRIs, NGOs/CBOs, public and private sector
- Ensuring equity-inclusive approaches to reach the most vulnerable and disadvantaged
- Strengthening local capacity development
- Empowering ICDS functionaries
- Promoting convergence to address nutrition, health and development needs of the young children, girls and women

**THANK YOU**
ICDS-IV/Reform Project Objectives

- To reduce child malnutrition through expansion of utilization of nutrition services and "awareness and adoption of appropriate feeding and caring behaviors by the households of 0-6 years of age"; and
- To improve early childhood development outcomes and school readiness among children 3 to 6 years of age; in selected high burden districts of the eight states.

Special focus would be given on girl child and children from disadvantage sections.

Thus...to meet the project objectives a strong IEC and BCC strategy is essential !!!

ICDS-III/WCD Experience:

Experience from the ICDS-III/WCD Project showed:
- A substantial impact of communication interventions on behavior changes of households in respect of:
  - Infant and young child feeding practices esp.
  - Initiation of breastfeeding within 2 hrs of birth
  - Initiation of proper complementary feeding
  - Consumption of Vit. A and Immunisation

ICDS-III/WCD Experience:

However, limited impact was seen on:
- Exclusive breastfeeding for 6 mths (except Maharashtra and U.P. which undertook IEC campaigns)
- Feeding of colostrums
- Awareness on health and nutrition needs of pregnant and lactating women
- Awareness of adolescent girls

Identifying key messages, contextualising them and their mode of delivery is important !!!

ICDS-IV/ Reform Project aims at...

Developing a communication strategy to:
- bring to the forefront a framework on how to change behaviors of the community for the correct health and nutrition practices, by removing cultural barriers/age-old practices/superstitions
- enable widespread and sustained community participation as result of a better understanding and appreciation amongst the communities of the ICDS program as well as the health, nutrition and early childhood education issue
Some of the key behaviour change messages that it aims to promote

- Increased rest during pregnancy – especially in the last trimester
- Appropriate new-born care
- Promotion of colostrum feeding,
- Exclusive breast-feeding for the first six months
- Start of complementary feeding at about 6 months of age (fortified with micronutrients)
- Personal hygiene and hand-washing before feeding/after defecation
- Delayed pregnancies, better birth spacing and adequate maternal care during pregnancy*
- Prevention of STDs and reproductive tract infections (to prevent low birth weights)*

Some of the key behaviour change messages that it aims to promote

- Iron-folate supplementation during pregnancy to prevent low birth-weights*
- Pediatric iron-supplementation for young children*
- Consumption of iodized salt and iodized salt-testing in schools
- Twice-annual Vitamin A supplementation for all children 1-5 years of age*
- Twice-annual de-worming for all (including school children and adults)*
- Zinc treatment during diarrhea*
- Appropriate early stimulation practices at home for under 3’s and
- Awareness of relevance of early childhood development

IEC in ICDS-IV/ Reform Project

Should involve various approaches, build linkages, strengthen capacities, and enhance capabilities and skills of field functionaries and target groups for adopting positive behaviour change, besides building an environment for a nation wide people’s movement of participation in the program

THANK YOU
Moving from ‘IEC’ to “Communication for Behavior Change”

Dr. Subhadra Menon
Sr. Health Communication Specialist
Public Health Foundation of India, New Delhi

Thematic Workshop on IEC for ICDS-IV/Reform Project
24 June 2008
India Habitat Centre, New Delhi

COMMUNICATING FOR REAL CHANGE

A disturbingly large number of Indian children aged 0-3 years are malnourished (45.9%, NFHS 3 2005-06)

ICDS AND COMMUNICATION

- ICDS, since inception, has stayed aligned with the importance of communication. Doubtless, a lot has been achieved through conventional IEC practice. However, current malnutrition indices in the country (close to 46% for children 0-3 years of age in the NFHS III), preclude any room for complacency
- The current phase of planning and strategic thinking offers a critical window of opportunity

Leveraging the opportunity has to do with how we....

- communicate health messages
- understand adult learning
- use diverse channels of communication to promote healthy behavior
- keep the ultimate goals we work towards in mind as we go about communicating information, educating people for change, and facilitating communication amongst people (IEC)

DELIVERING INFORMATION....

- Is only one part of the puzzle
- From information to knowledge is a giant leap
- The three E's are significant:
  - ENGAGE
  - EDUCATE
  - EMPOWER

HEALTH-LITERATE COMMUNITIES THAT CAN....

Take decisions to
- promote appropriate home-based care, feeding and caring practices for infants
- promote developmentally appropriate ECE practices
MAKE A DIFFERENCE

- A supportive, participatory communication programme can be strategically targeted at specific behaviour change that can leave communities better off.
- A health-literate woman or man can make an enormous difference to her or his own health, and to broader public health indices in the community – finally contributing to better health indices in the country.
- This is also about a rights-based approach – everyone has the right to accurate, clear information on appropriate practices that are known to give children the best start in life.

FROM IEC TO BEHAVIOUR CHANGE COMMUNICATION

THE ICDS REFORM PROJECT

THE POWER TO CHANGE

~ The need for social change
~ Intense community mobilisation
~ Informed decisions at the individual level

WHAT WORKS

- Intensive Interpersonal Communication and Counselling
- Involving the Beneficiary
- Speaking the Same Language/Sing the Same Song/Understand Cultures/Context
- Supporting Growth of Knowledge and Literacy of Healthy Behaviours

COMMUNICATE FOR IMPACT

- Refining IEC Materials (quality, relevance, technique, messages)
- Multiple Media Channels: Traditional Theatre Community Radio Electronic and Print Social Marketing IPC through Diverse Methods

EMPOWERED COMMUNITIES

- Will know there are services and reach out for them
- Understand nutritional values of traditional foods/practices and the importance of nutrition
- Comprehend the long-term importance of ECE and take logical decisions
- Appreciate the value of being supported by the ICDS
Effective health communication is strategic, planned and aimed at altering behaviour.....

.....AND IT NEEDS A STRATEGY

IEC “business as usual” is not an option

We need fresh thinking on Behaviour Change Communication

A BCC STRATEGY FOR ICDS REFORM

- Beyond process, towards key outputs
- Crafting a strategy using a situational and gap analysis, best practice and lessons learnt
- Community Needs Assessments can inform and enrich a strategy
- The usage of data and evidence
- Oriented towards results
- A strategy and an action plan

COMMUNICATION CAN...

Communication for Advocacy
- Communication for behavior change
- Provide information on
  1. appropriate nutrition
  2. Abilites and development
  3. services offered
- Support individuals and families to make changes
- Encourage community participation
- Formulate and present the argument for different audiences
- Advise on a shared understanding of ICDS reform within the Program and other Development Programs

Communication within the program & link with other programs

KEY THEMATIC AREAS (of the CBC strategy)

- Situational analysis
- Mapping and segmenting audiences/target groups
- Articulating clear BCC objectives – short, medium and long term
- Messages, messengers and channels/tools
- Operational and management plan including major activities
- Monitor and evaluate

ADVOCACY

- The need for high level and grass roots political leadership
- Local champions and celebrities/agents for change/influencers
- Advocating the urgency of change with workers and implementers with the ICDS
- Into a nation-wide campaign mode
GET THE MESSAGE RIGHT

- A good message:
  - states the concern
  - evokes a widely held value
  - always presents a solution

- As Thoreau said once: Simplify, Simplify, Simplify

MESSAGES FOR IMPACT

Make the best messages

USE THE BEST CHANNELS

DIVERSITY IS KEY

COMMUNICATING FOR AN END GOAL?

- Prevalence of child malnutrition: reduced by less than one percentage point per year during 1998-99 (NFHS-2: 47%) and 2005-2006 (NFHS-3: 45.9%)

- Infant mortality rate: declined from 146 per 1000 live births in 1951 to 58 per live 1000 in 2004 (SRS 2006), but not much progress reported during the last decade

MONITOR AND EVALUATE

Reaching out to those who need us the most is the only real job of any health communicator
Behavior Change Communication through CARE’s INHP Program

Mukesh Kumar
Senior Program Director, CARE India

Thematic workshop on IEC for ICDS IV
India Habitat Centre, New Delhi
24th June 2008

INHP...
- A thirteen year project in three phases
- Launched in October 1996

INHP Areas

MORE THAN 100,000 AWCs
Total Blocks - 833
Rural - 382
Tribal - 408
Urban - 43

INHP Basics

Partners with Integrated Child Development Services (ICDS) & Department of Health & Family Welfare (DHFW)
Transformed from primarily feeding to a Maternal and Child Health Project
Big needs + small resources = Catalyst Role for CARE
Demonstration + Replication = CARE strategy

Communication in INHP

Shift from
Information Education Communication (IEC)
to Behaviour Change Communication (BCC)

Basic premise:
Develop systematic approaches for community behavior change - not just communication of messages - to achieve maximum impact on the key feeding behaviors
Communication should focus on Lifecycle Basis for Interventions
- Lifecycle approach is the basis for interventions
- The key contacts during the life cycle (pregnancy, delivery, post-partum, 0-28 days-newborn period, 0-6 months, 6-12 months, 12-24 months, 24 months to 6 years, adolescent period) for delivering the ICDS package and the importance of delivering the complete INHP package, is critical to achieve impact

BCC strategy Objectives
- To educate mothers and caregivers on need of complementary feeding in required frequency, quality & quantity to children of age 6-24 months.
- To communicate to mothers / caregivers about the benefits of initiating & disadvantages of not initiating complementary feeding at the right time.
- To address the barriers in complementary feeding through proper and effective communication media & materials to mothers / caregivers.
- To reinforce and support correct & consistent complementary feeding messages transmittal to mothers and caregivers by increasing family / community support
- To strengthen the communication capability of the service providers in technical information, interpersonal/ group communication and training in use of IEC materials.

Steps in designing BCC strategy
- Formative Research

Research has shown that postnatal growth faltering begins at around six months of age, just as infants begin to receive foods to complement their breast milk intake.

A formative research by CARE & a diagnostic assessment by DISHA highlighted the qualitative issues & gaps in complementary feeding & also the feasible quantity of food that can be consumed by children in the age group of 6 – 24 months.
**Overall Objective**
Development of customized messages aimed at inducing positive practices in newborn care and nutrition

**Purpose**
Identify the socio-cultural & institutional factors that shape the existing beliefs and practices in newborn care & child nutrition and explore facilitating factors & barriers in adoption of feasible desirable behaviors in these areas.

**Research Objectives**
1. Identification of the dominant practices vis a vis the desirable practices in home based newborn care and child malnutrition
2. Identification of the current messages vis a vis the desirable messages
3. Identification of factors/actors that facilitate/impede movement towards ideal behaviors in home based newborn care and nutrition
4. Recommending the ways through which the desirable practices can be promoted.

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**Target audience**
- Mothers & caregivers of children between 4-24 months (primary audience)
- Family & community (secondary)
- Service providers (secondary) – AWWs, Supervisors, ANM, CHWs, TBAs.

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**Communication focus**

- Sensitizing mothers / caregivers about complementary feeding by increasing knowledge & skills
- Enhancing mothers / caregivers nurturing image
- Provide non-prescriptive messages

---

**Issues for primary audience**
- Appropriate age of initiation of CF around six months.
- Tangible benefits for initiating complementary feeding
- Disadvantages of not giving CF
- Address the barriers to initiate CF
- Define the desired CF

---

**Issues for secondary audience (family, community)**
- Provide relevant, correct information regarding CF
- Appropriate age of initiation of CF
- Tangible benefits
- Disadvantages for not initiating
- Address the barriers to initiating CF
- Define the desired CF
- Elicit support in improving CF levels within the community / geographic.

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**Issues for service providers**
- Technical information & specifically CF
- Appropriate information on quality, frequency, time & hygiene.
- Tangible benefits of initiating
- Disadvantages of not initiating
- Capacity building in communication skills & use of IPC material.
Process Outcome

- Increased awareness and skills amongst mothers & caregivers regarding complementary feeding
- Increased awareness amongst secondary audience so that they play a supportive role to mothers when they initiate complementary feeding for their children increased capability of service providers
- Reduced myths and misconceptions
- Availability of IEC material with service providers.

Lessons Learnt & recommendations for the BCC Operational Strategy

- A strong behavior analyses is most important
- A local ad agency, communication agency would be most effective to recommend a strategy
- Involvement of all stakeholders is important in the initiation, implementation & evaluation of the strategy. THEY INFORM BEST ON WHAT IT IS, WHAT SHOULD IT BE, & HOW IT SHOULD BE.

Thanks
IEC for BCC in Dular Strategy
ICDS Bihar

Dr. Farhat Saiyed
UNICEF Bihar
24 June 2008

Dular Strategy
To improve nutrition health and development status of children by:
enhancing effectiveness of ICDS,RCH,NRHM programs &
strengthening community participation.

Core Components of Dular
• Skill enhancement of grassroot workers & supervisors
• Improve monitoring and intersectoral coordination
• Village awareness raising and selection of village volunteers through contact drives
• Training of village volunteers to empower mothers and care takers to address malnutrition

Expected Behaviour Change thru Dular Strategy
Nutritional improvements across life cycle:
• Behaviour Change for service utilization
• Behaviour Change in better nutrition-health practices

Dular IEC Strategy at a glance

<table>
<thead>
<tr>
<th>Level</th>
<th>Change Agents</th>
<th>Target Audience</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village</td>
<td>Supervisors AWWs/LRPs</td>
<td>Communities/Mothers/families</td>
<td>Group exercises IPC supported with counseling tools</td>
</tr>
<tr>
<td>Block</td>
<td>District ICDS &amp; Dular Team</td>
<td>CDPOs</td>
<td>Technical materials for reference</td>
</tr>
<tr>
<td>District</td>
<td>State ICDS &amp; Dular Team</td>
<td>DPOs, CS</td>
<td>Technical &amp; Display materials for sensitization &amp; knowledge</td>
</tr>
</tbody>
</table>

Village IEC Strategy
-Encourage community participation (Village mapping in VCD)
-Imart key messages to families thru regular interactions

-Communication mode: Informal Group meetings & IPC
- Counseling with pictorial folders having written messages
-Emphasis on quality of communication
-Focus of outcome: Behaviour change in infant, young child feeding & services utilization
**Block IEC Strategy**

- Orientation to CDPOs/block officials on their role in implementing Dular strategy at Project/cluster levels:
  - Communication mode: Group meeting & discussions
  - Technical materials for reference
  - Focus of outcome: understanding Dular as a means to support ICDS program and support its implementation

**District IEC Strategy**

- Sensitization of District Officials on Dular strategy
  - Communication mode: Group meeting & discussions
  - Materials: technical information
  - Outcome: understanding Dular as a means to support ICDS program & making it functional

**Pilot Strategy for Integrated District**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Methods</th>
<th>Responsibility</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight efficiency</td>
<td>Materials</td>
<td>AWW+LRPs</td>
<td>Mothers &amp; family</td>
</tr>
<tr>
<td>% children - improved nutritional status (Absence of SAM)</td>
<td>Awareness Specific</td>
<td>AWW-Family</td>
<td>Mothers and child beneficiary</td>
</tr>
<tr>
<td>Vitamin A &gt; 85%</td>
<td>IPC, micro-planning &amp; additional sites</td>
<td>Grass root workers (ICDS-health)</td>
<td>Communities at large, IPC at contact in centre or HH</td>
</tr>
<tr>
<td>% HHs with iodized Salt</td>
<td>IPC, Group meetings, Salt testing sessions</td>
<td>AWWs, LRPs, Teachers, Salt traders</td>
<td>HHs, schools, communities, Retailers</td>
</tr>
</tbody>
</table>

**Assessing the Effectiveness of IEC at Village Level**

- Two Major challenges:
  - How do we ensure..?: Community participation from SE families
  - How do we ensure..?: Services are delivered to these families by the existing program functionaries

- 17 % families in Bihar from socially excluded population

**Ensuring Participation from SE Families**

- Presence of AWCs in every pocket
  - Satellite mapping piloted in 1 ICDS Project (210 AWCs) of Muzaffarpur
  - Areas covered with AWCs
  - Pockets away from AWCs and or do not any centre
  - Pockets to be considered for relocation of AWCs and or opening new AW centres
  - Sharing data with the government to facilitate 'universalization'

**Findings**

- 833 pockets identified using satellite mapping
- 210 AWCs identified - located on the map using GPS (Gopal Positioning Systems) technology
- Based on the above, buffer zones identified using GPS point taking 500 mts. as the aerial distance
  - Rationale for 500 meters: Families can physically walk a distance of max. 500 mts to reach an AWC and avail services
- Visual representation of those pockets falling outside this buffer distance of 500 mts. (833 pockets)
Interpretation

Before the mapping:
- With 210 AWCs, ICDS services reaching to about 80% of the families

After the mapping:
- Results reverse: 833 pockets far away from nearest AWCs
- Likelihood of services not reaching because of the physical distance
- With only 210 centres and 833 pockets without one, 75% settlements outside the AWC areas

Interpretation - Specific to selected Block

- Geographically the block lies in one of the most food-prone regions
- In rains & floods situation takes a turn for worse
- Areas close to AWC - within aerial distance of 500 mts of buffer zone - beneficiaries cannot reach the centre
- Limited access or access denied due to floods
- Includes those areas too that in normal situation are close to the centres
- Outreach of services can be negligible to nil to all families in floods

Ensuring Services Delivery

<table>
<thead>
<tr>
<th>Level</th>
<th>Change Agents</th>
<th>Target Audience</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRI</td>
<td>PRI Members</td>
<td>AWWs/Community</td>
<td>Social monitoring of AWCs: Increasing accountability to ensuring services delivery &amp; utilization</td>
</tr>
<tr>
<td>Village</td>
<td>AWWs/ LRP</td>
<td>Mothers/families</td>
<td>IPC supported with counseling tools</td>
</tr>
<tr>
<td>Block</td>
<td>District ICDS &amp; Dular Team</td>
<td>CDPOs</td>
<td>Technical materials</td>
</tr>
<tr>
<td>District</td>
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<td>DPOs, CS</td>
<td>Technical &amp; Display materials</td>
</tr>
</tbody>
</table>

Key Action Areas

- Development of a separate strategy for PRI and Socially Excluded Communities for Improving accountability
- Different tools, IEC materials & training package for PRIs focusing their role of social monitoring
- Materials focusing need for services to be reached SE families for service providers
- State Training curriculum made robust with above components and delivered to ICDS functionaries
- GoB to use SM and GPS for ensuring physical access to services

Thank You!
Innovative use of media in ECE

ICDS-IV/Reform Project
Thematic Workshop on IEC
24 June 2008

Presented by:
Priyanka Zutshi
Sesame Workshop India

Sesame Street and its international co-productions

<table>
<thead>
<tr>
<th>Country</th>
<th>Proven Efficacy &amp; Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>Immediate improvement in literacy &amp; mathematics skills</td>
</tr>
<tr>
<td></td>
<td>Better high school grades in mathematics and science</td>
</tr>
<tr>
<td></td>
<td>Greater book use in adolescence</td>
</tr>
<tr>
<td>Mexico</td>
<td>Perform better on letter recognition, numeric &amp; geometric skills</td>
</tr>
<tr>
<td>Russia</td>
<td>Faster rate of literacy &amp; numeracy acquisition</td>
</tr>
<tr>
<td></td>
<td>Greater facility in basic financial literacy</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Better vocabulary, counting and cognitive skills</td>
</tr>
<tr>
<td></td>
<td>Greater cultural knowledge &amp; awareness of children with disabilities</td>
</tr>
<tr>
<td>Israel/Palestine</td>
<td>Movements such as sense of self and the ‘other culture’</td>
</tr>
<tr>
<td>South Africa</td>
<td>Promoted knowledge about HIV and AIDS</td>
</tr>
<tr>
<td></td>
<td>Positive influence on literacy, numeracy and life skills</td>
</tr>
<tr>
<td>Egypt</td>
<td>Increased caregivers’ knowledge of immunization practices</td>
</tr>
<tr>
<td></td>
<td>Facilitated positive changes in their families’ hygiene and nutrition behaviors</td>
</tr>
</tbody>
</table>

Galli Galli Sim Sim

• Local co-production of Sesame Street in India
• Sesame Street has over 140 co-productions worldwide
• Galli Galli Sim Sim is an early childhood initiative targeted at preschool children and their caregivers
• Combined strategy of entertainment with education to provide joyful experiences to children
• Conceived and developed by Indian educators and writers
• Available on Doordarshan, Pogo and Cartoon Network
• Supplemented by effective educational outreach to

Galli Galli Sim Sim - On television

The TV program is set in a "galli" that has:
– Muppet characters and Live characters
– Animations and
– Live Action Films

The power of muppets

Animation
The power of TV

- Is an AV medium that surpasses space and time
- Reaches children across class, region and language
- Gives form to imagination
- Has mass reach

Our approach to content

- Use of local materials, arts and knowledge
- Developmentally appropriate practices
- Health and healthy habits as basis of learning
- Countering negative stereotypes, gender and cultural notions
- Inclusive representation of differences in ability
- Linking with the social world

Mobile Community viewings

- Extending reach to children in urban slums through mobile community viewings
- Last year in Delhi and Mumbai, we reached over 1,60,000 children and over 70,000 caregivers twice
- Valuable platform to advocate to community on the criticality of ECE
Snapshots from MCV

- Child care centers receive educational kits
- Cover the critical domains of development
- Extend the learnings from the show
- 

Bioscope

- Sesame Workshop India has repurposed the bioscope
- Battery operated. Balwadis that do not have access to regular supply of electricity find it beneficial
- Some child care centers have reported a significant increase in attendance after being bioscope enabled

What does research say?

- Data from various sources indicate that the Galli Galli Sim Sim television show has between an estimated 22 million - 40 million regular child viewers aged 2-6 across India. The show ranked within the top five regularly watched programs by children across India
- Galli Galli Sim Sim educational materials were a significant intervention for preschools in the NGO sector
- Galli Galli Sim Sim follows the theme based approach in their learning kits which is in line with the recommendations of the NCF 2005 and TN FORCES 2006
- Preschoolers who are exposed to Galli Galli Sim Sim materials more often perform better on literacy and numeracy skills compared to those who are not similarly exposed
- Exposure to the Galli Galli Sim Sim mobile community viewing educational outreach intervention was associated with greater caregiver awareness about ECE
- Training inputs provided by Sesame Workshop India related to skill development have impact on attitudes among

SWI and ICDS

- Educational Kits in the form of printed materials for anganwadis across all preschool curricular areas in multiple Indian languages
- DVDs of Galli Galli Sim Sim episodes for anganwadis in Hindi and English
- Compilations of video segments that are theme based across all curricular areas in Hindi and English
- Videos to train teachers in teaching topics across all curricular areas
- Advocacy kits for anganwadi workers to use with parents and community members
- Designing research and building capacities in the same
- Preschool content across all media platforms that involved ICT

Thank You