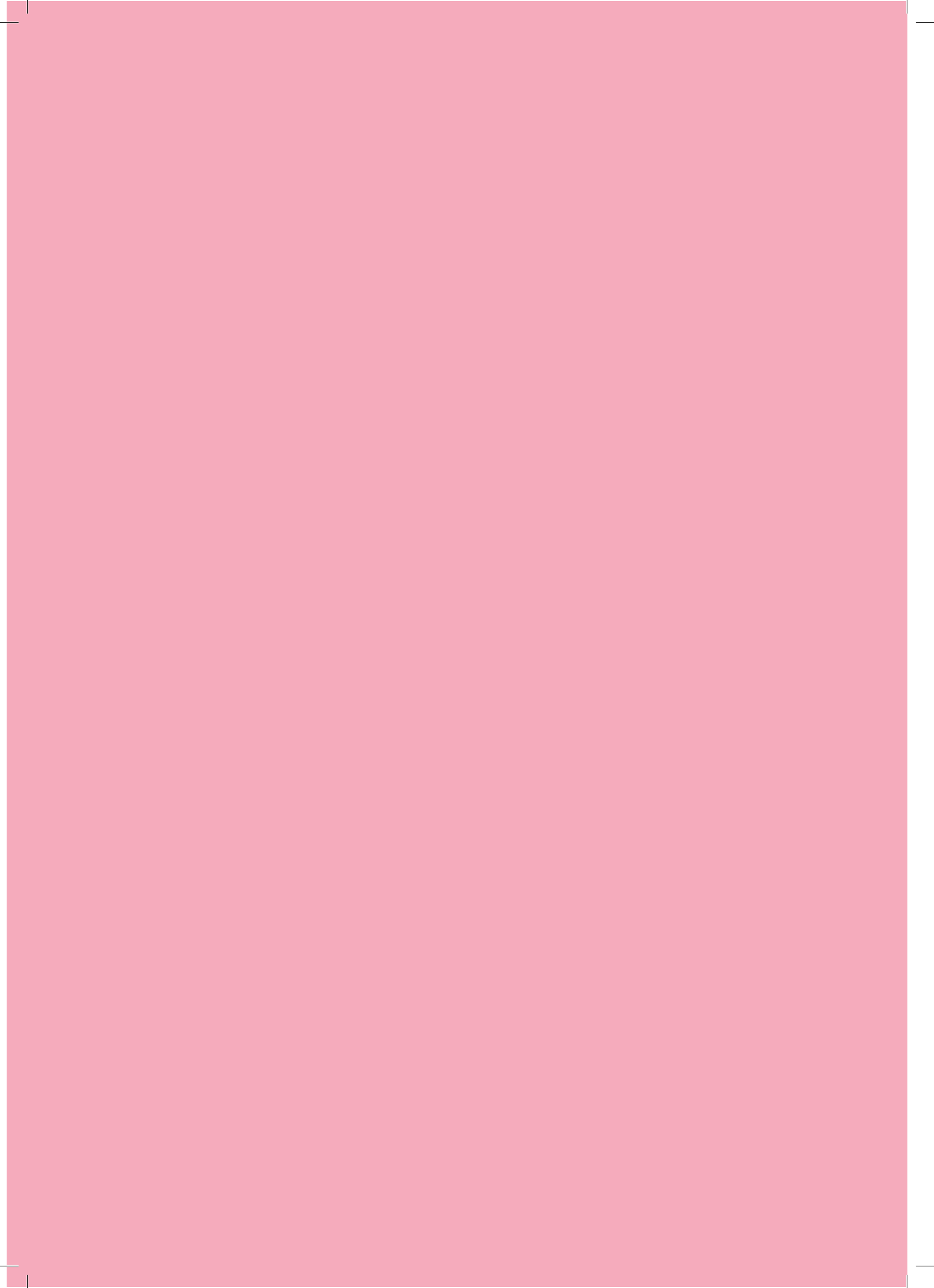


SOCIAL AND BEHAVIOUR CHANGE
COMMUNICATION (SBCC) TRAINING

5
MODULE

SOCIAL INCLUSION

Duration : One Day



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FOREWORD

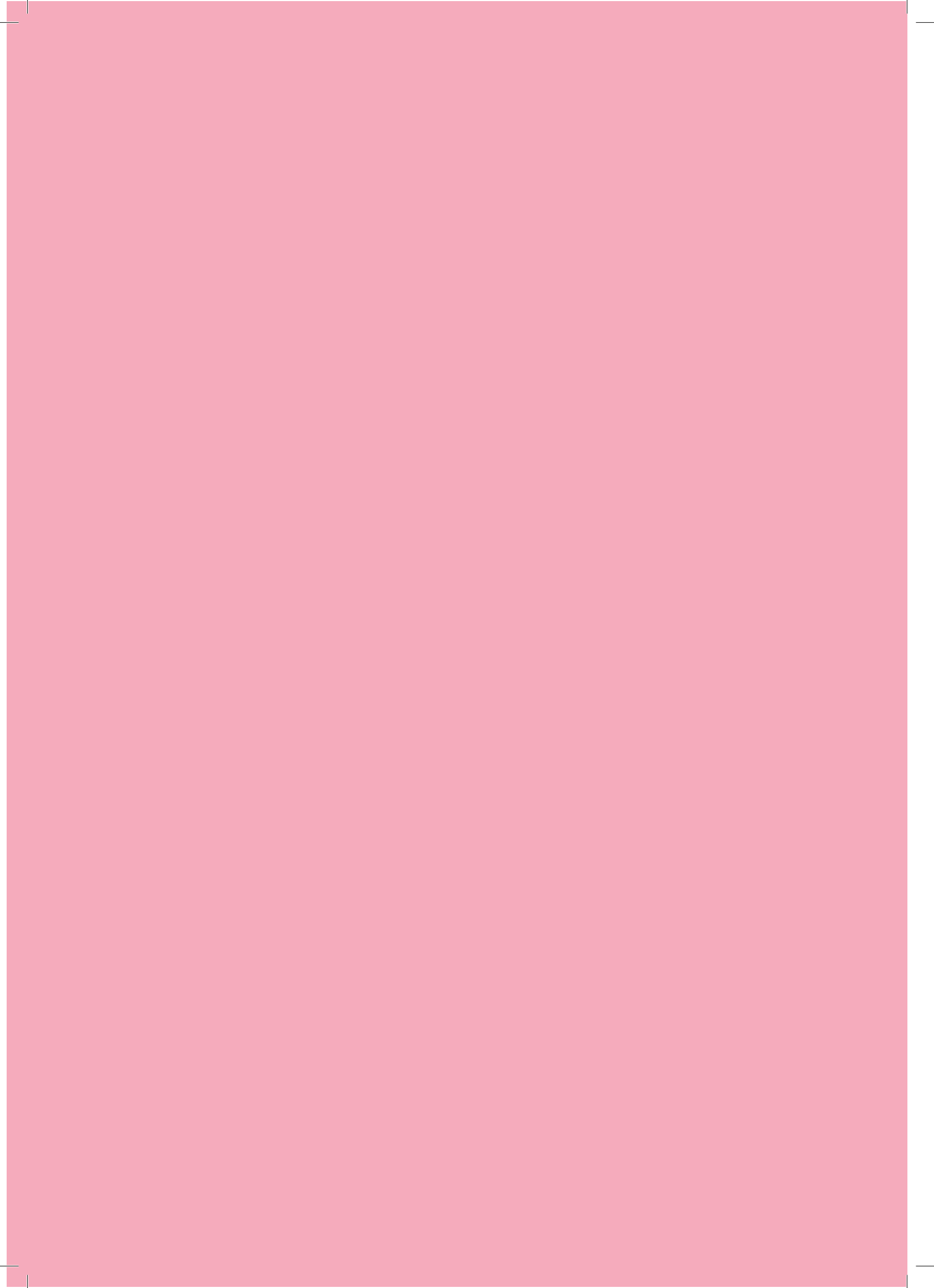
Institutional strengthening through capacity development and skill enhancement is an important human resource strategy. It is especially relevant in light of the fact that while the Government has the required resources, appropriate policy framework, and large-scale public service and flagship programmes, what is equally important are capacities at individual, institutional and policy levels to ensure effective delivery, meet demand, and improve the reach and use of these services.

With this consideration, UNICEF in discussion with Ministry of Health & Family Welfare, has developed the '*Tarang*', social and behaviour change communication (SBCC) training package. The package comprises five modules for divergent SBCC stakeholders such as master trainers, senior managers, mid-level managers, and frontline functionaries. There is an exclusive module on social inclusion, appreciating that this is an important element in programming for change.

Since the modules are skill-based, they can easily be adapted to suit any program requirement with minor modification in examples and role plays. Thus, the package can be used for any flagship program such as the Integrated Child Development Services, *Swachh* Bharat Mission, Integrated Child Protection Services, and others. A strong communication component in these programs will enhance reach, ensure quality exchange between service providers, communities and families, and in the long run yield improved results.

UNICEF is fully committed to effectively support relevant Government Ministries and State Departments through a more efficient delivery system. I am confident that the SBCC training package will contribute in a fruitful manner towards strengthening the SBCC component of significant government flagship programmes that ensure the rights and wellbeing of all women and children in India.


Louis-Georges Arsenault
Representative





ACKNOWLEDGEMENTS

The TARANG Social and Behaviour Change Communication (SBCC) training package, designed to develop understanding of and capacities in integrating social and behavior change communication as a key component of public health programming, comprises five modules. It was conceptualized and guided by a core team from the UNICEF India Office, including Mario Mosquera, Chief, Communication for Development; Rachana Sharma, Communication for Development Specialist; and Geeta Sharma, Communication for Development Officer.

Training modules 1-4 have incorporated valuable recommendations made by the Immunization Division, Ministry of Health & Family Welfare and the Immunization Technical Support Unit (ITSU) following a close review.

The package was developed, pre-tested, and finalized by a team of consultants and the agency New Concept Information Systems.

Acknowledgements are also due to the UNICEF India C4D network, in particular Alka Malhotra, Bhawani Shankar Tripathy, Seema Kumar, Sanjay Singh and Bhai Shelly for their insights at various stages of development of this package.



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PROGRAMME SCHEDULE

Session No.	Session Name	Time	Methodology
1	Introduction and Ice Breaking	09:30 to 10:00	Introduction of participants
2	Sharing Experiences on the Issue of Social Exclusion	10:00 to 10:30	Short discussion
3	Understanding Social Exclusion and its Importance in Social and Behaviour Change Communication	10:30 to 11:30	Simulation exercise followed by discussion
11:30 to 11:45 Tea break (15 minutes)			
4	Understanding Gender Discrimination	11:45 to 13:15	Simulation exercise followed by discussion
13:15 to 14:15 Lunch break (60 minutes)			
5	Understanding the Exclusion of <i>Dalits</i>	14:15 to 15:00	Film "I am a Dalit" and discussion
6	Communication and Social Inclusion Group Work	15:00 to 16:30	Group work and presentation
16:30 to 16:45 Tea break (15 minutes)			
7	Evaluation and Closure	16:45 to 17:15	Feedback from participants

LIST OF TRAINING MATERIALS

Session 1

- Picture cards cut into two (draw different pictures on a set of cards, each 4"x 3", and cut each into two pieces. The number of cards should be half the number of participants plus the two facilitators and each should get a piece when cut). The cards could also have letters of the alphabet

Session 2

- Writing board and marker pens or blackboard and chalk, duster.

Session 3

- Six pieces of chart paper (30 cm x 15 cm)
- Marker pens (thick – preferably of different colours)

Session 4

- Three mineral water bottles half filled with water
- Three cloth pieces to blindfold three volunteers

Session 5

- "I am a *Dalit*" CD
- Laptop and LCD or TV and DVD player
- Whiteboard and marker pens

Session 6

- Board/chalk/markers/duster
- Six copies of filled-in SBCC Plans from earlier 5-day programmes
- Chart papers (12-15) and marker pens (6)

Session 7

- Song: "Sau mein sattar aadmi"



SESSION 1

INTRODUCTION AND ICE BREAKING

09:30 to 10:00 (30 minutes)

SESSION OUTCOMES

At the end of the session, participants will be able to:

- Create a joyful and friendly learning environment
- Introduce themselves to each other.

MATERIALS REQUIRED

Picture cards cut into two (draw different pictures on a set of cards, each 4”x 3” and cut each into two pieces. The number of cards should be half the number of participants plus the two facilitators and each should get a piece when cut). The cards could also have letters of the alphabet.

Note: Two facilitators will be required to conduct this and subsequent sessions.

METHODOLOGY

Picture pairing and introductions.

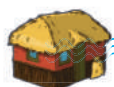
PROCESS

1. One of the facilitators starts the session by saying:

“Welcome to this important training on **‘Social Inclusion’**. It is extremely important for all of us working in the field of development to understand what social inclusion means and its relevance in our work. We will be discussing various aspects of this during the day. But before we go into the sessions, let us start by introducing ourselves. Some of you know each other and some of you do not. So, let us try to get to know each other through a simple exercise.”

Now put the cards cut into half in a box in the centre of the room and mix them well. Ask each participant to come and pick a card. The two facilitators should also pick a card each. Once all have a card, tell the participants, “Each of us has a card with us. It has a half picture. What we now have to do is to find out who has the other half of the picture. Please move around and find out who has the other half. Once you find the person, stay together as a pair. Let us start now”.

2. Once all participants are in pairs (if the total number of participants and facilitators is an odd number and one remains single, ask that person to join any pair or one of the facilitators should not pick a card but join one of the pairs making it a triad). Now tell the pairs to introduce each other. They should say their name, give some details about their family and what they like doing most in their free time (could be a hobby). Give them 5 minutes to do this. Once the time is up, ask the participants to sit with their partners. Now ask each one to introduce their partner. The facilitators also join in.
3. Once introductions are over, thank the participants for a lively session and say, “As mentioned earlier, today's sessions are very important and we hope that each one of you will find the sessions useful in your work and life.”





SESSION 2

SHARING EXPERIENCES ON THE ISSUE OF SOCIAL EXCLUSION

10:00 to 10:30 (30 minutes)

SESSION OUTCOMES

At the end of the session, participants will:

- Start reflecting on social exclusion and its impact on the excluded.
- Have created an environment for learning about social inclusion.

MATERIALS REQUIRED

Writing board and marker pens or blackboard and chalk, duster

METHODOLOGY

A few individual participants share their experiences in the plenary session which is followed by a short discussion.

PROCESS

Start the session by saying: "What is social inclusion? To understand social inclusion, we need to first understand 'social exclusion". Ask participants to share their thoughts on what social exclusion means. Once a few participants have shared their views, sum up by saying that social exclusion is a form of discrimination that denies people their rights because of their religion, caste, gender, social and economic conditions etc. Highlight some of the points mentioned in the box below.

SOCIAL EXCLUSION COULD BE ANY OF THE FOLLOWING:

- Selected provision and/or complete denial of ownership, access and control over resources.
- Denial of rights over one's labour and rights over one's productive resources.
- Creating conditions which favour some and/or hinder some to avail opportunities of education, healthcare, housing, public amenities, recreational facilities and spaces, basic needs etc.
- Restricting social interaction and denial of access to social spaces.
- Denial of rights to representation and participation in social, economic, political and cultural aspects of society and polity.
- Creating conditions which force mobility (migration), conversion and/or deprivation of the right to mobility, right to practise one's religion and the right to organise and mobilise.
- Denial of human dignity.
- Denial of constitutional and human rights.





SESSION 3

UNDERSTANDING SOCIAL EXCLUSION AND ITS IMPORTANCE IN SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION 10:30 to 11:30 (60 minutes)

SESSION OUTCOMES

At the end of the session, participants will be able to:

- Clearly describe what “exclusion” means and understand the humiliation, frustration and sense of helplessness associated with it.
- Share their “feelings” after having experienced the imposed social restrictions and become fully sensitised to the need for focusing on inclusion in their communication plans.

MATERIALS REQUIRED

- Six pieces of chart paper (30 cm x 15 cm)
- Marker pens (thick – preferably of different colours)

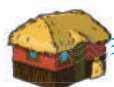
METHODOLOGY

- Simulation exercise
- Discussion

PROCESS

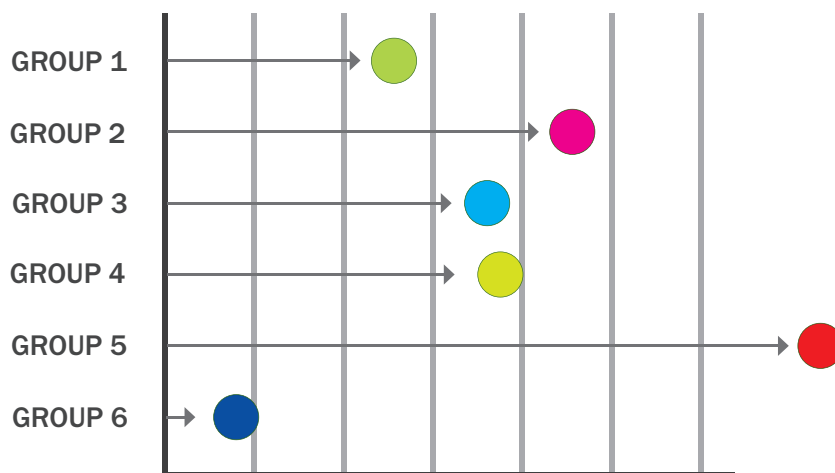
1. Divide the participants into six groups and give each group a piece of chart paper; assign each group a role as given below:
 - Group 1 SC/STs.
 - Group 2 WOMEN (single mothers, widows & women-headed households).
 - Group 3 DIFFERENTLY ABLED.
 - Group 4 RELIGIOUS MINORITY GROUPS.
 - Group 5 RICH/DOMINANT CASTE, and
 - Group 6 HIV or LEPROSY AFFECTED PEOPLE.

Tell participants that during the exercise, members of each group are required to feel, think and act as people belonging to the category assigned to them and their actions should reflect the reality in society.





2. Each group is given a piece of chart paper and a marker pen to make a placard. Ask them to boldly and clearly write the name of the category that is assigned to them.
3. Lines are drawn on the floor of the training room and all the groups are made to stand at the starting point in the manner shown below.
4. One of the facilitators reads out from a list of statements (given at the end of the session).
5. Participants are requested to listen carefully to each statement, then discuss among themselves and then decide if they can follow the 'statements' as in a real-life situation.
6. If any of the groups feel that they can perform the task in a real-life situation they ask a member of the group to hold their placard and step forward so as to stand on the line immediately in front of the starting point.
7. Inversely, if the groups feel that it is not possible to perform the task in a real-life situation, then they ask their representative (holding the placard) to remain wherever he/she is standing.
8. As the statements are read out, each group discusses the statement among themselves and then asks their representative to either remain where s/he is or take a step forward to the next line. This continues until all the 10 or 12 statements are read out and acted upon.
9. The representative can keep stepping forward even after all six lines have been crossed.
10. At the end of the exercise, you would have a situation where the groups are in different positions. The HIV/Leprosy affected people would have moved one or two steps forward, the *dalits* three or four and so on. The rich/dominant caste will be way ahead.



11. Once the exercise is over, ask the following questions:
 - What did we see here?
 - Which category advanced the most?
 - Which category was last?
 - How much did each category advance?
 - Why are the categories where they are?
 - What stops people from advancing; do the categories have equal status?
 - If the answer is “no”, ask why it is so?
 - Which categories were happy and which were not?



Allow members of different groups to share what they felt while doing the exercise. Did they feel a sense of injustice? Try and bring out the frustration and feelings of helplessness and sadness that some members would have felt.

Allow sufficient time for participants to reflect and share their feelings and thoughts about each of the questions. Remember, we have to bring out the feelings of the participants so that they internalise what they are speaking and hearing.

Ask whether this situation exists within our communities. Are people being deprived of their entitlements just because of their social and economic status, gender or health status? Allow time for the participants to share their thoughts.



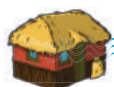
CONCLUDING THE SESSION

- There are many inequities that still remain within our communities.
- Large sections of our people remain discriminated against.
- The problem is acute in the case of HIV and leprosy patients, widows, *dalits* and tribals; women in general are subjected to discrimination in almost all walks of life.
- The Indian Constitution gives every individual, irrespective of the religion, caste, gender or social status he/she belongs to, equal rights. The Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child accepted all over the world recognize that everyone is born equal and guarantee the fulfilment of human rights (short notes on various conventions are given at the end of the session).
- The Government of India, over the past several years, has made human rights central to development programming – the right to food, right to livelihood, right to education and health care and right to information are all directed towards bringing about equity and social justice within our communities.
- It is extremely important that any SBCC initiative recognises this basic tenet and ensures that we target those who are discriminated against and are most vulnerable. Empowering them and bringing them into the mainstream will help us to achieve our targets.
- We need to focus on inclusion in all the activities that we undertake, including home visits (select houses of the poor and marginalised), group meetings (focus on the discriminated and ensure that they participate and share their views), service delivery (ensure that the poor and vulnerable are given priority and covered) etc.

STATEMENTS TO BE READ OUT

How certain are you that ...

- Your children will be treated equally in their school?
- You will receive rations due to you in the village ration shop?
- You will receive the best of attention when you go to your local PHC?
- The *Sarpanch*, ANM, doctor, AWW, *Gram Sevak* etc. will visit your house to discuss problems?
- You can buy a motorcycle for your son to attend college?
- You can attend and fearlessly participate in a meeting being held by the ANM and AWW and that they will listen to you?
- Your daughters can pursue high school studies?
- You will get justice at the local Police Station?
- There will be no injustice against you at the place where you work?
- You can celebrate the next religious festival the way you want?



- You will earn equal wages for the same type of work done by men?
- You will be able to, if required, get an expensive operation for a member of your family?

NOTES FOR THE FACILITATOR

UNIVERSAL DECLARATION OF HUMAN RIGHTS (UN)

Provides for equality, irrespective of caste, creed, religion and region. All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in the spirit of brotherhood.

Everyone is entitled to all the rights and freedoms set forth in this declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW)

The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN General Assembly, defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

NATIONAL COMMISSION FOR WOMEN

NCW is the apex national-level organisation of India with the mandate of protecting and promoting the interests of women. Its major responsibilities include:

- Generation of legal awareness among women, thus equipping them with knowledge of their legal rights and a capacity to use these rights.
- Assisting women in redressal of their grievances through pre-litigation services.
- Facilitating speedy delivery of justice to women by organizing *Parivarik Mahila Lok Adalats* in different parts of the country.

CONVENTION ON THE RIGHTS OF THE CHILD (UN), 1989

Every child has rights without discrimination of any kind, irrespective of the child's or his/her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

The rights include protection against all forms of discrimination or punishment on the basis of status, activities, expressed opinions or beliefs of the child's parents, legal guardians or family members. Every child must be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his/her parents.

Other rights include: To diminish infant and child mortality; necessary medical assistance and health care to all children with emphasis on the development of primary health care; to combat disease and malnutrition; to ensure appropriate pre-natal and post-natal health care for mothers; to ensure that all segments of society, in particular, parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation and the prevention of accidents; and to develop preventive health care, guidance for parents and family planning education and services.





TEA BREAK

11:30 to 11:45 (15 minutes)



SESSION 4

UNDERSTANDING GENDER DISCRIMINATION

11:45 to 13:15 (90 minutes)

SESSION OUTCOME

At the end of the session, the participants will have:

- A deeper understanding of the culture of excluding girls and women from their rights and entitlements and the need to break the culture of silence.

MATERIALS REQUIRED

- Three mineral water bottles half-filled with water
- Three cloth pieces to blindfold three volunteers

METHODOLOGY

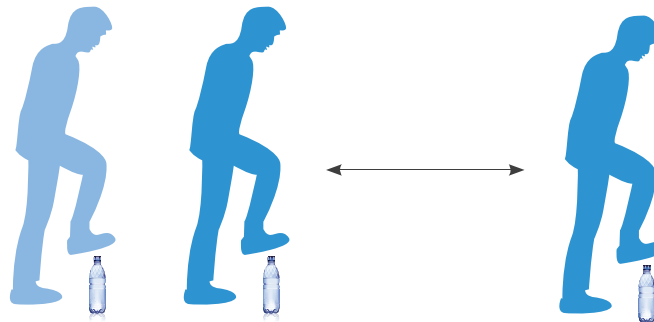
- Simulation exercise
- Group discussion/presentations.

PROCESS

1. Request for three volunteers from amongst the participants.
2. Place the three bottles in a straight line on the floor in the middle of the room at a distance of 1 metre from each other.



3. Ask the volunteers to step over the bottles in a manner so as not to touch or drop them. Make it clear that they should not walk by the bottles – show them by doing it yourself.
4. Tell them to practice a couple of times, and as they do so encourage them by asking the rest of the participants to clap – you should also join the clapping.



5. Once they have practised several times, tell them that they will now have to do the same exercise blindfolded. Therefore, if they want to practise a few more times they are free to do so.





6. Politely, but firmly, tell the rest of the participants not to speak or pass any comments while the volunteers are practising. Of course, they can and should encourage them.
7. Blindfold all three participants, taking care not to hurt them while blindfolding; however, ensure total “momentary blindness” – they should not be able to see.
8. Ask the rest of the participants, what should be done if the volunteers drop the bottles, even once.
9. Turn down any suggestion on soft/mild punishment – instead, suggest that any volunteer who drops any of the bottles will have to forfeit dinner, and before the participants have any time to ponder this suggestion, start clapping and motion others to join in. Then announce that this decision by all is binding on the volunteers.
10. Once again, remind the rest of the participants to maintain silence. Guide one of the blindfolded volunteers near the bottles. Then one of the facilitators discreetly removes all the three bottles and keeps them aside (while one facilitator is doing so, the other puts her finger on her lips and motions to the other participants to refrain from any loud exclamations or comments).
11. Guide the first volunteer to where the first bottle was and tell her: “You are now standing two feet away from the bottle. When I say “Start”, you should step over the three bottles the way you had practised.
12. Ask the volunteer to begin and as she does so, encourage her and count as she steps over the imaginary bottles “ONE;.....TWO;.....THREE”.
13. Ensure that the volunteer is encouraged by the participants. Start clapping and shouting ‘well done’ and ask the participants to join in.
14. Once volunteer number one has completed the activity, gently guide her to the circle formed by the other participants and ask her to sit but not to take off the blindfold yet.
15. Repeat the same steps with the other two volunteers, one after the other.
16. When all three have completed the exercise, remove their blindfolds; then give them some time to settle down. Make sure that the three are sitting together, with the other participants circling them. The volunteers will have an amazed expression on their faces when they see that there were no bottles and may also feel a sense of being mocked or cheated.
17. Once again, remind the rest of the participants to maintain silence and gently ask the three volunteers:
 - What happened?
 - What were you crossing?
 - Why are the others laughing?
 - Are you sure that you were walking over the bottles?
 - If the bottles were not there, what were you walking over?
 - If the bottles were not there, then where were they?
 - What do you feel now that the rest of participants are clapping and shouting – enjoying themselves – at your expense?

Ensure that the feelings of the volunteers of being cheated are brought out through the discussion.





18. Now turn to the rest of the participants and ask them:

- Why were the volunteers making an effort to step over the bottles, when there were none?
- For the volunteers, where were the bottles?

The idea is to help the volunteers slowly realise that they were actually stepping over bottles which were not actually there but only in their minds.

19. Thank the three volunteers for their co-operation and request them to join the others. Apologise for making them walk over imaginary bottles and tell them that their participation in the exercise will lead to considerable learning as the discussion continues.

20. Initiate a discussion on what happened. Where were the bottles? In the mind... they were imaginary... Are there such bottles that we carry in our minds? Can we list them? Give the example of beliefs like “Girls should not laugh out loud” or “They should not mix with boys” etc. Help participants to list a number of such beliefs and customs that have led to gender bias and discrimination. Encourage participants to share their experiences.

21. Focus on such mind sets related to gender discrimination; list all the points that are emerging on the board.

22. Who made the rules? Were they imposed on the volunteers? Can we see similarities in our daily lives?



CONCLUDING THE SESSION

Conclude the discussion by saying that there are a number of restrictions imposed on girls and women that have led to many problems. There are many beliefs and traditions that we blindly follow without understanding the rationale or questioning them. Many of them are meaningless and we do not question them and we, especially women and girls, maintain a culture of silence.

Women are excluded from almost all aspects of life, including being denied the right to life (foeticide and infanticide), getting less food, facing restrictions in access to education, health care and a host of other facilities. The dwindling sex ratio, especially among children, the increased crime rate against women, etc. are some of the consequences that society is facing.

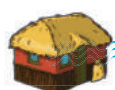
Invite participants to share their personal experiences to emphasise the learning from the exercise.

TIPS FOR FACILITATORS

- Ensure that while removing the bottles, participants other than the volunteers do not indicate what is happening in any way to the volunteers but continue to encourage them.
- You, yourself, must make no noise while removing the bottles.
- Congratulate and thank the volunteers at the end of the discussion for making the exercise successful.

LUNCH BREAK

13:15 to 14:15 (60 minutes)





SESSION 5

UNDERSTANDING THE EXCLUSION OF DALITS

14:15 to 15:00 (45 minutes)

SESSION OUTCOMES

At the end of the session, the participants will have:

- A deeper understanding of the problems of *dalit* and other marginalised communities.
- A clearer understanding of the need to focus on excluded sections of society in Social and Behaviour Change Communication initiatives.

MATERIALS REQUIRED

- “I am a *Dalit*” Film, laptop and LCD or TV and DVD player
- Whiteboard and marker pens

METHODOLOGY

- Screening of video
- Discussion

PROCESS

Tell the participants: “We have just seen exclusion of girls and women only because they belong to the female gender. We are now going to watch a film that depicts the pitiable condition of *dalits* and ‘oppressed’ castes. After watching the film, we will discuss it so that we better understand the problems.”

1. Screen the film.
2. At the end of the film, ask the following questions:
 - What did you see in the film?
 - What were the key scenes?
 - What were your feelings as you were watching the film?
 - Have you had similar personal experiences?
 - Which other sections of society suffer due to exclusion?

Generate a good discussion. Allow sufficient time for participants to reflect and share their thoughts, experiences and feelings.

3. Once the discussion is over, ask the following questions:
 - As development workers, what messages do the film and the bottle exercise give us?
 - What can we do to reach out to the excluded so that they become part of all our activities and benefit from our services?
 - List the points emerging from the discussion.
4. Now ask the following questions:
 - What are the ways in which we can make our SBCC strategies and initiatives more inclusive, so that we reach out to the poorest, excluded and most vulnerable?
 - What changes should we bring about in our work to ensure that the excluded get included and are mainstreamed?
 - List the points that emerge from the discussion and use these points to **conclude the session**.



NOTES FOR FACILITATORS

DISCUSSION ON SOCIAL EXCLUSION

Social exclusion describes a process by which certain groups are systematically disadvantaged because they are discriminated against on the basis of their ethnicity, race, religion, sexual orientation, caste, descent, gender, age, disability, HIV status, migrant status or where they live. Discrimination occurs in public institutions, such as the legal system or education and health services, as well as social institutions like the household.

Socially excluded groups suffer from some or all of these denials. As social exclusion is not only about attitudes but is built into the social structure, changing attitudes will not necessarily change social exclusion. The social structure of a society contributes to formation of its attitude, and the attitude in turn contributes to the maintenance of the social structure. There is no easy way out of this horribly vicious cycle.

Since social exclusion is about domination, discrimination and deprivation, those who benefit from it do not want to introduce any change, while those who are discriminated against, who are supposed to be 'inferior', 'incapable', 'less meritorious' and 'lower', are not in a position to mobilise and organise to alter the existing social system. They do not want to remain in the dehumanising social order but fear that they may be subjected to repression if they resist exclusion and discrimination.

During discussions in workshops on reconstruction of the *dalit* identity in six northern states by the Bihar Social Institute, it was found that the negative and derogatory perception of dominant castes about *dalits* is that they are dirty and filthy, thieves and robbers, lazy, gluttonous (*pethu, khau*), dishonest and ungrateful. This negates the reality. For instance, empirical data does not support the perception that *dalits* are gluttons. The reality is that *dalits*, like anyone else, eat to survive.

Dalits' perceptions about themselves is that they are capable but get no opportunities; that they are hardworking but do not get the fruits of their labour; that they are often put in a situation where they are forced to rob or lie; that they are culturally talented and are not immoral, on the contrary they are sensitive and emotional. Some would argue that this perception is unrealistic, even aspirational. However, Dr. Louis argues that a community that is at the receiving end also has scope for looking at the reality of their lives in a positive light.

Tribals face a peculiar dilemma. They have been organising to ensure their rights, and protect their culture and natural resources. But where earlier, they were totally isolated, now they are the victims of discrimination. Non-tribals view tribals in a derogatory manner, particularly related to their food habits and lifestyle, which are very different. The strong emerging tribal identity, however, sees them as the first inhabitants of this country who have contributed much to the culture, history and heritage of India, though little respect is today shown to their culture, social systems, political structures and economy.

Women are the most excluded and discriminated segment of the Indian population. Patriarchy is at the core of the structural element that discriminates against women. Control of women's reproductive abilities and sexuality is in the hands of men. Patriarchy limits women's ownership and control of property and other economic resources, including the products of their own labour.



Women's mobility is constrained, and their access to education and information hindered. Over the years, it has been recognised that the experiences of a majority of women are grounded in both poverty and patriarchy. Both these feed into each other and subject women to exclusion and exploitation.

The Muslim community is another excluded group in India. There are more Muslims who live below the poverty line than any other group. They also earn much less (on average, Rs. 22,807 per year as against Rs. 25,653 for all others). Only 21 percent of Muslims use the public distribution system, which provides subsidised food grain, as compared to 33.2 percent of the general population. Enrolment of Muslim children in schools is low (61.6 percent, while it is 71.4 percent for the general population), and the dropout rate is higher. Neither at the policy level nor in programme interventions do Muslims get their due share as citizens of this country.

In this environment, Dr. Louis points out, social exclusion is multiple and cumulative. For instance, a *dalit* or tribal girl suffers multiple exclusions by being excluded due to caste and ethnic reasons, and further excluded by location if she lives in a rural area where she cannot avail of facilities available to those in urban areas. If she is a differently-abled person, she suffers further discrimination by being deprived of life-enhancing mechanisms.

Source: Extracted from a paper titled "Social exclusion: Challenges for civil society organisations" (DFID).

SESSION 6 COMMUNICATION AND SOCIAL INCLUSION GROUP WORK

15:00 to 16:30 (90 minutes)

SESSION OUTCOME

At the end of the session, participants will be able to:

- Clearly describe the role of SBCC in promoting "inclusion".

MATERIALS REQUIRED

- Board/chalk/markers/duster
- Copies of filled-in SBCC Plans from earlier 5-day programmes
- Chart papers (12-15) and marker pens (6)

PROCESS

1. Divide the participants into six groups and give each group a copy of the SBCC Plan.
2. Start by saying, "We have seen in the earlier sessions how some sections of society are excluded. We have specially studied the exclusion of women and *dalits*. As responsible people, you may not be involved in any activity which promotes exclusion. However, since you are people with a place in society, your positive action will create a role model and become an example in making our society socially inclusive."
3. In your group, please look at the SBCC Plan given to you and list the actions that could be taken by you which will facilitate social inclusion in each action area of the Plan.
4. Please take 25 minutes to discuss and write your suggestions on the chart paper.
5. One person from each group will make a five-minute presentation.





CONCLUDING THE SESSION

Say, "Some changes are necessary. While change may take a long time, somebody has to make a beginning."

- Imagine what would happen to widows in India if Raja Ram Mohan Roy had not taken the first step.
- Many types of social exclusion have permeated our society. At the village level, someone has to take the first step to stop such inhuman practices.
- In your assigned work, you could be the person taking the first step to remove social exclusion and making the health system under you socially inclusive – make it an example for others to emulate."

TEA BREAK

16:30 to 16:45 (15 minutes)



SESSION 7

EVALUATION AND CLOSURE

16:45 to 17:15 (30 minutes)

Inform the participants that we have reached the end of the training and that it will be very useful to get feedback on how they found the sessions of the day. Tell them that you will greatly appreciate if they could give brief answers to the following questions:

- What new learnings did they get from the day's discussions?
- What changes would they make, if any, in their day-to-day working so that activities can be more inclusive?
- What communication strategies would they use to reach out to the vulnerable?
- Which session did they like best and why?
- Do they have any suggestions to make the training more effective?

Give the participants 20 minutes to complete the answers.
They need not write their names if they do not wish to.

End the session with the motivational song "Sau mein sattar aadmi"

Thank the participants for their valuable participation and support.



20

Social Inclusion





सौ में सत्तर आदमी

सौ में सत्तर आदमी फिलहाल जब नाशान हैं,
दिल पे रख कर हाथ कहिये देश क्या आज़ाद है...२

कोठियों से मुल्क की मय्यार को मत आंकिये,
असली हिन्दुस्तान तो फुटपाथ पे आबाद है..२

जो उलझ कर रह गई है फाइलों के जाल में,
रौशनी उस गाँव तक पहुंचेगी कितने साल में..२

मेरे सीने में नही तो तेरे सीने में सही,
हो कहीं भी आग लेकिन आग जलनी चाहिए..२

सिर्फ हंगामा खड़ा करना मेरा मकसद नहीं,
अपनी कोशिश है कि ये सूरत बदलनी चाहिए..२

एक चिंगारी कही से ढूँढ़ लाओ दोस्तों,
इस दिए में तेल से भीगी हुई बाती तो है..२

हम यहां पर आये हैं कुछ सीखने-सिखलाने को
रंज आपस में हो लेकिन काम होना चाहिए..२

सौ में सत्तर आदमी फिलहाल जब नाशान हैं,
दिल पे रख कर हाथ कहिये देश क्या आज़ाद है...२



"TELL ME, AND I WILL FORGET.
SHOW ME, AND I MAY REMEMBER.
INVOLVE ME, AND I WILL UNDERSTAND."

Chinese Proverb

ANNEXURES

- | | | |
|---------------------|-------------------|---|
| ANNEXURE I | : Session 5 | - Film 'I am a <i>Dalit</i> ' (in the CD) |
| ANNEXURE II | : Session 6 | - Sample filled-in SBCC Plans |
| ANNEXURE III | : Session 7 | - Lyrics of the song ' <i>Sau mein sattar aadmi</i> ' |
| ANNEXURE IV | : Pre-Post Format | - Module on Social Inclusion |



ANNEXURE II (Session 6)

SAMPLE FILLED-IN SBCC PLANS

VILLAGE SBCC PLAN

Steps

- Begins with analysing the Village Health Map to assess the situation.
- Reference column 2 of Village Health & Nutrition Plan template.
- Develop Village Health and Nutrition Plan.
- Develop Village SBCC Plan.



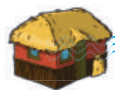
Village SBCC Plan									
Areas of intervention	Social & behaviour change listed	What are the barriers or triggers to behaviour change?	Who is to be addressed?	What approach should I use?	What tools or materials should I use?	When should I develop the plan?	Who will help me?	How should I follow up?	How should I monitor the change?
Location of government service centre	Women's safety should become a social responsibility at the village level.	Local norms on women's safety	Village boys, young men and women and village elders	Group discussions - mixed adolescents, men, women, elders	Open discussions and story telling (pick a story from the newspaper)	Organise a special session	Gram pradhan, local religious leaders	Have a meeting once every 15 days for next two months	Walk around the PHC once in 15 days to verify the surveillance groups; ask women if they feel safer
Health care-seeking behaviour	Pregnant women should ask for and avail of ANC check-ups	Inaccessible area, delays, low literacy, old tradition, customs, discourteous behaviour of frontline functionaries	Mothers, husbands, mother-in-law	Saas bahu sammelans; pati-patni sammelans; joint home visit with VHSC member	Organise a group meeting with women of that community to determine the reasons for not coming for ANC.	Immediately after finding that there are pregnant women in the community who have not come for ANC	A woman from the same group who has completed all ANCs and can be projected as a role model	Every quarter	Obtain data for ANCs; Home visits
Status of:									
Pregnant women and lactating mothers	Mother-in-law and other family members support healthy care practices for pregnant and lactating mothers and newborns	Lack of awareness on danger signs, social norms related to early bathing and cleansing of baby and pre-lacteal feeds	Families and mother-in-law	Frequent home visits	Flip-books, posters, films	Quarterly, also cover all pregnant women from their registration onwards till ANC	AWW/ANM	At the time of each ANC	Home visits
Adolescent girls	Women in family and frontline functionaries explain and discuss menstrual hygiene behaviour with young girls	Lack of awareness, social taboo resulting in inhibitions to discuss with/educate girls	Adolescent girls, mothers	Counselling sessions at school and in Anganwadi centres	Group meeting with mothers using doll-pulley	Monthly meetings	Gram pradhan (if a woman) or pradhan's wife	Monthly	Increased use of clean cloth/sanitary napkins observed through home visits
Children under 6 years	RI is recognised as a preventive measure; community recognises the importance of preventive behaviour over curative medicine	Lack of awareness, traditional negative values, inaccessible area, negative attitude of service providers, low priority toward health	Mothers, husbands, mother-in-law	Social dialogue; use of religious leaders	Group meeting with mothers using doll-pulley	Monthly plans	Local religious leaders, school teacher, mothers of children with full immunization coverage	Fortnightly, ongoing verification of 'due-lists'	Actual number of immunizations done; verification with due list



ANALYSING THE VILLAGE HEALTH MAP

Issue	What needs to be analysed
Layout of the village	<ul style="list-style-type: none"> Location of households where very poor, scheduled castes and minorities live. How far the poor are from the AWC, school, VHND site, <i>Panchayat Bhavan</i> etc.
Location of government service centres	<ul style="list-style-type: none"> Are they centrally located? Does everyone have easy access? Who benefits most from the location? Who are at a disadvantage?
Health care-seeking behaviour	<ul style="list-style-type: none"> Which families do not come for antenatal check-up and immunisation of babies, do not consume IFA tabs and avoid government services? Where do they live in the village? Do they belong to poorer and discriminated sections? Whom do they go to for health care?
VHND	<ul style="list-style-type: none"> How well is the VHND organised? Does the community co-operate and support organisation of the session? Do families come voluntarily or do they have to be called? Do families know when this session is to be held? Do they know what services are offered? How do ANM and ASHA and families/mothers of newborns interact?
Water & sanitation	<ul style="list-style-type: none"> What are the water sources? What is the quality of water? Are the sources chlorinated at regular intervals? How is water stored in houses? And how is it handled? How many houses have toilets? How many people defecate in the open? Do people wash their hands with soap after defecation and cleaning? Where do children defecate? Do mothers wash their hands with soap after washing children? Are there a large number of diarrhoea cases?
Environmental sanitation & hygiene	<ul style="list-style-type: none"> Are the surroundings of tubewells and other water sources clean? Do schools and the AWC have water and toilet facilities? Are there spaces used for open defecation? How harmful is that for health? Do they have a drainage system or soak pits to handle waste water? Are cattle tied very close to houses or within houses?
Any other issue that the group comes up with	<p>Ambulance service, emergency care etc.</p>



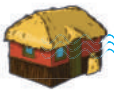


VILLAGE HEALTH & NUTRITION PLAN

Areas of intervention	Problems identified in order of priority	Actions required	Social change that should happen within communities	"Behaviour change that should happen within families (What is the desired behaviour change that should happen at the individual, family and community levels so that the expected outcomes are achieved?)
Location of government health service centre	PHC is located on a lonely patch making it difficult for women to reach	Since the PHC cannot be shifted, the surroundings should be made safer through supportive environment	Women's safety should become a social responsibility at the village level.	Village boys/young men/women volunteer to form surveillance groups around the PHC
Health care-seeking behaviour	Women from a particular community are not coming for ANC	Explore the causes	Women should be willing to talk about their reservations. Organise a group meeting with the women of that community to know the reasons for not coming for ANC.	They start coming for ANCs and take 100 IFA tablets
VHND	People need repeated reminders to come for VHND	VHND should be perceived as a major health event	Involve multiple stakeholders - PRI members, local school teachers, ICDS/Health, NGOs to publicise the event.	Families come for VHND and discuss their issues with ANM/AWW
Status of: Pregnant women & lactating mothers	Women do not recognize danger signs just after delivery and it prevents them from seeking medical care in time	Improved HBPNPNC	Mother-in-law and other family members get involved with the child's health	Mother-in-law and other family members recognise danger signs

Areas of intervention	Problems identified in order of priority	Actions required	Social change that should happen within communities	"Behaviour change that should happen within families (What is the desired behaviour change that should happen at the individual, family and community levels so that the expected outcomes are achieved?)
Adolescent girls	Menstrual health is not a priority	Menstrual health-related issues are discussed and explained to the girls	Elderly women in the village discuss the issue with young girls	Girls use a clean sun-dried cloth/sanitary napkin
Children under 6 years	Not all children complete RI and childrens dropout in between RI schedules	Identify barriers and facilitators for complete RI for all children	RI is recognised as a preventive measure; the community recognises the importance of preventive medicine over curative medicine	Parents give priority to RI
Water & Sanitation	Water is not stored safely and is wasted	Water storage to improve and it should be chlorinated	VWSC should be empowered; community interest in water and safety of water sources is increased	Sources of water are safe and water is used judiciously
Environmental Sanitation & Hygiene	Open defecation exists	Construct toilets at home and make existing toilets functional	Community takes the responsibility of making the village ODF	Families use toilets at home; child faeces are disposed safely and properly
Any other issue that the group comes up with				





VILLAGE SBCC PLAN

Column	What to fill up
Social & behaviour change needed as listed in the previous session	This is taken from the group work done in the previous session. List it under each area of intervention.
What are the barriers to behaviour change?	List the barriers to bringing about the change (attitudes, customs, lack of awareness etc). Remember the Problem Analysis exercise.
Who are the stakeholders?	Define at what level – individual, family or community – you wish to bring about the change. In some cases, it could be at all three levels, in some, it could be at two levels and in some, just one. It could even be a few individuals or a few families.
What approaches should I use?	Should it be IPC/counselling through home visits or group sessions? Should it be at the level of community leaders or should it be at the community level using media? In some cases, you might decide to use multiple approaches.
What tools or materials should I use?	Should I use counselling, discussions using flip charts, films or other AV material including the community dialogue tools? Again, it could be a mix of some of the above.
When should I develop the communication plan?	Should I do it when the problem occurs? Should I do it at the change of season? Should I do it at the VHND or should I organise special sessions? How many times should I do it; what frequency should I follow?
Who will help me?	Should I take the help of other colleagues (ASHA, AWW, ANM, etc.), PRI members, SHG leaders, youth volunteers etc.? If you need them, then you have to plan the session with them and each of your team members should have clear roles.
How do I follow up?	How frequently should I follow up? Should I do another session using another tool? When should I conduct the follow-up home visits etc.?
How do I monitor the change?	Should it be through families accessing services, communities bringing about changes at the village level through various activities or by tracking individuals and families?

VILLAGE SBCC PLAN TEMPLATE

Areas of intervention	Social & behaviour change listed	What are the barriers or triggers to behaviour change?	Who is to be addressed?	What approach should I use?	What tools or materials should I use?	When should I develop the plan?	Who will help me?	How should I follow up?	How should I monitor the change?
Location of government health service centre									
Health care-seeking behaviour									
VHND									
Status of: <ul style="list-style-type: none"> • Pregnant women & lactating mothers • Adolescent girls • Children under 6 years 									
Water & sanitation									
Environmental sanitation & hygiene									
Any other issue that the group comes up with									



ANNEXURE III (Session 7)

SAU MEIN SATTAR AADMI



सौ में सत्तर आदमी

सौ में सत्तर आदमी फिलहाल जब नाशाद हैं,
दिल पे रख कर हाथ कहिये देश क्या आज़ाद है...२

कोठियों से मुल्क की मय्यार को मत आंकिये,
असली हिन्दुस्तान तो फुटपाथ पे आबाद है..२

जो उलझ कर रह गई है फाइलों के जाल में,
रौशनी उस गांव तक पहुंचेगी कितने साल में..२

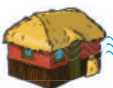
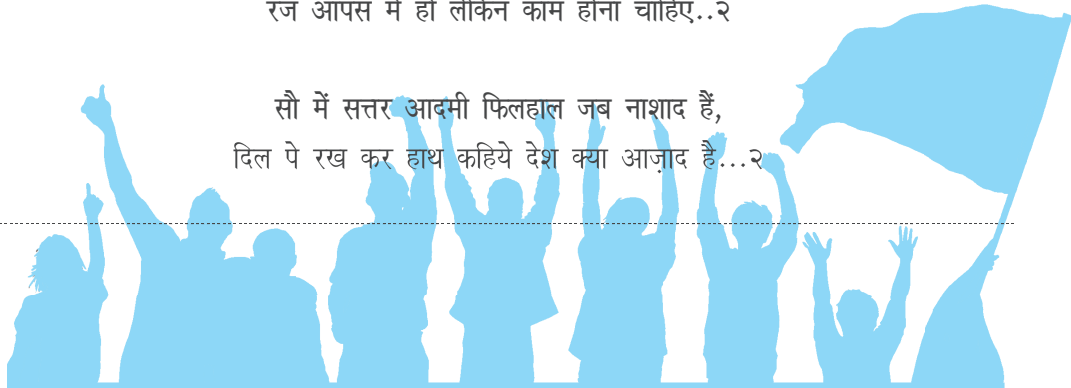
मेरे सीने में नही तो तेरे सीने में सही,
हो कहीं भी आग लेकिन आग जलनी चाहिए..२

सिर्फ हंगामा खड़ा करना मेरा मकसद नहीं,
अपनी कोशिश है कि ये सूरत बदलनी चाहिए..२

एक चिंगारी कही से दूढ़ लाओ दोस्तो,
इस दिए में तेल से भीगी हुई बाती तो है..२

हम यहां पर आये हैं कुछ सीखने-सिखलाने को
रंज आपस में हो लेकिन काम होना चाहिए..२

सौ में सत्तर आदमी फिलहाल जब नाशाद हैं,
दिल पे रख कर हाथ कहिये देश क्या आज़ाद है...२



ANNEXURE IV

PRE-POST FORMAT – MODULE ON SOCIAL INCLUSION

Pre-Test Post-Test

Participant's Name: Date:

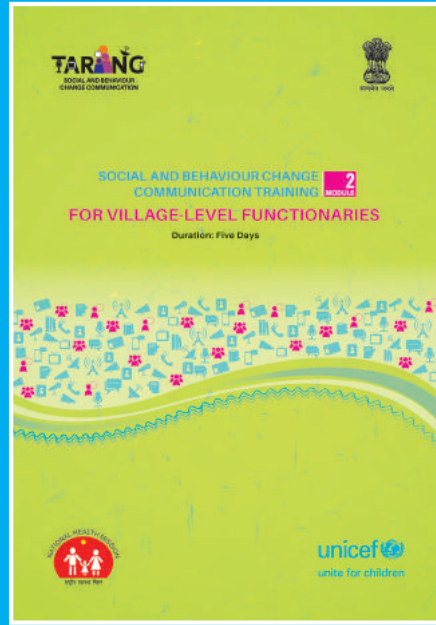
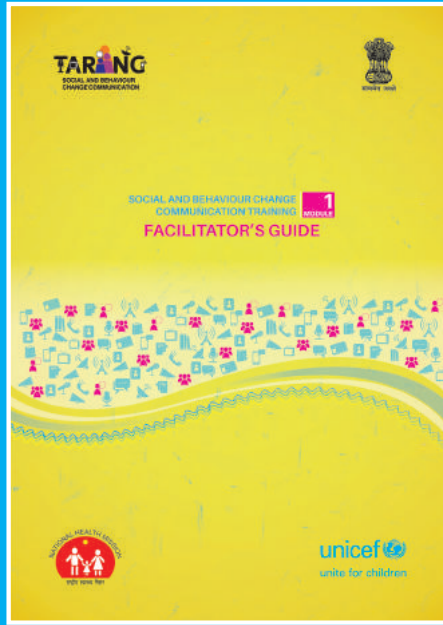
A. If you agree with the statements given below, please mark Y, else N

1	Exclusion on account of caste or religion is a part of our legacy, as a health worker/manager I have no role in it.	Y	N
2	It is not possible to change the behaviour of a person	Y	N
3	Generally all families in the village are at the same level	Y	N
4	All people have equal rights, therefore there is no need to provide special provisions for a group or community	Y	N
5	There are some groups who do not listen to us, so we are right when we do not visit 'them'	Y	N
6	Human rights are superior to any caste or religion or region	Y	N
7	Our role in changing the society to make it socially more inclusive and assimilative is limited	Y	N
8	Our role in changing the society to make it socially more inclusive and assimilative is important	Y	N
9	Women have their roles and tasks well-defined and should remain confined to their limits	Y	N
10	Nature has divided the tasks and roles between men and women.	Y	N
11	I have to decide the future of my daughter and I think she should be a home maker	Y	N
12	It is not safe to send girls to school, so they are better doing household chores	Y	N
13	There is a need to run special programmes for the disadvantaged sections of the society	Y	N
14	Society is safe as long as people know their place and remain within the social space earmarked for them	Y	N
15	Merit, honesty and hard work are not the sole prerogative of a particular community, religion, or gender	Y	N

B. (Only for post-test)

After this training, what is the one take-away action for you in your personal and professional role?





This image shows a blank sheet of white paper with horizontal blue lines, typical of a notebook page. The lines are evenly spaced and run across the width of the page. There are four small black L-shaped marks at the corners of the page, which are likely crop marks or registration marks. The paper is otherwise empty of any text or drawings.