

District SBCC Cells System Strengthening for Improved Capacity in Social and Behaviour Change Communication in **West Bengal**

The Government of West Bengal implements various flagship programmes to protect and promote the rights of children. These include Integrated Child Protection Scheme^[1], *Sarva Shiksha Abhiyan*^[2], Integrated Child Development Scheme^[3], National Health Mission^[4], Mission *Nirmal Bangla*^[5] for development of children, adolescents, and women. These programmes approached communication from a knowledge and education lens, and included an Information, Education, and Communication (IEC) component rather than the broader perspective of Social and Behaviour Change Communication (SBCC), which includes dialogical processes to bring in individual, societal, cultural, and environmental changes for desired norms and choices. Different government departments implementing the programmes did not have a strategic and structured approach to behaviour change communication, and had limited human resources and the lack of skill to deal with SBCC. The district administration of Purulia, Murshidabad, South 24-Parganas, and Malda established district SBCC cells with support from UNICEF's Communication for Development (C4D) programme in West Bengal. It aimed to integrate planning and implementation of SBCC to achieve the goals of flagship programmes. In order to develop a critical mass of grassroots personnel capacitated on concepts and processes of SBCC, human resources were identified within the system at district, block, and *gram panchayat* level, and training was cascaded for capacity building. Various communication approaches such as Interpersonal Communication (IPC), mid-media, folk media, and mass media were used to positively influence behaviour at the individual and community level. Influencers such as religious leaders and *gram panchayat* members were mobilised and involved in the process. As a result, key functionaries adopted the SBCC approach, and a pool of skilled human resources with improved communication, planning, implementation, and monitoring skills is now built within the system. The programmes communicate with people living in remote areas in a more effective and systematic manner, creating more demand for services and better adoption of desired behaviours.

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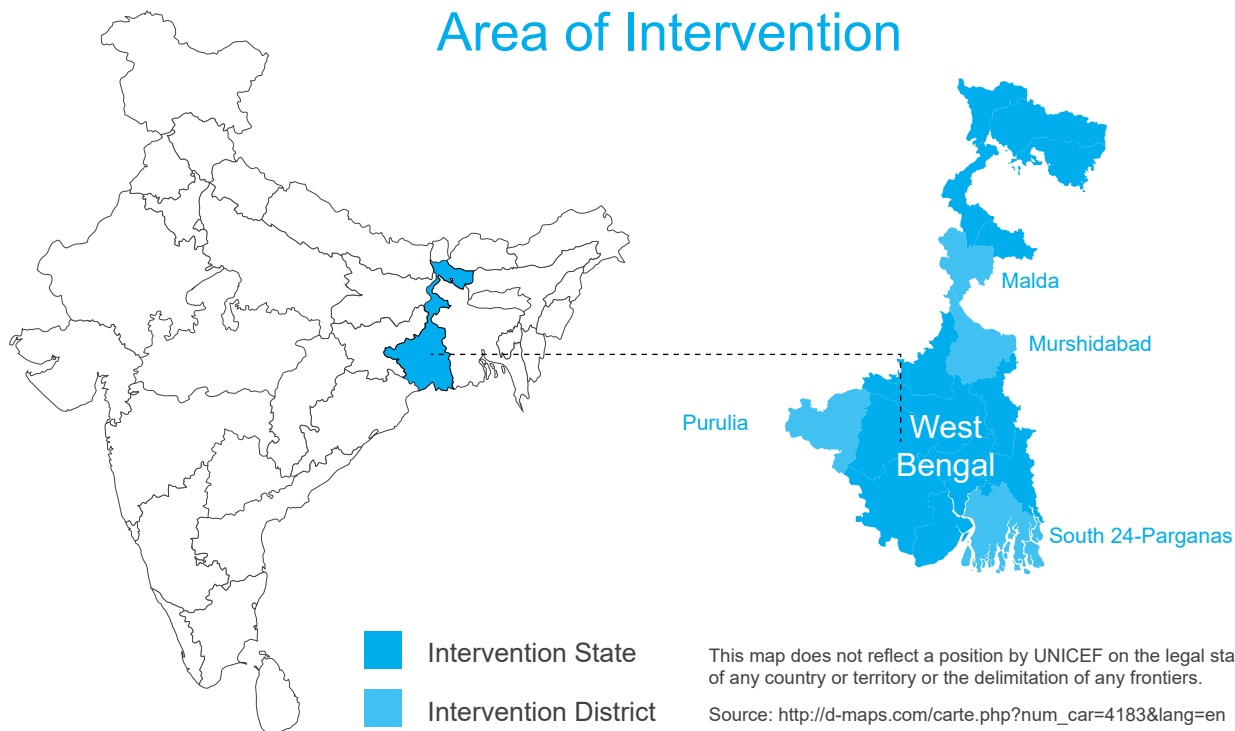
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Area of Intervention



Situation

In West Bengal, an eastern state of India, various programmes are implemented by the government to address poor development indicators such as low institutional delivery, high school dropout rates, high incidence of anaemia in children, and low immunisation coverage. The flagship development programmes include Integrated Child Protection Scheme, *Sarva Shiksha Abhiyan*, Mission *Nirmal Bangla* (MNB), Integrated Child Development Scheme, and National Health Mission among others. These programmes strongly contribute to the survival, development, protection, and empowerment of children, adolescents, and women, especially those belonging to poor and remote communities.

Information, Education, and Communication (IEC) is a component of these programmes, with existing budgetary allocations and guidelines for its utilisation and planning. Key challenges identified in utilising the IEC component to achieve the results of flagship programmes were^[6] that:

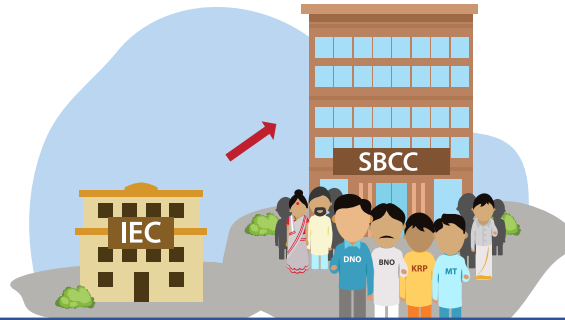
1. IEC only focuses on conveying messages and improving the knowledge of participants to accelerate results of the programmes. There was a need for key functionaries to shift to a more comprehensive SBCC approach, as it includes change at individual, societal, cultural, and

environmental level, and uses a host of strategies and communication approaches.

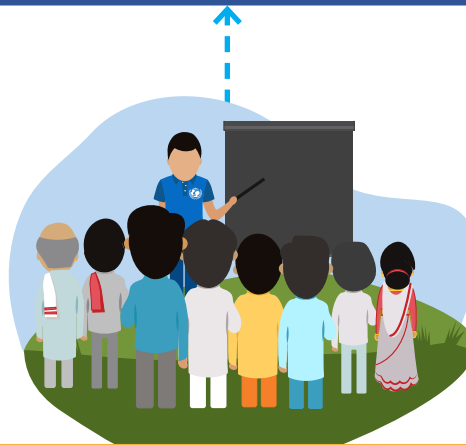
2. Communication interventions were not evidence-based and lacked proper planning and structure. Hence, communication activities were carried out in an ad hoc manner.
3. The core implementation of development programmes was given more importance. SBCC was considered a soft skill and not given priority by officials.
4. Officials at district, block, and *gram panchayat* level had limited skills to plan, implement, and monitor communication activities. Available human resources who had SBCC skills to carry out social and behaviour change communication at the ground level were also very limited.

UNICEF West Bengal's C4D programme is helping the district administration of Purulia, Murshidabad, South 24-Parganas, and Malda to improve communication of flagship programmes by establishing and strengthening the district SBCC cell. Mapping of human resources is one of the key activities undertaken by the district SBCC cell to improve child survival, growth development, and protection.

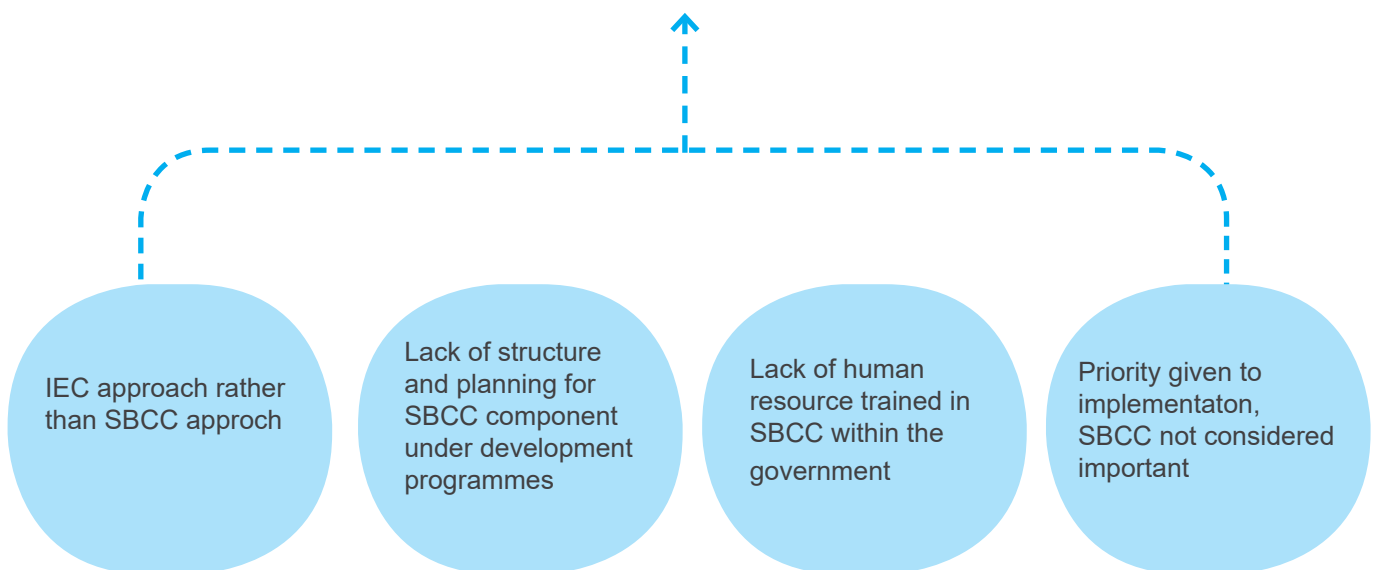
Theory of Change



1. Shift to SBCC approach
2. Building of a pool of human resource skilled in SBCC
3. Strategic planning, implementation, and monitoring of SBCC component
4. More stakeholders demand for services and adopt the desired behaviours



1. Structuring of three-tiered district SBCC cells
2. Mapping and identification of human resources at district, block, and *gram panchayat* level



The SBCC cell Account Assistant cum Data Entry Operator operating from the SBCC cell room in Malda district.



Method

The district administration established an SBCC cell for evidence-based change communication to achieve the results of flagship programmes and schemes. It coordinates with various line departments and their flagship programmes for the systematic planning and review of SBCC activities. UNICEF West Bengal's C4D programme provides technical knowledge to the government for system strengthening and capacity development. UNICEF intends to utilise the learnings from this programme to demonstrate the impact of the SBCC cell. These learnings would be used to replicate and scale up the programmes in other districts.

The objectives of the SBCC cell are to:

1. Identify the scope and plan of social mobilisation activities to increase demand for services under various flagship programmes, especially those related to children, women, and adolescents.
2. Provide technical support to the programmes to plan and implement SBCC activities.
3. Coordinate with different government departments at district, block, and community levels.
4. Develop field-tested messages to influence critical behaviour and social norms.

5. Build Interpersonal Communication (IPC) skills of the Frontline Workers (FLWs).
6. Strategically engage with youth, adolescents, village volunteers, self-help groups, non-government organisations, and religious leaders.
7. Periodically review the progress and challenges of the SBCC activities of different programmes.

For this purpose, human resources were identified within the government at the district, block, and the *gram panchayat*⁽⁷⁾ level and trained for systematic community mobilisation.



District Nodal Officer of Malda district's SBCC cell.

Table 1: Human Resources identified at each level within the government

District level	Key Resource Persons (KRPS)
Representatives of line departments such as Health and Family Welfare, Women and Child Development, Education, and Rural Development.	
Block level	Master Trainers (MTs)
Representatives of line departments such as Health and Family Welfare, Women and Child Development, Education, and Rural Development.	
<i>Gram panchayat</i> level	Critical Mass of SBCC Volunteers
Frontline workers such as Accredited Social Health Activist (ASHA) ^[8] , Auxiliary Nurse Midwife ^[9] , <i>anganwadi</i> workers ^[10] , self-help groups, adolescent peer educators, and other resource persons from government programmes working at grassroots level.	



Key Resource person from Child Protection Unit, Malda district.

At the *gram panchayat* level, human resources were identified to directly engage with the community at regular intervals, with many of them even belonging to the community. Training is cascaded at various levels rather than at one go. Key Resource Persons (KRPs) at the district level were trained on SBCC and, on qualification, they became trainers for Master Trainers (MTs) at the block level^[11]. This is repeated to train a critical mass of SBCC volunteers at the *gram panchayat* level.

They are trained with the help of TARANG SBCC training package, which was essentially developed by UNICEF's C4D programme for health system strengthening. UNICEF West Bengal's C4D programme adapted and expanded the module to cover capacity development and system strengthening of other flagship programmes, in addition to programmes

on health. Further, to plan the SBCC component in the programmes, the SBCC cell used multi-pronged communication approaches, which included:

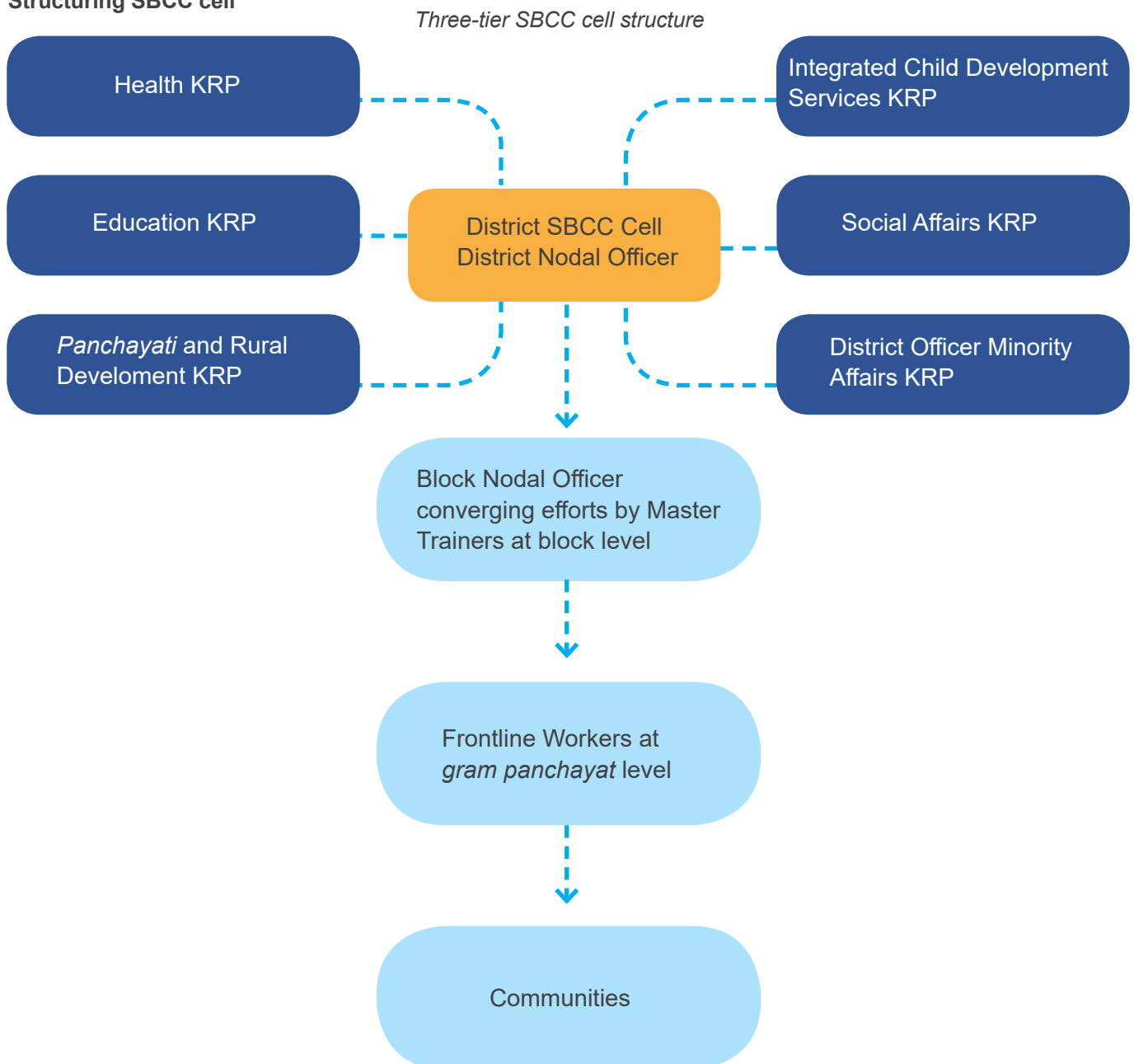
- **Interpersonal communication:** Facts For Life (FFL) videos^[12], IEC materials, flip charts, posters, and focus-group discussions on different platforms
- **Community mobilisation:** Mid-media, folk media, local performances, drama, and popular traditional media like puppet and magic shows
- **Information and Communications Technology:** Mobile-based messages and WhatsApp
- **Outdoor media:** Hoardings and wall paintings
- **Mass media:** Audio-video spots on television, radio, and print media

UNICEF West Bengal's C4D programme supported the Malda district administration in developing a mascot for SBCC activities, and popularised *Fazlee Babu* as an innovative strategy for effective communication. *Fazlee* is a famous local variety of mango, which people identify with easily. Malda uses *Fazlee Babu* as the district communication mascot to promote different flagship programmes. The *Fazlee Babu* communication package consisted of audio, animations, hoardings, kiosks, banners, posters, flyers, brochures, stickers, batches, and head/wristbands. Repository of the available SBCC material under different programmes was also revised and used.



Action

Structuring SBCC cell





Frontline worker from
Bhutni, trained in SBCC

- The district administration assigned a senior official of the rank of Deputy District Magistrate as the District SBCC Nodal Officer under the aegis of the District Magistrate^[13] and Additional District Magistrate (General)^[14]. The District Nodal Officer leads the district SBCC cell and converges efforts of line departments such as Health and Family Welfare, Women and Child Development, Education, *Panchayat and Rural Development (P&RD)*.
- The District Nodal Officer coordinates with all line departments to systematically map out SBCC provisions of each department, and then chalks out a convergent plan for SBCC activities so that an effective and convergent plan can be made.
- UNICEF oriented the district SBCC cells on:
 - (i) SBCC component of flagship programmes;
 - (ii) the importance of SBCC for development;
 - (iii) behaviour change process; (iv) planning and monitoring of SBCC activities; and, (v) the roles and responsibilities of district and block-level nodal officers. UNICEF supports the district SBCC cell in coordinating with the line departments.
- A Key Resource Person (KRP) was nominated from select line departments implementing the flagship programmes at the district level based on his/her technical knowledge, communication skills, and interest to participate in the SBCC activities. They are responsible for coordinating with the SBCC cell regarding their department's SBCC activities, utilisation of SBCC funds as per annual implementation plan, and monitoring of the SBCC activities. They shared their SBCC plan with the district SBCC cell for effective coordination.
- At the block level, a senior official was identified as Block Nodal Officer (BNO) who led all the activities at the block level. The BNO supports the District Nodal Officer in the functioning of the block SBCC cell and converges inputs from the line departments at the block level.
- Master Trainers (MTs) nominated from line departments implemented the block's SBCC activities and coordinated SBCC's fund utilisation with BNO. MTs developed an SBCC plan for the blocks, and the same was shared with the district SBCC cell for effective coordination.
- At the *gram panchayat*-level, a Critical Mass or social capital of human resource was identified from within the government system through a Human Resource Mapping format designed by UNICEF West Bengal's C4D programme. They are responsible for communicating with women, children, and adolescents to share information about numerous services available for health, protection, education, development, and protection.

Capacity Development through Cascade approach

- SBCC experts from the district administration and UNICEF train KRPs in a three-day workshop to develop their communication skills, interpersonal communication, understanding of SBCC, planning, implementation, monitoring, and documentation for SBCC activities.
- The KRPs train the MTs, which helps them understand planning, monitoring, and evaluation of SBCC activities in different flagship programmes. They are trained to develop SBCC plans for implementation at the block level.
- The MTs train the Critical Mass at *gram panchayat*-level to provide a clear view of the importance of SBCC and to develop village action plans for delivering the key messages to communities.
- Community influencers work in tandem with the government to positively influence behaviour change. Self-help groups, *gram panchayat* members, folk artists, teachers, youth groups, members of various committees, and local Non-Government Organisations are sensitised separately. They are motivated to foster communication and social mobilisation activities such as organising community meetings, SBCC activities, and monitoring at the village level.



Master Trainer training the Front Line Workers

Results

UNICEF has successfully facilitated the formation of district SBCC cells in the four districts. It was established in Purulia in 2006, South 24-Parganas in July 2014, Murshidabad in July 2014, and Malda in September 2015.

Grassroots-level human resources were identified through systematic mapping and trained on SBCC. This was done through the cascading method so that, as key agents, they could bring in social and behaviour change in their respective areas.

Details of human resources mapped in four districts are given in the table below:

Human Resource	Malda	Purulia	South 24-Parganas	Murshidabad
Key Resource Persons	25	27	24	22
Master Trainers	452	361	06	347
Critical Mass of SBCC volunteers	45,982	8,255	50	8,000

Frontline Worker from Bhutni trained on SBCC.



to influence behaviour change at community level. We have invited community influencers such as doctors and religious leaders to interact with the community. A key strategy of the SBCC cell in South 24-Parganas is to communicate with community members regularly on pressing issues to improve institutional delivery, encourage breastfeeding, and improve knowledge on dengue.”

**Mahua Das, District Nodal Officer,
South 24-Parganas**

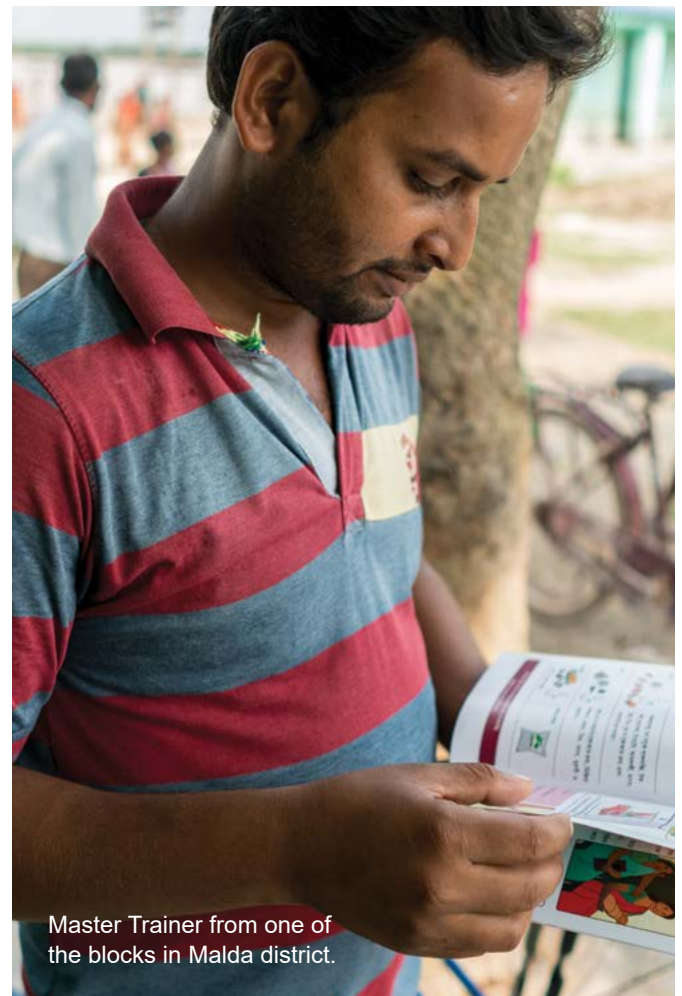
Transformative Change^[16]

The following transformative change can be observed at the system and community level:

At the systems level

1. Key functionaries have moved from IEC to a more holistic SBCC approach which encompasses evidence-based communication strategies at individual and community level. Various government departments now understand and appreciate community-led behaviour change, and have prioritised the SBCC component in flagship programmes for effective implementation to achieve their results.

“The district SBCC cell in South 24-Parganas has helped plan and implement communication activities of different programmes more efficiently, and achieve better results. Earlier we had an IEC approach to communication activities, where we used to convey messages through posters and pamphlets. Now, we have shifted to a comprehensive SBCC approach which is much more than just distribution of posters and putting up hoardings. It is more interactive and involves the community in all activities



Master Trainer from one of the blocks in Malda district.

2. Communication activities under flagship programmes of different departments are better planned and structured. Officials recognise their role in influencing behaviour change, and integrating their efforts to convey key messages in a comprehensive way. The SBCC cells are effective in encouraging integrated planning of SBCC activities in the district.

"Due to gaps in the implementation of the Sarva Siksha Abhiyan, we haven't been able to reach 100 percent enrolment of students in schools. There are other factors at play such as child marriage, trafficking, and labour due to which children don't go to school. The district administration focuses not only on improving education but also controlling these factors. We need to mobilise the community, for which we need to trigger people through SBCC. We achieved mobilisation systematically and developed SBCC plans at district, block, and village level. We organised SBCC activities which included folk artists and religious leaders. The Department of Health, Women and Child Development, and Education are working together to reach 100 percent enrolment. Earlier,



we didn't know what other departments were doing, but now we are working together and delivering better."

Anjan Mishra,
Key Resource Person
District Planning Co-ordinator, Sarva Siksha Abhiyan, Malda

3. A large pool of human resources within the government is available who are trained in SBCC, systematic planning, and implementation of communication activities to achieve results of flagship programmes.

"All line departments under the district administration have development programmes with a separate IEC component. However, we now have a more comprehensive Social and Behaviour Change Communication strategy to convey messages and influence behaviour change at individual and community level. We built a team of trained Key Resource Persons, Master Trainers, and Frontline Workers who plan and implement the SBCC activities at district, block, and gram panchayat level. FLWs were deployed at the grassroots-level to reach out to people to influence critical behaviours and norms. We have learned that community-led change is sustainable and community motivation is the key component. We have provided the community with services, and now the community has taken



ownership to improve their own situation. There is also an increase in demand for these services. We are continuously trying to strengthen the SBCC cell so it will run without support from UNICEF, and only then can we call it successful."

Sulak Kumar Pramanik
District Nodal Officer, SBCC cell, Malda

4. Implementation of SBCC activities has contributed to the increase in institutional delivery, decrease in school dropouts, child marriage, and elimination of open defecation.



"There are various government programmes like the Swachh Bharat Mission and Sarva Siksha Abhiyan, as part of which we sought to eliminate open defecation and decrease school drop out rates. However, the situation was such that toilets were constructed but not used. In the education sector, teachers weren't delivering to their true potential despite adequate infrastructure in schools, and students failed because of poor education.

District-level workshops were held to assess the situation and come up with SBCC strategies to be incorporated in the flagship programmes. Through the SBCC cell, we conducted programmes to influence change in communities. We organised folk songs and encouraged community influencers such as Imams and Purohits to talk to the community about the benefits of ODF and continuing school education.

A lot of work has been done by all government departments, as evident by the ODF status achieved by many villages in the district, and the decrease in the school drop out rate."

Debotosh Mondal,
Additional District Magistrate,
Land Reforms Malda



“The Anandi programme is run by the government to address low institutional delivery in the district, which was 58% in 2014-15. In August 2016, district-wide sensitisation was held to spread messages about the importance of institutional delivery. The situation improved slowly and, currently, institutional delivery has reached 90% in the district. This improvement was because of the use of various communication strategies. We invested our resources to develop need-based communication materials. We put up hoardings at three strategic places in every block, and wall messages on houses. A local mascot, Fazlee Babu (the local mango), was used to popularise the messages. The messages were well researched and sensitive to the local cultural context. We sensitised different stakeholders such as panchayat members and self-help



groups on immunisation. On a scale of 1 to 10, I can say that our communication skill has improved from 2 to 7.”

Dr. Mrinal Kanti Das Deputy II Chief Medical Officer, Malda

“The Child Protection Unit has trained SBCC volunteers such as Frontline Workers and school teachers in 10 blocks of the district on SBCC, and its importance in achieving results of child protection programmes. We focused on improving immunisation, and decreasing child marriage and child labour in the district. We provided community members with information on behaviours for child growth, development, protection, and empowerment. We organised talk shows by community influencers, showed videos, and initiated participatory activities. Due to all the efforts, we have seen a decrease in the prevalence of child marriage in the district. Earlier, girls were not able to complete their education and married before the age of 16. Now, due to improved knowledge of the effect of child marriage on the health of adolescents, especially girls, parents marry them only after they cross 18 years of age.”

Sonali Das, Key Resource Person, SBCC cell District Child Protection Unit, Purulia

At the community level

1. Through the effective communication material and cascade approach of training, the government has been able to reach out to remote areas in large numbers through the critical mass of SBCC volunteers.



SHG member being trained by Master Trainer.

“The concept of SBCC cell came to Malda in 2015. SBCC cells at district and block levels have identified Key Resource Persons and Master Trainers, and trained them on the SBCC component and how to use it to implement the flagship programmes. It has helped different departments converge their efforts and implement their programmes more efficiently. Through the cascade method, we have been able to reach out to people at the grassroots level who require help from the government. Communication strategies such as community radio, magic shows, quizzes, and folk songs attract the attention of people and help reach media-dark communities where the government was unable to reach out earlier. These communication activities made it easier to explain key messages to many stakeholders.”

Hemadri Sarkar Department of Self Help Group and Self Employment, Malda district

2. Community influencers such as SHG members, religious leaders, folk artists, and *gram panchayat* members are mobilised and trained

to carry out SBCC activities to positively influence the behaviour of communities.

"I have been associated with the district administration's development work for the last 6 years, and with the SBCC cell since the last 2 years. Earlier, the administration used to ask me and my team to perform Gombhira, the local folk art, on an ad hoc basis whenever required. After the formation of the SBCC cell, our activities are more systematic and planned. Plans are formed by the government and our activities are incorporated in those plans. We were first given training on the topics we needed to communicate. We were given detailed information on the effects of open defecation and benefits of breastfeeding. We wrote songs and dramas on these topics. Officials reviewed our script and songs before we performed it for better delivery. Frontline Workers mobilise the community and invite them to our performance. The dramas are interactive and educational for the viewers. People do not pay attention if an outsider merely lectures them. We belong to the same community and speak to them in the local language, so people like to listen to us. They learn and enjoy at the same time. After we finish our performance, we ask questions, interact with the villagers, and gauge how much of the content they have actually absorbed. We give out prizes if they answer correctly – which motivates them to pay attention."

Ashok Chakraborty, Folk Artist, Malda

With support from UNICEF West Bengal's C4D programme, SBCC cells were established. They facilitate sustained improvements in the provision, utilisation, quality, and efficiency of services through

the government, and encourage the adoption of healthy behaviours and practices at individual and community levels.

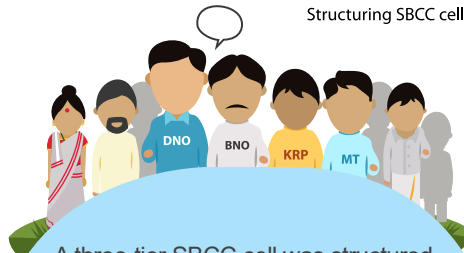


SHG members interacting with each other after a session on SBCC.

In Summary

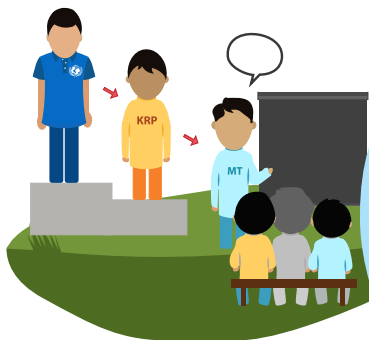
UNICEF initiated an intervention to strengthen the implementation of flagship programmes through an SBCC approach, as opposed to the commonly followed Information, Education, and Communication (IEC) route. It supported administrations in establishing SBCC cells, and mapping and identifying grassroots-level human resources to capacitate them on the components and processes of SBCC. Here's a blueprint of how the intervention was rolled out in four districts of West Bengal, namely Purulia, Murshidabad, South 24-Parganas, and Malda.

Action



A three-tier SBCC cell was structured, consisting of a district and block SBCC Nodal Officer each, who coordinates with line departments. A Key Resource Person (KRP) was nominated at the district level, and Master Trainers (MTs) at block level from the line departments. At the *gram panchayat*-level, a Critical Mass or a social capital of human resource was identified for the same purpose.

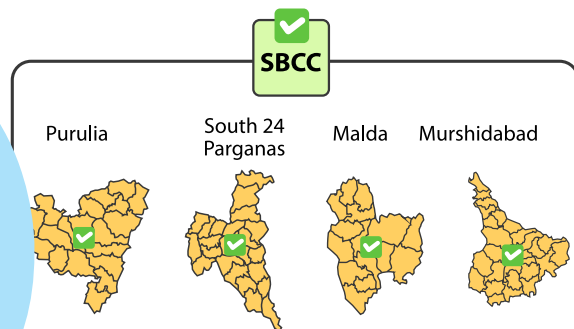
Capacity Development



SBCC experts from the district administration and UNICEF trained KRPs on SBCC and various related areas. The KRPs trained MTs, who in turn trained the Critical Mass. Community influencers, self-help groups, folk artists, teachers, and various other stakeholders were then sensitised separately and motivated to foster SBCC activities.

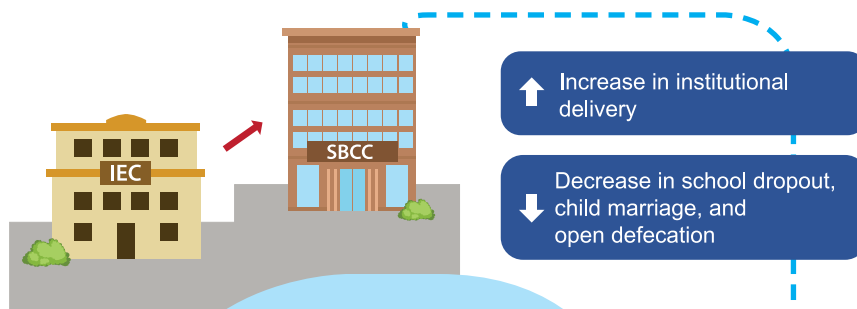
Results

SBCC cells have successfully been facilitated in the four districts — Purulia in 2006, South 24-Parganas in July 2014, Murshidabad in July 2014, and Malda in September 2015.



Through the cascade method, many human resources were identified and trained to become a social capital for change.





At the system level:

Key functionaries have moved on from IEC to a more holistic SBCC approach. Activities under flagship programmes are better planned and structured, and a large pool of SBCC-skilled human resources is available. There has been an increase in institutional delivery, a decrease in school dropout, child marriage, and open defecation.



At the community level:

The cascade approach of training has helped the government reach out to remote areas in large numbers. Community influencers like self-help groups, religious leaders, folk artists, and *gram panchayat* members also positively influence community behaviour through the training.

Transformative Change

References

- [1] <http://www.wcd.nic.in/schemes/integrated-child-protection-scheme-icps>
- [2] http://www.wbsed.gov.in/wbsed/home_public_pbssm.php?stake_code=19-14
- [3] <http://icds-wcd.nic.in/icds/icds.aspx>
- [4] <http://nhm.gov.in/>
- [5] <http://www.missionnirmalbangla.in/>
- [6] Based on Key Informant Interview with West Bengal UNICEF Communication for Development (C4D) team.
- [7] *Gram Panchayat* (village council) is the grassroots-level of *Panchayati Raj* formalised local self-governance system in India at the village or small-town level, and has a sarpanch as its elected head.
- [8] Accredited social health activists (ASHAs) is community health workers instituted by the government of India's Ministry of Health and Family Welfare (MoHFW) as part of the National Rural Health Mission (NRHM).
- [9] Auxiliary nurse midwife, commonly known as ANM, is a village-level female health worker in India who is known as the first contact person between the community and the health services. ANMs are regarded as the grassroots workers in the health organisation pyramid.
- [10] *Anganwadi* workers work at the rural mother and child care center in India. They were started by the Indian government in 1975 as part of the Integrated Child Development Services programme to combat child hunger and malnutrition.
- [11] http://jespnet.com/journals/Vol_3_No_2_June_2016/12.pdf
- [12] Facts for Life videos, published by UNICEF, contains essential information that families and communities need to know to raise healthy children.
- [13] A District Collector, often abbreviated to Collector, is an Indian Administrative Service (IAS) officer in charge of revenue collection and administration of a district in India.
- [14] Assists a District Magistrate in carrying out day-to-day work in various fields.
- [15] Based on programme documents.
- [16] Based on Key Informant Interview with the District and Block SBCC cell and line departments.
- District SBCC cell, Malda district: <http://www.sbccmalda.org/>

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