

Organizational Needs Assessment for Behavior Change Communication within the Ministry of Women and Child Development



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ABBREVIATIONS AND ACRONYMS

AAP	Annual Action Plan
AIR	All India Radio
ANM	Auxiliary Nurse Midwife
APM	Assistant Program Manager
ASHA	Accredited Social Health Activist
ATA	Assistant Technical Advisor
AWC	Anganwadi Center
AWH	Anganwadi Helper
AWTC	Anganwadi Training Center
AWW	Anganwadi Worker
BCC	Behavior Change Communication
BMO	Block Medical Officer
BSPM	Bal Swasthya Poshan Mah
CDPO	Child Development Project Officer
CFNEU	Community Food and Nutrition Extension Unit
CMO	Chief Medical Officer
DAVP	Directorate of Advertising and Visual Publicity
DD	Doordarshan
DPO	District Program Officer
DOHFW	Department of Health and Family Welfare
DOWCD	Department of Women and Child Development
FGD	Focus Group Discussion
FNB	Food and Nutrition Board
GOI	Government of India
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
IEC	Information, Education, and Communication

IHBP	Improving Healthy Behaviors Program
IMaCS	ICRA Management Consulting Services Limited
IPC	Interpersonal Communication
KAP	Knowledge, Attitudes, and Practices
M&E	Monitoring and Evaluation
MIS	Management Information System(s)
MLTC	Mid-Level Training Center
MOIC	Medical Officer In-Charge
MOWCD	Ministry of Women and Child Development
MPR	Monthly Progress Report
NFDC	National Film Development Corporation
NHED	Nutrition and Health Education Day
NIPCCD	National Institute of Public Cooperation and Child Development
NRHM	National Rural Health Mission
ONA	Organizational Needs Assessment
PIP	Project Implementation Plan
PRI	Panchayat Raj Institutions
TOR	Terms of Reference
TOT	Training-of-Trainers
VHND	Village Health and Nutrition Day
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

The Child Development Division of the Ministry of Women and Child Development (MOWCD), the Government of India (GOI), and the Improving Healthy Behaviors Program (IHBP) jointly recognized the need for undertaking an external review of its current capacities in behavior change communication (BCC) at national, state, and district levels. The scope of the assessment was limited to BCC capacities in the context of the Integrated Child Development Services (ICDS) program.

Objectives and Methodology

This management review was commissioned by IHBP to assess the Child Development Division's current capacities and processes for planning, implementation, and monitoring BCC.

The methodology for the assessment consisted of:

- Desk research
- Initial discussions in Delhi with IHBP functionaries; Joint Secretary, MOWCD; and other officials from MOWCD, the Food and Nutrition Board (FNB), and the National Institute of Public Cooperation and Child Development (NIPCCD)
- Development of draft and final study tools
- In-depth structured interviews in Delhi with officials from MOWCD, FNB, NIPCCD, and officers at UNICEF
- Visits to Uttar Pradesh and two districts within the state, namely, Hardoi and Maharajganj, for in-depth structured interviews with key officials and staff in the Department of Women and Child Development (DOWCD) at state, district, block, and field.

Key Findings and Issues Identified

Institutional Arrangements

Some key institutions dealing with programmatic and BCC-related activities under child development at MOWCD are the Child Development Division, the Media Unit, FNB, and NIPCCD. In the context of communication, these institutions are responsible for development of publicity material for MOWCD, development of communication material focusing on selected themes, guidelines, and training manuals for BCC. The review found that in most of these institutions, there is a shortage of staff with the required skill sets and access to the required technology, along with a need to practice the complete systematic, process for development of BCC material.

At the state level, there is limited availability of staff for managing and implementing BCC campaigns and activities in the state. There is little capacity and skills at the state level for developing a BCC strategy and for planning, monitoring, and evaluating BCC campaigns and activities. The lack of staff,

the limited skills and competencies, and an unclear structure is resulting in BCC activities being given low priority. Thus, states mostly reprint the information, education, and communication (IEC) materials that are developed at the national level and distribute them at the state and district levels. There is no state-specific BCC strategy and plan for BCC activities.

While ICDS guidelines expect districts and blocks to manage the implementation of BCC activities and monitor them through regular management information systems (MIS) and field visits, the absence of any dedicated position for managing BCC activities at the district level limits the level of effort for behavior change.

Strategizing and Planning

Policy and planning documents, namely, the 1996 Communication Strategy for Child Development, the 2000 guidelines on IEC for the states, and the more recent (2007/2008) project concept note and guidelines for ICDS IV, point to a strategic orientation to BCC. However, the complete process for developing BCC products is missing in all these policy documents, since they have recommended only part of the process.

The Communication Strategy for Child Development was developed in 1996 and was subsequently implemented. As nearly 16 years have passed since the strategy went into effect and new paradigms for nutrition have emerged, there is an urgent need to review and update the BCC strategy based on new evidence on nutritional knowledge, attitudes, and practices (KAP); media preferences; and new BCC approaches.

As ICDS is a centrally funded program, the BCC strategy is for the entire country. However, there is a need for states to assess their specific nutrition communication needs based on evidences and use this information to develop their own evidence-based state-specific BCC strategy. In the absence of any state-specific BCC strategies and the lack of any situational analysis on barriers to positive behaviors at the district and lower levels, the District Program Officers (DPOs) and Child Development Project Officers (CDPOs) are not optimizing the use of BCC. In addition, anganwadi workers (AWWs) follow their routine work and events with mothers at anganwadi centers (AWCs), such as mothers' committee meetings, to impart messages. The topics for discussion are chosen by the AWW themselves and do not follow any plan at the block, district, or state level. The effort lacks any strategic needs and focus.

Management of BCC

Material Development and Use

A rapid review of communication materials available at the national level indicates that they respond more to needs at different points in time than serving as part of a strategic plan. The tools developed need greater focus on specific behaviors and on use of evidence-based triggers to motivate change. The job aids (communication materials and tools) appear more "information oriented" than "change oriented," with each tool carrying multiple pieces of information, multiple messages, and even multiple benefits. This diverges from one of the basic tenets of BCC, i.e., one message, with focus on one behavior and a few key benefits.

The distribution of communication materials to the districts is not guided by the specific nutritional behavior challenges that the districts face. This challenge is aggravated by both lack of demand and

mass production by the state. While requirements that the districts send to the state are not based on situation analysis of local issues and trends, the state prefers to mass produce to achieve economies of scale. At the field level, there is considerable fatigue among the AWWs around using and reusing the same tools. In the absence of new materials, several AWWs have designed posters and written songs. ICDS can benefit from many of these “home-grown” materials that AWWs have developed, because they respond to local needs.

Capacity Building

The Deputy Director – Systems prepares the training calendar and sends it to the DPOs, the Mid-level Training Centers (MLTCs), and the Anganwadi Training Centers (AWTCs). Participant nominations are made based on the number of untrained staff in the district. However, the training need is much higher than the actual training throughput by the training centers.

Other than some focused training programs that development partners have organized, the AWWs reported that they have not received any training after the training that they underwent at the time they joined the services. There are no systematic and regularized refresher trainings for AWWs to enhance their capacity to keep pace with the changes in BCC approaches.

Coordination

ICDS staff coordinates with the Department of Health and Family Welfare (DOHFW) on various events conducted at field level, e.g., June and December are observed as health and nutrition months under Bal Swasthya Poshan Mah (BSPM). During BSPM rounds, AWWs work in coordination with auxiliary nurse midwives (ANMs). Village health and nutrition days (VHNDs) are conducted in the villages under the National Rural Health Mission (NRHM). During BSPM and VHNDs, AWWs mobilize pregnant and lactating mothers in their catchment areas. The review team observed that, during these events, AWWs prefer to just talk, without using any visual aids. While the guidelines for VHNDs advise AWWs to carry out VHND activities with the help of audio-visual aids, there are no such aids available for this purpose.

Program Monitoring

The monthly progress reports (MPRs) submitted by CDPOs lack indicators on BCC activities.

Under the Nutrition and Health Education Day (NHED) details, the MPRs of some of the AWWs showed that audio-visual aids were in use during NHED activities. However, the AWWs in those AWCs were not able to show the review team any audio-visual aids.

During supervisory visits, the Lady Supervisors tended to spend more time on monitoring through review of various registers at AWCs and only occasionally interacted with beneficiaries at the AWCs. There is need for the Lady Supervisors to become more involved in systematically identifying issues with AWWs where BCC is required with the target groups. The current template of the CDPO’s field monitoring checklist does not take into account the availability and use of BCC tools at AWCs.

Recommendations

Recommendations for addressing the issues identified are discussed below.

Strengthen the Media Unit at the National Level

The existing Media Unit at MOWCD needs to be strengthened to function as a specialized media and communications unit, with expansion of its responsibility to include development and monitoring of a national evidence-based communication strategy; detailed planning, implementation, and monitoring and evaluation (M&E) of components of the BCC strategy; and building capacities of states for management of BCC.

Strengthen the BCC Function at State and District Levels

At state and district levels, there is a need to strengthen the BCC function by establishing BCC units in states and districts. The state-level BCC unit should be supported with requisite administrative and technical staff, including a Team Leader, a Mass Media and Folk Media Expert, and an M&E Specialist. The state BCC unit would have responsibility for, among other things, formative research and analysis, development of a state BCC strategy and action plan, guidelines for district operational plan, coordination, and field visits.

Establish a System of Planning and Monitoring for BCC

At the national level, the existing Communication Strategy for Child Development needs to be revised based on current communication scenarios, MOWCD priorities and programs, media habits, budget allocations, and available support from other programs and ministries and departments.

Also at the national level, there is a need to develop a holistic BCC plan encompassing the communication activities of the Media Unit and FNB.

At the state level, formative research should be initiated to establish a baseline and to provide data on media habits. This should lead to development of state-level BCC strategies. The state would need to develop its annual BCC plan based on these communication strategies.

District BCC units will need assistance in developing district-level BCC implementation plans based on state annual BCC plans and district-level situation analyses. It will be useful for ICDS to develop district-level BCC plans for its priority districts and to provide necessary support in implementing and monitoring their implementation.

Focus on Training

A training needs assessment should be conducted that gathers data on whether field staff have ever been trained and, if so, when. These assessments will be the basis of an estimation of training needs so that a training plan for each district can be developed.

There is a need to regularize capacity building of AWWs and Supervisors in BCC through AWTCs and MLTCs. Alternatively, MOWCD could develop a comprehensive training plan for ICDS workers on BCC that includes the development partners initiative in accordance to the plan. All the activities may be orchestrated to yield positive results as part of the master plan with clear roles and

responsibilities for each of the partners. We also recommend a social and behavior change communication training program for MOWCD staff managing BCC activities.

Ensure Availability of BCC Material and Its Use

The ICDS should undertake a rapid review of its existing pool of BCC materials to determine their topic range, quality, and relevance. This review should be complemented with an assessment of the requirements of field workers and emerging nutrition communication needs. Using the findings from these exercises, ICDS should prepare a nutrition communication material development, production, and dissemination plan and ensure the availability of these materials at AWCs.

Districts should conduct a communication material review to assess the IEC material available for interpersonal communication (IPC), communication training, and various mass media and advocacy efforts, including content designed by development partners. Subsequent to the review, a central repository of all child development-related communication materials should be established.

One of the biggest challenges of any large-scale program is not just the first-time availability of materials, communication or otherwise, at the most distant point of service delivery, but regular replenishment of the materials. The ICDS should establish a mechanism to ensure that BCC materials are regularly reviewed for availability and that worn and torn materials are replenished as soon as possible. To ensure timely replenishment of such materials, it is recommended that copies be made available at district and project levels for reproduction.

MANDATE AND METHODOLOGY

Mandate

IMaCS was contracted for the organizational needs assessment (ONA) within MOWCD for BCC capacity in the country, in one state (Uttar Pradesh), and in two districts. The terms of reference (TOR) for the ONA mandated assessment of:

- Current practices in planning, management, and evaluation of BCC activities in MOWCD and ICDS, including coordination with other program departments of MOWCD at national and state levels
- Coordination between ICDS and IEC/BCC sections or staff in counterpart organizations
- Using the social and behavior change perspective to identify strengths that can be built on and weaknesses that need to be addressed for effective planning, management, and evaluation of BCC activities focusing on human resources, structural and organizational improvements, use of technology, etc.

The TOR is provided in Annex 1. Brief profiles of IMaCS team members for this assignment are provided in Annex 2.

Methodology

The methodology followed for the assignment consisted of the following components.

- Desk research: A review of various relevant documents by consultants to gather secondary information pertinent to the study. A list of these documents is provided in Annex 3.
- Preliminary discussions with the IHBP team and officials from MOWCD, FNB, and NIPCCD. (Refer to Annex 4 for a list of persons met.)
- Development of study tools, including discussion checklists for in-depth discussions with key respondents at different levels. The tools are provided in Annex 5.
- Interviews and focus group discussions (FGDs):
 - At the national level, 14 in-depth semi-structured interviews were conducted with officials of MOWCD, FNB, NIPCCD, and UNICEF
 - At the state level (in Uttar Pradesh), 12 in-depth semi-structured interviews were conducted with officials of ICDS, the NIPCCD regional center, Community Food Nutrition and Extension Unit (CFNEU) Lucknow, and development partners
 - At the district level (in Hardoi and Maharajganj), 40 in-depth semi-structured interviews were conducted with DPOs, CDPOs, and supervisors at AWTCs and MLTCs; ANMs; accredited social health activists (ASHAs), AWWs, Panchayat Raj Institutions (PRI) members; and trainers.
 - In the field, 12 FGDs were organized with mothers' groups and AWWs.

Limitations of the Study

Some of the key limitations of the study are listed below.

- This is a management review exercise. Hence, the field visits were limited in terms of states (one state), districts (two districts), and blocks (four blocks), and the findings are based on limited coverage.
- The consultants were unable to review the following state-level documents as they were not made available for this study:
 - Annual Action Plan (AAP) for ICDS
 - Compiled MPRs for ICDS
 - Statement of Expenditure for ICDS
 - Annual Training Plan for ICDS
 - TOR for officials for ICDS
- The consultants interacted only with those stakeholders who were available during field visits. The consultants were unable to meet the PRI members and ANMs in a few villages because they were not available at the time of visits.
- With regard to campaigns and celebrations, consultants analyzed only the information received during in-depth interviews and FGDs. It was not possible to validate the activities that accompanied them, because the campaigns and celebrations were conducted during times other than when the team was conducting field visits, e.g., BSPM is celebrated during the months of June and December.
- The consultants reviewed the communication material available at the AWCs and those materials made available to them at national and state levels.

CURRENT STATUS OF ORGANIZATIONAL CAPACITY FOR BCC AT THE NATIONAL LEVEL

Institutional Arrangements At National and State Levels

MOWCD is responsible for all matters pertaining to the welfare, development, and empowerment of women and children in the country. As a nodal ministry for the advancement of women and children, MOWCD formulates policies and programs, enacts and amends legislation, and guides and coordinates the efforts of both governmental and non-governmental organizations working in the field of women and child development.

Key officers within MOWCD are the Secretary, Additional Secretary, Financial Advisor, three Joint Secretaries, an Economic Adviser, and Statistics Adviser. The organizational structure of MOWCD is provided in Annex 6 – Exhibit 1.

MOWCD is further organized into program divisions/units that focus on key programs (e.g., ICDS) and functions (e.g., media) and is also supported by associated agencies, such as NIPCCD and FNB, which focus on training and promotion of nutritional education and awareness, respectively.

Integrated Child Development Scheme (ICDS)

The BCC and IEC activities for ICDS are undertaken by MOWCD, including FNB, through support from the Ministry of Information and Broadcasting (e.g., the Directorate of Advertising and Visual Publicity [DAVP], Song and Drama Division, etc.) and development partners, such as UNICEF.

The Child Development Division at MOWCD is headed by a Joint Secretary, who is assisted by a Deputy Secretary – Policy, a Deputy Secretary – Training and Administration, and a Director – Funds Flow. The organizational structure of the ICDS bureau at the national level is provided in Annex 6 – Exhibit 2.

Although MOWCD's Child Development Division does not have any dedicated section or person to conduct BCC activities, it does coordinate its requirements with the Media Unit, which is responsible for publication and dissemination communication messages. The roles and responsibilities of identifying areas for development of BCC materials, including content and a media plan, are distributed among various sections of the Media Unit. The messages are finalized and approved by the division head before they are sent to the Media Unit.

Media Unit

The Media Unit is located within MOWCD and is responsible for generating awareness about issues concerning the development of women and children. The Media Unit undertakes nationwide publicity of policies, programs, and developmental activities planned and implemented by MOWCD. The Media Unit is headed by a Deputy Secretary and is staffed with an undersecretary, a section officer, and an assistant. The Media Unit needs additional staff with technical competence and experience in media planning and development communication. The organizational structure of the Media Unit is provided in Annex 6 – Exhibit 3. The Deputy Secretary heading the Media Unit has additional responsibilities for other program in MOWCD that focus on adolescent girls.

MOWCD also has a Media Committee, chaired by the Additional Secretary, which makes decisions on various IEC/BCC materials and other publicity activities that the Media Unit conducts. Other

members of the committee consist of representatives from various program divisions, including the Joint Secretary; the Deputy Secretary of the Media Unit; the Director of Finance; and representatives from DAVP, *Doordarshan* (DD), and All India Radio (AIR).

One of the Media Unit's responsibilities is to address various themes related to women and child development, including issues dealing with women's empowerment, early childhood development, nutrition, and equal status for women, and social evils like child marriage, dowry, trafficking, gender equality, sexual abuse of female children, and exploitation of women and children. It is not able to completely and exclusively respond to the needs of a program as large as ICDS. The Media Unit primarily functions as a coordination unit, which receives the media requirements of the program divisions and, once these are finalized and approved by the Media Committee, forwards them to DAVP for designing and production. No other activities are undertaken with the help of DAVP. Campaigns at the national level are conducted in consultation with hired program management agencies. These media contents are then released by the unit in prominent newspapers and magazines, telecast as video spots on television channels, and broadcast as radio programs.

FNB

FNB is a technical wing of MOWCD that focuses on policy issues in nutrition. The major task of FNB includes providing inputs for nutrition education and awareness through nutrition education and extension services and training program functionaries to improve nutrition and dietary habits and to overcome ignorance and prejudice in food and dietary habits. A Joint Technical Advisor is responsible for FNB's operations with support from a Deputy Technical Advisor, Assistant Technical Advisor (ATA) and others. The overall structure of FNB is provided in Annex 6 – Exhibit 4.

The following positions at FNB are responsible for undertaking required BCC activities.

- The ATA, who holds a master of technology degree in food technology, has been entrusted with the responsibility for communication activities of FNB. The major responsibilities of the ATA include coordination with CFNEUs on IEC-related activities and with DAVP on development of IEC tools. The ATA is also responsible for managing media activities, including campaigns and events, such as those held during National Nutrition Week and World Food Day, organizing exhibitions, and developing related audio and video communication materials.
- The artist has a diploma in commercial advertising and is responsible for providing creative support for communication material development by undertaking initial artwork for print material. The major duties of the artist include design and development of materials and coordination with DAVP.

The ATA and the artist have not undergone any training on BCC. Consultants conducting the ONA observed that FNB had recently not developed any new communication material.

Major IEC activities undertaken by FNB in the past 2 years include development and printing of various nutrition information and education materials (including booklets), printing of posters on nutrition themes to be used at AWCs, and development and printing of calendars with various messages on food and nutrition. The current calendar was displayed in some of the AWCs visited.

FNB promotes nutrition education through its CFNEUs. There are 43 CFNEUs spread across 29 states. The operation of CFNEUs is coordinated by the regional centers of FNB located at Delhi, Mumbai, Chennai, and Kolkata. The lab assistant at the CFNEU in Lucknow visits AWCs, educates the community about the importance of nutrition, and teaches them to make nutritious dishes with locally available vegetables. The focus is more on nutrition education than nutrition communication. The lab assistant distributes leaflets that emphasize the importance of nutrition and nutritious meals. The lab assistant has never undergone any training on nutrition communication and has never been oriented on BCC. At the time of conducting the assessment, the lab assistant was the only filled position at CFNEU Lucknow.

NIPCCD

NIPCCD is an autonomous institution under MOWCD whose key objectives are to:

- Develop and promote voluntary action in social development
- Take a comprehensive view of child development and to promote and develop relevant need-based programs in pursuance of the national policy on children
- Develop measures for coordination between governmental and voluntary action in social development
- Evolve frameworks and perspectives for organizing children's programs through governmental and voluntary efforts
- Establish liaisons with international and regional agencies, research institutions, universities, and technical bodies engages in activities similar to those of the institute

NIPCCD's headquarters is in Delhi, and it has regional centers in Lucknow, Indore, Guwahati, and Bangalore.

The institute is headed by a Director. NIPCCD's operations have been divided into Public Cooperation, Child Development, Women's Development, Common Services, Training, and M&E. Trainings on BCC for ICDS functionaries are organized by the Child Development Division in association with the Training Division. The organizational structure of NIPCCD is provided in Annex 6 – Exhibit 5.

NIPCCD is responsible for developing training programs for job trainings and refresher trainings, and also for conducting training-of-trainers (TOT) for staff of regional training centers and for conducting specialized trainings for senior officers, such as DPOs, including in areas of BCC.

State

DOWCD, Uttar Pradesh is “dedicated to improving nutritional health and education status of children up to 6 years of age, pregnant women and lactating mothers in the state.”¹

The Principal Secretary heads the department in the state. Child development-related program and communication activities in the state are the responsibility of the Directorate of ICDS (called the Directorate of Child Development and Supplementary Nutrition). The Director ICDS heads the Directorate. The Director ICDS is supported by two Additional Directors (for Administration and Finance, respectively).

At the directorate, the Deputy Director – Systems is given additional responsibility for BCC at the state level. Presently, there is no support staff available at the state level to support Deputy Director – Systems with regard to BCC activities. The Deputy Director – Systems is primarily responsible for planning and management of BCC activities under ICDS in the state. It was reported that there are no sanctioned posts for undertaking BCC-related activities at the state level.

District and field

DPOs are responsible for the functioning of ICDS at the district level. The DPOs are supported by a computer operator and clerical staff. Presently, there is no dedicated staff or division to undertake BCC activities at the district level, nor are there any positions with responsibility for undertaking BCC activities. The DPOs, as district-level nodal officers for ICDS, are also responsible for the management of BCC in the district. However, the support staff at the district level has no clear responsibility for the management of BCC. The DPOs also work in coordination with health department functionaries at the district level for planning and implementation of various joint campaigns (e.g., BSPM, VHND, polio rounds), wherein BCC is also a key component.

CDPOs are the nodal officers for implementation of ICDS at the block/project level. At the block level, the CDPOs are supported by supervisors, normally one supervisor for 25 AWCs (one cluster). It was reported that 30%–60% of the supervisor positions were vacant in the blocks visited by the study team. Under these circumstances, CDPOs direct the available supervisors to work on a rotational basis, wherein one supervisor monitors one cluster in a month and will be asked to monitor another cluster in the next month. This weakens the effectiveness of monitoring and paves the way to a lack of continuity in monitoring.

The CDPOs and supervisors receive job trainings, including on BCC, at the time that they assume their jobs. However, in their regular work responsibilities, it is unclear to what extent they are responsible for managing BCC in the block and villages. Moreover, the CDPOs and supervisors have never undergone any focused training on undertaking and monitoring BCC activities. In practice, CDPOs are not implementing any BCC campaigns and are not directly monitoring BCC implementation in the villages. The supervisors are responsible for supportive monitoring of the activities at AWCs, but are not specifically reviewing the BCC activities, because they have not received any appropriate training or guidance.

AWWs are the key persons that undertake various activities under ICDS at the village level. The major responsibilities of AWWs with regard to communication include displaying messages in the

¹ <http://icdsupweb.org/hindi/dept%20parichay/aP%20Lite%20Flash/index.html>.

form of charts, posters, banners, and wall writings in the AWCs. They are expected to provide health and nutrition education and counseling to pregnant and lactating women using the IEC tools available to her. Another important responsibility of the AWWs is to make home visits to educate parents to enable mothers to plan an effective role in their child's growth and development, with a special emphasis on newborn children.

AWWs also have responsibility for mobilizing the community during campaigns and celebrations, such as Gode Bharai and Annaprashan. AWWs are expected to conduct BCC activities during these campaigns and celebrations, as well as during home visits and routine operations of the AWCs.

Specific activities of AWWs with respect to BCC are to:

- Provide health and nutrition education and counseling on breastfeeding and infant and young child feeding practices to mothers using IEC tools
- Make home visits to educate beneficiaries on various topics, including child development and maternal and child health, using IPC
- Mobilize the community and provide them with nutrition education
- Undertake BCC activities during various campaigns and celebrations
- Work in partnership with ANMs and ASHAs and generate awareness among the community about the need for immunization
- Display IEC material (posters and charts) in the AWCs to educate the community on various aspects related to health and nutrition
- Provide information on various health and nutrition aspects to the community members on demand

The structure of ICDS at state, district, and project levels is provided at Annex 6 – Exhibit 6.

Key Issues: Institutional Arrangements

At the national level, there is little focus on BCC for following reasons.

- The Media Unit at MOWCD is not professionally, technically, or technologically equipped to perform the role of creating and managing BCC-oriented materials and campaigns. Within the Media Unit, those that are given the responsibility for BCC activities are not professionals with BCC knowledge, practice, and management skills in the areas of strategic planning, research, content and message development, creative design development, pretesting of communication material, capacity building, or other crucial areas.
- There is no system at the national level to provide the necessary support and guidance to the states on BCC activities. This leads to lack of coordination between the state and the central government on various communication activities being carried out.
- The CFNEUs are not sufficiently equipped to act as resource centers to provide guidance and support to the DWCD on issues related to nutrition education and communication. The

CFNEUs lack the necessary human resources, as only a lab assistant is in position to address the nutritional educational needs of more than one-and-a-half lakh operational AWCs in the state.

At the state level, there is no definite structure consisting of professional skills for developing a BCC strategy, planning, implementation, and monitoring of BCC campaigns and activities. The lack of structure leads to little emphasis on activities BCC-related. As a result, it is most often the state that reprints and sends out IEC materials developed by the central government. There is little formulation of state-level strategy and planning of BCC activities based on a strategy. The lack of strategic orientation resulted in no positions with responsibility for undertaking BCC activities being created at the state and district levels.

As per MOWCD's 1996 Communication Strategy for Child Development Guidelines, the districts and blocks are expected to manage actual implementation of BCC activities and also to monitor the implementation through regular MIS and field visits. However, at the district level, again, there is no dedicated position for managing BCC activities, such as the development of a BCC action plan, overseeing its implementation, and monitoring across ICDS projects in the district.

Strategizing and planning for BCC

The Concept of BCC

McKee (2002) defines BCC as “a research-based consultative process of addressing knowledge, attitudes, and practices through identifying, analyzing, and segmenting audiences and participants in programs and by providing them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and mass-media channels, including participatory methods.”

The main difference between IEC and BCC is that while IEC is more one-way and focused on communicating “messages,” BCC is more outcome oriented and includes the role of interactive and participatory methods and motivation in the behavior change process.

IEC is based on the implicit assumption that awareness creation will automatically lead to behavior change. However, BCC factors in the following layers: (1) defining behavioral actions that require change, (2) assessing barriers to behavior change, (3) demanding health rights and making health services available and accessible to all beneficiary groups, and (4) using persuasive techniques to integrate new practices into existing social environments.

Against this background, the review team assessed the existing understanding of BCC at various levels.

Understanding strategic approaches

National

MOWCD/ICDS policy and planning documents available, i.e., the 1996 Communication Strategy for Child Development, the 2000 guidelines for IEC to the states, and the 2007/2008 project concept note and guidelines for ICDS IV, point to a strategic orientation to BCC. While the first two documents emphasize the principles of social marketing, advocacy, social mobilization, and community participation, the ICDS IV concept on BCC is more outcome oriented, leading to community participation and empowerment. (Refer to Exhibit 1.)

EXHIBIT 1. APPROACH TO COMMUNICATION

Communication Strategy for Child Development

(Excerpt from Preface)

The role of communication strategy in the context of child development is vital for furthering advocacy, social mobilization and community empowerment ... The thrust is on non-prescriptive, participatory, need-based and area specific, media-mix approach, and use of social marketing techniques.

Guidelines for IEC and Community Mobilization Component under ICDS Scheme

(Excerpt from point 1)

1. The objectives of the IEC and Community Mobilization component are essentially to, (i) create awareness and build-up image of ICDS program, (ii) stimulate demand for ICDS services, (iii) affect and sustain behavioral and attitudinal changes in child caring, nutrition and health behavior and (iv) muster and sustain community participation

ICDS IV Project Handbook

(Excerpt from Section: Information, Education and Communication (IEC), page 7)

Development of a behavior change communication (BCC) strategy for promoting optimal and appropriate infant and young child feeding practices as well as for health and nutritional well-being of children

ICDS IV Project Concept Note

(Excerpt from Section 9.1.2: Information, Education and Communication (IEC), page 8)

It is envisaged that IEC shall evolve successful processes [that] would result in AWCs being managed by village/slum women...

The communication strategy would also bring to the forefront how to change behaviors of the community for the correct health and nutrition practices, by removing cultural barriers/age-old practices/superstitions. The advocacy program in ICDS would enable widespread and sustained community participation as a result of a better understanding and appreciation amongst the communities of the ICDS program as well as health and nutrition issue.

Despite the stated BCC orientation in the policy documents, there is limited evidence of a clear understanding of the BCC process. To appreciate this observation, it will be useful to take a look at the core process of BCC, which includes a sequence of steps (provided in Exhibit 2).

EXHIBIT 2. BCC PROCESS



Depending on the nature of the program and the availability of relevant information, all or some of the above steps may be required in full measure.

The 1996 Communication Strategy for Child Development mentions some of the BCC steps, such as the requirement of formative research, strengthening of communication skills of field functionaries, participatory planning with communities, a multimedia approach, and M&E.

The IEC guidelines discuss a target-oriented IEC strategy that may include such steps as effective use of a multimedia mix, empowerment of communities through advocacy and social mobilization, strengthening communication skills of field functionaries and trainers, and setting up a feedback mechanism for IEC.

The ICDS IV concept note discusses involving various approaches; building linkages; strengthening capacities; enhancing capabilities and skills; assessing communication needs; using multiple channels, mass media, folk media, and IPC; building technical expertise; and evaluating IEC activities.

However, the complete process for BCC is missing in all these policy documents, which is likely to lead to an incomplete appreciation of BCC strategy. A greater and more holistic focus on the BCC process is required for a better and more effective translation in implementing a BCC strategy. Refer to Exhibit 3.

EXHIBIT 3. BCC ORIENTATION IN COMMUNICATION GUIDELINES

Communication Strategy for Child Development

(Excerpt from page 23)

The strategy document identifies:

- *The need to understand and address existing social norms/behaviors through appropriate formative research as a first step to planning communication*
- *The need to integrate systematic planning, formative research, strengthening of communication skills of field functionaries, strengthening of participatory learning and planning with the community, and monitoring and evaluation of outcomes as essential to all planned communication efforts*
- *The importance of a participatory, need-based, area-specific, multimedia approach to planning social marketing and communication initiatives*

Guidelines for JEC and Community Mobilization Component under ICDS Scheme

(Excerpt from point 2)

The strategy may include: (i) effectively using multimedia mix in a planned manner to inform, educate and transfer knowledge, skills and resources to target beneficiaries, so as to build-up their capacities' (ii) empowering communities by bringing about attitudinal and behavioral change through advocacy and social mobilization' (iii) generating demand for ICDS and maximizing the reach and utilization of its services' (iv) setting up a feedback mechanism for use of JEC in the ICDS program by involving local mahila mandal, mothers groups, members of Panchayats and informal leaders in the community; and (v) strengthening communication skills of field functionaries and trainers.

The ICDS IV IEC workshop report mentions the lack of a context-specific focused strategy and that knowledge gained through various IEC activities did not effectively translate into health and nutrition behaviors by the community.

A relatively better understanding of BCC orientation is found within the training department of NIPCDD, which is reflected in the communication component of the training modules that it developed for CDPO and Additional CDPOs, Supervisors, and AWWs. The topics cover communication processes, social marketing, BCC, advocacy, and community participation.

Development partners, such as UNICEF, that support MOWCD/ICDS in its communication efforts have used a more comprehensive approach toward improving the understanding of BCC strategy. In 2010, UNICEF undertook the training of NIPCDD faculty in the “principles of social and behavior change communication.” A wide range of BCC topics were covered in the workshop, including types of communication, use of research and evidence to create communication objectives, strategy creation, stakeholder identification, barriers and facilitators in communication, use of media mix, advocacy and social mobilization, messaging and creative design, implementation, and monitoring. However, as one UNICEF official pointed out, “as in all training, the challenge always lies in whether what is learned is actually followed in actual practice.” Unfortunately, this training program did not have a post-training follow-up at the field level to gauge the extent of transfer of knowledge from within the four walls to the field.

Another shortcoming in the correct approach to the concept of BCC strategy lies in the fact that the terms IEC and BCC are often used interchangeably. The ICDS IV project concept note has a major component subtitled “information, education, and communication” and not “behavior change communication,” though BCC has been discussed under the IEC component. The implementation completion report of ICDS III, under the section titled “Quality Improvement Activities” states, “The project laid special emphasis on IEC by focusing on the communication for behavior change for appropriate child caring and rearing practices in the households.” This demonstrated lack of clarity has diluted the focus on BCC, giving rise to the need of being consistent in the use of “BCC” when referring to issues relating to changes in behavior.

State

There is no state-level ICDS communication strategy document. A review of available planning documents indicates BCC as a key process for program implementation, though there is not much evidence of the entire BCC process in the documents.

The framework for development of the state annual program implementation plan, dated January 2011, released by MOWCD, draws attention to the challenge of accelerating better and visible program outcomes. It is, however, silent on following the BCC process. In the section on situation and gap analysis, the state is required to capture details of socioeconomic and demographic data, which is a critical input for developing a BCC strategy and plan. Covering the need for capturing behavior-insights emerging from data on social barriers, perceptions, myths, influencer-relations, cultural issues, etc. would have made the planning framework more closely oriented to BCC. The section on M&E depends on records and registers and numbers of review meetings held. Here, too, reference to creating monitoring indicators for BCC would have made the evaluation process framework more complete.

The ICDS IV project document on guidelines and processes for preparation of state and district project implementation plans (PIPs) deals with both IEC and BCC without making any distinction between the two. While the framework for state activity plans for state-level activities includes “IEC” as a planning component, the framework for state activity for high-burden districts includes “BCC/IEC” as a planning component. The parameters for planning includes such headings as “Problems/Gaps” (rather than “Key Barriers”) and “Activities Planned to Overcome Gaps” (rather than “BCC Targets and Methods”). The single-minded BCC strategic approach to planning seems to have been compromised here.

Application of Strategy at the National Level

For ICDS, the core communication idea and strategy is conceived by the section by developing the key content before the task is passed on to the Media Unit for execution. The Media Unit is not entrusted with the responsibility of creating BCC strategy on its own. It was the view of one Media Unit official that the Media Unit “works more as a coordinating unit that largely follows past precedent and does not track changes in society and technology.” The Media Unit is also not technically equipped, absent any trained and qualified resources.

At FNB too, the strategic approach to the development of a communication tool is decided by the relevant section, after which execution is taken over by the artist.

Overall, the mass media and IPC tools that are developed by MOWCD are by and large “information oriented,” rather than “change oriented.” This is borne out by a review of randomly selected posters as part of this study, indicating a lack of insight into the mindset of target audiences, identification of barriers, and opportunities for change. This is discussed in further detail below under the section on “material development.”

Application of Strategy at the State Level

In the absence of a state-level BCC strategy, it has been observed that the DPOs and CDPOs do not use BCC as a work platform in ICDS work. It was learned from discussions with the DPOs that no situational analysis is undertaken in the state, an analysis that could have highlighted key obstacles and barriers to change, including key social and gender issues. There is also no practice of identifying and segmenting stakeholders and drawing up specific stakeholder engagements. Routine events and not strategic issues are the guiding features of state activity.

There are no guidelines on BCC issued to AWWs to carry out their routine work and events with mothers at the AWCs with a view to motivate behavior change. The AWWs follow their weekly routine of organizing days for growth monitoring, mothers meetings, and health and nutrition education, and also celebrate such events as Godhbharai, Annaprasan, and Janamdin. They also engage in home visits and community mobilization and sometimes organize rallies with children. However, no strategic time-bound themes are followed requiring convergence of messages across all the communication opportunities described earlier. The supervisors supervise whatever the AWWs do, without a BCC yardstick. The supervisors do not analyze data available with the AWWs (in their recordkeeping registers) to discover or identify problem areas that can be taken up in a BCC mode. While it is apparent that the AWWs do engage in some BCC processes, they do so without the conscious knowledge and appreciation of BCC.

DPOs regularly take part in program reviews and block-level planning toward the end of every month at the health coordination meetings, along with the health department. For example, at one such meeting, relevant data were discussed and it was decided to focus on severely malnourished children in the district. Accordingly, health checkup/weight checkup dates were selected. On another occasion, the focus was on city-area immunization. Dates were announced through press notes. However, these focus issues were not identified as strategic BCC opportunities and, hence, no supportive communication was thought of and planned to derive greater value out of the programs. Innovative program approaches have been adopted in Hardoi to increase impact, such as “adopting” 140 selected AWCs by 20 CDPOs and 120 supervisors. However, a plan of activities to be focused and monitored by the concerned staff at the adopted AWCs is not in place. This appears to be an ad hoc special drive and is not seen as a pilot that could have led to the creation of a planned strategic input.

Even though the staff has received job training in BCC, it is not a conscious discipline applied in the field. A CDPO pointed out, “With so much work pressure, where is the time to pay attention to BCC?” It seemed that the value of BCC is perceived as a theoretical add-on and not as a work-integrated component.

The development partners in the state are also closely involved in strategic support for ICDS and for BCC under ICDS. The development partners have been conducting trainings and campaigns for BCC under ICDS. Key inputs from development partners, such as UNICEF and CARE, are as follows.

- UNICEF has been playing a significant role in supporting the communication function of ICDS in Uttar Pradesh. For the AWWs to pass on critical knowledge and information to beneficiaries in a way that appealed to them, UNICEF supported two pilot IPC trainings in Agra and Maharajganj. The AWWs that attended the training are supplied with a flipchart called *Jeevan Ka Sandesh*, which deals with the many aspects related to maternal and child health issues. UNICEF can be considered a strategic partner for the ICDS Uttar Pradesh in the days to come for development of IEC tools, providing training and rollout of various BCC campaigns.
- CARE had been implementing the Integrated Nutrition and Health Program, focusing on improving the health and nutritional status of women of child-bearing age and children under 2, especially girls. Within 2 years, CARE initiated a community mobilization project called “Join my Village.” Innovative culture-specific media tools, such as street plays, puppet shows, and films, were conducted at project villages to communicate specific messages. These interactive sessions were followed up by mothers meetings and subsequent home visits. This sequence was designed to ensure a greater opportunity for the messages to be received by caregivers at homes. However, with the end of the nutrition program, CARE’s involvement in ICDS, and in particular in BCC, has become limited.

BCC Best Practices at the State Level

There are some instances of strategic state-specific communication initiatives, documented as part of ICDS III project evaluation report 2006. The report highlighted Anganwadi Kala Jattha in the state as an innovative scheme for awareness for behavioral change. The strategy adopted was to form a group of AWWs, develop their IPC skills by understanding local needs, using a resource organization with communication and folk skills, and targeting the community with specific messages for behavior change. The campaign employed multiple media for awareness and social mobilization and also had

feedback sessions as an M&E device. However, such learnings have not been integrated into a state-level strategy or highlighted or documented and propagated among DPOs, CDPOs, and supervisors. Such successes can also be used for motivating AWWs. (Refer to Exhibit 4.)

EXHIBIT 4. UTTAR PRADESH BEST PRACTICE SUCCESS STORY

JEDS III Evaluation Report (2006)

(Excerpt from page 9)

13. State Specific Best Practices/Success Stories

Several innovative schemes were implemented in the Project States with the funding available under the Project. Some of these practices could well be termed as 'best practices' in view of their immediate impact on the project. A few best practices are briefly summarized below.

(a) Awareness for behavioral change through Anganwadi Kala Jattha (Uttar Pradesh)

In Uttar Pradesh an innovative approach towards social mobilization and awareness campaign on nutrition and health education was adopted in the form of Anganwadi Kala Jattha. The basic objective of such an initiative was to strengthen the enabling environment created by ICDS functionaries through interpersonal communication, so that they can target the community with specific messages repetitively through different communication channels to bring about behaviors change in the community. During the process of forming a group of AWWs by developing their interpersonal skills and by understanding the local needs, a resource organization having required communication and folk skills was identified for developing a module for this campaign. The idea was to develop a team of talented AWWs to form 'Anganwadi Kala Jattha'. The AWWs, after acquiring required skills, have been able to run this awareness and social mobilization campaign in an effective and sustainable manner. A series of activities like rally, door-to-door contact, wall writings, folk songs, Phad Presentation & Discussion, Nukkad Natak, group discussion and quiz were conducted to mobilize and sensitise the community. At the end, feedbacks were discussed in an open forum in a large group. By performing live in front of a large audience, AWWs have gained immense confidence, which has reflected in a positive improvement in their routine work of running AWEs. Moreover, the extra remuneration received as part of the performing package has made them more enthusiastic towards their work.

Key Issues: BCC Approach

Limited understanding of BCC. In-depth conceptual clarity on BCC, its distinction from traditional IEC, and the right approach to BCC are not evident in the planning, implementation, and monitoring of BCC. This essentially means there is a need to practice BCC in a systematic and scientific manner and follow the basic tenets and principles of BCC, such that it is selective and focused, service linked, based on formative research, result oriented, and evaluated for impact.

Need for further decentralization of BCC. The community participation and communication guidelines call for the communication approach to be "area specific, need based and target oriented." These guidelines further state that there is a need for "supporting [an] effective media-mix approach with emphasis on all forms of public media, area specific media forms, appropriate positioning, need based interpersonal communication techniques and local innovative cultural activities." These functions require further decentralization of planning, conceptualizing, and monitoring of BCC campaigns at the district level. This is clearly missing at either the district or block level.

Planning for BCC

National

The Media Unit coordinates the planning and release of communication. The initial annual plan is developed by the Media Unit in consultation with different divisions within MOWCD. The plan is largely a budget-wise list of occasions, topics, and media, with a schedule. Occasions such as Independence Day, Women's Day, Children's Day, and Gandhi Jayanti are featured alongside such topics as child marriage, malnutrition, empowerment of adolescent girls, domestic violence, and child trafficking. Events such as fairs (e.g., *vatsalya mela*) and exhibitions are examples of ground-level media planning. The main emphasis for message dissemination is through national media, including the press, outdoor, TV, AIR, DD, and cinema.

Three routes for planning and implementation of communication content development followed and coordinated by the Media Unit are discussed below.

Route 1: For print media (press ads, posters, outdoor, etc.)

- Brief and content decided by the Child Development Bureau
- Empanelled creative agency (shortlisted with DAVP) entrusted with the task of creating communication
- Media Committee reviews prototype of communication/approves plan
- Media Committee or the minister (depending on strategic importance of the message) gives consent for production and release
- Creative agency finalizes and hands over artwork to the Media Unit
- The Media Unit hands over output to DAVP for production and release as per plan

Route 2: For audio-visual media (TV and radio ads and programs, films)

- Brief and content decided by the Child Development Bureau
- Content sent to production unit—Song and Drama Division, DD, AIR, National Films Development Corporation (NFDC)—for development of script and production plan
- Media Committee reviews script/approves plan
- Minister gives consent for production and release
- Production unit finalizes and hands over artwork to the Media Unit
- The Media Unit hands over output to DAVP for production and release as per plan

The two routes illustrated above broadly follow the IEC route, and the communication tools are informative/educative or announcement in nature (communicating government policies and plans, etc.). When there is an overriding need to mount a large-scale BCC campaign, prompted by a

government policy, MOWCD usually calls for the support of a development partner, such as UNICEF. This is when Route 3 is followed.

Route 3: For BCC campaigns

- Brief and desired outcome decided by the Child Development Division
- Development partner entrusted with the task of following BCC process and strategy to create campaign.
- Development partner works with creative agency/media agency
- Media Committee reviews strategy, creative and media plan
- Minister gives consent for production and release
- Development partner/creative/media agency finalizes, produces, and releases campaign

FNB also has an AAP that includes a section on mass awareness campaigns during national events that provides for development of press advertisements on the occasion of special periods, such as World Breastfeeding Week, National Nutrition Week, and Global Iodine Deficiency Disorders Prevention Days. It designs and prints posters and booklets and also outsources and produces audio and video spots, films, and sponsored episodes on TV, largely through the same communication channels as those used by the Media Unit.

State

The state AAP framework requires the state to provide the following specific information under the section titled “Information, Education and Communication”:

- Descriptions of activities carried out under the IEC component during the last year
- List of the IEC materials that have been displayed
- Details of campaigns organized on nutrition and preschool education
- Descriptions of activities that are planned for the current year

There is a letter issued by Director, MOWCD, dated February 18, 2009 that indicates the focus of IEC and community mobilization toward:

- Creating awareness and building up the image of the ICDS program
- Stimulating demand for ICDS services
- Affecting and sustaining behavioral and attitudinal changes in child caring, nutrition, and health behavior
- Fostering and sustaining community participation

As per guidelines for IEC and community mobilization, the state ICDS Department is required to formulate a need-based, area-specific, target-oriented IEC implementation plan after assessing the

needs of a community or region. However, the state develops its BCC plan as part of its AAP for ICDS. The state plan is a budget-based list of activities and delivery of communication material. The plan for 2011–12 included the following activities:

- Printing a growth chart
- Printing mother and child protection cards
- Procuring weighing machine
- Observing breastfeeding week
- Conducting VHNDs
- Conducting BSPM
- Establishing mothers committee
- Observing Women’s Day

There were no guidelines as to what role communication was expected to play in the activities described above, nor were there any suggestions on what communication media could have been used. Such an ad hoc plan does not lead to standardization or convergence of behavior change methods across districts—which could have contributed to a BCC campaign effort, state-wide. The plan execution was left to the initiatives of the DPOs and CDPOs and was not strategy-directed.

The AWWs have no monthly or weekly micro-plan to follow. They just schedule activities, such as mothers’ committee meetings, to impart messages. Another occasion for communication with the mothers at AWCs is on third Saturdays, when Annaprasan, Janamdin, and Godebharai are celebrated. The topics for discussion are chosen by the AWWs themselves and do not follow any plan laid out by either the AWW or her supervisor.

Key Issues: Planning

At the state level, it was reported that a communication plan forms part of the ICDS AAP. This plan reportedly consists of item-wise cost estimates. It is important to note that no IEC demand estimation was carried out in the state. While looking at the activities planned and carried out as part of IEC, it is evident that there is a lack of orientation about BCC at the state level.

There is no plan for undertaking BCC at the district level. In the absence of a definite BCC plan, the communication activities at AWCs and through home visits are mostly not guided by a clear agenda and lack a campaign mode. It was observed that some of AWWs were trained by UNICEF to develop micro-plans for BCC activities. No evidence for development of micro-plans was found at the field level.

Management of BCC

Material development

National

A review of communication material collected at the national level indicates that they have been planned and designed more in response to the needs of the field on an ad hoc basis, rather than as part of a strategically planned BCC campaign based on benefit-led specific communication themes. A campaign builds on a theme to harmonize multiple individual tools within a larger, comprehensive framework; the present set of tools developed at the national level does not deliver a campaign effect. However, taken at the individual level, each tool has some value in terms of purpose and message. Despite the absence of a BCC campaign, the individual tools have played a role in delivering a body of information and messages to various target audiences.

Looked at through a BCC lens, the overarching impression is: lack of focus and use of trigger to motivate change. The presentation of the messages and information reveal a lack of insight into the target audiences and barriers and opportunities for change. It appears that communication is not based on formative research. There is also weakness in communication planning, message creation, and designing. As mentioned earlier, the tools are more “information oriented,” rather than being “change oriented,” which is why most of the posters deal with multiple items of information, multiple messages, and even multiple benefits, thus diluting the appeal for change. Some even have more than one communication objective as tasks. Refer to Annex 7 for list of communication material and a detailed BCC review of material.

There appears to be a clear need for developing and institutionalizing a BCC process for communication development for both individual tools and campaigns.

Use of modern technology and equipment, including design software, plays a critical role in producing professional-quality communication material. However, there is very low usage of technology in designing and developing communication tools.

The Media Unit is not technically equipped with human resources or technology to design communication tools. At the FNB office in Delhi, the artist, who is responsible for developing designs for posters and undertaking illustrations, does not have access to any sophisticated computer-based technology and software, nor is she trained in their use. Designs and illustrations are done by hand and hence suffer from the drawback of longer turnaround times for both original creations and revisions. At NIPCDD too, the concepts for awareness material are developed by hand. For the Media Unit, FNB, and NIPCDD, the final artworks are developed by DAVP, which is supposed to be technologically better equipped.

State

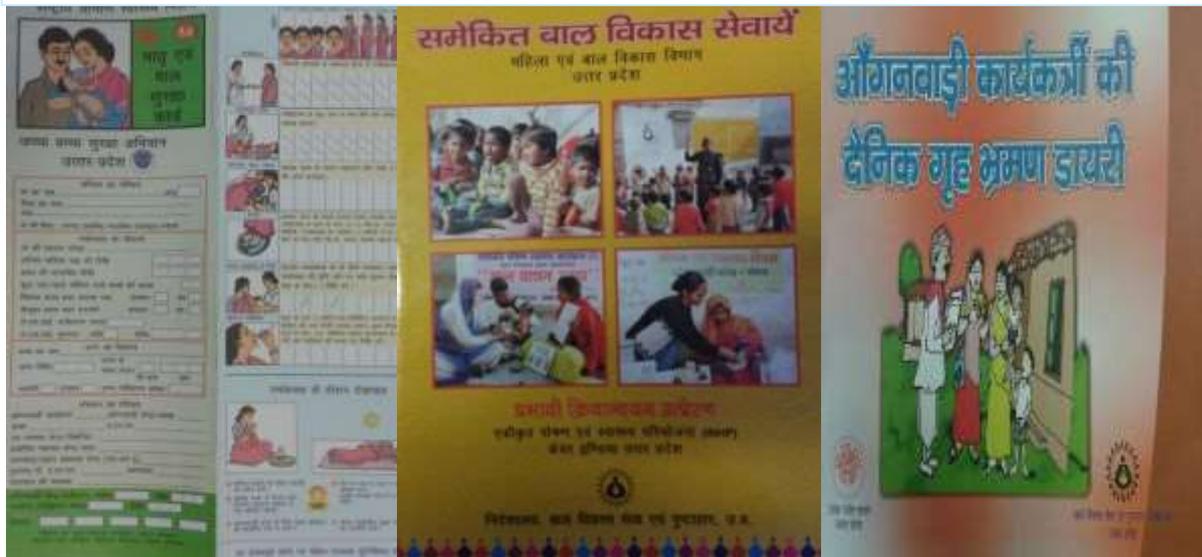
In the state, most communication materials are provided by MOWCD and development partners. The DWCD has recently printed the growth chart and the mother and child protection card, originally designed in Delhi by the World Health Organization (WHO) and UNICEF, respectively. Some other communication material developed by the state in recent past includes the ICDS implementation guidelines and the AWW home visit diary. Refer to Exhibit 5.

CARE, which was a regular supplier of communication material on nutrition awareness and training, is not actively involved currently and hence the supply of communication material from CARE has reduced.

The supply of communication material to the districts is not guided by any communication needs study of the districts. The districts too do not send any requirement to the state based on a situation analysis of local issues and trends.

The districts undertake very limited printing of IEC material. For example, the DPO of one district mentioned that 2 years ago the district had received a very small budget of approximately Rs 5 lakh under “IEC,” with which the district had printed calendars (with dates, messages, and schemes), flexi-boards, and a booklet, which were distributed to the AWCs.

EXHIBIT 5. COMMUNICATION MATERIAL DEVELOPED/PRINTED AT THE STATE LEVEL



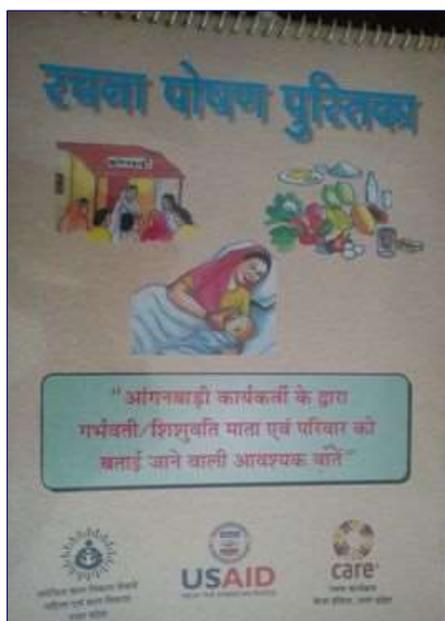
Mother and child protection card

AWW home visit diary

ICDS implementation guidelines

At the field level, some AWCs have more material than AWCs, but, as the AWWs pointed out, overall there is inadequate availability of communication material. The materials are a combination of posters and, in some cases, flipcharts, flash cards, and informative booklets. These are either developed at the central level (e.g., FNB) or largely produced by development partners, such as CARE, UNICEF, and PATH. Refer to Exhibit 6.

EXHIBIT 6. COMMUNICATION MATERIAL DEVELOPED BY DEVELOPMENT



PARTNERS

At the field level, however, AWWs, and mothers as well, are tired of using and reusing the same tools. In the absence of new material, several AWWs have taken upon themselves to design posters and write lyrics and put them up on the walls of the AWCs.

At most AWCs, the charts put up on the walls (in some cases developed by AWWs) demonstrate a lack of BCC orientation. While the poster on ICDS services and objectives (refer to Exhibit 7) captured all the relevant information that a mother needs to know, the headline was devoid of any emotional appeal to the mother—something that could motivate her to come more regularly to the AWC with her child.

The AWWs perceive the lack of new material as a drawback. The AWW home visit diary, a device used to record dates of visits and topics of discussion with mothers, is carried along to home visits, to be later checked by supervisors; it is not a communication aid. AWWs also undertake wall writings and organize rallies in villages on specific occasions, like BSPM in June and December. There are very few instances of wall writing and there is concern about their quality, as they lack creative appeal.

At the AWTC at Hardoi, the AWW trainees have been trained in developing charts and posters on such topics as child growth, breastfeeding, immunization, and nutrition. While some of them were well illustrated (pointing to the existence of this very valuable skill among the AWWs, which can be nurtured further), the key headlines were mere information or even statements of the topics and were completely devoid of any emotional appeal and BCC stimulus. (Refer to Exhibit 8.)

EXHIBIT 7. POSTER DEVELOPED



EXHIBIT 8. POSTERS PREPARED BY AWWs AT AWTC, HARDOI TRAINING SESSION



During home visits, interactions with mothers and others are mostly verbal, without the aid of tools. Topics for discussion range from pregnancy, infant feeding, and child health care to nutrition, immunization, marriage of underage girls, and family planning counseling, depending on the persuasive skills and knowledge of the AWW. There is no flipcharts or other instructional material (e.g., scrolls, flash cards, games) to bring the communication to life.

Development partners, including UNICEF, CARE, and Intra Health, have supported ICDS by developing training materials and awareness tools as part of their programs and activities for ICDS. UNICEF has been supporting the ICDS over the years in implementation of the BSPM program. It has designed and produced communication support material for BSPM including posters, danglers, and banners. Every year the existing template is updated with new dates for vitamin A intake by the children for the months of June and December.

About 2 years ago, CARE undertook a community mobilization project called “Join My Village.” Innovative culture-specific media tools, such as plays and puppet shows, were held in the villages in the evenings; they proved to be very popular. These interactive sessions were followed up by mothers meetings and subsequent home visits. This sequence was designed to ensure a greater opportunity of the messages being received productively at the personal level, at homes, and by caregivers.

Key Issues: DEVELOPMENT OF Materials

Communication material developed by the Media Unit; FNB through the government’s own channels, such as DAVP, Song and Drama Division; DD; AIR; and NFDC are more information loaded rather than having a BCC orientation. The creative and emotional appeal of the material is also low.

At the state level, there is little capacity for creating communication material. At the AWCs, the charts and posters prepared by the AWWs are usually of poor attention value for the target audience, i.e., pregnant and lactating women and adolescent girls.

The guidelines issued to the state clearly laid out the activities expected to be carried out using the funds allocated for communication activities. It was reported that the funds allocated for communication has been used for printing of mother and child protection cards and growth charts, procurement of weighing machine, activities during the Women’s Day celebration and Breastfeeding Week, VHNDs, BSPM, etc. It was observed that a majority (almost 60%) of the funds were used for non-IEC related activities, e.g., procurement of weighing machines.

There is a scarcity of IEC materials with the AWCs. Most of the AWCs in Maharajganj do not have any posters, brochures, or handouts available to them. Although existing local and folk media groups (puppet shows and magic shows used in the past under various programs) have high recall among the target audience, they are not currently used. The state and districts do not have any plans for suitable capacity building or for leveraging such talent and skills.

Capacity Building

The capacity building of ICDS functionaries, including DPOs, CDPOs, supervisors, and AWWs, is undertaken through a formal process of job trainings and refresher trainings. The trainings for AWWs

and supervisors are conducted at AWTCs and MLTCs, respectively; for CDPOs and DPOs, the trainings are organized at the NIPCCD regional center.

The Deputy Director – Systems prepares the training calendar and sends it to the DPOs, MLTCs, and AWTCs. The AWTCs and MLTCs conduct trainings as per the calendar. The DPOs are responsible for developing a list of participants for each training program. Participant nominations are made based on the number of untrained staff in the district. However, the training need is much higher than the actual training throughput by the training centers.

The CDPOs receive 1 month of job training at the time they join the services at the NIPCCD regional center. The training includes 3 days of BCC training under communication, advocacy, and community participation.

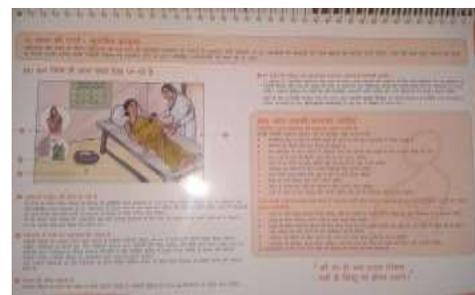
Supervisors undergo 11 days of induction training and a 1-month in-service training at the MLTCs. Every 2 years supervisors are supposed to receive 11 days of refresher trainings. In reality, the refresher trainings are not regularly organized; supervisors could recall having received only initial job training. The job training for supervisors includes 4 days of BCC training in communication, advocacy, and community participation.

The newly appointed AWWs receive a 4-day induction training and 30 days of on-the-job trainings at the AWTCs. The job training includes 4 days of BCC training under communication, advocacy, and community participation. Other than some focused training programs organized by the development partners, AWWs do not receive any training after their initial job training. Normally, AWWs receive their job training any time between 6 months and 2 years of joining the services.

In Maharajganj, it was reported that UNICEF organized 2 days of training² for ASHAs and ANMs; AWWs were also invited. The training was conducted during December 2011–January 2012.

The training provided inputs on IPC to the participants. The participants received a flipchart titled *Jeevan ka Sandesh*. (Refer to Exhibit 9.) The flipchart is not meant exclusively for ICDS. The content of the flipchart included messages on family planning, safe motherhood, child development, breastfeeding, immunization, personal hygiene, diseases, HIV, and other topics. Other than the on-spot evaluation conducted by the training agency, no follow-up was conducted. It was observed that the AWWs lack necessary skills to deliver messages using the flipchart, and it was

Exhibit 9. Flipchart provided to AWWs post-training by UNICEF



² UNICEF organized similar training in five districts of Uttar Pradesh on a pilot basis.

found that the flipcharts are rarely used. Interactions revealed that the supervisors and CDPOs were not aware of the supply of flipcharts to the AWWs.

Adequacy of BCC Training

The training content is detailed and covers several steps, methods, and processes associated with BCC. The subsection titled “Behavior Change Communication” deals mostly with KAP and its indicators, while the other steps of BCC, such as formative research, creation of messages, media, stakeholder identification, role analysis, and monitoring, are dealt with under different topics or titles. Some other areas—perceptions, barriers, opportunities, and impact evaluation—are not covered. As a result, the trainee, while getting knowledge on the different components of communication, is not expected to have a holistic understanding of BCC.

A TOT was organized by UNICEF for NIPCDD faculty and state-level trainers in Delhi in 2010. This training emphasized evidence-based planning of strategy and evaluation of outcomes. It integrated all the different components of communication to bring about behavior change. UNICEF worked with the national and regional training centers of NIPCDD for TOT in capacity building on “principles of social and behavior change communication.” A 3-day workshop was held in Delhi. The participants included directors at different levels from the national and regional centers as well as research assistants.

One key gap in all the training is the absence of a motivational module dealing with the BCC role of AWWs, enabling them to perceive themselves as change agents rather than as mere service providers.

Key Issues: Capacity Building

Need for regular trainings for AWWs. The AWWs are expected to undertake the actual implementation of BCC at the grassroots level. There is no system for refresher trainings for AWWs. Therefore, there is no system in place to enhance the capacities of the AWWs to keep them on par with the changes in BCC approaches and strategies. This leads to the poor implementation of BCC initiatives on the ground.

Lack of needs assessment and follow-up. The training plan for districts comes directly from the state to the respective training centers. DPOs and CDPOs do not have any role in preparing the training plan for the district. There is no proper system to assess the training needs of the AWWs. It was observed that many of the AWWs that have been in service for more than 10 years did not receive any training within the last 5 years. There is no proper system to assess changes in the level of knowledge and skills of the AWWs as a result of the training programs. While considering the trainings organized by some development partners in some areas, it is interesting to note that the supervisors and CDPOs are not aware of the content of the training. This has limited the CDPOs and supervisors from doing the necessary follow-up with the AWWs.

Coordination

The ICDS staff coordinates with DOHFW on various campaigns. Some key campaigns being implemented in the field include the following.

- BSPM is held during June and December. BSPM covers the following events on certain days each week of the month:
 - Pregnant women registration (Week 1)
 - Weighing of 7-month- to 3-year-old children, preparing growth charts, and immunizations (Week 2)
 - Mothers group meeting (Week 3)
 - Adolescent girls meeting (Week 4)
- District-level planning meetings are organized to formulate joint district plans. The meetings are attended by the Chief Medical Officer (CMO), the DPO ICDS, Block Medical Officers (BMOs), and CDPOs. A block-level, 1-day orientation workshop is organized under the chairmanship of the BMO at the community health center before BSPM rounds. The block-level plan for BSPM is developed during this meeting.
- At the village level, during BSPM rounds, the AWW works in coordination with the ANM. It was observed that no BCC tools were made available to AWWs to undertake communication activities. Discussions with the beneficiaries revealed that AWWs always communicate orally and there is no practice of using visual aids.
- VHNDs are conducted in the villages under NRHM with an aim to orient community members about the health services available in their area. These are conducted at the AWC. The AWWs mobilize pregnant and lactating mothers in the area and provide them with information on various issues related to health and nutrition. The AWW is expected to carry out VHND activities with the help of audio-visual aids. It was reported that no audio-visual aids were supplied to AWWs to be used for VHNDs.
- Routine immunization and polio campaigns are again jointly conducted by DOHFW and ICDS staff. There is a system of detailed micro-planning done for each sector (as per health department classification) indicating staff deployment, timing for campaign, logistical availability of required supplies, etc. This micro-planning is done with the involvement of block-level officers from the health department and ICDS, the Medical Officer In-Charge (MOIC) of the respective primary health care sector, and ICDS supervisors.

Budgeting

National

The Media Unit was allocated an annual budget of Rs. 50 crore for 2011–12. The basis for this allocation is not clearly known, but it is similar to the previous year's budget allocation. The budget is primarily for conducting media activities as per the approved plan of the Media Unit.

FNB was allocated an annual budget of Rs. 1 crore during 2011–12 for development of communication materials. FNB reprinted various posters meant to be provided at AWCs and has

developed a pictorial calendar for 2012, in which key messages related to nutrition and child development are mentioned, in both English and Hindi.

State

At the state level, an annual allocation of funds is received based on the guidelines for IEC and community mobilization under ICDS. The total allocation for Uttar Pradesh based on number of AWCs in the state is approx. Rs. 16 crore for 2011–12.

At the district level, the steps integral to IEC are not budgeted for. It is observed that the money allocated for IEC activities is usually allocated under the heading “Publicity.” During 2010–11, Maharajganj district has received Rs. 12 lakh under this heading; in Hardoi district, the allocation was Rs. 1.08 lakh. The basis for this allocation is not clearly known. There is also no district-level plan for BCC activities to be conducted with this budget amount. It was reported that the money was used for various campaign-related orientation seminars and publicity activities in the newspapers and local media. Both districts reported a 100 percent utilization of the money.

MONITORING

National

For the communication activities undertaken at national level, the Media Unit is responsible for monitoring the efficacy and reach of the messages and communication material. However, at present there does not appear to be any system within the Media Unit for monitoring the impact of the message and communication material.

State

There exists a regular monitoring system for various activities being carried out under ICDS. The AWW prepares MPRs and submits them to her supervisor. The supervisor compiles the MPRs for onward submission to CDPOs. Block-level reports are compiled at the office of the DPO and submitted to the directorate at the state level.

The MPRs submitted by CDPOs include various components, such as births and deaths, status of supplementary nutrition, preschool education, NHED, visits to AWCs, health checkups, referral services, and human resources. However, these MPRs lack indicators on the activities for BCC (e.g., meeting with mothers; awareness drives; conduct of special days, such as Annaprasan).

Under NHED, which primarily consists of providing nutrition and health education to mothers for taking care of the nutritional needs of their family members, the MPR contains information on the number of AWCs where audio-visual aids were used for conducting NHED activities. The MPRs submitted by CDPOs show regular activities being carried out using audio-visual aids at various AWCs. But no evidence of the use of audio-visual aids was found at the AWCs.

Another important component of field-level monitoring is through field visits by supervisors and CDPOs. While supervisors are expected to visit the AWCs on a more regular basis, the CDPOs are expected to undertake a few monitoring visits to AWCs every month. However, in both cases field monitoring of BCC is a weak area due to the fact that supervisors are more involved in monitoring

through checking the various registers at AWCs, and on occasions interacting with pregnant and lactating mothers (especially during distribution of supplementary nutrition). There are no efforts to systematically identify issues with regards BCC with the target groups.

The CDPOs have a detail checklist for undertaking monitoring field visits. The checklist mentions infrastructure facilities at AWCs, including buildings, toilets, electricity connections, preschool and medicine kits, functioning of AWCs through regular weighing and recording in growth charts, monitoring of malnourished children, health checkups, immunization, and review of stock and registers. This checklist does not take into account the availability and use of BCC tools at AWCs.

Key Issues: Monitoring

Monitoring of BCC is a weak area, as there is very little effort on monitoring BCC activities at villages and projects through MPRs and field visits. Within the MPRs, there are only a few monitoring indicators for BCC under NHED activities. However, these MPRs lack indicators on the activities for BCC (e.g., meeting with mothers; awareness drives; conduct of special days, such as Annaprasan).

Feedback from the community

Interactions with members of the community, including mothers groups, mothers and in-laws, and Panchayat representatives, revealed a moderate level of awareness of the communication activities carried out at the AWCs. Many community members had seen some communication material (primarily posters), but use of interactive material, such as flipcharts, was not witnessed in most cases. The messages were communicated primarily verbally and only in a few cases through such creative means as singing songs, role plays, etc. Some of the community members responded "... the AWW always communicates verbally. There are no pamphlets used or distributed for us."

Group discussions at AWCs (at special events, such as Godebharai and Annaprasan) were considered as events where community members collect and messages are given by AWWs. On a regular basis, the community would visit the AWC to collect the take-home ration of supplementary nutrition, but these were again used for distributing the amylase and not used for discussion on any themes, etc. In most instances, some family member, e.g., the mother-in law or small children, were sent to collect the amylase on behalf of the pregnant woman or lactating mother. As a result, there was very little opportunity for discussion with the target groups.

The community members are aware about such services as growth monitoring of infants and immunization sessions at AWCs. The source of such information is mainly word of mouth and through interaction with AWWs and/or anganwadi helpers (AWHs). During FGDs, the community members stated, "We come to the AWC once or twice in a month. Otherwise, we sent our kids or a family member to collect the 'panjeeri' and when we visit the centre sometimes the AWW informs us about the immunization day at the AWC." There was no campaign or outreach activity for creating awareness about services provided at AWCs.

The understanding about the services, such as preschool education and immunization, seems to be low. The value of these services is not clearly known to all community members. Most often the AWW or AWH has to personally request community members to come for such services. In most cases, the AWH at the AWC has to go and collect children from the house for preschool education. During FGDs, community members stated that "...the AWH comes to our houses to collect our kids."

Community members feel that there are too few house visits by AWWs. During interactions, most respondents could not recall when the AWW last visited their home.

There were minimal outreach activities, such as wall writing and rallies. Community involvement in spreading messages, e.g., as peer educators, was also not focused on by the AWWs. Mothers in the community mentioned that events, such as film shows, magic shows, puppet shows, and street plays, greatly interested them and created long-term memory of the event and messages. They remembered such activities in the past (even 2–3 years back) and could also recall the themes and key messages conveyed in such events. However, these were mainly conducted with support from development partners (e.g., CARE) and are not being done now. They stated, "If *natak* and magic shows are organized, we will finish our work early to go and watch it."

PRI members appreciated the efforts by AWWs in mobilizing the community and educating them on various issues related to health and nutrition. Most PRI members have the opinion that, as many of the beneficiaries in the villages are illiterate, it will be more effective to convey messages through wall pictures on the common places in the villages. It was also stated that, in some villages, cultural taboos and caste practices hinder people from seeking necessary services from the AWCs. Therefore, there should be additional targeted initiatives to address those issues.

The PRI members were not incorporated in supporting BCC activities of the AWWs. They were aware of wall writing in other programs, such as Total Sanitation Campaign (TSC), and considered this an effective medium to reach out to community. However, this was not being used by AWWs.

ANALYSIS OF STRENGTHS AND WEAKNESSES

The strengths and weaknesses with regard to BCC in the ICDS program are discussed below.

Institutional Arrangements

Strengths

- There is a functional Media Unit within MOWCD to undertake communication-related activities.
- Senior officers at MOWCD are involved in decision making on the message content, media plan, etc. through meetings of the Media Committee.
- AWWs are in position at all AWCs and are available for the implementation of BCC activities at the village level.
- The AWWs are motivated and seek guidance from superiors on their work. For example, a few AWWs developed IEC material and displayed these at their AWCs.
- There are coordinated efforts for BCC with MOHFW at the district, block, and village levels in the events of various campaigns. The ANMs, ASHAs, and AWWs work together during such events, e.g., BSPM.

Weaknesses

- There is a lack of technically qualified communication experts at MOWCD's Media Unit.
- There are no dedicated positions for BCC at the state level. The current Deputy Director in charge of IEC at the state level is primarily responsible for systems, with additional responsibility for trainings and IEC.
- There is no position managing BCC initiatives at the district level. At present, the staffing at the district level is such that the DPO is responsible for managing BCC activities undertaken in the district, including implementation of special campaigns and routine IEC/BCC activities.
- Coordination between AWWs and PRIs is not effective enough to mobilize Panchayat-level resources for BCC activities.

Strategic orientation

Strengths

- The state annual program implementation plan framework document draws attention to the importance of BCC while drawing up the state plan.
- There are BCC "best practice" cases, e.g., *kala jaatha* and BSPM, as reported in the ICDS III evaluation report, which can be used for motivational purposes.

- The development partners at the center and state levels have a strong orientation toward BCC strategic planning and execution.

Weaknesses

- The Communication Strategy for Child Development was developed in 1996, and has not been reviewed and updated based on any recent formative research on current KAP in child development, media preferences, and any new approaches in BCC.
- “IEC” and “BCC” are often used interchangeably in various strategy documents.
- There is no state-level BCC strategy document.
- There is no system for analyzing data on existing behavior practices, barriers for behavior change, or media preferences at the field level to effectively plan and implement BCC activities in the field.

Planning and monitoring

Strengths

- The center has issued guidelines for the development of PIP and district annual plans under ICDS IV.
- There are joint planning meetings between health departments and ICDS at sector and block levels for implementation of BSPM, polio rounds, and other campaigns. These meetings are used to formulate field-level plans and to orient the ICDS and health functionaries.
- There is a regular system of reporting in the form of MPRs at all levels. The AWW submits her MPRs to her supervisor and the supervisor submits them to the CDPO. The CDPO compiles the same and submits them to the district. The DPO compiles the information and sends the district-level progress report to the state.
- Development partners like UNICEF and CARE are available to assist in planning and developing IEC/BCC tools for the state.

Weaknesses

- The annual plan of the Media Unit within MOWCD is reportedly only a set of activities without any strategic planning and monitoring indicators.
- There is no demand estimation and planning for IEC at district the block and village levels.
- The planning for IEC is not focused on the IEC needs of the state, and the funds for IEC are being allocated for non-IEC-related needs of the department.
- There is no system of feedback based on the MPRs at any level: DPO, CDPO, supervisor, or AWW.

- At the village level, AWWs do not have any time-bound micro-plans on communication/BCC activities to follow. The agenda for communication is decided on an ad hoc and spontaneous basis by the AWW without any supervision.
- The reporting system at the district level does not capture the actual progress of IEC/BCC activities at the village and block levels.
- There is no formal feedback system on the MPRs. A systematic review BCC, shortcomings, reasons, and suggestions for improvement is lacking.

capacity building

Strengths

- There is a system of trainings for ICDS functionaries, including AWWs, supervisors, CDPOs, and DPOs. The trainings for AWWs and supervisors is conducted through a network of AWTCs and MLTCs, while that for CDPOs and DPOs is done through the NIPCCD regional center.
- Job training courses for AWWs and supervisors include components on BCC and social mobilization.
- Development partners like UNICEF undertake capacity building of ICDS functionaries, for example, the UNICEF-supported program “Strengthening Quality Systems of ICDS,” running in five pilot districts, has a strong IPC skills training component for AWWs, which can be used in other districts.

Weaknesses

- The officials dealing with IEC at MOWCD have never undergone any formal training on BCC.
- The training modules on IEC and BCC for CDPOs/Additional CDPOs, supervisors, and AWWs are almost identical, not factoring in the difference in capabilities and capacities of the different levels of the trainees.
- While the training topics cover several components of the BCC process, a proper and complete sequence of processes is not followed, demonstrating an incomplete orientation to BCC training.
- There is a system of refresher trainings for the field staff every 2 years. However, in practice, there are no refresher trainings for these staff.
- There is lack of post-training follow-up for ICDS staff. There is no system for field-level hand-holding for these staff or for any assessment of the impact of trainings.

Availability and use of IEC/BCC materials and local media

Strengths

- AWCs have IEC materials related to various issues on mother and child nutrition and care and pre-schooling.
- The material prepared by the development partners are of high standards in terms of motivational and creative appeal.
- The AWWs design and put up their own posters and charts on AWC walls, and they are very enthusiastic about their efforts.
- In each block and village, there is available local culture and media like street plays, *nukkad natak*, puppet shows, folk songs, and scroll paintings, which can be used for mass awareness.

Weaknesses

- Reportedly, the Media Unit within MOWCD has not developed any new BCC materials for past 3 years.
- The IEC material prepared by FNB is ad hoc in nature and does not follow a campaign mode for the standardization of messages.
- No new IEC/BCC materials are available at the AWCs. As a result, both AWWs and mothers are tired of being repeatedly exposed to the same material.
- For message dissemination among mothers at AWCs, there is no standardization of messages among AWCs under one supervisor, because they do not do any convergent planning across AWCs.
- With a few exceptions, the local culture and media in the blocks and villages are unorganized and lack capacity, and there is no mechanism to leverage such media in a planned manner.

RECOMMENDATIONS

Recommendations for addressing the issues identified are discussed below.

Strengthen the Media Unit

The existing Media Unit within MOWCD could be strengthened to function as a specialized media and communications unit responsible for development and monitoring of a national evidence-based communication strategy, detailed planning, implementation, and M&E of national-level components of the strategy and for building the capacities of states for the management of BCC. A draft TOR for the Media Unit is provided in Annex 8.

The media and communications unit would be responsible for managing:

- Formative research and analysis
- Formulation of a national BCC strategy for ICDS
- Support to the states in developing a state-level BCC strategy for ICDS
- Monitoring of the performance of the states for BCC under ICDS

The media and communications unit would need to be staffed with a full-time director and the following professional positions to undertake the necessary functions at the national level:

- BCC expert and team leader
- Media planning specialist
- Research specialist
- M&E specialist

Strengthen the BCC Function at the State and District Levels

At the state and district levels, there is a need to strengthen the BCC function by establishing a BCC unit at the state and districts levels. The state-level unit would be responsible for:

- Formative research and analysis
- Development of a state-level BCC strategy and action plan
- Issuance of relevant guidelines to districts for formulating a district-level BCC operational plan
- Coordination with relevant agencies to develop BCC material, translate existing BCC material, and supply to districts
- Coordination with NIPCCD regional center to develop capacity building plan for district-level BCC staff, including field staff, and to undertake capacity building initiatives
- Monitoring of the performance of districts

- Field visits to review and guide districts in BCC implementation
- Strengthening of CFNEUs to act as resource centers to undertake nutrition education and communication by provision of necessary human resources and capacity building

The state BCC unit will need to be staffed with a full-time joint director/deputy director and the following professional positions to undertake the necessary functions at the national level:

- Team leader for BCC
- Mass media expert
- Folk media expert
- M&E specialist

At the district level, there would need to be a BCC expert position responsible for:

- Development of a district-level BCC action plan
- Development of micro-plans for each village through supervisors and AWWs
- Undertaking of assessments of availability of communication material at AWCs
- Monitoring of implementation as per district action plan
- Coordination with concerned departments, e.g., health, school education, PRI, for implementation of campaigns

Draft TORs for a state-level BCC unit is provided in Annex 9 and for a district BCC expert is in Annex 10.

Establish a System of Planning and Monitoring for BCC

National

At the national level, the existing Communication Strategy for Child Development would need to be revised based on current communication scenarios, priorities, and programs of MOWCD; media habits; budget allocations; and available support from other programs and ministries/departments. This should serve as a guiding document for the states in reviewing/ developing the state-level BCC strategy.

There is also a need at the national level to develop a holistic BCC plan encompassing communication activities of the Media Unit and FNB. This plan should spell out the topics and themes of publicity material, as well as the content and prototype of communication material to be sent to the states for further distribution to districts and AWCs. The plan should detail the use of media mix for different communication themes and messages. The plan should also have a separate section on campaigns to be launched at the national level and in selected states based on key child development issues existing at various regions/states.

State

Formative research (KAP/community needs assessment/rapid survey) should be initiated to establish a baseline and to provide data on media habits. This should lead to development of a state-level BCC strategy, which should detail the existing communication scenarios, communication objectives and key thrust areas, program management arrangements, training and capacity building plan, and monitoring based on process, output, and outcome indicators.

The state would need to develop its annual BCC plan based on the communication strategy. The strategy development and planning would be a key function of the BCC unit at the state level.

District

The district BCC unit would be responsible for developing a district-level BCC implementation plan based on the state annual BCC plan and a district-level situation analysis. The district BCC plan would need to be reviewed and appraised by the BCC unit at the state level. The approved plan would thereafter be implemented and monitored based on a monthly/quarterly plan of activities and allocated budget.

Focus on Training

Trainings are most important to keep the field staff updated on relevant communication skills and to keep them motivated in their routine activities.

A training needs assessment of field staff should be undertaken that should include if and when staff were last trained. Such an exercise would lead to an estimate of the training requirements for staff, based on which a training plan for each district could be developed.

Key features of BCC training should include the following.

- The training plan will need to be monitored to ensure that the trainings are planned and conducted as per the plan.
- Training in BCC will need to cover all BCC methods and processes in the correct sequence.
- Post-training follow-up and assessment of the impact of trainings should be done on a regular basis.
- Design and schedule refresher courses based on the skill gaps/requirements of field functionaries should be conducted.
- Training should focus on the development of a field-level micro-plan for BCC and monitoring should be based on the plan.
- The capacity and skills of field-level folk cultural groups, as a local BCC media opportunity, should be enhanced.

DPOs, CDPOs, and supervisors should be trained through sensitization workshops. This sensitization should cover the following topics:

- Criticality of communication as a cross-cutting strategy to achieve program objectives along with other program strategies

- Appreciation of IPC and its approach and how it is distinct from mass/mid-media
- The basic process to be followed for communication planning, implementation, and monitoring at district, block, and village levels
- The need for research-based, client-centered, service-linked communication

Ensure Availability of BCC Material and Its Use

Based on formative research and the requirements of field functionaries to effectively communicate BCC messages to the target audience, there is a need to develop relevant communication materials and to ensure that they are available at AWCs.

The districts should conduct communication material review to collate the IEC material available for IPC, communication training, various mass media, and advocacy efforts. This should include the content designed by development partners (e.g., UNICEF, CARE) and other departments oriented to child development.

Subsequent to the review, a central inventory of all child development-related communication materials should be established, widely publicized, and made readily accessible to all stakeholders. A system for updating should be set up, such that new developed materials are added to the inventory. The inventory/resource pool should also support translation/ adaptation of content to various local dialects.

POTENTIAL IMPACT OF RECOMMENDATIONS ON KEY ISSUES

The potential impact of recommendations on key issues identified is as follows:

<i>Recommendations</i>	<i>Strengthen the Media Unit at the center</i>	<i>Strengthen the BCC function at the state and district levels</i>	<i>Establish a system of planning and monitoring for BCC</i>	<i>Focus on training</i>	<i>Ensure availability of BCC material and its use</i>
<i>Inadequate structure for BCC</i>	✓	✓			
<i>Planning and monitoring</i>			✓		
<i>Dilution of BCC approach</i>			✓	✓	
<i>Capacity building</i>				✓	
<i>Material development and use</i>					✓

ANNEXES

Annex 1. Terms of Reference

1. Review key documents related to ICDS, like ICDS III evaluation reports at national and UP levels and their recommendations for IEC/BCC, ICDS IV concept note, ICDS IV Project Implementation Plan guidelines, reports of any IEC/BCC workshops conducted by ICDS in the last two years, reports on existing IEC/BCC strategy (if any) and relevant Government Orders from national and state levels.
2. Document the current structure and organogram of the IEC Division/Bureau/Cell in MOWCD at national levels and in the selected state in terms of staffing, responsibilities, activities, funds and information flows.
3. Gather and present information on the current practices and processes in planning, implementation, monitoring and evaluation of IEC/BCC activities in MOWCD/ICDS, including coordination with other program departments of the MOWCD at national and state levels. The information would be gathered through 4–6 in-depth structured interviews at national and state level each with consultants and officials working in IEC and Program division. At district level around 10 in-depth interviews would be conducted at each of the three levels.
4. Gather and present information on coordination of the IEC Division/Bureau/Cell in MOWCD and ICDS with the IEC/BCC section or staff in counterpart organizations like the NIPCCD, National Institute of Nutrition in planning, implementation and monitoring and evaluation of IEC/BCC activities. The information would be gathered through in-depth structured interviews of 2–3 officials with each of the counterparts.
5. Using a social and behavior change communication perspective, identify and assess strengths that can be built on and weakness that need to be addressed for effective planning, implementation, monitoring and evaluation of BCC activities, focusing mainly on human resources, structural and organizational improvements, use of technology and similar areas.
6. In consultation with IHBP, draft general recommendations that build on strengths and overcome barriers and also build capacity of the IEC Division/Bureaus/Cells based on this analysis. This may include suggestions for revising job descriptions and recruitment processes, strengthening pre- and in-service trainings, outsourcing, improving human resource availability, developing a communication strategy and implementation plan, media planning, enhancing quality of monitoring and evaluation of BCC, etc.
7. Prepare a report of findings from Tasks 1 to 6, which will include an executive summary, for review by IHBP.
8. Present findings and recommendations to USAID and the MOWCD in a meeting organized by IHBP and finalize the report with input from the meeting. Share one professionally designed, publishable information brief (2 pages).

Annex 2. IMaCS Team

- **Arijit Bhattacharya.** Arijit is an experienced consultant, having worked for more than two decades in development sector assignments. He brings in experience in project planning and management of consulting projects. As a team leader his responsibilities included project management and quality assurance.
- **Pranav Priyadarshi.** With a post-graduate degree in rural management from IRMA, Pranav has considerable experience in institutional development. As an Institutional Development Specialist, his role in the project included development of assessment tools, stakeholder consultations, field visits, review of secondary information and report preparation.
- **Tapan Sen.** Tapan has the ability to provide strategic leadership to projects and programs. He has provided strategic leadership and direction to several marketing/communication projects for multinational clients, national clients, United Nations agencies and donor clients. As a communication expert, Tapan's responsibilities included inputs for development of study tools, review of IEC tools, review of BCC strategy and report preparation.
- **Shibnath Sen.** Shibnath has extensive experience in the area creative supervision and direction to creative strategy for various media projects. As a communication expert, Shibnath's responsibilities included inputs during development of study tools, field visits, stakeholder consultations and review of IEC materials.
- **Prakash Menakel Philip.** Prakash has relevant experience of working on various institutional assessment mandates for a range of international development agencies. As an Institutional Assessment Expert, Prakash's responsibilities included analysis of secondary literature, development of study tools, field visits, stakeholder consultation, documentation of field process, and report preparation.

Annex 3. List of References

1. Implementation Completion Report of World Bank assisted ICDS-III/WCD Project, Government of India, Evaluation Report, December 2006
2. Guidelines and Processes to be followed for the preparation of State Project Implementation Plans and District Annual Plans, Central Project Management Unit, MOWCD, Government of India
3. Thematic Workshop on Information, Education & Communication (IEC) & Dissemination of Findings of Social Assessment Study, MOWCD & The World Bank, 2008
4. ICDS Project IV, A Handbook, Central Project Management Unit, Ministry of Women and Child Development, Government of India, 2007
5. Annual Report, Ministry of Women and Child Development, 2010–11
6. Five year strategic plan (2011–16), Ministry of Women and Child Development
7. Communication Strategy for Child Development, Ministry of Women and Child Development, 1996
8. Training modules for CDPO, AWW, Supervisor by NIPCCD
9. Training Handbook, UNICEF

Annex 4. List of Persons Met

Ministry of Women and Child Development, Government of India

1. Dr. Shreeranjana, Joint Secretary, MOWCD
2. Mr. Gulshan Lal, Deputy Secretary, MOWCD
3. Ms. Rupa Dutta, Director, MOWCD
4. Ms. Amita Tandon, Consultant ECCE, MOWCD
5. Dr. Saroj Adhikari, Assistant Director, MIC, MOWCD
6. Mr. B Gangopadhyay, Under Secretary Media unit, MOWCD
7. Ms. Kumkum Marwah, Joint Technical Advisor, FNB
8. Dr. S Preemi Devi, Joint Technical Advisor, FNB
9. Dr. Panval, Deputy Technical Advisor, FNB
10. Ms. Anita Makhijani, Food Technology Expert, FNB
11. Mr. Surender Singh, Assistant Technical Advisor, FNB
12. Ms. Shanthi, Artist, FNB
13. Mr. N N Tiwari, Deputy Technical Advisor, CFNU Delhi
14. Dr. Dinesh Paul, Director, NIPCCD
15. Dr. Neelam Bhatia, Joint Director, NIPCCD
16. Mr. D D Pandey, Monitoring Officer, NIPCCD
17. Mr. S C Srivastava, Joint Director, NIPCCD
18. Ms. Shanta Gopalakrishnan, Additional Director, NIPCCD
19. Ms. Meenakshi Jha, Consultant Nutrition Resource Platform, NIPCCD

Department of Women and Child Development, Government of Uttar Pradesh

20. Mr. Sadakant, Principal Secretary, DOWCD
21. Mr. VC Srivastava, Special Secretary, DOWCD
22. Mr. Shambhu Nath, Director, ICDS
23. Mr. D N Verma, Director ICDS, DOWCD
24. Mr. Abhay Jaiswal, Additional Director - Finance, DOWCD
25. Mr. Maneesh Banodha, Assistant Program Manager (MIS), DOWCD

26. Mr. Santosh Kumar, Deputy Director Systems, DOWCD
27. Dr. Madhu Agarwal, Regional Director, NIPCCD regional centre
28. Mr. S Dixit, Lab Assistant, CFNEU, Lucknow
29. Mr. T N Srivastava, Principal, MLTC Chadgao, Maharajganj District
30. Mr. K Pathak, Training Officer, MLTC Chadgao, Maharajganj District
31. Mr. Rambhavan Verma, DPO, Maharajganj District
32. Ms. Anita Yadav, CDPO, Mitora Block, Maharajganj District
33. Ms. Rambha, Supervisor, Mitora Block, Maharajganj District
34. Ms. Asha Devi, AWW, Durhatta 2, Mitora Block, Maharajganj District
35. Ms. Sasikala Devi, AWW, Durhatta 1, Mitora Block, Maharajganj District
36. Ms. Rekha Devi, AWW, Durhatta 4, Mitora Block, Maharajganj District
37. Ms. Vandana Srivastava, AWW, Chainpur - 2, Mitora Block, Maharajganj District
38. Ms. Sasikala Devi, AWW, Chainpur - 1, Mitora Block, Maharajganj District
39. Mr. Pradeep Srivastava, CDPO Sadar Bock, Maharajganj District
40. Ms. Rita Srivastava, Supervisor, Sadar Block, Maharajganj District
41. Ms. Farida Behen, AWW, Karumaha, Sadar Block, Maharajganj District
42. Ms. Chanda Devi, AWW, Piprababun, Sadar Block, Maharajganj District
43. Ms. Kumud Kamini Srivastava, AWW, Karumaha, Sadar Block, Maharajganj District
44. Mr. Prakash Chaurasia, DPO, Hardoi District
45. Mr. Aditya Trivedi, Data Analyst, DPO Office, Hardoi District
46. Mr. Shivpal Yadav, Senior Assistant, DPO Office, Hardoi District
47. Dr. Urvasi Trivedi, Principal, AWTC, Hardoi District
48. Mr. Vijay Kumar Tiwari, CDPO, Shandilya Block, Hardoi District
49. Ms. Mazda Banu, Supervisor, Shandilya Block, Hardoi District
50. Ms. Uma Devi, AWW, Begum Ghanj Village, Shandilya block, Hardoi District
51. Ms. Madhuri Maurya, AWW, Sank Village, Shandilya block, Hardoi District
52. Ms. Ajay Kumari, AWW, Som – 3, Som Village, Shandilya block, Hardoi District
53. Ms. Neetu Rathore, AWW, Som Village, Shandilya block, Hardoi District

54. Ms. Dayavathi Rathore, AWW, Som Village, Shandilya block, Hardoi District
55. Ms. Neetu Rathor, AWW, Som village, Shandilya block, Hardoi District
56. Ms. Chandravathy Yadav, CDPO, Behadar Block, Hardoi District
57. Ms. Kiran Srivastava, Supervisor, Beahdar Block, Hardoi District
58. Ms. Amarjit Kaur, Supervisor, Beahdar Block, Hardoi District
59. Ms. Munni Devi, Supervisor, Beahdar Block, Hardoi District
60. Ms. Subhadra Kumari, Supervisor, Beahdar Block, Hardoi District
61. Ms. Sangita Yadav, Supervisor, Beahdar Block, Hardoi District
62. Ms. Sharmila Gupta, AWW, Raisom – 1, Behadar Block, Hardoi District
63. Ms. Indu Diwedi, AWW, Usraha, Beahdar Block, Hardoi District

Development partners

64. Ms. Alka Malhotra, Program Communication Specialist, UNICEF, Delhi
65. Dr. Sanjay Kumar Pandey, Health Specialist, UNICEF, Lucknow
66. Dr. Alok Ranjan, Nutrition Specialist, UNICEF Lucknow
67. Mr. George Philip, State Director, VISTAAR Project, Intra health, Lucknow
68. Ms. Mandira Naidu, Senior Technical Adviser, VISTAAR Project, Intra health, Lucknow
69. Mr. Ashok Kumar Singh, Senior Technical Adviser, VISTAAR Project, Intra health, Lucknow
70. Dr. Suniti Neogi, Partnership Coordinator, CARE, Lucknow
71. Mr. Amod Kumar, Project Director, MANTHAN, Lucknow
72. Ms. Amita Jain, State Representative, Micronutrient Initiative, Lucknow

Others

73. Dr. Rakesh Kumar, Block Medical Officer, CHC, Maharajganj
74. Ms. Seirunnissa, ANM, Raisom Sub Centre, Beahdar Block, Hardoi
75. Ms. Nirmala Das, ANM, Amrutia Sub Centre, Maharajganj
76. Ms. Gita Vishwakarma, ASHA, Karmaha, Sadar Block, Maharajganj
77. Ms. Maya Devi, ASHA, Usraha, Beahdar Block, Hardoi
78. Ms. Rani, ASHA, Raisom, Beahdar Block, Hardoi

79. Mr. Ram Ashray, Pradhan, Som Village, Sandiliya Block, Hardoi District
80. Mr. Lalta Prasad, Pradan, Raisom, Beahdar Block, Hardoi
81. Mr. Devendra Shukla, Pradan, Usraha, Beahdar Block, Hardoi
82. Mr. Rohit Korima, PRI Member, Karumaha, Sadar Block, Maharajganj
83. Mr. Ysahwant Kumar Patel, Trainer, NYK, Maharajganj
84. Mr. Rajkumar Pandey, Trainer, NYK, Maharajganj

Annex 5. Tools

KEY QUESTIONS/DISCUSSION POINTS FOR DISCUSSIONS AT NATIONAL LEVEL

Director/Joint Director

Institutional Setup

1. Organization structure of MOWCD/Divisions. Placement of IEC Cell/Division.

Planning

2. Is there any annual IEC plan? If yes, process adopted for preparation of Annual IEC/BCC plan (e.g., use of program data from previous year for preparation of current year AAP).
3. What is the basis of the Annual Plan? Is it linked to specific planned program interventions?
4. Role in the ICDS state PIP preparation a. Providing guidelines b. Handholding support
c. Trainings d. Review of PIP e. others
5. Key issues and suggestions for improvement

Program Implementation

6. How important is IEC in achieving ICDS goals? Probe for how this is ensured institutionally, and through budget allocation, monitoring, etc.

What is the system to ensure that the officials at the state prioritize IEC activities? Process, Periodicity

7. Mechanism for coordination with other divisions within the Ministry. a. Joint planning b. sharing feedback c. Joint meetings d. resource sharing
8. Mechanism for coordination with other Ministries such as MOHFW, Dept. of DWS etc
9. Key issues and suggestions for improvement

Human Resources

10. Details of Human Resources under IEC Cell/Division

S No	Position	Qualifications	Experience	Key Responsibilities	Salary
1			Number of Years		
			Functional		
2			Number of Years		
			Functional		
3			Number of Years		
			Functional		
4			Number of Years		
			Functional		
5			Number of Years		
			Functional		
			Number of Years		
			Functional		

11. Is there a written job description for the technical staff? a. Yes b. no

12. Have you ever conducted HR needs assessment? a. Yes b. No c. Random on need basis

Capacity Building

13. Any trainings conducted for IEC staff (Collect copy of training reports)

14. Details of any Training Need Assessment conducted for IEC staff

15. Who conducted trainings on IEC? What was the qualification of the trainer?
16. Is there a system of regular trainings for IEC? (Collect copy of training modules, training calendar)
17. Key issues and suggestions for improvement

Monitoring & Evaluation

18. What is the monitoring mechanism in place for IEC/BCC.?
19. What is the system to gather feedback on the IEC activities being carried out?
20. How is the M&E report used? To whom is it presented?
21. Key issues and suggestions for improvement

Financial Management

22. What is the availability of funds (quantum of funds) to the IEC Division for the year 2010–11 and 2011–12?
23. What is the level of utilization of funds by the IEC Cell/Division for the years 2010–11 and 2011–12?
24. How fund allocation to states is done? Basis for allocation
25. System for financial reporting
26. Key Suggestions and recommendations

IEC Technical Staff

Planning

1. What is the system for collecting primary data for IEC Planning? (how it is done (in-house or out sourced). If outsourced, how is the selection done?)
2. Do you gather and analyze Secondary data for IEC planning
3. Is there a practice of conducting base line (KAP), formative research for situational assessment for IEC planning? a. Yes b. No (if yes collect past reports)
4. Process involved in preparation of Annual Plan
5. Do you set clear social or behavioral targets during planning and design? Do you plan key messages with set targets in mind?
6. Do you select methods for behavior change and specify communication channels?
7. How you identify target audience?
8. Key suggestions and recommendations

Program Implementation

9. Process involved in Message and Material Development and Channel Planning and Implementation
10. If developed in-house, how the outputs are reviewed. What capacities do you have? Persons/position/infrastructure?
11. If out sourced, how the outputs are reviewed?
12. How the pretesting of material is being conducted. Outsourced?
13. Process involved in transferring material/message to states?
14. Who translates the content into regional languages?
15. Do you use multiple communication channels in your program to convey the same message?
16. Stages of IEC/BCC Strategy implementation:

Activity	Performed (Y/N)	By whom: In-house/ outsourced
Formative Research		

Activity	Performed (Y/N)	By whom: In-house/ outsourced
Planning		
Budgeting		
Communication Strategy Development		
Message design		
Material development/production/dissemination		
<ul style="list-style-type: none"> • <i>Print (Mass Media and IPC)</i> 		
<ul style="list-style-type: none"> • <i>Audio</i> 		
<ul style="list-style-type: none"> • <i>Video/film</i> 		
<ul style="list-style-type: none"> • <i>Internet/mobile</i> 		
<ul style="list-style-type: none"> • <i>Outdoor</i> 		
<ul style="list-style-type: none"> • <i>Folk forms/street theatre</i> 		
<ul style="list-style-type: none"> • <i>IPC Training Tool kits</i> 		
<ul style="list-style-type: none"> • <i>Communication Workshop/Facilitator Guides</i> 		
<ul style="list-style-type: none"> • <i>Community based events</i> 		
<ul style="list-style-type: none"> • <i>Others (Please mention)</i> 		
Pre-testing		
Monitoring/and supervision		
Reporting		
Feedback/Mid-course correction		
Capacity building		

Activity	Performed (Y/N)	By whom: In-house/ outsourced
Others (Specify):		

17. Process and system for outsourcing IEC/BCC work, if any a. Tendering b. Long term contract:

18. What you think are the barriers faced in execution of tasks

19. Key suggestions and recommendations

Human Resource Development

20. Work conditions: Office space, mobility, IT and media related equipment needs etc.

Sl. No	Particulars	Details
1	Office Space	
2	Computers	
3	Scanners	
4	Copiers	
5	Software (Give details)	
A		
B		
C		
6	Others	

21. How the tools/equipments are helping you in undertaking the activities?

22. Do you think more tools/equipments are required for you to undertake IEC activities

23. Details of training received in past 3 years

24. Details on workshops conducted on IEC/BCC issues

25. Which trainings given to you were sufficient enough for you to undertake your roles and responsibilities?

26. Which are the areas do you think future training programs should focus on?

27. Key suggestions and recommendations

Monitoring & Evaluation

- 28. Role in monitoring and Evaluation of IEC activities?
- 29. What is the system for periodic review of your communication materials and approaches to ensure that they are updated and relevant to the changing context?
- 30. What is the system to assess the outcomes of IEC activities?
- 31. Are there clear process and outcome indicators for BCC activities (Collect these indicators and progress on these)
- 32. Flow of information: List of relevant Guidelines sent to states (content, method of communication e.g., through letter/meeting/workshop. Collect Copy)

S No	Name of Guideline	Periodicity	Mode of communication	Person responsible

- 33. List of reports that centre receives from the state (Collect copy)

S No	Name of Report	Periodicity	Mode of communication	Person responsible

- 34. What are the quantitative research methods/surveys adopted at central level for measuring efficacy of the communication activities?
- 35. What are the qualitative research methods adopted at central level for measuring efficacy of the communication activities. Collect reports for such assessments done in past 1 year

36. Give details of communication Pilot programs done for measuring efficacy of the communication activities. Collect reports for such assessments done in past 1 year
37. Is the data from M&E reports/studies analyzed to be used for redesigning communication activities. Are lessons learned/good practices documents to be used for IEC/BCC program improvement? Y/N
38. Key suggestions and recommendations

List of documents to be collected for further review:

- 1) National IEC/BCC guidelines
- 2) Job descriptions/appointment letters of IEC staff
- 3) IEC/BCC material developed
- 4) Guidelines issued to states for IEC/BCC, relevant government orders
- 5) MIS reports for past 2 years
- 6) Financial expenditure report for past 2 years
- 7) IEC/BCC training report, workshop report

Development Partners

1. Duration of association with MOWCD/DOWCD
2. Nature of association with MOWCD/DOWCD? (e.g., planning, implementation, monitoring support, etc.)
3. Have you ever provided any technical assistance for IEC, BCC to MOWCD/DOWCD? a. Yes b. No
4. How have you identified the need for assistance for IEC, BCC? a. Informed by the department b. Identified by yourself c. any other.....
5. Areas for providing IEC, BCC support

1. Area	2. In-House/Outsourced
3. Need identification	4.
5. Developing message	6.
7. Deciding channel for communication	8.
9. Development of IEC tool	10.
11. Pretesting	12.
13. Implementation/Broadcasting	14.
15. Monitoring	16.

6. If you were to create a BCC Plan what are the key steps/stages you would go through?

7. (If outsourced how you do ensure quality/review the product/output)

Formative research, Developing message, Deciding channel for communication, Pretesting, Strategy development, Implementation, Monitoring/Impact assessment, Training, capacity building

8. Is there a IEC cell/function within DOWCD/ICDS? What is the structure and key skill sets available within this?

9. Who are key contact persons at DOWCD (state and districts) for IEC, BCC related technical support

10. Have you ever been asked to undertake capacity building/deliver sessions during training programs for ICDS staff in the area of IEC at the State and District level?

11. What would be your suggestions for creating an IEC Cell structure within ICDS? What should its role be?

12. Key suggestions and recommendations

List of documents to be collected for further review:

- 1) Strategic plan for IEC for supporting MOWCD
- 2) Budget and expenditure on IEC support for MOWCD in last 3 years
- 3) Sample of material developed
- 4) Reports on conduct, evaluation of communication campaigns during last 3 years

KEY QUESTIONS/DISCUSSION POINTS FOR DISCUSSIONS AT STATE LEVEL

Director/Joint Director

Institutional

1. Organization structure of DOWCD. Placement of IEC division. Structure of IEC Cell/Division in terms of persons/roles/positions/reporting lines?

Planning

2. Is there any annual IEC plan? If yes, process adopted for preparation of Annual IEC/BCC plan, (e.g., use of program data from previous year for preparation of current year AAP.)
3. Relevance of IEC in the state PIP
4. What is the basis of Annual Plan? Is it linked to specific planned program interventions?
5. Key issues and suggestions for improvement

Program Implementation

6. What kind of assistance is received from Center to state for undertaking IEC/BCC? a. Supply of guidelines b. material support c. Technical support
7. How important is IEC in achieving ICDS goals? Probe for how this is ensured institutionally, and through budget allocation, monitoring, etc.
8. Do you have any system to ensure that the officials at the district prioritize it?
9. Mechanism for coordination with other divisions within the Departments
10. Mechanism for coordination with other Departments such as DOHFW, etc. Probe for examples
11. Key issues and suggestions for improvement

Human Resources

12. Details of Human Resources under IEC Cell/Division

S No	Position	Qualifications	Experience	Key Responsibilities	Salary
1			Number of Years		

S No	Position	Qualifications	Experience	Key Responsibilities	Salary
			Functional		
2			Number of Years		
			Functional		
3			Number of Years		
			Functional		
4			Number of Years		
			Functional		
5			Number of Years		
			Functional		
			Number of Years		
			Functional		

13. Is there a written job description for the technical staff? a. Yes b. no (if yes collect copy)

14. Have you ever conducted HR needs assessment?

Capacity Building

15. Any Training Need Assessment conducted for IEC

16. Any trainings conducted for IEC staff (Collect copy of training reports)

17. Who conducted trainings on IEC? What was the qualification of the trainer?

18. What is the system for regular trainings for IEC? (Collect copy of training modules, training calendar)

19. Key issues and suggestions for improvement

Monitoring & Evaluation

20. Monitoring mechanism in place for IEC/BCC. Yes b. No
21. What is the system to gather feedback on the IEC activities being carried out
22. Key issues and suggestions for improvement

Financial Management

23. What is the availability of funds (quantum of funds) to the IEC Division for the year 2010–11 and 2011–12?
24. How the funds allocated for IEC is being utilized? (probe for the norm of Rs. 1000 per anganwadi for IEC activities)
25. What is the level of utilization of funds by the IEC division for the years 2010–11 and 2011–12?
26. Key Suggestions and recommendations

IEC Technical Staff

Planning

1. Do you undertake any primary data collection for IEC Planning? a. Yes b. No
If Yes: Give details (type of secondary data and system of analysis)
2. Do you gather and analyze Secondary data for IEC planning. a. Yes b. No
If Yes: Give details (type of secondary data and system of analysis)
3. Is there a system of collecting data for IEC planning. a. Yes b. No (e.g., KAP study, baseline)
4. Do you set clear social or behavioral targets during planning and design?
5. Do you include the plan for materials and dissemination channels as part of strategic planning?
6. Process adopted for identification target audience?
7. Process involved in preparation of Annual Plan
8. Key suggestions and recommendations

Program Implementation

9. Process involved in Designing communication strategy and activities
10. Process involved in Message and Material Development
11. If developed in-house, how the outputs are reviewed
12. If out sourced, how the outputs are reviewed
13. How the pretesting of material is being conducted
14. Do you use multiple communication modes in your program to convey the same message?
15. Which are the major campaigns implemented during last 1–3 years?
16. Details about the strategies adopted for implementing the campaign?
17. What was your role in the implementation of the campaign?
18. What were the capacity requirements for implementing the campaign?
19. Whether all the capacity requirements were met? If yes how?
20. Stages of IEC/BCC planning and implementation:

Activity	Performed (Y/N)	By whom: In-house/ outsourced
Formative Research		
Planning		
Budgeting		
Communication Strategy Development		
Message design		
Material development/production/dissemination		
<ul style="list-style-type: none"> • <i>Print</i> 		
<ul style="list-style-type: none"> • <i>Audio</i> 		
<ul style="list-style-type: none"> • <i>Video/film</i> 		
<ul style="list-style-type: none"> • <i>Internet/mobile</i> 		
<ul style="list-style-type: none"> • <i>Outdoor</i> 		
<ul style="list-style-type: none"> • <i>Folk forms/street theatre</i> 		
<ul style="list-style-type: none"> • <i>IPC Training Tool kits</i> 		
<ul style="list-style-type: none"> • <i>Communication Workshop/Facilitator Guides</i> 		
<ul style="list-style-type: none"> • <i>Community based events</i> 		
<ul style="list-style-type: none"> • <i>Others (Please mention)</i> 		
Pre-testing		
Monitoring/and supervision		
Reporting		
Feedback/Mid-course correction		

Activity	Performed (Y/N)	By whom: In-house/ outsourced
Capacity building		
Others (Specify):		

21. Process and system for outsourcing IEC/BCC work, if any. Tendering b. Long term contract

22. Barriers faced in execution of tasks

23. Key suggestions and recommendations

Human Resource Development

24. Work conditions: Office space, mobility, IT and media related equipment needs etc.

Sl. No	Particulars	Details
1	Office Space	
2	Computers	
3	Scanners	
4	Copiers	
5	Software (Give details)	

25. Are the tools/equipments are sufficient in helping you in undertaking the activities? a. Yes b. no

Give details

26. Details of training received in past 3 years

27. Details on workshops conducted on IEC/BCC issues?

28. Do you think the trainings received are sufficient enough for you to undertake your roles and responsibilities? If no, what are the areas you think are important

29. Do you think there are enough expertise HR available with the IEC division to handle the software and equipments?

30. Key suggestions and recommendations

Monitoring & Evaluation

- 31. Role in monitoring and Evaluation of IEC activities?
- 32. What is the system for periodic review of your communication materials and approaches to ensure that they are updated and relevant to the changing context?
- 33. What is the system to assess the outcomes of the IEC activities?
- 34. Are there clear process and outcome indicators for BCC activities (Collect these indicators and progress on these)
- 35. Are quantitative research methods/surveys adopted at central level for measuring efficacy of the communication activities
- 36. Are qualitative research methods adopted at central level for measuring efficacy of the communication activities
- 37. Are any Communication Pilot programs done for measuring efficacy of the communication activities
- 38. Is the data from M&E reports/studies analyzed to be used for redesigning communication activities. Are lessons learned/good practices documents to be used for IEC/BCC program improvement? Y/N
- 39. Key suggestions and recommendations

Flow of information:

- 40. List of relevant GOs sent to districts/projects (content, method of communication e.g., through letter/meeting/workshop. Collect Copy)

S No	Name of Guideline	Periodicity	Mode of communication	Person responsible

- 41. List of reports that state receives from the district (Collect copy)

S No	Name of Report	Periodicity	Mode of communication	Person responsible

Development Partners

1. Duration of association with MOWCD/DOWCD
2. Nature of association with MOWCD/DOWCD? (e.g., planning, implementation, monitoring support, etc.)
3. Have you ever provided any technical assistance for IEC, BCC to MOWCD/DOWCD? a. Yes b. No
4. How have you identified the need for assistance for IEC, BCC?
5. Areas for providing IEC, BCC support

17. Area	18. In-House/Outsourced
19. Need identification	20.
21. Developing message	22.
23. Deciding channel for communication	24.
25. Development of IEC tool	26.
27. Pretesting	28.
29. Implementation/Broadcasting	30.
31. Monitoring	32.

6. If you were to create a BCC Plan what are the key steps/stages you would go through?
7. (If outsourced how you do ensure quality/review the product/output)
8. Is there a IEC cell/function within DOWCD/ICDS? What is the structure and key skill sets available within this
9. Who is are key contact persons at DOWCD (state and districts) for IEC, BCC related technical support
10. Have you ever been asked to undertake capacity building of ICDS staff in the area of IEC at the State and District level?
11. What would be your suggestions for creating an IEC Cell structure within ICDS? What should its role be?
12. Key suggestions and recommendations

List of documents to be collected for further review:

- 1) Strategic plan for IEC for supporting DOWCD
- 2) Budget and expenditure on IEC support for DOWCD in last 3 years
- 3) Sample of material developed
- 4) Reports on conduct, evaluation of communication campaigns during last 3 years

KEY QUESTIONS/DISCUSSION POINTS FOR DISCUSSIONS AT DISTRICT AND FIELD LEVELS

DPO

Planning

1. Is there any system for preparing district plan for ICDS (Y/N). If yes, Does BCC form a major part of the District ICDS Plan (if yes, how)
2. Any annual IEC demand estimation is being carried out?
3. Do you communicate the IEC requirement of the district to the state?
4. Key suggestions and recommendations

Program Implementation

5. IEC activities currently being taken place in the district
6. Did you ever organize any meetings or consultations CDPO to discuss the IEC activities
7. What is the source of IEC materials for the District ICDS?
8. Details of the campaigns implemented during last 1 – 3 years?
9. What support you received from the State for implementing the campaign
10. Give details about the strategy adopted for implementation of a successful campaign?
11. What difficulties you faced during the implementation of the campaigns?
12. What are the gaps in the IEC/BCC activities at the districts?
13. What type of IEC activities is more effective in the district in your opinion? (Wall writing, brochure, street plays, events, campaigns)
14. Key suggestions and recommendations

Human Resource Development

15. Any training program organized for CDPOs for IEC activities
16. Any district level training program organized for Supervisors for IEC activities
17. Key suggestions and recommendations

Monitoring

18. What is the system to assess the outcomes of the IEC activities conducted at district level?
19. What is the reporting and feedback system at district level

Financial

20. How much fund was allocated for IEC during 2010–11 and 2011–12?
21. What is the level of utilization for the past 2 years?
22. Key suggestions and recommendations

CDPO

Name :

Block:

District:

Contact no.

Planning

1. If there any planning for IEC at the Block level. Give examples
2. Key suggestions and recommendations

Program Implementation

3. What are the IEC activities currently undergoing in the block?
4. Details of campaigns implemented during past 1 – 3 years?
5. What was the process adopted for implementing the campaign? (give example of a campaign)
6. What are the difficulties faced during implementation of campaigns?
7. Are there any gaps in the current IEC activities at the block level? Probe for such gaps
8. Did you ever organize any consultations for IEC at the block level? If yes give details? Participants
9. What is the role of supervisors, AWWs for IEC within the project
10. From where do you receive IEC materials?
11. What is the basis of distribution of IEC materials?
12. Key suggestions and recommendations

Human resources Development

13. What all trainings are organized for supervisors and AWW's on IEC?
14. Have you ever participated in any training programs on IEC at district/state? If yes: list, who conducted training?
15. Key suggestions and recommendations

Monitoring

16. What is the system to monitor IEC activities at the block level
17. Key suggestions and recommendations

Supervisor

Name:

Block:

Mobile Number:

Program Implementation

1. What are the IEC activities at the block, village levels?
2. Do you think the IEC needs of the block, villages are met by the current activities? If no give reasons?
3. In your opinion what is the best medium to spread messages among the target people in your area?
4. In your opinion what more needs to be done at the block, village level for an effective BCC?
5. Key suggestions and recommendations

Human Resources:

6. Have you ever received training on IEC activities (Interpersonal Communication, handling IEC materials etc). Details of such trainings in past 2 years
7. What is the system of training AWW on IEC activities? Who delivers training?
8. Key suggestions and recommendations

FGD - AWW

Objectives:

- To understand the knowledge level of AWW about IEC/BCC activities
- To understand the implementation of IEC/BCC activities at anganwadi level.
- To understand the system of coordination between ANM/ASHA and AWW on IEC activities.
- To understand the status of IEC activities and assess IEC needs at the village level under ICDS Program

Participants:

Duration : 45 minutes - 1 hour

Venue:

1. IEC activities

- a. What are of IEC activities you undertake?
- b. Who all are the target audience for IEC activities. What is the means, frequency for IEC, BCC with different target audience
- c. Why you think the IEC activities you undertake at the field level are
 - i. Sufficient?
 - ii. Not sufficient
- d. Details of major IEC campaigns implemented in the village?

- e. What was the methodology adopted to implement the campaign?
- f. Any training received for undertaking the campaign?
- g. Are the messages communicated understood well by the community? How do you ensure that?
- h. Does ever ask you any doubts after reading the messages? If yes, whether you were able to answer the question?
- i. Are the messages communicated relevant for the community. Are these messages understood well by the community?
- j. Among the IEC activities you undertake, which mode of communication is most effective, why?

2. Coordination

- a. How you coordinate with ANM and ASHA for IEC activities?
- b. Any involvement in IEC campaigns of Health department?

3. Training

- a. Have you ever received any training on IEC? Details of trainings in past 2 years (broad contents, conducted by, usefulness)

4. Guidance

- a. What support you receive from supervisor to undertake IEC activities?

- b. Is that sufficient?

5. Medium

- a. What do you think about the impact of messages spread through different media?
Rate the level of impact by different media

S No	Media	Impact (1 lowest, 2 average, 3 high, 4 very high)
1	Television	
2	Radio	
3	Hoardings	
4	Wall writings	
5	Folk media (puppets, street plays, magic show)	
6	Film show	
7	Leaflets, handouts	
8	Others (specify)	

6. Suggestions and recommendations

MO IC

Name:

Block:

Mobile No:

1. Are you aware about the IEC activities carried out through ICDS?
2. In your opinion, for child development which areas should IEC activities focus?
3. In your opinion which modes of communication should be used for IEC to address issues related to Child development?
4. Does the ANMs and ASHAs in your area works in coordination with the AWW in their area?
5. Have you ever discussed the IEC related topics in the monthly meetings of ASHAS & ANMs?
6. Key suggestions and recommendations

ANM/ASHA

Objectives:

- To understand the implementation of IEC/BCC activities of Health department on Child development at Village level
- To understand the system of coordination between ANM/ASHA and AWW on IEC activities.

Participants:

Duration : 30 minutes- 45 minutes

Venue:

1. IEC Activities

- a. Do you spread messages about various issues related to Child development?
- b. What are the methods you use to spread messages?
- c. In your opinion which method is the most effective method to spread messages among the public?
- d. In your opinion what more messages needs to be spread in issues related to Child development

2. Coordination

- a. How do you work in coordination with AWW?
- b. What role AWW plays for implementation of IEC activities?
- c. Can you give us examples of IEC campaigns you worked with AWW?

3. Training

- a. Have you ever received any training on communicating messages to others?
- b. Do you think you need more training for IEC?

4. Key suggestions and recommendations

PRI MEMBERS

Objectives:

- To understand the implementation of IEC/BCC activities under ICDS program at Village level
- To understand the involvement of PRIs in the IEC activities carried out under ICDS Program

Participants:

Duration : 30 minutes- 45 minutes

Venue:

1. Understanding of ICDS and Involvement

- a. Are you aware of the services available at the AWC Centre
- b. What role do you play in supporting promotion of health and nutrition of mother and child? Do you communicate directly with mothers/parents/caregivers?
- c. What is your opportunity for communicating: home visit, at panchayat office, elsewhere ?
- d. How you got information about the services available at the AWC?

2. IEC activities

- a. What are the media through which you receive information about these services? (a. Inter personal communication by AWW b. Broachers c. Wall writings d. Posters e. Television f. Radio g. Street plays)
- b. In your opinion, whether the existing communication mechanisms are sufficient?

- c. Have you seen any posters, any wall paintings? What was the subject?
- d. Which form of communication will be the best medium to communicate with families? Why?
- e. Have you heard any messages on radio? When? Where? What was the subject?
- f. Have you seen any messages on TV? When? Where? What was the subject?
- g. Have you received any messages through folk media (street play, puppet show)? When? Where? What was the subject?
- h. Which medium do you think is best for promoting the well being of mother and child?

3. Monitoring

- a. What role do you play in the monitoring of AWCs?

4. Key suggestions and recommendations

COMMUNITY MEMBERS: MOTHERS' GROUPS

Objectives:

- To understand the IEC/BCC activities under ICDS program at Village level
- To understand the perception of the beneficiaries about the IEC activities carried out through ICDS Program
- To seek their expectations and preferences for IEC/BCC medium and messages

Participants:

Duration: 30 minutes - 45 minutes

Venue:

1. Information on Services

- a. Are you aware of the services available at the AWC Centre? What services are available?
- b. How you got information about the services available at AWC?
- c. Did you ever utilize any services from AWC?
- d. Which service you receive from AWC on a regular basis?

2. IEC activities & BCC

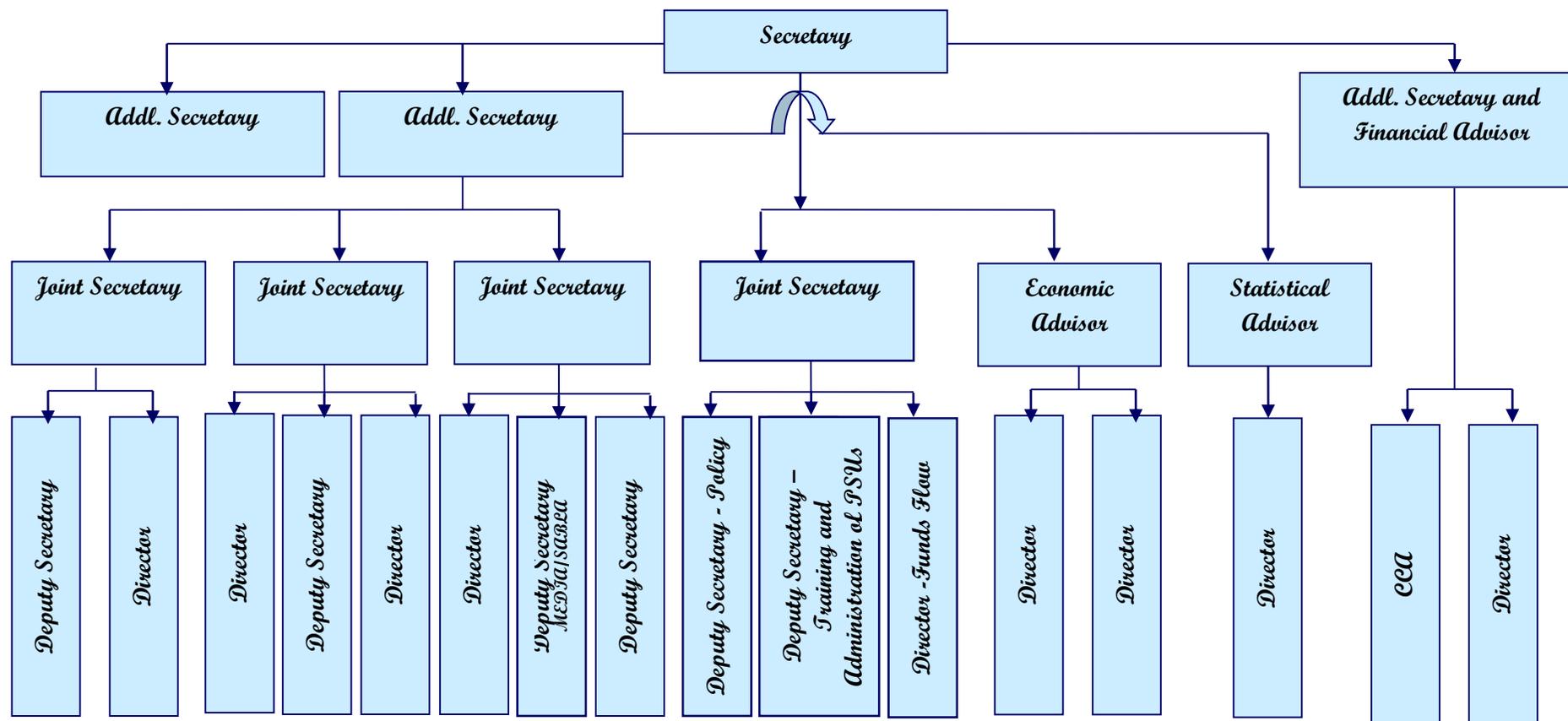
- a. What are the media through which you receive information about AWC services? (a. Inter personal communication by AWW b. Broachers c. Wall writings d. Posters e. Television f. Radio g. Street plays)
- b. Does the AWW visit your home to talk/counsel you? How often does she come?

- c. When she talks to you is it only verbal or does she use any tool? What?
- d. Which all messages she conveyed to you?
- e. Have you seen any posters, any wall paintings? What was the subject?
- f. Have you heard any messages on radio? When? Where? What was the subject?
- g. Have you seen any messages on TV? When? Where? What was the subject?
- h. Have you received any messages through folk media (street play, puppet show)?
When? Where? What was the subject?
- i. Which form of communication will be the best medium to communicate with
families?
- j. Which medium do you think is best for promoting the well being of mother and
child?

Key suggestions and recommendations

Annex 6. Organizational Structures – National and State Level s

EXHIBIT 1. ORGANIZATIONAL STRUCTURE OF MOWCD



Note: The Media unit is a specialized unit focusing on media activities of the ministry and is headed by a Deputy Secretary (Media and Sabla)

EXHIBIT 2. ORGANIZATIONAL STRUCTURE OF CHILD DEVELOPMENT DIVISION

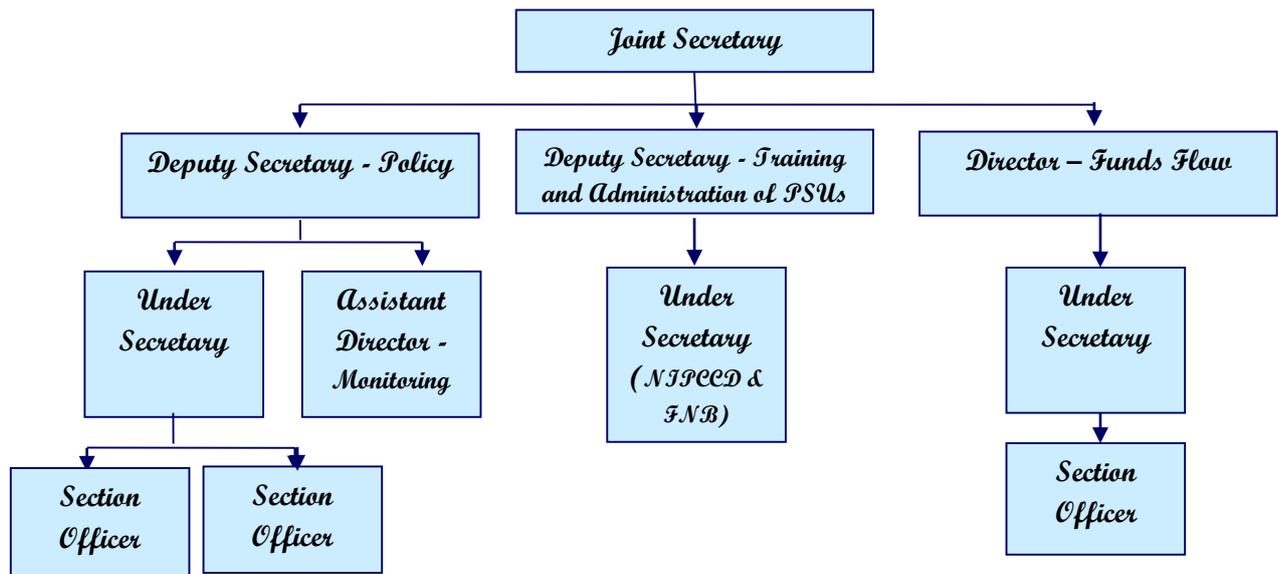


EXHIBIT 3. ORGANIZATIONAL STRUCTURE OF MEDIA UNIT AT MOWCD

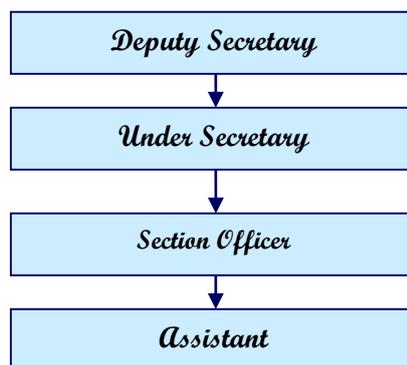


EXHIBIT 4. ORGANIZATIONAL STRUCTURE OF FOOD AND NUTRITION BOARD

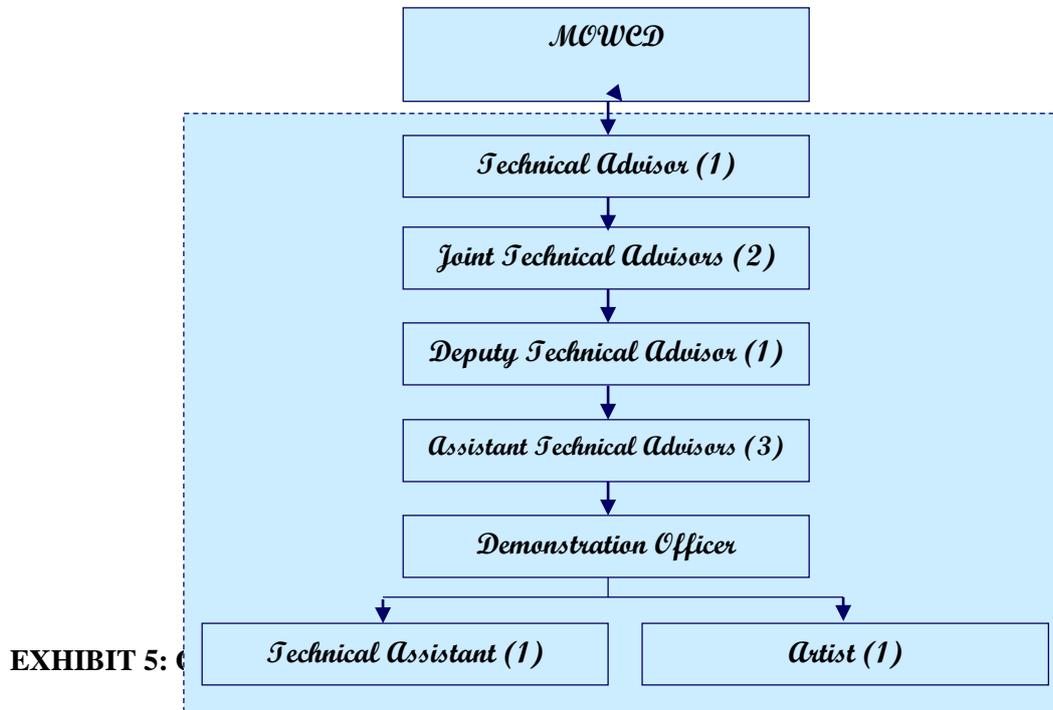


EXHIBIT 5. ORGANIZATIONAL STRUCTURE OF NIPCCD

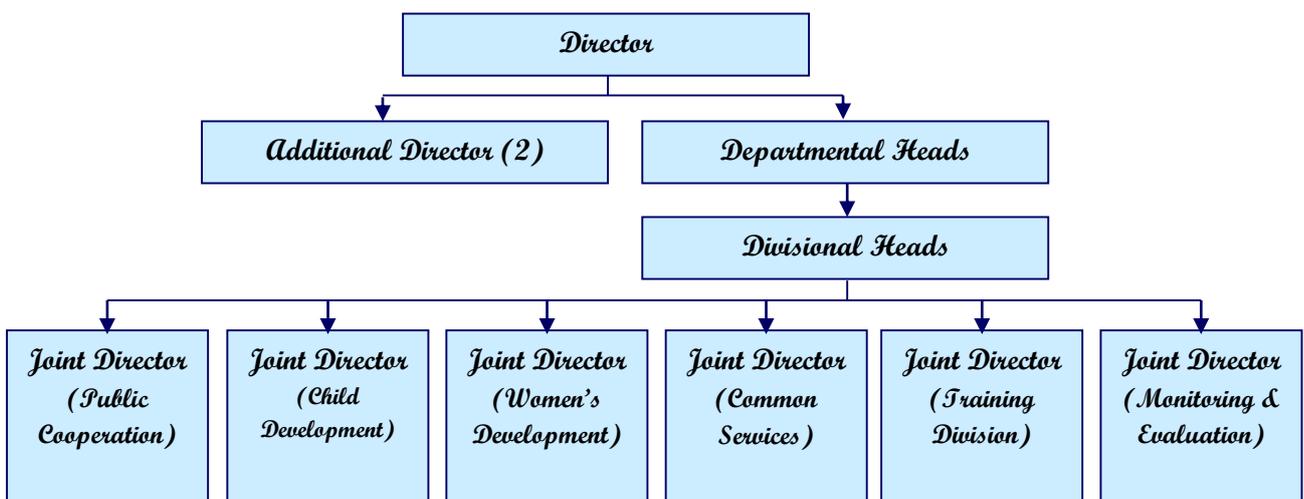
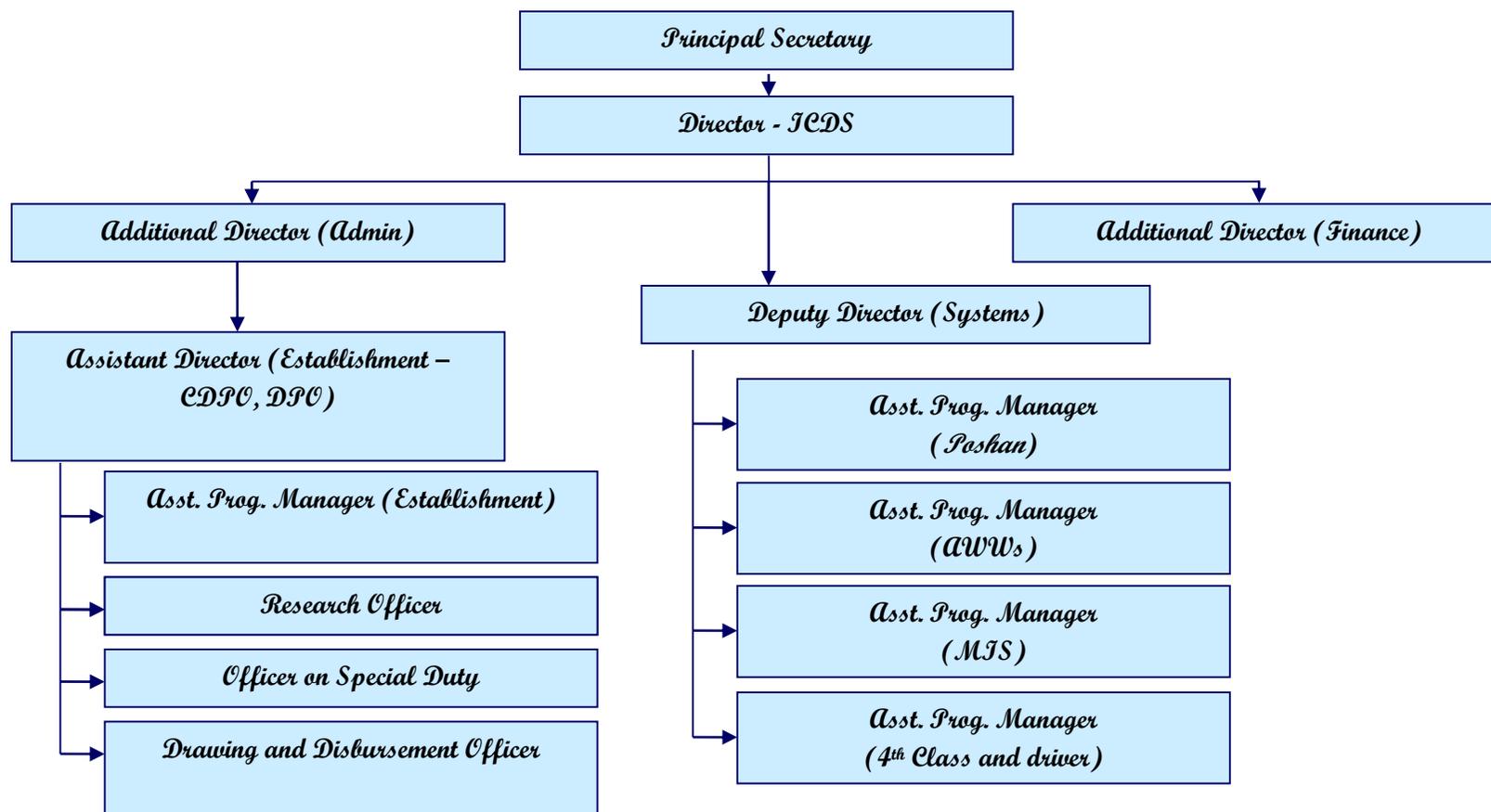


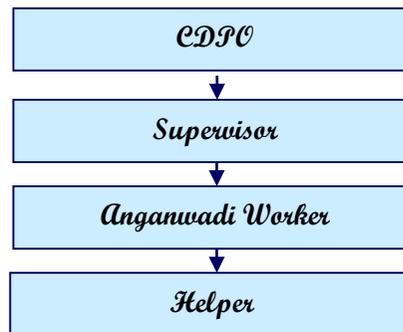
EXHIBIT 6. ORGANIZATION STRUCTURE AT DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT IN UTTAR PRADESH



ORGANIZATIONAL STRUCTURE FOR ICDS AT DISTRICT LEVEL



ORGANIZATIONAL STRUCTURE FOR ICDS AT PROJECT LEVEL



Annex 7: List of IEC/BCC Material Collected and Review of IEC/BCC Material

LIST OF IEC/BCC MATERIAL COLLECTED

S No	Department/Institution	Material type	Material details
1	FNB, MOWCD, GoI	Booklets/guidelines	Nutritious recipes for complementary feeding of infants and young children, 2008
			Dietary tips for better health, 2007
			Ready reckoner on fruit & vegetable preservation & nutrition
			National guidelines on infant and young child feeding
		Charts/posters	Vitamin A for health eyes and skin
			Increase iron intake in diet
			Use iodized salt for making the child intelligent
			Ensure appropriate food for girl child for removing malnutrition
			Child feeding directory
		Video clips	Nutrition of girls child (30 seconds video in 18 languages)
			Adolescent girls (30 seconds video in 18 languages)
			Iodine (30 seconds video in 3 languages)
			Vitamin A (30 seconds video 7 languages)
			Anemia (30 seconds video in 7 languages)
			Child nutrition (30 seconds video in 14 languages)

			Infant feeding (30 seconds video in 14 languages)
			Breast feeding (30 seconds video in 14 languages)
			<p>Nutrition and national development series</p> <ol style="list-style-type: none"> 1. The present stats of nutrition 2. Breast feeding – Why and how 3. The importance of breast feeding and different myths associated with it 4. Breast feeding & society’s responsibility
			<ol style="list-style-type: none"> 5. The commencement of supplementary food and its importance 6. How to make supplementary food for the baby 7. Instant baby food 8. Importance of cleanliness during preparation of baby food
			<ol style="list-style-type: none"> 9. Protein energy deficiency & its removal 10. Nutrition of teen agers 11. Importance of delaying a girls marriage and motherhood 12. Nutrition of pregnant women
			<ol style="list-style-type: none"> 13. Nutrition of breastfeeding mothers 14. Importance of vitamin A 15. Iron deficiency in blood- Anemia 16. Food and diabetes

			<p>17. Iodine deficiency & its eradication</p> <p>18. Food for the elderly</p> <p>19. Importance of sprouted dal in food</p> <p>20. Importance of cleanliness in life</p>
			<p>21. Importance of fruits and vegetables</p> <p>22. Preservation of nutrients during cooking</p> <p>23. Nutrition and infection</p> <p>24. Importance of nutrition garden</p>
			<p>25. How to prevent food and water born diseases</p> <p>26. Means of food preservation</p> <p>27. Role of family in looking after children</p>
	NIPCCD/UNICEF	Presentations, resource book	Training of NIPCCD Trainers on Principles of Social and Behavior Change Communication
	DOWCD, GoUP	Booklet	Daily field visit register of AWW
			Guidelines for AWW for early childhood care
			Mother and child protection card
	Care, UP	Booklet	ICDS services (published by ICDS Directorate, GoUP)
			Male involvement in Mother and child health
	UNICEF	Flipchart	Jeevan Ka Sandesh

REVIEW OF IEC/BCC MATERIAL

Introduction

This is a review of randomly selected posters collected from FNB in Delhi and field visits in UP. The review has been done from the point of view of the tenets followed for creating BCC tools. However, the limitation of the review is that while BCC is a process that takes into consideration tools as well as the channels of communication and convergence of methods, there was no scope to investigate the BCC process beyond the analysis of the posters.

The terms of reference for the review are:

1. Determine the target audience and communication objective of the posters
2. Are the messages in synch with the needs of BCC?
3. Comment on the ease of understanding of the communication and the creative approach



Poster: Maintaining Cleanliness during child birth

Target Audience	Delivery-doctor, ANM, other birth attendants
Communication Objective	Make the doctor/birth attendant aware of the safety precautions that must be taken during child birth to ensure safe health of mother & child
Appropriateness of messages as BCC	The messages focus on the 5 key information areas of safety precaution. However the main benefit of following the 5 steps: ensuring the life of mother and child, which is the key trigger for behavior change, receives far less attention
Ease of understanding and comprehension	The visual of the palm with 5 fingers as well as the visuals for each step make the comprehension easy, especially for that section of the TA with poor literacy
Communication/creative approach	It would work better if there was some strong emotional stimulus, to work as trigger for a changed mindset-- related to the target audience's existing practice towards child birth procedure

<p>Tool type</p> <p>Name</p>	 <p>Poster: <i>Child feeding practices</i></p>
<p>Target Audience</p>	<p>Mother, caregiver</p>
<p>Communication Objective</p>	<p>Make the mother/caregiver aware about the correct and timely nutrition and feeding practices for the child</p>
<p>Appropriateness of messages for BCC</p>	<p>The messages give information about the ‘what’ and ‘when’ of feeding the child from birth to 2yrs. However, the main headline is very confusing: “Baby’s health is the property of the Nation”! Perhaps, what was meant is -- a healthy baby is the nation’s pride? In any case, the main appeal should have been a more personalized message appealing to the sentiment of the mother.</p>
<p>Ease of understanding and comprehension</p>	<p>The headline confuses the comprehension for the mother. On the other hand the visual of the ‘bonnie baby’ is an attempt to illustrates the benefit of proper nutrition for the child</p>
<p>Communication/creative approach</p>	<p>The communication lacks a hook or a point of contact between the message and the target audience. In fact referring to a baby as national property hardly entuses a mother to check out the details of the poster. The approach is too remote and macro. It should actually tell mothers that her child’s health matters to the nation and she can make a difference. This could act as a motivation point.</p>

<p>Tool type</p> <p>Name</p>	 <p>Poster: <i>Supplementary nutrition</i></p>
<p>Target Audience</p>	<p>Mother, caregiver</p>
<p>Communication Objective</p>	<p>Promote a home-made 'Instant Mix' as an easy option to deliver supplementary nutrition.</p> <p>Additionally draw attention to the threat of malnutrition if the correct practice of supplementary nutrition is not adhered to.</p>
<p>Appropriateness of messages for BCC</p>	<p>One of the barriers that this communication may have tried to address is the difficulty of providing supplementary nutrition throughout the year. Hence, the main message is the 'Instant Mix' -- which can be preserved for long. However, the trigger for mothers to adopt this new way is 'convenience', which has not received due attention.</p> <p>There are also sub messages on breast feeding and malnutrition</p>
<p>Ease of understanding and comprehension</p>	<p>While the focus seems to be on the home-made Instant Mix, it gets diluted with the additional information on breastfeeding and the threat of malnutrition.</p>
<p>Communication/creative approach</p>	<p>There is too much information dissemination for a poster. The process of preparing a home-made mix for the baby's supplementary nutrition should be presented through a step by step show- and tell- approach by using a mini pictorial book as a communication tool. A poster can capture the benefit of the new practice</p>

<p>Tool type</p> <p>Name</p>	 <p>Poster: <i>Family Planning</i></p>
<p>Target Audience</p>	<p>Man, Woman</p>
<p>Communication Objective</p>	<p>Knowledge of availability of different contraceptive methods.</p>
<p>Appropriateness of messages for BCC</p>	<p>The poster informs the TA of the different birth control methods: condom, pills, copper T and vasectomy and how one can avail of them. However the message of “ happy family” is silent on the issue of responsible family planning-- which could have acted as a trigger for change</p>
<p>Ease of understanding and comprehension</p>	<p>The visuals aid comprehension, however the, question arises whether promotion of methods (with visuals) for both men and women in the same poster is culturally sensitive and gender appropriate?</p>
<p>Communication/creative approach</p>	<p>The communication merely says ‘no’ to unprotected sex. It does not stimulate either a woman eager to be a mother or a man keen to be a father.</p>

<p>Tool type</p> <p>Name</p>	 <p>Wall chart: <i>Nutrition for Girl-child</i></p>
<p>Target Audience</p>	<p>Mother, adolescent girls</p>
<p>Communication Objective</p>	<p>Raise the concern of malnutrition in a girl-child and show the way out</p>
<p>Appropriateness of messages for BCC</p>	<p>Through the portrayal of different growth stages in a girl's life, from birth to child-birth, the messages talk about the key behavior and practice at each stage including gender equality, balanced and adequate nutrition, education, marriage at the right age, and right care during pregnancy etc. However, the evils of malnutrition could have been contrasted with for better impact..</p>
<p>Ease of understanding and comprehension</p>	<p>The visuals aid comprehension.</p>
<p>Communication/creative approach</p>	<p>There is too much information for a wall poster, whose life span is limited The flower device is attractive and is likely to appeal to women/girls and catch their attention. As a BCC tool, this can work better as a calendar thus ensuring 12-month noticeability, improving message retention.</p>

<p>Tool type</p> <p>Name</p>	 <p>Wall chart: <i>Vitamin A</i></p>
<p>Target Audience</p>	<p>Mother</p>
<p>Communication Objective</p>	<p>Raise awareness that Vitamin A is good for the child's eye and skin</p> <p>Raise awareness about sources of Vitamin A</p>
<p>Appropriateness of messages for BCC</p>	<p>Through pictorial aids, the poster helps the mother to identify the natural sources of Vitamin A. In order to tackle the problem of Vitamin A deficiency, the benefits of better eyes and healthy skin as a result of Vitamin A intake should have been played up.</p>
<p>Ease of understanding and comprehension</p>	<p>The visuals aid comprehension.</p>
<p>Communication/creative approach</p>	<p>Though the message is simple and easy to understand it is unlikely to engage the mother because of the lack of benefit oriented stimulus</p>

<p>Tool type</p> <p>Name</p>	 <p>Poster: Food value of iron</p>
<p>Target Audience</p>	<p>Unspecified</p>
<p>Communication Objective</p>	<p>Mention Iron as an antidote to anemia and Impart information on the sources of Iron</p>
<p>Appropriateness of messages for BCC</p>	<p>There is neither any focus on any TA nor any attempt to personalize the benefits of iron intake. The sub-message that iron intake increases ‘the strength of India’ is very remote and impersonal.</p>
<p>Ease of understanding and comprehension</p>	<p>The sources of iron have been visually depicted and can act as a ready reckoner. The attempt to draw inspiration from a ‘strong India’ has been badly handled.</p>
<p>Communication/creative approach</p>	<p>Poorly conceived communication devoid of focus, benefit and motivation</p>

<p>Tool type</p> <p>Name</p>	 <p>Poster: <i>Iodized salt</i></p>
<p>Target Audience</p>	<p>Mother, pregnant woman/couple</p>
<p>Communication Objective</p>	<p>Position intake of iodized salt by children as a key to their intelligence</p> <p>Raise awareness that iodized salt is good for pregnant women</p> <p>Raise awareness of general benefits of iodized salt for children</p>
<p>Appropriateness of messages for BCC</p>	<p>Positioning ‘intelligent children’ as an outcome of intake of iodized salt, supported by the picture of award winning children is a good way to motivate behavior change. This should have been the single-point focus of the poster. Instead, several objectives and multiple TA has reduced the impact and efficacy of the communication</p>
<p>Ease of understanding and comprehension</p>	<p>The equation of iodized salt with intelligent children is well conceived. However the benefit of iodized salt for pregnant woman is not explained</p>
<p>Communication/creative approach</p>	<p>Single focus on intelligent, award winning children could have made this an appealing BCC tool</p>

<p>Tool type</p> <p>Name</p>	 <p>Poster: <i>Mother & Child Care</i></p>
<p>Target Audience</p>	<p>Primary: Mother, pregnant woman, members of Village Health Samity</p>
<p>Communication Objective</p>	<p>Disseminate key information regarding mother & child care and services available</p>
<p>Appropriateness of messages for BCC</p>	<p>The orientation of the messages is clearly to inform and make the TA aware of services available in the village and functionaries responsible for that. BCC does not appear to have been a key purpose of this communication.</p>
<p>Ease of understanding and comprehension</p>	<p>Each section of the poster is supported by an illustration which enhances the comprehension</p>
<p>Communication/creative approach</p>	<p>The quality of the illustrations add to the creative appeal. This tool would be useful as a talking aid during meetings. If used as a stand-alone outdoor tool for mass awareness, the poster is heavily loaded with messages</p>

Annex 8. Draft TOR for National-Level Media and Communication Unit

Key responsibilities

The media and communication unit will be responsible for development and monitoring of National evidence based communication strategy, detailed planning, implementation and monitoring and evaluation of national level components of the strategy; and building capacities of state BCC units for BCC.

Key tasks

The media and communication unit's key tasks would include:

Formative research and analysis

As a precursor to formulation of a national communication strategy ensure that formative research is carried out to be able to understand key factors underlying child care practices and behavior, audience segmentation, media habits, etc.

Formulation of national communication strategy

In close consultation with national level organizations, and states develop a national level communication strategy including identification of priority themes; target groups; communication objectives; media mix; role of center, state, district, village level functionaries, etc. In particular, the strategy should seek to ensure that state campaigns including IPC at grassroots level are synchronized with national theme campaigns with the objective of achieving behavior change objectives.

Undertake planning and implementation based on central component of communication strategy

Planning

Coordinate other relevant senior members in ICDS to develop an annual BCC communication plan that will support key program interventions

Create an annual calendar for development of communication tools on all major ICDS issues/topics with inputs from the States

Share national communication plan with states including implementation responsibilities for the state-link-ups

Prepare schedule of tools to be supplied to the states in response to their needs-list

Implementation

Ensure implementation of activities in line with the work plan. In particular:

Prepare Terms of reference incorporating well-defined deliverables for contracting out creative work to an agency. Ensure that material produced is pre-tested involving the target audience.

Ensure timely and adequate distribution of IEC materials including flip charts, posters, hoardings, audio-visual material to districts and blocks. Need should be estimated in advance, use monitored and material automatically restocked. The receiving party should be intimated in advance and guidelines provided for use of the material.

Coordinate with and monitor activities of development partners and communication agencies when MOWCD decides to outsource critical BCC programs

Coordinate with and monitor activities of outsourced agencies entrusted with the following activities: formative research, pre-testing, monitoring, evaluation

Issue guideline notes to states explaining strategy and use of the different communication tools sent to them

Monitoring

Prepare monthly/quarterly reports highlighting achievements against the plan, reasons for deviations if any and planned corrective action.

Closely monitor progress of work outsourced to external agencies (including media units of I&B Ministry) for research, content development, impact evaluation, etc in order to ensure timely and quality products. In particular, monitor actual utilization of media/material; for instance- was the radio spot aired as planned, were the posters utilized as desired, were the community mobilization sessions attended etc. Based on actual use of print material arrange for restocking.

State communication strategy

Prepare and disseminate guidelines for preparation, implementation and monitoring of state communication strategy in line with the national strategy.

Provide necessary assistance to ensure that communication strategies of states are prepared on time and are in accordance with the national priorities as well as state specific needs through regional planning workshops.

Monitor performance of states in terms of implementation of communication activities

Other activities

Organizing BCC workshops for ICDS officials and functionaries

Sharing 'Best Practice' BCC case studies with relevant senior DWCD personnel at centre and states

Arranging for periodic 'refresher' exposure to/training in BCC issues and developments of BCC Cell staff at centre and states

Produce Annual Report on BCC activities of ICDS

Annex 9. Draft TOR for State BCC Unit

Key Responsibilities

The State BCC Unit will be responsible for development of evidence based state communication strategy with the objective of facilitating achievement of child development outcomes and in line with the national strategy; detailed planning, implementation, monitoring and evaluation; and capacity building of districts.

Key Tasks

The state BCC unit's key tasks would include:

Formulation of communication strategy

Using evidence from the research conducted as part of formative research; formulate communication strategy for the state.

Clearly set out role of state vis-à-vis districts and ensure synchronization of efforts at state and district level.

Planning

Develop an annual BCC communication plan that will also include implementation responsibilities for the state-link-up of national plan

Create an annual calendar for development of state-specific tactical communication tools and activities

Share state communication plan with districts including implementation responsibilities for the district-link-ups

Prepare schedule of tools to be supplied to the states in response to their needs-list

Implementation

Implement planned activities in accordance with the work-plan. In particular:

Undertake development of message and material in-house or through outsourcing depending on availability of capacities.

Ensure timely and adequate distribution of IEC materials including flip charts, posters, hoardings, audio-visual material to districts and blocks, based on needs estimation at districts.

Coordinate with and monitor activities of development partners and communication agencies when DWCD decides to outsource critical BCC programs

Coordinate with and monitor activities of outsourced agencies entrusted with the following activities: formative research, pre-testing, monitoring, evaluation

Issue guideline notes to districts explaining strategy and use of the different communication tools sent to them

Implement other activities such as exhibitions, health days, advocacy workshops etc.

Establish an In-house Committee for reviewing material before release.

Technical assistance to districts

Review/prepare and disseminate guidelines for planning BCC interventions for the districts to follow along with budget allocations for BCC. Orient districts on overall BCC strategy for the state, district specific findings of the research/baseline and role of the district specially so for planned IPC and local art media at district and below levels. Provide necessary assistance to ensure that the communication plans from districts are prepared on time and in accordance with the priorities and themes through planning workshops.

Approve the district BCC plans and ensure timely release of funds for activities to be undertaken at district and block levels.

Organize need-based training on BCC planning, implementation and monitoring for communication staff at all levels; assess effectiveness/impact of training.

Monitoring

Establish monitoring system. Follow up to ensure that monthly district reports are sent on time. Analyze the reports, visit districts/blocks if necessary and participate in review meetings

Undertake monitoring of actual utilization of media/material.

Monitor progress of work outsourced to external agencies for research, content development and impact evaluations.

Annex 10. Draft TOR for Communication Expert at the District Level

Key responsibility

Responsible for formulation of district BCC plan/BCC component of the district PIP in line with state communication strategy, implementation of planned activities, monitoring and also assisting blocks in implementation and monitoring of BCC activities. The incumbent will be responsible for identifying district specific needs and undertaking message design and material production for the same. He/she will support research activities undertaken by the state, and have the responsibility for disseminating information on government schemes and programs within district and blocks.

Reporting responsibility

Report to DPO at the district and to BCC Unit in the state

Key tasks

The District experts' key tasks would include:

Planning BCC

Develop a district BCC plan for the district-link-up of state plan

Create an annual calendar for development of district tactical communication tools and activities

Share district communication plan with blocks including implementation responsibilities for the block-link-ups

Prepare schedule of tools to be supplied to the blocks

Implementation and management

Implement planned activities in accordance with district plan and in support of state campaigns including folk art, nukkad-natak, exhibitions, health days, advocacy/sensitization workshops etc.

Mobilize civil society within the districts and ensure inter-personal communication support to other media.

Select NGOs through state support for activities at district level.

Ensure timely and adequate distribution of communication materials including flip charts, posters, hoardings and audio-visual material to blocks. Need should be estimated in advance, communicated to state and use monitored. The receiving party at the block should be intimated in advance and guidelines provided for use of the material.

Monitoring of BCC activities

Monitor the communication activities at the district and blocks.

Prepare consolidated quarterly progress report highlighting achievements against the plan, reasons for deviations in the course of quarterly review held at state level.

Monitoring of actual utilization of material/media be undertaken for instance- were the posters utilized as desired, were the community mobilization sessions attended etc.

For information, contact

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