

SBCC Capacity Strengthened at the State Level:

Case Studies On

Jharkhand & Haryana



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ABBREVIATIONS

AH	Adolescent health
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AS	Additional Secretary
ASSIST	Applying Science to Strengthen and Improve Systems
BCC	Behavior change communication
BEE	Block extension educator
CB	Capacity building
CSR	Corporate social responsibility
CTA	Chief Technical Advisor
DAC	Department of AIDS Control
DDM	District Data Manager
DHAP	District Health Action Plan
DHS	District health services
DPC	District Project Coordinator
FLW	Frontline worker
FP	Family planning
GOI	Government of India
HC	Health communication
HE	Health educator
HPD	High-priority district
HR	Human resource
ICT	Information and communication technology
IEC	Information, education, and communication
IHBP	Improving Healthy Behaviors Program
IPC	Interpersonal communication
IPH	Institute of Public Health
IS	Institution strengthening
IT	Information technology
IVR	Interactive voice response
JD	Job description
LFA	Logical framework Analysis
MD	Mission Director
M&E	Monitoring and evaluation
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MH	Maternal health
MHH	Menstrual health and hygiene
MIS	Management information system
MMR	Maternal mortality rate
MO	Medical officer
MOHFW	Ministry of Health and Family Welfare
NHM	National Health Mission
NIHFW	National Institute of Health and Family Welfare

NRHM	National Rural Health Mission
PIP	Program implementation plan
PopCouncil	Population Council
RMNCH+A	Reproductive, maternal, newborn, child, and adolescent health
SBCC	Social and behavior change communication
SIHFW	State Institute of Health and Family Welfare
SMS	Sakshar Mahila Samooh
SPMU	State Project Management Unit
SRS	Sample Registration System
SRU	State Resource Unit
TA	Technical assistance
TE	Technical expert
TOR	Terms of reference
TOT	Training of trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

1. BACKGROUND

India's remarkable economic and technological growth over the last few decades stands in sharp contrast with the country's rather unimpressive progress on health indices and human development targets of the Millennium Development Goals (MDGs). To achieve MDG 5 for maternal health (MH), India needs to reduce its maternal mortality rate (MMR) from 437 deaths per 100,000 live births in 1991 to 109 by 2015. Although some improvement has been reported—according to the Sample Registration System (SRS) 2007–2009,¹ the MMR is 212—the country's performance is clearly short of the MDG target committed to by the Government of India (GOI).

1.1 REPRODUCTIVE, MATERNAL, NEW BORN, CHILD, AND ADOLESCENT (RMNCH+A) HEALTH PROGRAM

Recognizing the need for a strategy overhaul to improve the country's health record, GOI has launched an ambitious RMNCH+A strategy, which aims to address the major causes of mortality among mothers and children through comprehensive and integrated health services. The strategy is based on the consideration of two key dimensions of health care that together constitute a continuum of care in conjunction with where care is provided. It is an integrated strategy that guides design and implementation of evidence-based packages of services for different stages of the lifecycle, at various levels in the health system. In doing so, the strategy aims to facilitate an additive and synergistic effect in terms of overall outcomes and impact.

1.2 SOCIAL AND BEHAVIOR CHANGE COMMUNICATION (SBCC) APPROACH

SBCC is a critical component of the GOI strategy to meet the MDGs. SBCC is the systematic application of interactive, theory-based, and research-driven communication processes and strategies to address knowledge, attitudes, and social norms.² SBCC addresses social and structural barriers and promotes adoption of healthy practices.

Communication has played a major role in advancing India's health and development goals to date. Nationally, the Information, Education, and Communication (IEC) Division is the nodal agency for communication in the central Ministry of Health and Family Welfare (MOHFW). Seeking to increase the efficiency of the IEC Division in RMNCH+A, the MOHFW and the National Rural Health Mission (NRHM) examined issues and opportunities faced by its behavior change communication (BCC) programs through internal and external assessments and reviews. Most reviews emphasized the need for evidence-based planning and design of SBCC, community mobilization, and systematic evaluation, among others. The reviews also pointed to the need for strengthening the human resource (HR) capacities and organizational processes that guide the functioning of the IEC cells at the national level and in states.

1.3. IMPROVING HEALTHY BEHAVIORS PROGRAM (IHBP) PROJECT

Supported by the U.S. Agency for International Development (USAID) and led by the U.S. non-profit agency FHI 360, IHBP aims to improve adoption of positive healthy behaviors

¹ Special Bulletin of Maternal Mortality in India 2007-09, SRS, Office of Registrar General, India, June 2011.

² C-Change (2012). C-Modules: A Learning Package for SBCC. C-Change/FHI 360: Washington, DC.

through institutional and HR capacity strengthening of national and state institutions and through development of strong, evidence-based SBCC programs for government counterparts.

IHBP provides technical assistance (TA) to develop sustainable national and state-level institutional capacity to design, deliver, and evaluate strategic evidence-based SBCC programs that will:

- Increase knowledge and change attitudes of individuals, families, communities, and health providers about health
- Promote an environment where communities and key influencers support positive health behaviors
- Reduce barriers of vulnerable populations, for example, women, people living with HIV, and tuberculosis patients, to demand and access health services

For RMNCH+A approach, IHBP's TA is focused at the national level (MOHFW) and within eight specific priority states—Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Rajasthan, Punjab, and Uttarakhand.

1.4 CASE STUDIES OF TWO STATES: JHARKHAND AND HARYANA

This work documents the role of IHBP in strengthening the institutional capacity of the two states of Jharkhand and Haryana in SBCC. With TA from IHBP, the two states have started developing SBCC strategies and plans for health communication under the RMNCH+A framework. IHBP's TA strategy was developed in consultation with the state government officials, under which IHBP provided assistance in improving the IEC/SBCC cell by developing proper job descriptions (JD) and reporting formats. IHBP also supported building HR capacities of the state health and communication officials by training them in program implementation plans (PIPs) and budgeting, designing, and delivering SBCC campaigns, holding orientation workshops for campaign rollout at local level, media training, preparing media plans, and introducing monitoring and evaluation (M&E) of communication as an integral part of developing communication plans.

IHBP's intervention in the states began in spring–summer of 2013 and to date, the states have shown considerable progress in their ability to design, deliver, and evaluate evidence-based communication strategies and plans for promoting healthy behaviors as part of RMNCH+A.

2. NATIONAL-LEVEL WORKSHOP TO ORIENT STATE HEALTH AND IEC OFFICIALS ON IHBP CAMPAIGNS

IHBP's first involvement with the states began when in October 2012 the MOHFW organized a workshop, Maternal Health and Repositioning Family Planning Campaign Orientation, with IHBP's support. The aim of this national-level workshop was to orient IEC officers and family planning/maternal health (FP/MH) nodal officers from 11 states³ on the campaigns developed by the IHBP. The participants were also oriented on the SBCC approach and framework followed by IHBP. (The MOHFW's letter no.U-12019/21/2011-IEC to all the states, related to

³ Assam, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Jharkhand, Haryana, Gujarat, Delhi, Rajasthan, and Odisha

IHBP’s technical support on communication at national and state levels and the agenda of the workshop is attached as Annexure 1).

The endorsement by the IEC Division of MOHFW and the quality of the workshop, established the visibility and credibility of IHBP as a key technical project for supporting SBCC initiatives in the states. Several state representatives who had attended this workshop subsequently invited IHBP to provide technical support to plan, design and carry out SBCC activities in their states.

2.1 IHBP’S RECOGNITION AS AN RMNCH+A PARTNER

The launch of RMNCH+A in 2012, as a part of India’s Call to Action on Maternal Health and Child Health facilitated the entry of the development partners in the states, as a part of the mandate given to them by the MOHFW for providing intensive support to the high-priority districts (HPDs) for improved maternal and child health outcomes. The MOHFW identified IHBP as a key resource for capacity strengthening in SBCC at national and state levels and requested partnership in developing a strategic approach for SBCC under the RMNCH+A framework.

In Year 3 (October 2012–September 2013) of the project, the then-Additional Secretary & Mission Director (AS&MD) of the NRHM requested IHBP to assist with development and review of IEC planning and budget requests (PIPs) for all states. This provided IHBP the opportunity to influence funding of SBCC activities going forward. In addition, IHBP’s SBCC training curriculum and toolkit developed for IEC officers, was officially adopted by the MOHFW in Year 3 to be taken forward by its key training institution, the National Institute of Health and Family Welfare (NIHFW), by incorporating it into its training package and conducting trainings of state-level officers.

2.2 STATE SBCC CAPACITY ASSESSMENT FOR COMMUNICATION

As a first step in providing TA on SBCC for RMNCH+A in states, IHBP conducted capacity assessments on SBCC within the IEC division. This included assessment of HR (persons and competencies), SBCC skills, and implementation and M&E of SBCC activities. The assessment was conducted in 12 states, which included the project’s 8 focus states, (including Jharkhand and Haryana), between March and May 2013.⁴ The IEC division’s key competencies were assessed on the following indicators:

Table 1: Indicators for State Capacity Assessment in SBCC

Indicators
Situation analysis
Focusing and designing communication strategies
Creating interventions and materials
Implementation <ul style="list-style-type: none"> ▪ Developing a work plan ▪ Staffing plans and competencies ▪ Supervising field workers
Staffing
M&E

⁴ SBCC capacity assessments were conducted in Bihar, Chhattisgarh, Delhi, Himachal Pradesh, Jharkhand, Madhya Pradesh, Odisha, Punjab, Rajasthan, Uttar Pradesh, Uttarakhand, and Haryana.

From April–June 2014, a mid-term assessment was also conducted in these states to track any changes to identify further needs for SBCC capacity improvement, and to understand state management and capacity for developing, implementing, and evaluating communication activities in the country. It was anticipated that the findings of this assessment would help IHBP in revitalizing its strategy in supporting the states more effectively and tailor it to each state’s particular needs.

The baseline findings demonstrated state-specific strengths and weakness in SBCC in the IEC cell and explored the possible areas where additional technical support was needed.

Key findings across states included, among others:

- Lack of process or use of theoretical models in the design of campaigns
- Lack of evidence base for campaign development
- The need for TA to roll out and monitor communication programs more effectively
- Lack of review systems for stakeholder activities
- Weak capacity for M&E campaign activities

2.3 STRATEGIC FRAMEWORK FOR STATES

Based on the findings from the assessments, an overarching state capacity strengthening strategy was developed. The strategy outlined SBCC strengthening through capacity strengthening of state IEC officers and other health functionaries through NIHF and State Institutes of Health and Family Welfare (SIHF). IHBP-trained and embedded staff also aimed to support state IEC/BCC teams in developing state IEC/BCC PIP and supplementary PIP plans; developing and rolling out evidence-based campaigns; and strengthening M&E for strategic communication, among others.

To provide TA to the states based on the findings of the assessments, IHBP committed to providing HR support by embedding health communication, capacity strengthening, and M&E staff within the states’ IEC cells. A two-day orientation workshop with IHBP state staff was organized in September 2013 in Delhi to review identified needs, update them on the status of discussions with states, and to ensure greater clarity on their roles and responsibilities based on the strategy framework.

Table 2. Strategic Framework for TA to States

FRAMEWORK FOR TECHNICAL SUPPORT TO STATES	
Objective: By September 2014, IHBP will provide TA to the focus states in building their institutional capacities to develop, plan, implement, and monitor evidence-based SBCC activities.	
Strategic Approach	
1.	HR support to state (in the State Project Management Unit (SPMU) and IEC/BCC Bureau) for strengthening the capacity of the state to design, implement, and evaluate strategic communication
2.	Support for PIP strengthening for strategic communication planning and implementation
3.	Support in strengthening the M&E system for strategic communication

4. Support to states in developing and/or rolling out /implementation of evidence-based campaigns especially those developed by IHBP
5. Capacity strengthening of state using SBCC Framework—module/toolkits
6. Support developing a state communication strategy
7. Strengthen IEC Cell/IEC Bureau at state level
8. Strengthen program management

(The complete strategy frameworks for the two states are attached as Annexures 2 and 3.)

The next two sections describe how this strategy framework was implemented in the two IHBP states of Jharkhand and Haryana.

3. IHBP'S FOOTPRINT IN JHARKHAND



STATE AND ITS HEALTH PROFILE

The state of Jharkhand, formerly a part of Bihar state, was formed on November 15, 2000, with Ranchi as its capital. Jharkhand has an area of 79,714 sq. km. and a population of 32.9 million. There are 24 districts, 211 blocks, and 32,615 villages. The state has a population density of 338 per sq. km. (as against the national average of 312). Comparative figures of major health and demographic indicators are as follows:

Table 3. Jharkhand Basic Health Facts Sheet

Demographic, Socio-economic and Health profile of Jharkhand State as compared with India ⁵		
Indicator	Jharkhand	India
Total Population in crores (Census 2011)	3.29	121.01
Decadal Growth (%) (Census 2011)	22.34	17.64
Crude Birth Rate (SRS 2011)	25.0	21.8
Crude Death Rate (SRS 2011)	6.9	7.1
Infant Mortality Rate (SRS 2013)	38	42
Maternal Mortality Rate (SRS 2010–2012)	219	178
Total Fertility Rate (SRS 2012)	2.8	2.4

⁵ RHS Bulletin, March 2012, M/O Health & F.W., GOI and SRS, 2013.

Sex Ratio (Census 2011)	947	940
Child Sex Ratio (Census 2011)	943	914
Schedule Caste population (in crore) (Census 2001)	0.31	16.67
Schedule Tribe population (in crore) (Census 2001)	0.70	8.43
Total Literacy Rate (%) (Census 2011)	67.63	74.04

3.1 IHBP SUPPORT TO JHARKHAND

IHBP's engagement with the state of Jharkhand began as a follow-up to the orientation and planning workshop that was organized in October 2012, in Delhi. IHBP approached state health officials in Jharkhand to develop mechanisms to adopt IHBP/MOHFW SBCC campaigns in the state and to define TA needs in communication planning, implementation, and M&E. IHBP subsequently received a request from the Government of Jharkhand seeking TA for strengthening its SBCC programs and systems. (Request letter from the Government of Jharkhand is attached as Annexure-4.)

3.2 KEY STAKEHOLDERS

IHBP worked in close coordination with the key state health officials, especially the MD, National Health Mission (NHM) Jharkhand, and the state IEC officer. Other officials from the state IEC Bureau, NHM Jharkhand and the Institute of Public Health (IPH) were key stakeholders in IHBP's SBCC strengthening initiatives.



Development partners from the USAID-supported Maternal and Child Health Integrated Program (MCHIP), USAID Applying Science to Strengthen and Improve Systems (ASSIST) project, and the international non-profit health organization, JHPIEGO, were also prominent stakeholders.

3.3 KEY AREAS OF SUPPORT

IHBP's initiatives in Jharkhand were largely focused on two broad areas: (a) strengthening institutional and HR capacities to design, deliver, and evaluate SBCC programs and (b) encouraging healthy behaviors through strategic and evidence-based SBCC programs.

In July 2013, IHBP placed three staff members who initiated activities as per the work plan based on the approved strategic framework described earlier. The final IHBP strategy for SBCC strengthening in Jharkhand was decided on in consultation with state officials. The strategy focused on the following areas:

- Capacity assessment for SBCC in the state

- Support for PIP development to strengthen strategic communication planning and implementation
- Support for strengthening the HR capacity of the state IEC/BCC Bureau
- Capacity strengthening and training within the state using the SBCC framework
- Support in strengthening the M&E system for strategic communication
- Support in adapting/rolling out/implementing evidence-based communication campaigns

The specific activities in these broad focus areas are described below.

3.3.1 CAPACITY ASSESSMENT INDICATORS SPECIFIC TO JHARKHAND

The Jharkhand TA strategy was based on the findings of the capacity assessment (baseline study) conducted by IHBP. The overall capacity assessment score of the state was 60 out of 135, which indicated that Jharkhand's IEC Division was not fully efficient to roll out its communication programs. The state IEC team had been supported by UNICEF for a few years, which had helped develop some competencies in communication, but there was no clear direction or vision that the entire team shared.

Key findings from the state capacity assessment included:

- Lack of communication strategies to guide campaign development
- Lack of campaign design based on theories or models of change or external evidence
- Lack of systematic processes for content development for communication activities
- Lack of strong implementation planning
- Lack of systems and tools for M&E for communication programming

IHBP's strategic framework set out to fill these gaps since the team was able to follow a proper work plan, which was developed from the framework and had set objectives and timelines.

3.3.2 HUMAN RESOURCE AUGMENTATION

Based on the capacity assessment report, IHBP supported the Jharkhand IEC unit with human resources for strengthening its capacity to design, implement, and evaluate strategic communication. To this end, three IHBP technical experts were placed to each provide support in M&E, capacity strengthening, and health communication. These resources were providing vital support in their niche areas to the state IEC team, on a continuous basis following a systematic plan of action.

The SBCC training was designed for the center and state IEC officers, who oversaw SBCC campaigns and programs. The goal of the training was to increase their understanding and application of SBCC processes and principles and strengthen their ability to design, implement, manage, and evaluate SBCC programs.

As a part of its strategy to build capacity and extend technical support to the state's IEC Bureau, IHBP organized workshops and intensive SBCC training sessions to orient state IEC Bureau members, health officials like Deputy Chief Medical Officers and District Program Managers, and district-level health educators (HEs), and block extension educators (BEEs). The trainings were organized in coordination with NIHF and were important in equipping the state workforce with the knowledge

and skills required for effective SBCC design and implementation. In fact, the IPH, Ranchi, Jharkhand, expressed its interest in adapting the training curriculum and rolling out SBCC

training at state, district, and sub-district levels for the NHM officials. In an effort to comprehensively address training needs for effective communication, IHBP extended the scope of training programs beyond the fundamentals of SBCC. The state IEC Bureau members were also provided training on developing PIPs and undertaking M&E for SBCC programs, as well as on activities such as preparing documents for planning/review, creating press releases, and writing messages for social networking and media. Further, recognizing the critical role of effective processes in building HR capacity, IHBP provided the state TA in developing job responsibilities and terms of reference (TORs) for newly recruited IEC/BCC officials. The TORs were also translated into Hindi and shared with all IEC Bureau members.

3.3.3 SUPPORT IN DEVELOPING EFFICIENT PIPS

Strengthening the process for developing PIPs was believed to be vital to ensure effective resources for strategic communication planning and implementation by the state government and IHBP. IHBP supported the state in developing a trend analysis for the PIP budget and its utilization. It also prepared and shared a PIP template for the districts to prepare the District Health Action Plan (DHAP) for IEC/BCC activities of the state and helped the state officials in compiling the DHAP. The template had supported the state in quantifying the district requirements of communication materials that was further derived from the state's gap analysis report on RMNCH+A. Further, IHBP's Jharkhand team was involved in overall compilation of the state PIP for FY2014–FY2017, based on revised guidelines shared by NHM. The IHBP team assisted the state in developing a proper rationale for each activity proposed and a corresponding budget with prescribed details. As a result of this, the proposed budget for FY2014–FY2015 has been approved to a large extent by the ministry.

Table 4: Pip Budget in Jharkhand: A Comparison

State	Approved Budget 2013-2014 INR (Lakhs)	Budget Proposed 2014-2015 (Lakhs)	Budget Approved 2014-2015 (Lakhs)	% Increase as Compared to Last Year (Approved Budget)	% Approved for 2014-2015 as Compared to Proposed
Jharkhand	226.07	1,066	744.95	230	70

3.3.4 ROLLING OUT 360-DEGREE COMMUNICATION CAMPAIGNS

As a part of its TA support, IHBP is mandated to support the state health mission to roll out the 360-degree communication campaigns. IHBP supported the government in the roll out of the MH, FP, and adolescent health (AH) campaigns that were developed by IHBP and approved by the GOI. In line with this objective, IHBP supported the state IEC Bureau in preparing a revised mass media plan and organized a campaign rollout workshop on menstrual health and hygiene (MHH). The mass media campaign on MH issues was rolled out across various TV

channels and radio stations. The 360-degree campaign materials on FP were rolled out during the World Population Day fortnight in July 2014. That included advertisements in dailies, radio and TV channels, mid media activities wherein IHBP's FP campaigns were used, street theater based on IHBP's scripts, and interpersonal communication (IPC) materials were printed for one-to-one counseling. Messages on MH, AH, and FP were also disseminated on mobile phones across the state through the Mother and Child Tracking System.



IHBP's support for communication programs has also extended beyond campaign activities. For instance, during the beginning phase, one of the predominant challenges the state team confronted was the budgetary crunch for rolling out campaigns. The FY2013–FY2014 budget under IEC/SBCC was grossly inadequate to plan and execute any communication activity. To address this challenge, IHBP's state team initiated an analysis of the trend of budget vis-à-vis expenditure since 2009, which revealed that a substantial amount had remained unspent under the IEC head over the years. Deliberations focused on using these funds to launch outdoor media activities across the state.

To this end, the state IEC Bureau, in collaboration with IHBP, organized a workshop to orient officials from state and district levels and constantly followed up. Consequently, 23 districts submitted their communication plans, and the state prepared a detailed reporting format for outdoor media activities as well. The districts utilized IHBP's campaign materials as per the sanctioned outdoor media plan. This activity made rapid headway across the various blocks of HPDs. Notably, 11 HPDs are utilizing IHBP's outdoor media campaigns.

Among other activities in support of robust communication campaigns, IHBP, in collaboration with state partners, organized two script development workshops for the state's empaneled folk media troupes on RMNCH+A issues and a capacity strengthening workshop on IPC for 30 District Project Coordinators and select State Trainers' Team members. An impressive 22 folk media performances on FP and MHH were rolled out in the high-priority Gumla district and 120 more such shows are being planned.

3.3.5 STRENGTHENING MONITORING AND EVALUATION (M&E) SYSTEMS



M&E SBCC processes, outputs, and outcomes are critical to increase the reach and effectiveness of programs. IHBP underlined the critical role of M&E by initiating a number of focused interventions. Together with PopCouncil and the Jharkhand IEC Bureau, IHBP organized an SBCC M&E workshop for state- and district-level monitoring in which 30 officials were trained. The participants reported that this was the first training on this subject in which they had participated in the past five years.

IHBP followed up by mentoring IEC Bureau members in data compilation and report generation by preparing a monitoring plan and monitoring format for SBCC, supporting the state in developing monitoring formats for campaigns/events like FP, and extending support in monitoring mid-media activities. Another significant activity was the development of a Microsoft Access-based management information system (MIS) for SBCC in which district-level PIP activities are being tracked in terms of both physical and financial status. In this, a planning-cum-reporting format is being generated that is updated at regular intervals based on the reports received from the districts.

Further, to strengthen M&E systems, IHBP provided support in preparing the organogram for NHM Jharkhand as well as reporting structures of the IEC Bureau. While preparing the organogram for the state, it was felt that the District Data Managers (DDMs) could be made the nodal person at the district and sub-district level for monitoring of communication related activities at the grassroots level along with the HEs and BEEs. Accordingly a letter was issued from the MD's desk to ensure that the DDMs should compile the basic data on SBCC activities and would be responsible to share these with the state.

Extensive as it was, IHBP's support to Jharkhand's SBCC initiatives was not restricted to these broad focus areas. To mention a few, the support extended to updating the e-warehouse of the Jharkhand Rural Health Mission website with GOI-approved 360-degree campaign materials on RMNCH+A issues and leveraging evidence-based campaign materials in meetings with public sector players as well as corporate social responsibility (CSR) initiatives.

3.4 KEY OUTCOMES

The major outcomes of IHBP intervention in Jharkhand can be summarized as the following:

- Capacity strengthening and HR augmentation of the state IEC/SBCC set up
- Compilation of the DHAP
- Compilation of the state PIP for FY2014–FY2017 based on the gap analysis report, resulting in the ministry's approval of the proposed budget for FY2014–FY2015 in its entirety
- Inclusion of the SBCC and IPC training package in the state PIP
- Inclusion of the M&E framework for SBCC
- Initiation of monitoring for SBCC programs



- Effective rollout of mass media, mid-media, and IPC campaigns
- Adaptation of the 360-degree communication campaign for RMNCH+A issues

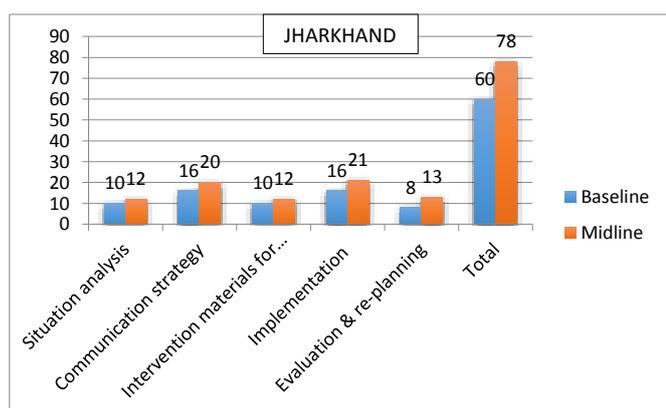
3.5 KEY LESSONS LEARNED

IHBP's SBCC-strengthening initiatives in Jharkhand brought forth some important lessons that are valuable to keep in mind for further strengthening SBCC in this program as well other such initiatives in the future. The program's experience in supporting

PIP formulation for SBCC showed that a logical write-up for PIPs is effective in justifying the plan and eventually securing the proposed budget for planned activities. Further, systematic planning to record proceedings and their implementation is effective in rolling out PIPs. The proper planning of approved PIP activities through a structured guideline and regular follow up with districts to ensure effective implementation of the activities is important. Any delays in approval of the PIP hinders effective roll out of planned activities.

Another key lesson learned was that supporting state officials in data analysis, compilation, and report generation from the available SBCC data gave visibility to activities, and supported the IEC Bureau in developing reports and presentations for representing the performance of the cell at various platforms. IHBP supported the state in analyzing the previous year's budget from which it was found that large pools of money remained unspent. From this, IHBP demonstrated that if planned properly, these funds can be utilized. Thus, IHBP supported the state in planning the district-wise unspent budget under IEC activities and in following up through regular submission of reports from the district. This is a process that has been initiated to track SBCC-related activities as per plan.

Figure 1. Overall Score for Indicators across Baseline and Mid-Line Assessments 2013–2014



3.6 FUTURE PLANNING FOR SPECIFIC ACTIVITIES

IHBP's technical assistance to the state of Jharkhand has demonstrated significant gains in a short period of time, which the program is keen to build on and stabilize. With this view, IHBP's Jharkhand

program over the next year seeks to focus on the following specific activities:

- Rolling out the SBCC monitoring format proposed in the PIP for FY2014–FY2017
- Developing a detailed PIP implementation guideline and orienting the state and district officials on it
- Supporting the state in developing a detailed mid-media and IPC plan for the RMNCH+A strategy
- Supporting the state in capacity augmentation to effectively utilize the social media platform for communicating on RMNCH+A issues
- Enhancing the capacity of the various NHM cadres for SBCC and IPC, as per PIP FY2014–2017
- Conducting a training needs assessment of the state-, district-, and block-level officials
- Rolling out the SBCC capacity strengthening plan in partnership with IPH and the state IEC Bureau

- Rolling out the capacity enhancement process in a “cascade” mode so as to carry forward the learning across the state

4.1 IHBP SUPPORT IN HARYANA

In August 2013, the Haryana state RMNCH+A committee held a consultation in Chandigarh that firmly established the position of USAID and its partners in providing TA in the state. Although the state's maternal and child health indicators have improved over the last few years (the state has MMR of 153 and IMR of 44), the rate of decline has been slow and the current indicators are far beyond the goal of MMR of 65 and IMR of 26. The state has been making efforts to improve the supply side by improving the service delivery measures. Because adoption of healthy practices and behaviors plays a vital role in preventing maternal, neonatal, and child deaths, the state NHM has realized that it is necessary to also improve demand-side strategies and interventions to make the desired progress in the health outcomes.

IHBP was requested by the state to provide TA in strengthening the institutional capacity for planning, designing, and implementing SBCC programs. Based on the request from the state, the IHBP team visited Panchkula in Haryana to meet the MD, the Director BCC, and the state BCC consultant to discuss a basic framework for TA to the state and to develop a tentative work plan and a broad timeline. Through the consultations and discussions with the

MD and team, it emerged that capacity strengthening of the state, district, and block IEC/BCC cadres was a priority; accordingly, the state's work plan was customized to focus on capacity strengthening. IHBP's approach to institutional strengthening for the Haryana focused on the following areas:

Table 6. IHBP TA for Haryana

Strengthening of IEC/BCC structure	TORs, capacity development, induction orientation
Communication strategic planning	Media planning, communication strategy development
SBCC PIP strengthening	Evidence-based strategies, activities, and budget
Capacity strengthening of SBCC	Trainings for staff using SBCC modules
M&E	Tools and framework

4.2 IHBP'S HR SUPPORT TO HARYANA

The capacity indicators in the IHBP baseline study show that the total assessment score of Haryana was 49 out of 135 which indicates that state would require capacity building across all indicators to roll out their communication program.

At the request of the state, and in keeping with the deliverables in its work plan, IHBP placed three technical experts for the positions of health communication, capacity strengthening, and M&E. The IHBP team is an integral part of the State Resource Unit (SRU) and contributes actively to the RMNCH+A mandate in the state. The team works closely with the state BCC team, guiding and mentoring them in planning the SBCC PIP, capacity strengthening on SBCC and monitoring of SBCC in the districts.

4.3 DEVELOPMENT OF COMMUNICATION STRATEGY

One of the key findings of the state's capacity assessment was the absence of a communication strategy. As a result of IHBP's advocacy, the MOHFW has been strongly recommending the states to develop their strategy before planning communication activities. In 2012–2013, there was a substantial deduction in the state's proposed PIP budget during the appraisal by MOHFW

due to a lack of strategic communication planning, which would have emanated from a communication strategy. Hence Haryana requested IHBP's support for a communication strategy.

IHBP recruited a technical agency and developed in partnership with the state a three-year comprehensive communication strategy focusing on accelerating communication interventions aimed at achieving RMNCH+A outcomes. The communication strategy is aimed at increasing knowledge and supportive attitudes and norms within communities on critical behaviors and practices related to RMNCH+A to advance NHM outcomes. It addresses conditions unique to Haryana in terms of the profile of state populations, the diversity within the state, and its status on health indicators related to RMNCH+A. The strategy document was formally released by the Director BCC, Haryana, on the 30th October.

The SBCC strategy for the state supports the effective implementation of the NRHM's RMNCH+A strategy and will be used by various levels of the health department (from policy makers, providers, and frontline workers to community members). It includes an implementation/action plan for recommended activities, channels, audiences, and an M&E framework for SBCC activities. The strategy also provides the state with a clear capacity strengthening framework and guidelines for institutional strengthening for SBCC and an SBCC implementation reference guide.

4.4 PIP STRENGTHENING

IHBP staff, in coordination with the state BCC team has developed the state's PIP for the year 2014–2015 as per the MOHFW SBCC PIP guidance note, developed with IHBP support.

The SBCC PIP for 2014–2015, uses a 360-degree approach and includes a situation analysis, based on which communication objectives, strategies, and activities were devised. The PIP proposes a media mix with emphasis on mid-media and IPC as opposed to the previous year when the PIP was mass media heavy. A special feature of this year's SBCC PIP is an SBCC capacity strengthening plan for district and block-level workers, health supervisors, and frontline workers, which has been based on an extensive training needs assessment that mapped the current skills and knowledge of the various cadres of health workers, and analyzed gaps in these areas. For the first time the state's SBCC PIP includes a robust M&E plan for SBCC, which is a part of the overall supportive supervision plan of the state.

The IHBP team guided the state BCC team in preparing the justification and rationale for each activity proposed in the SBCC PIP. This has resulted in an evidence-based PIP with strong possibilities for receiving approval from the MOHFW. The justification for the activities and the budget has enabled the state to receive a substantial increase in the SBCC budget for 2014–2015.

4.5 CAPACITY STRENGTHENING

Capacity strengthening is an integral component of institutional strengthening. IHBP has been supporting BCC division of the NHM, Haryana since its inception through training on IPC and SBCC. Social mobilization is believed to be a key strategy under national health program to ensure that services reach those for whom they are meant, especially the poor, women, and children. This mobilization process can be effectively implemented with the help of effective communication between service providers and beneficiaries. Keeping this in mind, IHBP initiated capacity strengthening plans for service providers of various levels on effective communication through IPC training.

All IPC trainings were conducted with the support of SIHFW and BCC division. The SIHFW has incorporated IPC trainings in most of its induction training programs of medical officers MOs, counselors, and staff nurses. Moreover, IPC trainings were also incorporated in accredited social health activist (ASHA) technical trainings. To date, BEEs, district action committee(DAC), ASHA facilitators, the state community process team, staff nurses, RMNCH+A counselors, MOs, quality monitoring officers, and ASHA workers under the *Rehbari Salaamati* project have been successfully trained on IPC through the SIHFW. As a result, the frontline workers like ANM, ASHA, and BEEs are able to communicate to their beneficiaries on various health issues more effectively toward increased health seeking and preventative behaviors.

Haryana has adapted IHBP's module on IPC and SBCC for communication training. In the absence of district SBCC facilitators in the state, and BEEs were trained on SBCC and given charge of planning, implementing, and monitoring SBCC activities in their respective areas. Furthermore, in order to train ANM supervisors, a three-day training of trainers (TOT) was conducted with the ANM supervisors' module; and 38 master trainers from across the state

Table 7. SBCC Budget for Haryana

State	Proposed Budget 2013–2014 (Lakhs)	Approved Budget 2013–2014 INR (Lakhs)	Budget Proposed 2014–2015 (Lakhs)	Budget Approved 2014–2015 (Lakhs)	% Increase as Compared to Last Year (Approved Budget)	% Approved for 2014–15 as Compared to Proposed
Haryana	1,128.72	172.02	1,089.08	592.45	244	54

were trained to further roll out the ANM supervisors' training in the state. The reference material for all IPC and SBCC trainings were provided to the state BCC team. In total 337 participants were trained in 12 batches on IPC/SBCC with the help of IHBP staff in the state. (Training Details attached as Annexure 1.)

Prior to creating the SBCC plan for 2014–2015, a training needs assessment was conducted for state-, district-, and block-level officials on SBCC. The assessment report was shared and submitted to the state. The assessment indicated the recognition and the need for a strategic

capacity building plan at the state- level to include managerial and application-led skills for SBCC initiatives, and identified training needs in the C- Planning Process, Participatory Research and Action (PRA) tools and methodologies, situational analysis, training in SBCC curriculum, media planning and management, program management skills, communication campaign roll out and training on M& E. It was further identified that a large share of staff at the district-level did not have prior experience in communication and the assessment suggested the need for increased emphasis on building staff capacities in implementation aspects such as managing campaign roll-out, mid-media management, monitoring of BCC and cascading for training of FLWs and community on IPC/BCC aspects. The assessment also reviewed the needs at the block-level and mapped BCC involvement of block-level staff to include meetings with beneficiaries, community training and awareness-generation and training of FLWs.

Based on the assessment, the capacity strengthening plan for SBCC for the FY2014–FY2015 was prepared and finally incorporated in the SBCC PIP. Considering the training load, Haryana has started implementing its capacity strengthening plan for FY2014–FY2015 from its unspent funds until PIP approval.

4.6 MONITORING AND EVALUATION

M&E is an integral component of the lifecycle of any SBCC program. IHBP has been supporting the M&E of NHM Haryana's SBCC program by providing mentoring support in designing tools and plans for the BCC division in the state. Efforts are being initiated to strengthen the M&E system for SBCC by undertaking a dip-stick study of the existing system.

The following have been the key accomplishments in M&E to date:

- Development of tools: A media habits questionnaire was developed and incorporated into the existing and ongoing concurrent evaluation of the NHM Haryana to explore accessibility of key audiences to various media for broadcasting/airing/publishing health communication by the state.
- Input in supportive supervision: Developed a supportive supervision checklist for various facility levels within the state. The checklist would be helpful not only in capturing the usability of SBCC materials but will also capture the various activities of the Sakshar Mahila Samooh (SMS) group at the sub-center level. IHBP has developed an M&E plan for ongoing SBCC activities and has submitted it to the SBCC division for feedback. In addition, a monitoring format for SBCC training has been developed and is used by the state effectively.

IHBP technical staff also supported the BCC division by undertaking monitoring visits to different districts of Haryana along with the state BCC team. Recently, the staff visited the district Jind for monitoring the MOHFW's Intensified Diarrhea Control Fortnight campaign.

4.7 DEVELOPMENT AND DESIGN OF COMMUNICATION MATERIALS

For building knowledge, skills, and the aptitude of communities toward healthy behaviors, NHM Haryana used the state budget to print IHBP's materials on the FP, MH, and menstrual hygiene campaigns like posters, hoardings, and banners. These print materials were placed at almost all CHCs and PHCs in the state. In addition, the campaign on menstrual hygiene was officially launched in Haryana on 7th February 2014. The television commercials on menstrual hygiene were launched after incorporating footage of Ms. Rani Rampal (ambassador for menstrual hygiene campaign) in Haryana to be further used in the program.



NHM Haryana, with the support of IHBP, had conducted mid-media trainings in two batches at the state level. In total, 10 selected folk troupes in the state were trained on the scripts of FP, MH, and PPIUCD. A detailed rollout plan for mid-media performances were then developed from the approved budget of rupees 36 lakhs for the state in FY2014–FY2015. On the request of NHM Haryana, IHBP developed a media plan for the state of the proposed amount of rupees two crores. In addition, a community-level assessment on media habits was also carried out to supplement the media plan; the report was shared with the state for its further implementation.

The table given below lists the IHBP materials used in the Haryana State in 2013–2014, and the total state budget used against it.

SN	Name of IEC material	Type of IEC material	Total no. of IEC material printed	Total no. of IEC material distributed	Total no. of districts to use IEC materials	Budget utilized in Rs
1	Chance Kyu lena	Posters-2	(4,000 + 4,000 = 8,000)	8,000	21	48,800
2	Hoarding	Hoarding	Printed by Districts	Displayed at CHC, PHC level	21	100,000 x 21 = 21,00,000
3	Banners	Banners				
4	ASHA karyakartao ke liye Sanchar Margdarshika	IPC Booklet	18,000	17,078	21	63,000

Total Amount						2,211,800
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5. OUTCOMES OF TECHNICAL ASSISTANCE

- Evidence-based SBCC PIP with clear rationale for proposed activities, incorporating 360-degree campaigns with a focus on mid-media and IPC activities
- Integration of a capacity strengthening and M&E plan for SBCC in PIP for 2014–2015
- A strong BCC division with a team of dedicated and skilled staff trained in SBCC
- Increased interest of state in SBCC, resulting in higher allocation of SBCC budget in state PIP
- State staff have improved capacity for planning and developing SBCC PIP due to mentoring support by IHBP
- SBCC M&E indicators integrated into the state health M&E system; system would capture changes in demand due to SBCC interventions
- Use of 360-degree campaigns on MHH and FP used by state
- Increased knowledge of and competencies in SBCC and IPC among state-level officers
- Increased knowledge of and competencies in communication campaign development, implementation, and evaluation among district-level officials
- IPC skills increased among frontline workers
- Resource pool of SBCC trainers developed in the state

5.1 CHALLENGES

Some of the challenges that have been encountered in the course of the project implementation relate to systems and operations:

- Delay in PIP approval and sanctions leaves limited time for implementation and affecting campaign operations/rollout.
- Institutional strengthening of state is a long-term process that needs longer period of mentorship and training.
- Revamping of the SBCC structure requires more ownership by the technical wing and needs regular staff in SBCC.
- Communication planning at state level-more requires more time for evidence-based, scientific, 360-degree planning.
- Sustaining the interest and momentum in SBCC requires leaving behind capacities and skills with state SBCC teams.

5.2 LESSONS LEARNED

During the process of providing technical support to the Haryana government the IHBP team identified the following areas that require attention.

- The IEC/BCC team at state is composed of new, young professionals who do not have adequate skills in SBCC. Therefore IHBP is required to mentor and provide guidance to them to ensure better performance.

- The state's NHM initiatives, including SBCC are individual leadership driven, the MD NHM is an enthusiastic SBCC person himself who guides the program efficiently, and however, the second line leadership yet to be developed.
- The state staff in the IEC/BCC cell is overly dependent on young IHBP consultants, resulting in frequent turn over at state and district levels and often getting involved in assignments that may not be a part of the work plan.
- While there is a strong state team of technical officer, the districts lack such strong technical teams, which could become the focus of IHBP going forward.
- BCC team is composed of short term consultants and does not have regular officers from the Directorate.
- Individual leadership driven; second line leadership yet to be developed
- Very results based and fast track approach; needs to look at consistency and systems strengthening as a long-term strategy.

ANNEXURES

Annexure 1 Government of India's letter for Technical Support on Communications at national and state levels

No.U-12019/21/2011-IEC
Government of India
Ministry of Health and Family Welfare

Nirman Bhawari, New Delhi
Dated: October 11, 2012

To,

**Principal Secretary/Secretary,
Health and Family Welfare**

Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Madhya Pradesh, Orissa
Rajasthan, Uttarakhand and Uttar Pradesh

Subject: Orientation and Planning Workshop on Maternal Health and Family
Planning Campaigns

Respected Sir/Madam,

The Ministry of Health and Family Welfare (MOHFW) Government of India, with technical support of the USAID-funded, Improving Healthy Behaviors Program (IHP) is organizing an orientation and planning workshop on Maternal Health and Family Planning Campaigns for NRHM State Program Managers, State IEC officers, State Maternal Health Officers and State Family Planning Officers on October 29 – 30, 2012.

The MH campaign orientation and planning shall be held on October 29, 2012 and the FP campaign on October 30, 2012. Participation of state officials at the orientation and planning workshop is as follows:

Name of the states	State officials	Workshop dates
Gujarat Haryana	<ul style="list-style-type: none">NRHM State Program ManagerState IEC OfficerState Family Planning Officer	To be available on October 30, 2012
Uttar Pradesh Uttaranchal Bihar Jharkhand Madhya Pradesh Chhattisgarh Rajasthan Orissa Assam	<ul style="list-style-type: none">NRHM State Program Manager and State IEC OfficerState Maternal Health OfficerState Family Planning Officer	To be available on both October 29 and October 30, 2012 To be available on October 29, 2012 To be available on October 30, 2012

**DRAFT AGENDA FOR MATERNAL HEALTH & FAMILY PLANNING CAMPAIGN
ORIENTATION & PLANNING WORKSHOP**

29 -30th October, 2012

Venue: Clarion Hotel, New Delhi

Sl. No	Topics	Time	Duration (min)	Speaker/Facilitator
Day 1: MATERNAL HEALTH (MH) - 29th October 2012				
1.	Registration	09:00 am	30	IHBP
2.	Welcome note	09:30 – 09:45	15	Ms. Anuradha Gupta Additional Secretary and Mission Director (NRHM), Ministry of Health and Family Welfare, GOI Mr. S.K.Rao, Joint Secretary (IEC), Ministry of Health and Family Welfare, GOI USAID
3.	Introduction to SBCC framework and 'C' change process	09:45-10:15	30	Dr. Rita Leavell, Chief of Party, IHBP
4.	Tea Break	10:15 -10:30	15	
5.	About the campaign – Strategy, sharing materials developed followed by Street theatre and Q &A	10:30-12:00	90	Dr. Himanshu Bhushan Deputy Commissioner (MH) Ministry of Health and Family Welfare, GOI Ms. Sheyphali Sharan, Chief Media Officer, Ministry of Health and Family Welfare, GOI Dr. Deepak Mehra, Chief Technical Advisor SBCC, IHBP
6.	Group activity initiated – State level campaign plan development	12:00-12:30	30	MOHFW / IHBP
7.	Lunch break	12:30 – 13:30	60	
8.	Group activity continued	13:30 – 15:00	90	MOHFW/IHBP
9.	Working Tea	15:00		
10.	Presentation by each group	15:00-16:30	90	State Officials

Annexure 2: The Complete Strategy Framework for Haryana

FRAMEWORK FOR TECHNICAL SUPPORT TO HARYANA			
IMPROVING HEALTHY BEHAVIORS PROGRAM (IHBP)			
FHI 360			
Objective: By September 2014, technical assistance provided to the state in building its institutional capacities to develop, plan, implement, and monitor evidence-based social and behavior change communication activities			
Strategy	Activities	Person responsible	By when / Timeline
<i>1. Human Resources support to states (in the SPMU and IEC/ BCC Bureau) for strengthening the capacity of the state to design, implement and evaluate strategic communication</i>			
1.1. Assessment of existing district- and block-level BCC/ IEC bureau structure (if any in high priority districts [HPDs] particularly) and identify the number of communication staff members/ district/block focal point and provide appropriate induction/trainings on SBCC framework with support of IHBP HQ in Delhi	<ul style="list-style-type: none"> Review the District Communication Plan vis-a-vis the human resources available Review JDs of district-, block-, and state-level consultants/ communication focal point Field visits to assess the staff structure of BCC cell 7 HPDs Review the TORs of BEE, district public relations officers/ media officer, etc. 	Technical expert (TE)- health communication with support of institution strengthening (IS) specialists	Dec-13
1.2. Develop a IEC/BCC structure, organogram, and develop/revise the JDs of district- and block-level BCC/ IEC bureau structure to be created/trained in state to carry out SBCC activities	<ul style="list-style-type: none"> Develop IEC structure and JDs of staff in IEC/BCC cell and build their capacity, on 	TE-health communication with support from TE-M&E and IS specialists	Jan-14
1.3. Training of district- and block-level IEC/BCC staff (BEE, ASHA coordinators, district public relations officers, etc.)	<ul style="list-style-type: none"> Develop PIP proposals, state SBCC Communications Strategy, media planning, pre-testing, capacity strengthening, and M&E State/district PIP planning (BCC/capacity building [CB]/M&E activities) Social and behavior change communication 	TE-health communication with support from TE-M&E and IS specialists	Jan-14

Commented [K1]: Note: This framework for Haryana is pretty consistent (in spite of all the corrections) in that all the activities are in the present tense, which makes sense for presenting a framework. However, in the next framework for Jharkhand, it's a mix of past and present tenses, as if there was a temptation to use the framework to show what's been done.

Point is, choose one (past or present) and be consistent in both.

<p>1.4. Facilitate selection/interviews of state-level junior consultant and provide training/induction on IHBP 360-degree Health Communication Framework (SBCC), RMNCHA+ A, and other related relevant activities</p>	<ul style="list-style-type: none"> • Induction/orientation training of staff /consultants in IEC/ BCC Bureau • Build capacity of HPD's Communications staff on district- and state-level campaigns • Facilitate on-the -job training and mentoring of staff in IEC/ BCC Bureau Facilitate District visits for on-the-job guidance and mentoring Provide opportunities for participation in needs-based trainings /exposure 	<p>TE-health communication with support from IS specialist</p>	<p>Nov-Dec 2013</p>
<p>2. Support for PIP strengthening for strategic communication planning and implementation (Haryana)</p>			
<p>2.1. Support state IEC/BCC team in developing IEC/BCC plan for the PIP/ supplementary PIP</p>	<ul style="list-style-type: none"> • Review the existing PIP gaps in terms of conducting a budget analysis (quantitative) and qualitative analysis • Liaison with IHBP consultant (in MOHFW) periodically in the MOHFW to seek his support in drafting PIP/Record of Proceedings and supplementary PIP in the state • Support state in preparing supplementary PIP and ensure quality proposals (based on LFA) been submitted 	<p>State TE-SBCC/M&E/ capacity building</p>	<p>Jan-14</p>
<p>2.2 Technical assistance to state/district BCC cell/guidance and oversight</p>	<ul style="list-style-type: none"> • Build capacity of BCC Bureau on drafting LFA-based PIP with strong SBCC component and clarity of objective/goals/activities and output • Develop standard guidance / protocols for PIP strengthening 	<p>TE-M&E, HC, and CB with support of IS specialist</p>	<p>Jan-14</p>
<p>3. Support in strengthening the monitoring and evaluation system for strategic communication in Haryana</p>			
<p>3.1. Support Haryana state IEC Cell/Bureau in developing a robust M&E system for communication</p>	<ul style="list-style-type: none"> • Prepare a list of M&E staff (state, district, and block levels) • Prepare the existing flow chart for reporting (from sub-centers to state) mentioning who is responsible for reporting • Collect all reporting formats (particularly pertaining to IEC/BCC) for each level; formats include performance monitoring and fund utilization • Collect year-wise budget 	<p>Haryana TE-M&E</p>	

Commented [K2]: ???

	<p>allocation and utilization on IEC/BCC for since 2009–2010 by mass media, mid-media, and IPC</p> <ul style="list-style-type: none"> • IEC/BCC activities conducted since 2009–2010 • Prepare an IHBP M&E plan for the state for optional year • Prepare a list of IEC/BCC M&E indicators to be included into the state system • Prepare checklist for monitoring different IEC/BCC activities at different levels • Help state to develop a system to compile monitoring data and generate feedback mechanism • Prepare a list of research/data collection/evaluation conducted by the state (or development partner) • Collect all reports • Organize workshop/training of M&E personnel on IEC/BCC M&E • Organize workshop to roll out implementation and monitoring on specific activities • Prepare monitoring reports on specific activities • Handholding of state- and district-level M&E personnel on new formats and build their capacities 		
3.2 Technical assistance/ guidance and oversight	<ul style="list-style-type: none"> • Field visits to support district- and block-level M&E activities • Develop standard guidance/ protocols for district- and block-level M&E staff 	Haryana TE- M&E	
4. Support state of states in developing and/or rolling out /implementing evidence-based campaigns, especially those developed by IHBP (to be filled in by SBCC Team).			
4.1. Participate in campaign orientation workshops at IHBP / state level to be conducted by IHBP (SBCC team)	<ul style="list-style-type: none"> • State level workshops on campaign orientation • Orientation of program division/IEC staff (state and district levels) • Orientation on the campaign development process and role of media 	State TE- health communication/ CTA- SBCC or designate	Nov- Dec 2013
4.2. State- and district-specific campaign rollout plans	<ul style="list-style-type: none"> • Assist SBCC team with the support of IEC/BCC Cell in Haryana in development of state and district plans for rollout of 	State TE- health communication/ CTA- SBCC or designate	Dec-13

	the campaigns with support of SBCC team of IHBP		
4.3. Haryana state media plans	<ul style="list-style-type: none"> Assist (provide necessary technical/administrative support) in developing media plans through an external agency for the campaigns designed for MOHFW 	SBCC Team with assistance of TE-health communication, Haryana	TBD
4.4. SBCC Implementation guide customized to campaign and focus states	<ul style="list-style-type: none"> Assist in model implementation guide for BCC activities to be developed and customized as per the campaign and the focus state 	SBCC Team (TE-health communication to assist)	TBD
5. Capacity strengthening of state using SBCC Framework— module / toolkits			
5.1 Support development and implementation of a Capacity Strengthening Framework based on the SBCC / ANM / ASHA training modules and for using interactive voice response (IVR) as well as folk media for focused activities at state, district, and block levels	<ul style="list-style-type: none"> Conduct training needs assessments in BCC/SBCC for various cadres of staff, at state and district levels, in consultation with the IS Specialist, Cap Building, IHBP Review and document current training approaches, training competencies, innovations, and best practices at the state and district levels Assist state IEC Division in preparing capacity strengthening plans and training calendars for IEC divisions at state and district levels, and ensure that these are implemented Develop training strategies, session plans, templates for training manuals, and standard operating protocols for various trainings Develop, implement, and institutionalize training of trainers, cascade training models, and large scale trainings with focus on IHBP supported trainings Identify opportunities for involvement of partners and their staff in training and institutionalization of various capacity strengthening interventions Ensure proper documentation of all capacity strengthening 	State TE - capacity strengthening (currently to be managed by TE-health communication with IS specialist)	Oct-13–Sept-2014

	<p>initiatives</p> <ul style="list-style-type: none"> • Promote the use of ICT, IT and mHealth enabled tools for training and training re-enforcement, along with other innovative methodologies as applicable in the relevant state, as per the guidance of the IS Specialist – Cap Building • Follow-up and conduct ANM supervisors’ training and SBCC training at state and district levels using standard tools and modules provided by IHBP • Provide assistance to state officials while conducting frontline worker (FLW) training/orientation. • Pre-testing of training curriculum as and when required • Support and assist Delhi IS Team in preparing capacity strengthening plans and training calendars 		
	<ul style="list-style-type: none"> • Capacity strengthening of FLWs in states for using IVR training • Folk media/street theater trainings in select states to develop pool of master trainers (20–30 trainers per state) 	State TE- health communication /SBCC Team	
5.3 Technical assistance / guidance and oversight	<ul style="list-style-type: none"> • Field visits to support technical experts/consultants • Develop standard guidance/ protocols for TE-capacity strengthening • Analytical report on progresses being made and performance appraisal inputs for TE- capacity strengthening 	IS specialist-capacity strengthening	
6. Support development of state communication strategy in Haryana & Uttarakhand			
6.1. Assist/facilitate in development of a state specific communication strategy/ strategic plan	<ul style="list-style-type: none"> • Engage with stakeholders for consultation workshops, desk research, follow up, and dissemination plans • Participate and support state staff in development of the strategy 	IS specialist assisted by TE-health communication	TBD

6.2. Assist/ facilitate the development of a HPD's specific communication strategy/ strategic plan	<ul style="list-style-type: none"> • Engage with stakeholders for consultation workshops, desk research, follow up, and dissemination plans • Participate and support district IEC/BCC Cell/ staff in development of the strategies in district 	IS specialist assisted by TE-health communication	TBD
6.3 Technical support in the management of communication strategy development for district (HPDs)	<ul style="list-style-type: none"> • Identify an institution/ consultant to develop communication strategy in consultation with the HPDs, BCC Cell/ state BCC cell 	IS specialist assisted by TE-health communication	TBD

Annexure 3: The Complete Strategy Framework for Jharkhand

FRAMEWORK FOR TECHNICAL SUPPORT TO JHARKHAND			
IMPROVING HEALTHY BEHAVIORS PROGRAM (IHBP)			
FHI 360, RANCHI, JHARKHAND, INDIA			
Objective: By September 2014, technical assistance provided to Jharkhand in building its institutional capacities to develop, plan, implement, and monitor evidence-based social and behaviour change communication activities			
Strategy	Activities	Person Responsible	By when/ Timeline
1. Human Resources support to state for strengthening the capacity of the state to design, implement and evaluate strategic communication			
1.1 Assessment of existing district- and block-level BCC/ IEC bureau structure (if any in HPDs particularly) and identify the number of communication staff members/district/block focal point and provide appropriate induction/ trainings on SBCC framework with support of IHBP HQ in Delhi	a. Placement of three state-level staff: <ul style="list-style-type: none"> Monitoring and evaluation Capacity strengthening Health communication b. Review the State Communications Plan vis-a-vis the human resources available	State TE-HC/M&E/CB & CTA	Nov '13
1.2 Develop a IEC/BCC structure, organogram, and develop/revise the JDs of district- and block-level BCC/ IEC Bureau structure to be created/trained in state to carry out SBCC activities	<ul style="list-style-type: none"> Develop organogram of the state-, district-, and block-level IEC Bureau Prepare TOR for the state communication officials Map partners working in RMNCH+A strategy across the state 	State TE-HC/M&E/CB	Dec '13
2. Support for PIP strengthening for strategic communication planning and implementation			
2.1 Support state IEC/BCC team in developing IEC/BCC plan for the PIP/ supplementary PIP	<ul style="list-style-type: none"> Organize workshop for PIP with state IEC Bureau officials Support the district officials in compiling the DHAP PIP for the years 2014–2017 is being prepared based on the Gap Analysis report IHBP-Jharkhand team's involvement in overall compilation of the state PIP Liaison with IHBP consultant (in MOHFW) periodically in the MOHFW to seek support in drafting PIP/Record 	State TE-HC/M&E/CB	Jan-Mar '14

Strategy	Activities	Person Responsible	By when/ Timeline
	<ul style="list-style-type: none"> of Proceedings and supplementary PIP in the state Support state in preparation of PIP Guideline District allocation of budget based on PIP-ROP 		
	<ul style="list-style-type: none"> Advocate for greater allocation with evidence generated through analyzed reports 	TE-HC	Feb '14
	<ul style="list-style-type: none"> Provide analytical report on past allocations and current trends 	TE-M&E	Jan '14
3. Support in strengthening the monitoring and evaluation system for strategic communication			
3.1 Support Haryana State IEC Cell/Bureau in developing a robust M&E system for communication	<ul style="list-style-type: none"> Prepare list of M&E staff from state till block level Collect all reporting formats Collect year-wise budget allocation and utilization on IEC/BCC since 2009–2010 Prepare a list of M&E indicators on IEC/BCC to include in the state system Prepare a checklist for monitoring different IEC/BCC activities at different levels Handhold the state bureau in developing a system to compile monitoring data; generate feedback mechanism and prepare the report Prepare and share the state's budget analysis, its year-wise trend in expenditure vis-à-vis ROP Develop a M&E framework for the state Develop a detailed planning-cum-reporting format on IEC/BCC for the districts to report Organize workshop/training of M&E personnel on monitoring of BCC activities 	TE- M&E	Mar-May '14
3.2 Technical assistance/ guidance and oversight	<ul style="list-style-type: none"> Hands-on support to district-and block-level M&E activities Develop standard guidance/ protocols for district- and block-level M&E staff 	TE-M&E	May '14
4. Support to state in developing and or rolling out implementing evidence based campaigns especially those developed by IHBP			

Strategy	Activities	Person Responsible	By when/ Timeline
4.1 Participate in campaign orientation workshops at IHBP / state level to be conducted by IHBP (SBCC team)	<ul style="list-style-type: none"> Organize campaign development workshop at state level Orientat on the campaign development process and role of media Develop state and district plans for roll out of the campaigns Develop Family Planning Guideline for World Population Week throughout the state 	TE-HC	Jan-Mar '14
4.2 State- and district-specific campaign rollout plans	<ul style="list-style-type: none"> Adapt mid-media campaigns in rolling out of the same in two the HPDs Support state in identification of theater troupes and imparted training to 12 such groups on IHBP scripts for mid-media campaign HPD districts on a pilot basis Assist the state in planning for 360-degree communication campaign rollout plan 	TE-HC	Apr-Jun '14
4.3 Jharkhand state media plans	<ul style="list-style-type: none"> Assist (provide necessary technical/administrative support) in developing media plans to be developed through an external agency for the campaigns designed for MOHFW 	TE-HC	Jun-Jul '14
4.4 SBCC Implementation guide customized to campaign and focus states	<ul style="list-style-type: none"> Assist state in model implementation guide for BCC activities to be developed and customized as per the campaign and the focus state 	TE-HC	Jun '14
5. Capacity strengthening of states using SBCC Framework: Module/toolkit			
5.1 Support development and implementation of a Capacity Strengthening Framework based on the SBCC	<ul style="list-style-type: none"> Assist state IEC Division in preparing capacity strengthening plans and training calendars for IEC divisions at state and district levels, and ensure that these are implemented Develop training strategies, session plans, templates for training manuals, and standard operating protocols for various trainings. Review and document current training approaches, training competencies, innovations, and best practices 	TE-CB	Jan-Aug '14

Strategy	Activities	Person Responsible	By when/ Timeline
	<ul style="list-style-type: none"> • Follow up training of IEC Bureau officials in collaboration with NIHFW • Strengthen capacity of district project coordinators (DPCs)and master trainers of ASHA program on IPC tools • Provide assistance to state officials while conducting training • Identify opportunities for involvement of partners and their staff in training and institutionalization of various capacity strengthening interventions 		

Annexure 4: Request letter from the Government of Jharkhand to IHBP

Aboobacker Siddique P.
IAS

Mission Director
Karmajal Kanchi Health Mission, Jharkhand
Phone : 0651-2291000, 2291002
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Ministry of Health & Family Welfare
Government of Jharkhand
Government Vaccine Institute Campus
RCH, Nandkum, Ranchi-834010
Email : aboo@jharkhand.gov.in
mpt@jharkhand.gov.in

Letter No-9/RCH-231/2013-390(MD)

Dated:20.03.2013

To
Dr. Isha Lalwani
Project Director/Chief of Party
Improving Healthy Behaviours Program (IHBP)
4th Floor, Farm Bhawan, 14-15 Nehru Place
New-Delhi 110019

Subject: Support in implementation of IEC/BCC activities.

This is in response to the letter no I.C.C.F. No U. 12019/21/2011-IEC (Pt.) dated 22nd January, 2013 by Mr. S.K. Rao, IAS, Joint Secretary, MoHFW. The state of Jharkhand would like to use materials created by IHBP for maternal health and family planning. Further we would also welcome technical assistance on the following points:-

1. Provide human resources to the State IEC Bureau to strengthen the Maternal and Child Health (MCH) and Family Planning (FP) IEC/BCC strategy.
2. Facilitate development and implementation of a capacity building plan for state, district as well as team level functionaries.
3. Development of Mass media and IPC tools, prototypes under the Maternal Health and Family Planning activities and building of capacities of the state as well as district level officials on strategic communication, activity implementation and impacting IEC/BCC activities.
4. Support in strengthening the M&E of the IEC/BCC activities under implementation and conducting impact assessment studies of the Mass Media and mass media campaigns implemented by the state.

We would appreciate technical assistance on the above mentioned points and cooperation with the department with the State IEC Bureau.

Best Regards,

SD/-

(Mission Director)
Jharkhand Rural Health Mission Society

CC: (P.D.)

31-20-03-13

Copy to:-

1. AS & MD (NHFM), MoHFW, Nirman Bhawan, New Delhi.
2. JhRCH, MoHFW, Nirman Bhawan, New Delhi.
3. Principal Secretary, Department of Health and Family Welfare, Govt. of Jharkhand.
4. Dy. Director cum Nodal Officer, IEC/BCC Section, RCH, Ranchi.

(Mission Director)
Jharkhand Rural Health Mission Society

