

SOCIAL & BEHAVIOUR CHANGE FOR NUTRITION

A toolkit for designing effective SBCC strategy



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FROM THE SECRETARY'S DESK

Challenges posed by malnutrition is a major hurdle in the development envisioned for the state by the Government of Rajasthan. We remain committed to reduce the prevalence of undernutrition in the state and achieve the desired nutrition outcomes. Our efforts are targeted on using a multisectoral and multi-pronged approach to attack the root causes of this malady.

Maternal and child nutrition being critical windows of opportunity to apply early preventive action remains a focal point of the Government. However, we remain equally cognizant of the other 'at risk' sections of the population, including adolescents and women who are yet to become mothers, among others.

The lack of knowledge and awareness on nutrition is a compelling factor leading to practices such as low intake of nutrition among pregnant and lactating mothers. This is equally true for other high-risk groups. In order to take a holistic 360-degree approach towards addressing undernutrition, DWCD, Govt. of Rajasthan developed a **“Social & Behaviour Change for Nutrition”** supported by the RajPusht Programme of IPE Global.

Taking forward the spirit of knowledge sharing and cross learning I would like to encourage other state governments to include nutrition sensitive SBCC interventions as part of their key strategy to tackle undernutrition. I sincerely hope that ways and methods of designing an SBCC intervention, suggested here, helps relevant stakeholders in addressing the hurdles associated with intended nutrition behaviors.

SECRETARY TO GOVERNMENT

Women and Child Development Department
Government of Rajasthan

FOREWORD

Entrenched in long standing habits, traditions and belief systems, human behavior has several complex layers to it. This Social and Behavior Change Communication (SBCC) toolkit is based on the premise that human behavior functions within varied social constructs. It is influenced by mindsets, self-efficacy, and norms that a community lives by. Systematically addressing the range of behaviors that have a direct or indirect impact on nutrition as well as the social and environmental factors that influence the adoption and maintenance of these behaviors is critical for achieving desired nutrition outcomes for the country.

There is a mounting body of evidence that unhealthy household environments and feeding practices can heavily influence the prevalence of undernutrition. It brings to light a need to approach undernutrition, through the lens of behavior, creating an environment that is enabling for adoption of healthy nutrition practices and changing mindsets.

This toolkit intends to help stakeholders design and implement effective SBCC interventions to achieve the desired behavior change in the targeted groups to achieve desired nutrition outcomes. The toolkit, apart from detailing steps towards an effective SBCC strategy, also presents insights and learnings from IPE Global's RajPusht Programme that would act as ready reckoners. It is my sincere hope that, the toolkit is used as a valuable resource for developing nutrition-sensitive strategies with behavior change communication as a critical aspect.

RAGHWESH RANJAN

Director, Social and Economic Empowerment
IPE Global Ltd.

PREVIEW

The socio-economic impact of undernutrition is intergenerational and far-reaching. Every year, India loses \$46 billion dollars to malnourishment (Save the Children, 2016). Besides, undernutrition hinders schooling, affects physical and cognitive development, preventing the afflicted population from realizing their full potential. The Sustainable Development Goals (SDGs) call for a commitment on part of nations to create a more equitable society. Health and nutrition are a vital part of it. Closer home, POSHAN Abhiyaan has ushered an increased emphasis on addressing nutritional imbalances.

Experts have proven that social and behavior change communication (SBCC) is a key to solve some of the most intractable health problems. A nutrition specific SBCC strategy can act as an aid to ongoing nutrition programs and interventions. It can action behavior change by generating awareness, transforming attitudes and beliefs, and dispelling myths and dated practices.

This SBCC toolkit comprises a detailed, step by step guide for public health practitioners, policy makers and development partners for designing SBCC strategies to counter undernutrition for varied nutrition thematic areas that need attention. The methods and tools detailed in coming sections have been designed to develop an easy to use handbook. Each section comes with highlights to focus the user's attention on specific learning objectives and intended outcomes.

We sincerely hope that the toolkit contributes towards our collective quest for a healthier society.

BINU ANAND

Team Leader, WeCan,
IPE Global

ACKNOWLEDGEMENTS

We take this opportunity to acknowledge the concerted efforts of all our development partners without whom this document would not have been possible. To begin with, we would like to thank DWCD, Govt. of Rajasthan for championing the importance of RajPusht's vision in addressing the cyclical problem of undernutrition. We would also like to thank our donors Bill and Melinda Gate Foundation (BMGF) and Children Investment Fund Foundation (CIFF) for providing us the opportunity to contribute towards addressing nutrition challenges. Further, we want to acknowledge the contribution of Sight & Life, IIMR University and Final Mile for conducting formative research in Rajasthan which provided us insight on nutrition practices in Rajasthan.

We would also take this opportunity to thank

UNICEF Rajasthan

Alive and Thrive

Action Against Hunger (ACF)

Plan India

Hindustan Zinc Limited

Tata Trusts

The World Bank

For their contributions in development of SBCC Strategy for addressing undernutrition in Rajasthan.

ABBREVIATIONS

Abbreviations	Full Form
ANM	Auxiliary Nurse Mid-Wife
ASHA	Accredited Social Health Activist
BCC	Behaviour Change Communication
BF	Breast Feeding
BPM	Block Project Manager
DIDM	District Information and Data Manager
EAST	Easy-Attractive-Social-Timely
EBF	Exclusive Breast Feeding
FLW	Front Line Worker
IEC	Information Education Communication
IPC	Interpersonal Communication
MIL	Mother in Law
MIYCN	Maternal Infant and Young Child Nutrition
NGO	Non-Government Organisation
PC	POSHAN Champion
PLW	Pregnant and Lactating Women
PW	Pregnant Women
SBCC	Social and Behaviour Change Communication

BACKGROUND

Infants and young children are amongst the most vulnerable groups in India. Falling prey to undernutrition during the first two years of life, can make them more susceptible to diseases and increase the chances of child mortality. Undernutrition, has far-reaching consequences, negatively influencing the child's cognitive and physical development, ultimately preventing them from reaching their full potential and living a productive life.

Fighting undernutrition in Rajasthan through RajPusht

Context

In Rajasthan, due to chronic maternal undernutrition, nearly 47% pregnant and lactating women suffer from anaemia. Undernutrition during pregnancy is an important factor for low birth weight (LBW). Further, children born underweight are at a greater risk of premature death. They are more likely to be stunted and wasted. As per NFHS4 in Rajasthan, 39% children under five are stunted, and 23% wasted. In order to address the challenges around undernutrition, IPE Global's RajPusht programme is being implemented in Rajasthan.

About RajPusht

RajPusht is a five-year programme, funded by Children's Investment Fund Foundation (CIFF), UK, jointly supported by Bill and Melinda Gates Foundation, which aims to improve the nutritional status of children in Rajasthan. The programme provides cash incentives to women upon the fulfilment of certain predefined conditions; this is coupled with intensive on-ground social and behaviour change communication using a 360 ° approach. While pregnant women, lactating mothers and children below two years of age are the primary targets, the programme also reaches out to husbands, mothers-in-law and other family and community members to improve dietary patterns, health seeking behaviour and eating and feeding practices.

Rajasthan SBCC Strategy

Understanding the importance of inculcating nutrition sensitive behaviour for addressing the problem of undernutrition, Govt. of Rajasthan endorsed SBCC strategy developed by IPE Global's RajPusht programme. This strategy is a collaborative effort of all the development partners working in Rajasthan where they came together and agreed on a common framework for a BCC strategy to address undernutrition.

What can we learn from this document?

The significance of SBCC component while designing a nutrition intervention cannot be overlooked. It is important that State government, undertakes the responsibility of designing and disseminating a statewide framework for SBCC for achieving the larger goals of nutrition.

WHY HAS THIS TOOLKIT BEEN DEVELOPED?

Programmes to counter undernutrition require a conducive environment to reach desired outcomes. Behaviour change strategies can help to support nutrition programmes and interventions in addressing undernutrition by creating awareness and providing a 360-degree approach by targeting myths that add to the prevalence of undernutrition. This SBCC toolkit aims to help development practitioners in designing SBCC strategy. It also draws on references from the SBCC strategy developed for the state of Rajasthan with support from RajPusht programme to give real-time example to administrators/development practitioners /IEC officers for designing a relevant end product.

OVERVIEW OF SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION (SBCC)

Defining SBCC

SBCC is the use of communication to change behaviour – including service utilization – and promote social change by positively influencing knowledge, attitudes and social norms. It goes beyond the delivery of a simple message or slogan to encompass the full range of ways in which people individually and collectively convey meaning. SBCC and its approaches are deeply rooted in behavioural science¹. As humans, what we see continually is that our preferences do not always define our actions. Context plays a huge role in shaping our perceptions and behaviour. Sometimes, this context can channel us towards our goals, but it can also create barriers which prevent us from following through our intentions. SBCC offers tools to remove these behavioural barriers or design channels to allow individuals to follow through on their intentions².

Among the powerful tools employed by SBCC programmes are mass media, community-level activities, interpersonal communication, information and communication technologies and news media³.

How SBCC and Information Education Communication (IEC) differ from each other?

Providing people with information is not enough to bring about behaviour change. While providing information to help people to make a personal decision is a necessary part of behaviour change, SBCC recognizes that behaviour is not only a matter of having information and making a personal choice. What we intend and act upon are two different things. The intention-action gap refers to difference between what people say they would like/plan to do and what they actually do. Sometimes, the intention-action gap is the result of a behavioural bias favouring

¹Ministry of Health and Family Welfare. (2013). Facilitators Guide : Social and Behaviour Change Communication Training for IEC officers. USAID.

²Retrieved from <https://healthcommcapacity.org/behaviour-change-toolkit-behavioural-economics-sbcc-fit/>. Accessed on 20/07/2020

³Retrieved from <https://sbccimplementationkits.org/service-communication/wpcontent/uploads/sites/13/2017/01/ServiceCom-I-Kit-Learn-Section.pdf>. Accessed on 13/07/2020

CONNECTING THE DOTS

The roots of poor nutrition lie in human behaviour. Improvements in nutrition are not possible without broad, widespread changes in the everyday behaviour of people and organisations around the world. Evidence shows that people can change their behaviour to improve nutrition outcomes, especially when the environment in which they live, and work supports those changes.

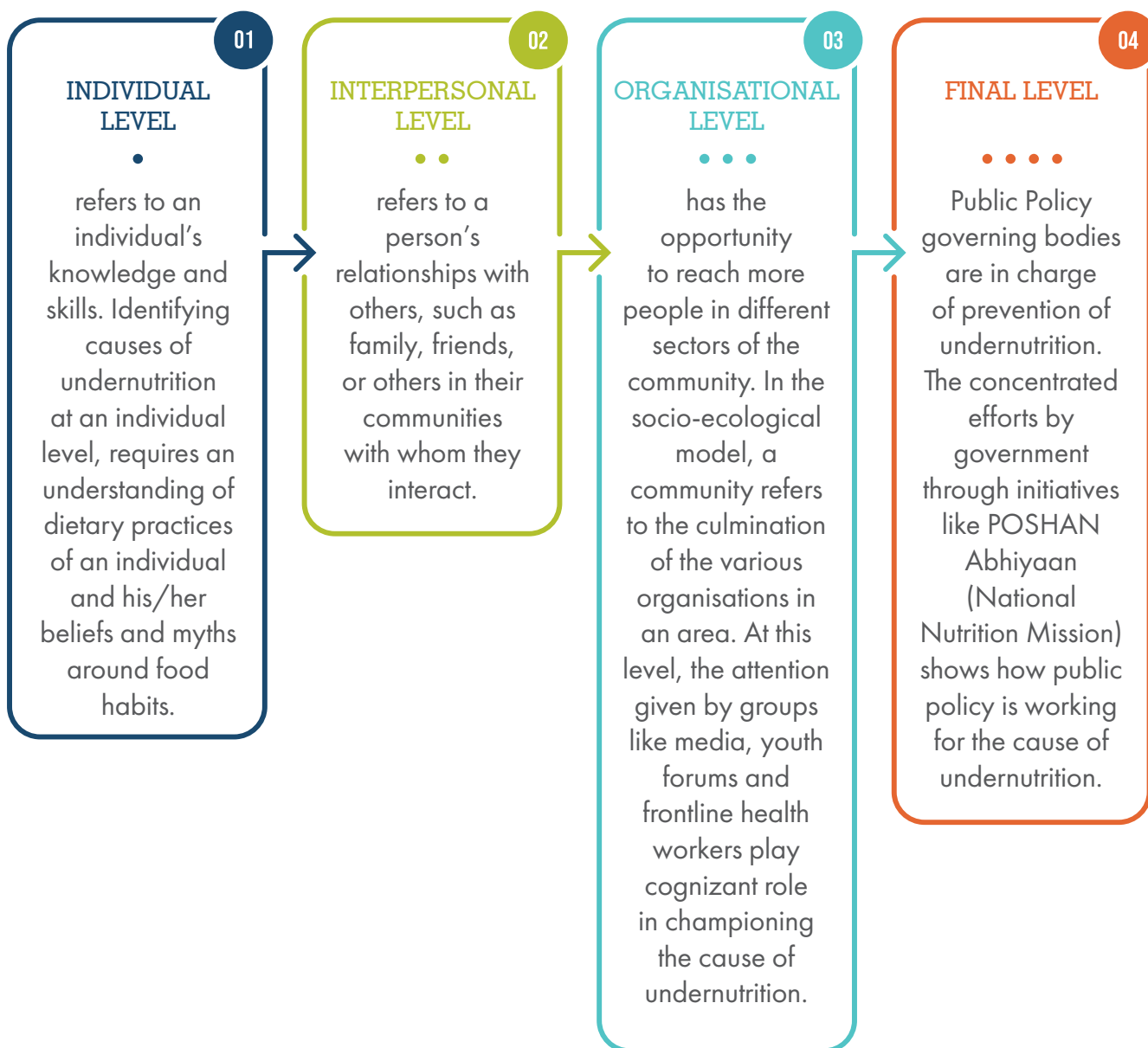
SBCC framework provides a gateway for influencing the behaviour of people in order to achieve desired nutrition practices. This framework has been adapted for use in public health settings based on cutting edge principles of marketing and advertising.

immediate gratification. For instance, suppose you to intent to save Rs3000 from your income this month, but an immediate gratification to buy that expensive cloth will result in intent-action gap. Behaviour change also requires a supportive environment. Community and society provide the supportive environment necessary for behaviour change.

SBCC uses a Socio- Ecological Model for Change

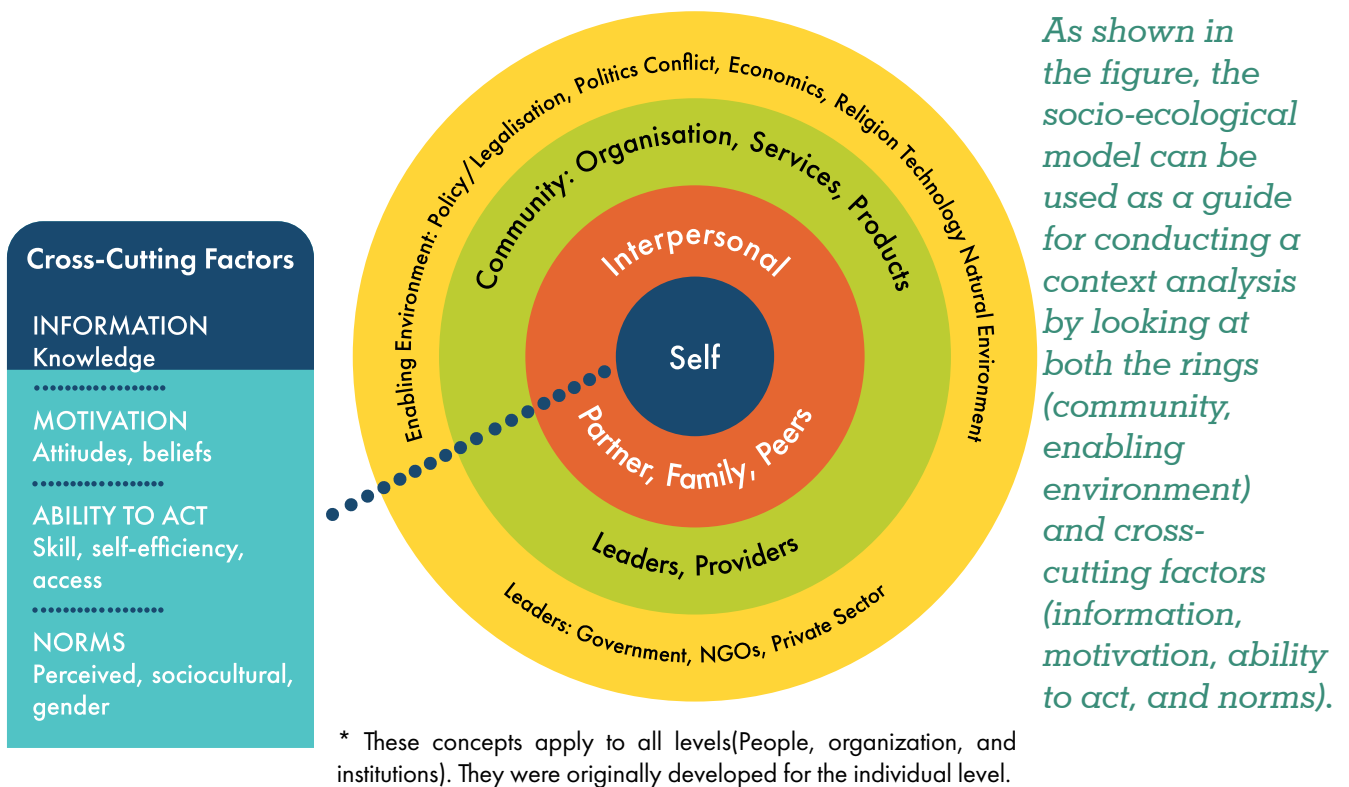
A socio-ecological model examines layers of influence to provide insight on the causes of problems (e.g., anaemia amongst adolescent girls) in order to find possibilities for change. The model helps us to look at ways in which personal and environmental factors are inter-related and how they influence each other.

There are five levels to this model – Individual, Interpersonal, Organisational, Community, and Public Policy⁴.



⁴C-Change (Communication for Change). 2012. C-Modules: A Learning Package for Social and Behavior Change Communication. Washington, DC: FHI 360/C-Change

Figure 1 : Socio – Ecological Model



Source: McKee, Manoncourt, Chin and Carnegie (2000)

An important part of SBCC initiatives is to recognise the potential as well as the limitations of interventions. The table below describes what SBCC programme can and cannot do to achieve its intended objectives⁵.

Table 1 : What SBCC can and cannot do

SBCC	SBCC
<ul style="list-style-type: none"> • Increase knowledge and awareness • Counter myths and misconceptions • Influence perceptions, beliefs, attitudes • Prompt action • Trigger an individual to adopt and maintain a healthy behaviour • Demonstrate and allow new skills to be practiced • Reinforce self and collective efficacy • Address barriers • Support or initiate norm change 	<ul style="list-style-type: none"> • Compensate for inadequate infrastructure or logistics of services (though it can mobilize or advocate for improvement in these areas). • Produce sustainable change without support from other programme components or programmes providing services, technology, and enforcing regulations and policies (though it can link with these programmes)

⁵Ministry of Health and Family Welfare. (2013). Facilitators Guide : Social and Behaviour Change Communication Training for IEC officers. USAID.

HOW TO USE THIS TOOLKIT

The toolkit has seven modules:

- » **Introductory Module: Process of developing a behaviour change strategy**
- » **Module 1: Define**
- » **Module 2: Diagnose**
- » **Module 3: Design**
- » **Module 4: Test**
- » **Module 5: Pilot and Scale**
- » **Towards the end: An evidence based SBCC approach**

Each module in this toolkit contains the following sections:

- » **Introduction: A brief about what the module contains.**
- » **Learning objectives: What to expect at the end of this module.**
- » **How to accomplish the step? Tools and methods relevant for achieving the step**
- » **Insights from RajPusht: Specific insights from RajPusht project for giving experiential insights to practitioners.**

Introduction

Communication plays a powerful role in addressing barriers and shaping demand for and adoption of preventive and promotive practices related to health. Globally, there has been a paradigm shift in recent years from sporadic awareness-raising information, education, and communication (IEC) activities to strategic, evidence-based behaviour change communication (BCC) strategies. The change has come about with the realization that as individual behaviour is influenced by socio-cultural and gender norms, the need to mobilize communities in support of recommended behaviours is imperative along with integrating advocacy to influence policy and structural issues, leading to increasingly holistic approaches to health communication.

What is the purpose of this toolkit?

This SBCC toolkit is designed for users and practitioners who oversee SBCC campaigns and programmes. The goal of this training is to increase their understanding and application of SBCC processes and principles toward strengthening their ability to design, implement, manage, and evaluate SBCC programmes.

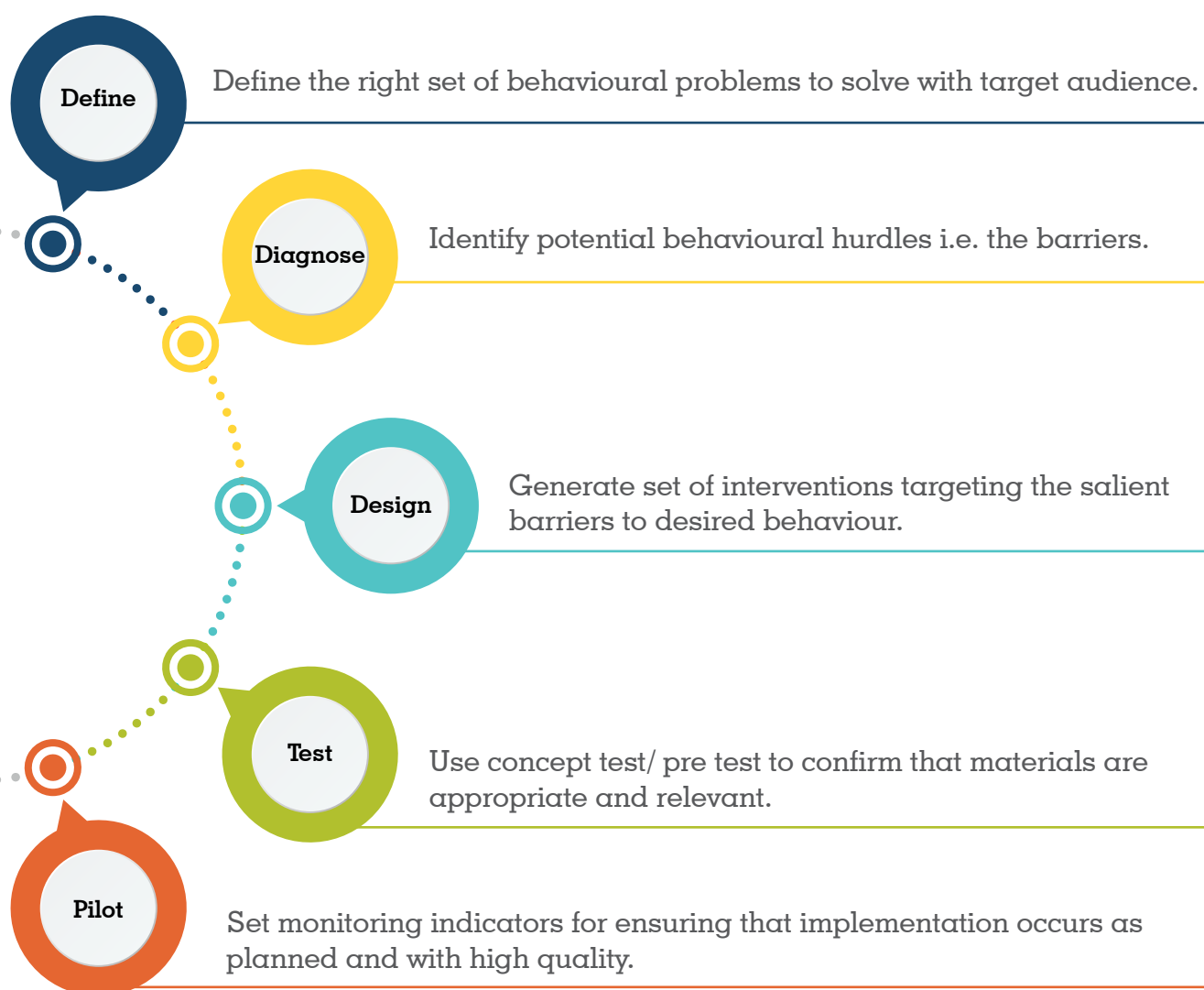
Who can use this toolkit?

This document is meant to be used by policy makers across the country and various development agencies working on nutrition, child and maternal health, behaviour change communication and rural development. The purpose of this document is to avoid academic jargons and tendencies to keep the module simple, relevant and easy to understand by field practitioners.

INTRODUCTORY MODULE: PROCESS OF BEHAVIOUR CHANGE STRATEGY

Behavioural change strategy involves scientific and systematic process. The 5-step process described below includes the actions to define, diagnose, design, test and pilot scale programmes⁶:

Figure 2: The 5-step process of designing an SBCC intervention



⁶Tantia, P. (2017). The New Science of Designing for Humans. Spring.

DEFINE

The first step is to define the problem carefully to ensure that no assumptions for causes or solutions are implied, and that the desired outcome is clear. The problem needs to be defined only in terms of what behaviours are being encouraged (or discouraged), such as getting mothers to practice exclusive breastfeeding (EBF) for the first six months after a child is born.

DIAGNOSE

This intensive phase generates hypotheses for the behavioural causes of the problem. To identify potential behavioural hurdles, this approach draws insights from behavioural science literature and knowledge on the particular situation. After generating initial hypotheses, the next step is to conduct qualitative research and data analysis to probe which behavioural barriers may be most prevalent and what features of the context may be triggering them. Context refers to any element of the physical environment, and the experiences that the beneficiary is undergoing, including her physical and/or mental, emotional and psychological state.

DESIGN

After filtering and prioritising the list of possible behavioural barriers in the diagnosis phase, potential solutions can be drawn. When possible, testing some of these ideas are advisable (rather than presuming the effectiveness of the potential solution). Solutions also change from the time of its conception to the time when it reaches the field. Such adaptations are critical to making the design scalable.

TEST

For iterating on a design, it might be possible only to measure proximate indicators for the expected outcomes. These are usually available from administrative data (such as response to an e-mail campaign), so it would be possible to measure them within days or weeks rather than years. Measure of long-term outcomes as a final check is only done after a final solution has been implemented for a substantial period of time.

SCALE

This final phase involves lowering the cost of delivering the solution without compromising its quality. On the surface, this step would seem to be a matter of process optimisation and technology. However, as behavioural solutions are highly dependent on the details of delivery, optimisation needs to be designed with a knowledge of behavioural principles.

MODULE 1: DEFINE

Introduction

At the define stage, the practitioners are expected to define the right behavioural problem(s) to solve with target audience. It is important to ensure that problems are defined only in terms of behaviour(s) that the programme is trying to encourage or discourage.

Learning objectives

At the end of this module, practitioners will be able to:

- Define policy challenges in behavioural terms.
- Use a set of designated tools for prioritizing behaviour.

How to accomplish the step?

- There are certain tools and methods which will help practitioners in better understanding the situation and defining policy challenges in designing and using behavioural tools. They are:

1. Behavioural Reduction Tool

A “behavioural reduction” is a simple tool whereby the practitioner constructs a hierarchical branching tree model to map how a general policy issue connects to concrete behaviours⁷. In its most simple form, the reduction is carried out in three steps that aim to decompose the policy problem into its many behavioural components. This way, the behavioural reduction helps practitioners to identify the concrete behaviours tied.

The policymaker and practitioner can conduct a behavioural reduction by following this process:

- **Plot the general policy area or challenge at the top of a whiteboard.**

Practitioners often use whiteboards to think through behavioural problems in a group setting. If one is available in the programme, it should be prioritised and used in this process. This is referred to as the “policy level” of the behavioural reduction.

- **Connect the relevant strategic domains within which the policy issue arises.**

This level is referred to as the “strategic level” of the behavioural reduction.

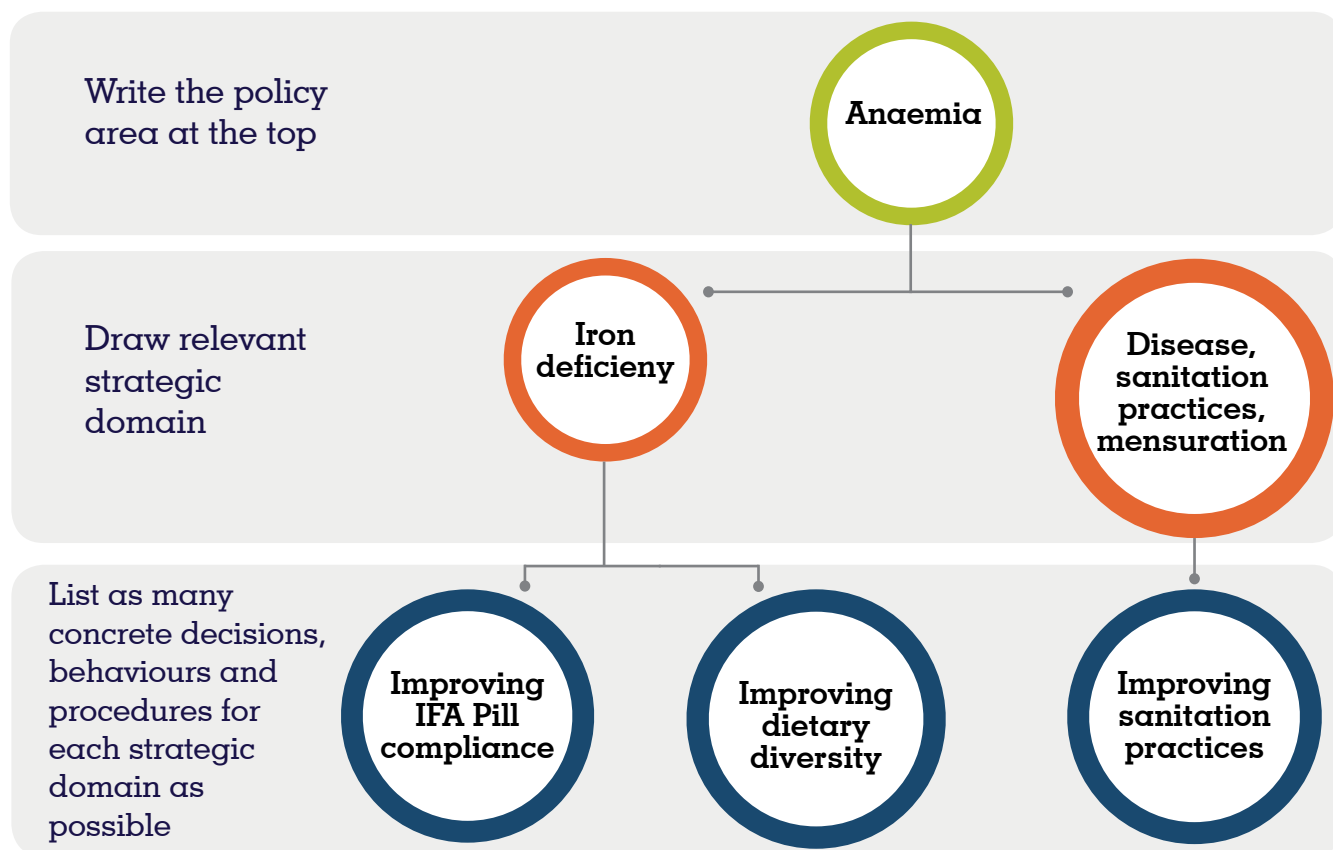
⁷OECD (2019), Tools and Ethics for Applied Behavioural Insights: The BASIC Toolkit, OECD Publishing, Paris.<https://doi.org/10.1787/9ea76a8f-en>.

- **Attach each of the strategic domains into the concrete behaviours.**

The items in this reduction level should be concrete decisions, behaviours and procedures. Hence, this level of behavioural reduction is also referred to as the “behavioural level”.

Figure 3 below provides example of how to use behavioural reduction tool.

Figure 3: Branching Tree model: Behaviour Reduction Tool



Pro-Tip: While conducting a behaviour reduction tool kit, assemble stakeholders and conduct a brainstorming process under a heading (policy effort or challenge) to generate a vast set of concrete examples of relevant behaviours (concrete behaviours) and ultimately sort them into relevant categories (strategic domains).

2. Priority Filter Questionnaire

The priority filter questionnaire is a guide to generate a more holistic discussion on which elements are important to the project and apply this to the selection of the target behaviour. It is a decision-tool composed of weighted questions that reflect important considerations for the success of the behavioural project. For each question, you can rate the target behaviour (i.e. on a scale from 1 = “definitely not” to 5 = “definitely”), pre-determine a cut-off (i.e. questions that score at least a 4.8 will be considered) and calculate the overall score for each.

Table 2 : General Questions to be considered for Priority Table

AREAS	Sample questions
Importance	Is a change in behaviour an institutional priority?
Ethics	Are there any potential risks or unintended consequences when pursuing the desired behaviour? Are there uneven risks (i.e positive for the majority but harmful risks for minority groups)?
Impact	Will changing the target individual behaviour translate into a significant societal impact?
Feasibility	Is it politically feasible? Are resources available? Is it controversial?
Data access	Is baseline data readily available? Can you collect individual or group-level prospective data?
Frequency	Does the behaviour occur frequently? Is there a reasonable base rate for the preferred behaviour?

3. Literature Review

The process of understanding a situation will remain incomplete if the relevant literature on the subject is not carefully studied. Literature review is important because formative research gaps exist around areas that will affect how IEC officers craft their messages and position their campaign. This happens even when the magnitude of the problem is clear. Literature review helps in identifying such gaps and streamlining the behaviour barriers which need urgent intervention.

PRO TIPS ON HOW TO CONDUCT A LITERATURE REVIEW

STEP 1 Define the Purpose of Your Review

What type of literature review are you conducting? Are you trying to get a general sense of a behavioural intervention or underlying theory? During this first step, the topic and research question must be defined – a narrower topic allows you to focus more deeply, rather than skimming the surface.

STEP 2 Track Down Sources

Use Google Scholar.

While most academic researchers have access to comprehensive academic databases and special search engines, Google Scholar is one of the most straightforward ways to begin your search. You can use Google Scholar to:

1. Use the advanced search feature to filter results (e.g. limit search results to articles from the past 5 years).
2. Assess if the article is a seminal publication by seeing how often other researchers have cited it in other papers.
3. Click on “related articles” to expand your sources.

STEP 3 Choose Your Sources

Narrow down your list.

When looking through journals, databases, and related literature, that show you dozens of articles, it is important to narrow down your reading list. Begin by reading the titles, and then the abstracts, which gives you more information about the context of the theory or experiment to see if it relates to your topic and if it's worth reading it fully.

STEP 4 Review the Information

Skim articles efficiently.

Reading jargon-rich scholarly articles is not an easy task. Once you have identified an article that you want to review in detail, begin by skimming contents.

1. Fully read the first and last paragraph of the Introduction and the Discussion sections.
2. Read the topics of all tables and charts:
 - What are the findings, claims, conclusions of the article?
 - Did the behavioural strategy being tested work effectively? Why and under what conditions?

STEP 5 Summarize and Synthesize

Skim articles efficiently.

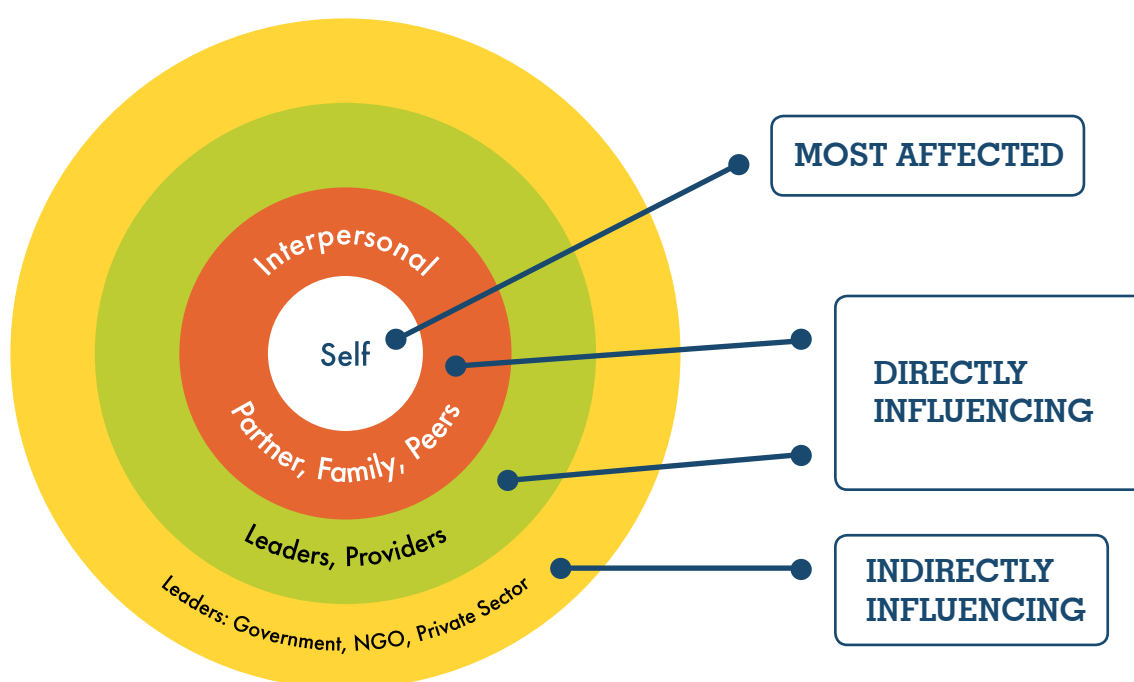
There is no one way to organise a literature review. Here are a few general suggestions:

- Organise your materials. Some of the more commonly used structures include organizing content by theory, key insight, sector, context-area, audience type, or use of research methodology.

4. Defining the Audience

Once the causes and effects of a problem that will be assessed is clearer, it is important to define the audience. That includes looking at the people who are directly affected by the health and development problem and the people who are involved with or influence the person that is directly affected. People Analysis is a tool which helps in achieving it⁸.

Figure 4: People Analysis Tool



1. In the centre (the self) are the people most affected by the problem, or the primary audience. Examples might include:
 - Young pregnant mothers
 - Mothers of children under 5 with diarrhoea
 - Mothers of children with new-borns with pneumonia/sepsis
2. The two intermediate rings (interpersonal and community levels of the socio ecological model) are people who directly influence those who are most affected (the self) — community organisations, services, or products. Examples might include:
 - Husbands
 - Mothers-in-law
 - Peers
 - Doctors, health care providers
 - ASHAs, ANMs, or other frontline health workers

⁸Ministry of Health and Family Welfare. (2013). Facilitators Guide : Social and Behaviour Change Communication Training for IEC officers. USAID

3. In the outermost ring (the enabling environment of the socio-ecological model) are people, groups, and/or institutions that indirectly influence those who are most affected (the self). Examples might include:
- Educational institutions
 - University authorities
 - Legislators and policymakers

After defining the audience, it is also important to segment them. Audience segmentation is based on the assumption that different groups within an audience category have different characteristics that influence the extent to which they pay attention to, understand, are motivated by, and act on different messages. Using socio-ecological model is one way of segmenting the audience.

HOW TO SEGMENT AUDIENCES USING THE SOCIO-ECOLOGICAL MODEL?

ENABLING ENVIRONMENT

» Geographic or structural differences (e.g., urban/rural, risk settings, workplace or residence)

COMMUNITY

» Demographic and socio-cultural differences (e.g., age, gender, education, income, marital status, role in society, religion, ethnicity)

INTERPERSONAL

» Psychosocial differences (e.g., identity, lifestyle, group membership)

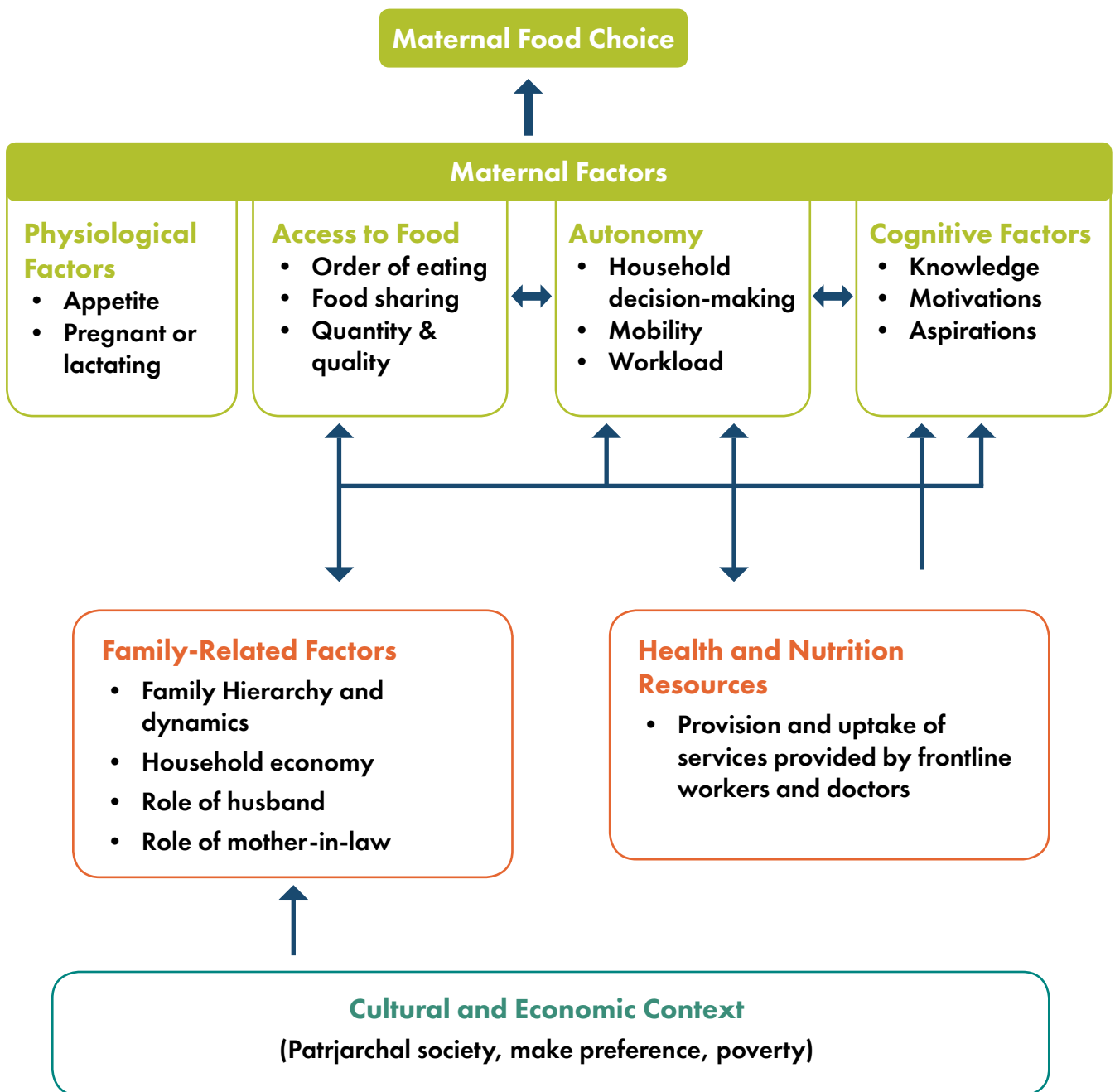
SELF

» Psychological differences (e.g., knowledge/information, motivation, perceptions of vulnerability, readiness for change, values, attitudes)

Insights from RajPusht

In order to better help field-practitioners in defining the behavioural problems, RajPusht commissioned a formative research on the topic that fed into the strategy. This research was conducted by Sight & Life to understand the socio-cultural drivers of food choices in Rajasthan. The report identified 19 factors that drive food choices of pregnant and lactating women (PLW) of Rajasthan. These are:

FIGURE 1: A conceptual model of the Factors influencing food choice for pregnant and lactating women in low-income communities in Rajasthan



SOME OTHER USEFUL INSIGHTS FROM THIS REPORT ARE:

- PLW did not consider it appropriate to eat more food than others at meals, because it challenged their notion of a good wife, daughter-in-law, and mother.
- The mother-in law tends to restrict food access on account of food beliefs and pregnancy.
- Food taboos among PLW are motivated by the wish to avoid miscarriage, stillbirth, complications at delivery, and maternal death.

- Dietary advice has higher action efficacy among better educated women, particularly among women who have the financial resources to act.
- Positive emotional states in the PLW are opportunities for intervention.

MODULE 2: DIAGNOSE

Introduction

After defining the behavioural problems, the next step is to identify potential causes for these problems. In order to identify potential behavioural hurdles, this phase uses insights from behavioural science literature and knowledge on the particular situation. It is important that field practitioners put on their thinking cap at this stage and really try to overview the entire exercise as solving a jigsaw puzzle.

Learning objectives

At the end of this step, practitioners will be able to understand how to:

- Identify the barriers and biases to desired behaviour.

How to accomplish the step?

There are certain tools which can help field practitioners solve this jigsaw puzzle and understand enablers and barriers for a desired behaviour.

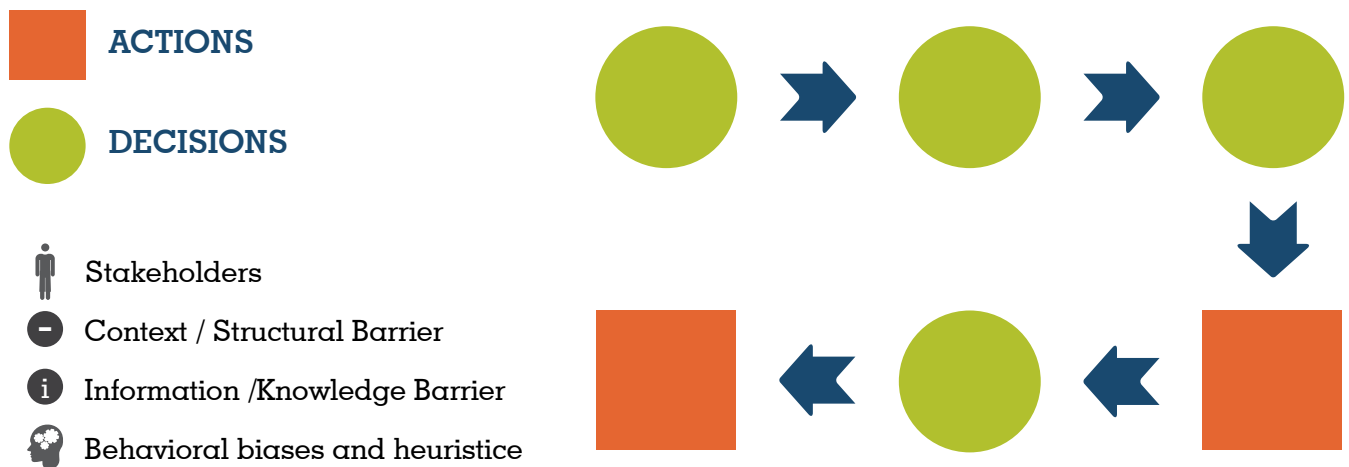
Behavioural Flow Chart

A behavioural flowchart provides a detailed description of how a process actually unfolds and it attaches behavioural measures of the decision-making process of people. It helps in identifying potential loose ends and friction points that inhibit the efficiency and reliability of the process⁹. A field practitioner can consider behavioural flowcharts as guides which will help them in solving the puzzle and identifying barriers and enablers for the desired behaviour. To get clarity on how to prepare a behavioural flow chart, we next illustrate behavioural flow chart process for food preparation practice at the household level.

After conducting field surveys and reviewing literature for identifying barriers to desired behaviour and enablers around food preparation practice, one needs to prepare “key” for behavioural flow chart. Fig 5 below illustrates, what the key may look like.

⁹OECD (2019), Tools and Ethics for Applied Behavioural Insights: The BASIC Toolkit, OECD Publishing, Paris.<https://doi.org/10.1787/9ea76a8f-en>.

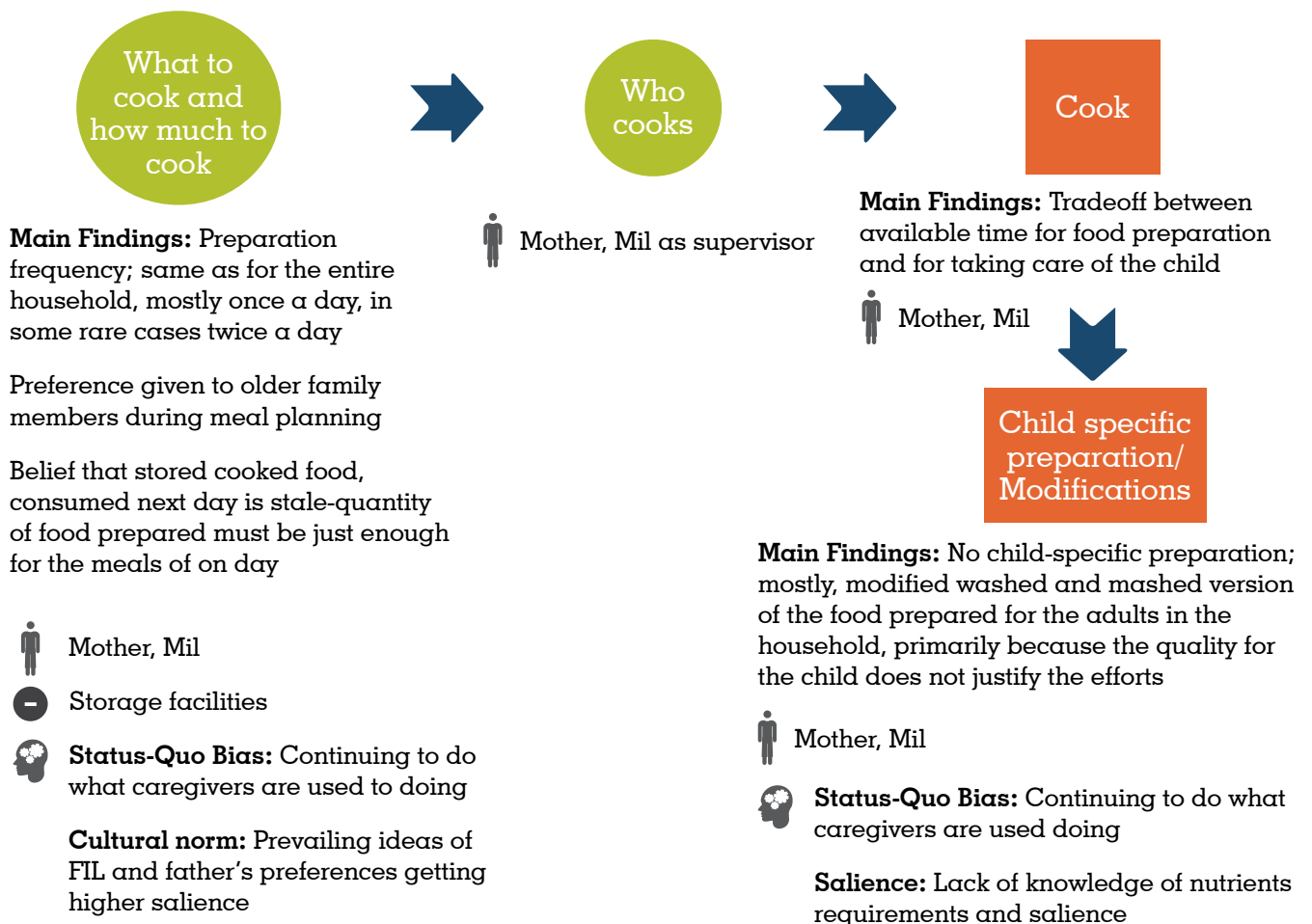
Figure 5: Key for Behavioural Flow Chart



Source: Behavioural Insights for Stronger Nutrition Interventions in India. (2019). The World Bank. Mind and Behaviour Development Unit

After finalising keys, we next work on preparing an actual behavioural flow chart on food preparation. Figure 6 illustrates the behavioural flow chart on food preparation.

Figure 6: Food Preparation: Behavioural flow chart



Source: Behavioural Insights for Stronger Nutrition Interventions in India. (2019). The World Bank. Mind and Behaviour Development Unit.

By preparing the behavioural flow chart, we were able to identify household behaviour barrier around food preparation practice. The table below tries to summarise and further crystalize the key take away from behavioural flow chart.

Table 3 : Food Preparation: Household Behaviour Barriers

Behaviours (or beliefs) to target	Whom to target?	Barriers
Preparation of child specific items with sufficient dietary diversity in mind	Mothers of 6-12 months child Mothers-in-Law as Supervisor	<p>1. Capacity Knowledge: About child friendly recipes for food items other than khichdi</p> <p>2. Mental models and Social Norms Gender Norms: Preference given to father and father in law’s preferences for food preparation Beliefs: Individual, household and community beliefs suitability of food group for child that determines what is fed to the child from the family’s meal, especially non-vegetarian items.</p> <p>3. Ease of Use Time Poverty: The quantity for the child doesn’t warrant a separate effort, especially amidst burdening household work.</p>

Source: Behavioural Insights for Stronger Nutrition Interventions in India. (2019). The World Bank. Mind and Behaviour Development Unit.

Insights from RajPusht

There are two reports under RajPusht:

- Final Mile’s study on Infant and Young Child Nutrition
- Insights by Sight & Life on maternal nutrition

These reports provide us insights on desired behaviour enablers and barriers. These insights may help field practitioners in understanding why the problem may be occurring. A snapshot of behaviour enablers and barriers from these two reports are presented in table 2 below:

Table 4 : Desired behaviour Enablers and Barriers

Enablers	Barriers
<ul style="list-style-type: none"> • Husbands want to be involved in the medical care of their wives, in part because they seek to prevent expensive medical expenditures. Nutrition (food and advice) must be seen as offering the preventive care husbands and others seek. • The risk perception and subsequently the level of attention given to the nutrition of the child is high during the first 6 months as this period is considered vulnerable for the infant. Risk is extremely high because of the explicit consequences of not adhering to the institutional and normative practices of early initiation and exclusive breastfeeding. 	<ul style="list-style-type: none"> • Meals and meal-based dietary advice is a non-efficient pathway for improving maternal nutrition, particularly in multi-family homes. • After the initiation of complementary feeding, the risk perception slowly starts to reduce and close to the one-year mark, the risk perception plummets as the child is integrated with the family unit. The level of attention accorded to nutrition and feeding practices also follows the same pattern. • Strong normative hold on IYCF practices, acute material and time poverty along with the myth of preparedness, lead adults towards using the same mental models on infants as they would apply to themselves. As the goal of parents is to quickly help the child transition towards independently handling food, families tend to rush through milestones. • In periods of heightened risk for the infant, the family feels that the feeding practices are insufficient, and their caregiving is inadequate. In such situations, the response is often more than what is required or in a different form than the need for action and results in a form of unhealthy overcompensation.

MODULE 3: DESIGN

Introduction

While the diagnosis phase helps to prioritise the list of possible behavioural barriers, ideas for solutions can be generated during the design phase. Practitioners can use certain tools to design interventions for addressing identified barriers. However, generating interventions alone without devising effective ways to ensure outreach can lead to intervention failure. Hence, this module also elucidates how to effectively ensure outreach for planned interventions.

Learning objectives

At the end of this step practitioners will understand:

- How to generate a set of interventions targeting barriers to desired behaviour
- Importance of communication while planning

How to achieve this Step?

There are certain tools/frameworks which can provide field practitioners with a guide on how to design interventions. Such frameworks are based on the principle of having an intervention which is simple, relevant, effective, and impactful. A few instances of such frameworks are:

1. East Framework

There are frameworks and academic papers documenting and exploring the finer mental shortcuts and patterns of behaviour influence. Among those, the EAST framework provides a simple and memorable starting point. This framework was developed in early 2012 by the Behavioural Insights Team (the world's first Government institution dedicated to the application of behavioural sciences) as a replacement of the MINDSPACE model that had previously been in use.

EAST is simple mnemonic of four elements. These are:

Figure 7: EAST Framework

Make it EASY

What we do is strongly influenced by hassle or ease.

If a pregnant woman finds it difficult to understand a diet chart, how do you expect her to follow it?

Make it ATTRACTIVE

A message or option that fails to attract our attention will have little impact, and if it does, it still needs to 'feel' like an appealing thing to do.

The attractive commercial advertisement of biscuit has made it a household complementary feed for infant and young child, even when people may find it difficult to afford.

Make it SOCIAL

We are strongly influenced by what everyone else is doing. "Herd Mentality" is a great aspect to cash on.

If hundreds of people around are practicing institutional delivery, maybe I should also ensure that my wife gets institutional delivery?

Make it TIMELY

There are certain moments, particularly when our normal behaviour has been disrupted, when we are most likely to be influenced to do something different.

Encouraging people to go for institutional delivery will generally yield few results if the previous deliveries were at home, but this can have big impacts among first-time "to be parents".

How to apply EAST framework?

While applying EAST framework to behaviour change interventions, the following points need to be considered:

1. **Easy** – It is important to simplify messages. If messages are clear and concise, they can increase the response rate and engagement. It is important to harness the power of defaults. If the desired action becomes a default option, it is more likely to be selected.
2. **Attractive** – A message should hold the attention of its audience. Using bold and striking colours along with professional imagery can contribute to making a message attractive. Further, choosing the right messenger also makes the intervention attractive. A reward or incentive attached to the action also makes it attractive.
3. **Social** – As social beings that we are, we care about what our peers are doing, and what they think of us. Encouraging people to make a commitment to others can motivate them to achieve the desired behaviour.
4. **Timely** – The time of selection to prompt or nudge someone towards a desired behaviour is vitally important. It is important to prompt people when they are most likely to be receptive.

EXAMPLE OF AN "EAST" BASED INTERVENTION

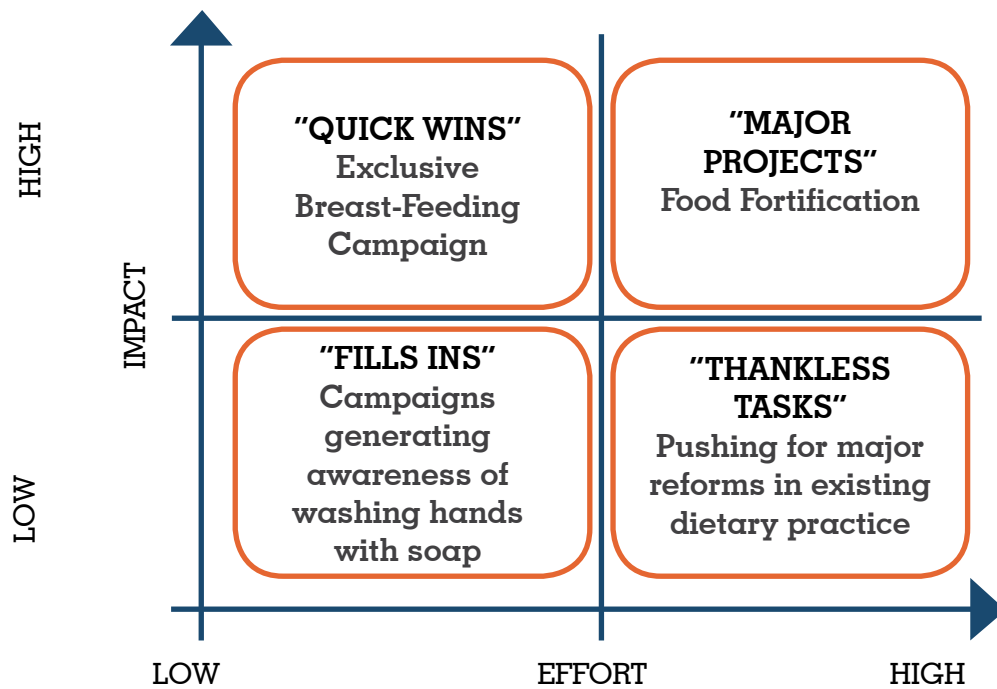
*In order to encourage PLW to regularly visit doctors during and after pregnancy, one of the possible interventions could be to send reminder text messages to PLW. While designing such text messages, it is important to include a number to call if the PLW needed to move the appointment (**easy**), said how much the appointment costs the health service (**attract**), and was sent a week or two before the actual appointment (**timely**) and if possible such PLW should be approached in groups (**social**)*

While the EAST framework will help field practitioners in designing an intervention, the tool discussed next will help them in prioritising the right intervention given time and resource constraints.

2. Impact Feasibility Matrix

In a world where we are running around the clock to get things done, it is important that practitioners have a ready reckoner which can help them in making the most of their time and resources. The Impact-Feasibility Matrix allows practitioners to identify interventions which require low efforts and provide high impact. The figure below tries to capture the Impact- Feasibility Matrix for a nutrition intervention.

Figure 8 : Impact – Feasibility Matrix



To use the matrix, tasks are scored based firstly on their impact and secondly on the efforts needed to complete them. Then, scores are used to plot these activities in one of the following four quadrants:

Quick Wins (High Impact, Low Effort)

Quick wins are the most attractive interventions because they have the potential to create large impact for relatively low effort. Facilitated learning and action group meetings give an opportunity to cash on “herd-mentality” and influence people to move towards desired behaviour.

- **Major Projects (High Impact, High Effort)**
Major projects create large impact, but they are time-consuming.
- **Fill Ins (Low Impact, Low Effort)**
Such activities can be considered freebies, which should not be missed upon.
- **Thankless Tasks (Low Impact, High Effort)**
It is advisable to avoid these activities. They take a lot of time and energy, and it is very difficult to assess fruitful results through them.

Ensuring effective outreach of designed interventions

While creating design of interventions, it is also important to make note of communication channels which can be used for spreading the message. The factors to be considered while selecting a communication channel are:

- **Desired reach:**
Programmes which aim at national or regional coverage often use mass media as one of the channels:
 - Media habits and preferences of intended audience
 - Media access
 - Audience media habits

- Preferred listening times, favourite stations, programmes, perception of media
- Media ownership

Budget available:

- Development of the products
- Production costs
- Duplication and airing
- Dissemination of the communication products

Further, in times where there are no suitable materials that can fulfil the demands of an intervention, the next step is to plan to adapt or create new materials. Such materials are known as creative briefs.

3. Creative brief

A creative concept is an overarching “Big Idea” that captures audience interest, influences their emotional response and inspires them to act. It is a unifying theme that can be used across all campaign messages, calls to action, communication channels and audiences¹⁰. Typically, the creative concept is embodied in a headline, tagline and a key visual. Successful creative concepts are distinctive, memorable, unifying and relevant. The 7 Cs of effective message described below are quite important while designing a creative brief.

7 CS OF COMMUNICATION

1

Command attention

- The message stands out to the audience
- The message is believable

2

Clarify the message

- The message is simple and direct
- The message focuses only on what the audience needs to know
- The strongest points are given at the beginning of the message

3

Communicate a benefit

- The message clearly states what the audience gets in return for taking action
- The message conveys that the benefit outweighs the barriers

¹⁰Ministry of Health and Family Welfare. (2013). Facilitators Guide : Social and Behaviour Change Communication Training for IEC officers. USAID.

4

Consistency counts

- Key messages are used appropriately and ensure consistency and support for all the programmes materials.

5

Cater to the heart and the head

- The message uses an appropriate tone for the audience and appeals to emotions as well as logic.
- The appeal is appropriate as laid out in the creative brief.

6

Create trust

- The information comes from a credible source.

7

Call to action

- The call to action clearly states what the audience should do after seeing the communication.

Insights from RajPusht

For giving practitioners a fair idea on what a creative brief looks like, the briefs designed under RajPusht can act as an instance. Based on insights from the formative research (conducted by Sight& Life and Final Mile for RajPusht), that a PW needs to take little more care of herself and her new born, “Thoda Zyada”(trans. Little more) was conceptualized and implemented under RajPusht. This creative brief focused on encouraging mothers and their families to take a little more effort to ensure healthy, active and happy lives for their children. A snapshot of this creative brief is presented below.

THODA ZYADA (trans. Little More) COMMUNICATION:

Big Idea	Communication Objective	Desired Behaviour
Acknowledge and encourage overcompensating behaviour	Using ‘Thoda Zyada’ (trans. Little more) to encourage more healthy effort to be put into the IYCF journey.	Continuing with positive practices by bringing in a little extra effort and redirecting misaligned extra effort to healthy practices, with a focus on improving the nutrition of the child. Extra addition to meals, attention to nutrition as well as a specific sense of care for the child by the mother and other caretakers in the family.

The communication component of “thoda zyada” is discussed next.

Table 4 : Communication Component of “Thoda Zyada”

		Communication 1	Communication 2
Medium	How will you implement the idea? What would you need to create to do so?	Posters series	Song/Jingle
Target Group	Audience: Who is the material intended for	Women	Community
Context	Barriers: Why is change not happening? Can you see the barriers that the material addresses? Opportunities: What parts of their existing context that supports or could be used for successful communication?		
Key Information	Information: What key information is in the material	<p>Mothers have an existing temperament of doing more for their child.</p> <p>Eg. “Har ma ka irada, mere champion ke liye thoda zyada.”</p> <p>(Each mother’s determination, to take “little more” effort for their child)</p> <p>It can be tailored to each stage of the IYCF journey and can gradually engage multiple members of the family and the community.</p> <p>Examples of intended messaging:</p> <p>‘Thoda Zyada samay’ (trans. little more time): to keep the effort on breastfeeding’</p> <p>‘Thoda Zyada dhairya’ (trans. Little more patience: to encourage mothers to be patient while breastfeeding as it is a learning period for the infant.</p> <p>‘Thoda Zyada doodh’ (trans. Little more milk): to encourage more breastfeeding during sickness or during summers.</p> <p>‘Thoda Zyada Dal/Sabzi/Fal’ (trans. Little more pulses/vegetables/ fruits): to add to the stages through the complementary feeding journey.</p>	
Considerations		Put up posters across the village especially in hospitals and AWCs as these are frequented by women.	

MODULE 4: TEST

Introduction

Testing concepts and pretesting materials are essential components of creating materials. Testing helps to confirm that materials are appropriate, understandable, and effective. It also helps to gather inputs and feedback on the design and content from the intended audience.

Learning objectives

At the end of this module, field practitioners will learn how they can ensure the effectiveness and appropriateness of their interventions.

How to achieve this Step?

The two types of testing popularly used are concept testing and pre-testing. The table below describes these tests in detail¹¹:

Table 5 : Difference between Concept Test & Pre-Test

Type Testing	Concept Test	Pre-test
Purpose of Test	Reaction to key messages. Reaction to proposed material formats. Information on what motivates and interests the audiences.	Reaction to draft materials- visuals, text colours, audio. Feedback on materials about comprehensions, attractiveness, acceptance, involvement.
When	Before drafts are developed.	After concept testing and development of first drafts
With Whom	Intended Audience.	Intended audience General public Users
Materials Needed	Drawings, black and white print outs, or mock-up designs At least two draft formats or concepts to determine which one is preferred.	Drafts of materials
Methodology	Focus group discussions, in depth interview, intercepts	Focus- group discussions, in-depth interview, intercept testing.

¹¹ Ministry of Health and Family Welfare. (2013). Facilitators Guide : Social and Behaviour Change Communication Training for IEC officers. USAID.

Insights from RajPusht

OVERVIEW OF PROCESS

PURPOSE

In order to examine the acceptability, appeal, feasibility (action ability) of the creative concepts, RajPusht undertook the process of concept testing. A local NGO within Jaipur was hired which provided logistical support, translated creative briefs from local dialect to Hindi, and helped in community access.

WITH WHOM

Participants (PW, MIL, and FLW) were recruited by the local NGO. Most of the participants were literate.

MATERIALS TESTED

Video, audio, posters, handouts and food items are amongst the contents which were evaluated. The considerations kept in mind while testing these concepts were:

- The slogan and posters were shown as posters on high quality papers, the messages were readable, clear and in local language.
- The video was shown on a laptop with speakers connected externally to eradicate noise and catch full attention of participants
- The food items were purchased at each field site. Each item was packed in transparent zip lock bags with label in Hindi/Marwari language and none were shown with Brands visible except Parle G biscuits.

METHODOLOGY

FGDs within Anganwadi centers located near/in premises of a local school.

OUTPUT

The table below provides snapshot of what were the insights from participants for one of the materials tested.

Material Tested	Husbands	Pregnant and Lactating Women	Mother - in Law
Video	<p>It draws attention, is comprehended and was thought to be actionable.</p> <p>Story and the language were well understood</p>	<p>TV was a suggested vehicle.</p> <p>The positive characters and the idea to take care of a pregnant woman were accepted.</p> <p>Quotes:</p> <p>She seems to be a good MIL and gives good suggestions.</p>	<p>The storyline/ concept and moral were understood.</p> <p>Quote:</p> <p>They said wives should hear this as well, so that they know that MIL's always give good advice.</p>

MODULE 5: PILOT/SCALE

Introduction

At this step, we set the pitch for ensuring that implementation occurs as planned and with high quality.

Learning objectives

Through this step practitioners, will learn what it is about the designed intervention which matters the most to them.

How to achieve this Step?

The first and the foremost activities are to:

1. Decide what will be monitored. For example:

- (i) programme reach
- (ii) programme quality
- (iii) programme impact

2. Develop monitoring indicators and targets:

(i) How will you measure the quality and effect of the materials? For example: Quality communication check lists for IPC and mid-media programmes; Qualitative research (e.g. focus groups) with programme beneficiaries and stakeholders; Impact studies.

(ii) What are the programmes' goals in use and quality? For example: Number of programme participants; Number of materials distributed; Percentage of participants exposed to campaign messages across more than one communication channel.

3. Decide on monitoring methods and tools:

(i) What methods will you use? For example: Sampling mid-media performances to ensure they are aired according to schedule; Mystery client visits; Qualitative methods to elicit feedback

BENEFITS OF PILOT

Ensures that materials and media are distributed as planned

- » (e.g., after they are sent to the district government office, they are further distributed as directed in the community)

Ensures that materials are being used appropriately

- » (e.g., job aids are used and carried during ANM counseling sessions and not left at home)

Ensures that interpersonal communication (IPC) and mid-media activities are implemented with attention to quality

- » (e.g., regular field supervision is occurring, checklists are used)

Changes the sites where the graphic material is displayed for greater effectiveness

- » (e.g., posters placed in a space where your audience will see it)

Broadcasts in other media and/or at more appropriate times

- » (e.g., if your audience listens to the radio at 11:00, air at 11:00)

Delays the broadcast launch if a product has not been produced delivered or is not

Insights from RajPusht

Operational guidelines were developed by RajPusht to how information will be monitored. They provide cover to cover details on what an intervention is about, who are the stakeholders involved within the intervention, and how will the activities of intervention be monitored. The box below gives an overview of monitoring system for behaviour change interventions within RajPusht:

OVERVIEW OF MONITORING SYSTEM FOR BEHAVIOUR CHANGE INTERVENTION

- POSHAN Champions (PCs) and Block Programme Managers (BPMs) (key resource deployed under RajPusht) will supervise and monitor various behaviour change communication interventions. The PCs will use a simple mobile based application to keep weight records of every pregnant woman. The information and weight record will be used as a reference point for providing personalized counseling to the pregnant woman and her family members during home visits. The PCs will share the weight records with the AWW and ANM to update the Mamta Card and record appropriate pregnancy weight
- For reporting the progress of POSHAN Varta meetings (a series of meetings led by ASHAs in the community to spread awareness on nutrition among women), ASHAs will use a predefined format. Total number of meetings held, participants attended and their breakup by social groups will be reported monthly using this format.
- District Information and Data Manager (DIDM) will compile, analyze and report all data at various levels. DIDM will also be responsible for managing a training database for all training activities happening in the district. He/ she will use a predesigned Excel template for capturing and collating training related information coming from block or district. The table provides idea to practitioners on what indicators were measured in RajPusht.

Indicators	Availability			Frequency of reporting
	STATE	DIST.	BLOCK	
No (%) of ASHA trained on PLA meetings	x	x	x	Quarterly
No. of PLA meetings held	x	x	x	Monthly
No. and % of PW&LM (beneficiaries) reached through PLA meetings	x	x	x	Monthly
Number (%) breakup of PLA meeting participants by social groups (SC/ST/OBC)	x	x	x	Monthly
% of ASHA lacking PLA facilitation skills		x	x	Quarterly
% ANM/Staff Nurse trained on MIYCN and birth weight reporting protocol	x	x	x	Quarterly
No. % facilities with digital birth weighing machine installed	x	x	x	Annually
% AWW and ASHA providing counseling through home visits		x	x	Quarterly
% ANMs using job aid for provide counselling		x	x	Quarterly
% ANMs providing information on diet, nutrition, weight gain, IFA, and family planning at MCHN days		x	x	Quarterly

TOWARDS THE END: AN EVIDENCE BASED SBCC APPROACH

At the end of any intervention, it is the result or output of the intervention which matters!

It is difficult to know if interventions have succeeded or failed if the expected results are not clearly articulated.

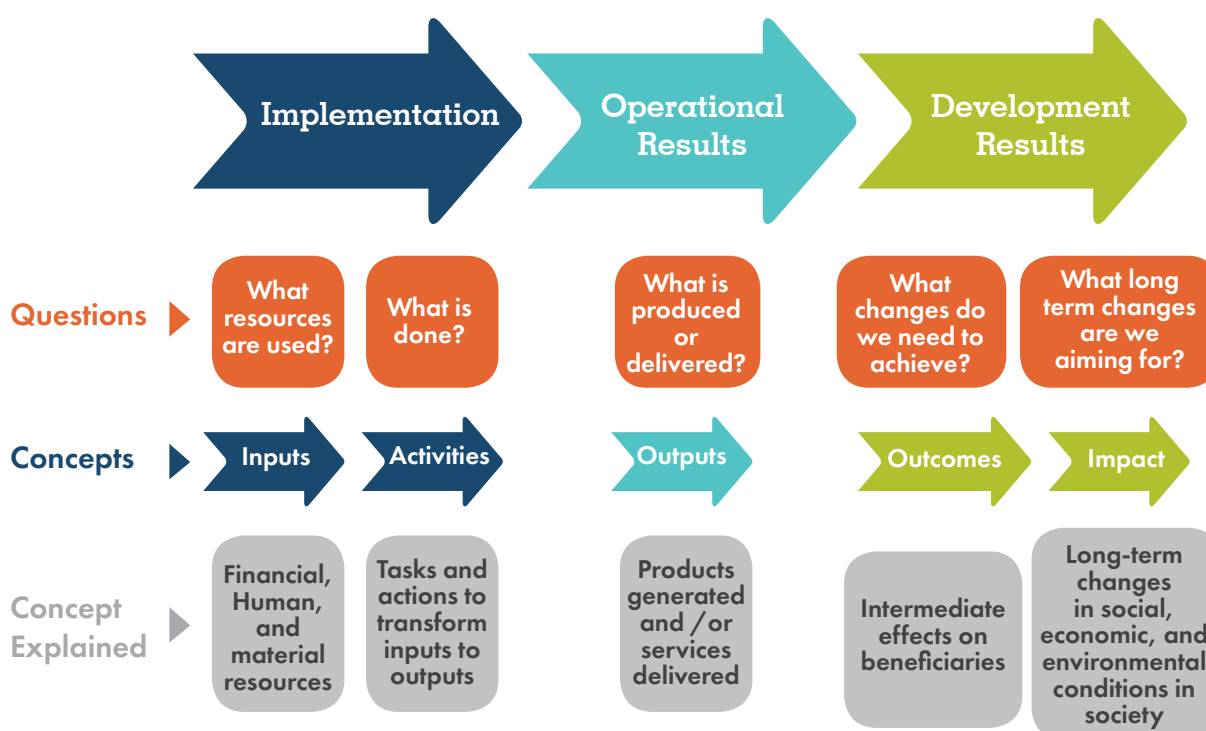
Articulating the result

Articulating the result involves providing an explicit definition to them — precisely what is to be achieved through the intervention and by when. Through this module, practitioners will learn how to articulate a result. The tools which can help achieving it are discussed next.

1. Result-based management

Results-based management is a key tool for development effectiveness. It is an explicit articulation (graphic display, matrix, or summary) of the different levels, or chains, of results expected from a particular intervention. The results specified typically comprise the longer-term objectives (often referred to as “outcomes” or “impact”) and the intermediate outcomes and outputs that precede, and lead to, desired longer-term objectives. The figure below provides snapshot of a result- based management framework.

Figure 9 : Result Based Framework



1. Evaluation

Evaluation is data collection at discrete points in time to investigate a programme's effectiveness in bringing about the desired change. It compares variables and measures them over time. Further, it helps in finding answers to questions like:

- Were barriers reduced?
- Were changes meaningful?
- Have communication objectives been achieved?

The box below provides understanding to practitioners on what is an evaluation indicator and how can the targets be set¹².

EVALUATION INDICATORS AND TARGETS

INDICATORS

- Are data points that are used to measure how close a programme is to its desired path and how much things are changing e.g., number of communities reached by mid-media activities
- Are defined by the programme/campaign's objectives

TARGETS

- Provide clarity about what will be achieved by the project and are set at the beginning of the programme e.g., 60% of programme communities
- M&E questions can help develop appropriate indicators
- Communication objectives can help point to the programme's desired outcomes to be evaluated

Insights from RajPusht

In line with articulating the result, the RajPusht defined its immediate SBCC programme outputs and its indicators. The table below provides its overview.

Table 4 : SBCC programme output and its indicators

Broad set of activities	Indicators to be measured
<p>Outreach through Mass media:</p> <ul style="list-style-type: none">• Radio jingles• TV spots• Print ads	<ul style="list-style-type: none">• No of Radio/ TV spots, print ads produced• No of Radio/ TV spots, print ads broadcast and published (frequency/ intensity)• Estimated number of people/ TA reached through mass media.

¹²Ministry of Health and Family Welfare. (2013). Facilitators Guide : Social and Behaviour Change Communication Training for IEC officers. USAID.

Broad set of activities	Indicators to be measured
<p>Interpersonal Communication:</p> <ul style="list-style-type: none"> • Home based counselling on Maternal Infant and Young Child Nutrition (MIYCN) by Poshan Champions • Diet and nutrition counselling by ANM and AWW, and ASHA • MIYCN Counselling by ANM, AWW and ASHA 	<ul style="list-style-type: none"> • Percentage of PW received counselling by ANM/ AWW on diet and nutrition during pregnancy • Percentage of PW/LW received counselling on MIYCN during pregnancy/ lactation/ after delivery • Percentage of LW with correct knowledge on right age at complimentary feeding • Percentage of PW aware on desired weight gain during pregnancy • Percentage of PW completing 4 ANCs • Percentage of institutional delivery • Percentage of children fully immunized by age 1 • Percentage of LW participated in Annaprashan.

WORD OF CAUTION

Developing an SBCC toolkit comes with its own set of challenges. It is important for readers to understand the pit falls they might encounter while developing an SBCC strategy. In this section, the readers are made aware of certain real time challenges faced under Project RajPusht while developing a State-wide SBCC strategy. The intent of this section is to prepare the readers for pressure points which they may encounter while developing an SBCC strategy.

Pressure points faced within RajPusht while developing SBCC strategy.

- **IDEA BUILDING AMONGST BUREAUCRATS**

Building consensus within government administration for the need of behavior change module to fight undernutrition was indeed a massive uphill. The conviction and belief in the SBCC strategy within the RajPusht team helped in convincing government machinery for implementing the strategy.

- **CONSENSUS BUILDING AMONGST ALL DEVELOPMENT PARTNERS**

Multiple development agencies work for a similar cause in a given geographical area. It is important here to build consensus amongst all the development agencies while designing and implementing Statewide SBCC strategy. Meeting with different stakeholder groups, respecting their opinions and viewpoint on SBCC strategy contributed to gaining their confidence.

- **GEOGRAPHICAL CONSTRAINTS**

Rajasthan is the largest state in India. The food habits, myths, nutrition and feeding practice varies across the State. Therefore, conducting research study across the State for identifying the desired behavior barriers and enablers was a challenging task. Further, identifying right type of nudges for achieving desired behavior was also an enormous task.

CONCLUDING NOTE

There is no better way to conclude a module than revisiting all what we learnt. The box below provides field practitioners with a quick recap of all the modules. *(Consider it as a note to self)*

While designing an SBCC intervention, I will:

- Use the socio-ecological model to conduct situation analyses
- Define behaviour hurdles using tools like behaviour reduction tools, priority filter questionnaire
- Add on to my knowledge by smartly conducting literature review
- Finalize and segment my target audience using people analysis
- Identify barriers and enablers of desired behaviour using M-A-O framework and Behaviour reduction tool
- Design interventions keeping in mind framework like EAST and MINDSPACE
- Develop a communication strategy to guide campaign development
- Develop creative briefs prior to developing materials
- Conduct concept testing of materials developed
- Plan and take steps to ensure quality implementation of programmes
- Take a greater role in the M&E of SBCC activities

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NOTES



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