

Anaemia Social and Behavior Change Communication (SBCC): A Technical Report



Contents

1.The Problem: Anaemia	1
2.What Can We Do?	5
3. SBCC for Anaemia	6
4. The Thinkshop	10
5.Case Stories	12
6. Best Practices	22
7. SBCC Checklist	24
8.Concluding Note	26
9.Partners	27



The Problem: Anaemia

Anaemia represents a multifaceted health and socio-cultural concern, particularly affecting women and girls globally. Characterized by a deficiency in red blood cells or haemoglobin, anaemia is often a result of inadequate nutrition, chronic diseases, menstruation, or pregnancy-related factors. Women, due to menstrual bleeding and pregnancy, are especially susceptible, exacerbating their vulnerability to this condition.

Health-wise, anaemia leads to fatigue, weakness, and impaired cognitive function, hindering daily activities and impacting productivity. Prolonged anaemia can lead to severe complications affecting vital organs, exacerbating maternal mortality risks during childbirth and contributing to adverse birth outcomes.

Socio-culturally, anaemia can build a cycle of disadvantage, influencing educational attainment, economic productivity, and overall well-being. In many societies, cultural norms often prioritize male nutrition over females, perpetuating inequalities. Limited access to healthcare, lack of awareness, and cultural beliefs around dietary habits exacerbate the prevalence of anaemia among women and girls.



Nutritional Deficiency Anaemia

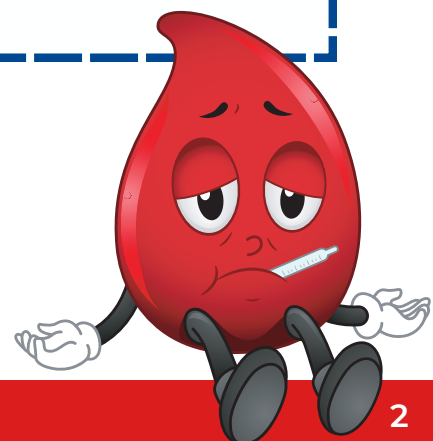
Nutritional deficiency anaemia arises from insufficient intake or poor absorption of certain nutrients vital for red blood cell production. Iron, vitamin B12, and folate deficiencies are primary culprits. Iron is crucial for haemoglobin synthesis, necessary to carry oxygen in red blood cells. Inadequate iron intake or absorption leads to iron deficiency anaemia, causing fatigue, weakness, and pale skin.

Vitamin B12 and folate deficiencies hinder red blood cell production, impacting their maturation and function. This condition, known as megaloblastic anaemia, results in larger, immature red blood cells and symptoms like fatigue, shortness of breath, and neurological issues such as tingling or numbness.

Poor dietary choices, malabsorption issues, certain medical conditions, or specific lifestyle factors contribute to these deficiencies. Treatment often involves dietary changes or supplements to replenish the lacking nutrients. However, identifying the underlying cause is crucial for effective management.

Preventing nutritional deficiency anaemia involves a balanced diet rich in iron, B vitamins, and folate. Regular health check-ups and consultation with healthcare providers help in early detection and appropriate intervention, ensuring adequate nutrient intake for optimal red blood cell production and overall health.

The National Family Health Survey -5 (2019-2021) reports that 67.1% of children aged 6-59 months, 59.1% of adolescent girls (15-19 years), 31.1% of adolescent boys (15-19 years), 57.2% of women of reproductive age (15-49 years) and 52.2% of pregnant women are anaemic. Social and gender norms in a patriarchal society, put women and girls in a disadvantaged situation, making them more susceptible to anaemia caused by nutritional deficiency.



Some of the normative barriers in anaemia reduction are:



- **Dietary Practices:** Women and girls in many cultures and communities are often served smaller portions or have limited access to nutrient-rich foods due to traditional gender roles. This can lead to deficiencies in essential nutrients like iron, folate, and vitamin B12, increasing the risk of anaemia.
- **Menstruation:** The menstrual cycle leads to monthly blood loss, resulting in a higher need for iron. In societies where menstruation is stigmatized or not openly discussed, girls do not receive adequate information or support to manage their nutritional needs during this time.
- **Pregnancy:** Women often experience increased nutritional demands during pregnancy. Inadequate pre-pregnancy nutrition coupled with the demands of gestation leads to a higher prevalence of anaemia among pregnant women.
- **Access to Healthcare:** Societal norms limit women's access to healthcare, preventing timely diagnosis and treatment of anaemia. Economic disparities, gender discrimination, and limited decision-making power in healthcare access can exacerbate these challenges.
- **Cultural Expectations:** Cultural norms may prioritize men and boys in terms of food distribution within a household. This can result in women and girls receiving less nutritious food or being last to eat, impacting their overall nutritional intake.

- **Reluctance to intake nutritional supplements:** Lack of descriptive norms that support Iron Folic Acid intake among non-pregnant women prevents them from accessing required supplements. Moreover, in the absence of a visible illness, social norms may discourage the intake of “pills” due to misconceived fears of developing dependence.
- **Education and Empowerment:** Limited access to education and economic opportunities for women and girls can perpetuate cycles of poverty and inadequate nutrition, contributing to a higher prevalence of anaemia.
- **Dismissal of early signs and symptoms:** Injunctive norms that expect the women in families to prioritise the needs and time of family members, compounded by the unequal burden carried in terms of household chores as well as income-generating activities results in women neglecting their health. They neglect signs like weakness that may appear at the onset of anaemia.

Women's health suffers due to societal devaluation, with prevalent gender norms restricting their autonomy and decision-making power in crucial areas like healthcare and resource distribution, contributing to poor health outcomes, particularly in the context of conditions like anaemia.



What Can We Do?

Addressing gender normative factors that contribute to women and girls being more vulnerable to nutritional anaemia requires multifaceted viewpoints. Addressing anaemia demands a multi-pronged approach encompassing nutrition education, accessible healthcare, and societal shifts in gender norms. Empowering women through education, promoting gender equality in access to resources, enhancing nutritional awareness, and challenging cultural norms that perpetuate inequalities are crucial steps toward mitigating the matter. The silver line is that women who have broken normative barriers are present in most communities. Program interventions can benefit from their experience in shifting norms to reduce anaemia.

Empowering women with education, equal opportunities, and nutritional support can break the cycle of anaemia, fostering healthier communities and bridging socio-cultural gaps. A concerted effort involving healthcare systems, policymakers, and community interventions is crucial to mitigate anaemia's impact on women and girls, fostering a healthier and more equitable society. Since the symptoms of anaemia progressively worsen if the condition goes untreated, **prevention, early diagnosis and supplement adherence are key.**

All communication strategies directed towards maintaining positive behaviours and modifying undesirable behaviours need to factor in gendered normative influences and human tendencies that violate assumptions of rationality. **Social and Behaviour Change Communication (SBCC) strategies** consider factors at multiple levels - structural, community, interpersonal and individual that influence a phenomenon and seek to address them.

Employing an SBCC approach would mean roping in behavioural insights, and normative interventions and making structural changes in policy framing and implementation.

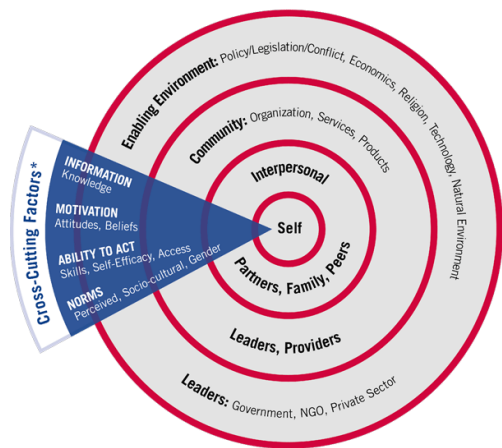


SBCC for Anaemia

Social Behaviour Change Communication (SBCC) for anaemia entails the deliberate integration of components from interpersonal communication, societal transformation, community mobilization endeavours, mass media initiatives, and advocacy efforts. Its aim is to aid individuals, families, communities, institutions, and nations in embracing and upholding impactful nutritional behaviours and practices, both specific to nutrition and influential in its considerations. Social and Behavior Change Communication (SBCC) harnesses the factors that facilitate behaviours while diminishing impediments, thereby fostering the adoption and sustenance of these behaviours across time.

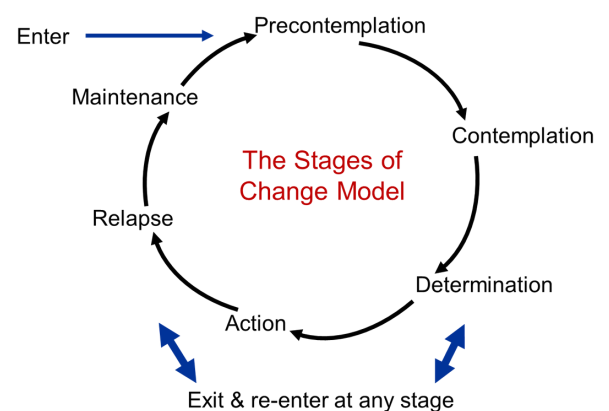
To bring a holistic change in social behaviour, we need to adopt a few theoretical frameworks:

- **Socio-ecological model (SEM)** - This model recognizes the significance of the dynamic interaction between an individual and their surroundings, taking into account the diverse and layered impacts this interplay has on the behaviours exhibited by the individual.
- **Stages of Change Model** - This model conceptualizes behaviour change as a sequential progression experienced by an individual, transitioning through distinct stages from pre-contemplation (lack of awareness) to contemplation (gaining awareness and knowledge) to preparation (forming positive attitudes and intentions to enact change) to action (actively adopting the desired behaviour, such as seeking nutritious food) and finally to maintenance, wherein families, women, and girls sustain the enhanced nutritional behaviours over time.



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)



The Transtheoretical Model (Stages of Change), Boston University School of Public Health

A well-thought SBCC strategy should follow the following journey:

- Identify the barriers and behaviours that need to be targeted/influenced /changed
- Identify target audience
- Identify the desired behaviour
- Design strategy and the intervention mechanism
- Design messages and media
- Implementation
- Monitoring, tracking and assessments



Conduct a situation analysis: A situation analysis is a systematic collection and analysis of data and information to understand the causes, consequences, and determinants of anaemia in the target population and context. It should include a review of existing data and literature, a stakeholder analysis, formative research, and a communication analysis.

The situation analysis should answer questions such as: What are the biological, nutritional, environmental, social and gender-related factors that contribute to anaemia? What are the current policies, programs, and services that address anaemia? Who are the target audience segments and what are their characteristics, needs, preferences, and barriers to adopting positive behaviours? Who are the key influencers and decision-makers within the target communities? What are the existing communication channels and platforms that can reach and engage the target audience?

Develop a strategic design: A strategic design is a framework that guides the development and implementation of the SBCC interventions. It should include a vision statement, a behaviour change theory, a behaviour change framework, a positioning statement, and a creative brief.

The strategic design should answer questions such as: What is the desired change in the target audience and the social environment? What are the key behavioural and social determinants that need to be addressed? How will the SBCC interventions

influence the target audience and the social environment to adopt positive behaviours?
What is the unique selling proposition and the core message of the SBCC interventions?
What is the tone, style, and format of the SBCC materials?

Messaging and Content Development: Develop culturally sensitive and tailored messaging focusing on the causes, consequences, and prevention of anaemia. Highlight the importance of balanced nutrition, iron-rich foods, and the significance of regular health check-ups. Create engaging content through various mediums like videos, infographics, and testimonials in local languages.

Social behaviour change communication is a mix of targeted communication for behaviour change through appropriate social and community engagement. One can design a communication mechanism aligned to one-to-one conversations, one-to-small group or one-to-large group discussions. The design should clearly identify the social and community groups that need to be targeted like mother-in-laws, husbands, religious leaders, service providers or duty bearers etc.

In the age of technology, in addition to physical meetings, hybrid engagements, social media, mass media, mid-media wall writings and print media can be put to use as per design and requirements. Social influencers, YouTubers and community leaders are new-age change agents for SBCC.

Develop and test SBCC materials: SBCC materials are the products and tools that deliver the SBCC messages and facilitate the SBCC activities. They can include mass media, interpersonal communication, community mobilization, digital media, and social media. The SBCC materials should be developed based on the strategic design and the target audience insights.

They should be pre-tested with the target audience and the stakeholders to ensure their relevance, clarity, appeal, and effectiveness. The SBCC materials should be revised based on the feedback and recommendations from the pre-testing. While the message should be rightly delivered, it should have a scope of engagement, feedback and further support as required - effective communications. The availability of after-support is crucial in SBCC; that helps in the sustainability of the adoption and continuation of positive behaviour shifts.

Implement and monitor SBCC interventions: SBCC interventions are the actions and events that use the SBCC materials to reach and engage the target audience and the social environment. They can include media campaigns, counselling sessions, community dialogues, social media engagement, and advocacy events. The SBCC interventions should be implemented according to the implementation plan and the budget. They should be monitored regularly to track their progress, challenges, and opportunities. The monitoring data should be used to inform the decision-making and the adaptive management of the SBCC interventions.



The Thinkshop



More and more Indian women are becoming anaemic, according to the statistics published in the latest 'Women and Men in India 2022' report by the Ministry of Statistics and Programme Implementation (MoSPI). There is a rising trend, and it is evident that anaemia has been a challenge with long-standing consequences for community health.

It is important to acknowledge that tackling anaemia is not a medical challenge; it is a pressing social issue. This framing is also crucial because **anaemia transcends individual health concerns and underscores the need for a systemic and consistent response**. It is not a one-off problem but rather a persistent condition. In fact, one may even become anaemic after already having recovered once.

Due to this, identifying the root causes is the first step towards tailoring communication materials and strategies to bring about social and behavioural change. According to the World Health Organisation and research published by the National Library of Medicine, anaemia's root causes vary from nutrition and healthcare access to gender norms, education, and socio-economic disparities.

Thus, we decided to **focus on Social and Behavior Change Communication (SBCC) as one of the approaches to bring about sustainable change and lower the prevalence of anaemia in India**. SBCC is used to combat social and gender norms that impact food consumption and nutrition-related practices at the ground level and is an aspect of tackling anaemia and is being used extensively to generate sustained behaviour change. However, we believe that it can be done better in the diverse Indian context.

September being POSHAN Maah presented the perfect opportunity to generate awareness and bring stakeholders together to understand what can be done better or differently. **Hence, we designed a Thinkshop (thinking workshop) to ideate on how we can do SBCC better and uncover sectoral learnings, pinpointing the challenges with Anaemia SBCC.**



Key Questions of the Thinkshop

- What SBCC materials do we have?
- What else do we need?
- Who are these materials for?
- What are we trying to communicate?
- What are the gaps?
- How can we make behavior change sustainable?



The thinkshop saw the participation of 10 organizations that work to address anaemia. Representatives from the various organizations shared the interventions they have undertaken, and discussions took place with regard to the various challenges faced while implementing SBCC on the ground level. Successes were celebrated while challenges were brainstormed upon to understand how to best tailor Anaemia SBCC.

The following section is a breakdown of all the case stories enumerated by the participating organizations.



Case Stories

SHARP NGO

SHARP NGO is actively engaged in improving the health and nutrition status of vulnerable populations, including pregnant and lactating women, girls of reproductive age, children under 5 years, and adolescents. The organization operates across various regions of India, targeting these groups to combat anaemia and malnutrition through a series of comprehensive community interventions.

Results



Improved Haemoglobin Levels: SHARP NGO's interventions have had a significant impact on beneficiaries' haemoglobin levels. For instance, Rani, whose haemoglobin level was a critically low 6.1 grams initially, saw an increase to 8 grams after 3 months of intensive counselling and dietary guidance.



Positive Pregnancy Outcomes: Another success story involves Simran, a pregnant woman with a dangerously low haemoglobin level of 7 grams. Through dietary diversity, regular visits, and behaviour change communication, her haemoglobin level improved to a healthier 10.2 grams in just 3.5 months.



Community Engagement: SHARP NGO conducts group meetings and community events, such as Portion Relli Godari and Anna Prashna celebrations to foster community engagement and create awareness about nutrition and health.

Challenges

Challenges include the need for sustained support and resources to ensure that the beneficiaries can continue these practices beyond the project period. Additionally, raising awareness about the importance of nutrition and overcoming traditional dietary habits remains an ongoing challenge.

Case Stories

Badlao Foundation

Badlao Foundation has been working for 41 years to support families affected by construction activities, with a focus on tribal communities, forest dwellers, women, and children. Their operations span across 9-10 districts, primarily among tribal communities, with a particular emphasis on vulnerable tribal groups (PTCs).

Results



Health Awareness Through Sports: Football is promoted among girls as a means to convey messages about anaemia and health-related issues through sports.



Seed Banks: Women keep portions of their harvest in seed banks, ensuring a continuous supply of nutritious crops. These seeds are used for consumption and perpetuating these practices.



Community-Centric Approach: Badlao Foundation employs women's groups and Mahila Sabhas as key strategies to engage the community. These platforms are vital for promoting better nutrition practices, behaviour change communication, and indigenous food.



Promotion of Indigenous Foods: The organisation has successfully revived indigenous foods like "barbati," a type of pulse, and promoted "barbati badi" as a sustainable food source.



Nutrient-Rich Gardens: Badlao Foundation encourages the use of "person Wadi," a concept based on "person Rangoli," where various nutrient-rich foods are grown. This includes mushrooms and the "Green Festival," which is high in iron content and requires minimal water.



Market Linkages: Surplus produce is linked to markets, ensuring that communities have food security and the potential for income generation.

Challenges

Sustaining efforts beyond the project period and expanding reach to cover larger regions with similar issues remains a challenge. Additionally, raising awareness about the importance of nutrition and changing deeply ingrained dietary habits is a continuous effort.

Case Stories

Aarogya World

Aarogya World is a health organization that focuses on promoting healthy lifestyles among various communities. They have specific programs targeting women, girls, young adolescents, and school children across India.

Results



Maithali Program: Aarogya World's Maithali program targets women and girls, promoting diverse and balanced eating. The program's urban version uses social media campaigns and events like "Healthy Wali Diwali" to engage urban women in adopting healthy eating habits.



Rural Maithali Program: The organization has adapted the Maithali program for rural communities, with a specific focus on anaemia. This adaptation is being rolled out and is currently in progress.



Healthy School Program: Aarogya World's school-based Non-Communicable Disease prevention program is designed for young adolescents (11-13 years). It has been implemented successfully for over 15 years across various states and has been made digital for greater accessibility. The program aims to instill healthy lifestyle habits in young change agents.

Challenges

While Aarogya World's programs have made significant strides in promoting healthy lifestyles and behaviour change, the challenge remains in measuring the impact of these programs on anaemia knowledge and behaviours. Integrating these programs to address anaemia and its prevention while dealing with the diverse population poses a complex challenge.

Case Stories

SEWA Bharat

SEWA Bharat is a federation of women-led institutions that supports informal women workers. They work with women in the informal economy, empowering them economically and socially. They focus on addressing issues related to health, nutrition, income, housing, and more.

Results



Extensive State Coverage: Seva Bharat has conducted anaemia awareness sessions and haemoglobin tests in eight states across India including Bihar, Jharkhand, West Bengal, Punjab, Delhi, Gujarat, Uttarakhand, and Rajasthan.



Grassroots Leadership Model: The organization empowers women leaders who are instrumental in conducting awareness programs, health checks, and door-to-door mapping to identify anaemic women.



Nutritious Cooking Training: They conduct training on cooking nutritious and balanced meals with simple, cost-effective ingredients. Cooking competitions are held, encouraging women to prepare innovative and healthy dishes for themselves and their families.



Regular Dissemination of Information Education and Communication (IEC)

Materials: The communications team regularly creates and disseminates IEC materials which cover various health topics, digital literacy, financial literacy, social security schemes, and more.

Challenges

SEWA Bharat recognizes the need for more regular check-ins with state teams to understand specific state and district requirements for IEC materials. Further, there is a need to bridge gaps in health-related knowledge.

Case Stories

IPE Global

IPE Global is a not-for-profit organization that operates within IPE Global Limited, a development and consulting firm. They have initiated projects related to anaemia and social and behaviour change communication (SBCC) in various regions of India.

Results

Collaborative Statewide Campaign in Rajasthan: IPE Global collaborated with the Rajasthan government which resulted in an SBCC strategy that addressed region-specific myths and challenges related to anaemia. This approach was instrumental in initiating a statewide campaign aimed at reducing anaemia among women and children.



Prabhat Poshan Sathi in Gujarat and Maharashtra: IPE Global's Prabhat Poshan Sathi project, focusing on nutrition and reducing wasting and low birth weight babies, is an initiative to tackle anaemia in select blocks of Gujarat and Maharashtra. It addresses prevalent myths and challenges related to nutrition, thereby aiming to reduce anaemia cases.



Challenges

The prevalence of myths and misconceptions regarding anaemia, nutrition, and food consumption is a significant challenge. Further, elders and mothers-in-law often influence the nutritional choices of women and children in the family. Involving them in education and awareness campaigns is essential. Health service providers also often have limited capacity to counsel women effectively regarding anaemia and nutrition. Even school-level interventions are often lacking in promoting good nutrition practices. Integrating nutrition education and iron-folic acid supply in schools could help address anaemia among young girls. Different regions have unique challenges and cultural practices. It is essential to develop region-specific strategies to tackle anaemia effectively.

Case Stories

Vitamin Angels

Vitamin Angels is a nonprofit public health organization that focuses on improving nutrition and health outcomes worldwide. Their work is centered on underserved and vulnerable populations, with a specific emphasis on children and pregnant women. They collaborate with local program partners, governments, and communities to provide evidence-based interventions and technical assistance.

Results



Micronutrient Grant Program: Vitamin Angels has partnered with over 1800 local organizations in India, reaching more than 16 million children through the supply of vitamin A and albendazole products. This widespread distribution has contributed to improved nutrition and health outcomes among children.



Maternal Nutrition Program: Recognizing the importance of addressing multiple micronutrient deficiencies in pregnant women, Vitamin Angels has initiated a maternal nutrition program. This program focuses on folate, zinc, vitamin A, vitamin C, copper, and other vital micronutrients, aiming to reduce maternal anaemia and improve overall health.



Community-Based Research: Vitamin Angels conducts community-focused research and landscape analysis to better understand local nutrition challenges. Their work in Nagaland, in partnership with the National Health Mission, aims to reduce maternal anaemia through a health systems approach, focusing on supply chains, service delivery, and community-level engagement.

Challenges

As Vitamin Angels expands its focus into social and behavioural change communication (SBCC), one of the key challenges is scaling up the implementation of effective strategies across diverse regions and communities. Moreover, maintaining a consistent supply chain and efficient service delivery platforms, especially in remote or underserved areas, poses logistical challenges that need to be addressed. Overcoming barriers to uptake and ensuring sustained compliance also needs to be looked at.

Case Stories

Nutrition International

Nutrition International has been actively working in India for 27 years, focusing on improving nutrition and health outcomes. They collaborate with national and state governments and operate in six states. Their programs target vulnerable populations, including pregnant women, lactating mothers, adolescents, and children, with a particular emphasis on addressing anaemia.

Results



Membership in National Technical Task Force: Nutrition International plays a key role as a member of the National Technical Task Force for Anaemia Mukht Bharat (AMB). Their involvement has contributed to the successful implementation of AMB strategies in five states.



Supplementation Programs: Through extensive efforts in school health programs and government initiatives, there has been a high adherence to vitamin and mineral supplementation, especially among children. This success highlights the collaborative work between the government and development partners.



Double Fortified Salt: Nutrition International's "Lali Campaign" in Madhya Pradesh, led by adolescent champions, successfully promoted the use of double fortified salt. This community-driven approach led to increased acceptance and utilization of fortified salt.

Challenges

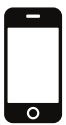
Out-of-school adolescent girls and boys face challenges in accessing behaviour change interventions due to the absence of structured contact points. Furthermore, pregnant and lactating women in particular face challenges in maintaining compliance and adherence to iron and folic acid supplementation. Misconceptions, cultural beliefs, religious constraints, and discomfort with the supplements contribute to these challenges. Also, cultural beliefs, traditions, and superstitions around pregnancy, loss of appetite, and dietary restrictions pose significant obstacles to promoting healthier nutrition practices. The lack of community involvement in the design and decision-making process for behaviour change interventions has led to scepticism and limited effectiveness.

Case Stories

Bal Raksha Bharat

Bal Raksha Bharat operates in 16 states in India. Their innovative approach focuses on addressing anaemia and nutrition among pregnant and lactating women, emphasizing the involvement of family members, particularly husbands. They employ digital technology to enhance their social and behavioural change communication (SBCC) efforts.

Results



Improving Micronutrient Supplementation: Bal Raksha Bharat's "My Maa's Strongest" app has successfully increased compliance with Iron Folic Acid supplementation among pregnant and lactating women. The digital reminders and educational materials have contributed to better adherence to nutritional guidelines.



Community-Based Nutrition Programs: Through their innovative cooking demonstrations on iron-rich foods and the use of anaemia awareness materials like playing cards, Bal Raksha Bharat has effectively engaged communities, particularly in Southeast Delhi. Their efforts have improved knowledge about anaemia and encouraged healthier dietary choices.

Challenges

Bal Raksha Bharat faces challenges in communities with low literacy rates, where understanding the benefits of nutrition and anaemia prevention can be limited. Maintaining continuity and sustainability of nutrition programs, especially those involving digital technology, is a challenge. Ensuring the continued involvement of husbands and families also requires ongoing efforts. Also, there is a risk of a digital divide, as not all community members may have access to smartphones or digital devices. Bal Raksha Bharat has developed non-digital tools to address this challenge.

Case Stories

Smile Foundation

Smile Foundation, established in 2002, is an Indian development organization that operates across 25 states in India, impacting the lives of approximately 15,00,000 children and their families each year. They run more than 400 projects in areas such as education, healthcare, livelihood, and women empowerment. Smile Foundation acts as a catalyst for sustainable development, partnering with like-minded institutions and individuals to implement high-impact programs and drive long-term behavioural change at the grassroots level.

Results



Anaemia Booklet: They have developed an anaemia booklet, endorsed by the Government of Punjab and distributed the same at medical centres to educate pregnant and lactating women and adolescent girls.



Kitchen Gardens: They have successfully promoted kitchen gardens to improve nutrition and reduce anaemia in 13 villages.



Grassroots Change: Smile Foundation's efforts have also garnered recognition from local authorities, including the district collector, who actively participated in sessions with adolescent girls and emphasized the importance of nutrition and anaemia awareness.

Challenges


Smile Foundation faced the challenge of educating adolescent girls about anaemia and the significance of iron-rich diets. Given their lack of prior knowledge, the foundation needed to conduct regular sessions with a strong focus on retention and reiteration to ensure the message sank in. Convincing school staff of the importance of addressing anaemia in adolescent girls proved to be another hurdle. Smile Foundation had to invest time and effort to help school departments understand the critical role they played in building a strong foundation for the girls.


Case Stories


SNEHA Mumbai

SNEHA (Society for Nutrition, Education and Health Action) is a nonprofit organization dedicated to improving the health and well-being of women, children, and adolescents in vulnerable communities in Mumbai. They work collaboratively with the public health system and safety systems like the police to address issues related to maternal and neonatal mortality, child malnutrition, gender-based violence, and more. SNEHA operates in communities in Dharavi, Kandivali, and Kawa.

Results

 **Anaemia Prevalence:** SNEHA's anaemia prevention and treatment program has yielded promising results. In one batch, they reduced the proportion of anaemic adolescents from 44% to 37% after the intervention, demonstrating a gradual improvement in anaemia prevalence.

 **Knowledge:** Their focus on group education sessions, home visits, and creative awareness campaigns, like the Nutrition Bazaar during Ganpati festivals, has empowered adolescents and parents with knowledge about nutrition, balanced diets, and menstrual health.

 **Adolescent Targeted Interventions:** SNEHA's Potion Cocktail game and emphasis on the importance of the five food groups have made learning about nutrition engaging and enjoyable for adolescents.

Challenges

One of the challenges faced by SNEHA is the occasional shortage of iron and folic acid (IFA) supplies. Ensuring a consistent and reliable supply chain for essential medicines and nutritional supplements remains an ongoing hurdle. Further, Integrating adolescent health into the mainstream spotlight within the public health system and ICDS has been a challenge. While SNEHA's behaviour change communication strategies have been effective, sustaining these changes in the long term is a continuous challenge. Ensuring that adolescents and their families continue to practice healthy habits is essential.

Best Practices

The discussion and knowledge-sharing session brought out valuable insights and best practices that can be extrapolated to develop effective strategies for addressing anaemia through SBCC. Here are the key takeaways and best practices based on the thinkshop -

- Focus on vulnerable populations such as pregnant and lactating women, adolescents, and children under 5 years - develop material that is targeted towards each individual demographic.
- Develop culturally sensitive and locally relevant SBCC materials to ensure maximum impact.
- Make sure the community is involved in the development of the SBCC materials and has a sense of ownership over them.
- Use a variety of mediums and channels, including mobile apps, interactive games, videos, and storytelling to convey messages effectively.
- Integrate digital technology where applicable, such as mobile apps and interactive chatbots, to enhance engagement.
- Develop creative awareness campaigns like cooking demonstrations, nutrition bazaars, and games to make learning about nutrition engaging.
- Empower local leaders and community members to drive awareness campaigns and behavior change efforts. Target family members who are typical decision-makers, such as Mother-in-law's and husband's.
- Utilize grassroots leaders, women's groups, and community events to disseminate information and engage with the community effectively.

Best Practices

- Collaborate with government agencies, local authorities, and other NGOs to create a supportive ecosystem for anaemia prevention initiatives.
- Engage with communities continuously, reinforcing key messages and providing ongoing support to individuals and families.
- Regularly monitor and evaluate the impact of SBCC interventions using metrics such as awareness levels, dietary practices, and health outcomes.
- Use feedback to refine strategies, ensuring continuous improvement and effectiveness.



Checklist

1. Understand the Target Audience:

Demographics: Identify the age, gender, education level, and cultural background of the target audience.

Local Language and Dialects: Use language and dialects that resonate with the community to enhance understanding and relatability.

2. Cultural Sensitivity:

Respect Local Norms: Respect cultural norms, traditions, and beliefs while crafting messages to avoid offense and ensure acceptance.

Incorporate Local Symbols: Use familiar symbols and visuals that are culturally relevant to the community.

3. Simplicity and Clarity:

Clear Messaging: Keep the messages simple, concise, and jargon-free to enhance comprehension, especially for low-literacy audiences.

Visual Aids: Use visuals, infographics, and diagrams to convey messages effectively, especially for audiences with varying literacy levels.

4. Relevance and Relatability:

Real-life Scenarios: Use relatable stories and scenarios from the community to make the content emotionally engaging.

Personal Relevance: Emphasize how anaemia affects individuals personally, linking the consequences to their daily lives and well-being.

5. Promote Positive Behaviors:

Highlight Solutions: Focus on positive behaviors and actionable steps that individuals can take to prevent or manage anaemia.

Show Benefits: Clearly illustrate the benefits of adopting healthier practices, both for individuals and their families.



6. Interactive and Engaging:

Interactive Formats: Create interactive materials like games, quizzes, or mobile apps to engage the audience actively.

Participatory Workshops: Organize workshops or group activities where community members can participate and discuss anaemia-related topics.

7. Incorporate Testimonials and Success Stories:

Real-life Testimonials: Include testimonials and success stories from community members who have successfully overcome anaemia, creating a sense of hope and motivation.

Role Models: Feature local role models and community leaders who endorse positive behaviors related to nutrition and anaemia prevention.

8. Accessibility and Reach:

Accessible Formats: Ensure materials are available in various formats, including print, audio, and digital, to cater to different preferences and accessibility needs.

Community Distribution: Work with local community leaders and healthcare providers to distribute materials widely within the community.

9. Actionable Call-to-Action (CTA):

Clear CTA: Include a clear and actionable Call-to-Action, guiding the audience on where to seek help, get tested, or find additional resources.

Emergency Information: Include emergency contact numbers or addresses of nearby healthcare facilities for immediate assistance.

10. Regular Evaluation and Adaptation:

Feedback Mechanism: Establish a feedback mechanism to gather input from the community regarding the effectiveness of the materials.

Iterative Approach: Continuously assess the impact of the materials and be ready to adapt the content based on feedback and evolving community needs.



*Please scan the QR code or
click here to access our
printable, interactive
checklist!*



Concluding Note

Ideating and working on the Anaemia SBCC Thinkshop and, later, the technical report was an insightful experience. Anaemia is a complex problem and we must all come together to crack it in an effort to add a 100 million healthy days to the lives of the most vulnerable.

Through the thinkshop and the larger collaboration, we were able to get together various organisations and explore the multiple facets of anaemia prevalence in the country. Not only that, we were able to pinpoint the challenges being faced by organisations and individuals in implementing Anaemia SBCC.

We would like to express our deepest gratitude to everyone who shared their experiences. Your insightful perspectives, dedicated efforts, and valuable research have enriched discussions and created a repository of information for Anaemia SBCC efforts.

We are truly proud of what we have accomplished through this thinkshop, showing the power of sectoral collaboration and shared learnings, and we hope this technical report is able to shine a light on the way forward for Anaemia SBCC.



Kamalkoli Majumdar
Communications Associate



Manisha Gautam
SBCC Consultant

The Center for Strategic Communications for Public Health
Swasti, The Health Catalyst

Partners

Vitamin Angels



SEWA BHARAT

Smile Foundation



Centre for
Knowledge &
Development

Nutrition International



SOUTH ASIA
SOCIAL NORMS
LEARNING COLLABORATIVE



Expanding Horizons. Enriching Lives.

Badlao Foundation

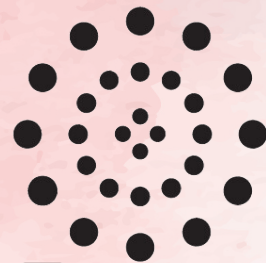
Aarogya World



SNEHA Mumbai

Bal Raksha Bharat

To know more write to: kamalkoli@catalysts.org



Swasti
HEALTH CATALYST
WE CARE. INNOVATE. TRANSFORM.