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Social and Behaviour Change for Disaster Risk Reduction

FACILITATOR GUIDE

Social and Behaviour Change For Disaster Risk Reduction

FACILITATOR GUIDE

NATIONAL INSTITUTE OF DISASTER MANAGEMENT
(Ministry of Home Affairs, Government of India)

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Resilient India - Disaster Free India
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सत्यमेव जयते

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Foreword

Effective Disaster Risk Reduction (DRR) and Climate Resilience requires a holistic, inclusive, and community-driven approach that prioritizes people-centered approaches in both planning and response. Social and Behavioural Change (SBC) plays a pivotal role in this process, offering a structured, research-driven methodology to influence attitudes, behaviours, norms, and beliefs. Rooted in established behaviour change theories, SBC provides a strategic framework that facilitates clear, inclusive, and action-oriented communication across all levels of society. Through strategic planning, execution, and evaluation, SBC strengthens community engagement through coordination between individuals, communities, service providers, and policymakers, ensuring that disaster risk reduction efforts are not only effective but also sustainable and equitable.

A people-centered approach in disaster management ensures that affected populations are not merely recipients of aid but active contributors to shaping response strategies. Effective communication plays a crucial role in addressing both the social and behavioural dimensions of disaster preparedness and response, ensuring that communities have the knowledge, motivation, and capacity to take proactive, informed action. SBC principles traversing into DRR enhance risk perception, strengthen resilience, and foster collective responsibility. By aligning interventions with local knowledge and lived

experiences, disaster response becomes more inclusive, culturally relevant, and responsive to community needs.

For SBC to drive meaningful change, communication strategies must be timely, well-coordinated, and contextually adaptable. Ensuring alignment between preparedness, response, and recovery efforts guarantees that messaging remains consistent, credible, and actionable for affected populations. A well-executed SBC strategy is instrumental in managing public expectations, addressing misinformation, strengthening community trust, and promoting accountability within DRR frameworks. It helps communities identify early warning signals, adopt protective behaviours, and engage in coordinated action, ultimately reducing the overall health, social, and economic impact of disasters. Accountability in DRR enables communities to share feedback, co-create solutions, and shape more responsive disaster policies.

Recognizing the critical role of SBC in disaster preparedness and response, the National Institute of Disaster Management (NIDM), in collaboration with UNICEF, has developed this module to equip officials, practitioners, and stakeholders with the knowledge, tools, and strategies to embed SBC across all phases of DRR, this initiative seeks to foster disaster-ready societies that are informed, proactive, and resilient.

(Madhup Vyas, IAS)

Acknowledgement

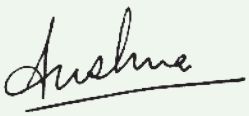
Effective communication in DRR transforms how communities anticipate, prepare for, and respond to disasters, reducing their impact. Timely, well-structured messaging influences behaviour, builds resilience, and enhances preparedness. To be effective, disaster communication must engage communities, influencers, and local institutions across all four disaster phases. National Institute of Disaster Management (NIDM) and UNICEF have come together to enhance abilities and skills of government functionaries and key stakeholders in Social and Behaviour Change (SBC) for DRR. The overall objective of this partnership is to empower service providers at different levels to understand the importance and core concepts of SBC and can integrate SBC in all phases of DRR from prevention, mitigation and preparedness through to crisis response and recovery. As part of this endeavour, NIDM and UNICEF have developed SBC training content and a toolkit with key behavioural messages for different types of disasters (floods, cyclone, earthquakes) in key sectoral areas of health, nutrition, WASH, education, and child protection.

Developed with a people-centered approach, this SBC module ensures responsiveness to vulnerable populations. It will be used to sensitize managers and other communicators from SDMAs and other line departments who manage disaster communication and help us in strengthening accountability within disaster management institutions, making DRR programs more inclusive, responsive, and community-driven.

We express our heartfelt appreciation to the UNICEF team, particularly Mr. Dennis Christian Larsen (Chief of SBC, UNICEF), Ms. Shalini Prasad (SBC Specialist) of the India Country Office, for their technical expertise, insights, and invaluable support throughout the development and updating of this module. Their contributions have greatly enriched the content, ensuring its relevance and effectiveness in disaster communication. A special mention is also due to Ms. Varsha Chanda and Mr. Nisar Ahmad and their team from the Envisions Institute of Development for their dedication in developing this module and their commitment to advancing SBC in DRR programs.

We sincerely acknowledge the leadership and guidance of Mr. Madhup Vyas, IAS, Executive Director, NIDM. We also extend our deep appreciation to the NIDM Media team, led by Ms. Nazia Khan, IPRO, Mr. Moses Prakasham, Young Professional, Ms. Sweta Rani, Consultant, Mr. S.K. Tiwari, Librarian, Dr. Ravinder Singh, Sr. Consultant and Ms. Supreetha MK, Consultant for their substantial contributions to the development of this module.

At NIDM, we are confident that this module will play a significant role in mainstreaming SBC within DRR planning, reinforcing the importance of people-centered accountable, communication approaches, and ensuring that disaster response strategies are inclusive, community-driven, and impactful.



(Dr. Sushma Guleria)

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Abbreviations

A/V	Audio- Visual
AES	Acute Encephalitis Syndrome
ANM	Auxiliary Nurse Midwife
ASDMA	Assam State Disaster Management Authority
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
BCPM	Block Community Process Managers
BSDMA	Bihar State Disaster Management Authority
CBRN	Chemical, Biological, Radiological and Nuclear Emergencies
CFR	Case Fatality Rate
COVID-19	Coronavirus Disease 2019
DHEIO	District Health Education and Information Officer
DoHFW	Department of Health and Family Welfare (UP)
DRR	Disaster Risk Reduction
EE	Entertainment Education
EM-DAT	Emergency Events Database
FB	Facebook
FM	Frequency Modulation (radio frequency for broadcasting radio programs)
GHSI	Global Health Security Index
HCD	Human-Centric Design
HEO	Health Education Officer
ICDS	Integrated Child Development Services
IEC	Information Education and Communication
IEEE	Institute of Electrical and Electronic Engineers
INGO	International Non-Government Organisation
IPC	Interpersonal Communication

JE	Japanese Encephalitis
KSDMA	Kerala State Disaster Management Authority
M&E	Monitoring and Evaluation
MCGM	Municipal Corporation of Greater Mumbai
MERS	Middle East Respiratory Syndrome
NDMA	National Disaster Management Authority
NGO	Non-Governmental Organization
NIDM	National Institute of Disaster Management
NSS	National Service Scheme
ORS	Oral Rehydration Solution
OSDMA	Odisha State Disaster Management Authority
PCA	People Centered Approaches
PHiE	Public Health in Emergencies
POSHAN	Government Program on Health and Nutrition
PRI	Panchayati Raj Institution
PSA	Public Service Announcement
RCCE	Risk Communication and Community Engagement
RMP	Registered Medical Practitioner
RWA	Residents Welfare Association
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SC	Schedule Caste
SDMA	State Disaster Management Authority
SFC Media	Small Format Community Media
SMART	Specific, Measurable, Achievable, Relevant, Time-Bound Objectives
SMC	School Management Committee
SMS	Short Messaging Services
ST	Schedule Tribe
THR	Take Home Ration
UNICEF	United Nations Children's Fund
VHND	Village Health and Nutrition Day
WASH	Water, Hygiene and Sanitation
WFP	World Food Program

About this Module

INTRODUCTION

To accelerate progress towards achieving the Sustainable Development Goals (SDGs), the 2030 Agenda for Humanity supported by multi-lateral agencies, emphasizes a people-centered approach and highlights the critical role of Social and Behaviour Change (SBC) in humanitarian contexts. The agenda underscores the need for systems that actively involve communities in decision-making processes, prioritize risk prevention, address root causes of conflict, and build long-term resilience.

SBC plays a crucial role in Disaster Risk Reduction (DRR), equipping communities with the knowledge and skills to not only anticipate but also respond to and manage a range of risks. By employing culturally relevant and participatory approaches, SBC empowers individuals to take proactive steps toward disaster preparedness. Rooted in the principles of communication and behavioural science, SBC cultivates trust within communities, encourages life-saving behaviours, and weaves preparedness into the fabric of daily life—ultimately making DRR efforts more effective, inclusive, and sustainable.

In India, the government has increasingly recognized the importance of SBC as a foundational component of disaster management. It promotes community resilience and active engagement across all disaster phases: preparedness, response, recovery, and mitigation. India's National Disaster Management Plan (NDMP) emphasizes community participation and behavioural transformation as key strategies in disaster risk reduction. It calls for the integration of SBC approaches to raise awareness, enhance preparedness, and foster adaptive behaviours in the face of disasters.

National Institute of Disaster Management (NIDM) and UNICEF have come together to enhance abilities and skills of government functionaries and key stakeholders in SBC for DRR. These collaborative initiatives seek to enhance disaster preparedness through a comprehensive behavioural lens. In a nation where more than half the population is at risk from natural

hazards, integrating evidence-based SBC strategies into preparedness efforts becomes not just important but imperative. These strategies significantly boost community awareness, ensuring timely responses in times of crisis and enhancing overall crisis management capabilities. Central to building resilience and safeguarding lives is the commitment to information sharing, relevant communication and active community engagement, fostering an environment where individuals feel empowered to act in the face of adversity

As the nodal government agency for DRR capacity building, NIDM partnered with UNICEF to empower service providers at different levels to understand the importance and core concepts of SBC to help them integrate SBC in all phases of DRR from prevention, mitigation and preparedness through to crisis response and recovery. As part of this endeavour, NIDM and UNICEF have developed SBC training content and a toolkit with key behavioural messages for different types of disasters (floods, cyclone, earthquakes) in key sectoral areas of health, nutrition, WASH, education, child protection.

MODULE DESIGN

This module is structured as an intensive 2-day workshop, built around an application-oriented and participatory learning approach. It integrates essential technical inputs with real-life case studies and field-based examples to ensure contextual relevance and practical utility.

Content delivery follows a "learning by doing" philosophy, emphasizing a "to-do" approach that encourages participants to actively reflect on, discuss, and plan actionable steps they can implement in their own contexts upon return.

The objective is to foster critical thinking, experience-sharing, and collaborative planning, transforming the training into a dynamic workshop experience rather than a one-way instructional session. The design ensures that technical knowledge is grounded in practical application, and that participants leave with clearly articulated strategies and action points.

CORE METHODOLOGICAL APPROACHES

1. **Case-Based Learning:** Each session focuses on real-life case studies from different Indian states, such as the COVID-19 response in Dharavi, the "Tsunami-Ready" village in Odisha, and Kerala's post-flood recovery, to ground theoretical models in practice. These examples highlight how

SBC, Human-Centered Design (HCD), and People-Centered Approaches (PCA) work synergistically.

2. **Participatory Techniques:** Interactive formats, such as group discussions, World Café sessions, hands-on planning exercises, and feedback mechanisms, will be employed to facilitate collective reflection and peer learning and internalize SBC concepts through direct engagement.

3. **Systems Thinking:** To ensure sustained integration of SBC within the system the module focuses on the institutional set of DRR in the country. To understand how SBC can be embedded into institutional frameworks like State Disaster Management Plans (SDMPs) and Village Disaster Management Plans (VDMPs), real-life programmatic examples are illustrated.

USE OF VIGNETTES FOR CONSOLIDATING LEARNING

A unique element of the module is to use vignettes at the end of each session to consolidate key learnings. These vignettes are carefully curated scenario-based narratives drawn from real or plausible disaster settings, collected from across the country.

Purpose of the Vignettes:

- Reinforce Key Concepts: Each vignette is designed to trigger reflection on the day's learnings by revisiting core SBC tools and principles in a different context.
- Encourage Application: Participants will be encouraged to analyze the scenarios, identify behavioural insights, propose context-specific strategies, and critique communication approaches.
- Stimulate Discussion: Vignettes will be used to facilitate discussions on themes like trust-building, peer influence, inclusive communication, and local adaptation.
- Bridge Theory and Practice: By reapplying concepts like the Socio-Ecological Model or participatory rural appraisal (PRA) to a new setting, the vignettes will strengthen retention and cross-contextual understanding.

In summary, this capacity building methodology emphasizes on experiential learning, contextual relevance, and collaborative problem-solving. The

strategic use of vignettes provides a dynamic platform for reflection, and consolidation of theoretical knowledge into practical strategies.

SESSIONS DESIGN

The workshop's session flow has been structured to build knowledge progressively while maintaining high participant engagement. Each day is organised around thematic areas, beginning with foundational concepts and moving towards application and systems integration. Sessions will begin with real-life case studies to establish context, followed by technical inputs on relevant SBC, HCD, and PCA models. Interactive activities, such as group discussions, planning exercises, and World Café sessions, will support in application of the learnings in a collaborative setting. Each session will conclude with a vignette—a scenario-based narrative—designed to reinforce key concepts, encourage reflection, and connect theory to practice. This structured yet flexible flow will support learning and practical takeaways.

To support deeper engagement, additional reading materials relevant to each session have been compiled into a handout, which participants are encouraged to review before and after the workshop.

EXPECTED OUTCOMES OF THE WORKSHOP

At the end of the 2-day workshop, it is expected that the participants will be able to fully understand and discuss the tools and methodologies used for community engagement enabling them to apply the same in their work. It is also envisaged that the participants attending the workshops are able to generate a demand for state / district level roll-out of capacity development culminating in mainstreaming of social and behaviour change into core DRR interventions and communication.

At the end of the workshop participants will:

- Understand basic models and principles of SBC and recognize the significance of SBC to achieve positive behavioural shifts.
- Integrate SBC in DRR programming and develop skills to incorporate SBC in planning, implementation and monitoring in their respective fields.
- Apply People-Centered Approaches to DRR programming by implementing participatory methods that prioritize community needs

and perspectives. Design programs that are inclusive and responsive to diverse populations.

- Identify barriers and enablers using community feedback mechanisms for designing effective interventions.
- Able to select appropriate communication channels tailored to specific stakeholders. Gain proficiency in using the SBC DRR toolkit for practical application.

HOW TO USE THE MODULE

This module has been designed as an integrated learning tool as an independent training programme and for inclusion in regular technical training programs.

WHO SHOULD USE THE MODULE

This module is intended for use in capacity development and the mainstreaming of SBC within DRR efforts. It is designed for:

- **Government officials and department representatives** involved in DRR planning and management
- **DRR Programme Managers** responsible for designing, implementing, and monitoring to help them integrate people-centered SBC interventions across all phases of the disaster cycle—preparedness, response, recovery, and resilience
- **Humanitarian and development agencies**, including civil society organisations, working in DRR or supporting affected communities
- **Sectoral Programme Managers** from fields such as Health, Nutrition, Water, Sanitation, and Education, Climate Change who collaborate in integrated DRR efforts

The module encourages cross-sectoral coordination and supports the integration of people-centered, behaviourally informed approaches in disaster preparedness and response planning.

Definitions and Terminologies

Climate Change Adaptation: Climate change adaptation is the adjustment in natural or human systems in response to actual or expected climatic stimuli or their effects. These adjustments aim to moderate harm or exploit beneficial opportunities presented by climate change. It involves changes in processes, practices, and structures to reduce vulnerability and build resilience to the impacts of climate change. To be effective, DRR needs to be calibrated to a changing climate and take into account projected future changes, while climate change adaptation must be informed by decades of DRR efforts.

(Source: https://knowledge.unicef.org/CEED/disaster-risk-reduction-and-climate-change-adaptation)

Community Engagement: Community engagement is the process of developing relationships and structures that engage communities as equal partners in the creation of emergency response solutions that are acceptable and workable for those they impact. The goal of community engagement is to empower communities to confidently share the leadership, planning and implementation of initiatives throughout the health emergency response cycle.

(Source: https://www.who.int/emergencies/risk-communications)

Human Centric Design: Human-centered design is a problem-solving technique that puts real people at the center of the development process, enabling you to create products and services that resonate and are tailored to your audience's needs. The goal is to keep users' wants, pain points, and preferences front of mind during every phase of the process.

(Source: https://online.hbs.edu/blog/post/what-is-human-centered-design)

Mitigation: Mitigation is defined as the lessening or minimizing of the adverse impacts of a hazardous event. The adverse impacts of hazards, in particular natural hazards, often cannot be prevented fully, but their scale or severity can be substantially lessened by various strategies and actions. Mitigation measures include engineering techniques and hazard-resistant

construction as well as improved environmental and social policies and public awareness.

(Source: https://www.undrr.org/terminology/mitigation)

People-Centered-Approach: The People-Centered Approach (PCA) is a programming model aimed at guiding humanitarian organizations to deliberately create space for genuine engagement of communities in a way that puts their concerns, capacities, rights, and dignity at the heart of their programming.

(Source: https://protection.interaction.org/case-examples/people-centered-approach-recognizing-communities-as-the-experts/#:~:text=The%20People%2DCentered%20Approach%20(PCA,the%20heart%20of%20their%20programming)

Resilience: The ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions through risk management.

(Source: https://www.undrr.org/terminology/resilience)

Risk Communication and Community Engagement: Risk communication is the real-time exchange of information, advice and opinions between experts or officials and people who face a hazard or threat to their survival, health, or economic or social wellbeing. The purpose of risk communication is to enable people at risk to make informed decisions to mitigate the effects of a threat (hazard) – such as a disease outbreak – and take protective and preventive measures. Risk communication is proven to be a critical tool in emergency preparedness and response.

Social and Behaviour Change: Social and behaviour change is defined as a set of processes, approaches, tools, strategies and tactics that promote positive and measurable changes in people's environments, societies, and behaviours. Working with communities, individuals, and partners, SBC uses social and behavioural evidence and inclusive, participatory approaches to co-design solutions to development and humanitarian challenges. It prioritizes the fulfillment of human rights through systematic analysis of the cognitive, social and structural drivers of change and working with communities to address them.

(Source: https://agora.unicef.org/course/info.php?id=35185)

Design Note for Facilitators

1. All sessions follow the adult learning principles. Therefore, sessions have visual content through use of slides / videos, auditory content through discussions / videos and kinesthetic content through exercises / group work / group presentation.
2. Facilitators are requested to familiarize themselves with the training aids which comprise of presentations, videos, handouts, etc.
3. Each session is designed to deliver the content through steps which are standardized across this module. These are described below.

What is the end outcome of the session ?

Learning Outcome:
Participants will be able to understand the use of the module on Social Change and Behaviour Change and PCA related aspects for Disaster Risk Reduction

Scheduled session time

Duration: 15 Minutes

Activities and learning methods used

Methodology: Presentation, Group Activity

Step-by-step process to be followed

Process:
Facilitator welcomes participants to the workshop on Social and Behaviour Change and People-Centered Approaches for DRR

Schedule

Day 1: Foundations of Social and Behaviour Change and People-centered Approaches applied to Disaster Risk Reduction		
Session 1	Context Setting for Social and Behaviour Change in DRR	15 Min
Session 2	Understanding SBC Role & Models for DRR	60 Min
Session 3	Community Engagement for DRR	75 Min
Session 4	Communication for SBC in DRR	75 Min
Session 5	Systems Strengthening for SBC and its Integration in the 4 Phases of Disaster	30 Min
Session 6	Planning & Monitoring SBC	60 Min
Session 6.1	Day 1 Summary	15 Min

Day 2: Practical Application of SBC and PCA in DRR		
Session 7	Application of SBC – Group Work on Developing SBC Plans	240 Min
Session 8	Using DRR SBC Toolkit	30 Min
Session 9	Closure	15 Min

Session 1:
Context Setting for Social and Behaviour Change in DRR

Session Objective:

- Participants will be able to understand the use of the module on SBC related aspects for DRR

Duration:

- 15 Minutes

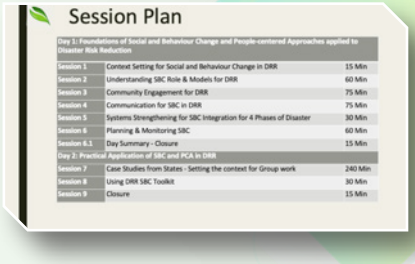
Methodology:

- Presentation, Group Activity

Process:

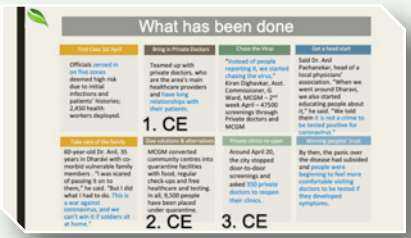
1. Facilitator welcomes participants to the workshop on SBC for DRR.
2. Two days duration is divided in nine sessions with the following objectives. Show the slide on objectives and explain them.
3. The methodology for the training is going to be presentations, conducting exercises and discussions. It is important that the participants are open to ask questions and participate in the discussions.
4. Check with the participants if there are any queries that they have about the training.
5. Distribute the pre-test form (Annexure 1). Give 5 minutes to complete it and collect it back.

6. Show the 'Objectives' slide and explain each objective.
7. Then show the 'Agenda' slide . Day 1 will focus on SBC Role & Models for DRR and Day 2 on practical application of SBC to real-life situations.
8. Introduce the background to the module by sharing the case study of how Dharavi



has driven back COVID-19 infections. India's achievement has been reported by the Los Angeles Times. Show 'Dharavi, Mumbai' slide and draw the participants' attention to the newspaper report from the Los Angeles Times. Facilitator need not read the full report, only say that we have done something good during COVID-19 pandemic which was noticed globally and was reported by international newspapers.

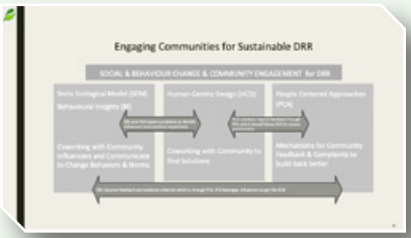
9. Ask participants what they think must have been done. Then share and discuss the interventions that were done in Dharavi. Show the 'What has been done' slide.



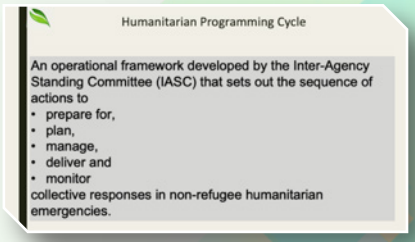
10. Draw the participants' attention to three specific Community Engagement (CE) steps marked with CE in the slide:
    a. Teaming with private doctors
    b. Converting community centres into quarantine facilities used by 9500 people
    c. Reopening of 350 private doctor clinics within the first 20 days.

These three steps helped in community engagement making the intervention successful.

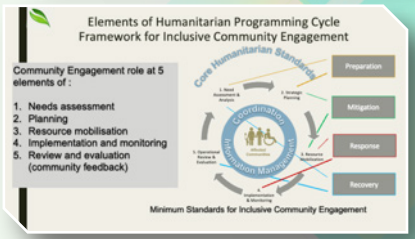
11. This example highlights the importance of community engagement for successful and long-lasting implementation of DRR initiatives. There are some tools and techniques for effective community engagement which will be discussed later. Show the next slide on 'Engaging Communities for Sustainable DRR (Tools and Techniques)' and explain it. Three key methodologies which will be discussed are socio-ecological model and behavioural insights which form the basis of social and behaviour change which focuses on the community side for changes in behaviours and norms; the human-centric design which looks at community engagement to find solutions to the barriers and problems;



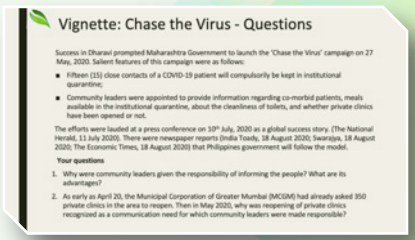
and people-centered approaches to systematically collect community feedback and complaints to feed into the other two. The two-sided arrows between the boxes show that each of these affect the other. We will discuss these methodologies in detail in the forthcoming sessions.



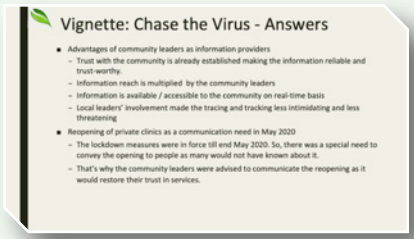
12. The Inter-Agency Standing Committee (IASC) of the United Nations has developed an operational framework for the Humanitarian Programme Cycle (HPC) which seeks to achieve a need-based approach to strategic planning. Show the 'Humanitarian Programming Cycle' slide and explain it. The humanitarian programming cycle recommends a sequential approach to begin with preparation, planning, managing, delivering and monitoring the collective response for disaster risk reduction. Show the next slide on 'Elements of Humanitarian Programming Cycle' and explain it. HPC puts the affected communities at the centre of the programming. Community engagement is crucial at each of the five steps in the programme cycle beginning with needs assessment. The strategic planning is done to keep the socio-cultural context of the affected communities in mind. Community engagement also plays a role in resource mobilization at the community level. The implementation requires community participation and community monitoring can strengthen the implementation making it more robust. Community feedback can strengthen the review and evaluation process. The core humanitarian standards which set the minimum standards for inclusive community engagement envelope the HPC. These standards and the programming steps will also be discussed in detail in the forthcoming sessions.



13. Tell the participants that we will now see how SBC has been used practically for a public health emergency. Show the next slide 'Vignette: Chase the Virus - Questions' and ask the questions given there-in.



14. After 5-minutes discussions, show the slide 'Vignette: Chase the Virus - Answers' and explain the answers. Recall the participants' discussion and relate their comments and observations with the answers.



15. In the next session we are going to see how these interventions are based on several models that we are going to discuss. But you can see that getting private doctors on board was an effort in bringing 'trustworthy' people on board who can influence the community. Or giving quarantine solutions and reopening of private clinic was done to meet the community requirements as it is all about winning peoples' trust.

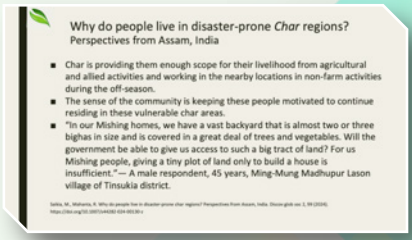
Session 2:
Understanding SBC Role & Models for DRR

Session Objectives: Participants will be able to

- Understand key concepts of Social and Behaviour Change and its critical role in DRR
- Discuss the application of human centric design in DRR
- Duration: 60 Minutes
- Methodology: Presentation, Group Work, Discussion

Process:

1. Show the slide on 'Objectives: Session 2' and ask participants what they understand by SBC.
2. As participants answer, pick up the key points and put them up on the board (To help you with the key points refer to the definition of Social Change and Behaviour Change- words like social, change, behaviour, norms, people, etc. should be picked up by the facilitator).



3. The Char areas in Assam get flooded every year. The floods cause heavy damage. People are advised to shift out of their homes but many people do not shift. However, they continue to live there for several reasons. Research has been conducted to determine the reasons. Read the findings from the research in Char area of Assam as you show the slide titled 'Why do people live in disaster prone Char areas?'

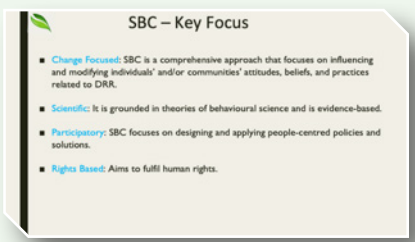
4. So, in the Char areas, residents' behaviour is influenced more by economic needs, community needs, and even the individual wish to live in a large house. Use the slide on 'Key Consideration' to explain why the behaviour of these individuals and

families is getting influenced by their economic factors, their sense of belonging / community living, and also individual aspirations.

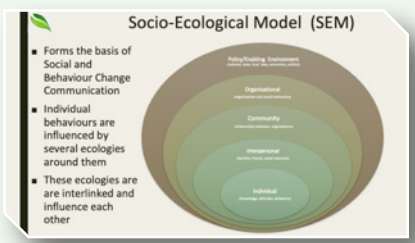
5. When these factors are well understood and communities are actively engaged, both preparedness and response efforts become more effective. Communication during the preparation phase can then be tailored to address the expected duration of evacuation—whether it is a short-term displacement of 8–10 days or a longer-term relocation exceeding a month—and the associated implications, such as the likely impact on livelihoods. Engaged communities are better equipped to plan, adapt, and respond to such challenges.

6. As in this case, as well as in all others, the influencing factors are a mix of individual as well as social factors. That's why it is referred to as social and behaviour change (SBC). Show the slide 'Social and Behaviour Change (SBC)' to define SBC. Read and explain both definitions given on the slide. Show the next slide 'Key Focus' and tell that these definitions of SBC focus on four major aspects: change, scientific approach, participatory approach and a rights-based approach.

7. As mentioned, SBC is scientific approach which is theory based. One of the models which explains the inter-play of individual and social influences on people and their behaviours is the socio-ecological model. Show the slide 'Socio-Ecological Model (SEM)' and explain it.



8. There are five ecologies which influence behaviour:
   a. ***Personal or individual***: Individual beliefs, knowledge, attitudes, skills influence the behaviour change.
   b. ***Family***: Interactions with friends and family is another level which influences behaviours.
   c. ***Community***: Interaction with other people including community which sets norms on behaviour.
   d. ***Organization***: Institutions and organizational structures and services also influence behaviour change.



e. ***Policy & enabling environment***: Government policies, how they are implemented and the larger external environment has a critical role to play.

These ecologies are linked as they influence each other. For example, a clear procedure for moving towards cyclone shelters will help the local bodies (panchayats / urban bodies) to build disaster management teams' capacity on community mobilisation. Communities give their input on the facilities required in the cyclone shelters. Better understanding of key DRR behaviours, like handwashing with soap, or keeping children away from stagnant waters, etc. will facilitate their practice at the cyclone shelter. Educated and motivated community influencers at the shelters may help in building a supportive environment – not only at the shelter, but even in the daily living in the villages.

9. Going back to the example of Dharavi the intervention by the Municipal Corporation of Greater Mumbai (MCGM) the involvement of local private doctors was an attempt to bring influencers from the community level, conversion of local community centres into quarantine facilities was an attempt at extending the organizational support while the information and awareness activities at the individual and inter-personal levels continued. This is a successful example of holistic SBC interventions in a public health emergency situation.

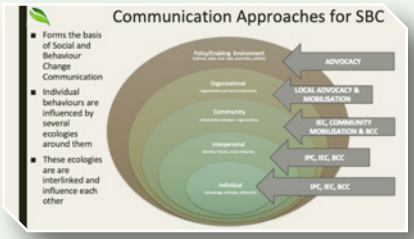
10. A complex web of societal and ecological factors must be considered when one aims to tackle disaster preparedness and risk reduction-related behaviour at individual and community level. Behaviour change is generally best served by a mix of interventions, delivered over a long period of time and modified in response to measured impact. Interventions that only address factors at the individual level, and do not take into account the social and environmental influences mentioned above, are unlikely to work. An ecological approach "that identifies and addresses the factors influencing behaviour at multiple levels is likely to be most effective at bringing about behaviour change". [1]

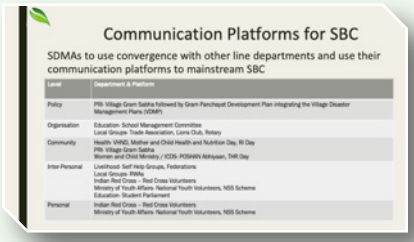
11. While information is important for informing community and raising awareness, it is rarely sufficient to change behaviour. It is based on the assumptions that people lack awareness and knowledge (of what they should be doing) and that by just improving awareness leads to change in attitudes and practices. However, it does not take into account the many

[1] *https://www.researchgate.net/figure/An-Ecological-Model-of-Health_fi g4_281812423*

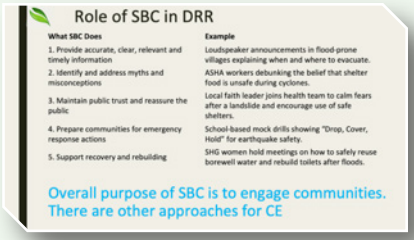
complex ecologies that influence behaviour. The SBC approach shows how behaviour change can be made possible and sustainable in the long run.

12. Show the slide 'communication approaches for SBC' and say that we will now discuss the communication approaches and platforms to be used at each level of the SEM. Use the presentation slide to discuss the various approaches that can be used for (Provide captions and numbering for pictures and also see if possible to replace with readable pictures) communication. These communication approaches will be discussed in detail in the session on communication, only an overview is discussed here. Ask participants and give examples using slide on communication approaches.During emergencies, quick action is needed. For example, during COVID-19 there was an immediate requirement to communicate the risk and go directly to the community to ensure the practice of recommended behaviours. In such situations the overall communication process is shortened and is referred to as Risk Communication & Community Engagement (RCCE).





13. Converging departments like Health have their existing platforms which can be used for SBC. Use slide on 'communication platforms for SBC' and explain the examples of the platforms which relate to each level of the SEM. These are indicative examples – many more can be explored at the district level.

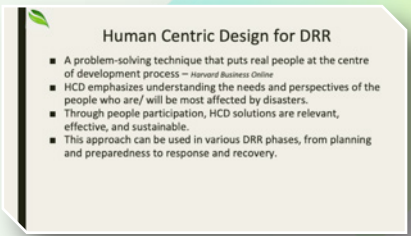


14. SBC plays a critical role in DRR. Use slides on 'Role of SBC in DRR' to expand. The purpose of SBC could be to provide information, clear myths and misconceptions, maintain public trust, community empowerment for emergency response and support recovery and rebuilding. Share the examples given in the slide to explain what SBC does.

15. Use the slide on 'how SBC is applicable to DRR' to discuss the SBC application for various components of SBC.

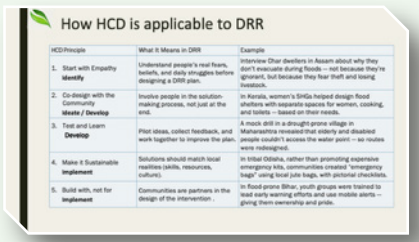
16. Community engagement lies at the core of SBC. While the ultimate aim is to meaningfully involve communities, the specific objectives can vary—from influencing behaviours to co-creating locally preferred solutions for disaster risk reduction, or gathering critical feedback to inform programmes. Each of these goals requires a nuanced, context-specific approach, which is why different terminologies are often used. As discussed earlier, approaches such as human-centered design and people-centered planning are key to ensuring that engagement is not only inclusive, but also responsive to community needs and aspirations. Use slide on 'engaging communities for sustainable DRR' to reiterate the underlying concept of community engagement.

17. Both human centric design and people centered approaches will be discussed in more detail. Do remember that their overall purpose is to engage communities for positive change and for their well-being. SBC becomes significantly more effective when communities are not only informed but actively engaged in disaster risk reduction. When preparedness and risk reduction measures are co-developed with communities, they are more likely to adopt and sustain these practices. Furthermore, response and recovery interventions are more impactful and trusted when they are shaped by community feedback. These interconnected approaches—community participation, co-creation of risk-informed actions, and continuous feedback loops—are core to SBC focusing on inclusive, people-centered, and preventive strategies

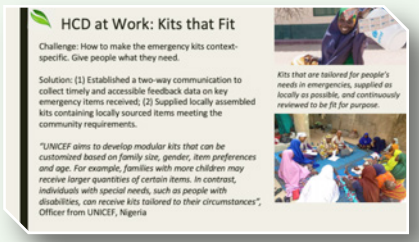


to build resilience at all levels. Approaches like HCD and PCA further strengthen this alignment by ensuring that solutions are grounded in the lived experiences, needs, and capacities of the communities themselves.

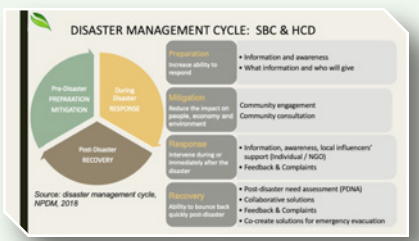
18. Since engaging communities is at the core of SBC, an example from Assam is relevant. Use slide on 'engaging communities: NEADS' to explain it. Communities were involved at the design and construction stage itself. The overall result is that the all-important WASH (Water, Sanitation and Hygiene) facilities are accessible to people even during the floods because these facilities were developed / adapted as per the community needs based on discussions with them. They were not designed for people, rather designed with the people. It is an example of human-centric design. Use slide on 'Human Centric Design for DRR' to define and reiterate what is Human Centric Design in DRR.



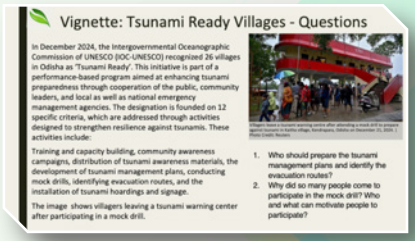
19. Show the slide on 'HCD – 4 Steps: How to do it' and add that in a very simplified manner four steps can be used to apply HCD. These steps begin with community consultation and gradually move towards cocreating the solutions and implementing them. Use the slide 'HCD principles for DRR' to discuss some examples of possible HCD interventions which can be undertaken.



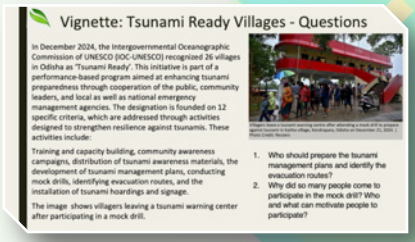
20. To further contextualize use slide on 'How HCD is Applicable to DRR' to explain the 4 phases of disaster and how SBC can be integrated in each phase. Show the next slide on 'HCD at Work: Kits that Fit' to share how HCD has been used in a humanitarian emergency. In this case the community participation helped to designing and distributing emergency kits containing items which were preferred and desired by the community and how community feedback is used for continuous improvement in the kits.



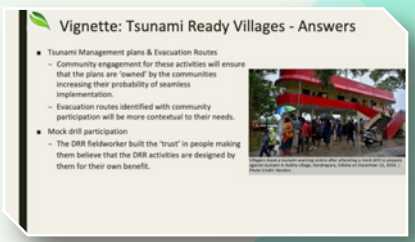
21. Show the next slide, 'Disaster management cycle: SBC & HCD' to discuss the purpose of SBC and HCD in DRR. The purpose of SBC evolves across different phases of a disaster—from creating awareness and providing information, to consulting communities, gathering feedback, and fostering active participation. While HCD focuses on collaboration and co-creation for sustainable community oriented DRR solutions. Regardless of the terminology used, the core objective remains the same: to meaningfully engage communities as central actors in disaster risk reduction efforts.



22. Show the next slide, 'Vignette: Tsunami Ready Villages - Questions' or use its printout to answer and discuss the given questions.



23. After a five-minute discussion, show the slide 'Vignette: Tsunami Ready Villages – Answers' to share the main points to discuss an HCD inspired approach for Tsunami management planning and identification of evacuation routes and an SBC focused approach to encourage community participation in the mock drill.



Session 3:
Community Engagement for DRR

Session Objectives: Participants will be able to

- Understand People Centered Approaches (PCA), PCA's components and their application in different Disaster Risk Reduction (DRR) contexts.
- Discuss the Core Humanitarian Standards (CHS) commitments which are foundational to PCA.
- Learn and apply the Complaints and Feedback Mechanism (CFM) to make the disaster response community-driven, and transparent.

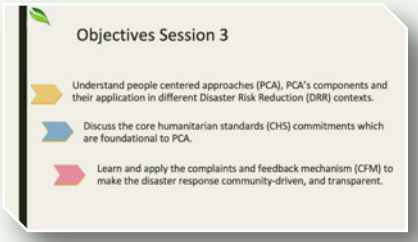
Duration:

- 75 Minutes

Methodology:

- Presentation, Case Based Group Activity, Short Video, Discussion

Process:

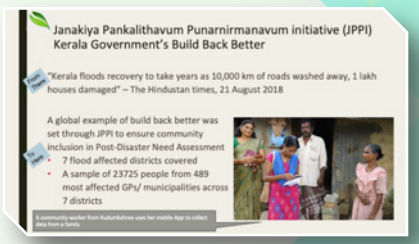


1. Show the 'Objectives: Session 3' slide to discuss the session objectives. Divide the participants in four groups and give 2 copies of the following case study to each group. Case study is available at Annexure 3.1.

2. Use slide on group work 'Group work: 5 Minutes' to explain the process.
3. After 5 minutes, ask the groups one-by-one on what they have to say about 'Train the Community'. If any group has marked it as 'Not People Oriented', explain that since the main recipients of the proposed training are from the community who are expected to help other community members after getting trained, this step is people oriented.
4. Similarly discuss the remaining five phrases given on the slide. All are community oriented.

* Leveraging community knowledge and wisdom is a recognition of community knowledge and skills. In fact, fishermen in Kerala have played a significant role in rescue operations in 2018 floods, and are now formally trained in rescues operations by Kerala State Disaster Management Authority.

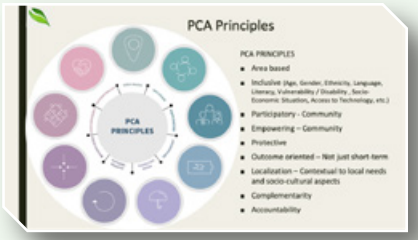
- Creating structures for community engagement is directly a people-oriented activity. In fact, it makes the community engagement a two-way process – by asking the government functionaries to officially create platforms for community engagement it creates an opening and the community response makes it two-way process.
- Thematic training, in this case is also community-oriented because all the four themes, i.e., First Aid, Shelter management, Search-Rescue-Evacuation, and Early Warning Dissemination are community focused. The recipients of the training are also from the community.
- Making it participatory for both women and men is clearly an initiative focused on the larger community and reduces gender divide.
- Availability of training in local language and also through online-platforms improves the access to the community.



5. Close connection with the community and their feedback has been an important part of post-disaster recovery in Kerala in 2018 floods. Use slide on 'Janakiya Pankalithavum Punarnirmanavum Initiative (JPPI)' to explain it. From a time when majority thought that it would take years to reconstruct, the state government launched a massive community contact programme. In a span of just about four months nearly 24000 families across 7 affected districts were contacted and their feedback on priority areas ranging from housing, health, education, WASH, livelihood, to psycho-social security was recorded. This feedback was then used to prioritize the actions in the recovery phase.

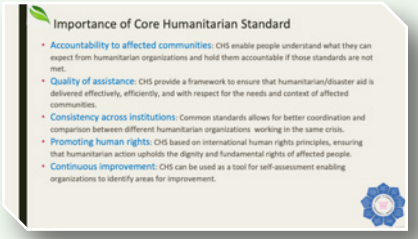
6. The People-Centered Approach (PCA) is a protection programming model aimed at guiding humanitarian organizations to deliberately create space for genuine engagement of communities in a

way that puts their concerns, capacities, rights, and dignity at the heart of their programming. Use slide on 'People Centered Approach to DRR Programming' to explain.

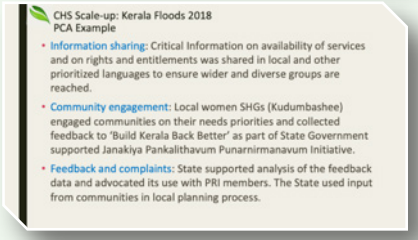


7. Principles of the people centered approaches include: interventions being area specific, inclusive and participatory in nature, empowering the community with an outcome orientation, localized in terms of language, culture and social norms, ensuring that the services complement each other and accountable to the affected populations. Use slide on 'PCA principles' to explain it.

8. PCA requires the humanitarian assistance to be aligned to the community concerns and needs. A set of nine commitments has been outlined by the Core Humanitarian Standard (CHS) which can help the DRR managers plan and implement interventions in a more community-inclusive manner. Use slide on the 'Core Humanitarian Standard' to explain nine commitments and their relevance to DRR. To explain it better facilitator to invite nine volunteers to come forward. Each volunteer reads one of the core standards and then describes a recent work experience reflecting how this standard was applied. After discussing all nine standards, link on the slide is activated to show the webpages/home pages on core humanitarian standards for further reading.

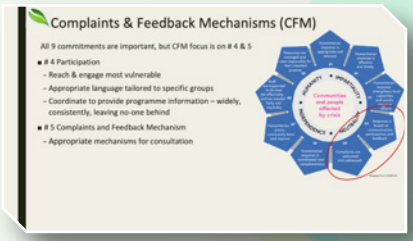


9. CHS is important as it helps in improving the overall quality, relevance and timeliness of the DRR interventions. Use slide on 'Importance of Core Humanitarian Standard' to reiterate its importance.

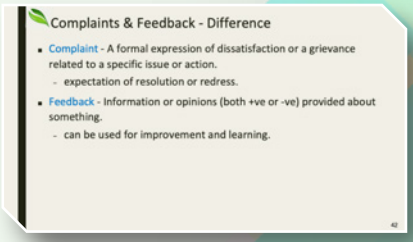


10. Revisit the Kerala JPPI example discussed earlier to reflect how the PCA was achieved. Use slide 'CHS Scale-up: Kerala Floods 2018 PCA Example' to explain how information sharing, community engagement and

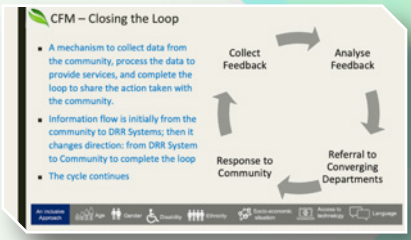
feedback and complaints mechanisms have been used.



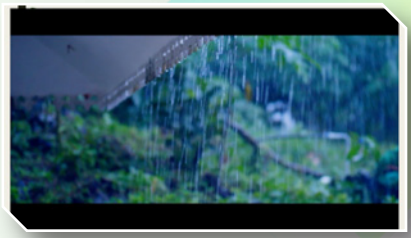
11. One of the nine commitments of CHS is 'complaints and feedback mechanisms (CFM). The complaints and feedback mechanism should also promote participation – another commitment of CHS. Use slide on 'Complaints & Feedback Mechanisms (CFM)' to explain it.



12. Use the next slide 'Complaints & Feedback – Difference' to differentiate between complaints and feedback. While a complaint is about a grievance or dissatisfaction, feedback is an opinion or a suggestion which could be positive or negative. The Complaints and Feedback Mechanism (CFM) can be made participatory in terms of its reach and engagement of most vulnerable using appropriate language and by providing programme information widely – leaving no one behind. Show the slide 'CFM – Closing the Loop'. A four step CFM begins with collection of feedback – information flow at this step is from the community to DRR system; the next two steps involve analysis of the information and its referral to relevant departments – information flow at this step is internal and inter-departmental; the fourth step is to advise the community about what has been received from the community and to respond back to the community what has been done – at this step the information flow is from the DRR system to the community. This completes the feedback loop. It is an inclusive approach in terms of age, gender, disability, ethnicity, socio-economic situation, technology accessibility, and language.

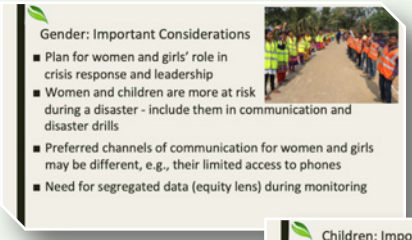


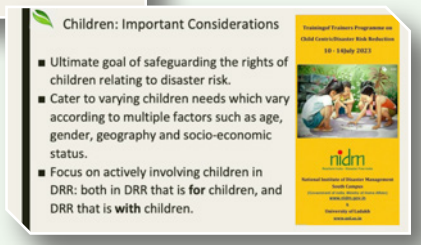
13. Use the next slide with embedded video on JPPI. Show the short video on JPPI. More details can be read from the copies of the JPP-I Summary report (Annexure 3.2) given to each group. Also give any two



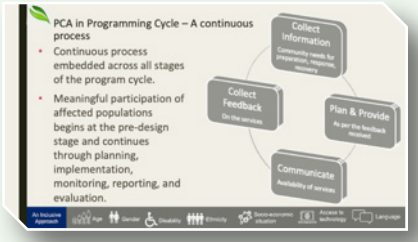
thematic cards to each group (Annexure 3.3). Advise the group to watch the video / read the summary report and discuss how the two thematic areas given on their cards have been acted upon? Allow ten minutes for discussion and two minutes of presentation by each group.

14. Inclusion of vulnerable people begins at the planning stage and continues at the review stage and replanning stage. Use next two slides 'Gender: Important Considerations' and 'Children: Important Considerations' to discuss important considerations for gender inclusion and child protection.

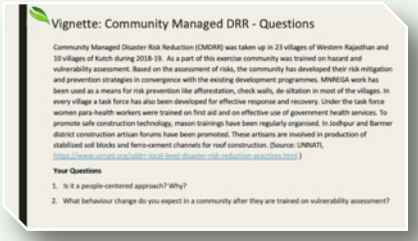




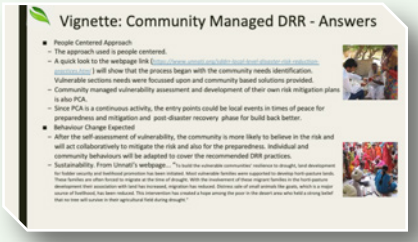
15. Show the next slide 'PCA in Programming Cycle – A continuous process' to explain that the PCA approach in the programming cycle is an ongoing activity. In its simplistic form it asks the community, acts for community, and keeps the community advised of the action, and also collects feedback on the action for further correction and/or continuation of services.



16. Show the slide 'Vignette: Community Managed DRR- Questions' to discuss the interventions. Allow 5 minutes for discussions.



17. After a five-minute discussion, show the slide on ' Vignette: Community Managed DRR- Answers' to share the main points highlighting why this intervention is a people-centric approach and how a community-based vulnerability assessment will result into sustainable DRR solutions.



Session 4:
Communication for SBC in DRR

Session Objectives:

- At the end of this session, the participants will be able to understand and use different communication approaches to reach out to the communities
- Display enhanced ability to prepare correct messages and select appropriate communication channels or a mix of channels for communicating before, during and after a disaster.

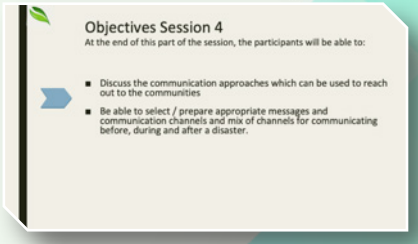
Duration:

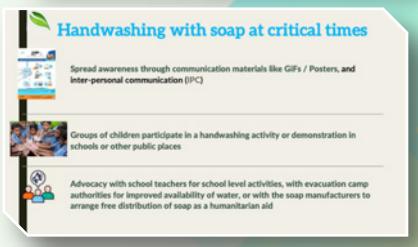
- 75 Minutes

Methodology:

- Presentation, Short video, Group Work, Discussion

Process:

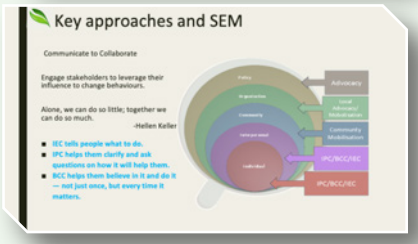




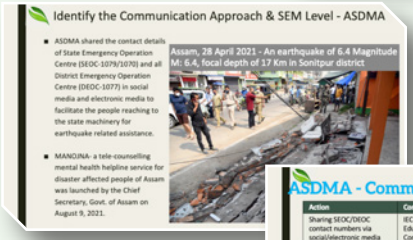
1. Use slide on 'Objectives: Session 4' to start the session.
   Suppose you want to promote a particular behaviour – handwashing with soap at critical times - during an emergency situation. Use the slide 'Handwashing with soap at critical times' and explain: You may share communication materials like posters, leaflets, GiFs, etc. with people to change their knowledge of and attitudes towards handwashing with soap with an expectation that it will result in behaviour change; you may like to involve larger number of people through a group handwashing activity where they may learn and also influence each other for behaviour change; and you also communicate with people who you think have power to influence the behaviours or to provide resources to facilitate the desired behaviour change. All these activities are done to promote handwashing with soap.

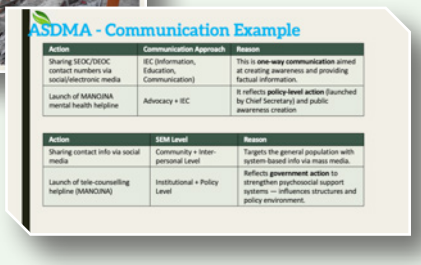
2. Show the next slide 'Key approaches in SBC Communication' and explain the approaches relating each one with the examples given in the previous slide.

3. At each level of the socio-ecological model, one particular approach is more effective. Show the next slide 'Key Communication Approaches and SEM' and explain it.

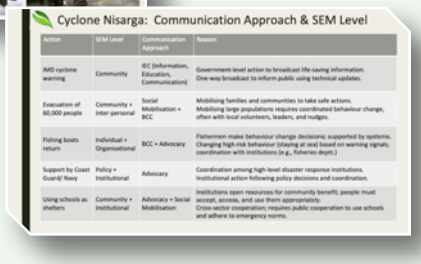


4. Please share some examples of how you have used these communication approaches in your work. After few examples from the participants show the slide on 'Identify the communication approach and SEM level - ASDMA' and ask a participant to read the content aloud. Then ask the participants to identify the communication approach and the SEM level. After some discussions, use the next slide 'ASDMA – Communication Example' to discuss the community approach(es) used and the SEM level for each activity. The last column gives the reason behind the correct answers. Explain them.



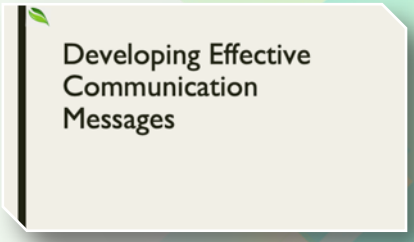


5. Show the next slide on cyclone Nisarga and ask the same questions, i.e., what are the communication approaches used and at which level of the SEM?

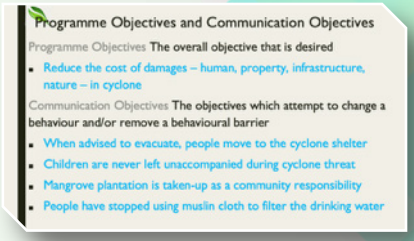


6. After discussions, use the next slide 'Cyclone Nisarga – Communication Example' to discuss the community approach(es) used and the SEM level for each activity. The last column gives the reason behind the correct answers.

7. Use slide on 'Developing Effective Communication Messages' and say that besides appropriate approach, it is equally important that the message is correct. Message development can be made context specific by following a systematic approach which will be discussed now. Each message is developed to achieve a specific objective – called the communication objective.

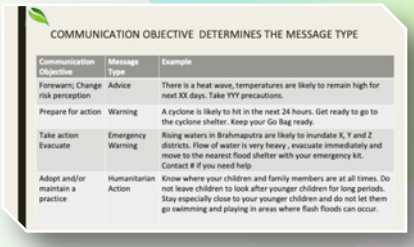


8. Show the next slide on 'Programme Objectives and Communication Objectives' and explain it. Development of effective communication messages begins with identification of communication objective. A communication objective defines the desired change in behaviour. For example, a communication objective could be to improve utilization of cyclone shelters. The communication messages developed need to achieve this objective.



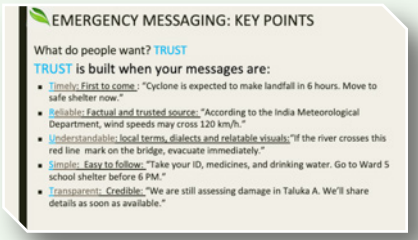
9. Use the next slide 'Marco Melgrati's Painting' to distinguish between the programme objectives and communication objectives. Use the slide in show mode: it shows the programme objective as eliminating the snake bites. Click on the slide (in show mode) to reveal the hidden part of the painting and the communication objective which in this case is increased awareness to recognize snakes.

10. Show the next slide 'Communication Objective Determines the Message Type' to explain how the communication objective will determine the type of the message, whether it will be of advisory

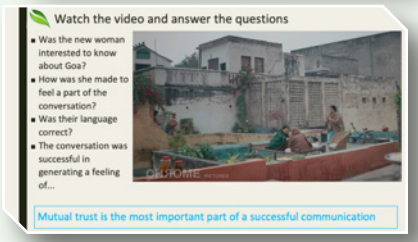


nature, or a warning, emergency warning or humanitarian action. Read the examples given to explain each message type.

11. Five simple components make a message trustworthy. Use the next slide 'Emergency Messaging: Key Points' of TRUST in messaging. That a good message must be timely, reliable, understandable, simple and transparent.

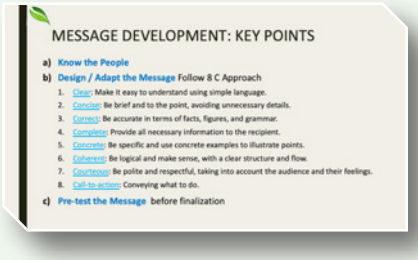


12. Let us shift our focus from DRR communication to something different. Please watch a recent TV commercial from Cadbury and answer some questions. Show the next slide 'Watch the video and answer the questions' with embedded video and click on the video. After completing the video, ask the questions given on the slide itself.



So, the woman who joins in was apparently not interested in the conversation. The speaker, after realizing that the new woman did not know Hindi, shifted to English even though she was not very good in it. Coming to the last question about the feelings generated by the conversation collect participants' answers and write key words on the board. Words could be like: togetherness, teaming, faith, trust, camaraderie, connection, inclusivity, inclusion, etc. Then ask the last question: the speaker was very comfortable in accepting that her English is "thoda, thoda" (little). When do people accept their shortcomings so openly? Discuss the answers. And then conclude by clicking the slide [a box will appear in the bottom]. Mutual trust, in this case between the local ladies and the new lady, is the most important part which can make a communication successful.

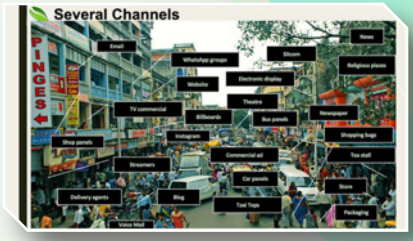
13. Simple questions need to be answered to develop communication content relevant to the community and also use the communication channels which are more frequently accessed by the community. The first step in development of communication is knowing the people.



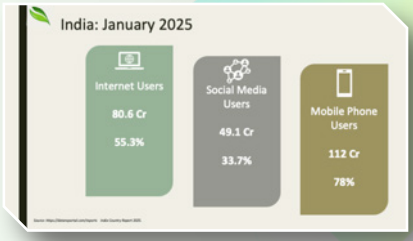
Use slide 'Message Development: Key Points'. Three important steps to develop effective messages are knowing the people, designing a new message or adapting an existing message using the 8Cs, and pre-testing the message to know its effectiveness.

14. Explain the key points on message development given on the slide – the 8 Cs which can help in development of messages so as to deliver them correctly. Once the basic information about the people is available and understood, the communication content can be designed using the 8-C guide. Even existing messages can be adapted to suit the requirements. However, pretesting of messages is necessary. Pre-testing of messages ensures that it suits the audiences, it conveys appropriate message to meet the communication objectives, and also fulfils the 8C criteria.

15. People are exposed to communication from several channels. Use slide on 'Several Channels' and explain it . In this age of excessive information – called infodemics – the selection of right channel is very crucial. Channels can reach individuals, small groups, as well as large populations. For example, an inter-personal communication reaches one or two individuals, while a street play (mid-media) will have a slightly larger reach – may be in 100s. In comparison mass-media like radio can reach thousands while television and social/digital media can reach millions. Use slide on 'Emergency Communication Channels' to explain about the emergency communication channels which start with lower number of people, i.e., inter-personal communication to the highest numbers, i.e., social media.

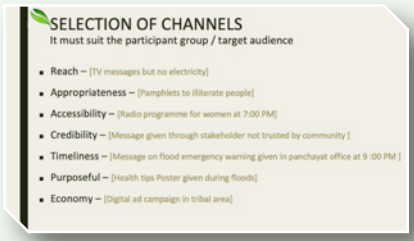


16. Talking of social media, it is important to understand its penetration and reach. Use slide on social media 'India: January 2025' to explain it.

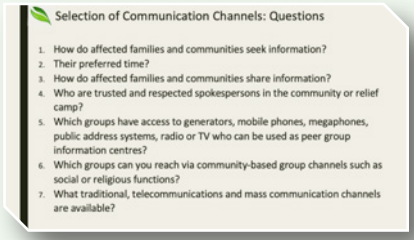


17. Selection of appropriate channels is done on the basis of its reach and

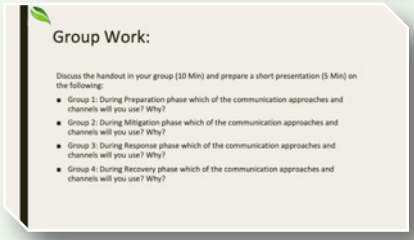
effectiveness. It is important to know if the selected channel actually reaches the intended populations. Besides reach the appropriateness of the channel and its accessibility are important factors for their selection. Credibility of a channel, timeliness, its purposefulness and economy of dissemination are others factors which should be taken into consideration. Use slide on 'Selection of Channels' and discuss the examples given in the parenthesis.



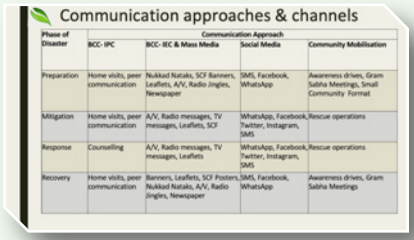
18. Simple questions can be asked while selecting the channels. Answers to these questions can help with shortlisting of appropriate channels. Use slide on 'Selection of Channels: Questions' to discuss the questions.



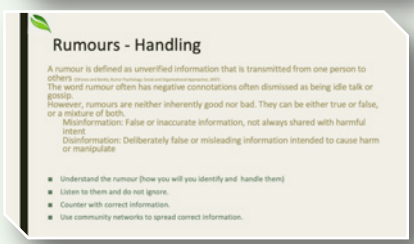
19. Distribute two copies each for Handout Cum Group Work (annexure 4.1) to each group. Use slide on 'group work' to explain the process. Ask groups to read and discuss it within themselves and then prepare a presentation to answer the questions given to them. Give 10 minutes for reading, discussions and preparation of presentations. Give them charts to prepare their presentation. If some group needs more time, allow few more minutes. Ask each group to present their work.



20. Use slide on 'Communication Approaches and Channels' to summarize the communication approaches and channels as used in the four phases of DRR.



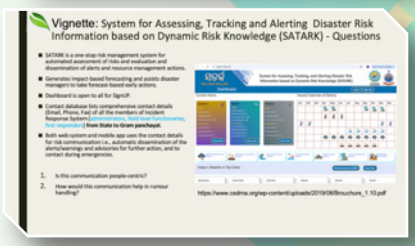
21. Emergencies also bring a lot of authorized and authentic as well as unauthorized and unauthentic information with them – at times giving rise to rumours. Very specific communication is required



to deal with rumours. Show the next slide 'Rumours-Handling' to define rumour.

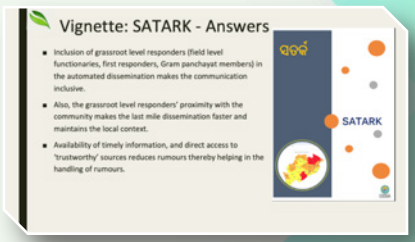
22. Use the next slide 'Rumours Handling – Action Plan' to discuss the simple 8-step process which can be followed to handle rumours. The first step is to understand the challenge posed by the rumour and how it evolved.

23. Show the slide 'Vignette: System for Assessing, Tracking and Alerting Disaster Risk Information based on Dynamic Risk Knowledge (SATARK) - Questions' and then ask the following questions given on the slide.



- Is this communication people-centric?
- How would this communication help in rumour handling?

24. After a five-minute discussion, show the slide 'Vignette: SATARK - Answers' to share the main points.



Session 5.1:
Systems Strengthening for SBC and its Integration in the 4 Phases of Disaster

Session Objectives: At the end of this session, the participants will be able to

- Understand India's existing DRR institutional structure and systems
- Discuss the importance of system-wide engagement in SBC for DRR and its strengthening
- Develop key strategies to enhance collaboration with relevant ministries and departments for a more coordinated, inclusive, and effective integration of SBC within overall disaster management.
- Apply approaches for cross-sectoral convergence to improve coordinated disaster management planning and implementation with focus on addressing needs of the most vulnerable populations.

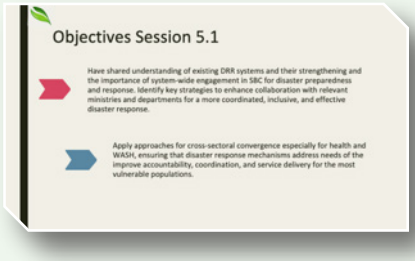
Duration:

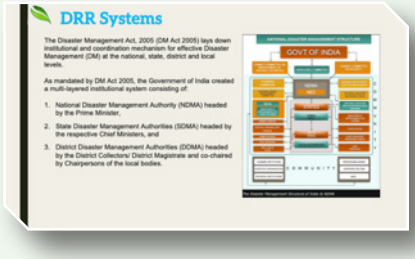
- 30 Minutes

Methodology:

- Presentation, Case Based Group Activity, Discussion

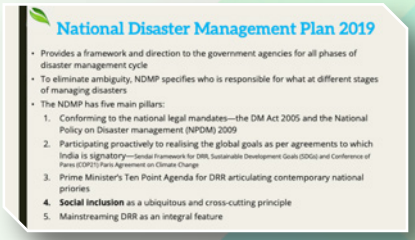
Process:

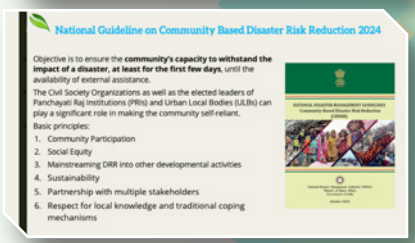




1. Review learning objectives of the session using the slide on 'objectives: session 5.1'. Share background of the institutional system for disaster management in India. Show illustration of the Disaster Management System in the slide 'DRR Systems' highlighting the nodal ministry (Home Ministry) and departments at different levels -NDMA, SDMA and DDMA. At the national level, the National Disaster Management Authority (NDMA) is mandated by the Disaster Management Act, 2005 to lay down the policies, plans and guidelines for Disaster Management encompassing prevention, mitigation, preparedness and response. It also lays down

the guidelines to be followed by state Disaster Management Authorities (SDMA) in drawing up the state disaster risk reduction plans. The SDMAs play a crucial role as nodal agency for coordination all DRR efforts and capacity building at the state level.





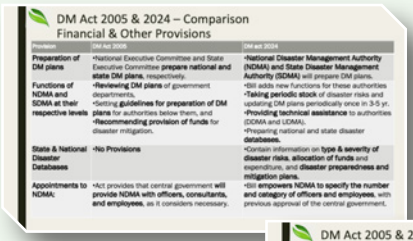
2. The National Disaster Management Plan (NDMP) provides a framework and direction to the government agencies for all phases of disaster management cycle. Show the slide 'National Disaster Management Plan 2019' and explain its salient features.-The pillar on 'social inclusion' in the NDMP is a pointer towards mainstreaming of SBC into DRR. It is further accentuated by the National Guideline on Community Based Disaster Risk Reduction (CBDRR) 2024. Show the slide on CBDRR and explain the points. Since the objective of CBDRR is to empower communities to withstand until the arrival of external assistance, its focus is on participation and convergence. The six basic principles converge to strengthen community engagement for social and behaviour change which can provide sustainability to local DRR efforts. CBDRR guideline also explains that PRI / Urban Local Bodies are important constituents of the DRR systems.

3. So, the existing DRR systems call for SBC inclusion. The National Disaster Management Guideline on Community-Based Disaster Risk Reduction (CBDRR) 2024 has further reinforced the involvement of communities. Show the next slide 'DRR Systems – Why SBC Mainstreaming' to explain the relevance of SBC systems strengthening. The Disaster Management Plan of Ministry of Panchayati Raj (MoPR) released on 17th March 2022 calls for people's participation in DRR activities at grassroots level. MoPR has mandated formulation of Panchayat-level and village-level Disaster Management Plans to mitigate the challenges in the event of disaster.[2] Use the slide to explain the objectives of MoPR DMP and the innovations which require strengthening of systems for

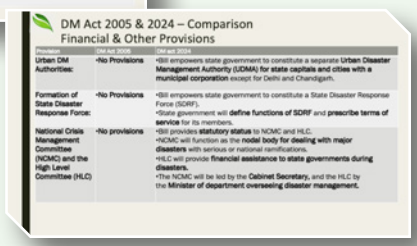
[2] *MoPR Press Release https://www.pib.gov.in/PressReleaseIframePage.aspx?PRID=1807011*

SBC. The people orientation part of the Village Disaster Management Plans (VDMP) as well as the inter-department coordination required for it can only be strengthened through community engagement tools like SBC, PCA, CFM, and HCD discussed earlier.

4. The provisions in the Disaster Management Act 2025 have focused more on community engagement. Use the next two slides on 'DM Act 2005 & 2024 – Comparison' to explain how the new provisions have improved the DM Act 2005 and made it more people oriented.

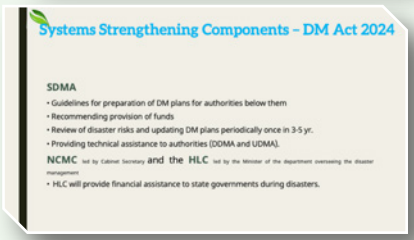

DM Act 2005 & 2024 – Comparison
Financial & Other Provisions

Provision	DM Act 2005	DM act 2024
Preparation of DM plans	•National Executive Committee and State Executive Committee **prepare national and state DM plans**, respectively. •**Reviewing DM plans** of government departments, •Setting **guidelines for preparation of DM plans** for authorities below them, and •**Recommending provision of funds** for disaster mitigation.	•**National Disaster Management Authority (NDMA) and State Disaster Management Authority (SDMA)** will prepare DM plans. •Bill adds new functions for these authorities •**Taking periodic stock** of disaster risks and updating DM plans periodically once in 3-5 yr. •**Providing technical assistance** to authorities (DDMA and UDMA). •Preparing national and state disaster **databases.**
Functions of NDMA and SDMA at their respective levels		
State & National Disaster Databases	•No Provisions	•Contain information on **type & severity of disaster risks, allocation of funds** and expenditure, and **disaster preparedness and mitigation plans.**
Appointments to NDMA:	•Act provides that central government **will provide NDMA with officers, consultants, and employees,** as it considers necessary.	•Bill **empowers NDMA to specify the number and category of officers and employees**, with previous approval of the central government.


DM Act 2005 & 2024 – Comparison
Financial & Other Provisions

Provision	DM Act 2005	DM act 2024
Urban DM Authorities:	•No Provisions	•Bill empowers state government to constitute a separate **Urban Disaster Management Authority (UDMA) for state capitals and cities with a municipal corporation** except for Delhi and Chandigarh.
Formation of State Disaster Response Force:	•No Provisions	•Bill empowers state government to constitute a State Disaster Response Force (SDRF). •State government will **define functions of SDRF** and **prescribe terms of service** for its members.
National Crisis Management Committee (NCMC) and the High Level Committee (HLC)	•No provisions	•Bill provides **statutory status** to NCMC and HLC. •NCMC will function as the **nodal body for dealing with major disasters** with serious or national ramifications. •HLC will provide **financial assistance to state governments during disasters.** •The NCMC will be led by the **Cabinet Secretary,** and the HLC by the **Minister of department overseeing disaster management.**

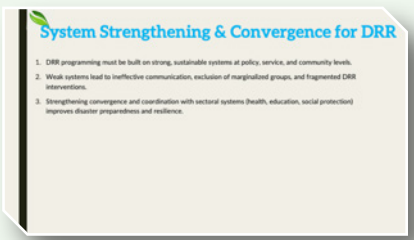
5. Use slide on 'Systems Strengthening Components – DM Act 2024' and explain the provisions from the Act which are particularly useful for training and development and funding for systems strengthening at the SDMA level. Disaster specific funding is also available through the National Crisis management Committee (NCMC) and the High-Level Committee (HLC).


Systems Strengthening Components – DM Act 2024

SDMA
- Guidelines for preparation of DM plans for authorities below them
- Recommending provision of funds
- Review of disaster risks and updating DM plans periodically once in 3-5 yr.
- Providing technical assistance to authorities (DDMA and UDMA).

NCMC led by Cabinet Secretary and the **HLC** led by the Minister of the department overseeing the disaster management
- HLC will provide financial assistance to state governments during disasters.

6. Inter-agency coordination is very important in DRR. Unified efforts are likely to be more successful. Using slide on 'System Strengthening & Convergence for DRR' explain: Combining the key features of DM Act, NDMP, and CBDRR, it can be summarized that systems strengthening is necessary for DRR because a systemic approach can combine the policy, service and community to bring a synergetic effect. If the systems are not strong enough to 'leave no one behind" disaster management would be ineffective or the interventions could result into exclusion. A strong system also brings inter-sectoral coordination.


System Strengthening & Convergence for DRR

1. DRR programming must be built on strong, sustainable systems at policy, service, and community levels.
2. Weak systems lead to ineffective communication, exclusion of marginalized groups, and fragmented DRR interventions.
3. Strengthening convergence and coordination with sectoral systems (health, education, social protection) improves disaster preparedness and resilience.

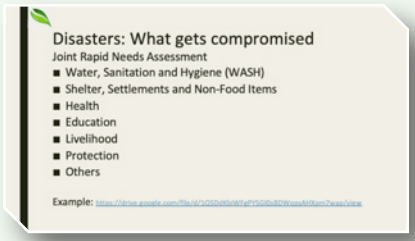
7. Show the next slide on 'Key Elements of Systems Strengthening' and discuss the steps which can be taken to make DRR programming wide-spread and community driven. At the SDMA level, the development of a guideline for inter-department coordination will be helpful in all the 4 phases of DRR. Establishment of an inclusive feedback mechanisms and participation structures will support DRR actions at the preparation, Mitigation and Recovery phases. Integrating SBC and PCA into DRR workforce training will make the preparation and mitigation efforts more participatory and community oriented. Advocacy to secure long-term funding for SBC-driven DRR programmes will be useful at preparation, mitigation and recovery (build back better) phases. These elements will be equally useful at the DDMA level. Data driven decision making and use of digital tools will increase transparency in DRR efforts at the district level.

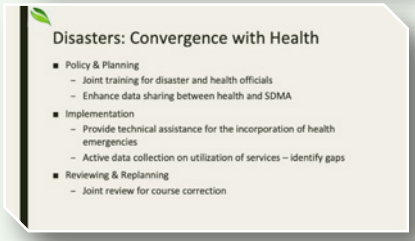
8. Another important component of systems strengthening is networking. It could be inter-departmental with other DRR agencies and line departments and it could also be with the community-based organizations and groups and with private enterprises. Show the next slide 'Networking – A component of systems strengthening' and explain it. Inter-departmental networking is required for coordination and collaboration, knowledge management, and also for replication of successful interventions. On the community side, its purpose is risk reduction, support community partnerships, and to seek private sector support.

9. A simple checklist can be used for inter-sectoral coordination. Use slide on checklist and explain it.

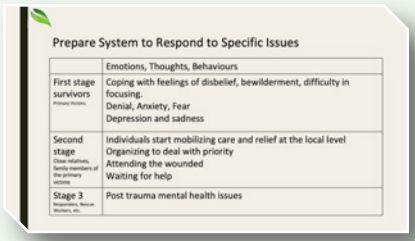
10. During disasters key services are adversely affected. Coordination with respective department will be required to change the availability of services. A Joint Rapid Needs Assessment (JrNA) done by different agencies help in understanding the immediate needs of the affected populations. Use slide on 'Disasters: what gets compromised' and discuss similar experiences.

11. Use the slide 'Disasters: Convergence with Health' to discuss examples of actions which can be taken at the policy and planning level, at the implementation level and for reviewing and replanning to improve health services availability during emergency or post-emergency situations. Specific actions could be initiated at the policy & planning level, at the implementation level and at reviewing & replanning level. For example, joint training for disaster and health officials will give the joint efforts a synergetic effect. Or data sharing between health and SDMA can make the DRR interventions more people centric for PCA.

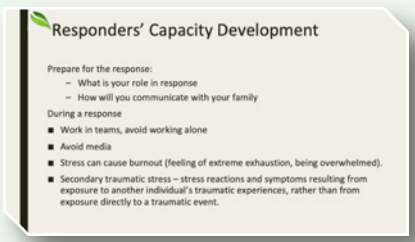




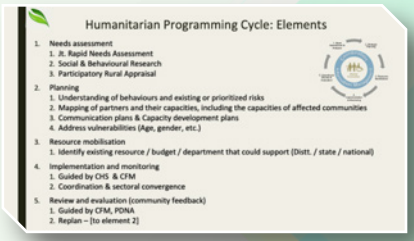
12. The next part of DRR system strengthening is to develop a policy and guideline for community engagement. The DRR support does not stop at providing shelters. Those who have suffered the loss will require special help, even within the shelters people may require support to understand and follow procedures, limited resources will always pose a challenge, and support may be required to deal with violence, anger, trauma and depression. The system should be ready to respond to those needs – specially. The psycho-social support would be required by both the affected communities as well as the responders. The system needs to respond to those needs by way of psycho-social counseling to the community and by way of capacity building of responders. Use slide 'Prepare System to respond to Specific Needs' with the example of emotions, thoughts and behaviours of various affected populations. Specific issues faced by the survivors, their close relatives and family members, and the responders are slightly different from each other.



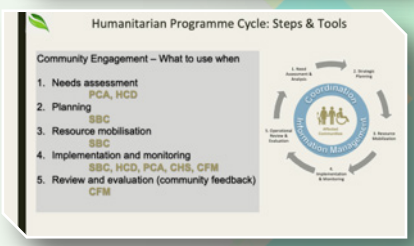
13. Responders play an important role in providing the psycho-social support. Therefore, their capacity building is crucial for providing effective support



system. The DM system must include staff capacity development – particularly on inter-personal communication and counseling skills. Show the next slide on 'Responders' Capacity Development' to explain.

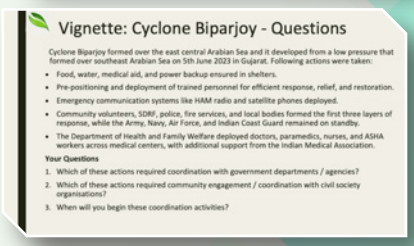


14. The tools and techniques for community engagement which can be used at various steps of the Humanitarian Programme Cycle (HPC) have been discussed earlier. Show slide 'Humanitarian Programming Cycle: Elements' and explain it. Five elements of HPC are needs assessment, planning, resource mobilisation, implementation & monitoring, and review & evaluation.

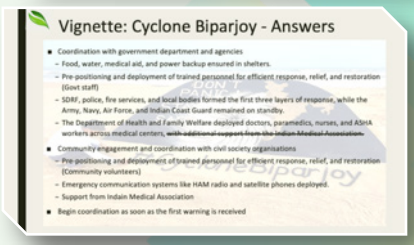


15. Use the next slide 'HPC: Steps and Tools' to summarize the tools discussed so far, i.e., SBC, HCD, PCA, CHS, and CFM linking them to each step of HPC.

16. Show the slide on 'Community Engagement in Humanitarian Action – Toolkit'. The Community Engagement in Humanitarian Action – Toolkit (CHAT) is an easy-to-use toolkit to prepare your DRR system for stronger community engagement. This toolkit can be accessed at the link shown in the slide.



17. Show the slide 'Vignette: Cyclone Biparjoy – Questions' and say, we will now discuss a vignette to see how convergence with government departments and networking with civil society organisations have been used successfully in the field. Ask a participant to read it aloud. Then ask the questions given on the slide and discuss the participants' answers.



18. After five-minute discussions, show the slide 'Vignette: Cyclone Biparjoy – Answers' to share the main points.

Session 5.2:
Planning & Monitoring SBC

Session Objective: At the end of this session, the participants will be able to

- List the main components of an SBC plan
- Use the SBC planning matrix to plan DRR communication
- Develop correct and relevant indications to monitor the SBC plans

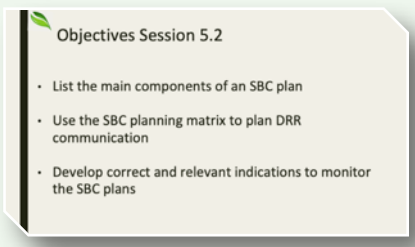
Duration:

- 60 Minutes

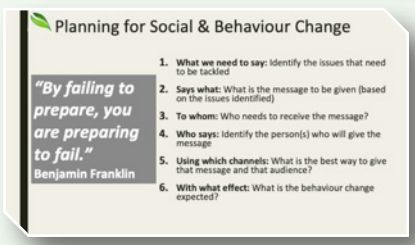
Methodology:

- Presentation, Group Activity, Discussion

Process:



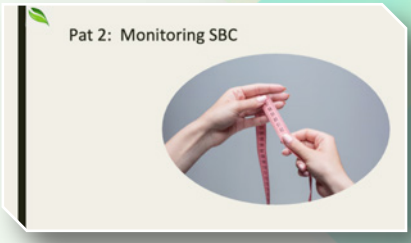
1. Review objectives of the session using the slide 'Objectives: Session 5.2'
2. Planning is the basic step which improves the DRR programme effectiveness. It is like sharpening of a tool before using it. Show the next slide 'Planning for SBC – Steps' to explain the basic steps in planning. It begins with identification of major interventions and then listing the requirements of materials, funds, and human resources.



3. We have earlier discussed the people centered approaches in detail. Examples have also been shared which reflected the use of community feedback mechanisms and human-centric design in making the DRR interventions more effective and sustainable.
4. Our planning matrix is to be developed for communication for community engagement. It will look like this: Show the slide 'SBC Planning Matrix' and also

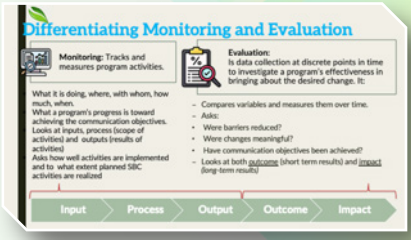
distribute the reference Annexure 5.2 for details. Explain each column. The first column on social / behaviour barriers refers to the behavioural barriers in the community. For example, people may underreact possibly due to inaccurate perception of the threat. This behaviour may cause delays in moving towards safety shelters, or taking other recommended actions in time. In such situations an SBC intervention may be planned to alter vulnerability perceptions of the people for which the communication objective could be "After xx time 100% population living in YY area are able to describe the likely threats posed by cyclone / floods, etc." So, the communication objective is the result of the SBC intervention. Similarly explain the next five columns. The last two columns on implementation roles and budget reflect the **human, material and monetary resources** required to carry out the SBC plan.

5. It is necessary to know whether the desired change is taking place or not. That brings us to monitoring. Monitoring can be done at any or all of the columns from 3rd to 6th in this matrix. For example, for the 3rd column it can be monitored 'if the message is received to convey the desired input or not', at the 4th column it can monitored 'if the correct audiences have received your message'. Show the next slide on the sub-topic 'Monitoring for SBC'.

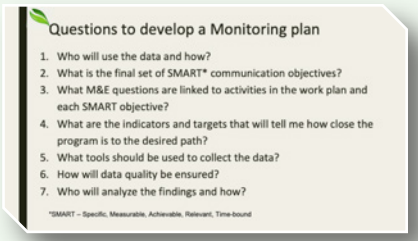


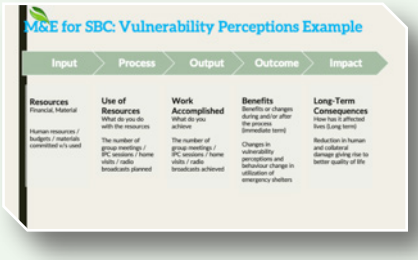
6. Show the next slide 'what do we measure' to explain that measurement can be done at input, process, output, outcome, and impact level. Use the example of toilet construction to explain each level of monitoring and evaluation.

7. Monitoring is different from evaluation. Use the next slide, 'Differentiating Monitoring & Evaluation' to define monitoring and evaluation. Explain that monitoring measures inputs, process and outputs while evaluation focuses on outcome and impact.



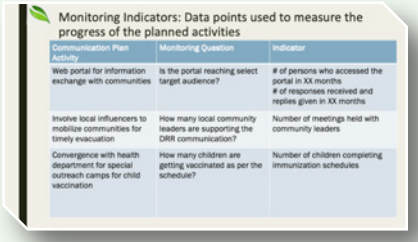
8. A robust monitoring system, by itself a part of the overall systems strengthening could be easily developed by answering few simple questions. Use slide on 'Questions to develop a monitoring plan' and explain each question. The first question 'Who will use the data and how?' will identify the users of monitoring reports in the DRR management. The second question relates to the communication objectives which should be Specific, Measurable, Achievable, Relevant, and Time-bound. The communication objectives help in identifying what needs to be monitored. The third question 'What M&E questions are linked to activities in the work plan and each SMART objective?' determines the specific activities related to the SBC objectives for monitoring. The fourth question answers the unit of measurement which will be applied; the indicators will be discussed in detail in the next few slides. Data is to be collected to review the progress based on the indicators. Several data collection tools like in-depth interviews, focus group discussions, are available. Correctness of data is to be ensured before its analysis. Show the slide 'M&E for SBC: Vulnerability Perceptions Example' to share an example of M&E as applied to SBC.

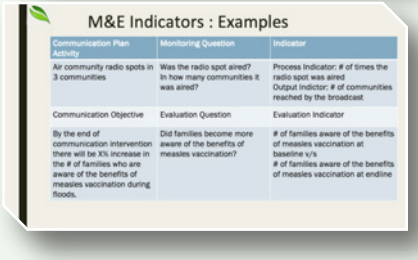




9. Use slide on 'monitoring indicators' and explain the definition of indicators with the help of examples given in the table.

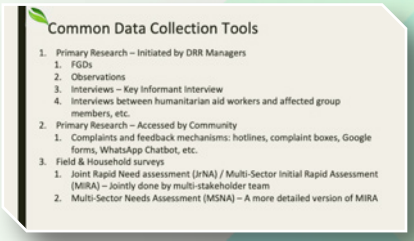
10. Tell participants that M&E indicators are developed on the basis of appropriate questions: what is it that the DRR managers need to know? The SBC objectives set should help in understanding the results expected from the interventions. For the DRR manager it is important to develop a monitoring framework questions which will flow from the activities designed and the communication objectives set. Use



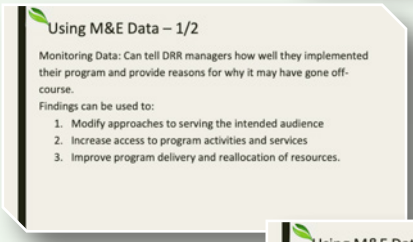


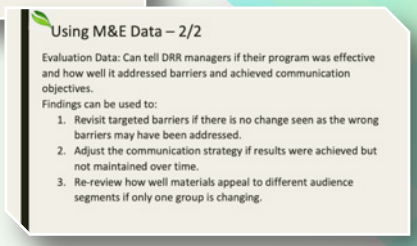
the next slide 'M&E Indicators: examples' to share an example each of monitoring and evaluation indicators.

11. Use slide on 'Common Data Collection Tools' to give an overview of the common data collection tools which are used.

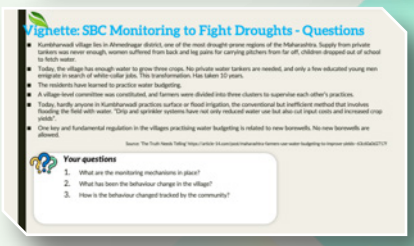


12. What is more important is what is done with the data collected for monitoring. Monitoring data can be used to know about the implementation of SBC for DRR activities. Use slides on 'Using M&E data' to explain how the monitoring data is used to improve the DRR programme delivery and how the evaluation data is used to know if the DRR programme was effective or not.





13. Show the slide 'Vignette: SBC Monitoring to Fight Droughts – Questions' to share and discuss the vignette on community-based crop water budgeting to fight droughts. Ask a participant to read the slide. Ask the questions given below and discuss it.



14. After five minutes show the slide 'Vignette: SBC Monitoring to Fight Droughts – Answers' to discuss main points related to SBC monitoring.

Session 6:
Day 1 Summary

Session Objectives: At the end of this session, the participants will be able to

- Recall the day's learnings
- Share their reflections on taking the learnings home
- Clarify and clear doubts, if any.

Duration:

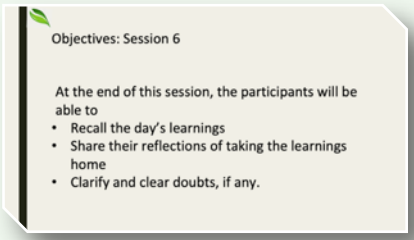
- 15 Minutes

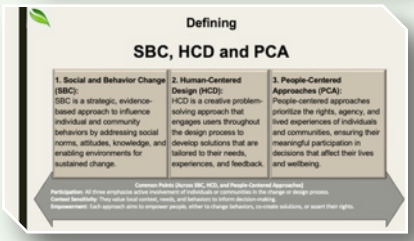
Methodology:

- Presentation, Discussion

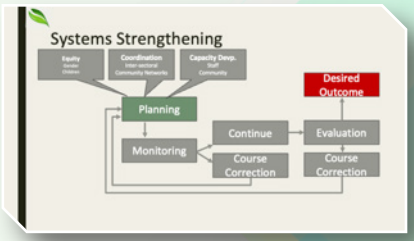
Process:

1. Show the slide 'Objectives: Session 6' to share the objectives.
2. Reiterate the key concepts of SBC through summary and definition slides highlighting key approaches, applications and use. Show the slide 'Defining SBC, HCD and PCA' and quickly read the definitions. Explain the common points in SBC, HCD, and PCA given in the two-sided arrow at the bottom of the slide.
3. Show the next slide 'Examples' to share an example each of SBC, HCD and PCA.
4. Use the next slide on 'systems strengthening' where equity, coordination and capacity development are part of the planning. Monitoring and evaluation are other components of systems which provides course correction to reach the desired outcomes.

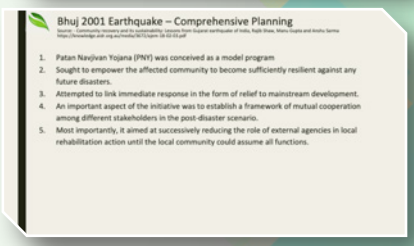




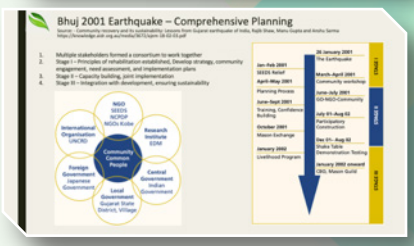
5. Show the next slide 'Bhuj 2001 Earthquake Planning – Objectives' and explain the goals set for the planning. Show the next slide 'Bhuj 2001 Earthquake – Comprehensive Planning' and explain the steps taken by the DRR managers.



6. Patan Navjivan Yojana (PNY) was launched to empower the affected communities and make them resilient. It aimed at gradually reducing the role of external agencies and enabling the local communities to carry out all functions of DRR.



7. Multiple stakeholders were involved in a three-staged intervention. Stage I was planning stage where the community workshops ensured assessment of community needs. Stage II covered capacity building and joint implementation. Some of the key interventions in Stage II were participatory construction, capacity development and availability of a mason exchange. The third stage focussed on integration with development like livelihood programmes, and providing sustainability like the CBO & Mason Guilds.



8. Distribute the post-test form (Annexure 1) and collect it back after 5 minutes.

9. Close the session for Day 1.

Session 7:
Application of SBC

Session Objectives: At the end of this session participants will be able to

- Apply SBC-PCA principles to different disaster scenarios
- Develop strategic intervention plans for State Case Studies on disasters (Earthquake, Public Health Emergency (PHE), Cyclone, and Floods) covering:
  - SBC-PCA Planning
  - Implementation of Interventions
  - Monitoring and Feedback Mechanisms
- Gain hands-on experience in designing people-centered DRR interventions through the World Café approach.
- Enhance problem-solving and teamwork skills by rotating through different stages of intervention design.
- Understand the interconnectedness of SBC and PCA in disaster preparedness, response, and recovery efforts.

Duration:

- 240 Minutes

Methodology:

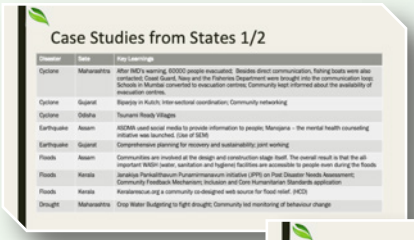
- Presentation, Case Based Group Activity, Discussion

Facilitator Preparation for World Café:

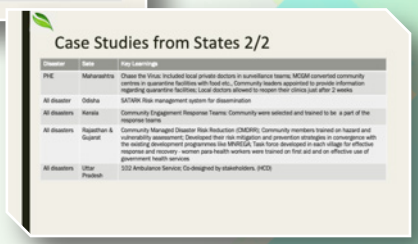
- Read the Group Facilitator Discussion Guide (Annexure 7.1).
- The previous evening, ask for four volunteers to facilitate a group task.
- Brief the volunteers for the next day using Annexure 7.1
- Prepare and print participant lists for four groups, excluding the facilitators.
- Hand out the lists in the morning.
- Name the groups Red, Blue, Green, and Yellow.
- Arrange four tables in a circular format.
- Provide 20 chart papers (5 per colour/group), markers, and post-its.

Process:

1. We have discussed several case studies related to four disasters, viz., cyclones, earthquakes, floods, and public health emergencies. Use the slides 'Case Studies from States 1/2 & 2/2' to recall the case studies.

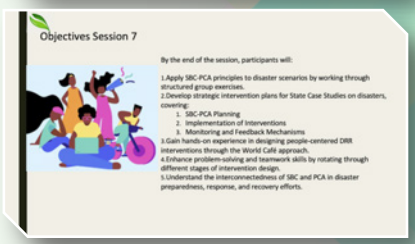

Case Studies from States 1/2

Disaster	State	Key Learnings
Cyclone	Maharashtra	After IMD's warning, 80000 people evacuated. Besides direct communication, fishing boats were also contacted. Coast Guard, Navy and the Fisheries Department were brought into the communication loop. Schools in Mumbai converted to evacuation centres; Community kept informed about the availability of evacuation centres.
Cyclone	Gujarat	Bipargoy in Kutch; Inter-sectoral coordination; Community networking
Cyclone	Odisha	Tsunami Ready Villages
Earthquake	Assam	ASDMA used social media to provide information to people; Manojana – the mental health counseling initiative was launched, (Use of SEM)
Earthquake	Gujarat	Comprehensive planning for recovery and sustainability; joint working
Floods	Assam	Communities are involved at the design and construction stage itself. The overall result is that the all-important WASH (water, sanitation and hygiene) facilities are accessible to people even during the floods
Floods	Kerala	Janakiya Pariksithikaran Punarnirmanaram initiative (JPPI) on Post Disaster Needs Assessment; Community Feedback Mechanism; Inclusion and Core Humanitarian Standards application
Floods	Kerala	Keralarescue.org a community co-designed web source for flood relief. (HCD)
Drought	Maharashtra	Crop Water Budgeting to fight drought; Community led monitoring of behaviour change


Case Studies from States 2/2

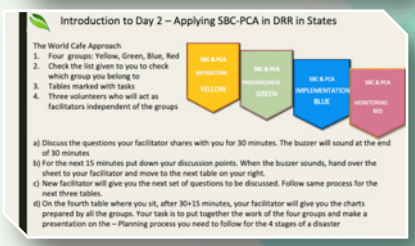
Disaster	State	Key Learnings
PHE	Maharashtra	Chase the Virus: Included local private doctors in surveillance teams; MCGM converted community centres in quarantine facilities with food etc., Community leaders appointed to provide information regarding quarantine facilities; Local doctors allowed to reopen their clinics just after 2 weeks
All disaster	Odisha	SATWIK Risk management system for dissemination
All disasters	Kerala	Community Engagement Response Teams: Community were selected and trained to be a part of the response teams
All disasters	Rajasthan & Gujarat	Community Managed Disaster Risk Reduction (CMDRR); Community members trained on hazard and vulnerability assessment; Developed their risk mitigation and prevention strategies in convergence with the existing development programmes like MNREGA; Task force developed in each village for effective response and recovery - women para-health workers were trained on first aid and on effective use of government health services
All disasters	Uttar Pradesh	102 Ambulance Service; Co-designed by stakeholders. (HCD)

2. Show the slide 'Objectives: Session 7' to share the objectives of the group work. The purpose of this group work is to practice the application of the concepts, approaches, tools and techniques of SBC. Please use the sheet that I have given you to put together your group- Red, Blue, Green and Yellow. Show the slide 'Applying SBC-PCA in DRR in States' to explain the World Café Approach. We are going to discuss the four stages of disaster and the planning, implementation and monitoring for each stage using the World Café. Each table has a fixed task which is SBC Planning for Mitigation, SBC Planning for Preparedness, SBC Planning for Response and SBC Planning for Recovery. Alternatively, you can use the slide 'Applying SBC-PCA in DRR in States' that shows the process in a tabular form on how groups will work and rotate across the 4 tables.


Objectives Session 7

By the end of the session, participants will:

1. Apply SBC-PCA principles to disaster scenarios by working through structured group exercises.
2. Develop strategic intervention plans for State Case Studies on disasters, covering:
   1. SBC-PCA Planning
   2. Implementation of Interventions
   3. Monitoring and Feedback Mechanisms
3. Gain hands-on experience in designing people-centered DRR interventions through the World Café approach.
4. Enhance problem-solving and teamwork skills by rotating through different stages of intervention design.
5. Understand the interconnectedness of SBC and PCA in disaster preparedness, response, and recovery efforts.

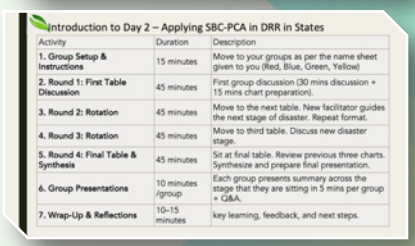

Introduction to Day 2 – Applying SBC-PCA in DRR in States

The World Cafe Approach

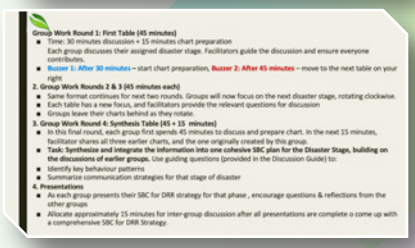
1. Four groups: Yellow, Green, Blue, Red
2. Check the list given to you to check which group you belong to
3. Tables marked with tasks
4. Three volunteers who will act as facilitators independent of the groups

SBC & PCA MITIGATION YELLOW | SBC & PCA PREPAREDNESS GREEN | SBC & PCA IMPLEMENTATION BLUE | SBC & PCA MONITORING RED

a) Discuss the questions your facilitator shares with you for 30 minutes. The buzzer will sound at the end of 30 minutes
b) For the next 15 minutes put down your discussion points. When the buzzer sounds, hand over the sheet to your facilitator and move to the next table on your right.
c) New facilitator will give you the next set of questions to be discussed. Follow same process for the next three tables.
d) On the fourth table where you sit, after 30+15 minutes, your facilitator will give you the charts prepared by all the groups. Your task is to put together the work of the four groups and make a presentation on the – Planning process you need to follow for the 4 stages of a disaster


Introduction to Day 2 – Applying SBC-PCA in DRR in States

Activity	Duration	Description
1. Group Setup & Instructions	15 minutes	Move to your groups as per the name sheet given to you (Red, Blue, Green, Yellow)
2. Round 1: First Table Discussion	45 minutes	First group discussion (30 mins discussion + 15 mins chart preparation).
3. Round 2: Rotation	45 minutes	Move to the next table. New facilitator guides the next stage of disaster. Repeat format.
4. Round 3: Rotation	45 minutes	Move to third table. Discuss new disaster stage.
5. Round 4: Final Table & Synthesis	45 minutes	Sit at final table. Review previous three charts. Synthesize and prepare final presentation.
6. Group Presentations	10 minutes /group	Each group presents summary across the stage that they are sitting in 5 mins per group + Q&A.
7. Wrap-Up & Reflections	10–15 minutes	key learning, feedback, and next steps.


Group Work Round 1: First Table (45 minutes)

- Time: 30 minutes discussion + 15 minutes chart preparation
  Each group discusses their assigned disaster stage. Facilitators guide the discussion and ensure everyone contributes.
- **Buzzer 1: After 30 minutes** – start chart preparation, **Buzzer 2: After 45 minutes** – move to the next table on your right

2. Group Work Rounds 2 & 3 (45 minutes each)

- Same format continues for next two rounds. Groups will now focus on the next disaster stage, rotating clockwise.
- Each table has a new focus, and facilitators provide the relevant questions for discussion
- Groups leave their charts behind as they rotate.

3. Group Work Round 4: Synthesis Table (45 + 15 minutes)

- In this final round, each group first spends 45 minutes to discuss and prepare chart. In the next 15 minutes, facilitator shares all three earlier charts, and the one originally created by this group.
- **Task: Synthesize and integrate the information into one cohesive SBC plan for the Disaster Stage, building on the discussions of earlier groups.** Use guiding questions (provided in the Discussion Guide) to:
- Identify key behaviour patterns
- Summarize communication strategies for that stage of disaster

4. Presentations

- As each group presents their SBC for DRR strategy for that phase , encourage questions & reflections from the other groups
- Allocate approximately 15 minutes for inter-group discussion after all presentations are complete o come up with a comprehensive SBC for DRR Strategy.

3. Hand over the Discussion Guide for each group to the selected facilitators who have volunteered for the work. The group members will rotate when the second

buzzer sounds periodically. The first buzzer is to prepare their charts based on the discussion and the second buzzer is for them to move one table to their right. Also display slide 'World Café Approach: Group Work Rounds' for quick reference of the participants.

4. This way all members would complete working for all four groups.
5. Distribute the Group Work sheets (Annexure 7.1) – three to each group. Show the slide 'SBC-PCA in DRR – Discussion Guide'. Begin time tracking. After 45 minutes, sound the second buzzer and rotate the members.
6. As the groups proceed with their work, spend time with each group. Listen carefully to the discussions, and if required, facilitate the discussions to provide direction.
7. One the final move, the group continues sitting and is given 15 minutes to put together the presentations that have been made by the other three groups plus their own. This is done on the table where they are sitting. The facilitator will be the central person who has been present in all the discussions and will now guide the group to put together the charts.
8. After the group work is completed, ask the groups to present their work (5 minutes each). After each presentation, ask other groups to ask questions and/or add anything which they consider important and relevant. Add your remarks, if any. Allow a maximum of 10 minutes for post-presentation discussions before moving onto the next group presentation.

Conclude the session by highlighting:

- The interconnectedness of the disaster stages
- Importance of community engagement, participation, behaviour change in all four phases
- How SBC planning must be dynamic, participatory, and culturally grounded

Ask participants:

- What did they find most challenging about this activity?
- How can they use these insights in real-life programming?

Encourage participants to reflect on how they would adapt this approach for other disaster types or in different communities.

Session 8:
Using SBC DRR Toolkit

Session Objectives: At the end of the session, the participants will be able to

- Discuss the communication materials available in the DRR toolkit.
- Familiarize themselves with the materials and be prepared to adapt / use them.

Duration:

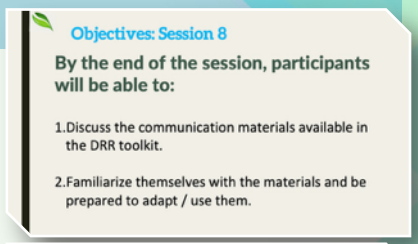
- 30 Minutes

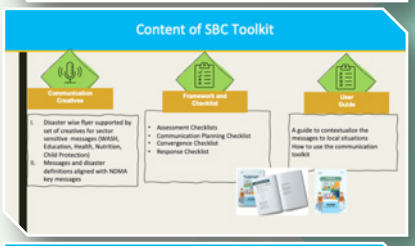
Methodology:

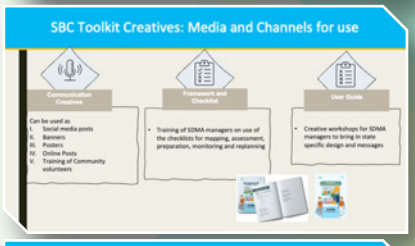
- Presentation, Discussion

Process:

1. Show the slide 'Objectives: Session 8' to share the session objectives.
2. Show the slide 'Content of SBC Toolkit' and discuss the three main materials in it. Add that all the materials shared here were pretested before finalized.
3. Share the next slide 'Creatives: Media and channels for use' to discuss how and where each of the materials can be used.
4. The creative design comprises of NiDARR concept. Explain the concept using the slide 'The Creative design' and also explain the approach of using mascots, i.e., Abhay and Anika as these can be used across all states. Also, the use of these mascots not only maintains the gender balance but also shows a woman in a transformative role same as a man. Read the advantages of the comic style approach used in the design.

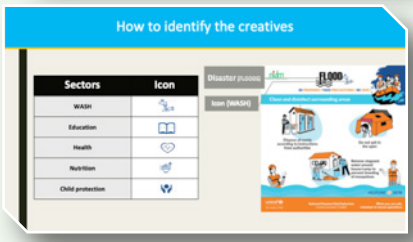






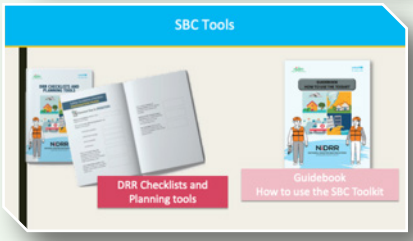
5. Show the next slide 'The Creative: sector messages' to share how the messages cater to four disasters, floods, cyclones, earthquake and public health emergencies and five sectors, viz, health, nutrition, WASH, education and child protection for each of these disasters. Explain the icons used to identify the sector which makes it easy to identify the creatives.

6. Share the next slide 'How to identify the creatives' to show the main identification symbols and icons used in the design.

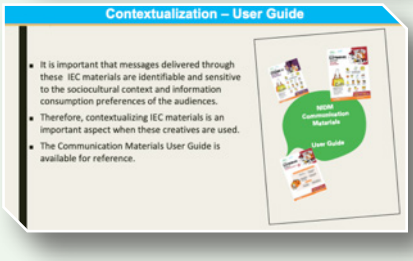


7. Colour coding is used to differentiate the disasters: blue for floods, purple for cyclones, brown for earthquakes, and peacock blue for public health emergencies. Show slide 'colour coding of Disaster wise flyers' to share an example.

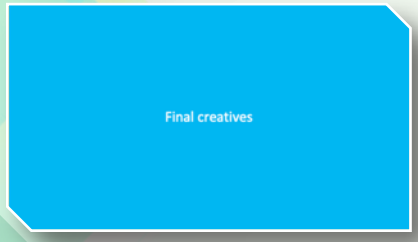
8. Other SBC tools contain DRR checklists, planning tools and a guidebook on how to use the toolkit. Show slide 'SBC Tools'.



9. As you have seen, illustrations have been used instead of pictures. Therefore, only language has to be changed while using these materials. A user guide is available for reference. Show the slide 'Contextualization – User Guide'.



10. Use slide 'Final Creatives' onwards to give glimpses of the communication materials.



Session 9:
Closure

Learning Outcome:

- Open house for questions and clarifications
- Post-test.

Duration:

- 15 Minutes

Methodology:

- Presentation, Discussion

Process:

1. We come to the end of two day's workshop. Thank you for your active participation. This is the time to discuss questions and seek clarifications. The floor is open to you.
2. Allow 10 minutes for the discussions.
3. I will distribute a copy of the post-test and request you to give your response. Distribute one post-test form (Annexure 1) to each participant and collect it back after 5 minutes.
4. Thank the participants once again and close the session.

Annexure 1 – Pre/Post Test Form

Please mark agree / disagree / do not know against each statement.

	Statement	*Agree*	*Dis-agree*	*Don't Know*
1	*Vulnerability perceptions of the community can be changed by continuous information and awareness*			
2	*Vulnerability perceptions of the community can be changed by using social and behaviour change tools*			
3	*Involving community leaders in DRR communication creates complex problems*			
4	*An intervention designed by DRR managers to meet people requirements is a good example of human-centric design*			
5	*People centered approaches are very important during the response phase but not so much during the recovery phase.*			
6	*Community engagement can make preparation phase more effective and sustainable.*			
7	*Since humanitarian crises in our country involves large number of people, a complaint and feedback mechanism is a step to put one-self in trouble like showing a red flag to a bull.*			
8	*People centered approaches recommend that all interventions should be inclusive*			
9	*The socio-ecological model has five levels which influence each other.*			
10	*Communication approaches ad channels are decided with respect to the audiences and their expected role as evident from the socio-ecological model*			

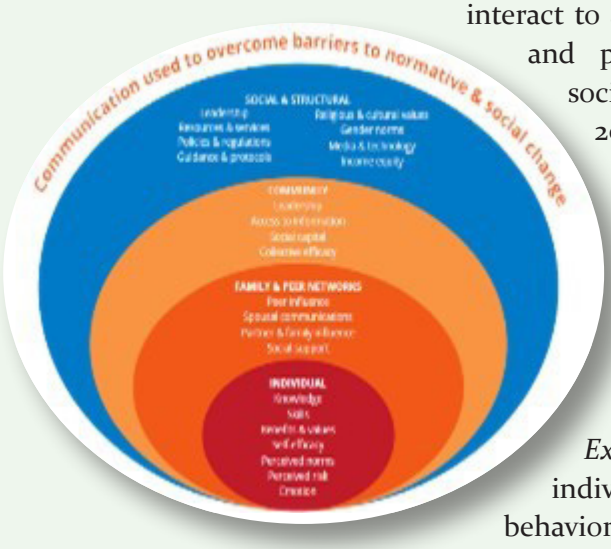
Annexure 2.1 – Social and Behaviour Change (SBC)[3]

Previously known as Behavior Change Communication (BCC), Social and Behaviour Change (SBC) is the strategic use of Social and Behaviour Change (SBC) approaches to promote changes in knowledge, attitudes, norms, beliefs and behaviors. SBC refers to the coordination of messages and activities across a variety of channels to reach multiple levels of society, including the individual, the community, services and policy.

SBC is grounded in theory and is evidence-based. Programs are designed on the basis of existing data and they follow a systematic process, analyzing the problem in order to define barriers and motivators to change, and design a comprehensive set of tailored interventions that promote the desired behaviors. An SBC strategy is the document that guides the design of interventions, establishing intended audiences, setting behavioral communication objectives and determining consistent messages, materials and activities across channels.

Influences on Behaviour

Behavior is a complex phenomenon, influenced by factors within the individual and beyond. The Social Ecological Model (below), informed by Bronfenbrenner's 1979 seminal work, recognizes four levels of influence that interact to affect behavior: individual, family and peer networks, community and social/structural (Glanz & Rimer, 2005; Glanz & Bishop, 2010; HC3, 2014).



Individual: At this level behavior is affected by factors within the individual. Examples include knowledge, attitudes, skills, emotions and beliefs.

Example: During an outbreak, for individuals to practice the desired behaviors, they need to know the risks of transmission and how to prevent it, they need to

[3]*https://sbccimplementationkits.org/sbcc-in-emergencies/learn-about-sbcc-and-emergencies/what-is-social-and-behavior-change-communication/*

feel that they are at risk of transmission, and they need the skills to practice protective behaviors.

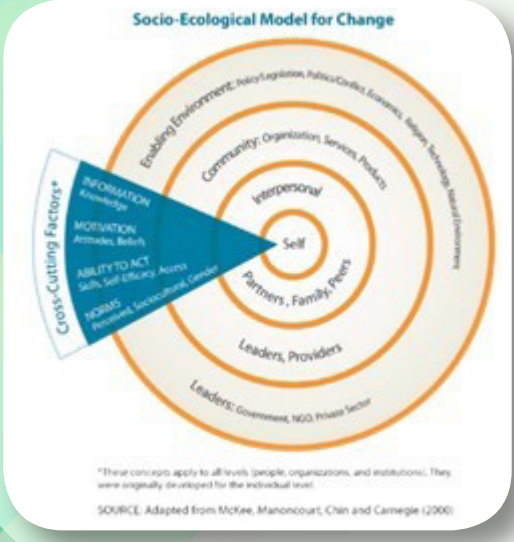
Family and peer networks: At this level, individual behavior is affected by a person's close social and family circle. This includes influence from peers, spouse, partner, family and social support.

Example: During an outbreak, individuals will be more likely to practice desired behaviors if their family and friends believe these are important, are supportive of the desired behaviors and vulnerable populations, have knowledge and skills, and are already practicing them.

Community: This refers to influences from the situational context in which the individual lives and in which social relationships are nested. The characteristics of the context are associated with risk and protective factors and include leadership, access to information, service provision, social capital and collective efficacy.

Example: Individuals are more likely to practice desired behaviors if leaders promote them, the whole community believes in their importance and if proper information and support are available and accessible.

Social/Structural: This refers to the larger, macro-level environment which can either promote or deter behaviors. Examples include leadership, health systems, resources and services, policies, guidance and protocols, religious and cultural values, media and technology, gender norms and income equity.



As the field of BCC evolved, it placed greater emphasis on the socio-

ecological context that grounds individual behaviors, and thus the preference for using SBC as opposed to BCC.

At each of these four levels of influence there are factors that affect behavior in positive ways (facilitators) and factors that affect behavior in negative ways (barriers). Effective SBC interventions should aim to develop messages and activities that influence all four levels of the Social-Ecological Model, maximizing the facilitators and limiting the barriers.

It is important to recognize, however, that it is unlikely for one single organization to be able to operate at all four levels, as these often require different skills, strategies and approaches. Coordination and partnerships with institutions and organization that operate at different levels are therefore necessary for a comprehensive SBC approach.

WHY IS SBC BASED COMMUNICATION IMPORTANT IN EMERGENCIES?

During disease outbreaks and emergencies, specific actions are required of affected communities for prevention, containment and control. Communities need to be informed, motivated and equipped to practice the necessary protective behaviors, and this can be achieved through effective SBC programming.

Social and behavior change communication plays a critical role in addressing all the behavioral and social aspects of disease prevention and control. In particular, SBC can:

- Provide accurate, clear, relevant and timely information to the public on how to contain the emergency and protect themselves
- Identify and address myths and misconceptions that may lead to detrimental practices
- Maintain public trust
- Prepare communities for emergency response actions
- Reassure the public
- Support communities and countries to recover and rebuild themselves after an emergency

If an emergency response does not include strategically applied communication activities, it is unlikely to succeed as desired. This is demonstrated by the tragic Ebola virus outbreak in West Africa in 2014,

when lack of adequate and appropriate communication early on in the response fueled fear, panic and denial; spread misconceptions and rumors; and contributed to the further spread of the disease.

SBC has therefore been acknowledged as a key element of any crisis or emergency preparedness plan, and should be integrated in all stages of an emergency response – from prevention and preparedness through to crisis response and recovery.

At the beginning of an emergency, the role of SBC is to engage the public, support them in making informed decisions about their risks and encourage them to respond effectively to those risks. The communication and related pillars will ensure that response activities are accompanied by appropriate communication interventions. Key areas in which the emergency communication pillar may intervene include:

- Coordination
- Community mobilization and action
- Message development and dissemination
- Capacity development
- Monitoring and Evaluation (M&E)

Annexure 3.1 – KSDMA Case Study

Case Study – Taken from Kerala State Disaster Management Website

Community Emergency Response Teams

Train the Community: "The response phase in a disaster focusses on immediate and short-term needs after a disaster. In times of emergencies, it is the local community who will be of immediate help to the affected population and hence it is critical to train the community to prepare for disasters that may affect them. Adequate and appropriate training are needed to enhance their resilience to face natural as well as anthropogenic hazards".

Leverage Community Knowledge: "Moreover, the community has indigenous knowledge and relevant skills based on the terrain and circumstances they live in".

Structures for Community Engagement: "Vide GO (MS) No. 156/2019/ LSGD dated 4-12-2019 all the local self-government bodies are directed to form the emergency response teams in their jurisdiction".

Thematic Training: "There are four domains of emergency response teams viz. First Aid, Shelter management, Search-Rescue-Evacuation, Early Warning Dissemination".

Women Inclusive: "The community members, irrespective of gender, are selected and trained in these four thematic areas".

Ease of Access (Training is online and in Malayalam): "The training content was developed by KSDMA and the trainings are being carried out by KILA for those who are already inducted into these teams. The training material may be found here https://ecourses.kila.ac.in/courses/courseList.php".

(Source: Kerala State Disaster Management Authority, https://sdma.kerala.gov.in/emergency-response-teams-2/)

Group Discussion

Each paragraph in the case study has been assigned a short phrase to describe the action. For example, the first paragraph is assigned "Train the Community" phrase. Similarly, there are 6 different phrases. These phrases are reproduced

below. Please discuss and decide which of the following is an approach which is people-oriented and keeps them at the centre.

- Train the Community
- Leverage Community Knowledge
- Structures for Community Engagement
- Thematic Training
- Women Inclusive
- Ease of Access (Training is online and in Malayalam)

Annexure 3.2 - Janakiya Pankalithavum Punarnirmanavum Initiative (JPPI)

Janakeeya Pankalithavum Punarnirmanavum

Round 2 Survey Report Highlights

Introduction

Kerala experienced the worst ever floods and landslides in 2018 since 1924. Consequently, there was a need to recover and prepare better for the future beyond traditional approaches, ensuring transparency and people's participation.

The Accountability to Affected Populations, referred as Janakiya Pankalithavum Punarnirmanavum-initiative is an effort of the State Government to build Kerala Back Better, with the participation and feedback from the people affected by the flood.

Vision

- Strengthen feedback mechanisms and community voices.
- Include feedback from communities affected by floods and landslides.
- Establish a system to collect information on post-disaster needs.

Objectives of JPP-I

1. Improve communities' access to information on recovery and reconstruction assistance.
2. Ensure communities' inclusion in periodic feedback on post-disaster needs via Government authorities and development actors.
3. Integrate feedback of affected communities into institutional planning processes for recovery and reconstruction.
4. Risk-informed planning in the future and informing communities about inclusion of their feedback in planning.

JPP-I is institutionalized within Kudumbashree, the Self-Help Group network of the Local Self Government Department (LSGD) of Kerala, enabling a connection between ongoing development planning processes and humanitarian response and recovery.

Geographical Coverage

Districts covered:

- **Alappuzha**
- **Wayanad**
- **Kottayam**
- **Pathanamthitta**
- **Ernakulam**
- **Idukki**
- **Thrissur**

Round 1:

November 2018-April 2019 (Quantitative study)

Sample size

19,765 people in **489** most affected gram panchayats/ municipalities of the 7 districts

Round 2:

May 2019- December 2019 (Mixed methodology research design)

Quantitative sample

Multi-stage stratified sampling was used to select **99** LSGIs and a final sample of **3960** Households (HHs)

Qualitative sample

56 Focus Group Discussions (FGD) covering marginalised groups (SC/ST, fisher-folk and daily wage labourers, women-headed households and women micro-entrepreneurs, migrant workers, agricultural labourers, elderly (aged 60+), adolescents (aged 10-18), differently-abled people and their caregivers)

49 Key Informant Interviews (KII) with LSG functionaries/ department officials, District Collector, Revenue officer, village officer, NGOs/CSOs, frontline workers in the same districts

Objectives for Round 2:

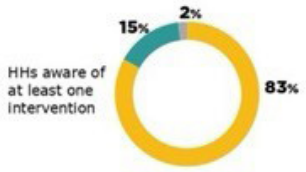
Understand the extent of community consultation (and engagement) in rebuilding efforts

Assess the efficiency of grievance redressal system

Understand the level of disaster preparedness among communities

KEY FINDINGS

Community Awareness and Engagement during Rebuilding



Most commonly known schemes:

- Relief Assistance of **Rs. 10,000/- (87%)**
- Financial assistance for House repair/ reconstruction **(83%)**

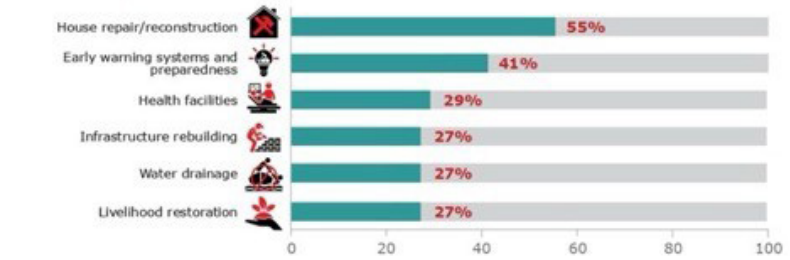
92%
HHs consulted by LSGI

42%
HHs consulted by Kudumbashree & other Government agencies

Sources of information on Government programmes in households:

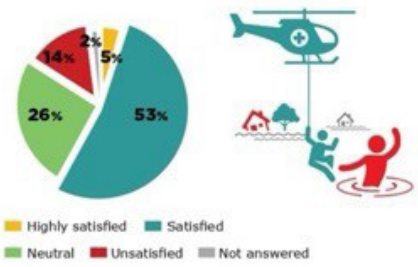
Views and Perceptions on Recovery

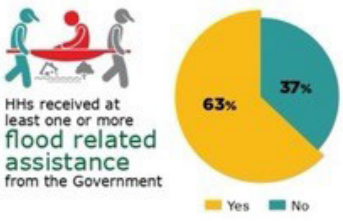
Community Priorities



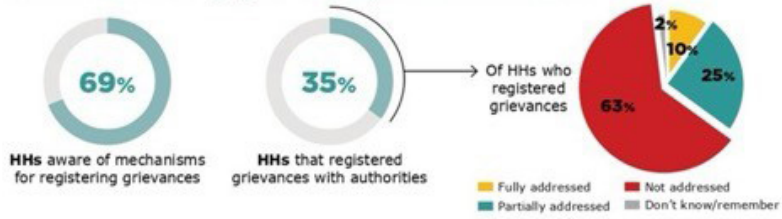
Views on Social Protection Issues & Grievance Redressal Systems

HHs satisfaction with Government Interventions





Awareness and engagement on grievance redressal



Loans availed by community

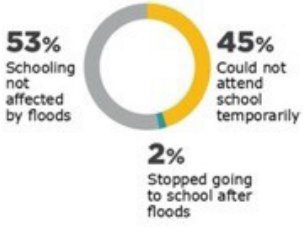
- **Other than Resurgent Kerala Loan Scheme:**
  - HHs availed of loans: **9%**
  - HHs that didn't avail any loans: **91%**
- **Utilization of loan amounts by HHs:**
  - House repair/reconstruction: **58%**
  - Livelihood purposes: **36%**
  - Purchase of household appliances: **35%**
  - Health related needs: **13%**
  - Educational purposes: **5%**
- **HH feedback on loans:**
  - Timely and adequate amount: **57%**
  - Delayed but adequate amount: **12%**
  - Timely but inadequate amount: **31%**

Impact on school/college going children

- **Mental health issues among children and youth staying at home:**
  - No symptoms of post-traumatic stress: **79%**
  - Frequent symptoms of post-traumatic stress: **15%**
  - Occasional symptoms of post-traumatic stress: **4%**

53% of total HHs have **school/college** going children

Of these

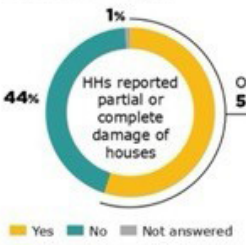


KEY FINDINGS

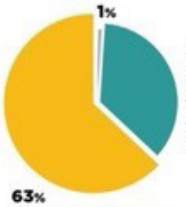
Impact on Housing and Livelihood due to floods

Housing

Was house damaged?



Of these **55%**



36% HHs did not receive any financial assistance for repairing

63% HHs received financial assistance for repairing

HHs that experienced house damage did not receive disaster resilient technical assistance for house reconstruction

Of those damaged

10% Complete/structural damage

34% Severe damage

27% Moderate damage

29% Minor damage

Livelihoods

HHs reported that livelihoods were impacted by floods

After floods, HHs were

46% Unable to resume livelihoods/start alternate livelihood

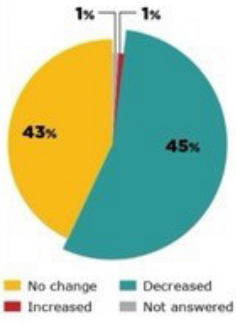
54% Able to resume livelihood/start alternate livelihood

86% **SC/STs** Livelihoods affected

75% **Micro enterprises** Livelihoods affected

Fisher folk, Daily Wage Labourers, Agriculture Labourers and Small Farmers are among the other most affected groups across the districts

Post flood change in **HHs income level**



QUALITATIVE DATA HIGHLIGHTS

Views of the community on response and rebuilding

- **Rescue operations** were carried out successfully and relief camps made available through swift response from the State Government that rapidly mobilized LSGIs, police and voluntary forces (fisher community, civil society volunteers). Most groups acknowledged the exemplary role played by local officials. LSGIs took initiative to ensure inter-departmental coordination and facilitate public participation in rescue and relief efforts.
- **Relief camps** were safety havens for people who had to evacuate from their homes. The supplies and services as well as the physical and social environment of the camps were crucial in helping people immediately deal with the disaster. Camps were hygienic and well managed with sensitive staff, maintaining a harmonious environment. Essential supplies were abundant and of good quality.
- **Care and evacuation of the elderly and disabled** were recognised as challenges. These two were probably the most vulnerable and distressed group at the time of the floods and faced challenges in looking after their needs during and after the disaster.
- **Extensive information dissemination** about schemes and relief measures by mass media channels, social media and community radio during the floods and (rehabilitation services) post floods was acknowledged. Proactive role of LSG members and local functionaries, their helpful attitude and supportive role in providing information and assistance to people was appreciated.

  There were variations in perceptions about the adequacy and the credibility of information prior to floods and early warnings. Information shared about the impending disaster was not timely and did not provide adequate time to prepare and act which caused some confusion, ambiguity in terms of steps to be taken.
- **Repair and reconstruction of damaged houses** was a critical priority post flood. House rebuilding assistance was received from the Government, determined by surveys on household damage. Household appliances and assets were restored through contributions from the Government, Kudumbashree and private entities.
- **Rebuilding of public infrastructure** took place through community contributions, by residents, local self government, revenue and health Department, fisher community, police, Kudumbashree, civil society organisations, academic institutions and youth volunteers.
- **Loss of livelihoods and financial burden** has been the greatest impact of the flood on the people. Livelihood-loss compounded by people experiencing losses on various other fronts cumulatively entrenched many families from the vulnerable social groups in a debt crisis. The losses faced by families include damage to agriculture, assets like animals, machines, equipment, loss of employment, juxtaposed with preexisting debts, loans, business investments, houses and other assets.
- **Impact on children and adolescents** was deep and multi-fold. They suffered from psychological stress and trauma due to the losses their families faced as well as the physical damage to their home along with loss of books, stationary, teaching days post floods due to several schools becoming relief camps. Most groups recognized that schools played a critical role in helping their students address most of the academics related aspects affected by the disaster. The teachers were reported by several groups to have played a significant role in proactively counseling students and helping them negotiate their fears.
- **Disaster Risk Reduction (DRR) measures** have been taken by local self-government institutions (LSGIs) to some extent. LSGIs have constituted community working groups on disaster management, initiated awareness programs on DRR, organized psycho-social programs for all affected, and addressed structural risks (including reconstruction and strengthening of bunds, cleaning and deepening of canals).

The focus group discussions and key informant interviews explored people's ideas about their preparedness for any future eventualities discussing their notions about the causes of the disaster and actions to be taken to address them. The issues raised reverberate the multi-level changes that disaster preparedness of communities would require. These ranged from setting efficient early warning systems to enhancing knowledge and skills about disaster response. Some of the key recommendations are based on the analysis of these discussions.

RECOMMENDATIONS

Strengthen communication systems

There is a need to establish early warning systems, providing timely, accurate and accessible information to the community.

- Develop communication systems and evacuation protocols through engagement with the community, to prepare households and build trust.
- Behaviour change communication and capacity building initiatives among community, for better response to warning systems and calls for evacuation.
- Information dissemination on household level disaster preparedness.
- Develop an information campaign to address community's and marginalized groups' entitlements, and government interventions in the event of disaster.

Establishing and capacity building of community networks

Establish community institutions which can be trained in basic disaster preparedness and crisis response.

- Establish local Disaster Management Committees (DMC) consisting of volunteers skilled in disaster management, for immediate guidance to people and to serve as a link between community and Government/relief personnel.
- DMCs to have special focus on enhancing communications and services to marginalized community groups.
- Provide regular capacity building programmes on disaster management among Gram Panchayats, frontline functionaries and police. Highlight roles and responsibilities of different stakeholders at household and community levels.
- Integrate Disaster Risk Reduction (DRR) training in educational curriculum in schools and in lifeskills for youth.

Streamlining Local Self Government processes

Strengthen capacities of LSGIs on disaster preparedness, facilitate integration of disaster prevention and mitigation in their development work. Communicate specific response roles in the event of disasters, within LSGIs.

- Enable LSGIs to carry out risk-informed planning, staying sensitive to the needs of vulnerable and at-risk communities.
- LSGIs to map vulnerabilities of individuals and households in communities to identify need for priority crisis response, especially for those who do not fall under pre-existing lists/ categories of vulnerability.
- Panchayats to assist in digitization of documents and IDs of individuals, to expedite reimbursement and relief efforts.
- Establish grievance redressal mechanisms at Panchayat and Urban Local Body to improve transparency and accountability in the use of recovery funds.
- Establishing easily accessible forums for seeking redressal and accountability can contribute to LSGIs becoming vibrant bodies for reducing people's vulnerabilities during disasters.

Disaster resilient construction norms

Address reconstruction needs of communities' damaged infrastructure and housing, and facilitate disaster resilient construction norms.

- Information dissemination on and promotion of disaster resilient norms for household construction.
- Prepare multi-level guidelines to enable buildings and infrastructure to better withstand future disasters.
- Enforce disaster resilient construction guidelines among high risk and disaster prone zones.
- Build local safe structures for first level evacuation in the event of disaster, and ensure that communities are informed and trained on protocol.
- Build permanent safe places and shelters for humans and animals.

Psycho-social support and counselling

Address post-disaster trauma and mental health needs of the community, particularly among children.

- Provide access to trained counselling services for school students to minimize poor school performance and drop-out following disasters
- Establish counselling facilities for the community within the existing health and education system to address post-disaster mental health trauma.

Building Livelihood Resilience

Make livelihood recovery central to DRR strategy, with a special focus on marginalized communities.

- **Livelihood Capacities**
  - Increase economic activity in different livelihood sectors (Agri, AH, Fisheries, MSME) and build sector-level resilience by promoting sustainable practices, and providing financial and technical support.
  - Build capacities and opportunities for alternate and supplementary income generation.
- **Safety Nets**
  - Establish savings & credit groups among community, specific to livelihood groups and marginalized populations.
  - Integrate Disaster Insurance in policy development, specific to livelihood groups and marginalized communities.
  - Educate people about and promote Disaster Insurance schemes.
- **Rehabilitation**
  - Develop mechanisms for more accurate estimation of losses, and provide compensation commensurate with losses.
  - Revitalize livelihood associations, and map key livelihood sectors among vulnerable groups. Identify opportunities for critical technical and financial support as a part of rehabilitation among these groups.
  - Decentralize decision making processes on distribution of relief measures to the gram panchayat level.

Regular information flow and community engagement during rebuilding

Establish two-way information flow to ensure community-led recovery processes, and maintain quality and accountability in post-disaster response. Ensure correct and accurate information on recovery assistance schemes and financial eligibilities among the community.

- Establish communication mechanisms with affected communities and ensure access to information and facilitation in availing rights and entitlements.
- Ensure that recovery and planning processes are based on evidences from the community, in order to improve policy and practice around 'Accountability To Affected Populations' (AAP).
- Establish regular feedback and communication mechanisms with Government and development actors to mainstream community priorities in institutional planning processes.
- Strengthen Gram Sabhas, especially in vulnerable locations, to facilitate community-led recovery programmes.

Annexure 3.3 – PCA Inclusion Cards

Card 1-Age *Acknowledging and responding to the unique needs of all age groups—including children, adolescents, adults, and older persons—to ensure age-appropriate participation and interventions.*	**Card 2- Gender** *Identifying and addressing gender-specific vulnerabilities and strengths, promoting gender equality, and enabling women's and girls' active leadership and participation in disaster response planning and activities.*
Card 3- Disability *Actively removing barriers to ensure full accessibility and meaningful engagement of persons with disabilities, allowing them to participate equitably in all DRR activities.*	**Card 4-Ethnicity** *Respecting diverse cultural contexts by considering cultural norms, practices, languages, and traditional knowledge, ensuring that disaster preparedness and response strategies are culturally appropriate and effective.*
Card 5- Socio-economic Situation *Prioritizing equitable resource allocation and interventions based on socio-economic vulnerabilities to address disparities and ensure fair and inclusive responses that build resilience among economically marginalized communities.*	**Card 6-Literacy Levels** *Ensuring all communication materials and interventions are designed for diverse literacy levels, making information universally understandable and actionable for every individual, irrespective of their educational background.*
Card 7-Access to Technology *Simplify the technology for use. Bridging digital divides by providing communication through accessible, trusted, and inclusive channels.*	**Card 8- Language** *Ensuring all communication materials and interventions are designed in languages used in the area.*

Annexure 4.1 – Communication Handout cum Group work

Communication Approaches

Behaviour change communication: Behaviour change communication attempts to bridge the gap between information, a person's knowledge, attitudes and subsequent behaviour. This approach addresses the knowledge, attitudes, practices and skills of individuals, families and communities as they relate to specific outcomes that are designed for emergencies. Individuals and communities gain knowledge, appreciations and skills that motivates them to develop positive, healthy and protective practices. BCC requires a sound understanding of the audience(s) and the use of an appropriate mix of communication channels - interpersonal, group, community and mass media. It also recasts the role of the "communicator" as facilitator rather than "expert". Behaviour change communication has proven to be more effective when complemented by well-planned and implemented advocacy and social mobilisation strategies.

Social mobilization: The purpose of social mobilisation is to bring together relevant inter-sectoral partners to determine needs and raise awareness for a particular objective in an emergency response. It involves the identification of organisations, institutions, groups, networks and communities who can contribute their efforts and resources. It involves facilitating their participation to realize the goals of an emergency response. Social mobilisation helps build the capacity of these mobilised groups in the process, so that they are able to mobilise resources, plan, implement and monitor programme activities with the community or camps as the case may be. This approach should support actions and priorities identified by communities, especially the most vulnerable groups whose rights tend to be consistently denied. Social mobilisation activities should stem from community action, but must receive support and coordination services.

Advocacy: Advocacy is directed at different levels of decision makers - people who have the power to create policies, programmes and structures and to allocate resources. By persuading decision makers to decide in favour of a cause, advocacy seeks to develop, change or modify an existing law, policy and/or administrative practice that would enhance the emergency response. It is a continuous and adaptive process of gathering, organising and transforming information into arguments. These arguments are then communicated to

decision makers, to influence their choices to raising resources (human and financial), or demonstrate political or social leadership and commitment to an emergency response.

Using Channels and Channel Mix

The choice of channel depends on the approach that is being used and the desired program outcome. For example, when using Social Mobilisation, Nukkad nataks, folk media, Group meetings are must for channel. Choosing more than one communication channel helps reinforce the information. Beyond using mass and small media, interpersonal and participatory community-based media are indispensable channels to lead communication efforts aimed at improving or changing behaviours and in sustaining such behaviours.

Mass media

The mass media include print, radio, television and cinema. When operating during an emergency, these media can reach large numbers of people in a short time. The mass media are most effective when coupled with other communication approaches through which the affected community can talk about the new information with someone whom they trust, such as community opinion leaders. Though mass media can give messages in a short time span to a larger audience, however it cannot ensure that the information is reaching out to the intended audiences. It also cannot ensure that the message given is the one that is sought or required.

Mass media used in the preparedness phase is a good way of ensuring that general preparedness messages are given to the community. Mass media can be used through radio jingles, television shows, newspaper articles, documentaries, leaflets and brochures etc. It can be expensive to prepare and not very easy to modify as per the needs of the community.

Consider these points when you use mass media in an emergency:

- Depending on the consequences of an emergency, the mass media can reach a substantial number of people.
- Enjoys credibility.
- Can be important channel for advocacy as it can reach and get the attention of policy-makers, senior officials and community leaders.
- Not participatory in nature.

- Messages may tend to be for general consumption, not taking into account the unique needs of the affected community.
- Might reinforce gender-based stereotypes (e.g. portraying women as helpless victims). The affected population may not have access to radio or TV.

Small Format Community Media (SFC Media)

Small format community media are often most practical, useful and effective in reaching affected people during an emergency. These media include community radio (generator or battery-powered FM transmitters), community bulletins or flyers, and loudspeakers or megaphones - stationary (e.g., those in mosques) or itinerant (connected to vehicles). In an emergency, you can use these types of small community media to quickly disseminate information to a camp or affected community. With community coordination and support, you can plan, conceptualize, produce and disseminate messages to affected community members.

In the preparedness phase too, SFC media is a good medium to use as one can contextualize the messages to be given as per the needs of the audiences

Points to consider in using SFC media in an emergency:

- Participatory in nature, involving all possible community groups.
- Requires how-to knowledge, therefore you need to engage participants in basic training.
- Easy to set up.
- Needs oversight to make sure it is not abused or exploited for other purposes which may divert the emergency message.

Interpersonal communication

Interpersonal Communication (IPC) refers to face-to-face communication. IPC can either be one-to-one or in a small group. IPC makes it possible for people to exchange information, express their feelings and obtain immediate feedback, respond to questions and doubts, convince and motivate others to adopt certain behavioural practices. IPC requires listening skills, the ability to empathise and be supportive. IPC in a crisis situation is particularly useful in counselling approaches such as through hotlines, clinic consultations, in training service providers and community volunteers as peer educators,

through pep talks by specialists, and for facilitating group meetings where the affected community can share and discuss the issues at hand.

IPC during preparedness is a well thought out approach that can help people and communities in preparing and gearing up for emergencies. IPC is necessary to keep the topic of Disaster Preparedness as top of the mind recall for people.

Points to consider while using IPC in an emergency:

- Use GATHER technique for IPC
  - Greet – Begin with greetings / build a rapport.
  - Ask – About the situation and their needs and issues.
  - Tell – About the issues raised by them. So, the information is given which is relevant to the community's issues and problems. Share the choices / options available.
  - Help – Help them in making an informed choice. Let people select the option best suited to them. Help them in taking a decision, please DO NOT take a decision for them
  - Explain – If more information is needed on the chosen behaviour / action given that information.
  - Return – Return to review the behaviour change. If required, refer them to the next level of DRR intervention.

Peer educators

Peers are persons who belong to the same age group and social cultural background. In addition to promoting healthy behaviours, we can build local capacity by training peer educators in effective communication and participatory approaches. Even after the end of an emergency communication initiative, these individuals can continue to pass on messages through casual conversations with friends, family members and their wider peer group.

Points to consider in tapping peer educators in an emergency:

- They can be easily organised in emergencies but you must invest in training which takes time.
- They need supportive supervision.
- Affected individuals can both give and receive information.
- Does not need to be costly.
- If planned and supported well, can be an effective way to motivate people.

- Affected people may not have a lot of time in an emergency to participate in meetings.
- Sharing personal information may not be culturally acceptable in some affected communities and will require time to establish trust.
- Messages spread via word-of-mouth may diminish message accuracy.

Participatory drama

Participatory drama is an important aspect in the preparedness and recovery phases.

This type of communication method allows the affected community to be directly involved in the drama itself. This gives individuals greater control, and helps them to explore issues and possible solutions. Participatory performance emphasizes working with and from the affected community's own reality, and choosing their own modes of expression. Local people replace outside scriptwriters, illustrators, editors, directors and actors and become actively involved in creating and exploring solutions to a real-life situation. Through participatory drama, you can encourage participation in the decision-making, implementation, monitoring and evaluation phases of preparedness, relief and recovery projects.

Points to consider when using participatory drama in an emergency:

- Stimulates critical thinking, stresses process rather than outcomes.
- Community can prioritize their needs.
- Develops a sense of community ownership.
- Offers a creative approach to deal with distress and trauma and thus supports healing among affected community members.
- Can be time consuming for the initial emergency response because of need to raise consciousness through IPC and relationship-building while it promotes sustainability.
- Castes, class, gender and other social variables can create different realities for some members of the affected community. Be sensitive to the cultural and gender-based specifics and act accordingly, by resorting to locally appropriate and innovative means of achieving equal participation.
- Community members may lack the commitment to the process if there are no perceived benefits.

Local folk media

Local folk media can include music, local art forms, local theatre, puppetry, drawing or dance. Many affected communities have their own traditional media forms to express themselves. Local ways of communicating are powerful avenues to stimulate psychosocial healing, return to normalcy and motivate affected families and communities to practice healthy behaviours.

For preparedness phase, folk media plays an important role by reaching out to community members at the household level. What is required though is that the messages remain focused and do not get trivialized

Points to consider for an emergency:

- Information can be presented in the most culturally appropriate forms.
- Messages can be adapted to suit the needs of the affected community by local as well as external experienced performers.
- Most folk media are entertaining and hold the attention of the audience, allowing them to be temporarily distracted from the realities at hand.
- It takes time to research on which folk media are acceptable to the affected community.
- Local participants need to be identified and trained on the messages to be shared.
- Technical information can be difficult to communicate.
- The actors may not be able to ad-lib or be spontaneous in acting out the local art forms.

Information, Education and Communication (IEC) materials

IEC materials with prepared messages can be conceptualized as part of a communication preparedness plan before a disaster strikes. You can easily adapt and produce these as part of your BCC programme provided messages, design and presentation are duly pre-tested with the intended audience groups. Once a disaster strikes, producing and disseminating IEC materials can be a quick way to reach a large number of affected people. This form of communication typically leads to 'awareness raising' of an issue, and serves to reinforce existing knowledge and practices, such as the importance of hand washing, but this may not necessarily lead to changes in behaviour. IEC materials include radio public service announcements in print form, posters, leaflets, brochures, videos, flip charts, banners, and promotional items like T-shirts and badges.

Points to consider when using IEC materials in an emergency:

- Generic messages addressed to and pre-tested with specific audience groups, for example, on hygiene, can be conceptualized, researched, tested and printed before a disaster strikes.
- Good to use for creating awareness in the preparedness stage.
- Much information can be given through innovative ways/designs in an IEC material
- Easy to do in initial response.
- Good way to get information out fast.
- Awareness of message does not equal action.
- Messages disseminated can easily be ignored, forgotten or cause confusion.
- Each message needs repetition and reinforcement through other communication channels.

Group Work: Please discuss the handout in your group (10 min) and prepare a short presentation (5 min) on the following:

Group 1: During Preparation phase which of the communication approaches and channels will you use? Why?

Group 2: During Mitigation phase which of the communication approaches and channels will you use? Why?

Group 3: During Response phase which of the communication approaches and channels will you use? Why?

Group 4: During Recovery phase which of the communication approaches and channels will you use? Why?

Annexure 5.2 – Planning Matrix Notes

Steps of Planning an Intervention

The success of any communication efforts comes from the partnering agencies who contribute to effective SBC programs. Efficacy is an outcome of strong teamwork which contributes to a shared ownership.

1. Defining Components of an SBC intervention:
    a. Assessment and awareness of specific communication needs of the community being addressed. Specific communication needs could be: giving information, spreading awareness, handling rumours, promoting correct behaviors, empowering communities for group actions, etc.
    b. Creative design of concepts and materials contextualized to the needs.
    c. Media placement
    d. Community mobilization
    e. Training
    f. Advocacy
    g. Service delivery
    h. Monitoring and evaluation
2. Assessing, Identifying and fixing responsibilities with potential partners/ departments or sectors who have these necessary competencies and expertise in the selected area of intervention
3. Outlining how the implementation will be coordinated amongst the various partners.
    a. Role and responsibility of the coordinating body for the program?
    b. Sharing progress, information, and challenges across the team
    c. Establishing sub-committees to oversee specific components of the intervention, i.e. communication, advocacy, service delivery, and monitoring and evaluation committees. Determine who will lead these sub-committees.
    d. Providing technical assistance where required across the team.
4. Participation and capacity building are crucial to the success of any SBC and PCA efforts. Consider how best to involve your audience as well as strengthen capacity of participating partners/departments/sectors.
    a. How will audience members be involved in the design and implementation of the program?

b. How can capacity of partners be strengthened to implement and manage future SBC programs?[4]

For this task, focus on major milestone activities.

a. What are the activities that need to be implemented?
b. What are the intermediate steps necessary for each activity?
c. What is the necessary sequence of activities?
d. When will each activity be implemented?
e. What is the sequence of activities? How are they linked?

If your efforts are tied to service delivery or training, be sure to consider this in your timeline. For example, demand creation activities for family planning should wait until the capacity of service providers to provide quality counseling services is strengthened.

The following sheet gives the overall basics on how to budget for SBC interventions

Activities	*Possible Costs*
Communication research and planning	• Personnel salaries and benefits; consultant fees • Training for data collection • Travel allowances for field work • Data processing and analysis and Report writing • Meetings for planning
Monitoring and evaluation	• General rule, at least 10% of program budget allocated to M&E • Development, distribution, and collection of monitoring and evaluation questionnaires • Orientation of trainers and training of field workers • Travel allowance for supervision and/or quality assurance of data collection • Compilation and analysis of data, Organization of feedback session(s) • Fees/salaries for evaluators

[4]*Adapted from https://sbccimplementationkits.org*

Activities	*Possible Costs*
Training and capacity development	• Curriculum development • Consultants' and trainers' fees • Per diem and accommodation for participants • Training materials • Equipment purchase or rental and hiring of training site
Mobilization and outreach activities	• Identification and hiring of CBOs/NGOs • Supervision and monitoring of CBOs/NGOs implementing mobilization and outreach activities
Production of print materials	• Fees/salaries for writers, artists, and graphic designers • Copywriting and editing • Typesetting • Pretesting of all print materials, including posters, brochures, and training curricula, Printing and distribution
Production of broadcast materials	• Fees/salaries of artists, scriptwriters, producers, videographers, and technicians • Copywriting • Studio and equipment rental • Technical content reviewers, Pretesting of broadcast materials • Airtime • Distribution
Special events	• Give-aways – such as stickers, T-shirts • Press conferences and kick-off events • Honoraria for dignitaries, celebrities • Hiring of sites, public address system, other equipment
Other	• Communication – telephone, Internet access, fax, postage • Administrative and overhead costs • Other transportation

Annexure 7.1 – World Café Discussion Guide for Facilitators

1. The Four Stages of Disaster Management

   I. Mitigation (Pre-Disaster – Long-term Risk Reduction)
   - Definition: Actions taken to reduce or eliminate long-term risk to people and property from hazards.
   - Examples: Flood zoning, rainwater harvesting, early warning systems, afforestation, building codes.
   - SBC Role: Promote awareness of risks, advocate for resilient behaviours (e.g., not building in flood zones), and engage communities in preventive planning.

   II. Preparedness (Pre-Disaster – Short-term Readiness)
   - Definition: Planning and readiness activities that help people respond effectively when a disaster strikes.
   - Examples: Evacuation plans, mock drills, emergency kits, disaster education.
   - SBC Role: Encourage adoption of readiness behaviours (e.g., storing clean water, identifying evacuation routes), build community skills, ensure inclusion of vulnerable groups.

   III. Response (During Disaster – Immediate Action)
   - Definition: Emergency actions to save lives, reduce health impacts, and ensure public safety during the disaster.
   - Examples: Rescue operations, setting up relief camps, emergency health services.
   - SBC Role: Deliver clear life-saving messages, promote hygiene, address panic or misinformation, encourage cooperation with responders.

   IV. Recovery (Post-Disaster – Rehabilitation & Resilience Building)
   - Definition: Restoration of basic services and livelihoods, and strengthening future resilience.
   - Examples: Rebuilding homes, psychosocial support, restarting schools, restoring health services.
   - SBC Role: Support mental health, promote safe rebuilding practices, revive education and health-seeking behaviours, and prepare for future risks.

2. Role of Discussion Facilitators in Group Work

As a table facilitator, your role is to:

- Guide the group's thinking using the structured questions in your Discussion Guide for 30 minutes.
- Ensure all participants contribute, especially quieter voices
- Help the group stay on topic and apply concepts discussed in previous sessions
- Encourage practical, community-specific solutions grounded in local realities. When Buzzer sounds it indicates time to move to the writing part.
- Summarize key discussion points clearly on chart paper during the 15-minute writing phase
- When the second buzzer sounds at the end of 15 minutes, retain the group's chart when they move to the next table.
- Avoid sharing the discussions or chart content with the new group that moves to your table for the next round.

Tips:

- Ask clarifying questions: "Can you give an example of that in your area?"
- Use prompting if stuck: "What role can the Gram Pradhan, Community Volunteer, ASHA or teachers play here?"
- Watch the time – give a 5-minute warning before the writing phase
- Ensure communication objectives are specific, audience-focused, and measurable

Discussion Questions

A. SBC Planning for Mitigation

1. What early warnings or data exist to identify flood-prone areas in your context?
2. What are the root social and behavioural causes increasing flood vulnerability?
3. What risk reduction behaviours need to be encouraged or discouraged?
4. What communication objectives will you focus on?
5. What SBC messages would you craft for individuals, families, and community leaders?
6. Who are your key audiences (e.g., women, youth, farmers, panchayat leaders)?

7. What SBC activities (e.g., campaigns, community events, tools) can help promote mitigation?
8. Which communication channels (traditional media, interpersonal, digital) are most suitable?
9. What local resources (human/financial/material) are needed?
10. How will you achieve intersectoral coordination ?
11. How will you monitor behavioural change for mitigation?

B. SBC Planning for Preparedness

1. What preparedness behaviours are crucial for communities before a flood hits?
2. What are the current gaps in community awareness or practices?
3. Who are the vulnerable communities and how will you reach them
4. What should your communication objectives be?
5. What messages will build community capacity to prepare for floods?
6. Who needs to be reached first—households, schools, local leaders?
7. What SBC activities (mock drills, IEC materials, school programs) will support this?
8. What channels (community radio, ASHA visits, social media, posters) are effective?
9. What implementer roles (PRI, NGOs, schools) are critical? What are the intersectoral roles required ?
10. What capacity-building support and partnerships do you need?
11. How will preparedness behaviours be tracked?

C. SBC Planning for Response

1. What immediate life-saving behaviours must be promoted during a flood?
2. What behavioural barriers might hinder safe evacuation or sheltering?
3. What are your urgent communication objectives during the flood?
4. What messages must be disseminated quickly (e.g., sanitation, water safety, first aid)?
5. Who are the vulnerable groups to prioritize?
6. What SBC activities can be conducted rapidly in shelters or via mass alerts?
7. What emergency communication channels (mobile alerts, PA systems, volunteers) are viable?

8. Who implements SBC during response(Intersectoral convergence)—what support do they need?
9. What partnerships (media, local institutions) are vital?
10. How will feedback from affected communities be collected?

D. SBC Planning for Recovery

1. What key behaviours should be restored or rebuilt post-flood (e.g., hygiene, schooling)?
2. What socio-cultural dynamics affect recovery efforts?
3. What are your communication objectives for this phase?
4. What messaging will help communities regain normalcy and resilience?
5. Who are the long-term target audiences?
6. What SBC activities promote inclusion, mental health, and long-term resilience?
7. What ongoing communication channels (community platforms, peer groups) are useful?
8. Who ensures SBC continuity post-disaster (NGOs, local leaders, health system)?
9. What is the intersectoral convergence needed?
10. What long-term funding or training is needed?
11. How do you evaluate if recovery-related behaviours have taken root?

Final Synthesis Questions (Last Table Group)

Facilitators guide groups to:

1. Identify continuity and change for that stage of disaster using the papers prepared by other groups
2. Draft a combined SBC planning framework:
    * What are common communication objectives?
    * What are audiences, channels, and roles in that stage?
    * What monitoring tools can be used in that stage?
    * How will feedback be collected and communicated?
    * How will you achieve intersectoral convergence?
3. Prepare one chart summarizing the integrated SBC strategy for floods.

References & Further Readings

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