

GUIDELINES FOR BEHAVIORAL CHANGE MANAGEMENT COMMITTEE

The State in its latest protocol has come up with a strategy that would help in managing the Covid-19 pandemic in the long run. The strategy is to bring about a change in the behavior of people which will help in preventing the spread of the virus. The objective of this strategy is to drive away fear of the virus and develop a sense of self-responsibility in people, where they will be more mindful about the way they behave at home and in public spaces.

In order to help this concept of 'behavioural change' reach to the last mile, it has been decided that a Behaviour Change Management Committee (BCMC) shall be constituted at the village/locality and community levels. This committee will work in close coordination with the Community Covid Management Committee, with the objective of bringing about behavioural change in each and every individual through individualised trainings.

Composition

The BCMC at village/locality level shall consist of the following: Headman, ASHAs, AWWs, teachers, SHG members, representatives of the youth group (Seng Samla), women group (Seng Kynthei), and religious leaders.

What is 'behavioral change' and why is it required?

Covid-19 is a new disease. It is highly transmissible, has low fatality rate, but it is life-threatening to the elderly and people with co-morbidities. In addition, studies have also shown that 80% of the positive cases do not show any symptoms, which makes it a challenge to determine who is a carrier of the virus and who is not unless they are tested. This would also mean that anyone could be an asymptomatic Covid-19 positive person, with the potential to spread the disease unknowingly.

As economic activities have resumed, people have started moving in and out for their livelihood activities. Therefore, it is important to build the capacity of people to help them proceed with their activities while also ensuring their safety. Safety of people can be ensured through change of behavior. Change of behavior can be brought about if people are made to realize that anyone could be a potential carrier of the virus and hence following the three recommended practices of health is the only way that they can prevent the spread of disease. They would therefore have that sense of responsibility to be mindful about their actions in their personal and public spaces, while exercising compassion towards others.

With this consciousness, people will follow the three recommended practices of health: (1) maintaining social distancing, (2) wearing a mask and following respiratory hygiene at all times and (3) Washing hands frequently with soap and water and using Sanitizers (if unable to wash hands at regular intervals)-- (SMS – Social/Physical distancing, Mask, Sanitizer/Soap).

People need to be sensitized that behavioural change is the best way to isolate themselves from the virus. Not following the three recommended practices of health, carelessness in this regard could lead to an outbreak, which would impact the economic and livelihood activities and normal life during the pandemic.

Roles & Responsibilities

The Behavioural Change Management Committee is therefore entrusted with the responsibility to build the capacity of people in bringing about the 'behavioural change'. It is to be ensured that the members of the BCM Committee are adequately trained to convey the message of 'behavioural change' to the community while ensuring that each person is mindful of their actions. This will go a long way in containing the spread of the virus while ensuring that there is no stigmatization.

Below are its roles and responsibilities:

1. Sensitization on the need for behavioural change

- To go from house to house and train people on behaviour change and make them understand that anyone could be an asymptomatic Covid-19 positive person, including themselves, and hence be extra careful in their personal space as well as public space so as to avoid the spread of the virus. In case of constraints, small groups of 10 may be assembled for such training.
- Every citizen needs to be taught on the precautionary measures that need to be taken for isolating the virus in their daily lives by following the three recommended practices of health described in the previous section. Special emphasis is to be laid on the discouraging spitting in public places.
- Apart from the above mentioned practices, emphasis is to be laid on the importance of immunity building through healthy living, which includes consumption of nutritious food at regular intervals, adding more fluids as part of one's diet and making exercise and other outdoor physical activities a part of one's daily life.
- Special attention is to be given to the fact that since any person, including they themselves could be a potential carrier of COVID-19 virus, it is important to not stigmatise anybody and be mindful of one's actions, while also watching out for others.

2. Change of Locus of Control

- The BCMC shall train people on the concept of 'Changing the locus of control', which means that people should realize that it is they, as opposed to external forces (beyond their influence), who have control over the outcome of events in their lives. Individuals should take charge on the existing situation by themselves rather than thinking that someone else should take charge and control the situation.
- The BCMC shall sensitize people that although it is common to suspect that those who come from outside are potential carriers of the virus for the fact that they have travelled from affected areas, it is also important to understand that the threat of spreading the disease comes also from those who are inside (considering that anyone can unknowingly be an asymptomatic Covid-19 positive person). While the Government is taking all important measures to test all those who are coming from outside the State, people can control the outcome of this situation by taking the responsibility to be careful in their actions and following the three basic practices of health (SMS – Social/Physical distancing, Mask, Sanitizer/Soap) and hence prevent themselves from the virus.
- Each person should take the responsibility for themselves and it needs to be ensured that every single person adopts this behavioural change.

3. **Self-help training**

Self-help is the best help- The BCMC will provide trainings to all the elderly persons and people with co-morbidities, caregivers and individuals who go out for their livelihood activities on the measures that they need to take to protect themselves and others.

4. **Training on caring for the elderly and other vulnerable sections of the society**

To train caregivers and other people on measures to protect the elderly, people with co-morbidities, pregnant women and children from being infected by the virus.

5. **Progress monitoring**

- a) To ensure that people are following the behavioral change practices by providing them with training materials and checklists
- b) To train the elderly on how to use the self-monitoring diary.
- c) To train people in filling up the checklist for monitoring behavioural change, rating themselves (on a 1- 10 scale), and interpreting their scores thereafter.

6. **Identifying positive deviance practices:**

To monitor individuals who diligently follow the three recommended practices of health and ensure that they are encouraged and social incentives are provided (eg, exemplary practice award for those who score the highest while following the responsibilities in checklist provided/ Identification of Behavior Change Champions in each village/locality). The encouragement and social rewards provided to this kind of social deviances will contribute in a significant way for effecting behavior change at large. The Behavior Change Champions along with couple of leaders and facilitators can be reached out to by the residents for clarifications on issues pertaining to COVID-19.

7. The *Buddy System concept* should be put to practice (Buddy System – Every person in an office, locality is tagged along with few other persons – generally a neighbour so that each of them can have a check over the other on the three recommended practices of health)

Roles may be distributed to the members of BCM Committee as follows:

- Training for elderly people (those above 60 years of age) and people with co morbid conditions.
- Training for students and teenagers could be given by the teachers. The other teachers should be encouraged to play an active role in the Change Management of the village.
- Labourers and Casual workers should be trained preferably by the members of the VEC.
- Training of vulnerable citizens may be given by ASHAs and AWWs.

Behavioural Covid Management Committees- An asset to the State

The Behavioural Covid Management Committees will prove to be a huge asset for the State in the long run as this committee will not only help the State to handle Covid-19 cases but also help in initiating actions to revive the State's economy or any other urgent/important issues in future where human intervention is required.

MODEL STRUCTURE PREPARED BY EKH DISTRICT FOR CONSTITUTING BEHAVIOUR CHANGE MANAGEMENT COMMITTEE (BCMC) ON COVID-19

The Coronavirus (COVID 19) pandemic has brought about unprecedented fear and uncertainty amongst all. This disease is going to remain with us for a considerable period of time and we must be able to adapt to the situation and bring about behaviour changes in our Lives. With regard to this, the Community COVID Management Committee (CCMC) shall design a sub-committee within itself which shall be called ***Behaviour Change Management Committee*** on COVID. The committee will comprise of Headman, ASHAs, AWWs, teachers, SHG members, representatives of the youth group (Seng Samla), women group (Seng Kynthei), and religious leaders among other members.

This committee will work in close coordination with the Community Covid Management Committee with the objective of bringing about behavioural change in each and every individual through individualised trainings i.e to make each and every resident of the community aware of the advisories, protocols relating to COVID-19 and to make sure that individuals in the communities adheres/ complies to the direction and instruction effectively and that will protect them and others from spread of COVID-19.

These trainings will also focus on the different dynamic groups available in the localities and religious institutions such as Seng Kynthei, Seng Longkmie, Seng Samla and the different levels of the Religious groups and their respective denominations and also different communities.

COMPOSITION

District Level:

1. Deputy Commissioner
2. Addl. Deputy Commissioner
3. District Medical & Health Officer.
4. Addl. District Medical & Health Officer/District Health Educator
5. District Surveillance Officer
6. District Disaster Management Officer
7. District Program Manager, NHM.
8. District Social Welfare Officer/District Project Officer, Integrated Child Development Services (ICDS)
9. District Program Manager, National Rural Livelihood Mission (NRLM)

Zonal / Block

Extra Assistant Commissioner (Magistrate)/BDO – Chairman

1. Sr. Medical & Health Officer/Medical & Health Officer
2. Block Health Educator
3. CDPOs.
4. Lady Supervisors
5. ANM
6. Block Resource Person of SSA
7. Village Health Sanitation and Nutrition Committee (VHSNC) members

Community Level

1. ASHA
2. Headman
3. Female Member of the VEC/Secretary of VEC for rural areas.
4. Senior School Teacher of the Locality/Village
5. Anganwadi Worker
6. Swacchagrahi (SBM)
7. SHG Member (Active women)

TRAINING PLAN AND RESPONSIBILITIES

District Level

1. District Level Team will identify the Government Departments/Private organisation/Office/Groups to be trained upon
2. A training team will be identified who shall further provide the training for all such groups.
3. Cascading method of training can be followed whereby each Master Trainer further trains the personnel/people in their peer group
4. There should be a method of audit whereby the District Level team can actually measure the quality of the training.
5. A feedback form from each of the session has to be collected from the participants.
6. Small groups with adequate social distancing to be ensured for the training.
7. Every training session should be conducted using only Standard training materials in order to ensure uniform communication
8. All participants should be given handouts to take home by the end of the session.
9. The Buddy System concept should be put to practice at all levels (Buddy System – Every person in an office, locality is tagged along with another person – generally a neighbour so that each of them can have a check over the other on the three principles of Wearing Mask, Maintaining Social Distance and Using Hand Hygiene)
10. Committee should identify and encourage the best performing locality/community from time to time.

Block Level

1. Block Level Teams should engage at large with the Community COVID Management Committee to make them understand about the need for the behavior change.
2. Members of the Block Level Team should ensure to meet representatives of all CCMT at their Block/zonal level to talk about Behavior Change Requirement.
3. Block Level team should take specific care about educating BCMC (Behavior Change Management Committee) about the vulnerable population.
4. The Block level team should ensure BCMC of every locality has scheduled and conducted the training exercise.
5. Random participation in the house to house visits of ASHA/Anganwadi worker to be done to ensure quality training.
6. Health Educators of Each PHC, if available, should be given an active role to play in the exercise
7. Block Resource Persons of SSA can be actively engaged in ensuring there is regular audit of these trainings.
8. Committee should identify and encourage the best performing locality/community from time to time

Community Level

1. Behavior Change Management Team could be a sub-committee within the Community COVID Management Committee or a separate committee constituted for the purpose at the community level.
2. Members of the Committee should be adequately trained to convey the message of Behavior Change Management to the community

3. In all possibilities, training should be done house to house rather than a group. In case of constraints, small groups of 10 may be assembled for such training.
4. Training to following categories must be done
 - a. Elderly Citizens
 - b. People with comorbidities like Hypertension, Diabetes, Cancer etc.,
 - c. Students. Teenage persons
 - d. Pregnant Women
 - e. Labourers
 - f. Shop-keepers
 - g. Service providers- barbers, beauticians, waiters, domestic helpers, couriers, etc.,
 - h. All other residents and mobile workforce.
5. Training for Students and Teenage persons should be/could be given by the Teachers. The other teachers should be encouraged to play an active role in the Change Management of the village.
6. Labourers and Casual workers should be trained preferably by the members of the VEC.
7. The training materials and checklist should be shared with all the members attending the training.
8. The committee/team should ensure there is a buddy system in place. (*As mentioned in Point no.9 under District level*)
9. The committee should also encourage and identify the Positive Deviance among all categories of people who are diligently following the protocols. They should be recognised and socially rewarded so that they can influence the behavioural change of other residents.