Bangladesh Knowledge Management Initiative: Strengthening Capacity for Social and Behavior Change Communication

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HEALTH COMMUNICATION CAPACITY COLLABORATIVE

BCCP Bangladesh Center for Communication Programs

BKMI Communication | Capacity | Coordination

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Project Background

The **Bangladesh Knowledge Management Initiative** (BKMI) supports the Government of Bangladesh (GoB), the U.S. Agency of International Development (USAID) implementing partners and other stakeholders to develop strong, consistent and effective social and behavior change communication (SBCC) campaigns and interventions to improve the health and wellbeing of the people of Bangladesh. Capacity strengthening is, above all, an exercise in quality improvement.

In addition, BKMI facilitates coordination around SBCC within the Ministry of Health and Family Welfare (MoHFW) and with other stakeholders.

Phase 2 of BKMI (2013 to 2016) is a field support project under USAID's global Health Communication Capacity Collaborative (HC3). HC3 is led by the Johns Hopkins Center for Communication Programs (CCP), in partnership with the Bangladesh Center for Communication Programs (BCCP). Phase 2 builds on the SBCC capacity strengthening and knowledge management work done during **Phase 1** of BKMI (2011 to 2013), which was a field support project under USAID's global Knowledge4Health project.

All of the resources mentioned in this document can be found online in the BKMI Project Toolkit: https://www.k4health.org/toolkits/bkmi-project. Many links can also be found on MoHFW and other Bangladesh-based websites, as noted throughout the document.

Working toward High-Quality SBCC

Through its capacity strengthening work, through advocacy with the MoHFW, and through its support of the BCC Working Group, BKMI promotes the strategic use of high-quality SBCC.

SBCC is the use of communication to influence individual and collective behaviors and social norms pertaining to health. For communication to be strategic and high-quality – and thus more effective – it must be:

- **Adequately resourced:** SBCC activities and interventions must maximize available resources, while advocating for additional human, financial and material resources.

- **Evidence-based and data-driven:** A science- and research-based approach begins with formative research and adequate data to define a specific health problem, describe the intended audience, and identify barriers, facilitators and solutions.

- **Audience-centered:** Effective SBCC requires understanding health needs from the client's point of view. Key audiences and communities must inform and be involved in every step of developing and implementing SBCC activities and programs. Communities are not homogeneous. SBCC interventions must carefully define intended audiences and address each group's specific context and needs.

- **Based on theory:** Theoretical models and frameworks must guide the strategic design process. Many theories have been developed and validated. No single behavior change theory is sufficient on its own; it is appropriate to use a combination of theories.

- **Linked to service delivery:** SBCC should provide audiences with complete information regarding service delivery, including what services are available, of what quality, the time frame for getting the service and the cost of availing it.

- **Based on a life-cycle approach:** Health is best viewed holistically, as a continuum of care that starts before birth and progresses cumulatively through childhood and adolescence to adulthood and old age. People at different stages of their lives constitute distinct audiences, and require different approaches, and types of information and support.

- **Gender-sensitive:** SBCC programs should create opportunities for individuals and communities to actively challenge prevailing gender norms, promote positions of influence for women and address power inequities between people of different genders.

- **Process-oriented:** Following a tested and effective process places a priority on *how* things are done.
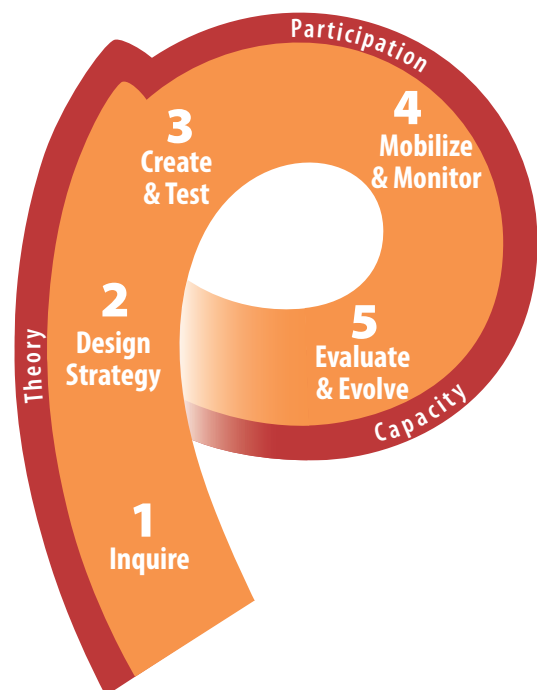
The goal of SBCC is not to simply produce materials, but to engage in dialogue with audiences, address barriers to social and behavior change, and adapt the intervention as needed through an iterative process.

- **Comprehensive, with complementary and reinforcing approaches:** Communication strategies should integrate interpersonal communication (IPC), community mobilization, information and communication technology (ICT) and various mass and traditional media to create a dynamic, multi-directional exchange of information and ideas, along with appropriate follow up.

- **Results-oriented:** SBCC efforts should focus on producing positive behavioral outcomes for health, family planning and nutrition. Research should be designed to gauge increases in audience knowledge, approval and adoption of healthy behaviors.

- **Coordinated:** Good coordination can reduce duplication, cut costs and time, amplify effects, leverage resources and create efficiencies. Strong SBCC coordination involves both horizontal and vertical efforts at all levels (from grassroots to national) and across development sectors.

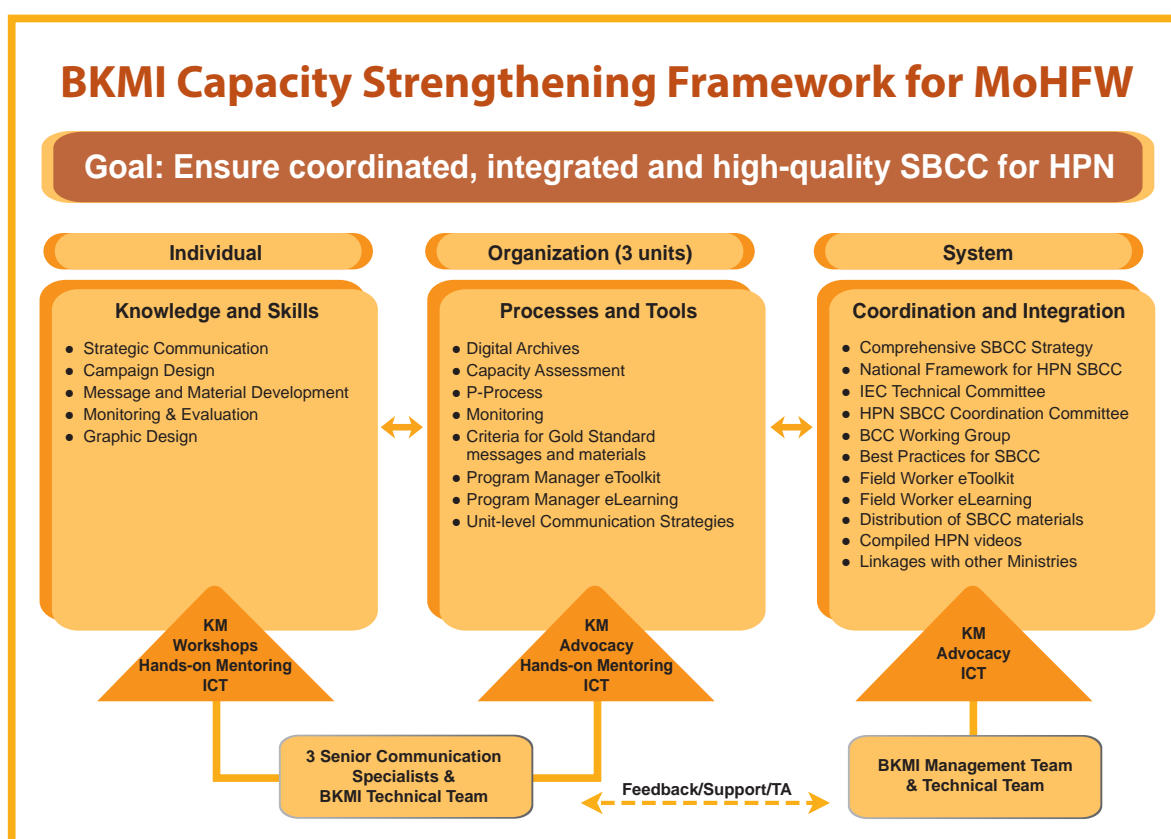## Socio-Ecological Model

BKMI promotes the Socio-Ecological Model, which highlights factors that influence behaviors and behavior change at the individual, family and peer networks, community, and social and structural levels. It recognizes that individuals live in a dynamic context that can enable or discourage healthy behaviors. The different levels interact in complex and multi-directional ways.

Approaches to Capacity Strengthening

BKMI focused its capacity strengthening work at three levels: improving the knowledge and skills of **individuals** who work in the three SBCC units of the MoHFW – Bureau of Health Education (BHE) and the Institute of Public Health Nutrition (IPHN) in the Directorate General of Health Services (DGHS), and the Information, Education and Motivation (IEM) Unit of the Directorate General of Family Planning (DGFP) – referred to hereafter as "the three units"; developing tools and establishing processes within the units to strengthen **organizational** capacity; and working to optimize coordination of SBCC activities and integration of health, nutrition and family planning topics at the **system** level.

BKMI Capacity Strengthening Framework for MoHFW

Goal: Ensure coordinated, integrated and high-quality SBCC for HPN

Individual	Organization (3 units)	System
Knowledge and Skills	**Processes and Tools**	**Coordination and Integration**
• Strategic Communication • Campaign Design • Message and Material Development • Monitoring & Evaluation • Graphic Design	• Digital Archives • Capacity Assessment • P-Process • Monitoring • Criteria for Gold Standard messages and materials • Program Manager eToolkit • Program Manager eLearning • Unit-level Communication Strategies	• Comprehensive SBCC Strategy • National Framework for HPN SBCC • IEC Technical Committee • HPN SBCC Coordination Committee • BCC Working Group • Best Practices for SBCC • Field Worker eToolkit • Field Worker eLearning • Distribution of SBCC materials • Compiled HPN videos • Linkages with other Ministries
KM Workshops Hands-on Mentoring ICT	KM Advocacy Hands-on Mentoring ICT	KM Advocacy ICT

3 Senior Communication Specialists & BKMI Technical Team

Feedback/Support/TA

BKMI Management Team & Technical Team

To facilitate its capacity strengthening work, three Senior Communication Specialists (SCS) are embedded within the three units to provide day-to-day mentoring and hands-on support.

BKMI's overall capacity strengthening strategy is to introduce appropriate ICT tools for SBCC and knowledge management (KM), such as digital archives, eLearning, eToolkits, Android apps, websites and online communities of practice. In addition, BKMI uses in-person trainings, hands-on mentoring and participatory techniques to strengthen SBCC capacity.

While BKMI mainly focused on the MoHFW, many of its capacity strengthening and coordination efforts benefitted the broader circle of SBCC stakeholders, both within and outside the MoHFW.

Individual Capacity Strengthening

At the individual level, BKMI strived to improve MoHFW officials' knowledge and skills on SBCC. To do this, BKMI embedded three SCS within the three units, to provide day-to-day mentoring and hands-on support. In addition, BKMI organized a series of trainings and workshops on campaign design, graphic design and maintenance of digital archives.

In 2014, Dr. Benjamin Lozare – Director of Training and Capacity Strengthening for CCP – facilitated a workshop on Leadership in Strategic Communication for 29 senior-level officials from MoHFW. Strategic Communication encompasses SBCC, as well as other forms of persuasive communication for leadership and management.

Individual

Knowledge and Skills

- Strategic Communication
- Campaign Design
- Message and Material Development
- Monitoring & Evaluation
- Graphic Design

Over the course of three years, BKMI sponsored the attendance of 31 mid- to senior-level professionals from MoHFW in BCCP's annual 15-day Advances in Strategic Health Communication workshop. This workshop teaches both the basic concepts of planning, implementing and monitoring SBCC, as well as the latest developments in the field of SBCC, such as the role of ICT and social media in behavior change.

In this workshop (High-level Leadership in Strategic Communication Workshop) I have learned that I need to enable the people, develop new tools to address problems, and develop a shared vision.

Dr. Md Nasir Uddin, Joint Secretary & Former Director, IEM Unit, DGFP, MoHFW

Organizational Capacity Strengthening

At the organizational level, BKMI worked directly with the BHE, IPHN and IEM Units to strengthen tools and processes to support high-quality SBCC. Three SCS provided hands-on mentoring and day-to-day coaching to establish and institutionalize the tools and processes.

Quarterly and annual capacity strengthening plans were developed based on a series of capacity assessments by each unit. With each capacity assessment, the units gained a deeper understanding of what constitutes high-quality SBCC. In addition, they were also able to complete each subsequent assessment more autonomously and reflectively than previously. BKMI supported the three units to develop **digital archives** of their print and AV SBCC materials. The digital archives are available to all online, which assists with institutional memory and reduces the likelihood of duplication. The archives date back to 2006 for BHE, and 2010 for IPHN and IEM.

The BHE, IEM and IPHN SBCC Digital Archives:

BHE: http://bhe.dghs.gov.bd/digitalarchive/

IEM: http://www.dgfpbd.org/digitalarchive/

IPHN: http://archive.dghs.gov.bd/iphn_digitalarchive/

Organization (3 units)

Processes and Tools

- Digital Archives
- Capacity Assessment
- P-Process
- Monitoring
- Criteria for Gold Standard messages and materials
- Program Manager eToolkit
- Program Manager eLearning
- Unit-level Communication Strategies

BKMI promoted the consistent application of the **P-Process™**, an established tool for planning, designing and implementing SBCC programs (http://www.thehealthcompass.org/sbcc-tools/p-process). The three units learned the value of applying evidence when planning programs, pre-testing messages and materials, and monitoring and evaluating SBCC efforts for increased impact. In addition, BKMI supported high-quality SBCC by the units by promoting a set of **gold-standard criteria for developing messages and materials.**

Following two workshops on monitoring and evaluation for SBCC during Phase 1 of BKMI, BKMI worked closely with the three units to develop a series of **monitoring tools**. The first was a checklist for field worker supervisors – Assistant Health Inspectors (AHIs), Health Inspectors (HIs) and Family Planning Inspectors (FPIs) – to monitor field-based SBCC inputs and outputs (https://bdbccgroup.org/wp-content/uploads/2016/10/M-E-checklist_Bangla.pdf). The checklist was field tested in two "upazilas" or sub-districts (Munshiganj Sadar of Munshigonj District, and Shibalay of Manikganj District) from July to December 2014.

BKMI also worked with IEM and BHE to develop a package of reporting and monitoring tools for audio-visual (AV) vans, which bring videos on health, family planning and nutrition to hard-to-reach and media-dark areas (https://bdbccgroup.org/wp-content/uploads/2016/10/AV-Van-Show-Implementation-Reporting-Monitoring-Tools.pdf). The package also includes step-by-step guidelines for how to organize an AV van show before, during and after the presentation.
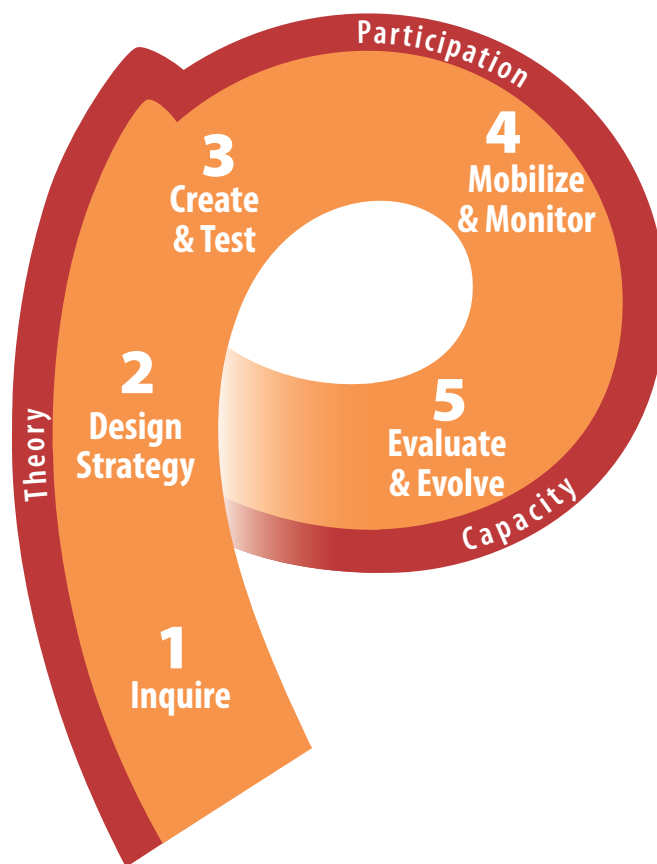
I feel empowered with this monitoring tool. It works like magic to strengthening the program.

Suman Chadra Nath, FPI, Tewata, Shibaloy, Manikgonj

The reporting system made us more alert about performing SBCC activities.

Bilkis Ara Khatun, AHI, Manikgonj

BKMI developed an **eToolkit** and two **eLearning Courses for SBCC Program Managers and Planners.**

The eToolkit (http://etoolkits.dghs.gov.bd/toolkits/bangladesh-program-managers) was launched in 2014. It compiles guidelines, research, curricula, job aids, case studies, theories and other resources to plan, design, implement, monitor and evaluate SBCC. This eToolkit was created specifically for Bangladesh and designed for an audience that has not been formally trained or educated on the art and science of SBCC. A sub-group of the Behavior Change Communication (BCC) Working Group reviews the contents annually to determine if items should be added or removed.
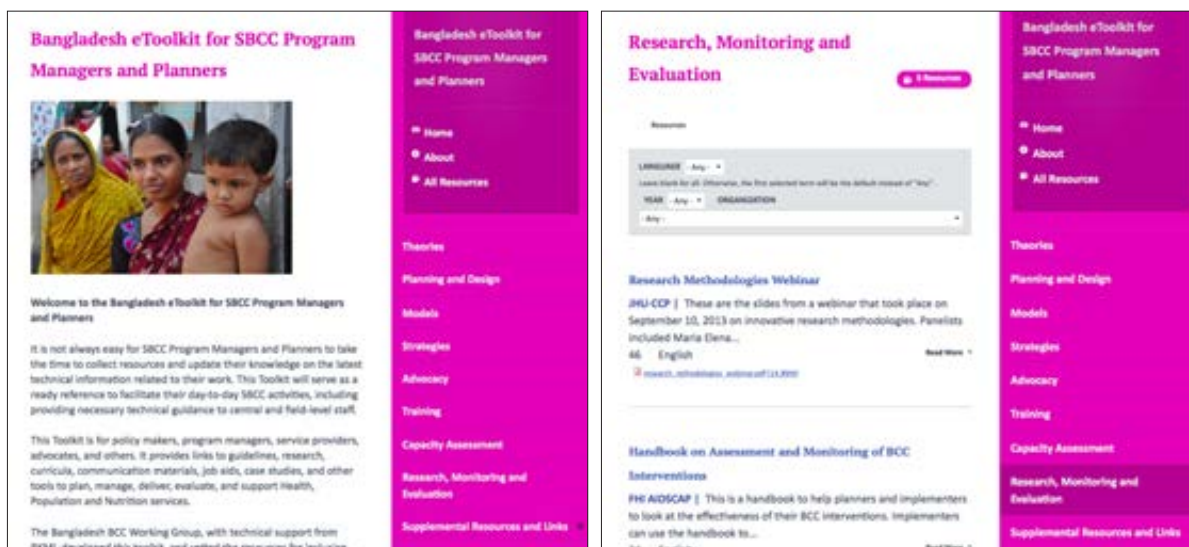
Two eLearning courses – Message and Material Development (MMD) and Introduction to Monitoring and Evaluation (M&E) for SBCC – are available online (http://bdsbcc.org) and free-of-charge in both Bangla and English. The courses provide opportunities for professional development for current and aspiring SBCC program managers and planners who do not have access to in-person trainings, and for those who need to refresh their knowledge.

Program Manager eLearning Evaluation

Analysis of pre- and post-test scores, plus a phone survey three months after course completion, reveal encouraging results.

Test scores suggest a substantial increase in knowledge: For the M&E course, 19 percent of learners received high (more than 75 percent) scores on the pre-test, while 92 percent received high scores on the post-test. Similarly, for the MMD course, 30 percent scored high (80 percent or more) on the pre-test, while 100 percent scored high on the post-test.

All the learners in the phone survey reported to have talked about the courses with others, mainly colleagues and friends. Of those sampled, 17 percent recommended the M&E course to specific people, and 36 percent recommended the MMD course.

About 67 percent M&E and 76 percent MMD learners stated they had put into practice in their work settings concepts they had learned from the course.

As of September 2016, 179 learners had earned a certificate of completion for the M&E course, and 50 had earned certificates for the MMD course. The sample size for this evaluation was 75 from the M&E course, and 25 from the MMD course.

Technical Assistance to Three Units

In addition to its organizational capacity strengthening activities, BKMI also provided targeted technical assistance that was aligned to the priorities of the three units.

BKMI worked with **BHE** to revitalize its Model Village program. One hundred and twenty-eight model villages (two in each district) are located throughout Bangladesh. BKMI developed a series of activities and tools that were piloted by BHE in 13 model villages to catalyze Model Village Implementation Committees, transform mothers into local champions for maternal and child health, and orient primary school students to the importance of maintaining a healthy lifestyle. The implementation committees used a standard tool to create an action plan. BKMI supported BHE to prepare training modules and discussion guides for mothers and school children, and to create a monitoring checklist and protocol for following up Model Village activities. BHE plans to scale-up the activities and tools to all model villages in its next operational plan.

BKMI also facilitated the development of BHE's first website (http://bhe.dghs.gov.bd), which launched in April 2015.

In the **IEM Unit**, BKMI provided an orientation to all AV van projectionists on the tools for organizing, documenting and monitoring AV van shows. IEM has initiated the process of printing the reporting and monitoring tools for AV vans (see page 7).

In addition, at the request of the Director General of Family Planning, BKMI conducted a needs assessment of Bangladesh Betar's Population Cell to identify how the radio station can better support the priorities of the DGFP. Following a planning workshop with Bangladesh Betar and its partners in March 2016, BKMI helped the Population Cell to draft and finalize a message bank.

BKMI advocated for the formation of an SBCC team within **IPHN**. The National Nutrition Service Operational Plan lists SBCC as a top priority. However, IPHN has not historically focused on SBCC. An SBCC team within IPHN was created to give emphasis and attention to high-quality SBCC for nutrition. BKMI conducted a series of trainings with the team, and facilitated regular meetings by the team.

System-level Capacity Strengthening

At the system level, BKMI advocated for and promoted coordination around SBCC initiatives, as well as the integration of health, family planning and nutrition topics when appropriate.

During the Mid-term Review of the Health, Population and Nutrition Sector Development Program (HPNSDP) (2011-2016), the need for a comprehensive, MoHFW-level SBCC strategy was identified as a priority action item. In 2015, the MoHFW requested BKMI to provide technical assistance to draft the **Comprehensive SBCC Strategy** (http://dgfpbd.org/dgfp_documents/DGFP_Policy%20&%20Strategy/Comprehensive%20SBCC%20Strategy%20(2016)_MOHFW.pdf), and also to facilitate the process of collaboratively developing the strategy with input from a range of government and non-government stakeholders.

The strategy, a guiding document for the effective implementation of high-quality SBCC activities for health, family planning and nutrition by all stakeholders in Bangladesh, was approved by the Health Minister and officially disseminated on August 30, 2016.

System

Coordination and Integration

- Comprehensive SBCC Strategy
- National Framework for HPN SBCC
- IEC Technical Committee
- HPN SBCC Coordination Committee
- BCC Working Group
- Best Practices for SBCC
- Field Worker eToolkit
- Field Worker eLearning
- Distribution of SBCC materials
- Compiled HPN videos
- Linkages with other Ministries

BKMI promoted the use of **National Framework for Effective Health, Population and Nutrition (HPN) SBCC**, which the BCC Working Group had developed during Phase 1 of the project. The Framework consists of strategies and approaches that can be used to align communication activities with GoB policies, strategies and plans. It is a flexible and adaptable tool that can be used by any stakeholder to harmonize their SBCC strategies and activities with national priorities. In March 2014, BKMI organized an orientation to the framework, which included drafting an implementation plan. In 2015, BKMI prepared and disseminated a User's Guide for the framework. The framework is a central component of the Comprehensive SBCC Strategy.
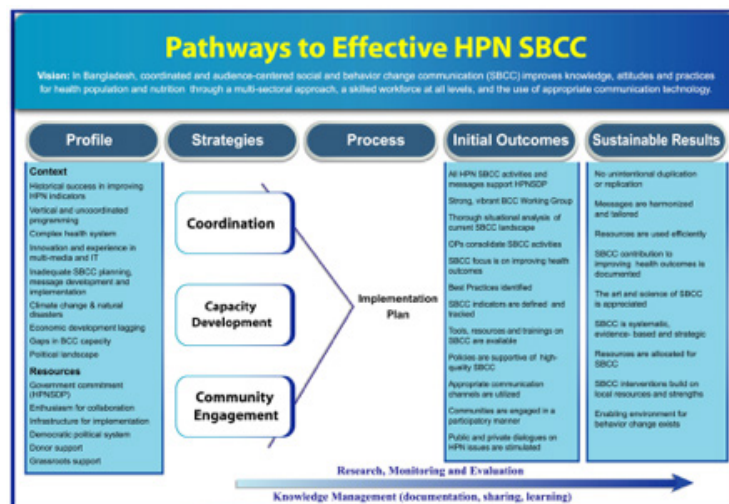
BKMI worked with the **Information, Education and Communication (IEC) Technical Committee** to standardize the criteria that the committee uses to review SBCC materials. BKMI articulated 12 gold-standard criteria (https://bdbccgroup.org/wp-content/uploads/2016/10/BCC-indicators-minutes-bangla.pdf) to consider before materials can be approved, and oriented the IEC Technical Committee to the criteria.

BKMI continued to support the **HPN SBCC Coordination Committee**, which was formed in December 2012, to facilitate functional coordination around SBCC within the MoHFW, particularly among the three units. Other units from DGFP and DGHS were also later invited to join the committee.

In addition, BKMI continued to support the **BCC Working Group**, which is a forum for networking, learning and coordinating SBCC among the wider SBCC community. Formed in 2011, the BCC Working Group includes interested parties from government and non-government organizations, the private sector, development partners, academics and the media. Meetings take place every two to three months and are chaired by the MoHFW Additional Secretary (Public Health and World Health). The BCC Working Group maintains a website (https://www.bdbccgroup.org) and communicates with members via email.

In October 2015, the BCC Working Group hosted a workshop on the use of ICT for SBCC. The workshop was facilitated by James BonTempo, Director of ICT and Innovation for CCP. As of September 2016, active sub-groups include the Program Manager and Planner eToolkit Sub-group, the Field Worker eToolkit Sub-group and the Best Practices Sub-group.

Coordination

Coordination has been an important theme throughout BKMI's capacity strengthening work. Coordinating with others, using resources effectively and looking for opportunities for synergy are all part of effective SBCC. Coordination requires a dedicated mindset, particular skills and sustained effort. It is easy to agree that coordination is important, but more difficult to coordinate with others in a strategic, ongoing manner.

Some of the keys to successful coordination have been regular communication and meetings, open sharing of information about plans and available resources, identification of "low-hanging" fruit as an entry point and consensus around which activities will benefit all parties.

BKMI has supported and facilitated two forums for SBCC coordination: the BCC Working Group, which includes stakeholders from all sectors; and the HPN SBCC Coordination Committee, which focuses on SBCC coordination within the MoHFW. Leadership of both groups is being transferred to the MoHFW.

Each year, the Best Practices Sub-group identifies **Best Practices** for health, family planning and nutrition SBCC in Bangladesh. BCC Working Group members submit their entries, the sub-group reviews them following a standardized rubric and the selected entries are presented during a festive and entertaining Share Fair known as "Safollo Gatha" (Success Stories). The first Safollo Gatha in March 2015 featured six presentations and drew 90 attendees. The second Safollo Gatha in March 2016 featured 12 presentations and drew 180 attendees. Best practices are selected based on their innovation, adaptability, potential for scale-up and effectiveness.

Based on anecdotal reports and observations that SBCC print materials were not visible at the grassroots level, BKMI conducted a study to understand the current system for **distributing and disseminating SBCC materials** in Bangladesh. Several gaps and opportunities were identified, including SBCC materials did not always reach their destination, SBCC materials were not always displayed or disseminated properly, and SBCC materials did not always arrive at the correct time.

Following the study, BKMI worked with MoHFW to develop distribution and dissemination guidelines (https://bdbccgroup.org/wp-content/uploads/2016/10/Distribution-Dissemination-Guideline.pdf), which were shared with relevant government officials. Another key strategy to improve distribution is to use the DGFP's current logistic and supply system for SBCC materials. In 2016, BKMI worked with DGFP, USAID, the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program and Mayer Hashi-II to identify the necessary steps to incorporate SBCC print materials into the DGFP's logistics management information system, to improve the use and distribution of SBCC materials to health facilities. This improved approach is just beginning and will contribute to improved availability and use of SBCC materials at the grassroots level.

BKMI provided technical support to the three units to **compile videos on health, family planning and nutrition topics**. Two sets of videos were created in 2015 and 2016. Each set contains more than four hours of drama serials, theme songs, television commercials and other videos produced by MoHFW. The videos were distributed to government and non-governmental organization (NGO) clinics, AV vans and projects throughout Bangladesh, to provide audiences with integrated health information in an entertaining format. Six hundred and sixty sets were distributed in 2015, and 960 sets were distributed in 2016.

The **eToolkit for Field Workers** (http://etoolkits.dghs.gov.bd/bangladesh-toolkits) is a digital library of print and AV SBCC materials that field workers and other service providers can use as counseling aids. After successfully piloting the eToolkit for Field Workers in 2013, BKMI worked with MoHFW to widely promote the eToolkit in three formats:

- **Online**, for people with access to a computer and an internet signal

- **Offline**, for people with access to a Windows desktop or laptop computer, but who do not have a reliable internet signal (The online version can be downloaded from http://etoolkits.dghs.gov.bd/bangladesh-toolkits, or provided upon request by BCCP; see inside front cover for contact information)

- **As a mobile app**, for people with an Android smart phone or tablet (BD HPN Toolkit in Google Play Store) (A 3G or wifi signal is needed to download files initially, but is not necessary for ongoing use of the app; BKMI has also provided the mobile app via SD card)

In 2014, the DGHS of the MoHFW purchased 24,000 Android tablets for all Health Assistants and their supervisors. As of 2016, more than 13,000 Community Clinics of the MoHFW and 240 Family Welfare Centers of the DGFP are equipped with laptop or desktop computers and modems. BKMI has oriented more than 500 MoHFW field workers to the eToolkit, and has installed the offline eToolkit on more than 200 field worker tablets. The MoHFW is proceeding with promoting the installation and use of the eToolkit for Field Workers.

BKMI has also explored opportunities to link the eToolkit for Field Workers with digitized registers and similar digitized data collection efforts.
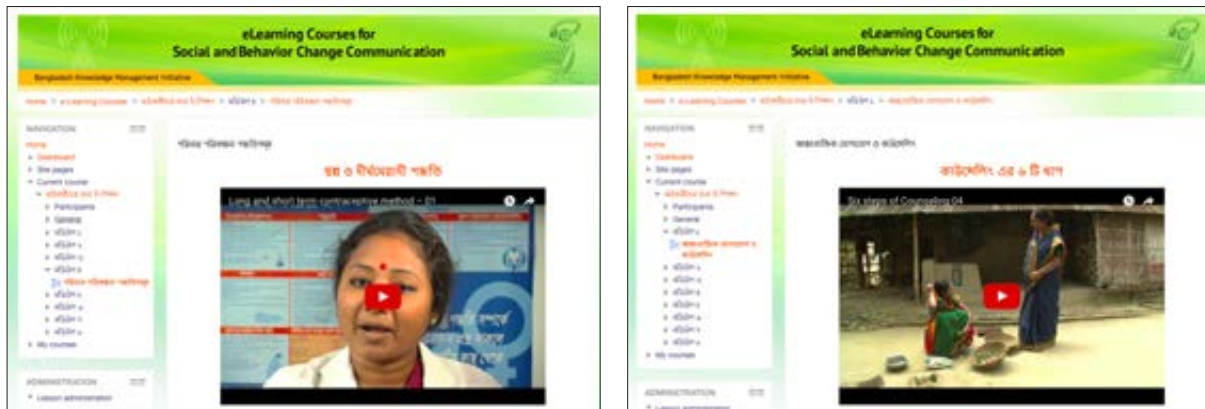
The eToolkit for Field Workers is updated annually by a sub-group of the BCC Working Group.

In 2016, DGFP, DGHS and Community-Based Health Care issued Government Orders to authorities in all 64 districts and 485 upazilas instructing them to use the eToolkit for Field Workers, eLearning courses and digital archives.

The **eLearning course for Field Workers** is also available online (http://bdsbcc.org) and offline, and is designed to be taken to scale. The course contains eight modules, including two on maternal and newborn health, two on infant and young child feeding, two on family planning, one on IPC and one on integrated messaging. The courses are video-based, in Bangla and available free of charge.

Learners who pass the post assessments for all eight modules receive a certificate of completion. As of September 2016, 200 field workers have registered for the online eLearning course, and more than 100 certificates of completion have been issued. The actual number of certificates of completion is higher (but unknown) because the course is also available offline.

Sustainability of Digital Resources

Since the beginning of the project, BKMI has emphasized government ownership and sustainability of digital resources (eToolkits, eLearning courses and digital archives). All of the digital resources need to be maintained after the conclusion of BKMI, from both a content perspective, as well as from a technology perspective.

As of September 2016:

- Both eToolkits are hosted on DGHS servers and content is updated annually by a sub-group of the BCC Working Group

- All three digital archives are hosted on MoHFW servers and content is updated regularly by the three units

- DGFP, DGHS and Community-Based Health Care issued government orders to authorities in all 64 districts and 485 upazilas instructing them to use the BKMI eToolkit for Field Workers, eLearning courses and digital archives

- Links to eToolkits, eLearning courses and digital archives are posted on DGHS, DGFP, MoHFW and other websites

Supporting Others' SBCC Activities

While the MoHFW was the main audience for BKMI's capacity strengthening, USAID implementing partners and other organizations also received technical assistance for their SBCC activities. Some examples include:

- In 2014, updated the content of four "Nijeke Jano" (Know Yourself) booklets on Adolescent Sexual and Reproductive Health. The update was based on qualitative data collected by the USAID-funded TRAction project. BKMI distributed sample copies of the four booklets, and made the print-ready files available to any organization or project that had funds to print them. Those wishing to print Nijeke Jano booklets should contact BCCP for print-ready files (see inside front cover for contact information).

- Conducted pre-testing for a new website (www.healthtalkbd.org) developed by Social Marketing Company, which covers family planning, maternal health, adolescent health, HIV/AIDS and gender-based violence (GBV) topics

- Participated in a review of the Masters of Public Health (MPH) curriculum for the James P Grant School of Public Health of BRAC University

- Guest lectured in the Health Communication course for MPH students at the James P Grant School of Public Health of BRAC University

- Conducted two short courses on Strategic Communication for the Centre for Professional Skills Development on Public Health at the James P Grant School of Public Health of BRAC University

- Advised on SBCC activities for universal health coverage, at the request of the USAID-funded Health Finance and Governance project

Outcome Harvesting

In August 2016, BKMI conducted an **outcome harvesting** evaluation to assess and document the contributions of the three-year project. Outcome harvesting (OH), a complexity-aware qualitative evaluation method, required a desk review of project documents and extensive discussions regarding BKMI contributions to strengthening SBCC capacity in Bangladesh. For the purposes of this evaluation method, "outcome" is defined as a demonstrated change in the behavior of an HC3 partner or other societal SBCC actor. Given the expected intermediate results of BKMI, key actors included the MoHFW, the BCC Working Group and other organizations and projects working on SBCC for health, family planning and nutrition. In total, the OH team identified 65 outcomes linked to BKMI.

Below are select examples of outcomes that highlight progress made in key intervention areas:

More strategic SBCC planning and implementation

- IPHN used a more consultative process, pre-tests materials with target audiences and brings vendor on later in the process

- IPHN integrated mobile technology in its SBCC programs for the first time

- BHE and IEM designed two strategic campaigns

- BHE revitalized the Model Village program

- District-level Health Education Officers under BHE used a monitoring checklist in the field

- BHE and MoHFW planned programs while consulting the National Framework for Effective HPN SBCC

Increased coordination for health, family planning and nutrition SBCC

- MoHSW approved the Comprehensive SBCC Strategy

- Government, international NGOs and donors continued attending and sharing their expertise in BCC Working Group meetings

- A sub-group of the BCC Working Group led the process of collecting, compiling, tagging and vetting materials for the eToolkit for Field Workers

- Various DGFP unit staff attended HPN SBCC Coordination Committee meetings

- MoHFW Additional Secretary chaired BCC Working Group meetings

Observations

MoHFW Leadership

- Leadership matters. A strong, dynamic leader within the MoHFW can produce significant results and impact, and can create a supportive environment for high-quality SBCC.

- Capacity strengthening requires strong relationships built on mutual trust and understanding. The MoHFW commitment to improved SBCC, together with BKMI's sustained presence and dedication to the MoHFW, resulted in a fruitful collaboration and noteworthy results. It was important that BKMI supported the MoHFW's priorities (specifically, achieving the goals of the HPNSDP 2011-2016 and the operational plans of the three units).

Capacity Strengthening

- Capacity development is an ongoing process; as capacity is strengthened, the standard of quality is raised, which then requires further capacity development.

- Due to frequent staff turnover at different levels of MoHFW, BKMI focused most of its capacity strengthening efforts where they would be most sustainable: at the organizational and system levels.

- To achieve sustainability in capacity strengthening, it must be a primary goal throughout the project, starting from the very beginning. Sustainability requires the ownership and commitment of the MoHFW.

- Working with the national-level government is a good investment, and allowed BKMI to have a larger-scale impact.

- Knowledge management is an important component of capacity strengthening for SBCC. Digital archives, a community of practice (the BCC Working Group), sharing of best practices (Safollo Gatha event), eToolkits and eLearning courses are all examples of KM techniques that contribute to stronger, more coordinated and effective SBCC in Bangladesh.

- Dramatic changes do not happen quickly. However, capacity strengthening is a cumulative effort, and a focus on the Capacity Strengthening Framework (see page 4) enabled a blended, multi-level approach to improving the quality of SBCC in Bangladesh.

- Embedded SBCC advisors (or SCS) within the three units was a successful means to facilitate day-to-day mentoring for improved SBCC, and to develop strong, mutually-beneficial relationships between BKMI and the units. The presence of the SCS in the units facilitated capacity strengthening at all three levels: individual, organizational and system.

- Capacity strengthening for the three units had to be tailored to meet the needs of each unit. While some activities applied to all three (for example, the digital archives), BKMI's support was targeted, adapted and appropriate to enhance the strengths and capacity of each unit.

Digital Resources

- Scale-up happens at a pace that the system can accommodate. Although BKMI led the development of digital resources for field workers with the intention of scaling them nationwide, scale-up is still in progress. Further scale-up will be possible with additional procurement of information technology (IT) devices, combined with plans and resources for training, supervision, support and monitoring of digital resources.

- BKMI has made digital resources available in different formats, so that they are more easily available to the largest number of people. For example, the eToolkit for Field Workers is available online, offline and as a mobile app. However, the disadvantage of this strategy is that it is more difficult to track, for example, how many people are using the offline eToolkit, or which resources are accessed most frequently on the mobile app.

Recommendations

To continue the process of improving the quality of SBCC in Bangladesh, BKMI recommends the following:

HPNSDP 2017-2021

- Significant additional resources are needed to adequately expand the MoHFW's ability to plan, design and implement SBCC to address not only current, but also emerging health issues, to increase exposure to health messages by specific target audiences and to facilitate the adoption of healthy behaviors.

- Ensure that SBCC is well-represented, well-integrated and well-funded in the next sector plan, HPNSDP 2017-2021. It needs a robust, strategic approach to improving health behaviors at the household and community levels, using a holistic definition of SBCC, which includes prevention, health promotion, persuasion, community mobilization, demand generation, use of mass and social media, advocacy (i.e., health workers as advocates in their own communities), social change, influencing ideational factors and more.

- Advocate to consolidate SBCC functions into fewer operational plans.

- Include adequate funding for the following activities in the relevant operational plans:

  » Annual updates of two eToolkits

  » Regular maintenance and updates of the digital archives for the three units

  » Periodic updates of eLearning courses for field workers and program managers

  » Procurement, training and dissemination of IT (tablets, computers, etc.) for field workers and program managers

  » Annual joint planning meetings with other units responsible for SBCC

  » Continued participation and increased leadership in the BCC Working Group, as well as the HPN SBCC Coordination Committee

  » Integrate the distribution and dissemination of SBCC materials into the DGFP logistics and supply system

MoHFW Leadership

- Operationalize, implement and fund the MoHFW Comprehensive SBCC Strategy and Action Plan, which was approved by the Health Minister in June 2016.

- The office of the Additional Secretary (Public Health and World Health) of the MoHFW should take on greater leadership and oversight of SBCC efforts, including clearly defining horizontal and vertical mechanisms for coordination within the MoHFW, as well as aligning relevant stakeholders from the NGO, private and other sectors.

- Continue to explore opportunities to use ICTs to facilitate SBCC – particularly learning, sharing, dissemination and two-way communication. Continue to explore opportunities to integrate digital SBCC tools with digital data collection tools and registers.

- MoHFW should invest funds in IT for SBCC and other purposes such as laptops, computers and IT support services; establish a careful plan for orientation and training on IT devices and software; develop processes and tools for supervision and support; and create a monitoring system for the use of IT for both data collection and SBCC.

- MoHFW should develop regulatory mechanisms to avoid unintentional duplication of SBCC materials and efforts.

- Transfer leadership of the BCC Working Group to a multi-sectoral steering committee led by the MoHFW.

- MoHFW should lead the digitization of the application, review and approval process of the IEC Technical Committee. Create an online repository that documents which items are under review and which items have been approved by the IEC Technical Committee, including dates of submission and approval.

- While new and stronger SBCC processes and products have been developed in the MoHFW, many have not been fully implemented or scaled up. As the MoHFW ensures this happens over the next few years, monitoring and evaluation will be needed to document the impact on clients and the general public.

Capacity Strengthening for SBCC

- Continue capacity strengthening efforts, particularly at the organizational and system levels. Include coordination, leadership and quality assurance as key components of capacity strengthening for SBCC. Extend capacity strengthening efforts to district and upazila levels.

- Promote a holistic understanding of SBCC that is theory-based, and that prioritizes a two-way dialogue with audiences. Focus on changing behaviors, rather than disseminating messages or raising awareness.

- Distinguish between behavior change and social change, and adapt approaches accordingly. Behavior change focuses on behaviors (for example, contraceptive use or complementary feeding of young children), while social change focuses on social norms and values (for example, a preference for a smaller family size or child marriage).

- Improved SBCC quality requires a high-performing workforce at all levels:

  » Policymakers: Value the full power of SBCC to address public health challenges; Appreciate the combination of art and science needed to produce high-quality SBCC; Allocate adequate human, financial and material resources for SBCC; Set high expectations for quality of SBCC programs; Create mechanisms for coordinating and aligning SBCC programs and messaging.

  » Program Planning and Design: Use a proven, systematic process to conceptualize, plan and design SBCC programs that are audience-centered, evidence-based, coordinated and comprehensive; Identify appropriate communication and behavioral objectives and indicators for SBCC programs; Allocate program resources appropriately.

  » Program Management: Implement, monitor and evaluate SBCC programs.

  » Program Delivery (including service providers, field workers and others): Provide high-quality programs that are ethical, responsive to clients' needs and free from bias.

SBCC Coordination

- SBCC coordination within the MoHFW and between multiple stakeholders has begun. MoHFW time and commitment is needed to sustain strategic, functional coordination for SBCC.

- To facilitate coordination for SBCC in Bangladesh, a thorough landscaping of current SBCC activities is needed. Furthermore, all organizations involved in SBCC should participate in digital information sharing platforms, and must actively and regularly update their materials and activities.

Other

- Identify a clear research agenda to strengthen SBCC in Bangladesh. Some topics could include in-depth audience research for particular audience segments; understanding how people use mobile phones; and demonstrating how SBCC contributes to increased healthy behavior adoption that lead to improved health outcomes in Bangladesh.

- Strengthen communication systems to respond quickly to health emergencies, including epidemic/pandemic threats, natural disasters and other crises.

- Liase with other MoHFW Units and Offices to ensure the use of SBCC as an important element of introducing and promoting universal health coverage.

- Prioritize SBCC programs that are sensitive to gender considerations. SBCC should segment audiences by gender when appropriate, as well as create opportunities for individuals and communities to actively challenge prevailing gender norms.

Acronyms

AHI	Assistant Health Inspector
AV	Audio-Visual
BCC	Behavior Change Communication
BCCP	Bangladesh Center for Communication Programs
BKMI	Bangladesh Knowledge Management Initiative
BHE	Bureau of Health Education
CCP	Johns Hopkins Center for Communication Programs
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
FPI	Family Planning Inspector
GoB	Government of Bangladesh
HC3	Health Communication Capacity Collaborative
HI	Health Inspector
HPN	Health, Population and Nutrition
HPNSDP	Health, Population and Nutrition Sector Development Program
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IEM	Information, Education and Motivation
IPC	Interpersonal Communication
IPHN	Institute of Public Health Nutrition
IT	Information Technology
KM	Knowledge Management
M&E	Monitoring and Evaluation
MMD	Message & Material Development
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organization
SBCC	Social and Behavior Change Communication
SCS	Senior Communication Specialist
SIAPS	Systems for Improved Access to Pharmaceuticals and Services Program
USAID	U.S. Agency for International Development