National Framework
for Effective HPN Social and Behavior Change Communication

Background
The strategic plan for the national Health Population and Nutrition Sector Development Program (HPNSDP) describes the Government of Bangladesh’s intentions for developments and innovations in Health Population and Nutrition (HPN) for the period of 2011-2016. The HPNSDP identifies social and behavior change communication (SBCC) as a key strategy for achieving positive and lasting health outcomes.

This framework supports the implementation of the HPNSDP by ensuring that SBCC activities are aligned with GoB policies, strategies and plans, and that they are carried out according to high-quality standards for best practices.

This framework was developed by the Bangladesh BCC Working Group following a participatory, iterative process in close consultation with relevant key stakeholders and concerned experts including DGFP, DGHS, development partners, NGOs and civil society members.

Purpose of the Framework
The National Framework for Effective HPN SBCC assists all stakeholders to deliver consistent, reinforcing messages to priority audiences addressing key behaviors in support of the HPNSDP. The Framework facilitates coordination between and among stakeholders, and will align all stakeholders’ activities with government policies and strategies. The Framework supports the planning, design and implementation of effective communication in support of favorable health outcomes.

To achieve this purpose, political commitment is critical.

What is it? The Framework consists of strategies and approaches that can be used to align communication activities with GoB policies, strategies and plans. It identifies initial and long-term results of effective and coordinated SBCC. The Framework is a flexible and adaptable tool that can be used by any stakeholder to harmonize their SBCC strategies and activities with national priorities.

The Framework consists of a diagram, this narrative, and a sample implementation plan.

Who is it for? Stakeholders include actors at all levels and in all sectors who are responsible for planning, designing, implementing, monitoring and evaluating SBCC, as well as those who are responsible for allocating resources to SBCC.

How will it be used? Stakeholders can adapt the Framework for their use on two levels: conceptual and practical. On one hand, it can be used conceptually to inform communication strategies and to guide resource allocation. On the other hand, the Framework – particularly the Implementation Plan – is a practical tool to identify opportunities for coordination, to inform a national Community of Practice (the BCC Working Group), and to guide implementation of SBCC activities.

The framework can also support the IEC Technical Committee as they continue to approve high-quality, coordinated SBCC materials.
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCCWG</td>
<td>Behavior Change Communication Working Group</td>
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<tr>
<td>BMS</td>
<td>Breastmilk Substitute</td>
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<tr>
<td>CHW</td>
<td>Community Health Worker</td>
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<tr>
<td>CoP</td>
<td>Community of Practice</td>
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<tr>
<td>EBF</td>
<td>Exclusive Breastfeeding</td>
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<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GoB</td>
<td>Government of Bangladesh</td>
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<tr>
<td>HPN</td>
<td>Health, Population, Nutrition</td>
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<tr>
<td>HPNSDP</td>
<td>Health, Population, Nutrition Sector Development Program</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resources</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technologies</td>
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<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<tr>
<td>KM</td>
<td>Knowledge Management</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring &amp; Evaluation</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal, Neonatal, and Child Health</td>
</tr>
<tr>
<td>NNS</td>
<td>National Nutrition Service</td>
</tr>
<tr>
<td>NSV</td>
<td>Non-scalpel Vasectomy</td>
</tr>
<tr>
<td>SBCC</td>
<td>Social and Behavior Change Communication</td>
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<tr>
<td>SHIKHA</td>
<td>&quot;Shisukekhawano&quot; project</td>
</tr>
<tr>
<td>SPRING</td>
<td>Strengthening Partnerships, Results, and Innovations in Nutrition Globally</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities, Threats</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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The User Guide

What is the purpose of the User Guide?

This user guide is an explanatory document that walks users through the National Framework for Effective HPN SBCC step-by-step. Its purpose is to build understanding about how users can structure HPN SBCC strategies, programs, and campaigns based on the framework. It is meant to be a self-paced guideline and helpful reference document.

Who is the User Guide for?

Stakeholders involved in the development and implementation of SBCC strategies, programs, and campaigns should consult this user guide to improve their understanding of the National Framework for Effective HPN SBCC.

How can the Guide be used?

The guide aims to build capacity for all SBCC stakeholders by walking them through the steps for using the National Framework for Effective HPN SBCC.

1. Provides background information and motivation for Framework creation
2. Delineates the main steps of the framework
3. Gives sample case studies from each of the HPN focal areas
4. Identifies key questions that users should consider when developing and implementing SBCC strategies and programs. These questions ensure that users fully understand the framework and can effectively incorporate it in the development process.

National Framework for Effective HPN SBCC

What is the Framework?

The Framework is a flexible and adaptable tool that can be used to harmonize SBCC strategies and activities with national priorities. It was developed by the Bangladesh Behavior Change Communication Working Group (BCCWG) following a participatory, iterative process in close consultation with relevant key stakeholders and concerned experts including the Directorate General of Family Planning (DGFP), Directorate General Health Services (DGHS), development partners, NGOs, and civil society members.

What is the purpose of the Framework?

- Supports implementation and alignment of SBCC activities with GoB policies, strategies, and plans
- Ensures high quality SBCC activities
- Facilitates stakeholder coordination
- Identifies initial outcomes and long-term results of SBCC
- Fosters development of consistent, reinforcing messages for priority audiences
- Guides resource allocation
Who is the Framework for?

The framework is for all stakeholders involved in planning, designing, allocating resources for, implementing, monitoring, and evaluating SBCC strategies and programs.

How can the Framework be used?

The Framework can be adapted for use on two levels:
- **Conceptual**
  - To inform communication strategies
  - To guide resource allocation
- **Practical**
  - To identify coordination opportunities
  - To inform a national Community of Practice (CoP) such as the BCCWG
  - To guide implementation of SBCC activities

Definitions

SBCC
The use of communication to influence individual and collective behaviors pertaining to health. Methods include interpersonal communication (IPC), community mobilization, mass media, information communication technologies (ICT), and others.

Well-designed SBCC for health, population and nutrition employs a research-based, consultative process using communication to promote and facilitate behavior change and support social change for the purpose of improving health outcomes. It is driven by demographic and epidemiological data, as well as by an analysis of social norms, current behaviors, barriers and enablers to behavior change, and audience perspectives. This process should be iterative, with data from earlier rounds being used to inform and improve later rounds.

SBCC is guided by a social ecological model that shows how behavior operates on and is influenced by four inter-connected levels: individuals; family and peer networks; communities; and social environments.

Reflecting the social ecological model, SBCC seeks to exert influence at four levels:
- **Individuals**: Improve knowledge, attitudes and other ideational factors that support the adoption and maintenance of desired healthy behaviors or the changing of unhealthy behaviors
- **Family and peer networks**: Promote positive peer influence, social support, spousal communication, and intra-family communication.
- **Communities**: Mobilize a broad range of stakeholders including community leaders and health service providers to promote shared ownership and collective efficacy, and to strengthen social capital.
- **Social environments**: Advocate to mobilize resources; to generate social, religious and political commitment to achieve positive health outcomes; and to promote supportive cultural values and norms.
Sustainability

The capacity to maintain programs and activities at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial, and technical assistance from an external donor. [1, 2]

Knowledge Management

A way to leverage knowledge externally and internally to improve collaboration and communication, and to work with greater efficiency using people/culture, processes, and technology. It encompasses creating, organizing, sharing, and using information and experiences about what has been proven effective to achieve greatest impact and improve outcomes. [3]

Walking Through the Framework

SBCC Vision

In Bangladesh, coordinated and audience-centered Social and Behavior Change Communication (SBCC) improves knowledge, attitudes and practices for health, population and nutrition (HPN) through a multi-sectoral approach, a skilled workforce at all levels, and the use of appropriate communication technology.

National Priorities

Since national priorities are constantly evolving, it is important to identify relevant and current priorities that your SBCC strategy or program supports.

Some national priorities include the following:
- Stimulate demand and improve access to and utilization of HPN services to reduce morbidity and mortality
- Reduce population growth rate
- Improve nutritional status, especially of women and children
Pathways to Effective HPN SBCC Framework

Framework Steps

Step 1: Profile Development

- Research current SBCC situation and identify available resources
- Identify strengths, weaknesses, opportunities, and threats (SWOT analysis)
A SWOT analysis allows a user to view a program, strategy, or organization from both internal and external perspectives and assess the overall probability of success in context. Strengths can include organizational/programmatic resources, capabilities, and attitudes. Weaknesses can include organizational/programmatic limitations and reasons for past failings. Opportunities are external in origin and can include unfulfilled niches and political or other support. Threats can include an unsupportive environment, cultures and norms, and competing programs.

**Step 2: Strategic Design**

Use Coordination, Capacity Development, and Community Engagement strategies to:

- Leverage strengths
- Address weaknesses
- Take advantage of opportunities
- Minimize threats

**Coordination**

- Process that ensures synchronization of interventions
- Occurs across all levels of stakeholders, organizations, and sectors
- Networking, advocacy, and KM are effective tools that can support coordination

**Capacity Development**

- Nurtures a high-performing SBCC workforce, from grassroots to policy level
- Supports data and evidence-driven SBCC
- Some approaches include workshops, seminars, webinars, and eLearning, among others

**Community Engagement**

- Builds ownership among stakeholders and communities
- Stimulates dialogue between SBCC practitioners and audiences
- Gives a voice to communities and ensures that SBCC activities are audience-oriented

**Step 3: Designing an Implementation Plan**

Develop an implementation plan with:

- Detailed steps
- Time frames
- Expected outputs
- Indicators
- Partners/Stakeholders
- M&E strategies
- Mechanisms to continuously document all processes, outcomes, and results
Cross-Cutting Themes

The following cross-cutting themes should be considered and applied during each step of the framework:

Research, Monitoring, and Evaluation
- Provides critical information about context, audiences, and intervention impact
- Feeds back into the planning cycle for continuous quality improvement

Documentation
- Ensures measurement of successes and reasons for failure
- Provides “Best practices” and “Lessons learned” about what does and does not work in different communities, leading to more successful interventions
- Can be cost-effective and time saving through the use of Information and Communication Technology (ICT)

Knowledge Management
- Uses tools and techniques to capture, develop, share, and effectively use knowledge
- Leverages knowledge externally and internally to improve collaboration and communication, and increase efficiency
- KM is a continuous process

Gender
- Gender considerations can impact the level of understanding and acceptance of new behaviors
- Can guide culturally appropriate methods to influence existing beliefs and social norms

Sample Case Studies

These case studies are meant to provide basic guidance to framework users. They are designed to walk the user through each step of the framework process using examples, but are not comprehensive.

1. **Infant and Young Child Feeding (IYCF)**

Program Description

Train community health workers (CHWs) on IYCF counseling for mothers of children under five

**Step 1: Profile Development**

- Current SBCC situation and context
  - **Successes:** Stunting rate below the WHO threshold, reduced neonatal mortality, adoption of National IYCF Strategy, alignment of programs with HPNSDP priorities, SBCC programs such as the WFP Improving Maternal and Child Nutrition Project, SPRING, and SHIKHA
  - **Challenges:** EBF has seen a sharp decline, dietary diversity is lacking, nutrition needs long term planning, uneven improvements in IYCF practices, and the urban population is largely ignored
  - **Available resources:** necessary donor and grassroots support, government supportive of increased multi-sectoral engagement
SWOT Analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>• Nutrition is a national priority</td>
<td>• Vertical, uncoordinated programs</td>
</tr>
<tr>
<td>• Relevant policies are in place</td>
<td>• Poor monitoring of SBCC</td>
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<tr>
<td>• IYCF alliance</td>
<td>• Lack of HR for SBCC</td>
</tr>
<tr>
<td>• Existing IYCF SBCC materials</td>
<td>• Poor urban SBCC delivery system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strong donor interest</td>
<td>• BMS Code Violations and unregulated private sector communication</td>
</tr>
<tr>
<td>• Next sector program focus</td>
<td>• Lack of coherent communication</td>
</tr>
<tr>
<td>• Available technology</td>
<td></td>
</tr>
</tbody>
</table>

Step 2: Strategic Design

- Coordination Strategy
  - Strengthen NNS multi-sectoral engagement platform
  - Share and promote nutrition SBCC materials across 13 ministries when appropriate
  - Better engage nutrition sensitive stakeholders
  - Strengthen and update counseling materials
  - Promote updated counseling materials
  - Incorporate IYCF education in school curriculum

- Capacity Development Strategy
  - Build capacity of nutrition-sensitive stakeholders within GoB
  - Orient ministerial staff, program managers, and planners on available IYCF counseling materials
  - Train CHWs on counseling techniques with IYCF materials
  - Develop ICT tools for counseling

- Community Engagement Strategy
  - Disseminate IYCF SBCC material through CHWs to target audiences in the community
  - Build resources within community, target the youth and women prior to pregnancy
  - Engage males on topics of MNCH and nutrition
  - Promote champions and role models

Step 3: Designing an Implementation Plan

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Output</th>
<th>Step</th>
<th>Timeline</th>
<th>Responsible Party</th>
<th>Partners/Allies</th>
<th>Documentation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>Share SBCC materials across 13 ministries</td>
<td>SBCC materials are actively and regularly shared between ministry officials and staff</td>
<td>Gather relevant materials</td>
<td>4 months</td>
<td>BCC Working Group</td>
<td>GoB, NGO, and other stakeholders</td>
<td>Documentation team will coordinate monthly updates with responsible parties to document activities, processes, and decisions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Review and format materials</td>
<td>2 months</td>
<td>Nutrition subgroup</td>
<td>Members of BCC Working Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disseminate materials to 13 ministries</td>
<td>2 months</td>
<td>GoB representative</td>
<td>Nutrition subgroup</td>
<td></td>
</tr>
</tbody>
</table>
**2. Male Involvement in Family Planning (FP)**

**Program Description**

Raise male FP awareness and encourage male involvement in and responsibility for FP

**Step 1: Profile Development**

- **Current SBCC situation and context**
  - **Successes**: Government leaflets promoting NSV and men/husbands, incorporation of male contraceptive methods in family planning materials, research about male attitudes toward and awareness of NSV and other male contraceptive methods
  - **Challenges**: Not enough materials and tools that specifically address males, lacking in advocacy, lack of understanding of family planning benefits and how to be supportive of female contraceptive choices and methods, lack of initiative for male contraceptive methods such as non-scalpel vasectomy (NSV)
  - **Available resources**: positive government commitment, an enabling policy environment, donor support, collaboration between government organizations and NGOs

- **SWOT Analysis**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Current programs have some emphasis on male participation&lt;br&gt;• Focus on couples counseling and spousal&lt;br&gt;• Availability of male contraceptives&lt;br&gt;• Simplicity of male contraceptive methods</td>
<td>• Female-focused SBCC programs&lt;br&gt;• Males are not aware of FP benefits&lt;br&gt;• Lack of advocacy and family planning materials targeting men&lt;br&gt;• Insufficient male counseling</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Global attention for male participation in FP</td>
<td>• Male-dominated society&lt;br&gt;• Limited male contraceptive methods</td>
</tr>
</tbody>
</table>
• Tools for social marketing of male contraceptives

• High illiteracy rates among married couples
• Incorrect and inconsistence use of condoms
• NSV takes 3 months to be effective
• Stigma for male contraceptives
• Low motivation for male contraceptive use

### Step 2: Strategic Design

- **Coordination Strategy**
  - Incorporate more male-targeted messaging into existing FP materials
  - Coordinate increased male involvement in other aspects of health (e.g. nutrition, pregnancy care)
  - Harmonize health provider messages emphasize male responsibility in FP

- **Capacity Development Strategy**
  - Cultivate high-performing SBCC staff
  - Conduct sensitization and advocacy workshops for service providers
  - Train family planning staff on importance of male involvement in FP

- **Community Engagement Strategy**
  - Take a bottom-up and socio-culturally sensitive approach
  - Focus on client satisfaction
  - Advocacy and sensitization of religious/public/local leaders
  - Youth involvement

### Step 3: Designing an Implementation Plan

<table>
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<th>Partners/Allies</th>
<th>Documentation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>Incorporate more male-targeted messaging into existing FP materials</td>
<td>Existing FP materials have been updated to include male-targeted messaging. Future materials are designed to include male involvement information</td>
<td>Map existing FP materials</td>
<td>3 months</td>
<td>BKMI</td>
<td>GoB, NGOs, CHWs</td>
<td>Documentation team will coordinate monthly updates with responsible parties to document activities, processes, and decisions</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Design male-targeted FP messages</td>
<td>2 months</td>
<td>BCC Working Group, FP technical experts</td>
<td>GoB, NGOs, designers, community</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disseminate messages to material developers</td>
<td>2 months</td>
<td>BCC Working Group; IEM</td>
<td>GoB, NGOs</td>
<td></td>
</tr>
<tr>
<td>Capacity Development</td>
<td>Conduct sensitization and advocacy workshops for service providers offer high quality FP</td>
<td>Service providers offer high quality FP</td>
<td>Identify relevant service providers</td>
<td>2 months</td>
<td>BKMI</td>
<td>GoB, NGO, health facilities and clinics</td>
<td></td>
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</table>
### 3. Institutional Delivery (ID)

**Program Description**

Disseminate messages about importance and benefits of institutional delivery and encourage women to deliver in a health facility

**Step 1: Profile Development**

- Current SBCC situation and context
  - **Successes:** DGFP introduced 24-hour normal delivery services at selected Family Welfare Centers, approximately 27,000 nurse-midwives have been trained in general nursing & midwifery, the Prime Minister has committed to the United Nations General Assembly to train another 3,000 midwives by 2015, delivery by medically-trained attendants doubled between 2004 and 2011 to 32%
  - **Challenges:** Only 32% of deliveries are attended by medically-trained attendants, over 50% of births assisted by untrained traditional birth attendants, only 29% of births are delivered at a health facility [5]
  - **Available resources:** government commitment to encourage institutional delivery among women, donor support, robust NGO clinic network

- SWOT Analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
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<tbody>
<tr>
<td>• Understands importance of ID</td>
<td>• Poor counseling techniques</td>
</tr>
<tr>
<td>• All promotional activities include ID</td>
<td>• Inadequate IPC</td>
</tr>
<tr>
<td>• Materials and information are available about ID (e.g. 5 danger signs, 3 delays)</td>
<td>• Negative health provider attitudes</td>
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<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Have resources, material, and providers</td>
<td>• Cultural barriers and traditions</td>
</tr>
<tr>
<td>• Next sector plan focus on ID</td>
<td>• Poverty and lack of information</td>
</tr>
<tr>
<td></td>
<td>• Distance from health services</td>
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</tbody>
</table>
Step 2: Strategic Design

- Coordination Strategy
  - Enhance coordination between DGHS, DGFP, and other stakeholders at all levels
  - Institute monthly/quarterly coordination meetings among all stakeholders at national, district and upazila levels
  - Increase sharing of SBCC resources, including any action and implementation plans
  - Include coordination as an integral element of the DGHS and DGFP operational plans

- Capacity Development Strategy
  - Conduct training and counseling for providers on the benefits of institutional deliveries, the five danger signs of pregnancy, the three delays model, and birth planning and preparedness
  - Supervise and monitor providers to ensure good quality of care

- Community Engagement Strategy
  - Hold courtyard meetings with family members, neighbors, community birth attendants, and community leaders
  - Conduct local-level advocacy meetings
  - Use frontline health workers to disseminate messages door-to-door using modern technology (eHealth toolkits, etc.)
  - Form community support groups at the grassroots level to promote institutional delivery

Step 3: Designing an Implementation Plan

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Output</th>
<th>Step</th>
<th>Timeline</th>
<th>Responsible Party</th>
<th>Partners/Allies</th>
<th>Documentation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>Increase sharing of ID-related SBCC resources</td>
<td>All relevant stakeholders actively and regularly share ID-related SBCC resources through formal and informal channels</td>
<td>Gather existing materials</td>
<td>4 months</td>
<td>BCC Working Group</td>
<td>GoB, NGO, and other stakeholders</td>
<td>Documentation team will coordinate monthly updates with responsible parties to document activities, processes, and decisions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Review and harmonize messages</td>
<td>2 months</td>
<td>Maternal and Child Health subgroup</td>
<td>BCC Working Group; technical experts</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Disseminate materials to relevant stakeholders</td>
<td>2 months</td>
<td>BCC Working Group</td>
<td>Maternal and Child Health stakeholders</td>
<td></td>
</tr>
<tr>
<td>Capacity Development</td>
<td>Conduct training and counseling for providers on the benefits of institutional deliveries</td>
<td>Providers fully understand and can articulate the benefits of ID. They can also effectively identify health providers</td>
<td>Identify health providers</td>
<td>2 months</td>
<td>NGO network</td>
<td>GoB, health facilities, NGOs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Develop and test counseling materials</td>
<td>4 months</td>
<td>BCC Working Group, technical experts</td>
<td>GoB, providers, NGOs</td>
<td></td>
</tr>
<tr>
<td>Community Engagement</td>
<td>Form community support groups at the grassroots level to promote ID</td>
<td>Community support groups meet regularly and often to actively promote ID at the grassroots level</td>
<td>Identify key community stakeholders</td>
<td>2 months</td>
<td>NGOs, community groups</td>
<td>Relevant GoB and other stakeholders</td>
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### Key Questions

While designing your SBCC strategy or program plan, check to see if you have answered the following:

- What are the national priorities?
- How have you leveraged your network to create this strategy/program?
- Who is an advocate for this strategy/program? Do the advocates represent differing organizations/departments/levels of stakeholders?
- What existing best practices, materials, or evidence were used to develop this strategy/program?
- How does the strategy/program build capacity and at which levels?
- Which community needs are addressed by this strategy/program? How did the community help to identify these needs?
- How does the strategy/program incorporate research, monitoring, and evaluation?
- How does the strategy/program plan to document best practices, processes, decisions, and lessons learned?
- How does the strategy/program make use of internal and external knowledge to increase collaboration and communication?

### References

3. https://www.k4health.org/toolkits/km
Appendix A: Sample Worksheet

**Topic:**

**Description:**

**Step 1: Profile Development**

- Current SBCC situation and context
  - Successes:
    - __________________________________________________________________________
    - __________________________________________________________________________
    - __________________________________________________________________________
    - __________________________________________________________________________
  - Challenges:
    - __________________________________________________________________________
    - __________________________________________________________________________
    - __________________________________________________________________________
    - __________________________________________________________________________
  - Available Resources:
    - __________________________________________________________________________
    - __________________________________________________________________________
    - __________________________________________________________________________
    - __________________________________________________________________________

- SWOT Analysis

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**Step 2: Strategic Design**

- Coordination Strategy
  - __________________________________________________________________________
  - __________________________________________________________________________
  - __________________________________________________________________________
• Capacity Development Strategy
• Community Engagement Strategy

### Step 3: Designing an Implementation Plan

<table>
<thead>
<tr>
<th>Strategy</th>
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<th>Documentation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
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<tr>
<td>Capacity Development</td>
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<tr>
<td>Community Engagement</td>
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Vision for SBCC

In Bangladesh, coordinated and audience-centered Social and Behavior Change Communication (SBCC) improves knowledge, attitudes and practices for health, population and nutrition (HPN) through a multi-sectoral approach, a skilled workforce at all levels, and the use of appropriate communication technology.

Profile

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>Commitment to HPN within technical units of MOHFW</td>
<td>Vertical/uncoordinated programming</td>
</tr>
<tr>
<td>Available expertise and experience on Media and Technology for HPN communication</td>
<td>Complexity of public sector leadership given the multiplicity of actors</td>
</tr>
<tr>
<td>Available infrastructure for HPN communication implementation</td>
<td>Inadequate HPN communication planning and implementation</td>
</tr>
<tr>
<td>Available mechanisms and goodwill for collaboration between units, sectors &amp; levels</td>
<td>Poor information and knowledge management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovation in information technology and multi-media related to HPN communication</td>
<td>Disturbing ecological environment patterns</td>
</tr>
<tr>
<td>Positive social development and health results accomplished over the last 40 years</td>
<td>Political interference in decision-making</td>
</tr>
<tr>
<td>Promising experiences in multi-sector and multi-level collaboration</td>
<td>Over-dependency on foreign aid</td>
</tr>
<tr>
<td>Democratic political system</td>
<td>Economic development lagging behind</td>
</tr>
</tbody>
</table>

Strategies

During the Alignment Workshop of November 2012, participants identified key strategies to leverage strengths, address weaknesses, take advantage of opportunities and minimize threats.

1. Harmonization (coordination) of BCC/IEC messages
2. SBCC Capacity Development
3. Community Engagement (audience focus)

The three strategies work hand-in-hand and reinforce each other to support effective SBCC in support of the HPNSDP.

Strategy #1: Coordination

**Coordination** is crucial for successful implementation of SBCC. Effective SBCC programs require a concerted effort to orchestrate activities and to ensure quality, phasing and harmonization of interventions. To ensure synchronization across the multi-level and multi-segment stakeholders, it is essential that there is coordination at the highest levels of the government in collaboration with donors and NGOs.

Coordination can take on several forms, such as the alignment of messages, activities or stakeholders with national policies. All coordination efforts should ultimately support the goals outlined in the HPNSDP. Coordination can take place both within and beyond the health sector.

Networking is key to coordination. Through networking, different stakeholders can establish and nurture working relationships, and can look for opportunities to cooperate. Networking can be done in a number of ways, by meeting together, sharing newsletters, participating in e-mail or online networks, or meeting at seminars and conferences. Forums for networking and sharing, such as the BCC Working Group, allow
stakeholders to leverage resources, and encourage stakeholders to capture and replicate innovations. Meetings of the HPN Communication Coordination Committee strengthen coordination between HPN Units within DGHS and DGFP.

Linkage brings interactions between tasks, functions, departments, and organizations that promote flow of information, ideas, and integration in achievement of shared objectives and facilitate the process of coordination.

Advocacy is an organized effort to influence decision-making, and an effective tool to support coordination. Advocacy may be carried out at national to local levels, addressing both leadership and media to establish and ensure coordination. It is a continuous and adaptive process for gaining political and social commitment and plays a crucial role in smooth implementation of policies that would be beneficial for in creating an enabling environment for social and behavior change.

Knowledge management can support coordination. The BCC eToolkit for Field Workers is one example of this. KM tools can be used to disseminate existing information, best practices, and other evidence so that relevant data are accessible and used for message and program design.

Other examples of coordination may include: unified SBCC and uniform massage development, adapting existing SBCC materials for other audiences or purposes (rather than starting from scratch); sharing research data widely so that others may also benefit; promoting service utilization and providing links to services; designing a multi-stakeholder or multi-sectoral campaign; or ensuring that local and national-level activities are complementary and reinforcing.

In order to coordinate effectively, a thorough situational analysis of the current SBCC landscape is necessary.

Strategy #2: Capacity Development

Capacity development in SBCC means nurturing a high-performing workforce for SBCC that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. staff are skilled, fairly distributed, competent, responsive, ethical and productive).

Capacity development at all levels – from grassroots to policy – is crucial. It includes the capacity to plan, design, implement, monitor and evaluate SBCC, as well as the willingness to allocate resources for SBCC. Capacity development as a strategy includes everything from improving the interpersonal communication and counseling skills of field workers, to building the leadership and advocacy skills needed to convince authorities and decision-makers to establish policies that are supportive of high-quality SBCC.

Strengthened capacity of SBCC practitioners will improve the quality of SBCC efforts, which will ultimately improve health outcomes. Well-executed SBCC is data-driven, audience-centered and coordinated. It focuses on changing behavior, encouraging supportive social norms, linking clients to services, and closing the gap between knowledge and practice. It includes a robust monitoring and evaluation system, including specific process and behavioral indicators.

There are many different approaches to capacity development, from more traditional formats (workshops, seminars) to more innovative techniques (webinars, eLearning). The Program Manager eToolkit is one resource for developing SBCC capacity. Identifying Best Practices in SBCC in Bangladesh will also improve the capacity of SBCC practitioners to learn from past successes and replicate effective interventions.

The rapid growth of information and communication technologies provides opportunities for learning, sharing and dissemination. At the same time, SBCC practitioners have to find the right mix of new and traditional forms of communication.
**Strategy #3: Community Engagement**

**Community engagement** refers to the process of engaging all stakeholders and communities to participate and build ownership with SBCC programs by applying a collective vision for the community’s benefit.

In order to be effective, SBCC needs to strongly reflect communities’ needs and priorities. Expert SBCC practitioners take a strengths-based approach to community engagement. In addition to changing the behavior of individuals, SBCC looks for ways to nurture an environment that will facilitate healthy behaviors and positive social norms.

A strengths-based approach acknowledges the value of local resources, including community participation; opinion and thought leaders; existing institutions, organizations and processes; or material or in-kind contributions.

Community engagement can take the form of pre-testing SBCC materials; advisory committees; participatory methods of community mapping and other qualitative research techniques; stimulating discussions in communities; empowering communities to speak on their own behalf; or working with communities to identify and then minimize or eliminate social, cultural or practical barriers to accessing health services and performing healthy behaviors.

Communication is, by definition, a multi-directional process. SBCC is not merely about disseminating messages, but also about stimulating dialogue – between SBCC practitioners and audiences, within communities and within families and social networks.

Key audiences and communities inform every step of developing and disseminating SBCC. Vulnerable, at-risk and marginalized populations are given particular consideration. As a result, communities are given voice.

**Process**

The strategies direct the formulation/development of social and behavior change communication activities. Process activities are the bridge between strategies and results. This is the Implementation Plan, which provides information on how the activities will be executed. Activities depend on strategies, and will vary considering the objectives and audiences of the project. The implementation plan details out the activities: what are the steps, what is the time frame, what are the expected outputs, what are indicators, who will implement, who will monitor etc (see example below).

**Initial results**

Initial results are the visible outcomes of implementing the three strategies.

**Sustainable results**

Sustainable results describes an infrastructure that is supportive of SBCC; a community of professionals that works in a coordinated and systematic way; and an environment in which SBCC can make the biggest impact on improving health outcomes. When sustainable results are achieved, we can attain our vision.

**Cross-cutting Themes**

These activities are important throughout each step of the Pathway.

Research, Monitoring and Evaluation will provide valuable learning about audiences, local context, the impact of SBCC interventions, and areas for improvement. Such learning will feed back into the planning
cycle for continuous quality improvement. A results-based monitoring and evaluation system addresses the questions of ‘What and how much has been achieved?’ and ‘Are outputs linked to changes in the lives of people?’ A mix of participatory monitoring and evaluation techniques, surveys, and media tracking tools need to be considered for monitoring process as well as evaluating impact.

Documentation is an important aspect of a successful program. The activities to be undertaken need to be documented and this will ensure to measure the successes, or reasons for failure, so that it can help the next phase of action. Documentation of “Best practices” and “Lessons learned” should be undertaken to understand what works and what does not in different communities, so that successful interventions can be replicated. In the current age, documentation is a powerful tool. It is cost-effective and time saving through use of Information and Communication Technology (ICT).

Knowledge Management represents a series of tools and techniques for capturing, developing, sharing, and effectively using knowledge. It is a way to leverage knowledge externally and internally to improve collaboration and communication, and to work with greater efficiency to achieve better results using people, processes and technology. This is a continuous process.

**Implementation Plan**

Sample of planning format with example:

<table>
<thead>
<tr>
<th>Activity</th>
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<th>Partners + Allies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy: Coordination Activity: Advocacy</td>
<td>Mapping</td>
<td>2 months</td>
<td>Decision makers &amp; advocacy audience identified</td>
<td>BKMI</td>
<td>Relevant GoB/NGO and other stakeholders</td>
</tr>
<tr>
<td>Result: Framework is well communicated; relevant stakeholders are aware of the benefit of coordination and are a champion for it.</td>
<td>Produce an advocacy strategy</td>
<td>1 month</td>
<td>Strategy</td>
<td>Sub-g group of BCCWG</td>
<td>Members (relevant) of BCC Working Group</td>
</tr>
<tr>
<td>Execution of strategy</td>
<td>6 months</td>
<td>Advocacy: Coordination is well thought Reaching out to the policy level stakeholders</td>
<td>BCCWG, IEM, BHE, IPHN</td>
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</table>

It is envisaged that the National Framework for Effective HPN Social and Behavior Change Communication, will foster ownership and build synergies among the relevant sectors, departments and organizations.
Pathways to Effective HPN SBCC

Vision: In Bangladesh, coordinated and audience-centered social and behavior change communication (SBCC) improves knowledge, attitudes and practices for health population and nutrition through a multi-sectoral approach, a skilled workforce at all levels, and the use of appropriate communication technology.

Context
- Historical success in improving HPN indicators
- Vertical and uncoordinated programming
- Complex health system
- Innovation and experience in multi-media and IT
- Inadequate SBCC planning, message development and implementation
- Climate change & natural disasters
- Economic development lagging
- Gaps in BCC capacity
- Political landscape

Resources
- Government commitment (HPNSDP)
- Enthusiasm for collaboration
- Infrastructure for implementation
- Democratic political system
- Donor support
- Grassroots support

Profile

Strategies

Process

Initial Outcomes

Sustainable Results

Coordination

Capacity Development

Community Engagement

Implementation Plan

Research, Monitoring and Evaluation

Knowledge Management (documentation, sharing, learning)
BKMI Capacity Strengthening Framework for MoHFW

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

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

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
  - Communication Strategies

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

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