Comprehensive Social and Behavior Change Communication Strategy

Ministry of Health and Family Welfare

Health

Nutrition

Population

Comprehensive
Social and Behavior Change Communication Strategy

Ministry of Health and Family Welfare

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Mohammed Nasim, MP
Minister
Ministry of Health and Family Welfare
Govt. of the People's Republic of Bangladesh

Message

I am pleased to see that this Comprehensive Social and Behavior Change Communication (SBCC) Strategy has been developed to guide the implementation of SBCC activities in Bangladesh.

Bangladesh has achieved remarkable success in the health sector. This success has been possible because of the contribution of all stakeholders. Now we have to place more emphasis on SBCC so that we will achieve the targets of the Sustainable Development Goals.

This Strategy will help to maintain coordination among different SBCC activities by different stakeholders. As our resources are limited, we need to work strategically and with a common vision for high-quality, effective SBCC.

I am happy to see that experts from different sectors provided their valuable input for the development of the Strategy.

I am also impressed to know that an Action Plan has already been developed for the proper implementation of this Strategy. I expect cooperation and support from all stakeholders to implement this strategy.

I am grateful to all who were involved in developing this Strategy.

I hope this Strategy will play an important role for the well-being of all the people of Bangladesh.

Joy Bangla, Joy Bangabandhu.

Long live Bangladesh.

(Mohammed Nasim, MP)

Zahid Maleque, MP
State Minister
Ministry of Health and Family Welfare
Govt. of the People's Republic of Bangladesh

Message

The development of this Comprehensive Social and Behavior Change Communication (SBCC) Strategy is a very timely initiative. This is the first ever SBCC Strategy in Bangladesh. This policy level strategy will guide different directorates and units to develop their own communication strategies.

Bangladesh has been a role model in the developing world for making substantial progress in achieving MDG targets. I hope this Strategy will facilitate achieving the targets of Sustainable Development Goals over the next fifteen years. It will give us direction for the maximum utilization of our knowledge, expertise, technology, tools and resources.

I believe that this Strategy will contribute effectively for the development of the Health, Population and Nutrition sector of Bangladesh. I am very much optimistic that it lead us for doing SBCC activities in a planned, coordinated and strategic way. Its success depends on all stakeholders adopting it as a guiding document for their SBCC activities through cooperation & colloboration.

I appreciate the hard work of the professionals involved in the development of the Strategy, and hope that it will be utilized properly.

Joy Bangla, Joy Bangabandhu.

Long live Bangladesh.

(Zahid Maleque, MP)

Syed Monjurul Islam
Secretary
Ministry of Health and Family Welfare
Govt. of the People's Republic of Bangladesh

Foreword

Bangladesh has shown impressive progress to achieve several of the Millennium Development Goals (MDG). We need to continue to work hard and build on this success so that we can also achieve the Sustainable Development Goals (SDG). Many of the SDG indicators will be reached at least in part by motivating healthy behaviors at the community and household levels, and by shifting social norms to support the health and well-being of all Bangladeshis. Considering this context, this Comprehensive Social and Behavior Change Communication (SBCC) Strategy has been developed.

Now we need to implement the Strategy according to the action plan contained in this document. I urge all stakeholders to follow and use this strategy as it will guide the SBCC activities of the next sector program, and will align the SBCC efforts of government, non-government, development partner and other stakeholders.

I am grateful to all who made it possible to develop this strategy.

(Syed Monjurul Islam)

Roxana Quader
Additional Secretary (PH&WH)
Ministry of Health and Family Welfare
Govt. of the People's Republic of Bangladesh

Acknowledgement

The Comprehensive Social and Behavior Change Communication (SBCC) Strategy has been developed to serve as a guiding document for the effective implementation of high-quality SBCC activities under the 2016-2021 sector plan. The highly participatory process of developing this strategy brought together key representatives from the Ministry of Information; Ministry of Social Welfare; Ministry of Women and Child Affairs; Urban Primary Healthcare Service Delivery Project of the Ministry of Local Government and Rural Development; and of course the Ministry of Health and Family Welfare (MoHFW). The senior level representatives from MoHFW's Planning Division, directors, line directors, and other senior officials from the Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) provided their time and input for preparing this important document. I am really grateful to all of them.

The three communication units of MoHFW, Bureau of Health Education (BHE), and Institute of Public Health Nutrition (IPHN) of DGHS; and Information, Education, and Motivation (IEM) Unit of DGFP, led the three functional subgroups and were directly involved in preparing this document. We thank all of them individually for their valuable time and contribution.

I sincerely recognize the cooperation and valuable suggestions provided by the honorable Secretary, MoHFW Mr Syed Monjurul Islam in finalizing the strategy.

I also can't forget the contributions of two of my colleagues Mr Abdul Malek, Joint Secretary (Public Health-2), and Dr Nasreen Khan, Technical Support on Nutrition, Public Health and WHO Wing, MoHFW. Many thanks to both of them.

The critical role played by the USAID-funded Bangladesh Knowledge Management Initiative (BKMI) – in conceptualizing the content of the strategy, preparing an outline in consultation with other partners, and working hand in hand with BHE, IPHN and IEM Unit for undertaking a Health, Population and Nutrition (HPN) landscape analysis; coordinating among the three functional subgroups and facilitating rigorous stakeholder consultations; and finally developing an Action Plan for implementing the strategy involving a wide range of stakeholders – cannot go unmentioned. Due to their untiring effort and hard work, this strategy be completed within the short stipulated timeframe. Our sincere gratitude goes to them for their contribution and continued support.

We earnestly recognize the support and input of development partners, particularly USAID, WHO, UNICEF, UNFPA, WFP, DFID.

Special mention must be made to other key actors who have contributed in the development of this document, such as Alive & Thrive, Save the Children, Brac, BCCP, BBC Media Action, Asiatic- Marketing Company Limited, Helen Keller International and SPRING. We thank them for their time and input.

Finally, we would like to emphasize that developing a strategy is not the end in itself, rather a pathway towards a theory-based, consistent, coordinated and audience-specific SBCC. We hope that the concerned government and non-government stakeholders will utilize this strategy to strengthen their SBCC interventions. The government and non-government sector who will prepare and implement topic-specific or project-specific SBCC strategies for health, population and nutrition are responsible for aligning their strategies with this MoHFW-level Comprehensive SBCC Strategy.

(Roxana Quader)

Acronyms

AAYO	Advanced Adolescent and Youth Organization
ACSM	Advocacy, Communication, and Social Mobilization
AI	Avian Influenza
AIN	Aquaculture for Income and Nutrition
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
ARI	Acute Respiratory Infections
ASOD	Assistance for Social Organization and Development
BBS	Bangladesh Bureau of Statistics
BCCP	Bangladesh Center for Communication Programs
BCCWG	Behavior Change Communication Working Group
BCG	Bacillus Calmette-Guerin vaccine
BDHS	Bangladesh Demographic and Health Survey
BEES	Bangladesh Extension Education Services
BHE	Bureau of Health Education
BKMI	Bangladesh Knowledge Management Initiative
BMI	Body Mass Index
BMMS	Bangladesh Maternal Mortality and Health Care Survey
BNNC	Bangladesh National Nutrition Council
BTV	Bangladesh Television
CAG	Community Action Group
CC	Community Clinic
CCSDP	Clinical Contraception Service Delivery Programme
CEmOC	Comprehensive Emergency Obstetric Care
CHW	Community Based Health Worker
CIP	Country Investment Plan
CM	Community Mobilizer
CMAM	Community Based Management of Acute Malnutrition
CNCP	Comprehensive Newborn Care Package
COMBI	Communication for Behavioral Impact
CoP	Community of Practice
CPR	Contraceptive Prevalence Rate
CSA	Community Sales Agent
CSW	Commercial Sex Worker
CWFD	Concerned Women for Family Development
DFID	Department for International Development
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DOTS	Directly Observed Treatment, Short-course
DSK	Dushtha Shasthya Kendra

EBF	Exclusive Breast Feeding
ENC	Essential Newborn Care
EPI	Expanded Programme on Immunization
ESP	Essential Services Package
FAO	Food and Agriculture Organization
FP	Family Planning
FPAB	Family Planning Association of Bangladesh
FPMC	Food Planning and Monitoring Committee
FPMU	Food Planning Monitoring Unit
FWA	Family Welfare Assistant
FWC	Family Welfare Center
FWV	Family Welfare Visitor
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMP	Growth Monitoring and Promotion
GoB	Government of Bangladesh
H5N1	Avian Influenza
HAPP	HIV/AIDS Prevention Project
HASAB	HIV/AIDS and STD Alliance Bangladesh
HBB	Helping Babies Breathe
HEP	Health Education and Promotion
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HNP	Health, Nutrition and Population
HPNSDP	Health, Population, and Nutrition Sector Development Program
HNPSIP	Health, Nutrition and Population Sector Investment Plan
HSS	Health Systems Strengthening
HTSP	Healthy Timing and Spacing of Pregnancy
ICAAP	International Congress on AIDS in Asia and the Pacific
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICT	Information and Communications Technology
IDU	Injection Drug User
IEC	Information, Education, and Communication
IEC-OP	Information, Education, and Communication Operational Plan
IEDCR	Institute of Epidemiology, Disease Control and Research
IEM	Information, Education, and Motivation
IHME GBD	Institute for Health Metrics and Evaluation, Global Burden of Disease
IMR	Infant Mortality Rate
IPCC	Interpersonal Communication and Counseling
IPHN	Institute of Public Health Nutrition
IYCF	Infant and Young Child Feeding
KM	Knowledge Management
KAB	Knowledge, Attitude and Behavior

LAPM	Long Acting and Permanent Methods
LARC	Long Acting Reversible Contraceptives
LARC/PM	Long Acting Reversible Contraceptive and Permanent Methods
MARP	Most At-Risk Populations
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MDR-TB	Multi Drug Resistant Tuberculosis
M&E	Monitoring and Evaluation
MIH	Marketing Innovation for Health
MIS	Management Information System
MMR	Maternal Mortality Ratio
MNCH	Maternal Neonatal and Child Health
MoEF	Ministry of Environment and Forests
MoFL	Ministry of Fisheries and Livestock
MoFood	Ministry of Food
MoHFW	Ministry of Health and Family Welfare
MoI	Ministry of Information
MoLGRD&C	Ministry of Local Government Rural Development and Cooperative
MoRA	Ministry of Religious Affairs
MoSW	Ministry of Social Welfare
MoWCA	Ministry of Women and Children Affairs
MoYS	MInistry of Youth and Sports
MOU	Memorandum of Understanding
MR	Menstrual Regulation
MSH	Management Sciences for Health
MSM	Men who have Sex with Men
MTR	Mid-Term Review
NASP	National AIDS/STD Programme
NATAB	National Anti-Tuberculosis Association of Bangladesh
NCD	Non Communicable Disease
NGO	Non-governmental Organization
NHPS	National Hygiene Promotion Strategy
NHSDP	NGO Health Service Delivery Project
NIPORT	National Institute of Population Research and Training
NNS	National Nutrition Service
NSV	Non-Scalpel Vasectomy
NTP	National Tuberculosis Control Programme
NWG	Nutrition Working Group
OP	Operational Plan
OPV	Oral Polio Vaccine
ORT	Oral Rehydration Therapy
PAC	Postabortion Care

PH	Public Health
PM	Permanent Method
PNC	Postnatal Care
PLA	Participatory Learning and Action
PPFP	Postpartum Family Planning
PSA	Public Service Announcement
RCC	Rolling Continuation Channel
RH	Reproductive Health
RIC	Resource Integration Center
SBA	Skilled Birth Attendant
SBCC	Social and Behavior Change Communication
SCNI	Steering Committee for Nutrition Implementation
SD	Standard Deviation
SEED	Society for Empowerment, Education and Development
SHIKHA	"Shisukekhawano" project
SMC	Social Marketing Company
SNL	Saving Newborn Lives
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SUN	Scaling-Up Nutrition
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
UHC	Upazila Health Complex
UHS	Urban Health Survey
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UP	Union Parishad
URC	University Research Company, LLC
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Section A

Comprehensive SBCC Strategy for MoHFW

Introduction

Social and behavior change communication (SBCC) is a research-based, consultative process that uses communication to promote and facilitate behavior change, and to support the requisite social change for the purpose of improving health outcomes.

The Ministry of Health and Family Welfare (MoHFW) has prepared this Comprehensive SBCC Strategy (hereafter, "the Strategy") as a guiding document to inform the communication strategies of government and non-government organizations and initiatives that are working in support of the Sector Investment Plan, so that strategies will be planned and designed in a consistent manner.

The Strategy will facilitate the delivery of consistent and harmonized messages on Health, Nutrition and Population (HNP); address the needs of specific audiences; encourage the use of information and communication technology (ICT); and improve coordination.

The Strategy promotes an evidence-based and strategic approach to SBCC that is audience-centered, and that focuses on changing behaviors and shifting social norms in order to improve health outcomes. Importantly, this Strategy acknowledges the many social and environmental factors that influence behaviors at the household and community levels.

The Strategy was developed following a participatory process. It is based on global SBCC best practices, and builds on the National Communication Framework for Effective Health, Population and Nutrition SBCC that was developed by the BCC Working Group and approved by the MoHFW.

Goals and Objectives

The Comprehensive SBCC Strategy[1] is designed to serve as a guiding document for the effective implementation of high-quality SBCC activities under the MoHFW Health, Nutrition and Population Sector Investment Plan (HNPSIP) 2016-2021[2]. SBCC is implicated in several of the Strategic Objectives detailed in the HNPSIP, particularly to promote healthy behaviors at the household and community levels; to encourage social norms that support positive health behaviors and improved health outcomes; and to drive demand for services.

In particular, the Strategy will

- Define and promote a holistic definition of SBCC;
- Articulate a common vision for SBCC in Bangladesh;
- Discuss some of the current gaps that need to be addressed in order to achieve the vision;
- Describe what high-quality SBCC consists of and looks like;
- Connect key concepts from the National Framework for Effective SBCC, particularly approaches for coordination, capacity development and engaging with communities;
- Identify the desired initial outcomes and sustainable results of implementing the Strategy;
- Define terms and concepts for monitoring and evaluating SBCC; and
- Provide an implementation and monitoring framework for the Strategy.

[1] A Glossary of Terms is included in Annex 1.

[2] Health, Nutrition and Population Sector Investment Plan (HNPSIP) 2016-2021, Draft 1, November 2015

How will the Strategy be used?

The MoHFW, under the leadership of the office of the Additional Secretary (PH & WH), will be responsible for operationalizing the Strategy.

The Strategy will be used as the basis for developing MoHFW unit- or sector-specific detailed strategies or national strategic plans for health, population and nutrition. Topic-specific SBCC strategies will include explicit behavioral and social outcomes and implementation plans. An outline for topic-specific SBCC strategies is included in Annex 2.

The Strategy is intended for government and non-government program designers, implementers, technical working groups and others who are using SBCC to promote healthy behaviors. Program designers are responsible for aligning their strategies with the Strategy and any relevant topic-specific SBCC strategies.

Social and Behavior Change Communication

SBCC is the use of communication to influence individual and collective behaviors. Methods include interpersonal communication (IPC), community mobilization, mass media, ICT, and others.

Well-designed SBCC for health, population and nutrition employs an evidence-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 Socio-Ecological Model that shows how behavior operates on and is influenced by five inter-connected levels: individuals; family and peer networks; communities; organizations; and policy environments.

Reflecting the Socio-Ecological Model, SBCC seeks to exert influence at five 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.
- **Organizations:** Inflluence organizations and social institutions to support behavior change and minimize barriers to behavior change.

- **Policy 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.

Vision for SBCC

In Bangladesh, coordinated and audience-centered SBCC improves knowledge, attitudes and practices for health, population and nutrition through a multi-level and multi-channel communication approach, a skilled workforce at all levels, and the use of appropriate communication technologies. It creates a supportive social and policy environment through changes in norms, roles (including gender roles), and policies.

Situation Analysis

Bangladesh has made significant strides in the health sector, and is on track to reach Millennium Development Goals 1, 4 and 5, including a steady rise in life expectancy at birth. However, improvements have not been uniform throughout the country and challenges remain. At the same time, attention is now turning to the Sustainable Development Goals, particularly Goal #3 which aims at ensuring healthy lives and promoting well-being for all at all ages.

The communication activities of the MoHFW target three main issues: health, nutrition and population. Though there is overlap between these areas, the structure of this document will correspond with these three issues. A full situation analysis with citations is included in Annex 3.

Health

Maternal, Neonatal & Child Health (MNCH)

The Maternal Mortality Ratio (MMR) has been reduced by 75% since 1990, to 170 deaths per 100,000 live births. The rate of institutional delivery is still significantly lower than that of home delivery, and women in the lowest quintiles rarely deliver at facilities. Only 31% of pregnant women complete the recommended four antenatal care (ANC) visits, and only 36% of mothers receive postnatal care (PNC) from a medically trained provider within 42 days of delivery (Bangladesh Demographic and Health Survey [BDHS] 2014). Barriers exist to both the supply of and demand for maternal health services. Current messaging methods include government and non-government organization-produced posters, flyers, fact sheets, newsletters, workshops, television and radio spots, and newspaper ads. Other organizations engage in meetings with local religious leaders; produce outreach videos shown in local bazaars and health complexes; conduct interpersonal counseling (IPC) during ANC visits cooking demonstrations, and home visits; use mobile phone text or voice messaging; and sell socially marketed MNCH products. Gaps include insufficient coordination among implementing partners at the field level; insufficient knowledge and skills and biased attitudes of service providers; insufficient demand generation for services; and the lack of integration of nutrition and family planning with MNCH

Certain conditions affecting children under five years of age have seen great improvement in Bangladesh, such as childhood immunizations and appropriate treatment of diagnosed acute respiratory infections (ARI) and diarrhea. As a result of the Expanded Program on Immunization (EPI), Bangladesh has seen immense success in vaccine coverage; 84% of children aged 12-23 months are fully vaccinated (BDHS 2014) and, by 12 months of age full vaccination coverage (FVC) is 82% (Coverage Evaluation Survey-2014). Additionally, significant strides have been made to reduce open defecation rates from 34% in 1990 to only 3% in 2012 (UNICEF Progress on Drinking Water and Sanitation 2014). While child mortality has decreased significantly, newborn mortality remains relatively high. Currently government and non-government organizations produce various informational materials such as flip charts, posters, flyers, fact sheets, newsletters, TV spots, drama serials, radio spots, cultural programs, mobile messaging programs, and newspaper ads to continue improving child health in the country. In the future topics that require increased and continued SBCC efforts to improve child health include water and sanitation practices; sustained commitment to immunization, including the introduction of new vaccinations; understanding the causes of neonatal mortality and morbidity, including traditional beliefs and practices which may run counter to best practices; and water safety to prevent drowning.

Adolescent Health

Bangladesh has the highest adolescent fertility rate in Asia, tied with Iraq at 83 births per 1,000 women ages 15-19 (The World Bank Data Pages, Adolescent Fertility Rate: http://data.worldbank.org/indicator/SP.ADO.TFRT). About 23% of the total population is adolescent. Nearly one-third of girls aged 15 to 19 years have already started childbearing. Early childbearing among teenagers is more common in rural areas and among adolescents in the lowest wealth quintiles. Child marriage is also associated with early first birth and close spacing between the first and second births. Unmet need for family planning among married adolescents is high compared to all married women. Overall, adolescent reproductive health issues are under-addressed for both married and unmarried females and males. Additional efforts are needed to address adolescent health, including provider sensitization on adolescent-friendly attitudes; improved access to health services for adolescents; community mobilization and support for adolescent health; linkages to psycho-social life skills and vocational training; a strong focus on nutrition, particularly for adolescent girls; and provision and utilization of health information among adolescents (married and unmarried, male and female). Issues around puberty and nutritional needs associated with puberty, especially among young women and issues of stigma of puberty-related practices for both men and women also need to be addressed. Activities may be facilitated through schools, youth clubs, youth friendly corners of health facilities, and other means. Studies and anecdotal information reveal that most unmarried girls wish to learn about reproductive health issues from close friends or family members; whereas, young men prefer learning about reproductive health issues from Internet sources, mobile phones or friends. These and other preferences should be taken into consideration when designing future SBCC initiatives.

Communicable Diseases

Communicable diseases of most concern in Bangladesh include tuberculosis, avian influenza, Nipah virus, seasonal influenza, dengue fever, black fever, and HIV/AIDS. Currently, peer education, IPC, and outreach are commonly-used approaches to disseminate information among key at-risk populations. Mass and traditional media have also been used, in addition to community theater productions, folk songs, talk shows, and documentaries with Bangladeshi celebrities. Gaps include the need for messaging that addresses specific audiences; insufficient focus on prevention; negative attitudes of providers toward patients; and the need for coordinated, sustained long-term campaigns.

Non-Communicable Diseases

Lifestyle changes such as more sedentary work and hobbies, poor diets, tobacco use and drug use, combined with air pollution, chemically-contaminated food, food choice environments skewed toward processed, low nutritional-quality snacks and drinks, poor water quality, and loss of natural areas, are contributing to substantial increases in morbidity and mortality rates due to non-communicable diseases (NCDs) such as diabetes, cerebrovascular disease and ischemic heart disease (IHME GBD 2013). Additionally, death from drowning, road injuries, snake bites and other insect bites have been on the rise. Bangladesh is already at an advanced stage of the epidemiologic transition to NCDs. Sixty-eight percent of deaths in Bangladesh are currently due to NCDs and other chronic health conditions including complications due to old age (BBS 2011). Current SBCC approaches for NCDs include injury prevention books for school children, water safety television programs, and awareness rallies. Gaps include the need for a holistic approach that focuses on prevention in addition to linkages to service delivery; the need for guidelines for balanced nutrition and appropriate physical exercise; and the need to target parents, children, public leaders and community stakeholders alike.

Population

The 2012 Population Policy prioritizes reduction in total fertility rate (TFR), increasing availability of family planning (FP) methods, promoting safe motherhood, achieving gender equity, harnessing the population's human resources capacity, and ensuring easy access to reproductive health information. The FP program in Bangladesh has been successful in increasing the contraceptive prevalence rate (CPR) to 63% and decreasing the TFR to 2.3. However, there are still challenges regarding discontinuation, suboptimal method mix, improper usage, lack of availability of all methods, lack of trained staff, and unmet need. These program weaknesses are reflected in the estimated 1.3 million menstrual regulation and illegal abortion procedures annually. Sharp geographic differences are also present in CPR and TFR. Two Divisions are just below replacement level fertility at 1.9, but Sylhet Division has a much higher TFR of 2.9. Sylhet Division also has the lowest CPR at 48%; Rangpur Division has the highest CPR at 70% (BDHS 2014). The contraceptive method mix is heavily skewed toward short-term methods, despite the fact that the desired family size is typically reached by a woman's early to mid-20s. Only 8% of the method mix is comprised of long-acting reversible contraceptives and permanent methods (LARC/PM) (BDHS 2011). Well-designed, evidence-based and effective SBCC is an essential component of a comprehensive strategy to generate FP demand, promote consistent and correct use of FP methods, promote healthy timing and spacing of pregnancies, help increase the age of marriage, and delay the first birth. Despite current SBCC efforts, myths and misperceptions continue to prevent use of certain FP methods, particularly LARC/PM. Current communication channels for FP messages include mass media, mobile technology, traditional media such as street theater, community film showings, pamphlets and posters, community mobilization, community meetings and IPC. Future SBCC activities should be targeted to and differ by audience, focusing on addressing the social and economic drivers of early marriage; overcoming knowledge gaps about and biases against some FP methods; recognizing the changing FP needs through the life-cycle; promoting post-partum FP, post-abortion and post-MR care; and the importance of male involvement in FP.

Nutrition

Chronic undernutrition has seen some reductions over the past fifteen years. Even with the reductions, overall rates of under-nutrition are alarmingly high. Socio-economic, geographic, and cultural barriers prevent implementation of recommended women's nutrition, exclusive breastfeeding, and complementary feeding practices (WFP Strategy 2012).

In Bangladesh, 36% of children under five are stunted, or too short for their age. Stunting disproportionately affects rural (38%) compared to urban children (31%). Sylhet has the highest rate of stunting at 50% and Khulna has the lowest at 28%. Fourteen percent of children are wasted, or too thin for their height. (BDHS 2014). Since the 2011 BDHS, the percentage of infants under six months of age who are exclusively breastfed dropped from 64% to 55% (BDHS 2014). Fifty-one percent of children age 6-59 months are anemic (BDHS 2011). Twenty-four percent of ever-married women age 15-49 are undernourished (BMI <18.5), while forty-two percent of ever-married women age 15-49 are anemic (BDHS 2011).

Currently, nutrition SBCC in Bangladesh is performed via IPC, group advocacy meetings, community outreach, television advertisements, mobile technology, theatre, printed materials, and the establishment of nutrition corners in service delivery sites. Future SBCC activities should focus on building family and community capacity to prevent, identify and manage malnutrition; teaching proper breastfeeding and complementary feeding practices; promoting dietary diversity for the whole family; supporting a life-cycle approach to nutrition; educating about micronutrient deficiency diseases, and teaching husbands and mothers-in-law how to support mothers to keep themselves and their children well-nourished.

Gender-Based Violence

The Violence against Women (VAW) Survey 2011 revealed that 87% of currently married women have experienced any type of violence by current husband, and 65% of married women experienced physical violence perpetrated by their current husbands in their lifetime. According to the World Bank (2009), VAW has severe and long-lasting human health implications due to fatal outcomes; acute and chronic physical injuries and disabilities; serious mental health problems; increased risk of further victimization; gynecological disorders; pregnancy- and labor-related complications, including miscarriages, pre-eclampsia, premature labor and low birth weight, unwanted pregnancies and obstetric complications; and HIV/AIDS. SBCC activities to deconstruct traditional and harmful gender norms and practices are ongoing. However they require further strengthening and a focused health sector response to VAW

Social and Behavior Change Communication (SBCC)

A broad range of stakeholders undertake SBCC activities for Health, Population and Nutrition in Bangladesh. The IEC Technical Committee, a mostly governmental body, oversees SBCC material approval prior to production and dissemination to ensure that all SBCC information is consistent with current MoHFW policies.

Coordinating at different levels; monitoring outcomes; and maintaining a high standard for quality (including counseling skills) are important challenges for SBCC in Bangladesh. To date, several actions have been taken to address these challenges.

To improve coordination at the central level, two groups have been established:

(1) The BCC Working Group was created in 2011 as a platform for government, development partners, NGOs, private sector, academia, and the media to network, share experiences, build SBCC capacity, and coordinate. One key output from the BCC Working Group is the National Framework for Effective HPN SBCC, which was developed via an iterative and participatory process, and approved by the MoHFW in December 2013.

(2) The HPN SBCC Coordination Committee was created in 2012 to promote SBCC coordination within the MoHFW.

In addition, digital archives in three Units of the DGFP and DGHS (IEM, BHE, IPHN) contribute to improved coordination by documenting and making existing SBCC materials available online. Providing these resources publicly reduces duplication and makes it easier for non-government actors to coordinate and align their SBCC activities with government initiatives.

To improve the quality of SBCC planning and design, an eToolkit and two eLearning courses for program managers have been developed. The eToolkit for program managers is an online collection of tools, guidelines, theories, models, curricula, templates, case studies and other resources to plan, design, implement, monitor and evaluate SBCC for health, family planning and nutrition. An eToolkit for field workers has also been developed as a consolidated, integrated collection of print and audio-visual SBCC materials for field workers and service providers to support and improve the quality of their counseling services. The eToolkit for field workers is updated annually by the BCC Working Group. An eLearning course for field workers with eight modules was developed to help them improve the consistency and accuracy of their health messages. Best practices for SBCC in Bangladesh are identified and shared annually at a Safollo Gatha (Success Stories) event organized by the BCC Working Group.

Despite progress in improving SBCC in Bangladesh, there is still more to accomplish. The 2011 BDHS revealed that exposure to FP messages via all media types has been in decline for several years and is currently very low. While similar data are unavailable for other topics, this finding acts as a proxy that indicates that coverage, reach and quality of SBCC programming on many important health topics is insufficient.

Further gaps to address include the lack of a central communication database and resource center; unconsolidated SBCC functions within the MoHFW; duplicative parallel structures in the DGHS and DGFP; inconsistent coordination between Ministries; lack of capacity for coordination in both the government and NGO sectors; lack of communication between development partners and counterparts on the use of SBCC in programs; and a tendency for SBCC activities to be project-focused rather than audience-focused. Regulatory mechanisms by the MoHFW are needed to avoid unintentional duplication of materials and efforts. Strong communication systems are required to respond quickly to health emergencies including epidemic/ pandemic threats, natural disasters and other crises. Communication will be an important element of introducing and promoting Universal Health Care (UHC). There is also an opportunity to expand the application of ICT, social media, and mobile technology for SBCC to reflect the government's vision for a Digital Bangladesh.

Significant additional resources are needed to adequately expand the MoHFW's ability to plan, design and implement SBCC to address not only the many current but also the emerging health issues; to increase exposure to health messages by specific target audiences; and to facilitate the adoption of healthy behaviors. In the HPNSDP 2011-2016, only 0.66% of the overall sector-wide budget was allocated for the Health Education and Promotion (HEP) Operational Plan (OP), and 0.61% was allocated for the Information, Education, Communication (IEC) OP.

Guiding principles

The following principles guide the Comprehensive SBCC Strategy for MoHFW and serve as the foundation upon which it rests. For communication to be strategic, it must be:

Adequately resourced

Strategic communication seeks to achieve healthy outcomes in efficient and cost-effective ways. SBCC planners must examine costs by the type of intervention, to try to achieve the optimal mix of activities and channels. SBCC activities and interventions should maximize available resources, while advocating for additional human, financial and material resources.

Evidence-based and data-driven

A science- and research-based approach to communication requires both accurate data and relevant theory. It begins with formative research and adequate data to define a specific health problem, identify feasible solutions, and describe the intended audience – to understand their context, view the health issue from their perspective, and find out factors that influence improved practices.

Strategic communication and health promotion efforts must be based on theoretical models, international and national research and tested innovations and best practices. This includes making the most productive use of appropriate technologies based on the audiences' needs and resources available to them. Research consistently shows evidence-based communication programs can increase knowledge, shift attitudes and cultural norms and produce changes in a wide variety of behaviors.

Audience-centered

An audience-centered approach requires understanding health needs from the client's point of view, and is grounded in a rights-based philosophy. Discussions with the potential audiences provide insights about those health needs and the barriers to meeting both expressed and unexpressed needs. Through research, especially qualitative research and participatory learning and action (PLA) techniques, members of the intended audience and community can help to identify the key factors to address and shape appropriate SBCC interventions, and can offer insights for other communication-related decisions that need to be made. The audience must perceive a clear benefit to them as a result of taking the action promoted by the communication effort.

An audience-centered approach also implies understanding strategic changes in central-level policy and programming that can affect the program. Priority audiences for health SBCC include young people (including very young adolescents; unmarried and married adolescents; and young parents); men (as both users and supporters of family planning); and socially marginalized groups. Audience analysis and programs must also take into consideration geographic and socio-economic differences when designing programs. SBCC should be leveraged to improve knowledge, attitudes, and behaviors among influential audiences, including healthcare providers, parents, and community leaders. In addition, health communication efforts must address the needs of the poor, marginalized and most vulnerable, who are too often ignored.

Based on theory

Theoretical models and frameworks can guide the strategic design process. The Socio-Ecological Model is a proven and comprehensive model that incorporates factors that influence behaviors and behavior change at the individual, interpersonal, community, structural and policy levels. It recognizes that individuals live in an environment that can enable or discourage healthy behaviors. The different levels interact in complex and multi-directional ways.

Many theories have been developed and validated. There is no single behavior change theory that is sufficient on its own. It is appropriate to use a combination of theories. Different aspects of an SBCC program may use different theories, depending on the audience, the communication and behavioral objectives, and other factors. Some common theories are listed in Annex 4.

Linked to service delivery

SBCC should provide audiences with complete information regarding service delivery after ensuring that the service delivery system is in place and of high quality. Health promotion efforts should identify and promote specific services, whether through health care delivery sites, service providers, brand name products, or ways to increase access to services and products. People should be well aware what services are available, of what quality, the time frame for getting the service and the cost of availing it. This approach reinforces the concept of individual self-efficacy, or the ability to resolve a problem oneself, and also supports the concept of collective self-efficacy, or the ability of a community to assert its will.

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. The life cycle approach encompasses people's health at every stage and in every aspect of their lives.

People at different stages of their lives constitute distinct audiences. They require different types of information and support, and sometimes different approaches, whether through interpersonal channels, community channels, mass media, ICT or others. Audience segmentation based on the life cycle promotes healthy choices at critical junctures in life based on what is most important and meaningful to people at those times.

Gender-sensitive

Programs and interventions should create opportunities for individuals to actively challenge prevailing gender norms, promote positions of social and political influence for women in communities, and address power inequities between persons of different genders. This effort should be a part of a continuum of gender integration, or the integration of gender issues into all aspects of program and policy conceptualization, development, implementation and evaluation.

SBCC efforts should foster critical examination of social and gender norms that negatively impact health outcomes and promote those social and gender norms that positively influence actions. The health benefits households and communities can enjoy when men and women work together as equal partners must be actively promoted.

Process-oriented

Process places a priority on "how" things are done. Following a tested and effective process provides a solid framework and a step-by-step iterative approach that is easily applied to strategy development, project implementation, technical assistance, institution building, and training. Process models such as ACADA communication planning process, Communication for Behavioral Impact (COMBI), P Process and others are all effective models used to design and implement strategic health communication programs (see Annex 5).

SBCC is an ongoing process of working with audiences to ensure they have the relevant information, and that they live in an enabling environment so they can take actions that sustain and improve their health. It builds on what has been done in the past and serves as the foundation for future efforts. The goal of the intervention is not to simply produce SBCC 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

Effective strategic communication uses a variety of channels and approaches. Communication strategies often integrate IPC, community-based channels, ICT and various mass and traditional media to create a dynamic, multi-directional exchange of information and ideas, along with appropriate follow-up. Additionally, research has shown that the effectiveness of messages being understood and acted upon increases with the number and type of channels used to disseminate them. The SBCC program will be comprehensive and reinforcing with consistent, complementary messages targeted to promote healthy behavior and also reduce the unhealthy practices of intended audiences.

Some examples of SBCC approaches include, but are not limited to, the following:

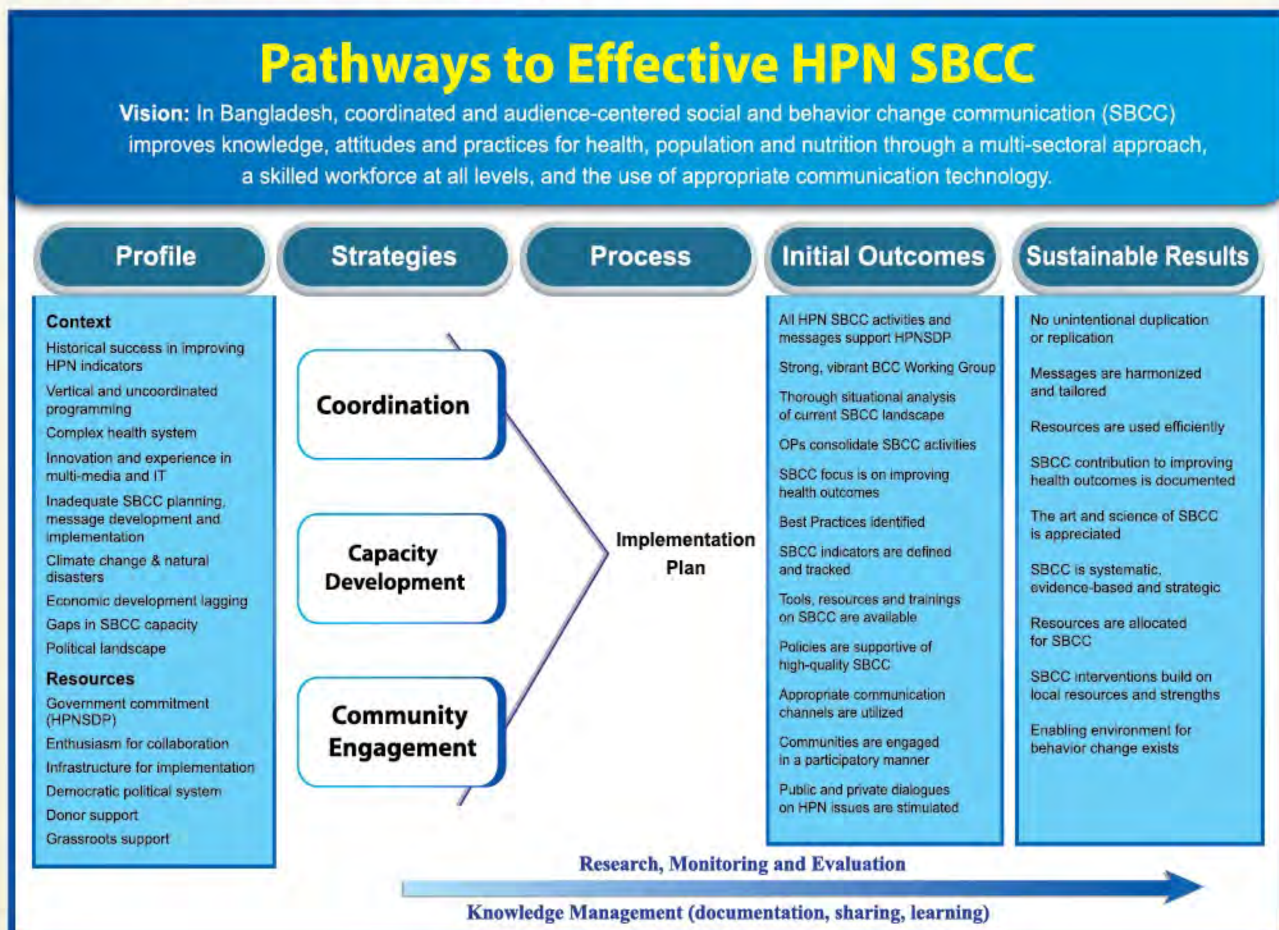
- Advocacy aims to secure leaders' commitment to policies and programs that support health and promote changes in social conditions that contribute to disease and vulnerability.

- Entertainment Education, based on traditional and popular culture and specific to the geographic context, entertains and engages while it transfers important messages and encourages dialogue and interaction. Channels include popular theater, puppetry, comics, music, dance, pageants, festivals, television or radio dramas, and more.
- ICT strategies leverage the growing access to ICT to reach a mass audience and facilitate multi-directional communication. This is especially effective in "media-dark" areas, and as a complement to other communication approaches. ICT includes mobile technology, social media, gaming, voice and text messaging, websites, and more. It is in line with the government's vision for a Digital Bangladesh.
- Mass media, such as radio, TV, billboards, and newspapers, complement other media to raise awareness and increase knowledge of health concerns, stimulate audiences to seek services, and promote social norms that favor healthy practices.
- Social and community mobilization engages civil society and community organizations to promote social norms that support collective health objectives and challenge harmful practices.

Results-oriented

SBCC efforts should focus on producing positive behavioral outcomes for health, population and nutrition. Ultimately, positive behavioral outcomes (such as following recommended infant and young child feeding (IYCF) practices) will contribute to improvements in overall health outcomes (such as the lower rates of stunting). Research should be designed to gauge increases in audience knowledge, approval, and adoption of healthy behaviors.

National Framework for Effective SBCC



Purpose of the Pathways Framework

The National Framework for Effective HPN SBCC (hereafter, "the Framework") assists all stakeholders to deliver consistent, reinforcing messages to priority audiences addressing key behaviors in support of the sector-wide plan. The Framework was developed by the 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. It was approved by MoHFW in December 2013.

The Framework consists of domains and approaches that can be used to align communication activities with GoB policies, strategies and plans. It identifies initial outcomes 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 individual SBCC strategies and activities with national priorities. A guideline for using the Framework is included in Annex 6.

The Framework identifies three key domains: Coordination, Capacity Development and Community Engagement. The three domains work hand-in-hand and reinforce each other to support high-quality, effective SBCC in support of the sector-wide plan.

Domain #1: Coordination

What is coordination?

Coordination encompasses aligning programs; sharing or pooling resources; harmonizing messages; conducting joint strategic planning; adapting and/or re-purposing SBCC materials; filling in programmatic gaps; designing complementary and reinforcing approaches; seeking opportunities for synergy; sharing research data and program learning widely so that others may benefit; promoting linkages with other programs and services; ensuring that local and national-level activities are complementary and reinforcing; and working collaboratively with the private sector. Strong SBCC coordination involves both horizontal and vertical efforts at all levels (from grassroots to national) and across development sectors.

Why is coordination important?

Coordination is a critical element for the successful implementation of SBCC programs. Good coordination can reduce duplication, cost and time; amplify effects; leverage resources; and create efficiencies. Coordination is needed to ensure that SBCC interventions align their messages and activities with national policies and guidelines. At the national level, coordination creates an environment where all stakeholders are aware of SBCC needs, trends and best practices. Ultimately, beneficiaries benefit from improved coordination when they receive consistent, accurate HPN information from multiple sources.

How is coordination done?

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. For examples, in Bangladesh, executive heads of institutes may hold regular SBCC-specific steering committee meetings to facilitate coordination. Forums for networking and sharing, such as the BCC Working Group, allow stakeholders to leverage resources, and encourage stakeholders to be aware of, embrace and replicate innovative programs that are proven effective.

The BCC Working Group is an important mechanism for multi-sectoral coordination. To ensure its long-term sustainability, a Steering Committee led by MoHFW is needed. A Terms of Reference for the Steering Committee is included in Annex 7.

The HPN SBCC Coordination Committee is an important mechanism for coordination within MoHFW. To ensure its long-term sustainability, this committee needs to be institutionalized. A Terms of Reference for the HPN SBCC Coordination Committee is included in Annex 8.

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 also be achieved through robust advocacy efforts to influence decision-making, and can serve as an effective tool to support coordination. Often, a persistent lack of understanding about SBCC activities results in SBCC not receiving full consideration during important decision-making. This highlights the need for the inclusion of an SBCC expert within MoHFW who can push the SBCC agenda outlined in this Strategy. 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 can play a crucial role in proposing and implementing policies that would be beneficial in creating an enabling environment for social and behavior change across the various health areas.

Knowledge management (KM) is an important technique to promote tools that harmonize messages and minimize duplication. The eToolkit for Field Workers is one example of this. KM tools can be used to disseminate existing information and current SBCC materials and best practices in the field. This ensures that relevant data and materials are accessible and used for replication, or for new message and program design.

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.

Ultimately, SBCC coordination will be managed under the leadership of the office of Additional Secretary (PH & WH), MoHFW, which will clearly define horizontal and vertical mechanisms for coordination; sectors to be involved in SBCC coordination; and relevant institutions, organizations, and stakeholders in the various sectors.

Domain #2: Capacity Development

What is capacity development?

Capacity development for SBCC entails ensuring a high-performing workforce for SBCC 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.

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

Why is capacity development important?

Strengthened capacity of SBCC practitioners and organizations will improve the quality of SBCC efforts, which will ultimately yield positive behavioral outcomes that contribute to overall improvements in 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 also includes a robust monitoring and evaluation system that identify specific indicators for process outputs and behavioral outcomes.

How is capacity development done?

Capacity development is needed for individuals, organizations and institutions, and for the entire SBCC system.

At the individual level, SBCC professionals' knowledge and skills can strengthened through workshops, trainings, mentoring, networking, exposure visits, conferences, and other means, whether in-person (eg conferences) or virtually (eg eLearning, webinars, online networks). Knowledge and skills to be developed will vary greatly depending on the person's function. Examples include interpersonal communication and counseling; campaign design; message and materials development; use of ICT for SBCC; advocacy; community mobilization; monitoring and evaluation; supervision; PLA techniques; data analysis; coordination; leadership; and more.

The eToolkit and eLearning courses for SBCC Program Managers and Planners are resources for developing individual SBCC capacity.

At the organizational level, capacity development should focus on the processes, tools and structures that will make the organization viable and sustainable in the long run. Capacity can be strengthened through a variety of internal or external means, such as specialized consultancies; strategic planning; researching and modeling best practices and industry standards; and putting systems and routines in place. Importantly, an organizational culture and attitude of continuous change and improvement is essential. Creating a supportive organizational culture is the responsibility of senior leadership, and is carried out by every member of the organization, regardless of position.

Organizational competencies may include integrating SBCC with other program activities; quality assurance for SBCC; resource mobilization; program management; knowledge management; monitoring and evaluation; coordination with other stakeholders; governance; and advocacy, networking and alliance building.

The rapid growth of ICT provides opportunities for learning, sharing, dissemination, and two-way communication. Organizations must be skilled and adept at employing the latest innovations in ICT, including internet-based social media platforms.

At the system level, capacity development should focus on coordination of SBCC programs; ensuring alignment with MoHFW priorities; quality assurance; strengthening of distribution, monitoring and MIS systems; identification of best practices for SBCC in Bangladesh; integration of health, population and nutrition topics when appropriate; and coordination with other sectors and Ministries.

The office of the Additional Secretary (PH & WH), MoHFW, is responsible for operationalizing the Strategy and ensuring high-quality, coordinated SBCC programs that support the sector plan. Additional resources are needed in this office, including a budget and a number of skilled, long-term human resources with a strong baseline capacity in SBCC.

The existing IEC Technical Committee of MoHFW has a role to play in ensuring that SBCC messages and materials are correct, consistent and evidence-based, and that campaigns are coordinated and timed appropriately. If there are too many campaigns at the same time or the dissemination of conflicting messages this will create confusion and undermine credibility. The capacity of the IEC Technical Committee can be strengthened by digitizing the submission and approval process of SBCC materials; creating a system for sharing which materials have been approved by the IEC Technical Committee; and adding responsibility for coordination to the IEC Technical Committee.

Domain #3: Community Engagement

What is community engagement?

Community engagement refers to the process of engaging a broad range of stakeholders, communities and audience representatives to participate and build ownership of SBCC programs by identifying and working toward a collective vision. Community engagement is conducting a dialogue with the community, and encouraging dialogue within the community, rather than one-way, top-down communication. Community engagement requires a bottom-up approach in which the audience's context and perspectives drive decisions related to SBCC program planning and design.

Each community, irrespective of gender, socio-cultural and geographical variation, will promote SBCC through identifying needs and challenges and will address them in a participatory and sustainable manner.

Why is community engagement important?
In order to be effective, SBCC needs to strongly reflect communities' needs, priorities and context; communities need to own the program, and to believe strongly in its benefit to the community. By actively involving communities in all aspects of SBCC interventions and activities, program planners and managers can ensure that the motivation to change behaviors or social norms is internally (rather than externally) motivated, and can capitalize on existing community strengths and institutions for sustainable results.

How is community engagement done?
Community engagement can be done in a variety ways. Activities may include advocacy with community, religious and cultural leaders; PLA and other qualitative research techniques; forming alliances with existing organizations and networks; encouraging peer, spousal and inter-family communication; widening and deepening social networks; providing opportunities for community members to raise their voices – particularly those community members who are vulnerable and 'invisible'; opening lines of communication between community members and leaders; facilitating dialogues on prevailing social norms and customs; establishing advisory communities; empowering communities to speak on their own behalf; working with communities to identify and then minimize or eliminate social, cultural or practical barriers to accessing health services and performing healthy behaviors; and more.

Expert SBCC practitioners take a strengths-based approach to community engagement; every community, no matter how impoverished or disorderly has internal resources and strengths on which to build. Proper mapping and advanced planning of internal resources can bolster programmatic efforts and enhance effectiveness. In addition to changing the behavior of individuals, SBCC looks for ways to nurture an environment that will facilitate healthy behaviors, strengthen social capital, and promote positive social and cultural norms.

Key audiences and communities inform and are involved in every step of developing and implementing SBCC activities and programs. Communities are not homogeneous; therefore SBCC interventions must recognize and plan for this through careful audience segmentation to address each group's specific needs.
Vulnerable, at-risk and marginalized populations will be given particular consideration, ensuring that all members of the community are given their voice. Linkages with other relevant programs for capacity building and coordination can also increase opportunities for community engagement by providing a forum for discussing public health challenges and solutions, and soliciting feedback from partners.

Initial outcomes

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

- All SBCC activities and messages support the sector plan
- Strong, vibrant BCC Working Group
- Strong, vibrant HPN SBCC Coordination Committee
- OPs consolidate SBCC activities
- OPs adequately funded for SBCC
- SBCC focuses on improving behavioral outcomes (which will contribute to health outcomes)
- SBCC indicators are defined, tracked, and analyzed to strengthen programming
- Best practices for SBCC are identified and replicated
- Tools, resources and trainings on SBCC are available and used

- Policies are supportive of high-quality SBCC
- Appropriate communication channels are utilized
- Communities are engaged in a participatory manner
- Public and private dialogues on HPN issues are stimulated

Sustainable results

Sustainable results describe an infrastructure that is supportive of and funded for 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 (shown below) are attained, the vision can be achieved.

- The art and science of SBCC is valued
- SBCC is systematic, evidence-based, strategic and coordinated
- SBCC interventions built on local resources and strengths
- Resources are allocated for SBCC and used efficiently
- Capacity is strengthened at all levels that includes government system at district and sub district level
- An enabling environment for positive behavior change exists
- There is no unintentional duplication or replication of SBCC messages and activities
- SBCC messages are harmonized and tailored
- SBCC's contribution to improving health behaviors is documented
- SBCC interventions are mainstreamed and integrated with existing programs

Monitoring & Evaluation of SBCC

Monitoring and evaluation (M&E) is a necessary component of a successful SBCC program, as it allows for an in-depth understanding of the impact of a specific program on people's attitudes, other ideational factors, and behaviors, which ultimately affect behavioral and health outcomes.

A basic M&E framework for SBCC has three major elements: inputs, outputs and outcomes. Inputs are the resources that are put into SBCC programs. Outputs are things like audience coverage, household coverage, activities completed, knowledge, couple/household communication, and attitudes. The outcomes to be achieved as a result of SBCC programs are positive changes in people's health behaviors and social norms. Specific M&E frameworks must be developed for each SBCC intervention. An illustrative framework is included in Annex 9.

A checklist for monitoring SBCC inputs and outputs is included in Annex 10. This tool was field tested in two districts in 2014-15.

Communication objectives are different from behavioral objectives. Communication objectives will state the anticipated effect communication activities will have on the development problem; they are connected to SBCC inputs and outputs, and should reflect only what can be achieved by communication. Behavioral objectives are the desired changes in behavior that the program is working toward.

Program planners must identify the role that communication can play in achieving behavioral objectives. For example, field workers can generate demand for long-acting family planning methods; this is a communication objective. However, if the long-acting methods are not available, the behavioral objective (uptake of long-acting family planning methods) will not be achieved. Communication can affect demand, but not supply.

SBCC project indicators should all be specific, timely, measurable and attainable in nature and measured periodically during project implementation to ensure that inputs and outputs are delivered as planned, and that behavior change is taking place as expected.

Monitoring efforts regularly track program activities to ensure the program is being carried out as planned. Field workers, program staff and/or other service providers regularly collect data on program inputs and outputs. The information gathered assists SBCC programs in solving problems by identifying potential gaps and adjustments needed for more effective implementation.

Evaluation studies SBCC program outputs and outcomes to assess the overall achievement or impact of SBCC programs on the intended audiences' behaviors, and how the health behaviors (eg IYCF practices) contribute to health outcomes (eg stunting) during a set point in time. For example, an evaluation of an SBCC program might use rigorous techniques to assess impact of a program on knowledge, attitudes and behaviors (KAB) by measuring the KAB changes over time as well as the SBCC program's successes and weaknesses. Evaluation helps us to understand the linkages between program exposure (often measured against pre-determined communication objectives) and behavior change (measured against pre-determined health objectives). Evaluation results also provide input for planning future programs.

Strategy outputs

- Detailed SBCC strategies for health, population and nutrition approved by MoHFW
- Additional resources allocated for SBCC
- MoHFW (PH & WH wing) capacity to oversee and coordinate SBCC strengthened
- Steering Committee for BCC Working Group established
- HPN SBCC Coordination Committee formalized
- Role of IEC Technical Committee strengthened and expanded
- Annual review of Strategy implementation conducted
- Tools and resources for coordination, capacity development and community engagement developed and shared.
- Best practices for coordination, capacity development and community engagement identified and shared

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