Challenge TB: The fourth global USAID TB control program led by Management Sciences for Health (MSH).

GFATM-Funded Reduction of TB Prevalence by 6% by 2017: NTP has established a partnership with different NGOs and the private sector. Currently, 44 partners are working with NTP in different areas.

BRAC: Works with community stakeholders to identify patients, ensure treatment adherence, and reduce stigma. Some specific groups include: cured TB patients, local opinion and religious leaders, girls guides and scouts, other NGO workers, village doctors, pharmacists, and private medical practitioners. To broaden the reach of TB messaging, BRAC also utilizes local popular theatre shows and folk songs.

National Anti-tuberculosis Association of Bangladesh (NATAB): Signed a memorandum of understanding (MOU) in 2004 with the MoHFW and BRAC, and became a partner of the NTP funded by GFATM. Organizes quarterly divisional, district and upazila-level advocacy meetings with civil society members in all 7 divisions and 64 districts of the country. Celebrates World TB Day with NTP & partner NGOs in all 64 districts.

Society for Empowerment, Education and Development (SEED): Collaborates with the government (DGHS and NTP) to develop innovative programs to improve the effectiveness of community-based health service delivery.

NHSDP: Works with the NTP to combat TB through the Smiling Sun clinic network. NHSDP organizes Advocacy, Communication and Social Mobilization (ACSM) activities, and provides basic and need-based training for TB program implementation, especially among garment workers, pharmacists, HIV/AIDS workers, religious leaders, and others using IPCC, group meetings, outreach, mass media, and World TB Day.

Avian Influenza

The GoB prepared a National Avian Influenza and Human Pandemic Influenza Preparedness Plan 2006-2008 in order to prepare an epidemic of H5N1. A massive campaign program was developed and implemented under this strategy across the country.

The major communication activities are:

- **IPCC:** One-to-one communication at the community level, especially with poultry farmers, poultry workers, and factory owners.
- **Group Meetings:** At poultry farms and at the community level
- **Outreach:** Videos, folk shows, posters, leaflets, and stickers
- **Mass Media:** TV spots and newspaper advertisements
- **Materials:** A number of materials were produced by IEDCR, UNICEF and FAO including posters, leaflets, brochures, stickers, media kits, pocket books, and booklets for health workers.

Nipah Virus

With no treatment or vaccine available for either humans or animals, public awareness is key for prevention. The Bureau of Health Education (BHE) has undertaken awareness-raising campaigns to warn people against drinking raw date palm sap. BHE disseminates messages via leaflets, newspaper advertisements, talk shows, local TV discussions, and community mobilization.

Communicable Diseases Communication Gaps

HIV/AIDS

- No national communication strategy for the NASP. Limited scope for scale-up of communication activities among high-risk groups and no separate strategic objective for advocacy and communication in the current 3rd National Strategic Plan for HIV and AIDS Response 2011-2015.
- Barriers of displaying communication materials at border entry points

Tuberculosis

- No national communication strategy for the TB program.
- Communication activities are focused on service delivery, not prevention and behavior change.
- Communication activities and messages are not reaching hard-to-reach populations (underserved geographic areas, prisons, slums, pavement dwellers, etc.)
- Inadequate/poor knowledge about TB, accessing services, and treatment adherence by providers and the community, especially regarding TB in children.
- Poor attitudes and behaviors of service providers toward patients.

Avian Influenza

The Bangladesh National Communication Strategy and Action Plan for Avian Influenza and Human Pandemic Influenza 2007 and the 2nd National Plan for 2009-2011 has not been updated or revised for the next course of action. At present, there are no ongoing or regular communication campaigns or advocacy activities except for surveillance by IEDCR, and occasional message dissemination by BHE.

Nipah Virus

At present there are no regular ongoing communication activities and there is no national program designed for long or medium-term communication implementation to prevent the spread of Nipah virus. Also, there is no synergistic coordination mechanism within GoB or between GoB and NGOs.

Communicable Diseases Communication Opportunities

HIV/AIDS

- Target injection drug users (IDUs), commercial sex workers (CSWs), and vulnerable adolescents to reduce needle sharing and unprotected sex.
- The International Congress on AIDS in Asia and the Pacific (ICAAP) will be hosted in Dhaka in November 2015. Opportunity to create visibility and momentum for HIV communication.
- Comprehensive information on all aspects of HIV (prevention, transmission, testing, sero-status, living with HIV, treatment, and reducing stigma).
- Teach psycho-social life skills such as negotiation, conflict resolution, and decision-making while promoting HIV prevention.
- Link people living with HIV to nutrition programs and projects.

Tuberculosis

- Create a long-term, evidence-based, results-oriented SBCC communication plan.
- Integrate proper and adequate nutrition information in TB-specific messaging.

Avian Influenza and Nipah Virus

- Develop an extensive mass media campaign involving decision makers, community leaders, health workers, and livestock departments to increase awareness among the general population regarding the AI pandemic. Produce and distribute information, education and communication (IEC) materials through IPCC and group meetings to develop local-level solutions for adopting behaviors.
- Orient school teachers to educate students on hygiene practices to prevent the spread of AI.
- Use local folk media (e.g. folk songs, gomvira, street drama, etc.) designed for general population that can be presented in villages, schools and workplaces followed by discussions.
- Via the Sisimpur project, create awareness and educate school-age children.

Communicable Diseases Keys for Successful Communication

- In the case of epidemics, do not use fear-based messaging
- Make sure that messages are harmonized and targeted
- Develop adequate infrastructure to deliver messages to target audience
- Communication should reflect a realistic indication of the threat and highlight preventative measures and behaviors

POPULATION

Family Planning (FP): Current Situation

The national FP program has seen significant success during the last four decades. Overall Contraceptive Prevalence Rate (CPR) has risen from 7.7% in 1975 to 62.4% in 2014, while TFR has declined from 6.3 to 2.3 during the same time period. Contraceptive use is equally high regardless of education level or economic status (BDHS 2014).

However, use of modern contraceptives is only 54.1%. Discontinuation rates are high at 30%. The national unmet need for FP is 12% among married women, and much higher in Sylhet (17.7%) and Chittagong (17.3%) divisions. Sharp geographic differences are also present in CPR and TFR. Met need for FP ranges from a low of 47.8% in Sylhet to a high of 69.8% in Rangpur; TFR ranges from 1.9 in Khulna and Rangpur to 2.9 in Sylhet. Variations can also be seen between urban and rural areas: the urban TFR is 2.0, while the rural TFR is 2.4 (BDHS 2014).

In Bangladesh, the median age at first marriage for girls is 15.5 years, and median age at first birth is 18.1. By age 20, 30% of women have had a baby or are pregnant. 53% of currently married women aged 15-19 are not using any contraceptives (BDHS 2011).

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 (BDHS 2011). While overall awareness of Long-acting and reversible contraceptives (LARC) and permanent methods (PM) is high at over 90%, specific knowledge of individual LARC/PM varies widely by division. Among men and women who have completed their desired family size, the intention to use permanent methods is low: less than 3% according to the Bangladesh Urban Health Survey (BUHS). Reasons for not choosing LARC/PM include fear of side effects, associations of some LARC/PM with certain socio-economic groups, and other myths and misperceptions (BUHS 2013).

Annually, 25% of all pregnancies result in abortion or menstrual regulation (MR). Each of these 1.3 million procedures represents a girl or woman in need of FP (BDHS 2011).

The GoB Strategic Plan for HPNSDP 2011-2016 includes goals of reducing the TFR; promoting HTSP; improving the quality of the national FP program; reducing the contraceptive discontinuation rate; and promoting LARC/PM.

At the 2012 FP Summit in London, the GoB committed to the following targets:

- Reduce TFR to 2.0 by 2016, and further reduce to 1.7 by 2021
- Increase CPR from 61% to 80% by 2021
- Increase share of LARC/PM from 7% to 20% by 2016, and to 30% by 2021
- Reduce unmet need from 12% to 7% by 2021
- Reduce discontinuation rate of FP method from 36% to 20% by 2021

SBCC to generate demand for FP, and to promote consistent and correct use of FP methods, is an essential component of a comprehensive strategy to meet these targets.

Family Planning: Existing Communication Activities

Current SBCC activities are in place at national and local levels, with MoHFW DGFP, the United Nations Population Fund (UNFPA), USAID and Marie Stopes playing leading roles.

DGFP, mainly through its IEM Unit, promotes themes of appropriate family size, appropriate age of marriage and initiation of childbearing, HTSP, ARH, and LARC/PM. DGFP spreads its messages and generates demand for FP via mass media (television, radio, short film, newspaper, billboards, etc.), traditional media (street drama, folk song shows, etc.), community mobilization (trainings/orientations for local and religious leaders and influential gatekeepers, AV vans, service campaign weeks, World Population Day, etc.) and IPCC via Family Welfare Assistants (FWA) and Family Welfare Visitors (FWV).

UNFPA launched a national FP campaign in November 2013, with implementation taking place from July 2014 to December 2016. The campaign is in partnership with DGFP and Engender Health, and focuses on specific geographical areas and vulnerable age groups, i.e. adolescents and young people ages 15-24. Key messages include delaying marriage and pregnancy, using modern contraceptives to delay first pregnancy, HTSP, and using LARC/PM to space births and limit family size. Communication channels include electronic media, social media, print media, outdoor media, and IPCC.

Four **USAID** implementing partners are involved in FP demand generation:

- **EngenderHealth's Mayer Hashi project** primarily promotes LARC/PM and post-partum FP (PPFP) via community mobilization and IPCC. The project also provides trainings for journalists, religious leaders, and FP providers.
- **USAID-DFID NHSDP** provides the full Essential Services Package (ESP) including FP through its nationwide network of static and satellite clinics. NHSDP also employs Service Promoters to generate demand for FP at the community level.
- **SMC's MIH project** aims to promote healthy behaviors, reduce harmful practices, and increase care-seeking practices while reaching out to new audiences. MIH complements SMC's promotion of its branded contraceptives. MIH works with four local partners in 19 districts to promote HTSP; 1,000 Days; healthy pregnancy; ARH; and decrease tuberculosis (TB) using a variety of SBCC approaches.

- **Save the Children's MaMoni HSS project** integrates FP services into a comprehensive MNCH/FP/Nutrition package, with service delivery at both the household and facility level. MaMoni HSS uses a variety of SBCC approaches and methods (including community meetings, video shows, job aids, billboards, cable tv, etc) to generate demand for FP and link eligible couples to services.

Another USAID-funded project, Bangladesh Knowledge Management Initiative (BKMI), supports the GoB, USAID implementing partners and other stakeholders to create consistent, coordinated, effective and evidence-based SBCC for FP and other topics.

Bangladesh Center for Communication Programs (BCCP) is the SBCC partner for NHSDP, and was the SBCC partner during the first phase of Mayer Hashi.

Marie Stopes has service delivery sites in 62 districts, including static clinics and roving teams, and collaborates with the GoB in 45 of those districts. Marie Stopes uses a variety of communication channels that are targeted to the intended audience, such as slide shows for garment workers; community volunteers in hard-to-reach areas; peer education via tea vendors to promote non-scalpel vasectomy (NSV) among men; and targeted, comprehensive mass media campaigns.

Other organizations such as BBC Media Action, Ipas, Family Planning Association of Bangladesh (FPAB), BRAC, Plan, Concerned Women for Development (CWFD) and Jica are also working in the realm of SBCC for FP. Some have a particular focus on MR or post-abortion care (PAC), while others have been more active in the past than at present.

Family Planning Communication Gaps

- While overall awareness of FP is very high, specific knowledge of each FP method is lacking. In addition, heavy reliance on short-term methods points to the need for a more complete and accurate understanding by FP users of LARC/PM and the dispelling of myths and misperceptions.
- Communication to help users understand how FP needs change throughout the reproductive life cycle is lacking.
- Unmarried adolescents have difficulty in accessing information on RH and FP.
- Need to target the adolescent population and provide correct ASRH information and quality services.
- Counseling on PPFP is generally lacking. Some challenges include the preference of most women to deliver at home, and the fact that institutional deliveries at public facilities aren't equipped with FP knowledge or services since they are operated by DGHS. Overall quality of FP counseling appears to be weak.
- A huge number of abortions and MRs take place in Bangladesh each year, which are generally associated with unplanned pregnancies. Post-abortion and post-MR FP counseling needs to be improved.
- The majority of the responsibility for FP continues to fall on women, there is a lack of information given at service delivery points, and there is no comprehensive program for male involvement in FP.
- Insufficient focus on geographic differences in FP acceptance and use, social norms, community support, language, etc.

Family Planning Communication Opportunities

- Integrate FP with MCH and Nutrition at the household level, positioning FP as a natural, important, and changing part of one's life cycle.
- Improve the reach and effectiveness of PPFP.
- Provide PPFP counseling during field worker home visits within 48-72 hours of birth.
- Improve the reach and effectiveness of FP counseling as part of PAC and post-MR.
- Consider innovative and socially acceptable ways to introduce RH and FP topics to unmarried adolescents, so that individuals enter marriage with RH knowledge and an intention to use FP.
- Use positive deviants to counter myths and misperceptions and provide role models and promote LARC/PM.
- Involve communities and imams/religious leaders to strengthen social support for FP users, especially for LARC/PM.
- Engage men to increase their FP knowledge and to participate in and/or support FP decisions.
- Expand communication efforts to focus not only on message delivery, but also to facilitate dialogue on how to remove barriers to FP use (in general and for specific methods).
- Communicate MoHFW's attitude shift about providing FP information to unmarried adolescents to service providers and gatekeepers at the grassroots level, and also address social norms that traditionally have forbade providing RH, FP and SH information to unmarried adolescents.
- Design communication activities that address geographic differences in FP acceptance and use, social norms, community support, language, etc.
- Expand urban FP programs and introduce evening satellite clinics for female garment workers.
- Partner with expert agencies and promote the involvement of private sector in lifestyle and environment issues (e.g. the 'Call Centre' partnership with SMC).
- Establish 'folk-teams/theatre groups' in seven divisions to arrange folk-shows/street theatre in local dialects and also closely work with IEM-DGFP and SMC AV-Van programs.
- Strengthen the Management Information System (MIS) of DGFP and reporting mechanisms/tools for SBCC to map progress.
- Strengthen the capacity of the Population Cells of Bangladesh Betar and BTV.

Family Planning Keys for Successful Communication

To achieve high quality outcomes in population and FP initiatives, an SBCC program should follow a process (e.g. research and analysis, strategic design, development and pretesting, implementation and monitoring, and evaluation.) Effective SBCC also requires skilled managers and staff.

SBCC activities cut across all service delivery plans of DGFP units. However, IEC-Operational Plan (IEC-OP) requires capacity strengthening to perform in a more comprehensive and coordinated manner. SBCC activities need to be implemented nationally with a strategic focus to capture the differential needs of regions with varying socio-economic conditions (e.g. low-performing areas, target groups, vulnerable populations, ethnic variations, cultural practices, etc.).

- Regional variation in uptake of certain services indicates a need for effective SBCC interventions specific to low performing areas;
- Early marriage associated with early birth of the first child is not addressed properly and coordination between different ministries needs to be strengthened;
- Create specialized interventions to increase CPR, lower TFR, MMR, IMR, and neonatal mortality, and increase use of LAPM;
- Address unmet need and drop-out rates to reach replacement level fertility and recommended birth spacing;
- Promote the consequences of child marriage and benefits of delayed pregnancy;
- Vigorously promote FP as a lifestyle for women empowerment;
- Design a special campaign to promote PPFP;
- Foster innovations for health promotion activities; carry out research and SBCC impact study activities in regular intervals to feed into policy and program processes, which include
  - periodically assessing SBCC program performance and modalities
  - exploring effective SBCC approaches (media, target population, etc.) based on evidence
  - establishing SBCC monitoring system
  - wider use of social media, information and communications technology (ICT), community radio, mobile technology to reach adolescents and young population
  - digitize the FP Couple Register
- **Apply key approaches for FP**
  - Life Cycle Approach
  - ICT and Social Media
  - Entertainment-education
  - Knowledge Management (KM)
  - Evidence-based programming
  - Capacity Building at individual, system and organizational levels

NUTRITION

Nutrition Current Situation

The prevalence of chronic under-nutrition in children under five has reduced over the past fifteen years. The level of stunting among children under 5 has declined from 51% in 2004 to 36% in 2014 (BDHS 2014). However, progress has been mixed due in part to natural disasters, food price fluctuations, and ongoing poor feeding and care practices. Rates of under-nutrition remain alarmingly high. The World Food Programme (WFP) Bangladesh Nutrition Strategy 2012-2016 reported that children 6-23 months have the highest risk of wasting, stunting and being underweight (WFP 2012). 36% of children under five years are stunted, while 12% are severely stunted (below -3SD). Rural children are more likely to be stunted than urban children (38% vs. 31%), and children of mothers with no education are more likely to be stunted (40%) than children of mothers who have completed secondary and higher education (29%). A similarly large differential exists by wealth quintile. Also, 14% of children are considered wasted or too thin for their height. Furthermore, 33% of children are underweight (low weight for age), and 8% are severely underweight (BDHS 2014). 20% of the population exists under the poverty line and often cannot easily identify or access nutritious food. Large families with limited income are unable to meet additional nutrition requirements during a child's critical first 1000 days of life. Also, mothers and families are not fully aware of the benefits and consequences of appropriate complementary feeding; they do not know appropriate feeding approaches and doable means; socio cultural norms and beliefs prevent implementation of recommended practices, especially with regard to maternal nutrition and breastfeeding (WFP 2012).

Progress on many nutrition indicators, including infant and young child feeding practices (IYCF), has been slow or is stagnating. Rates of early initiation of breastfeeding and exclusive breastfeeding (EBF) before 6 months have remained at 45% over the past 20 years according to surveillance data, while BDHS 2011 reports that intensive SBCC played a contributory role in increasing EBF to 64% (BDHS 2011). However, recent data show a decline in EBF to 55% due to lack of a sustained community-based campaign. Bottle feeding is common in Bangladesh; 22% of infants 6-9 months are fed with a bottle (BDHS 2014). IYCF practices among children 6-23 months slightly increased, but are still very low even among the children of highest wealth quintile. IYCF practices among children 6-23 months is 23% according to BDHS 2014. Complementary foods are introduced at an early age. While 62% of children start receiving complementary food after 6 months, both quality and quantity of food tend to be insufficient. Only 23% of children are fed with at least four food groups and with the recommended meal frequency (BDHS 2014). According to the Nutrition Background Paper for Preparation of 7th Five-Year Plan, less than 40% of children under two years of age received a minimum acceptable diet (BUHS 2013). 75% of the population do not practice recommended hygiene behaviors.

Overall, 13% of ever-married women fall below the cut-off average height of 145cm (BDHS 2011). Ideally, women should have optimal nutrition prior to becoming pregnant. Malnutrition during pregnancy can cause severe complications for the mother, and can result in a low birth-weight baby. Following birth, a woman continues to need proper nutrition and sufficient caloric intake to support breastfeeding and recover from delivery.

IYCF and WASH activities are very poor in urban areas, especially in the slums, and inequality is high for complementary feeding and handwashing (BUHS 2013). The Food Security and Nutrition Surveillance Project identified insufficient handwashing, poor maternal diet and reduced IYCF practices as key contributory factors to increasing the rate of undernutrition.

Facility-based SBCC has been given adequate focus, but community-level SBCC has not. Lack of privacy has been observed in both public and private facilities. Hospital readiness in terms of SBCC has not yet been assessed. Proper nutrition from pregnancy through a child's second birthday is vital for optimal brain development and physical growth. This time period is a unique 1,000 day window of opportunity that can give children the best possible start in life.

Undernutrition in the first 1,000 days has lifelong and largely irreversible impacts because it impairs physical and mental development. It increases risk of chronic diseases and premature death in adulthood, and negatively affects the lifelong ability to learn, be economically productive, and earn income, which perpetuates poverty. In short, undernutrition undermines all aspects of development.

Well-nourished children are better able to learn in school, have higher IQs and earn higher wages as adults, which allows them to contribute more to the economic and social development of their family and the country. Every $1 spent on improving nutrition can have a $30 return on investment. In Bangladesh, seven million children under the age of 5 are chronically undernourished and one in four mothers is undernourished, including a high proportion of adolescent girls. Making nutrition a top priority will boost national growth and development, improve social equity and empower girls and women. Today's challenge is ensuring good nutrition for all.

The GoB has taken several important steps to improve IYCF, including the adoption of a National IYCF Strategy (2007). In September 2012, the Prime Minister indicated her high level commitment by stating, "Malnutrition is the largest single contributor to physical and mental under-development and disease."

Remaining challenges include meeting HPNSDP 2011-2016 targets and MDGs 4 and 5 by 2015 due to geographical disparities, urban-rural differences, lack of adequate information and support, provider limitations, and clinical and health system challenges. Another major gap identified in reaching the MDGs is the vertical nature of the health system including SBCC interventions with little integration and coordination. As a result, there is duplication of activities, messages, materials, and activities are often inconsistent or contradictory.

Nutrition Existing Communication Activities

- **GoB National Nutrition Services (NNS) Operational Plan 2011-2016/IPHN, MCH, IEM units**
- **Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING):**
  - IPCC: Nutrition counseling
  - Group Meetings: Coordination with GoB; advocacy meetings
  - Outreach: Farmer Days for Nutrition; World Breastfeeding Week; Global Hand Washing Day
- **SPRING (with SHIKHA, AIN and USAID Horticulture Project):**
  - Outreach: Media Dark Campaign
- **SHIKHA:**
  - Promotes pregnant women's diet and IYCF practices in 26 Feed the Future sub-districts in Barisal and Khulna divisions using multiple channels of SBCC.
  - Media Dark Campaign is targeted to villages that are fully or partially not electrified and with limited access to media.

- Outreach: Seven national TV advertisements on IYCF and hand washing, which address specific barriers to good IYCF practices. The project conducts mass media campaigns using audio-video aids in villages that otherwise lack access to national media.

- **WFP/Improving Maternal and Child Nutrition:**
  - Group Meetings: SBCC on nutrition and hygiene practices through awareness-raising sessions (face-to-face interaction between SBCC provider and beneficiaries)
- **Increasing awareness/knowledge through IPCC, outdoor media, mobile phones, websites, mass media**
- **Outreach activities; Observation of special national/international days; theater, celebrity endorsement, etc.**
- **Establishment of 130 nutrition corners that train health workers and provide logistics**

Nutrition Communication Gaps

Knowledge/information:

- Families and communities are unable to identify symptoms of moderate and severe acute malnutrition.
- People may not always understand why dietary diversity is important for a child's development.
- Poor understanding about the adequacy of colostrum and the danger of pre-post-lacteals; insufficient skilled support given to mothers on position, attachment, and expression of breast milk and feeding of small newborns. (Identified in the National Communication Framework and Plan for IYCF in Bangladesh, October 2010)
- Insufficient information on micronutrient-deficiency diseases, and the availability of micronutrients from food or supplements.
- Iodized salt is directly linked with the development of a child's brain. In Bangladesh, 57% of the population uses iodized salt.

Approaches:

- Growth monitoring is not done; materials and messages are not adequately harmonized; nutrition counseling is not conducted; community management of acute malnutrition (CMAM) and supplementary feeding are not properly executed.
- Media do not give proper attention to nutrition or have capacity for nutrition coverage.
- Lack of a comprehensive communication plan for nutrition throughout the life cycle.
- NNS SBCC activities are mainly facility-based, not focused on the community level.
- Inadequate focus on post-disaster nutrition need, adolescent nutrition, food safety, and good manufacturing practices.
- IPCC is not taken seriously as a specialized skill

Nutrition Communication Opportunities

Nutrition is a multi-sectoral issue. This presents both challenges and opportunities to reinforce knowledge and skills, and to create an environment that is supportive of nutrition throughout the life cycle.

- Train journalists on how to report on child nutrition issues (proper IYCF practices) and maternal nutrition issues (proper nutrition before, during, and after pregnancy).
- A Nutrition Advocacy and Communication Strategy was developed and shared with MoHFW for approval. It is multi-sectoral guide for promoting good nutrition throughout Bangladesh.
- Continue to explore innovative ways to link with other sectors, such as Agriculture, Information, Education, and Food to promote nutrition.
- Orient mothers of young children to the information contained in the Growth Monitoring and Promotion (GMP) card. Teach mothers and other caregivers recommended care, feeding, and hygiene practices for young children.
- MoHFW hosts the national Focal Person for the Scaling-Up Nutrition (SUN) movement, is in charge of NNS, and has set up a Steering Committee for Nutrition Implementation (SCNI). It also coordinates multi-sectoral contributions and seeks to mainstream nutrition across ministries and health services.
- The Ministry of Food (MoFood) is in charge of implementing the National Food Policy, which requires coordination between 13 lead ministries including the MoHFW and a multitude of implementing agencies. Within the MoFood, the Food Planning and Monitoring Committee (FPMC) was set up to provide strategic high-level inter-sectoral collaboration at the Cabinet level.
- The MoFood, through the Food Planning Monitoring Unit (FPMU), is also responsible for spearheading the Country Investment Plan (CIP) which focuses on food security with multi-sectoral nutrition components.
- The launching of the 2015 National Nutrition Policy, the reinvigoration of the Bangladesh National Nutrition Council (BNNC) and the finalization of 7th Five Year Plan, offer a potentially strong policy environment for nutrition.
- Civil Societies, NGOs and private sectors are actively engaged with the GoB through different platforms such as Nutrition Working Group (NWG) and Civil Society Networks.

Nutrition Keys to Successful Communication

- Use Nutrition-Specific and Nutrition-Sensitive Interventions to prevent and reduce malnutrition.
- Increase rural women's understanding and ownership of nutrition in their families through participatory community-based nutrition services such as preparation of Pusti Packets.
- Generate community ownership of nutrition services through a carefully planned and implemented social mobilization process that engages and empowers local communities.
- Integrate and coordinate nutrition interventions into all relevant sectors.

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) GBV has severe and long-lasting human health implications due to: fatal outcomes, acute and chronic physical injuries and disabilities, serious mental health problems and behavioral deviations increasing the risk of subsequent victimization, gynecological disorders, pregnancy and labour related complications – including miscarriages, pre-eclampsia, premature labour and low birth weight, unwanted pregnancies, obstetric complications and HIV/AIDS. SBCC activities to deconstruct traditional and harmful gender norms and practices are ongoing, however require further strengthening and a focus on health sector response to GBV.

SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION (SBCC) COORDINATION

SBCC Coordination Current Situation

Coordination is crucial for successful implementation of SBCC. Good coordination can reduce duplication, amplify effects, leverage resources and create efficiencies. Ultimately beneficiaries benefit from improved coordination when they receive consistent, accurate information on HPN from multiple sources.

Coordination can include aligning programs; sharing or pooling resources; harmonizing messages; joint strategic planning; adapting and/or re-purposing SBCC materials; filling in programmatic gaps; designing complementary approaches; seeking opportunities for synergy; promoting linkages with other programs, including services; ensuring that local and national-level activities are complementary and reinforcing; and more.

Coordination (or lack thereof) of SBCC activities can take place in a variety of ways. For example, at the central level, coordination among USAID implementing partners; coordination between USAID implementing partners (individually or collectively) and the GoB; coordination within the GoB (between and among directorates and units of the MoHFW; and between MoHFW and other Ministries); and coordination among diverse stakeholders (government, development partners, local and international NGOs, private sector, etc.) can all be considered.

At the district level and below, significant coordination among diverse actors is necessary to maximize SBCC resources and engage effectively with audiences. As this situation analysis will inform a national strategy, this section focuses primarily on central-level coordination.

SBCC Coordination Existing Activities

Two of the main objectives of BKMI are to improve coordination around SBCC within MoHFW, and to cultivate a multi-sectoral Community of Practice (CoP) for SBCC in Bangladesh, in the interest of facilitating coordination. Although BKMI works primarily with MoHFW, the broader range of stakeholders also benefits from the following coordination activities:

The **BCC Working Group (BCCWG)** began in 2011 as a CoP for HPN SBCC professionals. Members include representatives from government, development partners, NGOs, private sector, universities and the media. The group meets regularly to network, share experiences, improve coordination, and strengthen their SBCC capacity. The BCCWG was formally recognized by the MoHFW in May 2013 and operates under the guidance of Additional Secretary Roxana Quader. BKMI is establishing a sustainable leadership structure for the group so that it lives beyond the life of the project.

One of the key outputs of the BCCWG is the **National Communication Framework for Effective HPN SBCC.** The need for a common framework arose following a review of government and non-government communication strategies in 2012. The framework was developed via an iterative and participatory process, and was approved by the MoHFW in December 2013.

The **HPN SBCC Coordination Committee** was formed in order to promote coordination around SBCC within the MoFHW. The committee first met in December 2012, and consisted of representatives of three units: BHE in DGHS, IEM in DGFP and IPHN in DGHS. Over time, other units such as MCH and CCSDP of DGFP have also begun attending the bi-monthly meetings. The committee, with support from BKMI, has written a Terms of Reference, and is seeking formal recognition from MoHFW in the interest of sustainability.

BKMI is supporting the establishment of **digital archives** in three units (BHE, IEM, IPHN). The digital archives contain a record of all SBCC materials that have been produced by the three units in recent years, and can be viewed via the internet. Making the materials publicly accessible will reduce duplication, and make it easier for non-government actors to harmonize their SBCC activities with government initiatives. IEM's digital archive is currently online (http://dgfpbd.org/digitalarchive/), while BHE's and IPHN's are still under construction.

The **HPN SBCC eToolkit for Field Workers** (https://www.k4health.org/bangladesh-toolkits) is a consolidated and integrated resource to support counseling by field workers and service providers. Similar to the digital archives, the HPN SBCC eToolkit for Field Workers contributes to reducing duplication, and helps to identify gaps and opportunities for collaboration in existing communication materials.

The **IEC Technical Committee** oversees the process of approving SBCC materials before they are produced/disseminated. This is mainly a government body, while one seat is occupied by BCCP. The IEC Technical Committee mainly assures that all information is consistent with current MoHFW policies and guidelines. BKMI works with the IEC Technical Committee to strengthen its capacity by providing training in Leadership for Strategic Communication, and by standardizing the committee's review criteria.

SBCC Coordination Gaps

- The vertical nature of the MoHFW poses a challenge to coordination, with parallel structures in place for DGHS and DGFP.
- The SBCC function in MoHFW is not consolidated. While three units (BHE, IEM, IPHN) have the main responsibility for HPN SBCC, other units also conduct their own SBCC activities.
- Coordination between MoHFW and other Ministries is sporadic and inconsistent.
- Development Partners do not always know how their counterparts are using SBCC in the programs and projects they are supporting.
- Many national and international NGOs (including USAID implementing partners) focus on achieving the objectives of their respective projects. As a result, SBCC activities tend to be project-focused. This is a missed opportunity to create a more comprehensive, strategic and synergistic SBCC approach.
- Capacity for coordination is limited, in both government and NGOs. While it is easy to agree that it is important, coordination does not happen easily or naturally. Coordination requires dedicated, sustained effort; resource allocation (including extra time); diplomacy, facilitation, and KM skills; and a lot of patience.

SBCC Coordination Opportunities

- Continue to nurture and promote the coordination activities mentioned above:
  - Support the transition of the BCCWG leadership to a multi-sectoral Steering Committee.
  - Promote the use of the National Framework for Effective HPN SBCC among all stakeholders to strengthen institutional capacity and combat capacity loss due to frequent personnel turnover.
  - Support the formalization of the HPN SBCC Coordination Committee.
  - Promote the digital archives of three units and the HPN SBCC eToolkit for Field Workers as tools to minimize duplication and harmonize messaging.
  - Further strengthen the IEC Technical Committee; Digitize the submission and approval process, and make the process more transparent; Maintain a publicly-accessible digital archive of approved materials; Explore applications for the use of ICT, social media, and mobile technology.
  - Promote the practice and culture of sharing best practices and lessons learned related to coordination.
- Align efforts for coordination between MoHFW and other Ministries, such as Ministry of Local Government, Ministry of Youth and Sports, Ministry of Women and Children's Affairs, Ministry of Religious Affairs, Ministry of Social Development, and others to address health from a life-cycle approach.
- Explore collaboration around SBCC with the private sector.
- Promote coordination at different levels: central, regional, grassroots.
- Create temporary working groups to develop specific campaigns that increase visibility and impact.
- Support dialogue among Development Partners regarding SBCC initiatives.
- Ensure service delivery matches with proper demand generation and vice versa.
- Strengthen capacity for planned, data-driven, theory-based, and audience-focused SBCC.
- Coordinate with different stakeholders to balance messaging between risk reduction and reasonable and accessible treatment options.

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Annex 4

Communication and Behavioral Theories

Communication and Behavioral Theories

Behavior change models and theories attempt to explain why behaviors change. These theories cite personal, behavioral, and environmental, characteristics as the major factors that determine behavior. There is no single behavior change theory because behavior itself has multiple determinants. Each behavioral change theory or model focuses on different factors as they try to explain and predict what changes behavior the best.

Strategic communication also depends upon the selection of appropriate social science models or theories of behavior change, which might include:

Theory/Model	Resource Link
Cultivation Theory	https://www.utwente.nl/cw/theorieenoverzicht/Theory%20clusters/Media%2C%20Culture%20and%20Society/Cultivation_Theory-1/
Diffusion of Innovation	https://www.k4health.org/sites/default/files/diffusion_of_innovation_1.pdf
Health Belief Model	http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/
Ideation Model	https://www.k4health.org/sites/default/files/jhuccp_ideation_0.pdf
Input/Output Persuasion Model	http://www.corwin.com/upmdata/13975_Corcoran_Chapter_1.pdf
Integrated Model of Communication for Social Change	http://www.healthcommcapacity.org/wp-content/uploads/2014/08/Integrated-Model-of-Communication-for-Social-Change-An-HC3-Research-Primer.pdf
Theory of Reasoned Action/Planned Behavior	http://www.k4health.org/sites/default/files/theory_of_planned_behavior.pdf
Threat-Efficacy Model	https://www.k4health.org/sites/default/files/jhuccp_extended_parallel_processing_model.pdf
Social Ecological Model	http://www.thehealthcompass.org/sites/default/files/strengthening_tools/Social%20Ecological%20Model-Ch04%20Storey-Figueroa.pdf
Social Cognitive/Learning Theory	https://www.k4health.org/sites/default/files/jhuccp_social_learning_theory.pdf
Social Norms Theory	http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/
Transtheoretical Model (Stages of Change)	http://www.prochange.com/transtheoretical-model-of-behavior-change

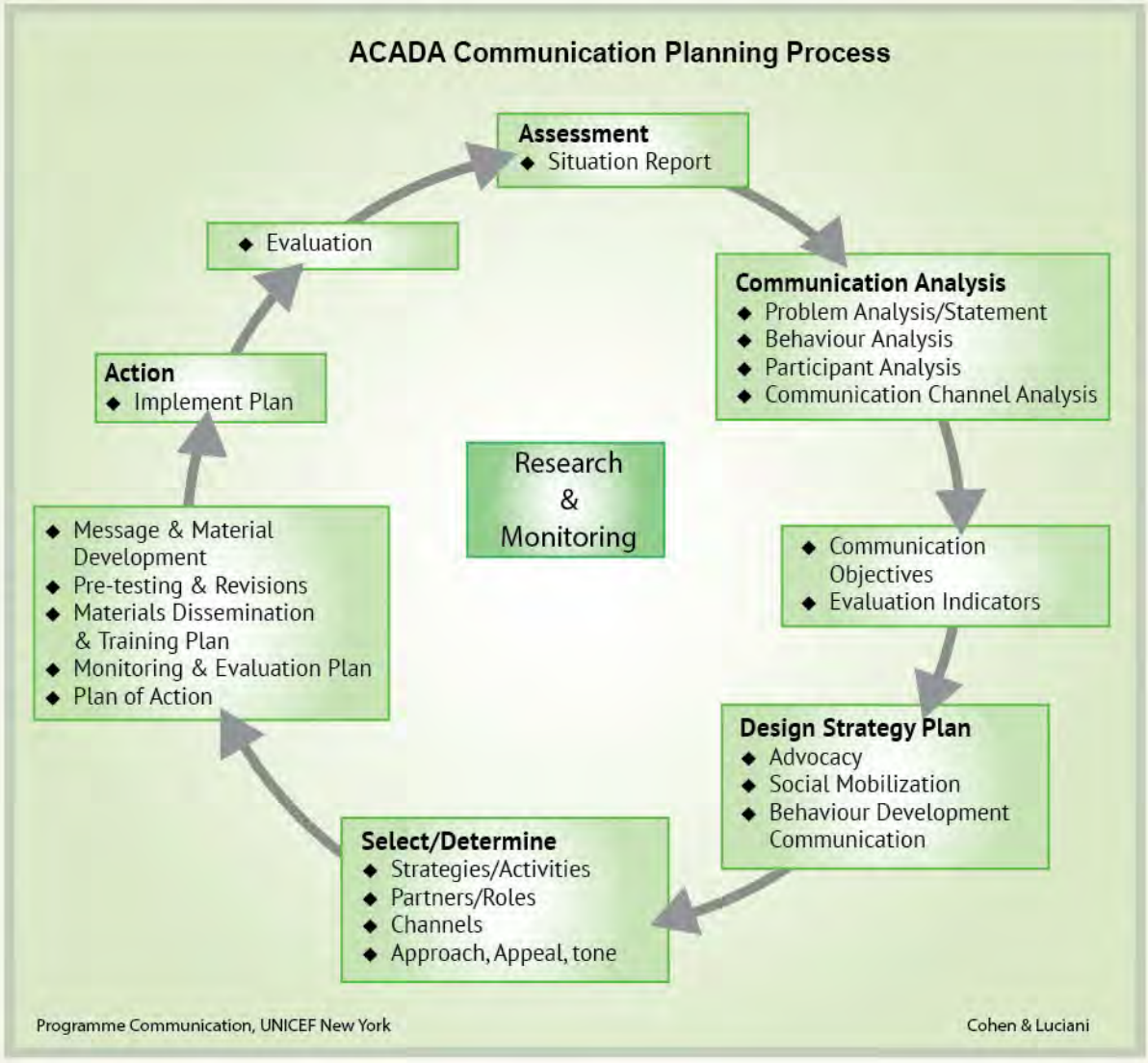
Annex 5

Process Models

Process Models

Assessment, Communication Analysis, Design, Action (ACADA) Communication Planning Process

The ACADA model explains the process of linking an integrated communication strategy to a development problem using data and evidence. Additional information is available via the following link: http://www.unicef.org/cbsc/files/Writing_a_Comm_Strategy_for_Dev_Progs.pdf



Communication for Behavioral-Impact (COMBI)

COMBI integrates SBCC interventions into public health programs through its planning framework and implementation method. Below is a seven-step, feedback-driven process with which to apply COMBI in an outbreak response. Additional information is available via the following link:

http://apps.who.int/iris/bitstream/10665/75170/1/WHO_HSE_GCR_2012.13_eng.pdf?ua=1

Step	Tool	Outcome
Programme, management and administrative response structure	**Tool 1.** Reflective questions for assessing the organizational context of outbreak management and response	
	Tool 2. Identifying stakeholders	
	Tool 3. Mapping existing expertise and capacity	
	Tool 4. Frequently asked questions about monitoring and evaluation	
COMBI planning step		
Step 1. Identify the preliminary behavioural objectives	**Tool 5.** Preliminary behavioural objectives	Preliminary behavioural objectives
	Tool 6. Risk Factors in the sociocultural context	
	Tool 7. Environmental scanning	
Step 2. Conduct a rapid situational market analysis	**Tool 8.** Tips for interviewing	Barriers and facilitating factors for adopting prevention and control measures; what communication can and cannot do
	Tool 9. Checklist for conducting a situational market analysis	
	Tool 10. Semi- structured interviews	
Step 3. Refine the behavioural objectives, state your communication objectives	**Tool 11.** HIC- DARM	Behavioural and communication objectives
	Tool 12. Template for channels and settings	
	Tool 13. Communication and non-communication issues	
Step 4. Design an overall strategy	**Tool 14a.** Restated behavioural objectives	A strategy
	Tool 14b. Restated communication objectives	
Step 5. Prepare implementation and monitoring plans and budget	**Tool 15.** Detailed implementation plan	Detailed implementation plans for the strategy and for monitoring and evaluation
	Tool 16. Monitoring table	
	Tool 17. Monitoring implementation plan	
Step 6. Implement and monitor the strategy, identify trends and adapt if necessary	Apply tools 15-17	Feedback and adjustments to the strategy
Step 7. Evaluate once the outbreak is over	**Tool 4.** Frequently asked questions about monitoring and evaluation	Impact, lessons learnt and good practice
	Tool 10. Semi- structured interviews	
	Tool 16. Monitoring table	
	Tool 17. Monitoring implementation plan	

P Process

The P Process is a step-by-step roadmap for planning strategic, evidence-based, and theory-driven communication programs. Additional information is available via the following link:
https://www.k4health.org/sites/default/files/p_process_brochure_-_new.pdf

Annex 6

A User Guide for National Framework for HPN SBCC

A User Guide for National Framework for HPN SBCC

Contents

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.

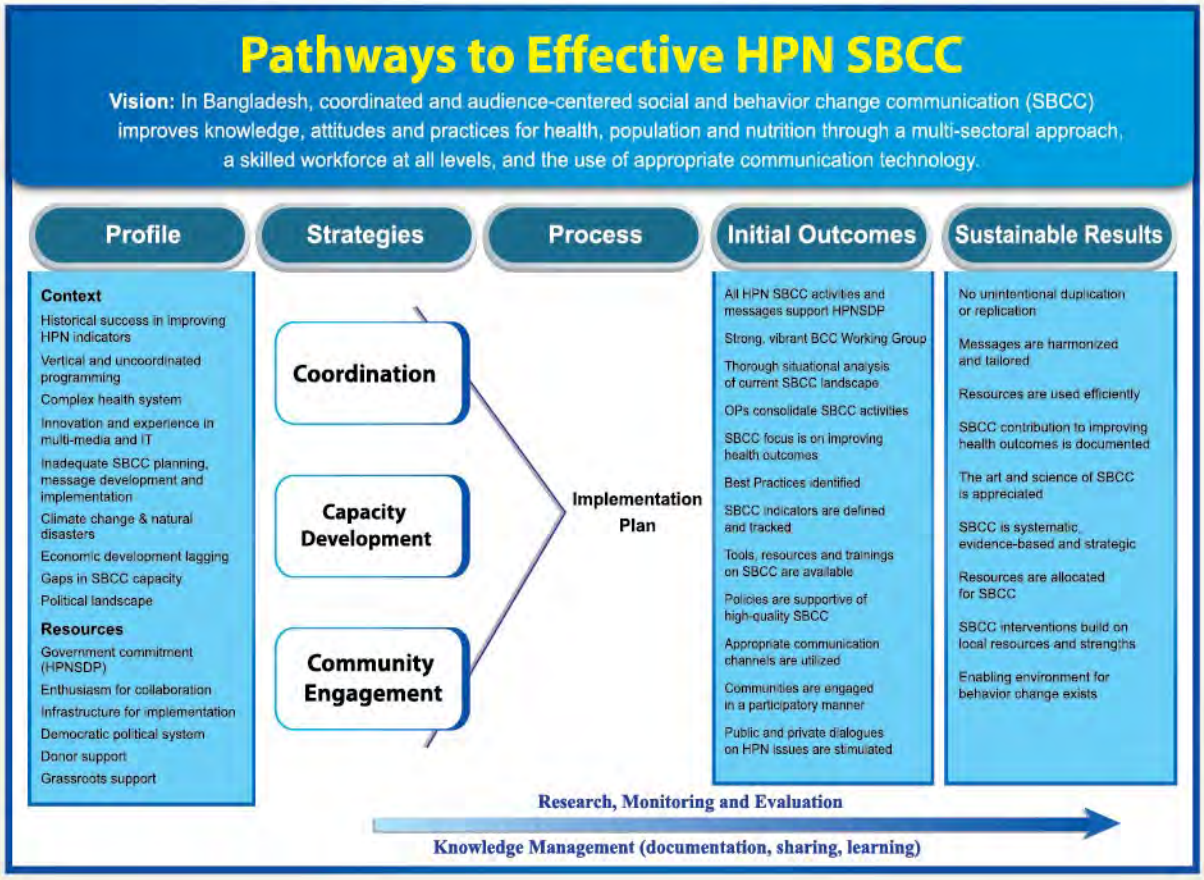
National Priorities

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 [4]

- 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.

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*

Strengths	**Weaknesses**
• Nutrition is a national priority • Relevant policies are in place • IYCF alliance • Existing IYCF SBCC materials	• Vertical, uncoordinated programs • Poor monitoring of SBCC • Lack of HR for SBCC • Poor urban SBCC delivery system
Opportunities	**Threats**
• Strong donor interest • Next sector program focus • Available technology	• BMS Code Violations and unregulated private sector communication • Lack of coherent communication

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

Strategy	Activity	Output	Step	Timeline	Responsible Party	Partners/ Allies	Documentation Plan
Coordination	Share SBCC materials across 13 ministries	SBCC materials are actively and regularly shared between ministry officials and staff	Gather relevant materials	4 months	BCC Working Group	GoB, NGO, and other stakeholders	Documentation team will coordinate monthly updates with responsible parties to document activities, processes, and decisions
			Review and format materials	2 months	Nutrition subgroup	Members of BCC Working Group	
			Disseminate materials to 13 ministries	2 months	GoB representative	Nutrition subgroup	
Capacity Development	Train CHWs on counseling techniques with IYCF materials	CHWs are adequately trained to provide high quality IYCF counseling to their clients	Identify CHWs to train	2 months	Research team	GoB, health facilities, NGOs	
			Develop and test materials	4 months	BCC Working Group, technical experts	GoB, CHWs, NGOs, IEC technical committee	
			Train selected CHWs using pretested materials	3 months	Experienced trainers	GoB, NGOs, health facilities	
Community Engagement	Build resources within the community	Communities actively and regularly participate in developing and sharing IYCF SBCC resources	Target audience and resource identification	2 months	BCC Working Group	GoB, NGOs	
			Stakeholder engagement	2 months	BCC Working Group	NGOs, women's groups, health facilities	

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