National Framework for Effective
Health, Population, and Nutrition (HPN)
Social and Behavior Change Communication (SBCC)

A User Guide

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Acronyms

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

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
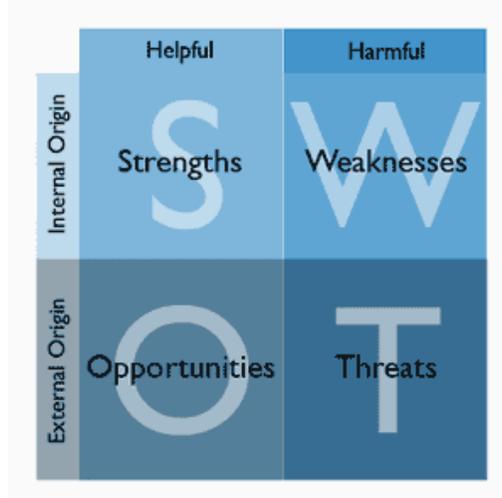
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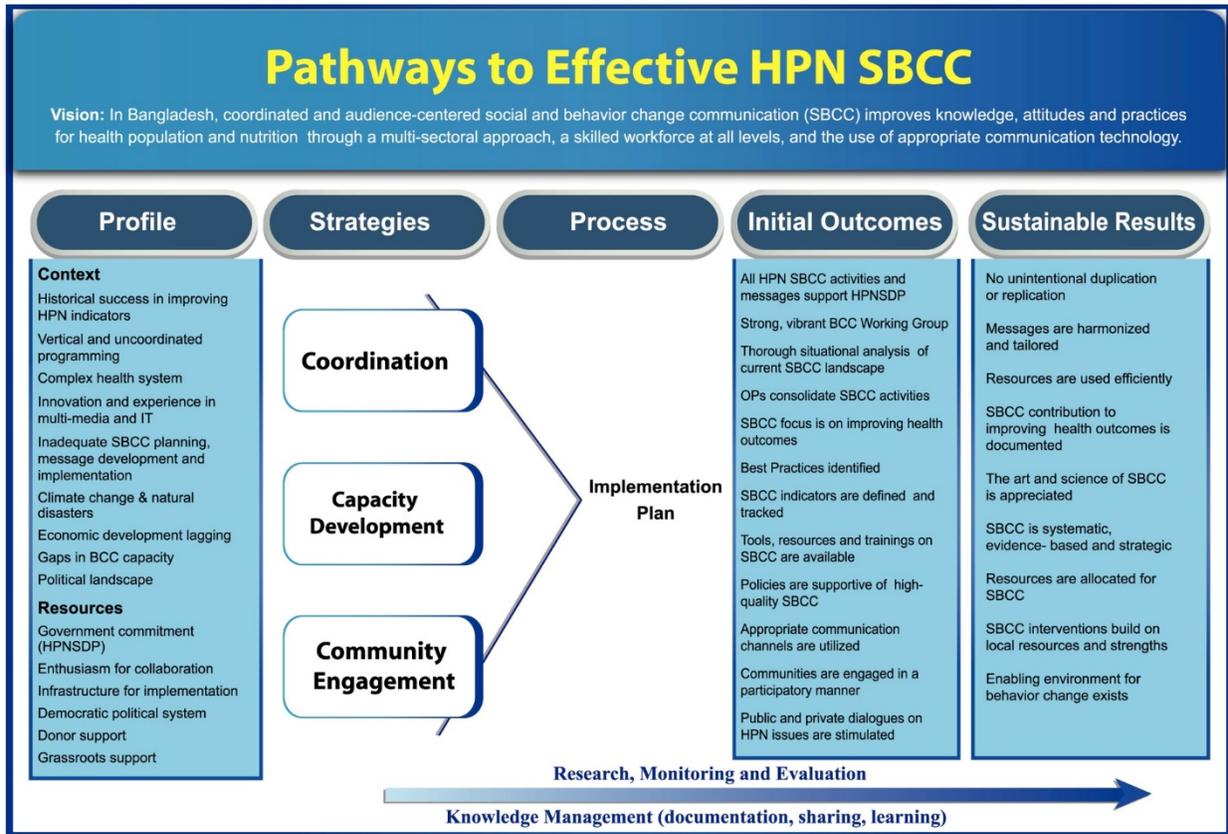
Framework Steps

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.

1.   Infant and Young Child Feeding (IYCF)

Program Description

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

Step 1: Profile Development

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

- SWOT Analysis

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

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

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

2.   Male Involvement in Family Planning (FP)

Program Description

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

Step 1: Profile Development

- Current SBCC situation and context
  - o 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
  - o 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)
  - o Available resources: positive government commitment, an enabling policy environment, donor support, collaboration between government organizations and NGOs

- SWOT Analysis

Strengths	**Weaknesses**
- Current programs have some emphasis on male participation - Focus on couples counseling and spousal - Availability of male contraceptives - Simplicity of male contraceptive methods	- Female-focused SBCC programs - Males are not aware of FP benefits - Lack of advocacy and family planning materials targeting men - Insufficient male counseling
Opportunities	**Threats**
Global attention for male participation in FP	- Male-dominated society - Limited male contraceptive methods

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

Step 2: Strategic Design

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

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

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

Step 3: Designing an Implementation Plan

Strategy	Activity	Output	Step	Timeline	Responsible Party	Partners/ Allies	Documentation Plan
Coordination	Incorporate more male-targeted messaging into existing FP materials	Existing FP materials have been updated to include male-targeted messaging. Future materials are designed to include male involvement information	Map existing FP materials	3 months	BKMI	GoB, NGOs, CHWs	Documentation team will coordinate monthly updates with responsible parties to document activities, processes, and decisions
			Design male-targeted FP messages	2 months	BCC Working Group, FP technical experts	GoB, NGOs, designers, community	
			Disseminate messages to material developers	2 months	BCC Working Group; IEM	GoB, NGOs	
Capacity Development	Conduct sensitization and advocacy workshops for	Service providers offer high quality FP	Identify relevant service providers	2 months	BKMI	GoB, NGO, health facilities and clinics	

		Develop workshops	3 months	Technical experts	BKMI, BCC Working Group; NGOs	
service providers	services and inform clients of all options in a supportive manner	Conduct workshops	3 months	IEM, FP subgroup members	GoB, NGOs, service providers	
Community Engagement	Sensitization of religious/ public/local leaders	Identify leaders	2 months	BKMI	GoB, NGOs, community members	
	Community leaders support male involvement in FP and the rights of married and unmarried women and men to use FP	Elicit leaders' input	2 months	BCC Working Group	NGOs, community organizations	
		Promote key messages	2 months	IEM	GoB, NGOs, other ministries	

3.   Institutional Delivery (ID)

Program Description

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

Step 1: Profile Development

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

- SWOT Analysis

Strengths	**Weaknesses**
• Understands importance of ID • All promotional activities include ID • Materials and information are available about ID (e.g. 5 danger signs, 3 delays)	• Poor counseling techniques • Inadequate IPC • Negative health provider attitudes
Opportunities	**Threats**
• Have resources, material, and providers • Next sector plan focus on ID	• Cultural barriers and traditions • Poverty and lack of information • Distance from health services

						Cost of transport
						Women's lack of autonomy in decision-making

Step 2: Strategic Design

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

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

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

Step 3: Designing an Implementation Plan

Strategy	Activity	Output	Step	Timeline	Responsible Party	Partners/ Allies	Documentation Plan
Coordination	Increase sharing of ID-related SBCC resources	All relevant stakeholders actively and regularly share ID-related SBCC resources through formal and informal channels	Gather existing 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 harmonize messages	2 months	Maternal and Child Health subgroup	BCC Working Group; technical experts	
			Disseminate materials to relevant stakeholders	2 months	BCC Working Group	Maternal and Child Health stakeholders	
Capacity Development	Conduct training and counseling for providers on the benefits of institutional deliveries	Providers fully understand and can articulate the benefits of ID. They can also effectively	Identify health providers	2 months	NGO network	GoB, health facilities, NGOs	
			Develop and test counseling materials	4 months	BCC Working Group, technical experts	GoB, providers, NGOs	

		communicate these benefits to their clients	Train health providers using pretested materials	3 months	Experienced trainers, technical experts	GoB, NGOs, health facilities	
Community Engagement	Form community support groups at the grassroots level to promote ID	Community support groups meet regularly and often to actively promote ID at the grassroots level	Identify key community stakeholders	2 months	NGOs, community groups	Relevant GoB and other stakeholders	
			Establish support group	2 months	NGOs, community groups	Community leaders and members, technical experts	

Key Questions

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

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

References

1. Claquin P Sustainability of EPI: Utopia or Sine Qua Non Condition of Child Survival. Arlington, Va: Resources for Child Health Project; 1989.
2. Sustainability of Development Programs: A Compendium of Donor Experience. Washington, DC: US Agency for International Development; 1998.
3. https://www.k4health.org/toolkits/km
4. Zaman, F. and Underwood, C. (March 2003). The gender guide for health communication programs. Center Publication No. 102. Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.
5. Bangladesh Demographic and Health Survey (BDHS) 2011. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International. 2013.

Appendix A: Sample Worksheet

Topic:

Description:

Step 1: Profile Development

- Current SBCC situation and context
  - Successes:

    _____
    _____
    _____
    _____

  - Challenges:

    _____
    _____
    _____
    _____

  - Available Resources:

    _____
    _____
    _____
    _____

- SWOT Analysis

Strengths	**Weaknesses**
Opportunities	**Threats**

Step 2: Strategic Design

- Coordination Strategy

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- Capacity Development Strategy

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- Community Engagement Strategy

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Step 3: Designing an Implementation Plan

Strategy	Activity	Output	Step	Timeline	Responsible Party	Partners/ Allies	Documentation Plan
Coordination							
Capacity Development							
Community Engagement							