Capacity Strengthening

SBCC Capacity Strengthening in Action: HC3 Country Case Study Series

HC3 Uses Technology in Bangladesh to Build Field Worker Confidence and Social and Behavior Change Communication Skills

Asha Apa is a field worker based in the Chittagong District of Bangladesh. Her work begins after breakfast, when she sends her children off to school and gets ready for her day. As she leaves, Asha picks up her bag, filled with all her health education materials, and heads out to make her first visit of the day at the Suleman household. She makes sure her bag is secure and smiles as she thinks of her most valued tool that sits inside – her eToolkit on a tablet. With this tablet, which she received from the Ministry of Health and Family Welfare (MoHFW), teaching the community about health issues and staying up-to-date on her work has become so much easier. Asha never dreamed she would use this kind of technology, but once she started she found it easy.

Project Background

The **Bangladesh Knowledge Management Initiative** (BKMI) strengthens the capacity of the Government of Bangladesh (GoB), U.S. Agency for International Development (USAID) implementing partners and other stakeholders to develop strong, consistent and effective social and behavior change communication (SBCC) campaigns and interventions to improve the health and well-being of the people of Bangladesh.

BKMI's second phase is a three-year project (2013-2016) under USAID's global Health Communication Capacity Collaborative (HC3). It is jointly implemented by the Johns Hopkins Center for Communication Programs (CCP) and the Bangladesh Center for Communication Programs (BCCP).

The eToolkit for Field Workers Home page

A field worker refers to the eToolkit when counseling clients.

> *The eToolkit for Field Workers was originally developed and piloted during the first phase of BKMI, which was a field support project under USAID's global Knowledge 4 Health project from 2011 to 2013. This case study looks at its evolution under the second phase of BKMI.*

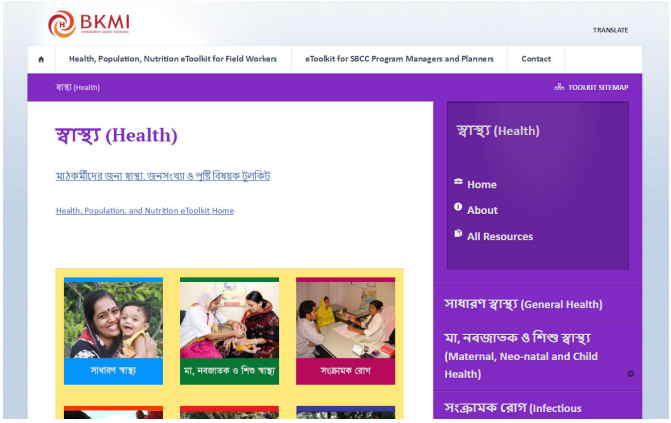
Assessing SBCC Capacity

BKMI's capacity strengthening work with the Bangladesh MoHFW can be described using the **SBCC Capacity Ecosystem™ Model**.

HC3 developed the SBCC Capacity Ecosystem to reflect the systematic assessment, design and implementation of customized and strategic capacity strengthening for SBCC. The Ecosystem assesses capacity at the individual, organization and system levels; recognizes that capacity strengthening is a dynamic, non-linear and non-hierarchical process that involves many interacting agents; and speaks to the inherently complex, interconnected and often unpredictable nature of capacity strengthening and the dynamic environments in which we work. It also recognizes that a single activity is almost never enough to make change.

More information about the Ecosystem is provided at the end of this case study.

To begin with, BKMI used a standardized capacity assessment tool to map the capacity of the three MoHFW units responsible for SBCC for health, nutrition and family planning. Subsequently, BKMI supported the units – the Bureau of Health Education (BHE) and the Institute of Public Health Nutrition (IPHN) in the Directorate



The eToolkit for Field Workers Health page

General of Health Services (DGHS), and the Information, Education and Motivation (IEM) Unit of the Directorate General of Family Planning (DGFP) – to assess their own capacity periodically using the same tool.

SBCC programs use the power of communication to change behaviors by influencing people's knowledge, attitudes and social norms to improve their health and environment.

The units did a facilitated self-assessment four times. The first time it was administered by the BKMI team who managed the process, talked the units through each item, asked probing questions and explained concepts that were unclear, using examples where necessary. Subsequent assessments were done by the units themselves; each time they were able to take more and more control and ownership of the process. BKMI was always present, and facilitated the discussion to some extent, but the units gradually became more comfortable, confident and reflective in administering the assessment themselves.

The first round of assessment scores were rather low, as the units were new to the SBCC and knowledge management ideas being assessed. In the second round, the scores increased significantly, then decreased in the third round. In the fourth round they either stayed the same or increased slightly. A possible reason for the dip between the second and third rounds is over-scoring in the second round (after they had become more familiar with the concepts), and more realistic, reflective and honest scoring in the third.

BKMI focused its capacity strengthening work at three levels: improving the knowledge and skills of **individuals** who work in the three SBCC units of MoHFW, developing tools and establishing processes within the units to strengthen **organizational** capacity, and working to optimize coordination of SBCC activities and integration of health, nutrition and family planning topics at the **system** level. To facilitate its capacity strengthening work, three senior communication specialists were embedded within the three SBCC units to provide day-to-day mentoring and hands-on support.

Challenges

A majority of the challenges identified by BKMI were at the system level, including:

- Insufficient coordination, resulting in:
  - SBCC materials not aligned with current government policy
  - Unintended duplication of SBCC materials and activities
  - Either a lack of SBCC materials available for field workers, or an abundance of SBCC materials that were heavy and difficult to carry
- Insufficient training opportunities available to field workers

In addition, SBCC activities were "siloed" by the three MoHFW units. Although a cadre of 18,000 Health Assistants were responsible for health SBCC in communities and 23,000 Family Welfare Assistants were responsible for family planning and reproductive health SBCC in communities, the two cadres were not cross-trained, and neither was responsible for nutrition before their job descriptions were revised in 2014.

Coordinating Counseling Tools for Field Workers

To address these system-level challenges, BKMI worked with the MoHFW and the Behavior Change Communication (BCC) Working Group – a community of practice of SBCC practitioners in Bangladesh from government, non-government (NGO), private and development partner and other organizations – to develop an eToolkit for Field Workers.

The eToolkit for Field Workers Family Planning page

The eToolkit is a digital library of print and audiovisual SBCC materials presented in a simple graphic format, organized by topics and sub-topics. The eToolkit was designed to be user-friendly for people not highly computer literate. All the materials were reviewed at two levels: first, by subject-matter experts to ensure technical accuracy and harmonization with government policy; and second, by field workers who were asked, "Would you use this item when counseling a client?"

The eToolkit facilitates counseling by providing visual aids, strengthening and reinforcing field workers' knowledge, and motivating clients to ask more questions. Importantly, the eToolkit provides a full range of information on health, nutrition and family planning, which means any field worker with access to the eToolkit can assist clients regardless of whether or not they have been trained on a particular topic. The eToolkit strengthens the system by providing a common package of high-quality counseling aids for all field workers, so they can provide effective counseling to their clients.

Working toward Sustainability

A pilot study of the eToolkit, conducted from May to August 2013, found that using the eToolkit increased field worker credibility as the first point of contact for information on general health (from 18 to 59 percent), family planning (from 38 to 54 percent) and nutrition (from 29 to 50 percent). This increase in credibility was of special importance as the category of "field workers" included both Family Welfare Assistants and Health Assistants.

Following the successful pilot in the Sylhet and Chittagong districts, BKMI began working with the MoHFW, NGOs and private-sector organizations to support cadres of field workers to scale up the use of the eToolkit nationwide, thanks to a timely investment in information and communication technology (ICT) infrastructure by MoHFW and others.

In 2014, the DGHS of the MoHFW purchased 24,000 Android™ tablets for all Health Assistants and their

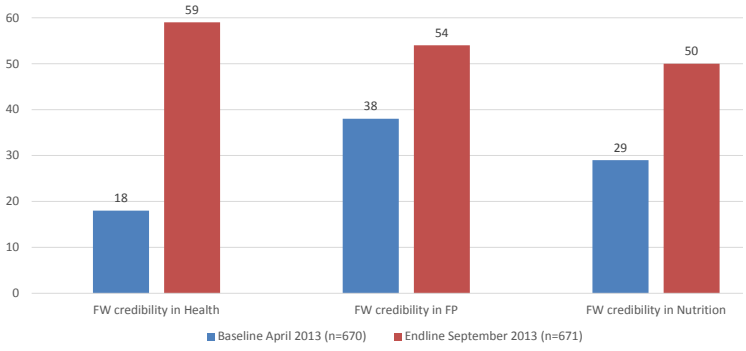


Figure 1: Percent increase in field worker credibility in health, family planning and nutrition as rated by mothers of children under two years old in two districts in Bangladesh

Kawsar Akhter, a Family Welfare Assistant in Chittagong, during a home visit

supervisors. As of 2016, more than 13,000 Community Clinics and 240 Family Welfare Centers of the MoHFW were equipped with laptop or desktop computers and modems.

The NGO Health Service Delivery Project (NHSDP), the largest NGO network of health-service facilities, has 388 clinics throughout the 64 districts of Bangladesh. Each of the clinics has a laptop they can use to show the eToolkit. Most clinics also have a television with a USB portal on which they can show the videos.

At the same time, smart phones have become accessible to more of the population as prices for certain models have fallen to around $30 or $40 USD.

The eToolkit is available in three formats:

- **Online** – for those with access to any desktop or laptop computer and an internet connection (http://etoolkits.dghs.gov.bd/bangladesh-toolkits)
- **Offline** – for those with access to a Windows™ desktop or laptop computer, but who do not have a reliable internet signal; the offline files can be downloaded at http://etoolkits.dghs.gov.bd/bangladesh-toolkits
- **Mobile app** – for those with an Android smart phone or tablet (BD HPN Toolkit in Google Play Store); a 3G or wifi signal is needed to download files initially, but is not necessary for ongoing use of the app

The eToolkit is updated annually by a sub-group of the BCC Working Group. With each update, the sub-group facilitates the two-level review process and removes any redundant materials. To make the eToolkit easy to navigate, the sub-group prioritizes the quality of materials over the quantity of materials. Each year the sub-group considers adding new sub-topics, if the content and interest are sufficient.

The sub-group includes representatives from the three MoHFW units responsible for SBCC, as well as other SBCC stakeholders who volunteer to work on the sub-group. The BCC Working Group is led by MoHFW, which plans to continue supporting sub-groups after BKMI ends in 2016.

The eToolkit helps improve coordination of SBCC activities at the system level by consolidating the best SBCC counseling tools in one digital publicly available location, making it possible for all stakeholders to easily see what has been produced, thus helping to avoid unintentional duplication. In addition, all field workers throughout Bangladesh have access to a common package of high-quality SBCC counseling tools.

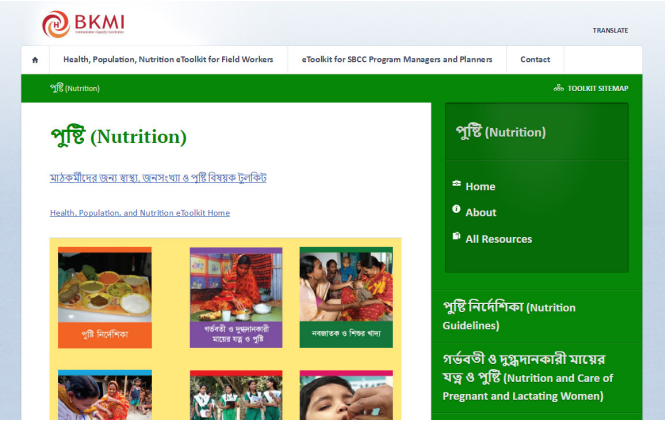
The eToolkit for Field Workers is an example of how capacity strengthening efforts for the MoHFW in Bangladesh spanned across all three levels in the SBCC Capacity Ecosystem:

- **At the individual level,** the eToolkit enables field workers to enhance their knowledge and skills.
- **At the organizational level**, the three MoHFW units responsible for SBCC are involved in updating the eToolkit every year. The process of updating the eToolkit provides an opportunity for the three units to examine all SBCC materials produced, and identify gaps and opportunities the units may fill.
- **At the system level**, the eToolkit integrates health, nutrition and family planning topics, and facilitates coordination by compiling high-quality counseling tools for field workers in one place.

In addition, the eToolkit strengthens the health system because it is designed to be taken to scale in a country with a large cadre of both government and non-government field workers.

All essential information and communication materials the field workers need to influence their clients are gathered in this eToolkit. We want people to learn more about health and family planning. I hope that this pilot project will open doorways to new possibilities.

Dr. S M Mustafizur Rahman, Program Manager, National Nutrition Services, MoHFW



The eToolkit for Field Workers Nutrition page

Rafiq Miah, a Health Assistant in Sylhet, uses the eToolkit

What Worked Well

- The multi-level challenges – starting with the system, as revealed by the assessment – in capacity required creative thinking, which resulted in the development of the eToolkit.
- The eToolkit facilitated the integration of health, family planning and nutrition topics, enabling field workers to answer a wide range of their clients' questions.
- The process of updating the eToolkit content each year is an opportunity for government and non-government stakeholders to review gaps and opportunities, and to select only the best counseling aids, thus setting a standard for quality.
- Field workers easily learned how to navigate and use the eToolkit with some training and guidance.
- The pilot demonstrated that the eToolkit could be an effective counseling tool and well-accepted by both field workers and clients.
- In 2014, the DGHS decided to invest in tablets for all of its field workers, which created an opportunity for scale-up that would not have been otherwise possible.

The eToolkit provides important information in an entertaining way. This has caused people to be more accepting of me and my messages. This new technology in my hand has enhanced my importance within the community.

Now people are more attentive. The eToolkit is my all-time companion now.

I dream that all families will grow in health and wisdom, and that this small box of light will spread its light of knowledge to both field workers and families.

Rafiq Miah, Health Assistant, Goalabazar Union, Balagonj Upazila, Sylhet District

The eToolkit for Field Worker has enabled Kawsar Akhter to better meet her clients' needs.

- To ensure sustainability and local ownership, the DGHS took over hosting the eToolkit on its server.
- A sub-group of the BCC Working Group reviews and updates the eToolkit content each year.

Lessons Learned

- Technology can also present some challenges: two years after DGHS' investment, many of the tablets were not in service. As a result, BKMI had to prioritize working with known existing ICT infrastructure, such as the laptops in more than 13,000 Community Clinics and the computers in the 240 Family Welfare Centers.
- Investing in ICT infrastructure was beyond the scope of BKMI. Rather, BKMI had to rely on existing computers and mobile devices within MoHFW and advocate for the further investment in mobile devices, including field-based technical support, supervision and training on using both the devices and software.
- To address challenges in ICT infrastructure, BKMI made the eToolkit available in three formats so field workers could access it with or without an internet connection, using a desktop or laptop computer or mobile device. However, the trade-off is that it is not possible to accurately monitor the dissemination and use of the offline and app versions.
- To achieve true sustainability, MoHFW will need to take over promotion and dissemination of the eToolkit, field-worker training, trouble shooting and tech support, and annual content updates, which can be accomplished in four to five months with the support of the BCC Working Group.
- Taking the eToolkit – or any technology – to scale takes time and may not follow a linear process. Often, software is being developed before or at the same time as investments in ICT infrastructure are being made. Achieving synchronicity between hardware and software is extremely difficult. Compromises in quality sometimes need to be made to achieve scale, or compromises in scale need to be made to retain quality.

The eToolkit has made my work more efficient. Now I can learn things more easily than before. I know more about health and nutrition than ever before, and now I can also counsel others.

Previously, clients were not very interested in learning. Now they are curious. They call me even when I walk by and ask to see more from this eToolkit. There are many advantages to using the eToolkit, such as getting updated information on health, family planning and nutrition, and being able to share it with others as well. Sometimes, it takes a while to open big files. My clients are more interested to see videos rather than photos.

Every day, many people in the community come to me for all kinds of health information. I hope other field workers like me are also doing their best to fulfill the needs of the people by using the eToolkit.

Kawsar Akhter, Family Welfare Assistant, Kanchonabad Union, Chandanaish Upazila, Chittagong District

Next Steps

The MoHFW's commitment to using technology to support field workers is to be applauded. However, to maximize the impact of their increasing investment in technology – like tablets and computers for field workers – they also must strategically invest in the following related areas:

- Procurement process that defines the minimum specifications needed – space available, robustness and quality – to accommodate existing tools with room for some expansion as new tools are developed;
- A strategic, coordinated plan to maximize the return on the MoHFW's investment in technology;
- Supervision to ensure the field workers are using the tablets optimally and flagging any concerns or challenges that arise; and
- Trouble shooting and technical support to help field workers, in a timely way, with any problems they may face in using the equipment.

These steps can protect the MoHFW's investment and improve effectiveness of these tools.

"After using the eToolkit, interest among the field workers has increased. Their service-provision skills have also improved a lot. With the eToolkit, they can provide counseling to clients more easily. We hope this will bring development to our next endeavor and to the health department," Md Abdul Waheed Akanda, Chief, Bureau of Health Education (second from left).

Conclusion

The evolution, use and adoption of the eToolkit required collective creative thinking. When non-traditional solutions were sought for traditional problems, the result was an innovative approach to strengthen the capacity of the SBCC system in Bangladesh to provide a common set of high-quality counseling aids to field workers so that they can provide integrated health, family planning and nutrition information to their clients.

Long-term investments in building systems can result in sustainable impact when done in a collaborative manner, with a focus on impact and supporting local objectives and priorities. By changing the lens through which capacity strengthening is viewed and drawing upon innovative ways to assess and validate capacity strengthening outcomes, the MoHFW, partners and stakeholders were able to be innovative and bring technology to their aid.

Links

- eToolkit for Field Workers: http://etoolkits.dghs.gov.bd/bangladesh-toolkits
- BKMI eHealth Pilot Documentary:
  - » Five minute video: https://www.youtube.com/watch?v=bckMHh4vgeo
  - » Twelve-minute video: https://www.youtube.com/watch?v=Ngy9w5YHkzk&feature=youtu.be
- BKMI project: http://healthcommcapacity.org/where-we-work/bangladesh/
- BCC Working Group: https://www.bdbccgroup.org
- CCP: http://ccp.jhu.edu/
- BCCP: http://www.bangladesh-ccp.org

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- Members of the Bangladesh BCC Working Group
- The BKMI project team

HC3 is also grateful to all those who shared their stories of working with BKMI.

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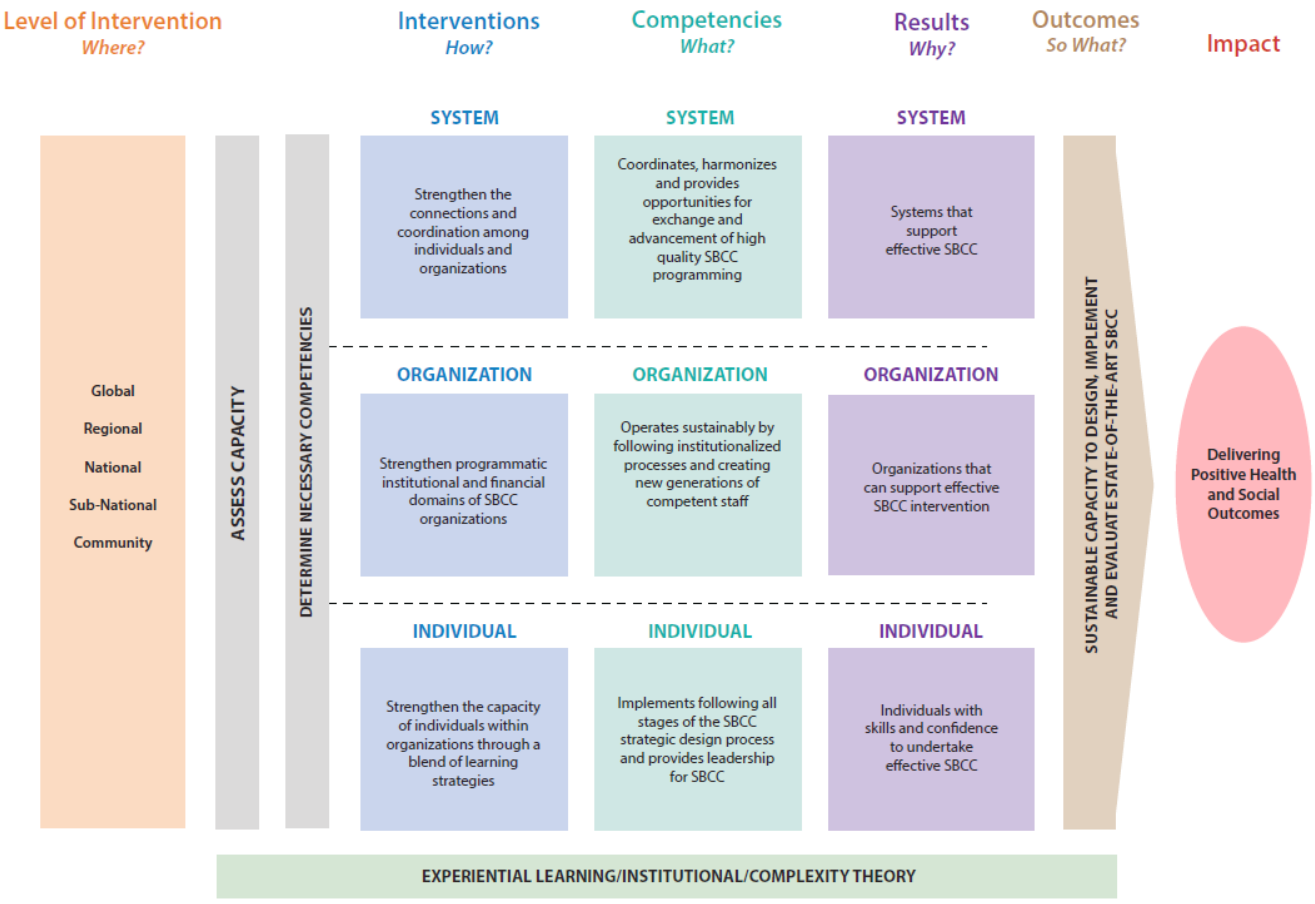
SBCC Capacity Ecosystem™



A New Model for SBCC Capacity Strengthening

The HC3 **SBCC Capacity Ecosystem** (pictured above) is a model that reflects the systematic assessment, design and implementation of customized and strategic capacity strengthening for SBCC. While arising from the work of HC3, it is a model that can be used by any project seeking to strengthen SBCC capacity at the local, regional or global level.

More information about the Ecosystem can be found at: http://healthcommcapacity.org/sbcc-capacity-ecosystem/.

www.healthcommcapacity.org

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