Outcome Harvesting Evaluation of Social and Behavior Change Communication Capacity Strengthening Activities in Bangladesh

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Contact:

Health Communication Capacity Collaborative
Johns Hopkins Center for Communication Programs
111 Market Place, Suite 310
Baltimore, MD 21202 USA
Telephone: +1-410-659-6300
Fax: +1-410-659-6266
www.healthcommcapacity.org

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Cover Photo Credit: A field worker (right) in Chittagong District counsels women on family planning using the eToolkit for Field Workers during a home visit, ©Bangladesh Center for Communication Programs

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ACRONYMS

BCC	Behavior Change Communication
BCCP	Bangladesh Center for Communication Programs
BDHS	Bangladesh Demographic Health Survey
BHE	Bureau of Health Education
BKMI	Bangladesh Knowledge Management Initiative, Phase II
CBHC	Community-Based Health Care
CCP	Johns Hopkins Center for Communication Programs
CCSDP	Clinical Contraceptive Service Delivery Program
COP	Community of Practice
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
FSDP	Field Service Delivery Program
HC3	Health Communication Capacity Collaborative
HEO	Health Education Officers
HPN	Health, Population and Nutrition
IEC	Information Education and Communication
IEM	Information, Education and Motivation
IPC	Interpersonal Communication
IPHN	Institute of Public Health Nutrition
IR	Intermediate Result
JPGSPH	James P. Grant School of Public Health
KM	Knowledge Management
MCH	Maternal and Child Health
MIS	Management Information System
MOHFW	Ministry of Health and Family Welfare

NGO	Non-governmental Organization
NHSDP	Non-governmental Organization Health Service Delivery Project
SBCC	Social and Behavior Change Communication
SCS	Senior Communication Specialist
TOR	Terms of Reference
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The Health Communication Capacity Collaborative (HC3)—funded by the United States Agency for International Development (USAID) and based at the Johns Hopkins Center for Communication Programs (CCP)—was a five-year global project focused on strengthening developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. From October 2013 to October 2017, the second phase of the Bangladesh Knowledge Management Initiative (BKMI II) implemented a capacity strengthening project under HC3 in collaboration with the Bangladesh Center for Communication Programs. BKMI II worked with three divisions within the Ministry of Health and Family Welfare (MOHFW) as well as other USAID implementing partners and stakeholders to develop strong and effective SBCC campaigns.

In August 2016, a CCP evaluation team worked with BKMI II staff to apply a qualitative evaluation methodology, **Outcome Harvesting**, to measure the effect of BKMI II's capacity strengthening efforts on the MOHFW, SBCC stakeholders and communities of practice (COPs). In addition to classifying outcomes according to the types of programmatic activities, the evaluation also classified whether the outcomes occurred at an individual, organization or system level. In addition, the evaluation assessed the sustainability potential of outcomes according to a set of criteria.

Through systematic project document review, discussion with key BKMI II staff and collaboration with external consultants, the evaluation team harvested and verified 51 outcomes. The outcomes reflected key areas of BKMI II's capacity strengthening, focusing on three SBCC units within the MOHFW and revitalizing COPs, such as the Behavior Change Communication Working Group and the Health Population Nutrition SBCC Coordination Committee.

Outcomes suggested that the project strengthened the MOHFW's capacity to coordinate SBCC activities at a national level, and indicated that members engaged in COPs with renewed commitment—sharing ideas and experiences and avoiding duplication of efforts. Outcomes involving changes at the organization level (n=33) occurred largely within the three MOHFW units. These units improved their ability to coordinate with one another, implemented higher quality SBCC activities and integrated quality SBCC tools, such as the eToolkit for Field Workers, into their practices. Outcomes at the system level (n=13) reflected new national SBCC policies and an increased support for coordination through groups such as the BCC Working Group. Individual level outcomes (n=5) described either dissemination and use of quality SBCC tools or increased participation of SBCC actors in COP platforms.

More than half of the harvested outcomes met the evaluation team's criteria for sustainability, which included several national and organizational policy changes as well as sustained shifts in organizational practices that improved harmonization among SBCC actors and the quality of SBCC activities.

This Outcome Harvesting evaluation revealed ways in which the BKMI II project influenced change among individuals, organizations and systems working on SBCC in the Bangladesh health sector. The most frequent changes included the dissemination and use of SBCC-supported tools, an improvement in the quality of SBCC activities and campaigns and the support of SBCC COPs. As a whole, the Outcome Harvesting evaluation findings pointed to increased capacity of the MOHFW and renewed engagement in COPs. BKMI II's advocacy, technical assistance and leadership in various areas contributed to the adoption of key policies and a shift toward supporting platforms for multi-sectoral collaboration and technical exchange. All in all, this evaluation provides evidence that medium- to long-term investments

at the organization and system levels can foster substantive and meaningful improvements in the environments that enable SBCC program implementation to flourish.

INTRODUCTION

The Health Communication Capacity Collaborative

The Health Communication Capacity Collaborative (HC3)—funded by the United States Agency for International Development (USAID) and based at the Johns Hopkins Center for Communication Programs (CCP)—was a five-year global project focused on strengthening developing country capacity to implement state-of-the-art social and behavior change communication (SBCC) programs. HC3 aimed to foster vibrant communities of practice (COPs) at the global, regional, national and sub-regional levels that support improved evidence-based programming and continued innovation. HC3's overall approach included a key focus on strengthening capacity to implement social and behavior change communication (SBCC). In addition, the project's specialized area of technical expertise uniquely positioned it to complement, support and/or enhance SBCC projects already underway.

The global HC3 project centered on two intermediate results (IRs):

> **IR1**: Increasing capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions
>
> **IR2**: Establishing proven systems for professional development in SBCC

HC3's field-supported project in Bangladesh was the second phase of the Bangladesh Knowledge Management Initiative (BKMI II), implemented by CCP (the prime) and the Bangladesh Center for Communication Programs (BCCP) (sub-grantee), and ran from October 1, 2013 to October 31, 2016. The first phase of the BKMI project (BKMI I) was led by the USAID-funded global Knowledge for Health project. BKMI II, thus, served as a continuation of the earlier project, This report refers to BKMI II as BKMI for simplicity's sake from here forward, unless noted otherwise.

While BCCP, under HC3, led a university internship program and acted as the Springboard for Health Communication's regional secretariat using HC3 core funds, these activities are not included in this evaluation. Because BKMI, not BCCP, employed the majority of HC3 funds, the current evaluation focuses on outcomes from the BKMI project.

The overall BKMI project had two IRs:

IR 1: Increasing the capacity of the Ministry of Health and Family Welfare (MOHFW) to design, implement, manage and evaluate evidence-based health communication interventions

- **Sub-IR 1.1:** Technical capacity of the Bureau of Health Education (BHE), the Information, Education and Motivation (IEM), and the Institute of Public Health Nutrition (IPHN) units strengthened
- **Sub-IR 1.2:** Coordination among MOHFW units involved in SBCC knowledge management improved
- **Sub-IR 1.3:** Quality and coordination of SBCC materials ensured by Information Education and Communication (IEC) Technical Committee

IR 2: Establishing a COP for SBCC knowledge management created in Bangladesh[1]

- **Sub-IR 2.1:** Behavior Change Communication (BCC) Working Group strengthened
- **Sub-IR 2.2:** Other partners' SBCC knowledge management activities supported[2]
- **Sub-IR 2.3:** Regional COP for SBCC developed and supported through Bangladesh-based secretariat[3]

While BKMI mainly focused on providing technical assistance to the MOHFW, many of its capacity strengthening and coordination efforts also benefitted a broader circle of SBCC stakeholders, both within and outside the MOHFW. Within the larger structure of the MOHFW (see **Figure 1**), BKMI focused its capacity strengthening efforts in the three SBCC units of the MOHFW: the BHE and IPHN units in the Directorate General of Health Services (DGHS) and the IEM unit of the Directorate General of Family Planning (DGFP). HC3's work with these units included developing tools and establishing processes within the units to strengthen organizational capacity as well as optimizing coordination of SBCC activities and integration of health, nutrition and family planning topics at the system level. This report subsequently refers to BHE, IEM and IPHN as the three units.

To facilitate its capacity strengthening work, BKMI placed a senior communication specialist (SCS) in each of the three units to provide day-to-day mentoring and hands-on support. BKMI's overall capacity strengthening strategy was to introduce appropriate information and communication technology tools for SBCC KM, such as digital archives, eLearning, eToolkits, Android apps, websites and online COPs. The project produced an eight-module eLearning course for field workers and two eLearning courses for program managers. In addition, BKMI used in-person trainings, hands-on mentoring and participatory techniques to strengthen SBCC capacity.

BKMI focused its capacity strengthening work with MOHFW at three levels to order to improve the knowledge and skills of individuals and support new or revitalized structures and policies. At the **individual** level, BKMI strived to improve MOHFW officials' SBCC knowledge and skills. To do this, the SCSs embedded within the three units provided day-to-day mentoring and hands-on support to staff. For example, the SCSs walked unit staff through SBCC implementation processes, such as situational analysis and material development. In addition, BKMI organized a series of trainings and workshops for the three units on campaign design, graphic design and maintenance of digital archives.

At the **organization** level, BKMI worked directly with the three units to strengthen tools and processes to support high-quality SBCC. The SCSs provided hands-on mentoring and day-to-day coaching to establish and institutionalize the tools and processes. In addition, BKMI helped the three units develop monitoring tools and conduct annual self-assessments; it also created two eLearning courses for program managers and developed, maintained and updated digital archives.

At the **system** level, BKMI advocated for and promoted coordination around SBCC initiatives and, as appropriate, the integration of health, family planning and nutrition topics. For example, BKMI provided technical assistance for the development of the first *National Comprehensive SBCC Strategy* for the

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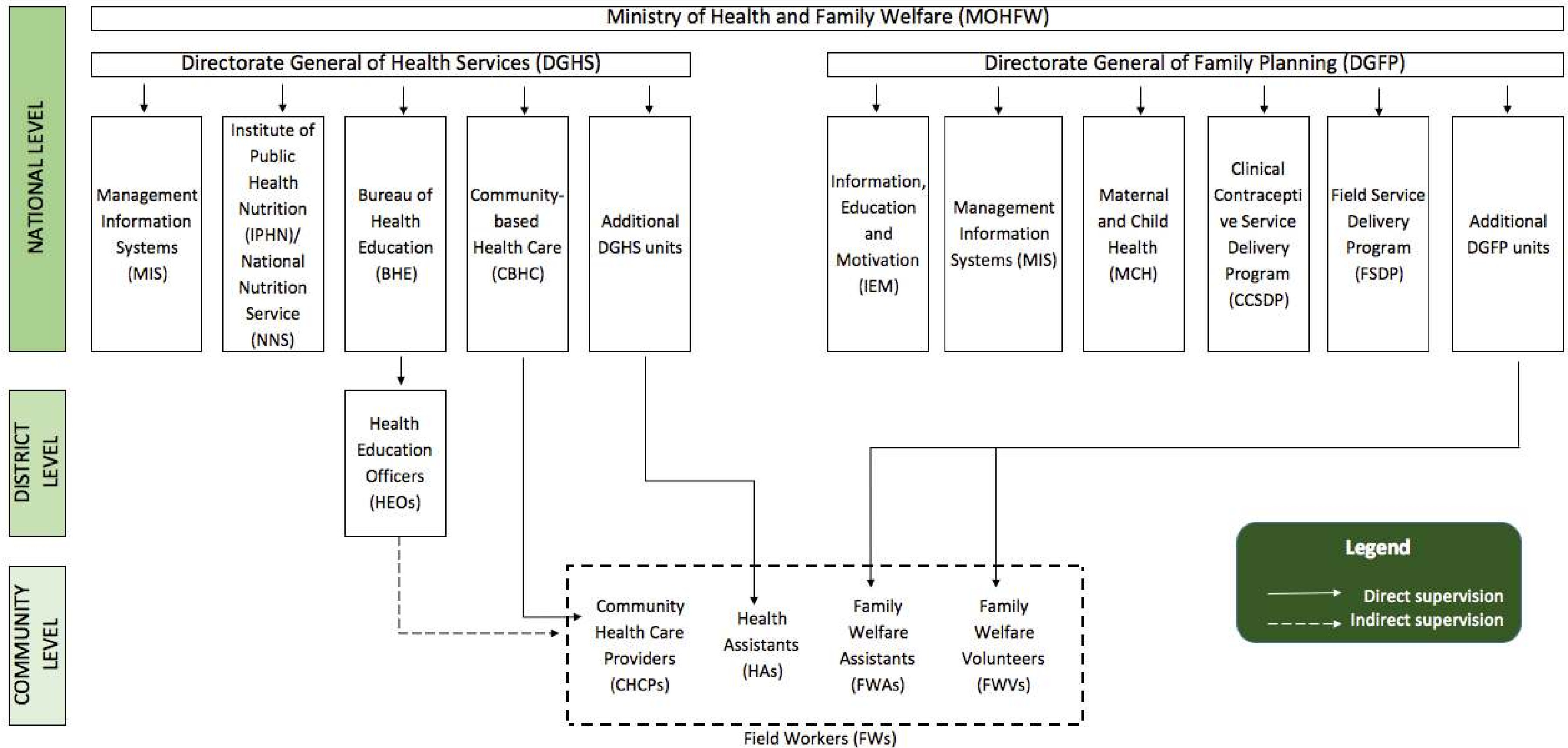
[1] The first phase of BKMI established the BCC Working Group. The BKMI team therefore interpreted this IR as strengthening COPs, not establishing them.

[2] Sub-IR 2.2 was vaguely worded from the beginning of the project and could refer to a diverse variety of audiences. BKMI prioritized Sub-IR 2.1 over Sub-IR 2.2.

[3] While Sub-IR 2.3 was part of the original BKMI project description, USAID/Bangladesh instructed BKMI II not to pursue this sub-IR soon after the launch of Springboard in May 2014.

MOHFW, supported the ongoing development of the BCC Working Group and the Health, Population and Nutrition (HPN) SBCC Coordination Committee, highlighted best practices for SBCC in Bangladesh via an annual share fair called Safollo Gatha and lead the development of the eToolkit and eLearning courses for field workers.

Figure 1: Relevant MOHFW Structure in Bangladesh (2016)



Note: This figure is not a comprehensive organigram of the MOHFW, but rather an illustration of the relationships between Bangladesh MOHFW units that are most relevant to BKMI II's work and the harvested outcomes. Field workers report either directly or indirectly to one or more entities at the sub-district, district and national levels.

The SBCC Capacity Ecosystem Framework

In 2016, HC3 developed the **SBCC Capacity Ecosystem**™ (The Ecosystem) framework to inform the design, implementation and evaluation of capacity strengthening interventions for improved SBCC (see **Figure 2**). HC3 developed the framework to illustrate where it invests in the local SBCC capacity ecosystems and where it reaps rewards in the form of outcomes. The Ecosystem emphasizes the inherently complex, interconnected and often-unpredictable nature of capacity strengthening and recognizes that a single intervention is almost never enough to see substantive change. HC3 has shared the framework widely to strengthen SBCC capacity at the local, regional or global levels. (More details about the SBCC Capacity Ecosystem are available at healthcommcapacity.org/sbcc-capacity-ecosystem.)

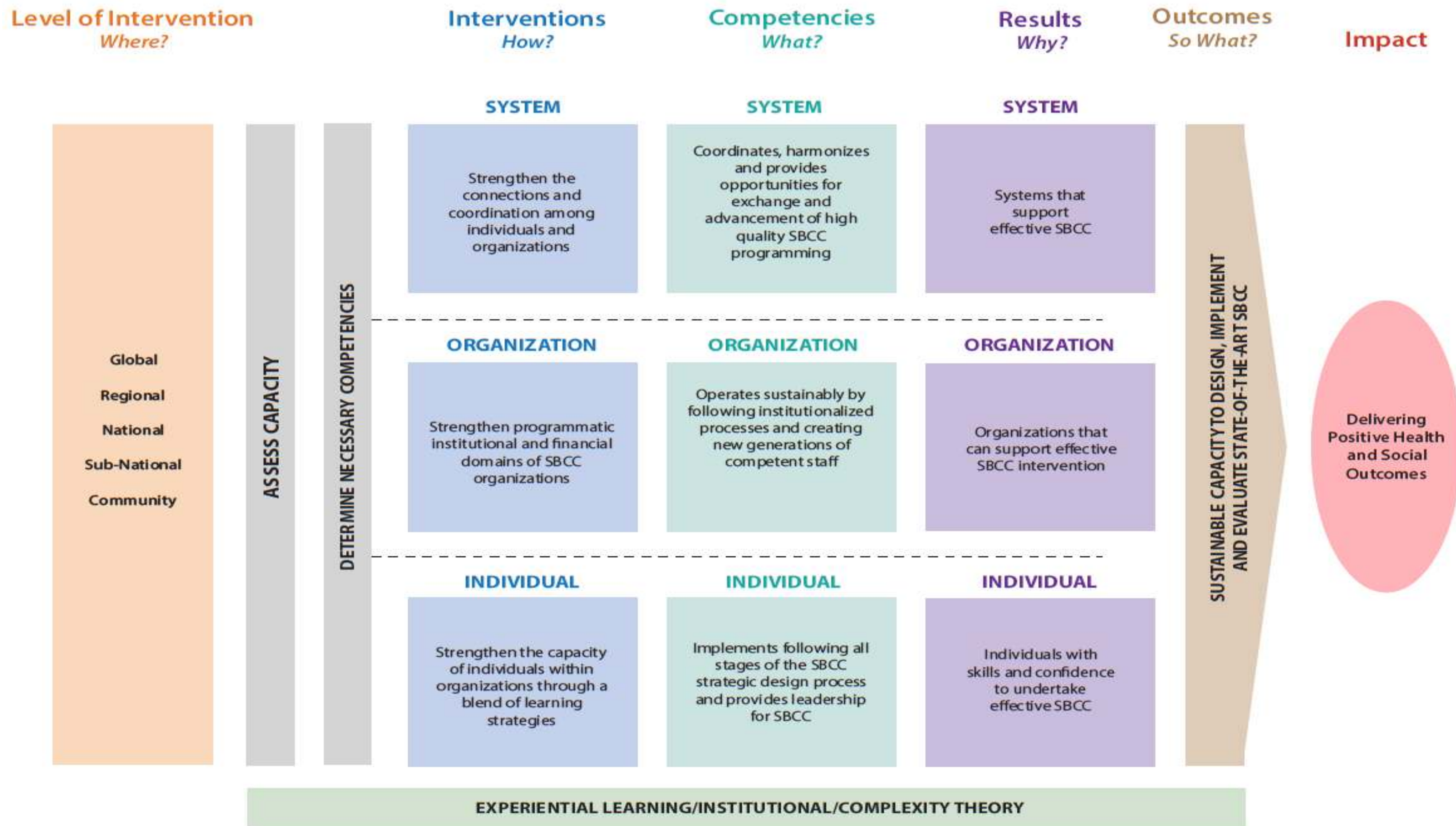
The Ecosystem emphasizes that capacity strengthening requires a multilevel process, as individuals function in organizations and organizations operate within systems. The Ecosystem describes systems as the "connective tissue" that links and supports both organizations and individuals.

The Ecosystem includes the components defined below:

- **INTERVENTIONS** – Activities implemented to influence capacity strengthening
- **COMPETENCIES** – Skills, abilities and knowledge necessary for SBCC
- **RESULTS** – Collective effect of those achievements that lead to increased capacity
- **OUTCOMES** – Higher levels of capacity that contribute to overall public health progress
- **IMPACT** – Improved and more effective SBCC programs at all levels

The Ecosystem approaches capacity strengthening as both a technical process and a social process, where trust and collaboration are considered critical to overall success. To that end, country-based partners are often best situated to lead capacity strengthening initiatives because of their deep understanding of their cultural, political and social context and the local networks in which SBCC professionals and organizations are embedded. In an ideal scenario, the recipient of the capacity strengthening is fully engaged as an equal partner in their own capacity strengthening and a key driver of the overall capacity strengthening agenda.

Figure 2: SBCC Capacity Ecosystem Framework



OUTCOME HARVESTING

In order to best capture the capacity strengthening efforts achieved under BKMI, the HC3 team decided to select an evaluation approach that could adequately capture change. The iterative and adaptive nature of capacity strengthening, and the complex nature of capacity itself, made measuring related outcomes a particularly challenging endeavor. After evaluating several participatory evaluation methodologies and getting input from key staff from BKMI and other HC3 country teams, HC3 selected Outcome Harvesting as the best method to capture influence and change. In June 2016, Ethiopia was the first field-focused HC3 project to employ Outcome Harvesting to evaluate its capacity strengthening efforts. In August 2016, Bangladesh became the second field-focused program, followed by Liberia in January 2017. This report presents the results from the evaluation conducted in Bangladesh.

Methodology Overview

Outcome Harvesting—which can capture both intended and unintended outcomes, whether positive or negative—identifies key outcomes of a project, or part of a project, after a thorough review of existing documentation. The evaluators work backward to assess the contributions of the project toward each outcome as well as the importance of achieving the outcome.[4] During this process, the evaluation team engages local staff as essential partners and valuable sources of information.

An **outcome** is a positive or negative change that occurred in the behavior of a system, organization or key individual. HC3's efforts that influenced change must have taken place prior to the outcome. Each outcome needs to have also had a plausible and logical link between the change and HC3's contribution.

In order to identify the characteristics of each outcome, the HC3 evaluation team obtained information to answer the following questions:

- Outcome description: "Who did what, when and where that was qualitatively different than before?"
- Importance of the change: "Why does this outcome represent progress toward local structures and organizations being able to take the lead in responding to their communities' needs?"
- HC3's contribution: "How and when did HC3's capacity strengthening activities contribute to, but not directly control, that change, however unintended or partial it may have been?"
- Others who contributed: "Which other actors and factors, apart from HC3, contributed to the outcome and what was the type of their contribution?"

After completing the harvest, the evaluation team verifies the outcomes with knowledgeable external sources in order to obtain the final list of vetted outcomes. The analysis of patterns among the final list of outcomes can help uncover which project activities yielded success and how to build upon that work in the future. (For more detail about the process of implementing Outcome Harvesting in Bangladesh, see **Annex 1**.)

[4] United Nations Development Program (UNDP). (2013). *Discussion paper: Innovations in monitoring and evaluating results*. New York: UNDP.

Objectives

Three questions guided the HC3 Bangladesh Outcome Harvesting evaluation:

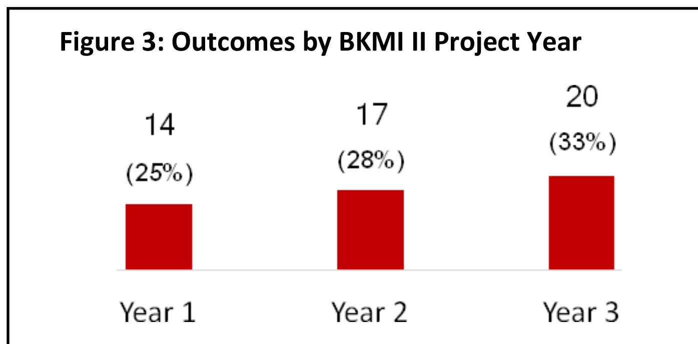
1. In what ways have the MOHFW and other SBCC practitioners in Bangladesh demonstrated important changes in their capacity for improved SBCC since the start of the project in October 2013?
2. To what extent did BKMI outcomes since October 2013 exceed or fall short of BKMI's project objectives?
3. How sustainable were the outcomes measured through Outcome Harvesting?

Baltimore-based HC3 staff led the Outcome Harvesting evaluation, including evaluation design, data collection, data analysis and write-up. The Baltimore-based team engaged key BKMI staff via virtual communication before and after the harvesting of outcomes as well as face-to-face during the week-long onsite harvest. These key staff included the HC3 Bangladesh chief of party and BCC senior deputy director. An external consultant with substantial expertise in the methodology facilitated the evaluation. A local evaluation consultant in Bangladesh also assisted with the verification of the outcomes.

KEY FINDINGS

The evaluation team harvested and verified a total of 51 outcomes (see Annex 2 for a detailed description of all outcomes). The number of outcomes each year increased steadily throughout the three project years (see **Figure 3**). As BKMI built off the first phase of the project, almost a third of outcomes occurred during the first year of the second phase of the project.

Figure 3: Outcomes by BKMI II Project Year



During the first project year, the MOHFW approved the *National Communication Framework for Effective HPN SBCC,* a document drafted in part by a subgroup of the BCC Working Group during the first phase of BKMI. Also during the first project year, the three units began to coordinate more closely with one another and MOHFW leadership. The units demonstrated progress, in terms of their planning and implementation of SBCC activities, during the campaign design workshop and revitalization of BHE's Model Village program.

During the first half of the project's second year, the three units took over maintenance of their digital archives, which BKMI had previously helped them launch. The BCC Working Group successfully organizing the SBCC share fair event known as Safollo Gatha—"Success Stories" in the Bangla language. This event attracted interest from government entities beyond the MOHFW. During the second year, the IPHN unit created an internal team dedicated to SBCC. The creation of this team reflected the IPHN unit's increased interest in taking more control over internal SBCC-related activities.

During the third year of BKMI, outcomes mostly reflected the dissemination of and an increased use of BKMI-supported SBCC tools—such as the eToolkit for Field Workers, digital archives and eLearning courses among MOHFW field workers—and SBCC monitoring indicators. Additionally, the integration of SBCC-related expenses into each of the three units' operational plans and budgets reflected a financial commitment within each organizational unit to strengthen their SBCC technical capacity and share their SBCC resources with broader audiences.

For further analysis, the evaluation team mapped all harvested outcomes to the corresponding level of The Ecosystem (see **Table 1**). Of the 51 outcomes harvested, the majority (n=33) occurred within organizations, while a smaller number occurred at the system (n=13) and individual levels (n=5).

The Ecosystem Levels

The evaluation team classified outcomes according to The Ecosystem as defined below.

Individual:

- The outcome described a change in SBCC-related capacity of individual(s) within organizations.

Organization:

- The outcome described a change in the SBCC-related programmatic, institutional or financial domains within organizations, governments and institutions.

System:

- The outcome described a change in structures that connect and support SBCC professionals across multiple organizations.

Table 1: BKMI II Individual-Level Outcomes, per the SBCC Capacity Ecosystem Framework

ID #	Outcome Description	Global HC3 IR[5]	BKMI II IR[6]
I	**Individual-Level Outcomes**		
I.1	Since May 2014, when Springboard was launched in Bangladesh, 260 members have joined,[7] and 17 of these members have posted on Springboard.	2	2
I.2	From May 2015 to March 2016, more new members joined the Best Practices Subgroup of the BCC Working Group, resulting in increased participation and submission of more best practices and presentations at the 2016 Safollo Gatha event.	2	2
I.3	Between March and June 2016, the director of the Management Information System (MIS) unit of the DGFP requested BKMI provide an orientation on both the eToolkit and eLearning courses for a total of 320 field workers (278 family welfare assistants and 42 family welfare volunteers) and six *upazilla* (or sub-district) family planning officers and one district statistical assistant.	1	1
I.4	In April 2016, health education officers within BHE began using the SBCC monitoring checklist in the field.	1	1
I.5	Between June 2016 and August 24, 2016, 110 field workers completed the eLearning course and received a certificate.	1	1

The evaluation team identified five outcomes that described change among individuals (see **Table 1**). These individuals included health education officers (HEOs) under BHE, field workers, members of the BCC Working Group and members of Springboard's online platform. The changes involved either dissemination and use of quality SBCC tools or increased participation of SBCC actors in COP platforms. For example, in May 2014, BKMI helped launch Springboard—a virtual platform connecting SBCC professionals—in Bangladesh and promoted the platform during meetings. By August 2016, Springboard virtual membership in Bangladesh consisted of 260 members, 17 of whom had posted on Springboard (I.1).

Another individual change took place among MOHFW field workers. Before June 2016, BKMI developed and updated an eLearning course for field workers. Between June 2016 and August 24, 2016, 110 field workers completed the eLearning course and received a certificate (I.5). This course provided field workers with an opportunity to improve their communication skills related to outreach activities. When BKMI facilitated the development of the SBCC monitoring checklist, it promoted this tool and jointly facilitated the first of several trainings for another cadre of health workers, HEOs under BHE. In April

[5] **IR 1**: Increasing capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions; **IR 2**: Establishing proven systems for professional development in SBCC
[6] **IR1**: Increasing the capacity of the MOHFW to design, implement, manage and evaluate evidence-based health communication interventions; **IR2**: Establishing a BKMI COP for SBCC knowledge management created in Bangladesh
[7] Although the Springboard for Health Communication has both offline and online components, this outcome refers only to engagement on the online platform found at https://healthcomspringboard.org/.

2016, HEOs began using this monitoring checklist to supervise field workers (I.4), making it possible for the BHE unit to monitor SBCC activities. Previously, BHE monitoring of SBCC activities was less systematic because no tools were available for this purpose.

The evaluation revealed that outcomes occurred most frequently at the organization level (n=33, see **Table 2**). Organization-level outcomes generally occurred within the three units (n=22). In 12 cases, outcomes reflected change that BKMI influenced in other units within MOHFW, Bangladesh Television and non-governmental organizations (NGOs), including BBC Media Action, the United Nations Children's Fund (UNICEF) and the James P. Grant School of Public Health (JPGSPH).

Table 2: BKMI II Organization-level Outcomes, per the SBCC Capacity Ecosystem Framework

ID #	Outcome Description	Global HC3 IR[8]	BKMI II IR[9]
O	**Organization-Level Outcomes**		
O.1	Since October 2013, the BHE, IEM and IPHN units work more independently in using the capacity assessment tool to assess their organizational capacity.	1	1
O.2	Since November 2013, the BHE unit revitalized the Model Village program by promoting the Model Village monitoring and evaluation indicators, replacing directional signs and disseminating the adolescent reproductive health booklet in 127 Model Villages.	1	1
O.3	Since December 2013, the BHE unit and other government organizations, NGOs and projects, such as Spring, have used the *National Communication Framework for Effective HPN SBCC* to guide their strategic planning.	1	1
O.4	Since February 2014, the MOHFW additional secretary chaired the BCC Working Group meetings.	2	1, 2
O.5	Since March 2014, BBC Media Action supported the IEM unit to develop an interpersonal communication (IPC) module.	1	2
O.6	As of March 2014, United Nations Population Fund (UNFPA) began supporting the IEM unit's training for field workers.	1	2
O.7	From March/April 2014, the IPHN unit's SBCC team began to conduct situational analysis and consult stakeholders before and after pretesting materials with target audiences. The team selected vendors as they began developing strategic SBCC campaign materials—flip charts, job aids, posters, television commercials, folk songs and dramas.	1	1

[8] **IR 1**: Increasing capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions; **IR 2**: Establishing proven systems for professional development in SBCC

[9] **IR1**: Increasing the capacity of the MOHFW to design, implement, manage and evaluate evidence-based health communication interventions; **IR2**: Establishing a BKMI COP for SBCC knowledge management created in Bangladesh

O.8	During the August 10-14, 2014 workshop, the three units prioritized campaign topics and produced draft campaign plans for implementation in 2014–2015.	1	1
O.9	Since November 2014, IEM unit implemented two campaigns that were more systematic, more strategic and better coordinated than before.	1	1
O.10	Since November 2014, other government units, such as the Community-Based Health Care (CBHC), Clinical Contraceptive Service Delivery Program (CCSDP), Field Service Delivery Program (FSDP) and the Maternal and Child Health (MCH) services of the DGFP, began to attend the HPN SBCC Coordination Committee bi-monthly meetings more regularly.	1	1
O.11	In June 2015 and April 2016, government units, such as the IEM unit and the Department of Mass Communication within the Ministry of Information, and NGOs, such as the Non-governmental Organization Health Service Delivery Project (NHSDP), distributed or broadcasted DVDs containing integrated content family planning, health and nutrition in audio visual vans and at health facilities around the country.	1	1
O.12	Between July and August 2015, NHSDP added the eToolkit and eLearning courses for field workers to their SBCC and community mobilization training curriculum.	1	2
O.13	In March 18, 2015, the IPHN unit used mobile data technology for the first time when it disseminated nutritional SBCC voice messages on topics, such as breastfeeding, to over 40 million people nationwide using mobile technology.	1	1
O.14	In March 2015, UNICEF started to provide support for IEM unit training.	1	2
O.15	In March 2015 and March 2016, Bangladesh Television (a national station) covered the Safollo Gatha share fair event, that a subgroup of the BCC Working Group organized, and dedicated a 30-minute episode to this event.	2	2
O.16	Since April 2015, the BHE unit has maintained a digital archive for all its SBCC materials.	1	1
O.17	Since May 2015, the IPHN unit has maintained a digital archive for all its SBCC materials.	1	1
O.18	From May 2015, the IEM unit allocated financial resources for their capacity strengthening in SBCC for the first time in their operational plans.	1	1
O.19	Since June 2015, the BHE unit participates as a member of the IEC Technical Committee, which reviews and approves all SBCC materials before production.	1	1
O.20	Since July 2015, the IEM unit within DGFP has maintained a digital archive for all its SBCC materials.	1	1
O.21	In August 2015, the BHE unit requested BKMI's support to recommend revisions for updating the content of health education curriculum present in textbooks for grades 1 to 5.	1	1

O.22	Since October 2015, the BHE unit of DGHS has updated BHE's website content as needed.	1	1
O.23	Since December 2015, the BHE unit implemented two well-designed, participatory, strategic and audience-centered campaigns.	1	1
O.24	In September 2015, the JPGSPH at BRAC University requested that BKMI provide a three-day "Strategic Communication for Public Health" workshop.	2	2
O.25	In February 2016, the MCH unit requested BKMI to support an adolescent reproductive health message development workshop in February.	1	1
O.26	In March 2016, the BHE unit used its own funds to provide photography and video documentation for the Safollo Gatha event.	1	1
O.27	In March 2016, the Bangladesh Demographic Health Survey's (BDHS) four policy briefs—based on data from the 2014 BDHS—included more content on SBCC topics than previous briefs.	1	neither
O.28	On March 2, 2016, the MCH unit formally requested—via signing a memorandum of understanding—a cascade training for central- and field-level managers who in turn, oriented field-level service providers on the use of eLearning courses and the eToolkit for Field Workers to improve their knowledge and skills.	1	1
O.29	On March 24, 2016, senior-level officials from the MOHFW and other ministries, such as Ministry of Information and Ministry of Food, attended the Safollo Gatha event.	1	1,2
O.30	Between April and June 2016, the IPHN unit's SBCC team trained approximately 200 field-level managers, *upazilla* (sub-district) health and family planning officers (DGHS) and *upazilla* family planning officers (DGFP) on how to use the monitoring checklist.	1	1
O.31	In August 2016, the BHE, IEM and IPHN units began allocating resources in their three operational plans for their SBCC capacity strengthening, advocacy and coordination and for digital resources, such as eLearning Courses, the Toolkits and the digital archive.	1	1
O.32	In June, 2016, the BHE unit revised their health education and promotion training curriculum for health educators by adding the eLearning courses and the eToolkit for Field Workers that BKMI supported.	1	1
O.33	In July 2016, the NHSDP disseminated the eToolkit and eLearning courses for field workers to all NHSDP Smiling Sun Clinics.	1	2

A diverse set of outcomes reflected the progress the three units made toward planning and implementing more strategic SBCC activities (O.2, O.3, O.7-O.9, O.13, O.23), using and disseminating quality SBCC tools and indicators (O.16, O.17, O.20, O.22), investing their resources toward SBCC

activities (O.18, O.26, O.31) and maintaining digital content online (O.16, O.17, O.20, O.22). BKMI developed and oriented the three units to several different tools that could support their work. In late 2013, BKMI re-oriented the three units to use a capacity assessment tool. After this re-orientation, the units began to use the tool more independently to assess their organizational capacity (O.1). Prior to using this tool, the units did not systematically assess their own capacity for SBCC KM. BKMI staff developed a monitoring checklist to aid supervision of field worker SBCC activities and provided accompanying dissemination materials to the IPHN unit. In 2016, the unit trained 200 field staff to use this checklist (O.30). Before 2013, the IPHN unit did not have tools to monitor SBCC activities; they have since built their capacity to monitor such activities. Following support and training from BKMI, the three units all launched separate digital archives for their SBCC materials (O.2, O.16, O.17). These online archives allowed each unit to better manage its existing SBCC materials and encourage better coordination among the broader community of SBCC stakeholders in Bangladesh. Instead of re-creating SBCC materials, the archives made it possible for the units and others to build on previous work.

Through its support of the BCC Working Group and advocacy for national SBCC-related policies, BKMI influenced organization-level outcomes beyond the three units. For example, in December 2013, the MOHFW approved the *National Communication Framework for Effective HPN SBCC* (O.3). BKMI subsequently promoted the framework during BCC Working Group meetings. Since then, projects such as Spring have begun to use the framework along with MOHFW units (O.3). The approved framework filled a gap in Bangladesh's SBCC systems, as no framework had previously guided the work of SBCC actors. The fact that various parties used the framework (O.2) helped ensure organizations would plan and implement SBCC interventions in line with the national vision.

A total of 13 system-level outcomes demonstrated increased coordination within the MOHFW (see **Table 3**). These system-level outcomes included modifications of routine practices with coordinating bodies—specifically, the HPN SBCC Coordination Committee and the BCC Working Group. For example, BKMI had previously led the process of collecting, compiling and uploading materials for the eToolkit for Field Workers. Recognizing the value of making such materials widely accessible, a subgroup of the BCC Working Group began performing this function during the first year of the project (S.4). The three units—all part of the BCC Working Group—began taking a more active role in this and similar coordinating entities (S.4, S.9), and coordinated more frequently with one another (S.5) and the MOHFW leadership (S.3).

Several of these system-level outcomes reflected the integration of BKMI-supported SBCC tools into MOHFW organizational practices (S.8, S.11, S.12). For example, BKMI worked with the three units to develop and field test a monitoring checklist for supervising field workers. BKMI and the IEM unit encouraged the MIS unit at the DGFP to include the corresponding monitoring indicators in their routine data collection systems. During the project's final year, the MIS unit incorporated the three SBCC input indicators into their national monitoring system and adopted the monitoring checklist (S.11).

In three cases, the system-level changes were also policy changes that sanctioned new roles and guidelines for how SBCC work would be coordinated within the MOHFW (S.2, S.7, S.13). During the first year of the project, the MOHFW approved the *National Communication Framework for Effective HPN SBCC.* BKMI's presentation of the framework and their advocacy for the framework influenced its eventual approval (S.2). A second system-level change, took place within the IPHN unit. Within the unit, BKMI advocated to the unit line director to create a team specifically dedicated to SBCC activities. In creating the six-person SBCC team (S.7), the IPHN unit took steps to ensure that SBCC-related priorities are approached in a more systematic manner. The creation of this team, as documented in the IPHN unit's operational plan, was considered a system in the sense that its membership could have changed,

but the team structure remained. The third system-level change occurred during the final months of the project. Initially, BKMI prepared an outline of a national SBCC strategy, facilitated its development and followed-up with the MOHFW to approve the strategy. In June 2016, the Minister of the MOHFW approved the *National Comprehensive SBCC Strategy* (S.13). This document laid out national SBCC health priorities and included the terms of reference (TORs) for both the HPN SBCC Coordination Committee and the Steering Committee of the BCC Working Group. The final strategy document also included the framework that had been approved three years earlier. The strategy formally established the coordinating role of the BCC Working Group and its Steering Committee and gave them a clear mandate. This mandate clarified the coordinating role that the Steering Committee and the BCC Working Group would play among SBCC practitioners within MOHFW and Bangladesh. The strategy, the BCC Working Group and the Steering Committee would help to harmonize current and future SBCC activities across the nation.

Table 3: BKMI II Organization-level Outcomes, per the SBCC Capacity Ecosystem Framework

ID #	Outcome Description	Global HC3 IR[10]	BKMI II IR[11]
S	**System-Level Outcomes**		
S.1	Since October 2013, the BHE, IEM and IPHN units more actively prepare the agendas, meeting minutes and presentations for the HPN SBCC Coordination Committee.	1	1
S.2	In December 2013, the MOHFW approved the *National Communication Framework for Effective HPN SBCC*.	1	1
S.3	Since February 2014, the BHE, IEM and IPHN units seek consent from the responsible person at the MOHFW—the additional secretary of public health and world health—before issuing meeting notices.	1	1
S.4	Since June 2014, a subgroup of the BCC Working Group, which includes the BHE, IEM and IPHN units, has been leading the process of collecting, compiling, tagging and vetting the materials with experts and field workers, then uploading the materials to the eToolkit for Field Workers.	2	2
S.5	Since July 2014, line directors from the BHE, IEM and IPHN units sign official letters—such as invitations and calls for materials—together.	1	1
S.6	Between November 2014 and July 2016, the DGFP, the DGHS and the CBHC added links to digital resources, such as the eToolkit for Field Workers and the eLearning courses, produced with BKMI support to their respective websites.	1	1
S.7	On February 4, 2015, IPHN director Shah Nahwaz issued a letter officially creating a six-person SBCC team within the IPHN unit, under the National Nutritional Service	1	1

[10] **IR 1**: Increasing capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions; **IR 2**: Establishing proven systems for professional development in SBCC

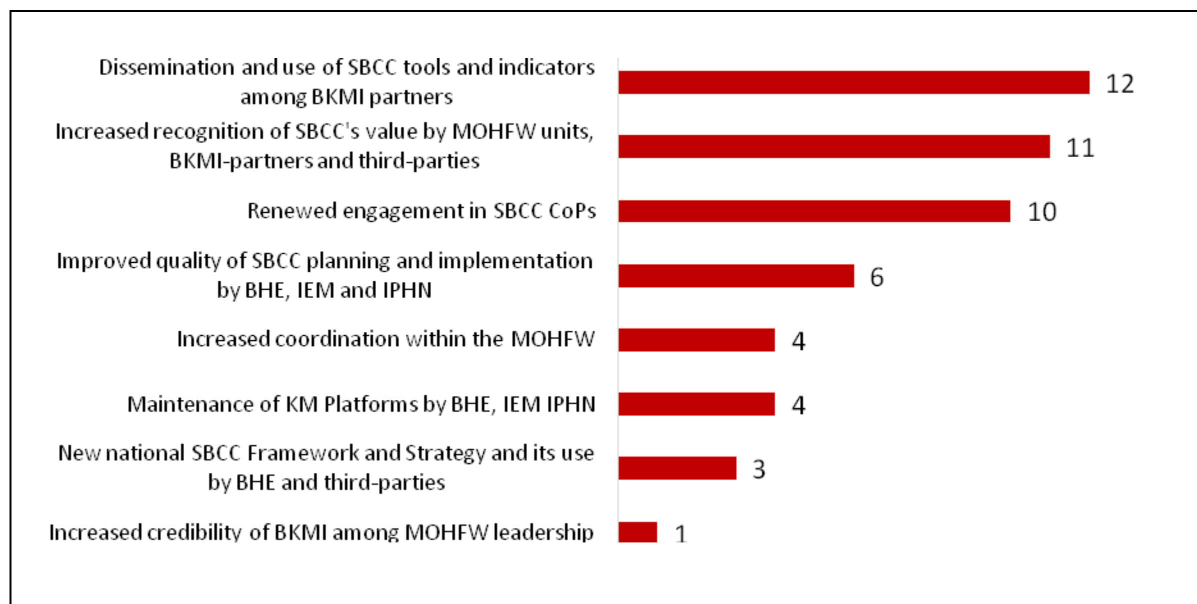
[11] **IR 1**: Increasing the capacity of the MOHFW to design, implement, manage and evaluate evidence-based health communication intervention; **IR 2**: Establishing a BKMI COP for SBCC knowledge management created in Bangladesh

	operational plan.		
S.8	On July 28, 2015, the MIS unit at DGHS began providing server space and technical expertise to host two digital archives, for the BHE unit and the IPHN unit, and two eToolkits: one for field workers and one for program managers.	1	1
S.9	On September 17, 2015, the IEM unit organized a workshop to plan and coordinate the implementation of SBCC activities with three units of DGFP—the MCH, the CCSDP unit and the FSDP unit—attended by the deputy directors, program managers and deputy program managers from these three DGFP units.	1	1
S.10	In August 2015, MOHFW requested the BHE, IEM and IPHN units lead three subgroups (not related to the BCC Working Group) that were created to map the HPN SBCC current situation involving other stakeholders.	1	1
S.11	On January 1, 2016, the MIS unit at DGFP included three SBCC input indicators in its national MIS and began to use the new forms that field workers complete.	1	1
S.12	Between January and August 2016, the CHBC, DGFP and DGHS units sent letters to district authorities – the civil surgeon and deputy director of family planning – at all 64 districts and to *upazilla* authorities – health and family planning officers and family planning officers – at all 485 *upazillas,* instructing them to use the eToolkit for Field Workers, digital archive and eLearning courses.	1	1
S.13	In June 9, 2016, the Minister of the MOHFW approved the *National Comprehensive SBCC Strategy,* including the TOR for the HPN SBCC Coordination Committee and the TOR for the Steering Committee of the BCC Working Group.	1	1

Question 1: In what ways have the MOHFW and other SBCC practitioners in Bangladesh demonstrated important changes in their capacity for improved SBCC since the start of the project in October 2013?

BKMI influenced a diverse set of changes in the MOHFW and among other SBCC practitioners. The evaluation team identified various types of outcomes by looking for emergent patterns among the outcomes. Overall, the outcomes reflected use, integration and dissemination of SBCC tools (n=12); increased recognition of SBCC's value by MOHFW units, BKMI-partners and third-parties (n=11); renewed engagement in SBCC COPs (n=10); and improved capacity to plan, implement and manage SBCC activities among the three units (n=6) (see **Figure 4**).

Figure 4: Proportion of Outcomes, by Type of SBCC Capacity Change



Dissemination and use of SBCC tools and indicators among BKMI partners

There were several examples in which MOHFW units or non-governmental entities integrated BKMI-supported SBCC tools or indicators. One example of MOHFW units using and disseminating BKMI-supported SBCC tools was the development and use of the SBCC monitoring checklist for supervising field workers. An initial version of this checklist was developed with the three units during the first phase of BKMI. During the second phase, BKMI field tested and revised the checklist with these units. In early 2016, BKMI jointly facilitated one of several trainings for the BHE unit, which introduced the unit to using this checklist. BKMI also shared checklist training materials with the IPHN unit. Neither the BHE nor the IPHN units had previously used a tool to monitor SBCC activities. Within a few months, both units had integrated the SBCC monitoring checklist into their monitoring systems. As stated previously, the HEOs within the BHE unit began using the checklist in the field (I.4). The IPHN unit went on to train approximately 200 field-level managers and *upazilla* (sub-district) field workers how to use the monitoring checklist (O.30). Apart from integrating the checklist, MOHFW units also adopted SBCC indicators. As described in the previous section, in early 2016, the MIS unit of DGFP—which manages the monitoring systems for the IEM unit—incorporated three SBCC indicators into their national routine monitoring systems (S.11). The fact that the MIS unit of DGFP adopted these three SBCC indicators demonstrated BKMI's influence within the MOHFW beyond the three units. The adoption of these indicators by the MIS of DGFP and the checklist by the IPHN unit and BHE field-level staff represented a step toward the planning and implementation of data-driven SBCC activities and using field-based quality assurance measures. The use of similar tools and indicators within the MIS of DGFP and the BHE and IPHN units effectively helped harmonized field-based monitoring of field workers by these MOHFW units.

The eLearning courses and eToolkits were the second example of BKMI-supported tools that the MOHFW and the NHSDP integrated into their training curricula. Several outcomes demonstrated BKMI partner interests in strengthening the internal SBCC capacity of their institutions or projects (I.5, O.12, O.28, O.32, O.33, S.6, S.12). The first phase of BKMI supported the development of the eToolkit and the

eLearning course for field workers. In August 2015, BKMI revised the eight-module eLearning course for field workers and published it online. About a year later, BKMI made the eToolkit and the eLearning course for field workers available offline, and made the eToolkit available in a mobile app format. In January 2016, BKMI supported the dissemination of these resources during an event organized by the DGFP and DGHS. In June 2016, the BHE unit revised their training curriculum for health educators by adding these two digital resources for field workers (O.32). This outcome represented institutional change within the BHE unit. The BHE unit provided field workers with quality SBCC counseling and learning tools to strengthen their capacity. This shift toward adopting quality SBCC capacity strengthening tools was not limited to the BHE unit. The CBHC, DGFP and DGHS units also all added links to these resources on their respective organizational websites after BKMI encouraged them to do so (S.6). The NHSDP added the tools to their SBCC and community mobilization training curriculum (O.12) and later disseminated the tools to all its Smiling Sun Clinics (O.33). In March 2016, the MCH unit formally requested that BKMI help them implement a cascade training using the eLearning course and eToolkit for Field Workers for central-level staff who would then train field-level managers (O.28). Similarly, the director of management of the MIS unit of DGFP requested BKMI to orient its field workers and other field-level staff to the eToolkit and eLearning courses (I.3). These field-level managers would then be able to train the field-level providers. In sum, the use and dissemination of BKMI-supported tools enabled MOHFW and NHSDP to strengthen their curricula and the capacity of their staff.

BKMI's continued advocacy for the use of the tools it helped develop culminated in a widespread endorsement of these tools within the MOHFW. For example, between January and August 2016, the CBHC, DGFP and DGHS units sent out letters to district and sub-district authorities instructing them to use the eToolkit for Field Workers, the digital archives and the eLearning courses (S.12). Since districts follow recommendations and guidance in Ministry letters, this outcome effectively meant that the tools would likely be widely disseminated and used within these areas of the MOHFW to strengthen SBCC capacity at sub-district and district level. The decision to endorse such tools reflected the willingness of the three units, as well as additional units within CBHC, DGFP and DGHS, to integrate SBCC capacity strengthening into their health programs. As mentioned in the previous section, 110 field workers successfully completed the eLearning course between June and August 2016 (I.5). This outcome reflected MOHFW's commitment to strengthening SBCC capacity at the field level.

The last tool that BKMI stakeholders integrated into their work was the capacity assessment tool. BKMI introduced the capacity assessment tool to the units during the first phase of BKMI and periodically re-oriented them to it during BKMI II. Prior to the second phase of BKMI, the three units did not systematically assess their SBCC capacity. As previously described, since the beginning of the BKMI project in October 2013, the three units began to use the organizational capacity assessment tool more independently (O.1).

Increased recognition of the value of SBCC

Many of the outcomes (n=11) reflected the increased relevance and value that the MOHFW, BKMI and stakeholders placed on quality SBCC. Different entities demonstrated increased recognition of SBCC's value in different ways. Some of these outcomes (n=4) documented organization's financial or other resource investments in SBCC activities. For example, the three units budgeted funds for SBCC capacity strengthening, advocacy, coordination and digital resources (O.18, O.31, S.8). The BHE unit also used its funds to provide photography and video services at the Safollo Gatha event (O.26). Similarly, the MIS unit of DGHS began providing server space and their technical expertise to aid the BHE and IPHN units in hosting their digital archives and two eToolkits (S.8).

The BHE unit, which had been a non-participating member of the IEC Technical Committee, began actively participating after BKMI emphasized the importance of the committee with BHE officials. In doing so, the unit took on a leadership role in vetting and approving SBCC materials to be used in Bangladesh (O.19). The BHE unit's increased involvement and leadership within the committee suggested that the unit developed the confidence and ability to vet SBCC materials at the national level and that the unit regarded SBCC to be a greater priority than they did previously because unit staff began to take the time to participate in the IEC Technical Committee.

MOHFW leadership also demonstrated greater engagement in coordinating SBCC. In February 2014, the MOHFW Additional Secretary began chairing the BCC Working Group meetings for the first time (O.4). The involvement of MOHFW leadership elevated the perceived importance of SBCC. This outcome also increased the perceived importance of the BCC Working Group meetings within the MOHFW and to other stakeholders.

Other outcomes regarding the increased recognition of SBCC included several stakeholder requests for BKMI's training or support. These requests were not a part of BKMI's original scope of work but were later included, in part, because BKMI partners expressed confidence in BKMI's expertise and an appreciation for the value of quality SBCC. JPGSPH and two MOHFW units—the MCH and MIS units of DGFP—requested training on message development (O.25), strategic leadership in health communication (O.24) and SBCC tools (I.3). The BHE unit also requested BKMI's support in updating the content of health education textbooks for grades 1 to 5 (O.21).

Finally, a single outcome reflected the increased emphasis of the 2014 DHS policy briefs on SBCC content relative to previous briefs (O.27). While BKMI did not directly work on the briefs, this change reflected the growing emphasis on SBCC in Bangladesh during the course of the BKMI project. USAID reviewed the DHS briefs before publication and also championed the importance of SBCC. BKMI influenced this outcome indirectly by helping to elevate the importance of SBCC in Bangladesh.

Renewed engagement in SBCC communities of practice

A separate set of 10 outcomes reflected increased engagement in and support for two COPs—the BCC Working Group and Springboard. Whereas the HPN SBCC Coordination Committee was a platform for coordination solely among MOHFW structures, the BCC Working Group and Springboard were open to national and global SBCC audiences, respectively. In May 2014, BKMI hosted a launch event for Springboard in Bangladesh. As mentioned earlier, over 200 SBCC professionals joined Springboard during the BKMI project (I.1). Achieving this level of engagement was important because the Springboard virtual platform provided SBCC professionals access to a global network of SBCC experts and further means of expanding their SBCC-related knowledge and skills.

During the second phase of BKMI, members of the BCC Working Group became more engaged and their work gained attention from unexpected audiences, such as senior officials from ministries other than the MOHFW (O.29). BKMI funded the BCC Working Group meetings during BKMI I, and continued funding and organizing BCC Working Group meetings during BKMI II. A subgroup of the BCC Working Group took over the lead role that BKMI had played in updating the eToolkit. From June 2014, the subgroup gradually took on a greater leadership in the process of collecting, compiling, vetting and uploading materials to the eToolkit for Field Workers (S.4). The subgroup, which included representatives from the three units, began demonstrating the capacity to perform KM tasks they had not previously demonstrated. In May 2015, BKMI began supporting the Best Practices Subgroup of the BCC Working Group to organize the 2016 Safollo Gatha event. Between then and March 2016, more

members joined the Best Practices Subgroup (I.2), which, in turn, made it possible for a wider range of best practices to be presented at the Safollo Gatha event. The increased membership of this subgroup suggested the BCC Working Group valued engagement in this COP and in organizing such an event. The Safollo Gatha event, in turn, gained attention from national media (O.15) as well as additional ministries, particularly the Ministry of Information and the Ministry of Food (O.29). The Bangladesh Television station covered Safollo Gatha in a 30-minute program (O.15). The station had not previously dedicated a comparable slot to an SBCC event.

A set of three unexpected outcomes demonstrated the ability of the BCC Working Group to form connections between its members and the willingness of other stakeholders to support SBCC organizations or events. After becoming familiar with the IEM unit during BCC Working Group Meetings, BBC Media Action unexpectedly decided to invest in the potential and capacity of the unit by offering support and training (O.5). Similarly, after connecting during BCC Working Group meetings, UNFPA and UNICEF agreed to support the IEM unit's field worker training (O.6, O.14). BKMI's sustained support of IEM unit helped increase the unit's credibility among stakeholders as a leader in high-quality SBCC implementation. BKMI's support of the BCC Working Group enabled the IEM unit to connect with these other stakeholders. These outcomes exemplified the kind of connections the BCC Working Group intended to nurture.

Improved quality of SBCC planning and implementation

A group of six outcomes reflected the increased capacity of the three units to plan and implement higher quality SBCC programming. Since November 2013, BKMI worked with the BHE unit to develop a strategy and guidelines to revive the Model Villages program. This program had existed mostly in theory before BKMI intervened and coached the BHE unit on how they might apply a revitalization strategy to the program. As previously mentioned, the BHE unit disseminated SBCC materials (the adolescent reproductive health booklet) and improved SBCC activity monitoring in 127 Model Villages (O.2). During the BKMI project, seconded SCSs worked side-by-side with staff mentors from the three units. The team previously contracted vendors to produce SBCC materials before fine-tuning messages. This meant that the IPHN unit SBCC team was not always able to ensure the quality of the vendor's process and product. Over the course of the BKMI project, the IPHN unit SBCC team began to develop materials differently. They began consulting stakeholders before and after pretesting SBCC materials with target audiences (O.7) and selecting vendors later in the SBCC material development process (O.7). These two changes increased their ability to specify what they wanted from the vendor and thereby helped them ensure the quality of the vendor's final product.

Other outcomes reflected progress in SBCC planning and implementation. Later in 2014, BKMI facilitated a workshop on SBCC campaign development with the three units. During the workshop, they prioritized campaign topics and drafted corresponding campaign implementation plans (O.8). They had not implemented such SBCC planning processes in the past. Since those workshops, both the IEM and BHE units advanced their capacity by demonstrating their ability to implement two SBCC campaigns of good quality. The IEM unit implemented two campaigns that are more systematic, more strategic and better coordinated than their previous campaigns (O.9). The BHE unit implemented two participatory, strategic and audience-centered campaigns (O.23). Lastly, in 2015, the IPHN unit employed mobile technology to disseminate nutritional messages on breastfeeding for the first time (O.13). These outcomes demonstrated the progress the three units made in implementing better SBCC programs.

Increased coordination within the MOHFW

A set of four outcomes reflected the increased capacity of the MOHFW to coordinate SBCC activities among its various units. To put the issue of MOHFW's internal coordination in perspective, it is worth noting that the IEM and MCH teams were located on different floors of the same building. As a result, prior to BKMI, they did not habitually collaborate with one another. During the BKMI project, however, the three units adopted a set of collaborative practices and began coordinating tasks that they had previously done independently. In February 2014, after BKMI encouraged the three units to coordinate, the line directors from the three units began to periodically co-sign official letters, such as invitations and calls for materials (O.6). SBCC activities have historically been ad hoc or siloed within the MOHFW. By co-signing official letters, the units increased the probability of better integration between SBCC-related health, population and nutrition activities within the MOHFW.

Another example of increased coordination across the MOHFW involved the HPN SBCC Coordination Committee. This committee served as a means of bringing different parts of the MOHFW together in order build a more-coordinated approach to SBCC. At the beginning of BKMI, unit line directors did not coordinate or exchange information about their unit's respective SBCC activities. On the contrary, the line directors worked in parallel streams. In September 2014, BKMI drafted the TOR for the HPN SBCC Coordination Committee and encouraged the line directors of various MOHFW units to attend the committee's meetings. Within a few months, this commitment influenced more regular engagement by MOHFW units—such as the CBHC, CCSDP, FSDP and MCH—in the committee's bi-monthly meetings (O.10). During the BKMI project, the BKMI project staff successfully built the units' capacities to facilitate meetings. Previously, BKMI organized and facilitated committee meetings. The three units adopted a more active leadership role in the committee by preparing agendas, issuing invitations, giving presentations and preparing meeting minutes (S.1).

In 2015, additional changes in SBCC coordination occurred within the MOHFW. In the past, the IPHN unit had not been responsible for SBCC-related activities and, therefore, had a low level of SBCC capacity. To address this shortcoming, BKMI advocated with the unit's line director for the formation of a dedicated SBCC team within the IPHN unit. As previously mentioned, in February of 2015, the IPHN unit's director officially created a six-person SBCC team within the IPHN unit that was included in the unit's operating plan (S.7). This meant that financial and human resources were now allocated specifically for SBCC. Establishing and funding this team demonstrated IPHN's increased commitment to coordinating SBCC activities. The MOHFW took another step toward improving internal coordination a few months later. The last example of increased coordination was the organization of a coordinating workshop. In September of 2015, BKMI provided financial and technical support to the IEM unit to organize a workshop designed to promote coordination among three units of DGFP. The IEM unit organized the workshop, which was the first of its kind (S.9). In organizing the workshop, the IEM unit brought people together and coordinated SBCC activities among these three DGFP units. In organizing the workshop, the IEM unit's leadership demonstrated the increased priority the unit assigned to coordinating and collaborating within DGFP. Collectively, these six outcomes reflected the MOHFW's renewed commitment to coordinate MOHFW SBCC activities in Bangladesh.

Maintenance of knowledge management platforms

A group of outcomes (n=4) represented the capacity of the three units to maintain online resources. Of the four outcomes, three indicated that the units were maintaining and updating separate digital archives of SBCC resources (O.16, O.17, O.20). As previously mentioned, BKMI set up the digital archives, worked with each unit to compile their content and trained the units to maintain each archive. A fourth

outcome described the BHE unit's ability to maintain its own website, which was separate from the digital archives (O.22). These outcomes demonstrated the improved capacity of the three units to manage their institutional SBCC knowledge.

New national SBCC framework and strategy

A couple of outcomes captured the MOHFW's adoption of national policy (S.2, S.13). A third outcome reflected the use of one of these policies (O.3). Due in part to BKMI's advocacy efforts, the MOHFW approved the *National Communication Framework for Effective HPN SBCC* (S.2). As previously discussed, the Health Minister later approved the *National Comprehensive SBCC Strategy*, which included TORs for both the BCC Working Group and the HPN SBCC Coordination Committee (S.13). Since the MOHFW approved the framework, the MOHFW units and NGOs have used use the it (O.3) to guide coordination of SBCC activities both within MOHFW and across sectors and stakeholders. The widespread use of the framework meant that NGOs were more likely to plan and implement SBCC programs that harmonized with and responded to national SBCC priorities.

Increased credibility of BKMI partners

Lastly, one outcome that stood alone was MOHFW's request that the three units lead subgroups tasked with mapping the different stakeholders in Bangladesh involved in HPN SBCC (S.10). This mapping task had not previously been the responsibility of the three units. The fact that MOHFW made this request of the three units reflected that the MOHFW leadership viewed them as capable to complete it. BKMI's sustained support of the units improved their credibility in the eyes of MOHFW leadership.

Question 2: To what extent did BKMI outcomes since October 2013 exceed or fall short of the BKMI project's objectives?

The process of matching outcomes to BKMI and HC3 IRs helped the evaluation team determine whether BKMI exceeded or fell short of project objectives. Of the 51 total verified outcomes, 40 corresponded to BKMI IR 1, 12 to BKMI IR 2, two to both BKMI IRs, and one to neither BKMI IR (see **Table 4**). Fewer outcomes were associated with HC3 IR 2 (n=11) than with HC3 IR 1 (n=46). Similarly, fewer outcomes were associated with BKMI IR 2 (n=5) than with BKMI IR 1 (n=12). The number of outcomes related to BKMI IR 1 and IR 2 was roughly proportionate to the amount of time and budget BKMI allocated to each IR, and all outcomes corresponded with one of the two HC3 IRs.

BKMI IR 1: Increasing the capacity of the MOHFW to design, implement, manage and evaluate evidence-based health communication interventions

This report has described several outcomes related to BKMI IR 1, such as the increased capacity of the three units and the improved coordination within MOHFW. Additional outcomes related to BKMI IR 1 reflect institutional commitment to MOHFW's capacity to design and implement health communication interventions. The MOHFW was more likely to sustain shifts in SBCC capacity if human and financial resources were dedicated for this purpose. Staff turnover within MOHFW leadership and among units posed a considerable challenge to BKMI, which prioritized creating sustainable change.

From the beginning of the project, BKMI encouraged the three units to officially allocate funds for SBCC training and SBCC KM platforms. This type of advocacy was characteristic of the approach BKMI used to create sustainable change. When BKMI facilitated organizational self-assessments of the IEM unit's technical SBCC capacity, they found that the unit only allocated SBCC funds to producing SBCC

materials—not for other SBCC-related expenses. As discussed earlier, BKMI influenced the IEM unit's decision to allocate funds to increase their SBCC capacity (O.18). About a year later, the three units began to allocate resources for not just SBCC capacity, but also for advocacy, coordination and maintaining their online SBCC tools, such as the eLearning courses, eToolkits and digital archives (O.31). The financial commitments of the units for SBCC-specific line items was one of the most notable outcomes under IR 1. Each unit documented the budget allocations in their operational plans, making it more likely the commitments would be honored after the project ended, especially if there was turnover among the unit's leadership. Having these allocations reflected in official documents was important to ensuring that future staff within these units would carry on these organizational practices. The outcomes reflected a shift of the MOHFW toward being more capable of designing, implementing and managing health communication interventions.

The outcomes related to BKMI IR 1 strongly suggested that the three units and the MOHFW, as a whole, had improved their capacity to design, implement, manage and monitor health communication interventions, and the staff of the three units had made progress maintaining new online KM systems (O.16, O.17, O.20). These three units adopted more systematic and strategic planning (O.8) and implementation processes (O.7) that produced higher quality SBCC campaigns (O.9, O.23). These outcomes demonstrated the units' increased ability to design and implement SBCC interventions. Additionally, the MIS unit of DGFP included three SBCC indicators in their national routine monitoring systems that field workers now use (S.11). While this and two other outcomes (I.4, O.30) suggested that the units within the MOHFW improved their ability to supervise SBCC activities at the field level, the harvested outcomes did not reflect how MOHFW progressed in their ability to evaluate evidence-based health communication interventions.

Table 4: Bangladesh Knowledge Management Initiative II Outcomes Harvested, Summarized According to Health Communication Capacity Collaborative Global and BKMI Intermediate Results

HC3 Global IRs	Outcome Classification	n
Core IR 1: Increasing capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions	Partner organization designed, implemented, managed or evaluated an SBCC program in an improved way or by integrating best practices such as: • using a SBCC framework, resource or best practice • training stakeholders on an SBCC-related topic	46
Core IR 2: Establishing proven systems for professional development in SBCC	The outcome reflected a new opportunity for exchange of technical information and collaboration or an opportunity for professional development of SBCC professionals. Examples include: • Partner organization decided to cohost a conference or summit • Partner organization sponsored a Springboard event	5
Neither IR	The outcome did not contribute to either of the first two IRs. An example would be: • A population demonstrated a demand for SBCC services	0

BKMI IRs	Outcome Classification	n
BKMI IR 1: Increasing capacity of the MOHFW to design, implement, manage and evaluate evidence-based health communication interventions	This IR focused on the technical SBCC capacity of the three units, coordination among MOHFW units, and the quality and reinforcement of the coordinating role of the IEC Technical Review Committee. Examples included: • The MOHFW established, implemented or supported policy or process changes that strengthen health communication design, implementation, management or evaluation • The three units coordinate with one another and the larger MOHFW • The MOHFW trained others on these aspects	40
BKMI IR 2: COP for SBCC KM created in Bangladesh	The outcome aimed to improve the capacity of COPs, particularly the BCC Working Group. Examples include: • Increased participation and engagement of members in the BCC Working Group • Increased engagement in the Springboard community • An NGO or university integrates BKMI-supported SBCC training tools into their curriculum	12
Neither BKMI IR	The outcome reflected changes in capacity of the MOHFW or another entity that is not an SBCC COP. An example would be: • Bangladesh government or media support SBCC events	1

Note: Two outcomes were related to both BKMI IR 1 and IR 2.

The MOHFW's role of managing health communication, as described in BKMI's IR 1, required a considerable amount of coordination among national stakeholders. As part of the national government, the MOHFW had a critical and unique role to play in coordinating health-related SBCC activities in Bangladesh. However, historically, this coordinating function was underdeveloped, and often resulted in the duplication of efforts and missed opportunities for collaboration. The harvested outcomes suggested that MOHFW's capacity to coordinate SBCC-related programs improved during the BKMI project in several ways. First, when the MOHFW approved the framework and strategy (S.2, S.13), this guidance helped ensure that SBCC societal actors shared a common vision and that SBCC messages and materials would be developed more strategically. Second, BKMI's advocacy to better define the role of the HPN SBCC Coordination Committee and issue regular invitations to MOHFW unit line directors to attend committee meetings contributed to more regular attendance by the MOHFW units at the committee meetings (O.10). Third, the three units increasingly engaged in coordinating and harmonizing SBCC efforts (O.10, S.1, S.5, S.9). A few additional outcomes even reflected compliance with the MOHFW's guidance (I.5, O.19, S.3). Overall, the harvested outcomes suggest that BKMI contributed to the improvement of the MOHFW's capacity to design, implement, manage and monitor health communication interventions.

BKMI IR 2: A community of practice for SBCC KM created in Bangladesh

The outcomes related to BKMI IR 2 (n=12) highlighted the project's progress toward continued growth of SBCC COPs (BBC Working Group and Springboard) and enhanced the SBCC capacity of other partners, particularly the JPGSPH and the NHSDP. The outcomes that corresponded with BKMI IR 2 reflected the continued development of dynamic COPs and demonstrated their ability to manage their collective

knowledge in the form of the eToolkit for Field Workers (S.4). The outcomes suggested that most capacity gains occurred within the BCC Working Group (I.2, S.4).

The outcomes that described BKMI's support of JPGSPH and NHSDP corresponded to IR 2 because the BKMI Sub-IR 2.1 referred to BKMI supporting other partner SBCC KM activities. As briefly mentioned before, BKMI's first workshop motivated the JPGSPH to ask for an additional longer workshop the following year (O.24). NHSDP integrated BKMI tools for program managers and field workers into their training curriculum and disseminated these tools to NHSDP Smiling Sun Clinics (O.12, O.33). JPGSPH's desire for additional SBCC training and NHSDP's uptake of BKMI tools demonstrated that the project positively affected both partners by increasing their recognition or commitment to strengthening SBCC capacity of SBCC and public health professionals.

As already noted, online Springboard membership grew during the BKMI project (I.1). However, at the same time, after its initial launch in 2014, Springbroad received no additional funds from BKMI, at USAID's request. For this reason, it is not surprising that the evaluation did not harvest any additional outcomes related to the Springboard virtual COP.

The remaining outcomes related to BKMI IR 2 reflected the success of the BCC Working Group. The outcomes captured the group's enhanced ability to foster collaboration among its members (O.5, O.6, O.14), mobilize its members around a common goal (I.2, O.4, S.4) and attract interest from stakeholders outside the BCC Working Group (O.15, O.29). Through the BCC Working Group, UNICEF, UNFPA and BBC Media Action connected with the IEM unit. These stakeholders then chose to support the unit because of its potential, which BKMI had greatly developed. Three unexpected outcomes described these new collaborative relationships (O.5, O.6, O.14) and suggested that the BCC Working Group successfully promoted meaningful collaboration among its members.

Additional outcomes also suggested that the BKMI project was successful in empowering the BCC Working Group to mobilize its members. First, members of a BCC Working Group subgroup showed leadership by gradually taking on the lead of cataloging SBCC materials for the eToolkit for Field Workers (S.4). Second, the Additional Secretary of the MOHFW began to chair the BCC Working Group (O.4). Third, the Best Practices Subgroup of the BCC Working Group grew in membership during the BKMI project (I.2). Members of this subgroup demonstrated their ability to mobilize their community by successfully organizing the Safollo Gatha event in 2016 (I.2, O.15). BKMI contributed to their success by providing funding for the event, supporting the subgroups and circulating a press release about the event.

The Safollo Gatha event attracted interest from unexpected parties. Coverage of the event by the Bangladesh national television station as well as the attendance by senior-level officials from the Ministry of Food and the Ministry of Information highlighted that stakeholders outside the MOHFW were interested in SBCC for HPN and the work of the BCC Working Group (O.15, O.29). These outcomes suggested not only that the Safollo Gatha event was a success, but also that the BCC Working Group improved their ability to elevate the national standing of SBCC.

Neither BKMI IR

A single, but notable, outcome was not directly related to either of the two BKMI IRs and reflected a change BKMI had not expected to influence at the beginning of the project. As previously discussed, BKMI staff noticed that the most recent Bangladesh DHS's policy briefs—released in March of 2016—included more content on SBCC topics than previous briefs (O.27). The increased emphasis of the DHS policy briefs on SBCC-related health indicators reflected the increased priority the public health

community placed on the importance of SBCC.

Question 3: How sustainable were the outcomes measured through Outcome Harvesting?

> **Sustainable Outcomes**
> The evaluation team determined the sustainability of an outcome based on a demonstrated sustained change in practice or policy, according to the criteria below:
>
> **Practice**: The outcome reflected institutionalized or systematic behavior change in an individual, organization or system that occurred either repeatedly over the course of the project or six months prior to the evaluation.
>
> **Policy**: The outcome described a change in SBCC planning procedures or policy.

The evaluation team reviewed the 51 verified outcomes for potential indication of long-lasting change. A total of 28 outcomes met the criteria for sustainability. Of these sustainable outcomes, 23 were changes in practice and five were changes in policy. **Figure 5** displays BKMI's contributions to five sustainable outcomes set apart by the importance and scale of the change they describe.

Among the five outcomes that reflected policy changes within the MOHFW (O.18, O.31, S.2, S.7, S.13), three of these changes occurred within the three units. First, in May 2015, the IEM unit allocated funds to strengthening its SBCC capacity for the first time (O.18). Then the three units allocated funds for other SBCC-related items, such as hosting digital resources, in their respective operational plans (O.31). As described earlier, the formal commitment of financial resources to SBCC indicated an important step toward sustainably strengthening capacity within these three units. The third policy change was the IPHN unit's creation of an SBCC team dedicated to working on SBCC issues (S.7). Similar to the dedication of financial resources, this outcome dedicated human resources within the IPHN unit specifically to SBCC—previously, no resources had been dedicated to SBCC. BKMI influenced two other policy changes of national significance within the larger MOHFW structure, the MOHFW's approval of the *National Communication Framework for Effective HPN SBCC* in 2013 (S.2) and the *National Comprehensive SBCC Strategy* in 2016 (S.13). These two outcomes set the stage for stakeholders to plan and implement more coordinated, comprehensive and strategic SBCC programs in Bangladesh. BKMI's advocacy work at the organization and system levels influenced these five outcomes.

The remaining 23 sustainable outcomes represented changes in organization- and system-level behaviors or practices. Examples of changes in organization- or system-level practice included closer collaboration among the three units, as demonstrated when they began taking a more active leadership role in the HPN SBCC Coordination Committee (S.1) or when they began seeking consent from the Additional Secretary before issuing BBC Working Group notices (S.3). Another example was the IPHN unit's more strategic approach to SBCC campaign material design (O.7). Most of these outcomes (n=17) reflected a change in one or more of the three units. For example, in 2015, the BHE unit began to participate as a member of the IEC Technical Committee (O.19), and, in doing so, helped harmonize SBCC messaging across different organizations in Bangladesh.

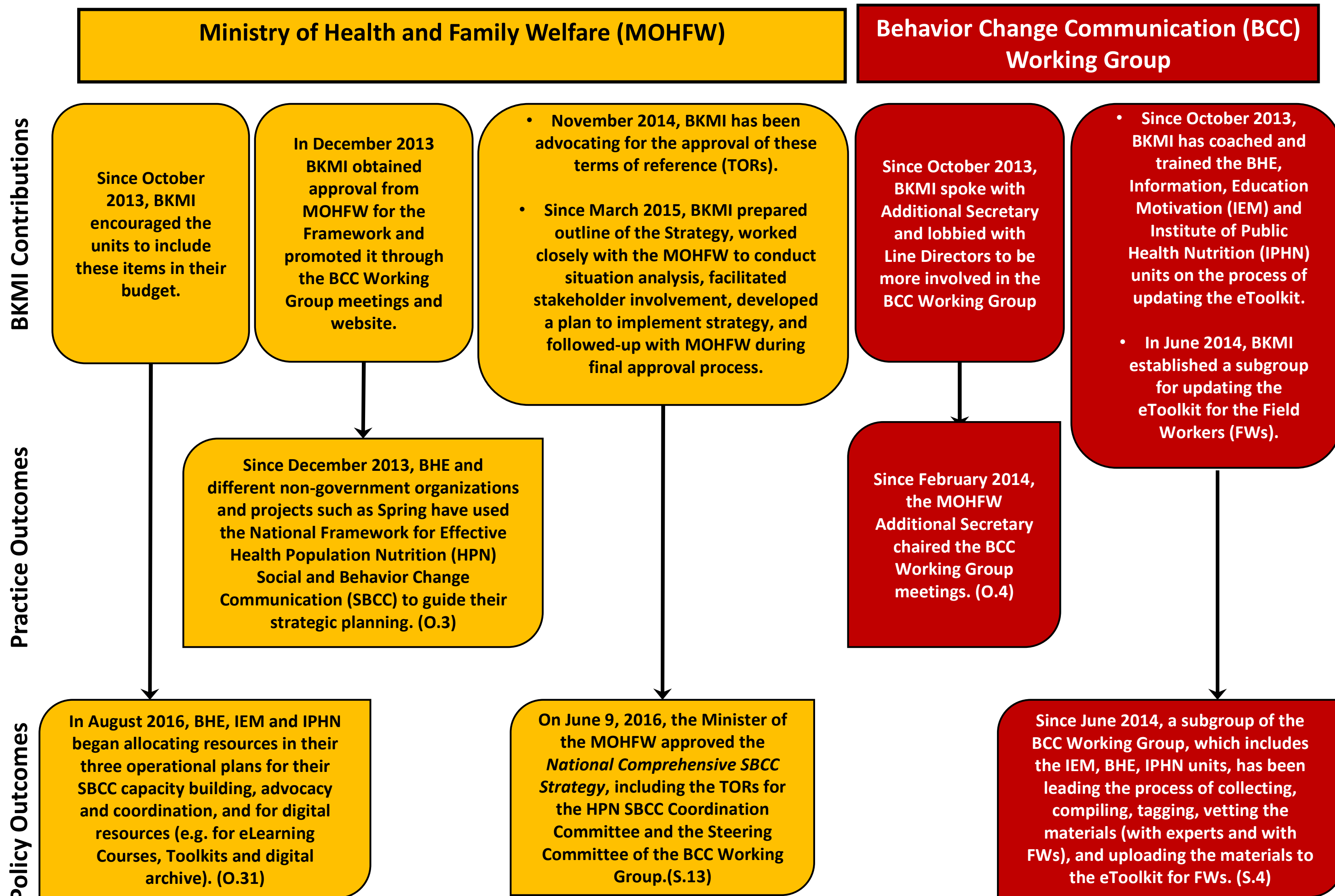
Organizing the sustainable outcomes by IR provided a different perspective of where BKMI influenced sustainable change. Most of the 23 sustainable outcomes that corresponded with BKMI IR 1 reflected changes within the BHE, IEM or IPHN unit (n=19). A couple (n=2) of sustainable outcomes reflected changes in the activities of certain MOHFW units, NGOs or projects, such as Spring (O.3, O.10). Most

(n=26) of the sustainable outcomes corresponded with HC3 IR 1. Fewer sustainable outcomes related to BKMI IR 2 (n=6) and HC3 IR 2 (n=4). This imbalance may have reflected the fact that BKMI focused its programmatic and human resources primarily on achieving BKMI IR 1 rather than BKMI IR 2. No policy changes fell under BKMI IR 2. Sustainable outcomes primarily occurred within the MOHFW; fewer outcomes related to the BCC Working Group and other BKMI partners.

From The Ecosystem perspective, 10 of the 28 sustainable outcomes occurred at the system level and the remainder (n=18) at the organization level. None of the outcomes at the individual level met the criteria for sustainability. The fact that all sustainable outcomes occurred at the organization and system levels reflected the project's emphasis on producing lasting change within the MOHFW. Among the five sustainable outcomes that reflected policy changes discussed above, three occurred at the system level and two at the organization level. The most common type of sustainable change at both the organization and system levels was change in systematic practices, rather than policy.

Among the 10 sustainable changes that occurred at the system-level, four suggested improvements in the level of coordination among the DGFP and DGHS units (S.3, S.5, S.7, S.9). In 2014, the three units began regularly collaborating with one another and the MOHFW Additional Secretary before issuing BCC Working Group meeting notices (S.3). A BCC Working Group Subgroup, which included the three units, also gradually took the lead in sorting through materials to update the eToolkit for Field Workers each year (S.4). Although BKMI established this subgroup, the subgroup's members gradually took ownership and began to lead the cataloging of SBCC materials for the eToolkit for Field Workers. The BCC Working Group developed the capacity to lead this activity, which means that the eToolkit for Field Workers will continue to be updated, relevant and useful—both as a counseling tool and as a way to coordinate with others. In July 2014, the line directors of the three units began periodically signing joint letters together (S.5). These outcomes reflected a degree of SBCC activity coordination that had not previously occurred. New structures, such as the IPHN unit's SBCC team, enabled coordination of SBCC activities within the unit and reflected an organizational commitment to prioritize such activities (S.7). In September, 2015, the IEM unit's organization of a coordination workshop with three other DGFP units also represented a sustained practice towards more collaborative SBCC planning and implementation (S.9).

Figure 5: BKMI II Contributions to Noteworthy Sustainable Outcomes



Note: This figure displays a select number of notable outcomes and is not a comprehensive list. Outcome numbers appear in parentheses.

The six remaining sustainable system-level outcomes varied. Sustainable system-level changes included the more active role the three units played in the HPN SBCC Coordination Committee (S.1) and the BCC Working Group (S.4). The three units began preparing agendas in the committee (S.1) and vetting eToolkit materials in the BCC Working Group (S.4). Such engagement contributed to the increased capacity of SBCC professionals both within and outside of the MOHFW. When the MOHFW approved the national SBCC framework and strategy (S.2, S.13), it provided legitimacy to the SBCC priorities and approaches articulated within these documents. The policy documents created the potential to shape the way NGOs and other stakeholders design and implement SBCC activities in Bangladesh. Another example of sustainable system-level change is the adoption of indicators by DGFP units (S.11). The last sustainable systems-level change was the provision of server space from the MIS unit at DHS for the BHE and IPHN units' digital archives and other online SBCC tools, as previously described (S.8). By supporting the two digital archives and the other SBCC tools, the MIS unit effectively supported a system or platform that allows other SBCC professionals in Bangladesh to improve the quality of their respective activities and avoid re-creating SBCC tools that already exist.

In terms of the sustainable organization-level outcomes, most (n=16) reflected changes in practice as opposed to changes in policy, whereas only two reflected changes in organizational policy. A total of 13 sustainable organization-level outcomes reflected change within or among the three units. These units dedicated financial resources to new SBCC-related activities and resources in their operational plans (O.18, O.31), which indicated an intention to invest in SBCC over the following year. In addition, four outcomes represented increased organizational capacity of the three units to plan and implement higher quality SBCC interventions (O.3, O.7, O.9, O.23). Another four outcomes reflected the increased capacity of the three units to maintain online content, such as the digital archives or the BHE unit's website (O.16, O.17, O.20, O.22). A separate group of three unexpected outcomes demonstrated examples of stakeholders—such as UNFPA, UNICEF and BBC Media Action—connecting with and supporting the IEM unit (O.5, O.6, O.14).

One of the most notable outcomes was that the MOHFW Additional Secretary regularly chaired BCC Working Group meetings since February 2014 (O.4). In one instance, a sustainable organization-level change took place after BKMI explained the importance of the IEC Technical Committee to BHE unit staff. The BHE unit staff subsequently began participating in the committee's review of SBCC materials (O.19). In doing so, this unit played a role in helping to harmonize SBCC messages and control the quality of SBCC messaging in Bangladesh. Several MOHFW units also began to engage more in the HPN SBCC Coordination Committee (O.10).

The BKMI project influenced sustainable change at both the organization and system level. While the evaluation was not able to return months after the project's end to assess long-term sustainability, the institutional nature of policy changes and the enduring nature of changes in practice suggested that the outcomes would likely endure beyond the end of the project. Organizational policy changes provided financial support and lasting structures for maintaining SBCC capacity, even as employees come and go. BKMI also influenced system-level change in the form of increased COP engagement and the adoption of coordinating mechanisms. Moreover, the changes in national SBCC policy were particularly notable, as they required collaboration and commitment from the highest levels of the MOHFW. Overall, these changes helped create an environment in which the MOHFW and other SBCC professionals could more easily align with and more efficiently work in support of national policies and guidelines.

Discussion

While the BKMI project worked with a variety of both governmental and non-governmental partners, it focused closely on increasing the capacity of the MOHFW to coordinate SBCC activities and of the BCC Working Group to serve as a platform for networking, coordination and learning. BKMI seconded SCSs to the three units so they could provide daily support to their respective staff. This evaluation revealed several patterns in the outcomes that the BKMI project influenced from 2013 to 2016.

Most outcomes represented changes in the practices or policies within the three units, within other MOHFW units or among MOHFW leadership. Several important outcomes related to the BCC Working Group also occurred. The large number of outcomes harvested at the organization and system levels of The Ecosystem reflected BKMI's investment and intent to create sustainable change.

The harvested outcomes shed light on the three evaluation questions. In terms of describing the ways MOHFW and SBCC practitioners have changed, the evaluation team found that the outcomes reflected different types of change in capacity:

- the dissemination and use of quality SBCC tools by BKMI partners;
- increased recognition of SBCC's value by the MOHFW and other SBCC stakeholders;
- renewed engagement in SBCC COPs, particularly the BCC Working Group;
- improved quality of SBCC planning and implementation by the three units;
- increased coordination within the MOHFW;
- maintenance of KM platforms by the three units;
- new national SBCC policy approved by MOHFW and used by the BHE unit and other stakeholders; and
- increased credibility of the BKMI from the perspective of MOHFW leadership.

The project spent a considerable amount of time establishing, field-testing, revising and disseminating SBCC tools and resources, such as the SBCC monitoring checklist for field-level supervisors, the eToolkits, the digital archives and the eLearning courses. The most common type of outcome resulted, in part, from BKMI's successful revision and dissemination of quality SBCC tools. The BHE and IPHN units along with all the DGFP units integrated either the SBCC monitoring checklist or SBCC monitoring indicators into their routine operations. BHE unit district-level field staff also began using the checklist. The BHE and NHSDP units added the eLearning courses for field workers to their respective training curricula. The CBHC, DGFP and DGHS units added links to the digital versions of these tools on their respective websites and instructed their district and *upazilla* staff to use the eToolkit for Field Workers, the eLearning courses and the digital archives. The MOHFW units' written endorsement of these materials was critical to their dissemination and integration into MOHFW field-level SBCC activities and non-governmental projects. Over 100 field workers have successfully completed the eLearning course. The SBCC monitoring checklist and indicators enabled the MOHFW and SBCC professionals to better supervise and monitor field-based SBCC activities. The digital archives provided SBCC professionals access to an array of SBCC materials that the three units produced; this will help SBCC professionals to avoid duplicating existing tools, and strengthen the units' collective institutional memory. The fact that

the MOHFW disseminated the eToolkits and eLearning courses for field workers to field workers means that this national cadre gained access to high-quality practical guidance they could use to enhance their counseling skills and implement better quality SBCC activities.

The second most common type of change reflected in the outcomes was the increased recognition of the value of quality SBCC to address public health challenges. MOHFW units, implementing partners and other stakeholders demonstrated this shift toward recognizing the value of SBCC in different ways. For the first time, the three units dedicated funds toward strengthening their SBCC capacity, advocating for SBCC, coordinating SBCC activities and supporting SBCC digital resources. The BHE unit became more confident in its ability to serve on the IEC Technical Committee and began to regularly participate in the committee meetings. The Additional Secretary of the MOHFW began to take a more active role in BCC Working Group meetings. Academic and government partners approached BKMI with unanticipated requests for training or technical assistance, realizing the value such support could bring to their respective programs. The increased emphasis the DHS policy briefs placed on SBCC reflected a widespread shift that BKMI influenced. These outcomes suggested that BKMI's advocacy and technical assistance was successful in convincing MOHFW units, implementing partners and other stakeholders that investing time and resources in SBCC would enhance their organizational agendas.

The third most common way in which BKMI influenced change was that the MOHFW and other stakeholders became more engaged in SBCC COPs. While minor increases in engagement with the Springboard platform and the HPN SBCC Coordination Committee took place, the most impressive change was the continued growth of the BCC Working Group. Members of a subgroup within the BCC Working Group gradually took over the task of annually updating the eToolkit for Field Workers. This practice set the precedent for the future of the BCC Working Group. Members of another BCC Working Group subgroup organized the 2016 Safollo Gatha event—the annual celebration of SBCC best practices for HPN in Bangladesh. This event drew interest from national media and other government ministries. The BCC Working Group fostered collaboration between the IEM unit and three other non-governmental stakeholder organizations, which gave the unit financial and technical support for various SBCC activities. These collaborations demonstrated the capacity of the BCC Working Group to connect SBCC professionals within Bangladesh. The approval of the group's TOR near the end of the BKMI project helped to reinforce the sustainable role of this COP within the SBCC capacity ecosystem as well as the MOHFW's long-term leadership of the group.

In terms of the second evaluation question, the harvested outcomes suggested the project achieved its goal of strengthening MOHFW's capacity (BKMI IR 1) and surpassed its goal of establishing an SBCC COP (BKMI IR 2). The MOHFW, BKMI partners and other stakeholders established the BCC Working Group during the first phase of BKMI with BKMI's technical, financial and administrative support. During the second phase of the project, BKMI staff strengthened the group. The outcomes demonstrated that the three units improved the design, implementation, management and monitoring of health communication interventions, and that MOHFW leadership began to take a greater role in coordinating SBCC activities. The MOHFW units dedicated more time toward collaborating across units and adopted similar supervisory and monitoring tools that would harmonize their SBCC field activities. The outcomes did not, however, explicitly demonstrate that the MOHFW had improved its capacity to evaluate evidence-based health communication interventions by the end of BKMI. While these outcomes may have taken place, this particular evaluation did not identify them.

In terms of BKMI's IR 2, the outcomes described several examples in which BKMI supported SBCC

professionals, as reflected in the increased engagement in the BCC Working Group. The BCC Working Group assumed a coordinating function in Bangladesh by meeting annually to vet and catalog resources for the eToolkit for Field Workers. Their collaboration set a precedent for future BCC Working Group members to follow and empowered field workers with a common package of the most current and relevant counseling resources. Another subgroup within the BCC Working Group successfully mobilized to coordinate the Safollo Gatha event in 2016. Senior officials from other government ministries and national media gave the event unprecedented attention. The BCC Working Group also fostered at least three collaborative relationships between the IEM unit and other stakeholder organizations. These outcomes described a dynamic COP that was able to bring together SBCC professionals and stakeholders from multiple sectors. The BCC Working Group mobilized its members around an annual event and an annual activity that will, in turn, reinforce the capacity of Bangladesh field workers. A single outcome spoke to engagement in the Springboard online community, which the USAID Bangladesh mission identified as a lower priority relative to other project objectives.

The last evaluation question addressed the issue of sustainability. Over half of the outcomes identified in this report met criteria for potential sustainability. While some capacity strengthening projects focus on improving the knowledge and skills of individual SBCC professionals, the BKMI project focused on creating more sustainable changes within organizations and systems. To achieve its objectives, BKMI mentored SBCC professionals, advocated for more SBCC resources and supported changes in policy at the system and organization levels. The second phase of BKMI leveraged progress and relationships made under the first phase of the project. For example, during the first phase, the *National Communication Framework for Effective HPN SBCC* was drafted by the BCC Working Group with technical support from BKMI; in the second phase, BKMI successfully advocated for its approval. During the last year of BKMI, the MOHFW approved the nation's first SBCC strategy. The strategy informs and guides the MOHFW's five-year (2016–2021) strategic implementation plan and, as such, will be valid years after the end of the project. The BKMI project influenced organizational changes in policy as reflected by the budgets and operational plans of the three units. The financial commitments expressed in these annual plans will continue after the BKMI project ends and set a precedent for future budgets and operational plans. The majority of sustainable outcomes reflected new or modified routine practices within the three units and the BCC Working Group. The three units maintained their own KM platforms, implemented better quality SBCC campaigns, coordinated with other MOHFW units and actively participated in the BCC Working Group and the HPN SBCC Coordination Committee. Because of these changes, the organizational routines are more likely be sustained since the changes in organizational practices reflect an enhanced capacity and a commitment to investing in SBCC-related activities.

Limitations

It is important to note four limitations of the Outcome Harvesting evaluation in Bangladesh. First, the HC3 global project decided to use Outcome Harvesting at the end of BKMI project. This decision meant that although BKMI collected documentation throughout the project, it did not systematically or routinely document changes in their partners' capacity. For example, BKMI provided technical assistance and support upon request to governmental and non-governmental institutions, but did not systematically follow up with partners to document potential outcomes. Had the BKMI project known that HC3 would use Outcome Harvesting to evaluate their program, follow-up on and documentation of earlier activities could have resulted in additional outcomes. The evaluation minimized this limitation by investing time and resources to thoroughly review and verify BKMI and partner documentation. For example, knowledgeable informants served as a means of verifying outcomes for which documentation was not available.

Second, the evaluation team spent only four business days working with the BKMI team to generate and refine outcomes. This limited timeframe may have affected the total number of outcomes that could have been harvested. At the same time, in order to capture as many outcomes as possible, BKMI staff brainstormed potential outcomes before beginning the harvest in-country. The evaluation team then reviewed and discussed these outcomes with BKMI staff during the in-country workshop. In spite of this limitation, at the end of the evaluation, the evaluation yielded 51 verified outcomes demonstrating measurable changes that occurred as a result of BKMI's efforts.

Third, the process of analyzing the outcomes concluded months after the outcomes were collected. During analysis, the evaluation team realized that the wording of many outcomes did not allow categorization of outcomes in a way that fully reflected the change that the BKMI staff had observed. However, in order to maintain the credibility of the verification process, the outcomes could no longer be modified and re-verified, and were thus used as is. In an effort to minimize this limitation, this evaluation report contextualized outcomes within BKMI's contributions in a narrative to more fully describe the story, scale and nature of the outcomes, and attempt to piece together the parts not fully captured by the outcome description alone.

Finally, because the evaluation took place at the end of the project, it was limited in its ability to observe actual sustainability. The evaluation team may have harvested more sustainable outcomes had the evaluation taken place at least six months after the close of the project. Several outcomes captured just a couple of months before the end of the project, could have been sustainable changes; but, because of the six-month criteria for sustainable change in practice used for this evaluation, those outcomes were not classified as sustainable. Nevertheless, even with a critical approach to the assessment of sustainability, the evaluation team deemed over half of the outcomes as sustainable. Future evaluations should consider ways to measure change once the project has ended.

CONCLUSION

This Outcome Harvesting evaluation of the BKMI project's capacity strengthening work captured both expected and unexpected changes in the SBCC capacity ecosystem. The evaluation identified three ways in which MOHFW, BKMI partners and other SBCC stakeholders changed during the three-year project: they disseminated and integrated quality SBCC tools and indicators into their systems, demonstrated an increased appreciation for the value of SBCC and mobilized the SBCC community around activities that promoted exchange, networking and future capacity strengthening of field workers. The dominance of organization- and system-level outcomes spoke to the strategic and sustainable approach BKMI used to strengthen capacity during this three-year project. While BKMI's efforts most frequently contributed to changes within the three units, the project also influenced changes in the capacity of the MOHFW, in general, and in academic and non-governmental sectors across the country. BKMI supported the continued growth of the BCC Working Group, which successfully organized the 2016 Safollo Gatha event and fostered collaboration between member organizations.

All in all, the Outcome Harvesting evaluation of BKMI demonstrated that the project was successful in meeting and, in many cases, exceeding the goals set out by USAID. The evaluation findings indicated that investment in strengthening both the capacity and quality of national leadership organizations can have a demonstrable and long-standing positive impact in development contexts. Moreover, this evaluation provided evidence that medium- to long-term investments at the organization and system levels can foster substantive and meaningful improvements in the environments that enable SBCC program implementation to flourish. The experience of BKMI illustrates that structural investments in organization- and system-level change, while harder to measure on a linear-change scale, can yield powerful results that are beneficial and relevant to a wide range of partners in both government and non-governmental sectors. As the landscape of international development changes and evolves, donor leadership should consider increased investments in supporting both organization- and system-level change to address persistent and complex structural issues.

Annex 1: HC3 Bangladesh Outcome Harvesting Evaluation Methodology

The following section describes the steps to the Outcome Harvesting evaluation implemented in Bangladesh.

STEP 1: DESIGN – JULY TO AUGUST 2016

On May 23-25, 2016, the evaluation team participated in an interactive Outcome Harvesting workshop in Baltimore, led by an external renowned expert in Outcome Harvesting. With the continued guidance of the external Outcome Harvesting consultant, the evaluation team also drafted an Outcome Harvesting instrument and began planning for an in-country workshop. During July and August of 2016, the evaluation team drafted an evaluation design in collaboration with BKMI's chief of party. To ensure that the evaluation could satisfy the information needs of the intended users, the BKMI chief of party invited USAID stakeholders in Bangladesh to provide feedback on the evaluation design in August 2016. By the end of the design step, the evaluation team determined that the scope of the evaluation would include the primary societal actors that HC3 Bangladesh aimed to influence with its project activities, including IEM, IPHN, BHE, the BCC Working Group and other HC3 Bangladesh partner organizations.

STEP 2: REVIEW OF DOCUMENTATION AND DRAFTING OUTCOMES – MAY TO AUGUST 2016

Starting in late May 2016, the evaluation team identified potential outcomes and drafted accompanying descriptions. Extracting details from existing program documentation, the evaluation team described each potential outcome, its importance, BKMI's contribution to the outcome and other actors or factors that might have contributed to the outcome. This review also helped identify where more detail was needed from the Bangladesh-based staff. Throughout this and the next step, the evaluation team sought to clarify outcome language and identify negative outcomes as well as positive ones.

STEP 3: ENGAGEMENT OF SOURCES – AUGUST TO NOVEMBER 2016

In August 2016, members of the evaluation team traveled to Bangladesh for a weeklong Outcome Harvesting workshop and one day of key informant interviews. A primary focus of the workshop was to introduce the Outcome Harvesting evaluation methodology to the BKMI staff in person and harvest outcomes based on discussions with internal sources and external documentation sources.

During the field visit, the evaluation team required that an internal and external source of verification collectively verify the outcome description and HC3 Bangladesh's contribution to the outcome. This was an adaptation of the Outcome Harvesting methodology. HC3 adapted this step in order to reduce perceived bias and strengthen the rigor and credibility of the evaluation findings. Internal sources included BKMI staff who were knowledgeable about the changes the project influenced, motivated to share what they know, willing to document their knowledge and available to devote several days to the task.

The workshop began with a daylong orientation of the Outcome Harvesting methodology for BKMI staff members, BCCP staff and members of the UAID Bangladesh mission. On the second day, the evaluation team worked with participating BKMI staff to review outcomes drafted by the Baltimore HC3 staff and

brainstormed additional outcomes. For the remainder of the workshop, BKMI staff and Baltimore-based staff assessed and revised the outcomes to ensure that all outcomes met certain criteria. In addition, the BKMI staff began to identify, for each outcome, sources of verification that were internal to the BKMI project. Internal documentation included emails from BKMI staff, meeting minutes, BKMI reports, policy documentation, photos and video.

The evaluation team trained a local consultant to assist with verification of outcomes. This consultant compiled verification documentation from the BKMI team to verify outcomes and also interviewed key external informants in cases where external documentation was not available.

STEP 4: EXTERNAL VERIFICATION – AUGUST TO NOVEMBER 2016

During the Outcome Harvesting workshop in August 2017, BKMI staff suggested the best source of verification for each outcome. In cases where staff suggested that a key informant verify each outcome's description and HC3's contribution to it, the local consultant noted that person's contact information. Between August and November, the local consultant visited several external key informants to verify outcomes and solicit new potential outcomes. The local consultant either scheduled a meeting with external key informants or reached out to them by email to pose a series of standardized questions about each outcome and HC3's contribution. If both an internal and external source could not verify an outcome, the evaluation team excluded the outcome from the final compilation of outcomes.

STEP 5: ANALYSIS AND INTERPRETATION – SEPTEMBER 2016 TO MAY 2017

In August 2016, members of the evaluation team facilitated a conversation with BKMI staff about how outcomes might be analyzed. After the evaluation team's field visit, the team worked closely with the BKMI chief of party to categorize the outcomes in several ways. The evaluation team determined to which HC3 global and HC3 country IR each outcome corresponded with input from the BKMI chief of party. Analysis continued in Baltimore, including an examination of outcomes along several dimensions. For example, the evaluation team classified outcomes according to The Ecosystem (individual-, organization- or system-level outcome). In addition, the evaluation team grouped outcomes according to emergent themes while consulting the BKMI chief of party as necessary for her input, as necessary. Furthermore, the evaluation team reviewed all outcomes to assess their potential for long-term sustainability. The team defined sustainability as a sustained change in practice or change in policy. Given that the Outcome Harvesting evaluation occurred at the end of the BKMI project, the determination of sustainability extended only as far as the project end. In other words, whether an outcome achieved longer sustainability beyond 2016 was beyond the scope of the evaluation. Finally, the team used this analysis of the outcomes to answer the three evaluation questions.

ETHICAL REVIEW

The Johns Hopkins Bloomberg School of Public Health Institutional Review Board determined this evaluation to be non-human subjects research. Participants in the evaluation contributed their professional knowledge, but no personal or private information was collected.

Annex 2: Complete List of Bangladesh Knowledge Management Initiative II (BKMI) Outcomes

ID #	Description of Outcome	Core HC3 IR	BKMI IR	Importance of the Outcome	BKMI Contribution to the Outcome	Others who contributed	Internal Verification Source	External verification Source
I	**Individual-Level Outcomes**							
I.1	Since May 2014, when Springboard was launched in Bangladesh, 260 members have joined Springboard, and 17 of these members have posted on Springboard.	2	2	SBCC professionals in Bangladesh are now connected to a global online platform of SBCC practitioners.	In May 2014, BKMI conducted the launch of Springboard in Bangladesh and promoted Springboard during meetings. Since October 2014, the Bangladesh Center for Communication Programs (BCCP) has managed the Bangladesh Springboard country page and encourages new members to register.	Health Collaboration Capacity (HC3) Core project	BKMI reports	Google Analytics reports
I.2	From May 2015 to March 2016, more new members joined the Best Practices Subgroup of the Behavior Change Communication (BCC) Working Group, resulting in increased participation, submission of more best practices and presentations at the 2016 Safollo Gatha.	2	2	The BCC Working Group recognized the value of the event and initiated future planning. These changes reflect an active Community of Practice (COP).	Since May 2015, BKMI supported the Best Practices Subgroup in organizing the Safollo Gatha event, which was a BCC Working Group event. BKMI advocated for the event to continue to happen on an annual basis.	Subgroup members use their own resources to support their presentations at the event.	BKMI reports	BCC Working Group event records, BCC Working Group subgroup attendance list

I.3	Between March and June of 2016 the director of the management information systems (MIS) of directorate general of family planning (DGFP) requested BKMI to provide an orientation on both the eToolkit and eLearning courses for a total of 320 field workers (278 family welfare assistants and 42 family welfare volunteers), six *upazilla* (sub-district) family planning Officers and one district statistical assistant.	1	1	The MIS recognized value in BKMI's tools. The field workers have access to use these resources to enhance their capacity.	Since December of 2015, Mohiuddin, a BKMI staff member, worked closely with the line director of MIS and encouraged him to train people to use the resources. In March 2016, BKMI met with them, oriented them to the eToolkit and the eLearning courses and explained the importance of training people to use the resources. In January 2016 , BKMI disseminated the eToolkit and eLearning courses nation-wide.	The DGFP provided the venue for the training, and the MIS of DGFP contibuted to initiating the process.	BKMI staff	MIS unit letter
I.4	In April 2016, health education officers (HEOs) within BHE began using the social and behavior change communication (SBCC) monitoring checklist in the field.	1	1	No tools for monitoring SBCC activities were used previously.	In December 2013, BKMI began developing an SBCC monitoring tool for MOHFW. Between February and April 2016, BKMI jointly facilitated one of four health education and promotion trainings with the BHE unit.	None	BKMI staff	SBCC checklists, BHE letter
I.5	Between June 2016 and August 24, 2016, 110 field workers completed the eLearning course and received a certificate.	1	1	This change has enhanced the capacity of the field workers to do more effecive interpersonal communication (IPC) on integrated health messaging.	Between February and June 2016, BKMI promoted their updated courses.	The MIS unit of DGFP and the BHE unit	BKMI staff	Field worker certificates

O	**Organization-Level Outcomes**							
O.1	Since October 2013, the Bureau of Health Education (BHE), the Information Education Motivation (IEM) and the Institute of Public Health Nutrition (IPHN) unit work more independently in using the capacity assessment tool to assess their organizational capacity.	1	1	Before this change, the units did not have the skills to assess their own organizational capacity for SBCC and knowledge management (KM).	Since late 2013, BKMI re-oriented the units to the tool, adapted the tool and facilitated assessment with them.	Knowledge for Health (K4Health) project / Phase 1 of BKMI	BKMI workplans	IPHN unit's BCC team meeting minutes, IEM unit attendance records
O.2	Since November 2013, the BHE unit revitalized the Model Village program by promoting the Model Village monitoring and evaluation (M&E) indicators, replacing directional signs and disseminating the adolescent reproductive health booklet in 127 Model Villages.	1	1	BHE appreciates value of M&E for SBCC and recognizes this is an organizational need.	Since November 2013, BKMI worked with BHE unit to develop strategy and guidelines to revive the Model Villages and coached the BHE unit to use them.	K4Health workshop lead to request that BKMI assist in revising Model Village indicators	BKMI emails, BKMI reporting tool	BKMI identified key informant (BHE unit)
O.3	Since December 2013, the BHE and other government organizations, non-government organizations (NGOs) and projects, such as Spring, have used the *National Communication Framework for Effective Health Population Nutrition (HPN) SBCC* to guide their strategic	1	1	Previously, there was no SBCC framework to guide organizations; as a result of using the guide, organizations will have more coordinated programs.	In December 2013, BKMI obtained approval from MOHFW for the framework and promoted it through the BCC Working Group meetings and website.	None	BKMI reports and meeting minutes	BCC Working Group meeting minutes, NGO meeting minutes

	planning.							
O.4	Since February 2014, the MOHFW additional secretary chaired the BCC Working Group meetings.	1	1, 2	BCC Working Group used to facilitate these meetings before. The fact that the additional secretary is chairing elevates it in importance and makes it sustainable.	Since October 2013, BKMI spoke with additional secretary and lobbied line directors to be more involved in the BCC Working Group.	Line directors encouraged additional secretary, BKMI Phase I	BKMI staff	MOHFW letter
O.5	In March 2014, BBC Media Action supported the IEM unit to develop an IPC Module.	1	2	Other partners see potential in the three units and invest in the three units.	In October 2013, BKMI nutured the BCC Working Group, which provided an opportunity for BBC Media Action to collaborate.	United Nations Children's Fund (UNICEF) provided the training for the IEM unit	BKMI reports	BKMI identified key informant (IEM unit)
O.6	As of March 2014, the United Nations Population Fund (UNFPA) began supporting the IEM unit's training of field workers.	1	2	The field-level managers in 13 districts are now trained to provide IPC training. Other partners see potential in the unit and invest in the units.	In October 2013, BKMI nurtured the BCC Working group which provided an opportunity for IEM to collaborate with the UNFPA.	UNICEF, BBC and the IEM unit: UNICEF provided funding, BBC provided the training and the IEM unit provided venue for the training of their staff	BKMI reports	BKMI identified key informant (IEM unit)

O.7	Since March/April 2014, the IPHN unit's SBCC team began to conduct situational analysis and to consult stakeholders before and after pretesting materials with target audiences. Later, after they developed strategic SBCC campaign materials – flip charts, job aids, posters, television commercials, folk songs and dramas – they selected the appropriate vendors.	1	1	Previously, the IPHN unit did not have strong SBCC capacity to develop high-quality SBCC materials. Previously, the unit did not consult with stakeholders during the planning of SBCC activities and materials. These changes mean the IPHN unit's SBCC team was functioning at a higher level.	In August 2014 (campaign design workshop), March 2015, March 2016 and May 2016, BKMI led workshops (four workshops total) on how to develop SBCC campaign materials, which were attended by team members. Since January 2014, the BKMI team mentored the IPHN team on day-to-day tasks.	Other stakeholders, such as NGOs, contributed their technical assistance.	BKMI reports	BKMI identified key informant (IPHN unit)
O.8	From August 10 to 14, 2014, the BHE, IPHN and IEM units prioritized campaign topics and produced draft campaign plans for implementation for 2014–2015 during a workshop.	1	1	Previously, campaign planning was done on an ad hoc basis, and not according to priority needs.	From August 10 to 14, 2014, BKMI conducted a campaign design workshop for 24 participants including staff from the three units. BKMI SBCC advisors provided tailored follow-up to units.	None	BKMI reports	Draft campaign plans from three units
O.9	Since November 2014, the IEM unit implemented two campaigns that were more systematic, more strategic and better coordinated.	1	1	There campaigns were not previously of the same quality.	In August 2014, BKMI organized campaign design workshops. Afterwards, SBCC advisors provided feedback on campaign technical proposals, terms of reference (TOR) for the vendor and the vendor selection.	NGOs contributed funds and SBCC materials to Service Delivery Week campaigns.	BKMI staff	BKMI identified key informant (IEM unit)

O.10	Since November 2014, other government units such as the Community Based Health Care (CBHC), Clinical Contraceptive Service Delivery Program (CCSDP), Field Service Delivery Program (FSDP) and the Maternal and Child Health (MCH) services of DGFP attend the HPN SBCC Coordination Committee bi-monthly meetings more regularly.	1	1	This practice is established. There is more collaboration now between the various units so they can avoid duplication and use their resources more effectively; the regular face-to-face interaction is helpful.	In September 2014, BKMI finalized the TOR for the HPN SBCC Coordination Committee. Since June 2014, BKMI has invited line directors of various units to the meetings and encouraged them to attend.	The MOHFW approved the TOR for the HPN SBCC Coordination Committee.	BKMI reports	Approved strategy
O.11	In June 2015 and April 2016, government units such as the IEM unit and the Deptartment of Mass Communication within the Ministry of Information and other NGOs (e.g the Non-governmental organization Health Service Delivery Project or NHSDP) distributed or broadcasted DVDs containing integrated content family planning, health and nutrition) in audio visual vans and at health facilities around the country.	1	1	Communication content across health, population and nutrition has not previously been integrated (it was rather siloed) or provided in a readily accessible manner through DVDs.	In June 2015 and May 2016, BKMI compiled content from three units, produced DVD content and distributed DVDs.	All three units contributed their communication materials.	BKMI reports	IEM unit key informant

O.12	Between July and August 2015, NHSDP added the eToolkit and eLearning courses for Field Workers to their SBCC and community mobilization training curriculum.	1	2	This has built the capacity of the NHSDP program managers and service promoters.	In May 2016, BKMI provided input on their training content and facilitated sessions on the curriculum.	NHSDP, BCCP In July 2011, Phase I of BKMI developed these resources.	BKMI staff	NHSDP curriculum
O.13	In March 18, 2015, the IPHN unit used mobile data technology for the first time when it disseminated nutritional SBCC voice messages on topics such as breastfeeding to over 40 million people nationwide using mobile technology.	1	1	This was the first time the IPHN unit used mobile technology for SBCC. The use of mobile technology in SBCC is innovative. In Bangladesh, mobile network coverage is nearly universal in Bangladesh, and >90% of adults have access to a mobile phone.	In October 2014, BKMI facilitated the process of selecting the messages for dissemination through various consultative workshops.	2012 Annual Program Implementation Report of the HPN Sector Development Plan recommended that that voice messaging be used for SBCC.	BKMI staff	IPHN unit key informant
O.14	In March 2015, UNICEF started to provide support for the IEM unit training.	1	2	Other partners see potential in the three units and invest in the three units.	In October 2013, BKMI nurtured the BCC Working Group, which provided an opportunity for UNICEF to collaborate.	UNICEF, BBC Media Action and the IEM unit: UNICEF provided funding, BBC Media Action provided the training and the IEM unit provided venue for the training of their staff.	BKMI reports	BKMI identified key informant (IEM unit)

O.15	In March 2015 and March 2016, Bangladesh Television (a national station) covered the Safollo Gatha share fair event, that a subgroup of the BCC Working Group organized and dedicated a 30-minute episode for this event.	2	2	Bangladesh media recognized value in promoting SBCC success stories. Previously Bangladesh National Television has not dedicated a 30-minute slot to such events.	Since March 2014, BKMI supported the subgroup of the BCC Working Group in organizing the Safollo Gatha event, which was a BCC Working Group event. BKMI advocated for the event and developed and circulated a press release for the event.	The telecast slot belongs to the IEM unit. The IEM unit and IPHN unit invited Bangladesh National Television to cover the event along with BKMI.	BKMI reports	Bangladesh National Television video broadcast
O.16	Since April 2015, the BHE unit has maintained a digital archive for all of its SBCC materials.	1	1	The digital archive provides access to SBCC materials developed by the BHE unit. It is a platform for maintaining institutional memory, managing knowledge and promoting the more efficient use of resources.	In December 2014, BKMI advocated for the archive, set up technical platform, worked with them to compile the contents, launched it with the IEM unit and then trained the unit to maintain it.	NNS Solutions Ltd (vendor for MIS unit of DGHS) MIS unit of DGHS helped the unit troubleshoot IT problems.	BKMI reports	DGHS letter
O.17	Since May 2015, the IPHN unit has maintained a digital archive for all of its SBCC materials.	1	1	The digital archive provides access to SBCC materials developed by the IEM unit. It is platform for maintaining institutional memory, managing knowledge and promoting the more efficient use of resources.	Between March and June 2014, BKMI advocated for the archive, set up its technical platform, worked with the unit to compile the contents, launched the archive with the unit and then trained the unit to maintain it.	NNS Solutions Ltd (vendor for MIS unit of DGHS) MIS unit of DGHS helped the unit troubleshoot IT problems.	BKMI reports	IPHN unit meeting minutes

O.18	From May 2015, the IEM unit allocated financial resources for their capacity strengthening in SBCC for the first time in their operational plans.	1	1	Previously, operational plans had not allocated funds for SBCC capacity strengthening.	Between October 2013 and March 2014, BKMI reviewed the IEM unit operational plan and BKMI explained importance of dedicating resources for SBCC. In September 2013 and August 2015, BKMI facilitated an assessment (using the capacity assessment tool) of the IEM unit; this was found to be a weak area.	None	BKMI staff	IEM unit operational plan
O.19	Since June 2015, the BHE unitparticipates as a member of the Information Education Communication (IEC) Technical Committee, which reviews and approves all SBCC materials before production.	1	1	Officially, the BHE unit has been a member of the IEC Technical Committee; however, they did not participate regularly until June 2015.	Since August 2014, BKMI emphasized the importance of the IEC Technical Committee with BHE unit officials. BKMI also encouraged the BHE unit to require their vendors to obtain IEC Technical Committee approval of all SBCC materials.	IEM and IPHN	BKMI staff	IEC Technical Committee meeting minutes
O.20	Since July 2015, the IEM unit within DGFP has maintained a digital archive for all its SBCC materials.	1	1	The digital archive provides access to SBCC materials developed by the IEM unit. It is a platform for maintaining institutional memory, managing knowledge and promoting more efficient use of resources.	Between May to December 2014, BKMI advocated for the archive, set up its technical platform, worked with the unit to compile the contents, launched it with the unit and then trained the unit to maintain it.	MIS unit of DGFP helped units troubleshoot IT issues.	BKMI reports	Website

O.21	In August 2015, the BHE unit requested BKMI's support to recommend revisions for updating the content of the health education curriculum present in textbooks for grades 1 to 5.	1	1	The DGHS had asked BHE to provide feedback to the National Curriculum and Textbook Board on this curriculum for the first time. The DGHS selected BKMI to assist BHE in responding to that request.	Since October 2013, BKMI provided sustained support to BHE within DGHS; this has increased their credibility.	The Prime Minister asked DGHS to revise the health education curriculum.	BKMI meeting minutes	Letter from MOHFW
O.22	Since October 2015, the BHE unit of DGHS has updated BHE's website content as needed.	1	1	Previously, no one at BHE had the skills to update the content of a website (separate from its archive).	Between April and May 2015, BKMI trained a junior HEO and a production technologist at BHE on managing the backend of the website.	MIS unit at DGHS	BKMI reports	Website
O.23	Since December 2015, the BHE unit implemented two well-designed, participatory, strategic and audience-centered campaigns.	1	1	Their campaigns were not previously of the same quality. The BHE unit recognizes the value of close collaboration with the vendor.	In August 2014, BKMI organized a campaign design workshop. After that SBCC advisors (SCSs) provided feedback on campaign technical proposals and vendor selection.	None	BKMI staff	BKMI identified key informant (BHE)
O.24	In September 2015, the James P. Grant School of Public Health (JPGSPH) at BRAC University requested that BKMI provide a longer “Strategic Communication for Public Health” workshop.	2	2	JPGSPH recognized the value of SBCC training and requested a longer course in the second year.	In February 2015, BKMI organized an initial Strategic Communication for Public Health one-day workshop, which was attended by NGO workers and academic researchers.	BRAC University's JPGSPH requested and organized the sesion.	BKMI reports	BKMI identified key informant (JPGSPH)

O.25	In February 2016, the MCH unit requested BKMI to support an adolescent reproductive health message development workshop in February.	1	1	The MCH unit's request for technical assistance was not included in BKMI's original scope of work. The request indicates that the unit values high-quality SBCC and that it values BKMI's expertise in SBCC.	In September 2013, BKMI participated in meetings on adolescent health. Since October 2013, BKMI has collaborated with the IEM unit, and BKMI has invited the MCH unit to its events.	MCH unit of DGFP and UNICEF	BKMI staff and emails	Letter from MCH unit
O.26	In March 2016, the BHE unit used its own funds to provide photographic and video documentation for the Safollo Gatha event.	1	1	The BHE's unit demonstrated a sense of ownership and pride in the Safollo Gatha event. The BHE appreciates and practices KM, where as they had not done so previously.	From October 2015 to March 2016, BKMI oriented the the new line director of BHE on BKMI and advocated for the event.	None	BKMI staff	Safollo Gatha event video documentation
O.27	In March 2016, the Bangladesh Demographic Health Survey's (DHS) four policy briefs - based on data from the 2014 BDHS- included more content on SBCC topics than previous briefs.	1	N/A	Compared to earlier policy briefs (based on the BDHS 2011 survey), the 2016 policy briefs have more emphasis on SBCC. The Bangladesh DHS prioritized SBCC more highly in its data analysis, which reflects its increased recognition and	Since October 2013, BKMI has elevated the importance of SBCC within the national-level public health community in Bangladesh.	USAID staff reviewed the briefs and are also advocates of SBCC.	BKMI staff	DHS policy briefs

				value of SBCC.				
O.28	On March 2, 2016, the MCH unit formally requested - via signing a memorandum of understanding- a cascade training for central- and field-level managers who will, in turn, orient field-level service providers on the use of eLearning courses and the eToolkit for Field Workers to improve their knowledge and skills.	1	1	The MCH unit recognized the value of BKMI's tools. The capacity of Ministry employees will be improved by the training.	Between June and August 2016, BKMI held orientation meetings and subsequent follow-up meetings with units in DGFP, during which they advocated for the use of these tools. In November 2013, a BKMI SCS was seconded to the IEM unit.	MCH	BKMI reports	Memorandum of Understanding from MCH
O.29	On March 24, 2016, senior-level officials from the MOHFW and other Ministries, such as Ministry of Information and Ministry of Food, attended the Safollo Gatha event.	1	1,2	Health is not only the responsibility of the Health Ministry. The collaboration with the other Ministries could potentially lead to more integrated programs. Other Ministries are also now aware of what effective SBCC is.	From February 2016, BKMI worked closely with the Chair of the BCC Working Group and supported a BCC Working Group subgroup in organizing and promoting participation at the Safollo Gatha event. BKMI followed up with senior-level officials to ensure their attendance.	The Chair of the BCC Working Group took the initiative and played a leading role in organizing the event. The event was covered well by the media in previous years raising awareness for the event.	BKMI attendance lists	BKMI identified key informant (IEM)
O.30	Between April and June 2016, the IPHN's unit's SBCC team trained approximately 200 field-level managers *upazilla* health and family planning officers (DGHS) and *upazilla* family planning officers (DGFP) on how to use the	1	1	Previously, the IPHN unit had no tools for monitoring SBCC activities.	In March 2016, BKMI provided checklist and PowerPoint slides to IPHN for the training. In January 2016, BKMI finalized the M&E eLearning course for program managers.	None	BKMI staff	IPHN training agenda and attendance list

	monitoring checklist.							
O.31	In August 2016, the BHE, IEM and IPHN units began allocating resources in their three operational plans for their SBCC capacity strengthening, advocacy and coordination and for digital resources, such as the eLearning courses, eToolkits and digital archive.	1	1	IEM has budgeted for capacity strengthening in the past but they did not consistently use the funds for this purpose. Putting this in the budget reflects recognition that capacity strengthening for SBCC is important.	Since October 2013, BKMI encouraged the units to include these items in their budget.	None	BKMI staff	Emails, operational plans
O.32	In June 2016, the BHE unit revised their health education and promotion training curriculum for health educators by adding the eLearning courses and eToolkit for Field Workers that BKMI supported.	1	1	Providing digital SBCC counseling and learning tools for field workers is a move toward institutional change. The BHE unit integrated a quality tool that BKMI supported.	In July 2015, BKMI made the eToolkit for Field Workers available as both an app and an offline version. In August 2015, BKMI revised eLearning courses for Field Workers and made them available online. In January 2016, BKMI financed and helped MOHFW, DGFP, DGHS and the additional director general organize a dissemination event to promote resources. In June 2016, BKMI made eLearning course for Field Workers available as an offline version.	BKMI developed the eToolkit and eLearning courses during Phase I of BKMI.	BKMI staff	BHE unit letter and curriculum

O.33	In July 2016, NHSDP disseminated the eToolkit and eLearning courses for field workers to all NHSDP Smiling Sun Clinics.	1	2	NHSDP took an important step toward strengthening the capacity of field workers. The offline version of the eToolkit and eLearning course is available as a reference for Smiling Sun clinics.	Between July and August 2015, BKMI provided input on their training content.	NHSDP, BCCP	BKMI staff	BKMI identified key informant (BCCP, Smiling Sun)
S	**System-Level Outcomes**							
S.1	Since October 2013, the BHE, IEM and IPHN units more actively prepare the agendas, meeting minutes and presentations for the HPN SBCC Coordination Committee.	1	1	BKMI used to organize and facilitate these meetings initially, but now the three units organize and facilitate the HPN SBCC Coordination Committee meetings.	Since October 2013, BKMI provides regular reminders and follows-up and assists in developing the capacity of the three units in preparing the agenda and the presentations for the meetings. It supports the units in developing the minutes.	None	BKMI staff	HPN SBCC Coordination Committee meeting minutes
S.2	In December 2013, the MOHFW approved the *National Communication Framework for Effective HPN SBCC*.	1	1	The framework is now being used by various organizations and projects to develop SBCC campaigns or programs.	In December 2013, BKMI presented the National Communication Framework and advocated for the approval of the final framework by MOHFW.	Framework subgroup of the BCC Working Group, BKMI Phase I	BKMI reports	MOHFW meeting minutes

S.3	Since February 2014, the BHE, IEM and IPHN units seek consent from the responsible person at MOHFW – the additional secretary of public health and world health – before issuing meeting notices.	1	1	Initally, BKMI organized and facilitated these meetings, but now the three units have taken over those responsibilities. This reflects the units taking ownership and leadership of the BCC Working Group.	Since October 2013, BKMI supported the units in taking on more responsibility for coordination between the IEM, BHE and IPHN units and other stakeholders, and in orienting the three units about the BCC Working Group.	None	BKMI reports	BCC Working Group meeting minutes
S.4	Since June 2014, a subgroup of the BCC Working Group, which includes the IEM, BHE and IPHN units, has led the process of collecting, compiling, tagging, vetting the materials (with experts and withfield workers) and uploading the materials to the eToolkit for Field Workers.	2	2	BKMI was leading these processes before. The capacity of the staff in three units has since been built, making it possible for each unit to update the eToolkits themselves.	Since October 2013, BKMI has coached and trained the three units on the process of updating the eToolkit. In June 2014, BKMI established a subgroup for updating the eToolkit for Field Workers.	The HPN SBCC eToolkit for Field Workers was originally developed in 2012 under BKMI Phase I.	BKMI reports	Letter from BHE, IEM and IPHN
S.5	Since July 2014, line directors from the BHE, IEM and IPHN units sign official letters – such as invitations, calls for materials – together.	1	1	SBCC activities in MOHFW have historically been fragmented and not well coordinated; HPN topics/activities were not usually integrated.	Since June 2014, BKMI has encouraged the three units to coordinate.	None	BKMI staff	HPN coordination meeting minutes

S.6	Between November 2014 and July 2016, the CBHC, DGFP and DGHS added links to digital resources (e.g., eToolkit for Field Workers and eLearning courses) produced with BKMI support to their respective websites.	1	1	This wide-scale dissemination will enable skills strengthening.	Since July 2014, BKMI II advocated the CBHC, DGFP and DGHS to include this link to their websites.	MIS unit of the CBHC, DGHS and DGFP	BKMI staff	Websites
S.7	On February 4, 2015, IPHN director Shah Nahwaz issued a letter officially creating a six-person SBCC team within the unitIPHN (under the National Nutritional Service [NNS] operational plan).	1	1	Historically, the IPHN unit had not been responsible for SBCC, and as such had a very low baseline capacity for SBCC. The IPHN unit's operational plan for 2011–2016, NNS, mentions SBCC as a priority activity and allocates significant financial resources for SBCC. However, human resources were not allocated for SBCC. Creating an SBCC team within the IPHN unit is a big step towards strengthening the capacty of the IPHN unit to do SBCC.	Since July 2014, BKMI advocated to the NNS line director to consider the prominence given to SBCC in the NNS operational plan and form a dedicated SBCC team within NNS.	None	BKMI reports	IPHN letter

S.8	On July 28, 2015, the MIS unit at DGHS began providing server space and technical expertise to host two digital archives (for the BHE unit and the IPHN unit) and two eToolkits (one for field workers and one for program managers).	1	1	These resources did not previously sit within the government of Bangladesh. The change demonstrates that the government is taking ownership of these resources.	Since July 28, 2015, BKMI had a series of meetings with Professor-Doctor Abul Kalam Azad, head of the MIS unit, to convince him that the government should host these resources.	MIS DGHS	BKMI staff	Letter from MIS of DGHS
S.9	On September 17, 2015, the IEM unit organized a workshop to plan and coordinate the implementation of SBCC activities with three units of DGFP (MCH, CCSDP and FSDP) attended by deputy directors, program managers, and deputy - program managers from these three DGFP units.	1	1	Since October 2013, the DGFP units demonstrated better coordination with other units with one another regarding SBCC matters. This was the first workshop of its kind and it reflects an increasing priority in coordination and collaboration within DGFP units.	In September 2015, BKMI financed the workshop and coached the IEM unit on how to organize the workshop.	None	BKMI reports	IEM unit workshop invitation letter
S.10	In August 2015, MOHFW requested that the BHE, IEM and IPHN units lead three subgroups (not related to the BCC Working Group) to map the HPN SBCC current situation involving other stakeholders.	1	1	MOFHW showed confidence in the ability of these three units to lead the three temporary subgroups formed to give input to the Comprehensive SBCC Strategy. This was also the first time an SBCC strategy was	Since October 2013, BKMI provided sustained support to the BHE unit within DGHS, which has increased their credibility.	None	BKMI staff	MOHFW report

				developed.				
S.11	On January 1, 2016, the MIS unit at DGFP included three SBCC input indicators in its national MIS and began to use the new forms thatfield workers complete.	1	1	DGFP recognizes importance of SBCC indicators and enables improved use data for decision-making.	From Dececember 2013 to June 2014, BKMI and the BHE, IEM and IPHN units developed the monitoring checklist. From July 2014 to January 2015, BKMI and three units field tested the checklist. From February 2015, based on field test findings BKMI advocated with line directors of IEM unit and MIS units at DGFP to include the input indicators into their MIS.	MIS unit and IEM unit	BKMI reports	MIS DGFP report
S.12	Between January and August 2016, the CBHC, DGFP and DGHS sent letters to district authorities – the civil surgeon and deputy director of family planning – at all 64 districts and to *upazilla* authorities – health and family planning officers and family planning officers – at all 485 *upazillas* instructing them to use the eToolkit for Field Workers, digital archive and eLearning courses.	1	1	Districts will adhere to letters sent by the Ministry. The result will be enhanced field-level health workers skills.	Since June 2015, BKMI began meeting with government units and encouraging them to use the eToolkit for Field Workers, digital archives and eLearning courses.	BKMI I developed the SBCC eToolkit	BKMI reports	Letter from the BHE, IEM and IPHN units

S.13	On June 9, 2016, the Minister of the MOHFW approved the *National Comprehensive SBCC Strategy*, including the TORs for the HPN SBCC Coordination Committee and the Steering Committee of the BCC Working Group.	1	1	Since SBCC is included in the Strategic Investment Plan (the basis for the MOHFW's next five-year plan) it becomes binding. The BCC Working Group and the HPN SBCC Coordination Committee are more likely to be sustained now that the Steering Committee TOR has been approved.	Since November 2014, BKMI has been advocating for the approval of these TORs. Since March 2015, BKMI prepared outline of the strategy, worked closely with the MOHFW to conduct situation analysis, facilitated stakeholder involvement, developed a plan to implement strategy and followed-up with MOHFW during final approval process.	MOHFW and the BHE, IEM and IPHN units	BKMI draft document of the strategy	Approved strategy and TORs