



HPN BCC and BCC Program Manager eToolkits Analysis and Process Documentation Report

Bangladesh Knowledge Management Initiative

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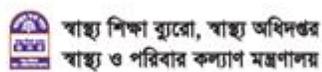


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Abbreviations

ANC	Antenatal Care
BCC	Behavior Change Communication
BHE	Bureau of Health Education
BKMI	Bangladesh Knowledge Management Initiative
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
eHealth	Electronic Health
eLearning	Electronic Learning
eToolkit	Electronic Toolkit
FP/RH	Family Planning/Reproductive Health
FW	Field Worker
FWA	Family Welfare Assistant
GoB	Government of Bangladesh
HA	Health Assistant
HPN	Health, Population, and Nutrition
HPNSDP	Health Population and Nutrition Sector Development Plan
IEM	Information Education and Motivation
IPCC	Interpersonal Communication and Counseling
IPHN	Institute of Public Health Nutrition
IUD	Intrauterine Device
JHU-CCP	John Hopkins Bloomberg School of Public Health, Center for Communication Programs
K4Health	Knowledge for Health
LAM	Long-Acting Methods
MNCH	Maternal Newborn and Child Health
MoHFW	Ministry of Health and Family Welfare
NHSDP	NGO Health Service Delivery Project
NNS	National Nutrition Services
PNC	Post-Natal Care
RH	Reproductive Health
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
UHC	Upazila Health Complex
USAID	United States Agency for International Development

Executive Summary

As a part of the U.S. Agency for International Development's (USAID's) Knowledge for Health (K4Health) project, the Bangladesh Knowledge Management Initiative (BKMI) partnered with the Ministry of Health and Family Welfare (MoHFW) of the Government of Bangladesh (GoB) to deliver coordinated, integrated, and harmonized communication and knowledge management that motivates better health, population, nutrition (HPN) behaviors and increases the uptake of health and family planning services—in line with key goals of GoB's Health Population Nutrition Sector Development Program (HPNSDP) 2011-2016.

One objective of the BKMI project is to increase access to, comprehension of, and application of coordinated, integrated, and harmonized HPN behavior change communication (BCC) knowledge and resources for multiple audiences, which range from program managers at the central level of MoHFW to community-level field workers (FWs) at the grassroots level. Such resources have been developed in a digital format in line with GoB's vision of a 'Digital Bangladesh' for 2021.

BKMI developed two digital eToolkit libraries with the GoB: a HPN BCC eToolkit for community-level FWs and a Program Manager eToolkit for Program Managers of GoB, and other stakeholders including members of the BCC Working Group. BKMI has availed an offline version of the HPN BCC eToolkit in Chittagong and Sylhet districts to 304 Health Assistants (HA) and Family Welfare Assistants (FWA)—community-level MoHFW field worker cadres. The HPN BCC eToolkit was designed to be used as a tool for FWs to supplement their own knowledge and aid their counseling with clients.

In early May 2013, the offline version of the HPN eToolkit was delivered on netbooks that were given to the HAs and FWAs at the launch of BKMI's three and a half month eHealth pilot project in both districts. Along with the HPN eToolkit, FWs received eight video-based eLearning courses on their netbooks that cover key BCC messages for HPN and best practices in Maternal Newborn and Child Health (MNCH), Family Planning (FP), and Nutrition, in addition to two communication areas—integrated messaging of HPN and interpersonal communication.

The building of the HPN eToolkit took 11 months, from April 2012 to the end of February 2013. After materials were collected, the BKMI team organized the layout of the eToolkit into three main sections—MNCH, FP, and nutrition—and into sub-categories within each main section. The organization of the sub-categories was an iterative process that involved consultation with GoB and USAID counterparts. Second, BKMI and its GoB counterparts solicited paper-based or electronic BCC materials from the GoB, NGOs, private sector, and donor organizations. Third, BKMI and its MoHFW counterparts conducted two stages of vetting—first in the central level with MoHFW subject-matter experts and then in the field level through focus group meetings with FWAs and HAs. For each step of the vetting process, an assessment tool was used that included specific criteria (see Annex A and B).

After vetting was completed, materials were rejected or approved for inclusion into the eToolkit. Approved materials included 76 for MNCH, 38 for family planning and 40 for nutrition (see Table 1 on page 13). Some materials addressed more than one of these health areas, and where there

was overlap, the material was included in each health area it addressed. In total, 154 materials were included in the HPN BCC eToolkit.

BKMI staff adapted an offline version of the eToolkit – in anticipation of field workers not having Internet access – to load onto the netbooks for the eHealth pilot. The offline customization was included in an installation package for the netbooks along with eight eLearning courses, Windows OS, Firefox browser, and antivirus software. The package was installed on the netbooks by Eminence, the national-level implementing research partner for the pilot. Netbooks were then given to some of the field workers at the launch of the eHealth pilot in April 2013, and the rest in May following a two-day orientation.

A number of lessons learned emerged from the building of the HPN eToolkit, such as a need for stronger documentation of the BCC materials that were selected for inclusion in the eToolkit; a more consistent vetting process for solicited materials; and improved oversight for consistency of translation for resource titles and other eToolkit components.

The BCC Program Manager eToolkit was designed to serve as a ready reference for BCC Program Managers and Planners to facilitate their day-to-day activities, including providing necessary technical guidance to central and field-level staff.

To create the BCC Program Manager eToolkit, a sub-group of the BCC Working Group was formed in June 2013. From June-August 2013, the sub-group outlined criteria for items to be included in the eToolkit, solicited and selected resources, and designed a structure for organizing the resources.

Items for the BCC Program Manager eToolkit were uploaded in September and October 2013 by IT staff at BCCP, following a training by JHU.CCP on how to build an eToolkit using the Drupal 7 platform.

PART ONE: The HPN eToolkit for Field Workers

1. Introduction

Under BKMI, funded by USAID, the MoHFW, in collaboration with NGO and development partners, guided the GoB to identify a core set of BCC materials for HPN in Bangladesh.

This core set of materials were adopted into a digital HPN BCC eToolkit – or digital library – for use by field workers of the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP), namely HAs and FWAs.

As so many organizations are creating BCC materials on the same topics, there is a clear need to coordinate and organize this information to avoid inconsistent or contradictory messages, or information that may be medically, visually or culturally inaccurate or ineffective.

BKMI's initiative to develop a BCC package, with support from USAID and MoHFW, aims to reduce duplication of effort, as well as inconsistent, contradictory, or inaccurate messages, and promote use of priority BCC messages that effectively address the key goals of the Health, Population and Nutrition Sector Development Programme (HPNSDP) 2011-2016.

2. Concept for a Digital HPN eToolkit

The coordination of BCC materials arose from the observation that FWs in Bangladesh experience a number of difficulties when they counsel with their clients. Such difficulties include:

- Some have too many materials and job aids to carry with them daily
- Some lack basic IEC and BCC tools and training to help them do their jobs
- Some are given job aids with inconsistent or contradictory messages

BKMI and the MoHFW saw an opportunity to develop a package of integrated BCC materials that address MNCH, FP, and Nutrition, for use by FWs.

With guidance from BKMI, the DGHS and DGFP solicited materials from organizations, and assessed their technical accuracy and usefulness using a standardized assessment tool (Annex A and B) at the central and field levels, to identify the most effective materials.

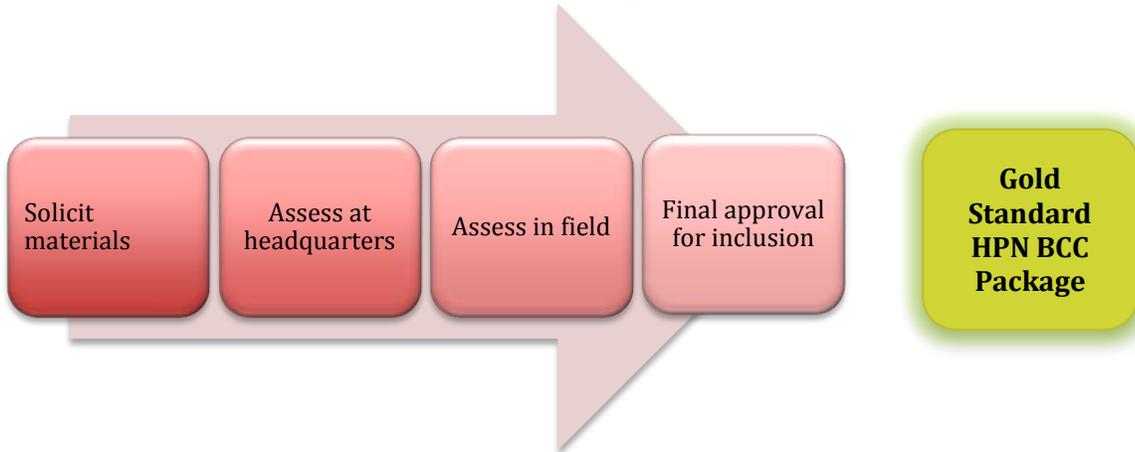
Materials approved for inclusion in the gold standard of BCC for HPN were uploaded into an electronic library or eToolkit, and were deployed as part of an eHealth pilot in Sylhet and Chittagong districts through netbooks, or small laptop computers, in an offline format. In the field, 300 FWAs and HAs received this eToolkit on the netbooks to supplement their knowledge and enhance their counseling activities with clients.

The eToolkit was organized into three sections: family planning, nutrition, and maternal newborn child health (MNCH)—reflecting the coverage needed for HPN BCC resources. The eToolkit was also made available online for any person or organization to access, and was promoted to all stakeholders of HPN BCC through members of the Bangladesh BCC Working Group. The team also monitored eToolkit use and continued to improve it in subsequent versions.

Three key units within DGHS and DGFP led this initiative. The DGHS' Bureau of Health Education (BHE) led the selection of MNCH materials. The DGFP's Information, Education, Motivation (IEM) unit led the selection of population/family planning materials. The DGHS' Institute of Public Health Nutrition (IPHN) led the selection of nutrition materials.

3. Developing a Package of BCC Materials

The process of creating the package of BCC materials included four steps: solicitation of current materials or activities, a two-stage assessment process which included MoHFW central level staff and field workers, final approval for inclusion in the eToolkit. The BHE, IEM Unit, and IPHN of the MoHFW carried out these steps with technical guidance from BKMI.



A) Soliciting Materials

The process of soliciting materials differed somewhat by unit. In the case of IEM and IPHN, the Line Director or his designate sent a written request to organizations soliciting materials targeted to field workers. Materials were requested to be sent to a designated officer within the MoHFW unit. In the case of BHE, the process was similar but it happened later because the advisor was not yet in place. Few materials came in after BHE’s request, however many of the materials that came in to IEM unit were MNCH related.



Sample of submitted print materials

Materials that were collected included posters, flipcharts, flash cards, job aids, television spots, brochures, leaflets, and others (e.g. stickers, fans, clocks, etc.). Organizations that were known to have BCC materials, but did not submit, were contacted by the MoHFW units and encouraged to submit them for consideration.

B) Central-level Assessment

Following the submission of a number of BCC materials to each MoHFW unit, a core team of central-level officers and other subject matter experts identified by BKMI and the MoHFW partnered with BKMI unit advisors to review and assess each material submitted. The central level reviewed materials for technical accuracy, alignment with the HPNSDP strategy, quality of production, quality and rigor of the development process, and approval of the MoHFW's reviewing body for IEC/BCC materials in Bangladesh. Central-level assessments took place at the IEM and IPHN units. During these assessment meetings, each unique material submitted by an organization was reviewed.

The review process was guided by an assessment tool, developed and pretested by BKMI, with nine criteria for evaluating submitted materials (Annex A). Materials were not approved if the information was out of date, messages did not align with GoB's HPNSDP, images were not consistent with safety and sterilization requirements (e.g. provider not wearing gloves), the information conflicted with other approved materials, the material did not comply with legislative and policy requirements for use of USAID funds, or if any other harmful, inaccurate, or misleading information was included.

C) Field-level Assessment

Following the central-level assessment, FWs were requested to review and assess each material accepted by the central level. The field assessment aimed to assess a material's usefulness, clarity, quality, and cultural and religious acceptability.

The second review process was also guided by a similar assessment tool with 17 criteria, that was tailored to FWs after pre-testing (Annex B). While the units at the central level reviewed materials for technical accuracy and strategic alignment, FWs at the field level focused on reviewing materials for usefulness and usability in their jobs.

Field-level assessments took place soon after materials were approved by the central level. The reviews were arranged in district-level facilities outside of Dhaka, and in Sylhet and Chittagong, with between 4-10 FWAs and HAs for each assessment.

D) Post-Assessment and Final Inclusion

Following the central and field level assessments, a summary of each unit's materials reviewed was developed. A final spreadsheet (Annex C) compiling all collected materials included the organization's name, material name, material's key message, type of material or activity, and indication of acceptance or rejection at central and field levels.

In the case of IEM, organizations that had materials approved for inclusion in the HPN BCC package based on the central-level and field-based assessments were sent letters informing them of acceptance. Copies of approved materials were also indicated in the letters to organizations. IPHN and BHE did not send any letters of notification to organizations.

Also in IEM, organizations that had materials rejected for the HPN BCC package were sent letters by the respective MoHFW unit informing them of the rejection. Each MoHFW unit that rejected the material also offered a contact within their unit to learn reasons for the rejection. IPHN and BHE did not notify organizations that their materials had not been accepted but the team believes this is important to do for subsequent updates.

Final approved materials included 76 for MNCH, 38 for family planning and 40 for nutrition (see Table 1 on page 13). Some materials addressed more than one of these health areas, and where there was overlap, the material was included in each health area it addressed.

4. Building the HPN eToolkit

The process of building the HPN eToolkit included three steps: 1) organization; 2) the building of the online eToolkit; and 3) the customization of the offline eToolkit for the eHealth pilot.

A) Organization

After consultation with the MoHFW units and USAID, the BKMI team organized the eToolkit based on key areas within HPN. The eToolkit was broken into three sections: family planning, nutrition, and MNCH (see Table 1 on page 13).

The Drupal platform allowed for individual BCC resources to be organized into sub-categories within each main section. A particular sub-category was an important technical area within that section or reflected a particular need in coverage. For example, while Water, Sanitation, and Hygiene (WASH) is not a technical area under MNCH, subject-matter experts and the BKMI team determined that WASH was a coverage need for MNCH and nutrition programming in Bangladesh.

The BKMI team organized approved BCC materials, developed sub-categories, and uploaded them into the eToolkit according to their relevance to a section and sub-category. Each material was coded according to its section and a number, which was given when the material was solicited. For

example, N29 is a leaflet for a Vitamin A campaign. 'N' is the section, Nutrition, and the '29' indicates this material was the twenty-ninth nutrition material received by IPHN.

After coding, the materials were organized into sub-categories within each section. N29 was placed in the 'micronutrient supplementation' sub-category of the nutrition section. Some materials were required to be placed in multiple sections and sub-categories due to their cross-cutting content. For example, H6 is a television spot that promotes oral rehydration solution for child diarrhea, which was organized in both Newborn, Infant and Child Health and Under-5 Nutrition sub-areas. H6 can be found in the MNCH and Nutrition sections.

For documentation, BKMI created an evolving spreadsheet (Annex C) that includes all the materials that were solicited. Materials were coded for category and sub-category(ies), given a descriptive title, scanned, and then digitally uploaded.

TABLE 1. HPN ETOOLKIT MATERIAL DISTRIBUTION BY SECTION AND SUB-CATEGORY

Section	Sub-category	No. Resources	Total	Organizations
Maternal Newborn Child Health*	Antenatal Care	13	76	IEM Unit, IMCI program and BHE of MOHFW, UPCHP of MOLGRD, EngenderHealth, Save the Children, BRAC, UNICEF, Micronutrient Initiative and Social Marketing Company
	Safe Delivery	16		
	Post-Natal Care	6		
	Newborn, Infant, and Child Health	22		
	Adolescent Health	8		
	Water, Sanitation, and Hygiene	11		
Family Planning	General Family Planning	6	38	IEM unit of DGFP, UNFPA, BCCP, SMC, SSFP, UPHCP, Mayer Hashi
	Short Term Family Planning	2		
	Long-acting and Permanent Methods	14		
	Postpartum Family Planning	2		
	Male Involvement	6		
	STI	8		
Nutrition	Nutrition Guidelines	6	40	Alive & Thrive, HKI, SMC, UNICEF, Save the Children, IPHN, MI, Concern, FAO, JIVITA, Plan/B and Spring
	Adolescent Nutrition	1		
	1000 Days: Nutrition During Pregnancy	5		
	1000 Days: Exclusive Breastfeeding	13		
	1000 Days: Complementary Feeding	8		
	Under-5 Nutrition	2		
	Micronutrient Supplementation	5		

*The MNCH section was later replaced by a more general Health section, and MNCH became one of the subcategories. The other categories also evolved.

B) Building the Online Version

As BCC materials were being assessed, BKMI, the Bangladesh Center for Communication Programs (BCCP), and Baltimore-based K4Health staff worked together to ensure the digitalization of all approved materials and their inclusion into the three sections of the eToolkit.

Presently, K4Health offers nearly 65 toolkits on the Drupal 7 open-source platform that cover a variety of topics ranging from environmental health to mHealth. Current offerings also cover the HPN technical areas that are either country-specific or focus on a broad programmatic topic.

The creation of the HPN eToolkit on Drupal was a unique opportunity for both Baltimore-based K4Health staff and the Dhaka-based field-based staff. For staff in Baltimore, the HPN eToolkit was one of the first eToolkits created on the newly updated Drupal 7, which afforded additional features and a cleaner interface than the previous version.

The HPN eToolkit is also the first K4Health eToolkit that exclusively has content in non-Latin script, so the uploading and labeling of the materials posed challenges for both the field-based and Baltimore teams. As soon as materials were approved from the assessment process, the BKMI team worked with BCCP to ensure the proper Bangla translation of the categories and sub-categories on the interface.

Along with the text-based navigation on the right side of each HPN-area home page, Baltimore staff also created a photo-based navigation to the sub-pages on the center of each home page to ease navigation for the FW. The development of the resource page posed unique challenges. Recognizing that the audience had limited reading and writing ability and computer proficiency, the Baltimore staff added HTML-based text navigation with a pictorial thumbnail of the BCC resource where normally a text-based link would only be available. The eToolkit was designed specifically for FWs in Bangladesh with very little text, and requiring only clicking (no typing), easy navigation, organized simply and clearly, and with an offline version that reduced the time needed to open materials.

The interface was pre-tested with FWs in Sylhet and Chittagong. For example, FWs did not like the icons or line art as thumbnails, they strongly preferred colorful images of people that clearly showed the Bangladesh context.

After uploading the materials into the eToolkit, GoB provided their feedback to the layout and organization. One result was a re-ordering of materials so that GoB products were favored. The new “1000 days categories” under the nutrition section also came from this.

C) The Customization of the Offline Version for the eHealth Pilot

After final materials were uploaded to the online eToolkit, a customized offline eToolkit was deployed on 300 Lenovo S110 netbooks and health facility- and NGO-based computers in Chittagong and Sylhet for use by FWs. The eToolkit provides community and facility/NGO-based workers with easy access to the tools and information they need to provide comprehensive, accurate, and integrated HPN counseling to their clients in communities.



Along with an offline version of the HPN eToolkit, the deployed netbook included eight offline eLearning courses to supplement FW trainings in the HPN technical areas, interpersonal communication, and integrated messaging. A separate document was prepared to describe the development and dissemination of eLearning courses. Offline versions of eHealth resources were created in recognition that most FWs do not have reliable access to high-speed Internet.

Baltimore K4Health staff started the offline customization with imaging of the online eToolkit, eLearning courses, Windows OS, Firefox browser, and antivirus software into an installation package. The installation package was sent to Eminence, BKMI's research partner in Dhaka, whose IT team loaded them onto the netbooks.

Similar to the online version, access to the offline eToolkit is browser-based. However, a separate HTML-based homepage with links to all three sections of the eToolkit is also available to ease navigation for the FWs.

Health, Population, Nutrition Toolkit for Field Workers

মা, নবজাতক ও শিশু স্বাস্থ্য
Maternal, Newborn, and Child Health

পরিবার পরিকল্পনা
Family Planning

পুষ্টি
Nutrition

USAID FROM THE AMERICAN PEOPLE 14 K4Health Knowledge for Health

5. Major Topical Gaps Analysis

A) Maternal Newborn and Child Health

- a) There are a total of 57 materials in MNCH section.
- b) Most of them are print materials.
- c) There are 8 TVCs in this section.
- d) The materials were developed by IEM Unit, IMCI program and BHE of MOHFW, UPCHP of MOLGRD, Engender Health, Save the Children, BRAC, UNICEF, Micronutrient Initiative and Social Marketing Company.
- e) MNCH section is categorized in 4 clusters: Antenatal Care, Safe Delivery, Postnatal and Newborn Care and; Newborn, Infant and Child Health.
 - Antenatal Care (13 materials): The materials in this section include 1 set of flashcards, 1 flipchart, 5 posters, 2 brochures, 1 leaflet and 3 hand fans.
 - Safe Delivery (16 materials): Safe delivery section consists of 1 TVC, 1 set of flashcards, 2 flipcharts, 4 posters, 1 booklet, 1 leaflet, 1 package insert, 1 checklist, 1 roman banner, 3 hand fans.
 - Postnatal Care (6 materials): This section includes 1 set of flashcards, 2 flipcharts, 1 poster and 2 leaflets.
 - Newborn, Infant and Child Health (22 materials): There are 7 TVCs, 2 sets of flashcards, 2 flipcharts, 6 posters, 2 leaflets, 1 information sheet, 1 health card, 1 registration card.

The MNCH section has the most materials compared to the other 2 topics – nutrition and family planning. The materials cover all MNCH related issues. Most of the materials however, are print materials whereas there are very few audio-visual materials especially in the antenatal care, safe delivery and postnatal care sections. There are a number of flipcharts in each section and the FWs sometimes have difficulties finding out the information they need.

During the monitoring visits the FWs unanimously wanted more audio-visual materials to be included in the eToolkit as they attract audiences' attention which helps them to communicate with the clients. Things can be very clearly explained through videos rather than from print materials.

B) Family Planning

- a) Updated information on implant (a long-acting FP method) is missing
- b) Limited material on short term FP methods (only 2 print materials)
- c) Limited material on Post-Partum Family Planning (only 2 print materials)
- d) No specific materials on Male Involvement
- e) Limited materials on prevention of early marriage, and Young Married Couple

- f) No materials on reproductive health in general and on Adolescent Reproductive health specifically.

C) Nutrition

a) Nutrition Guideline

There is an English version of the Food Pyramid in the nutrition section. The Institute of Public Health Nutrition (IPHN) wanted it to be posted as there was no existing Bangla Food Pyramid. However, the technical committee needs to have a meeting to decide on a Bangla translation which can be posted later in the eToolkit. Requests for more nutrition guidelines will be made to organizations.

b) Adolescent Nutrition

There is only one material (comic book) on adolescent nutrition. Though the comic book covers a wide range of topics, more materials are needed to cover important issues such as:

- Consumption of iron supplements and anti-helminth
- Prevention of early marriage and pregnancy
- Consumption of balanced food
- Importance of Vitamins and Minerals in diet
- Physical exercise

c) Nutrition for Children Under 5

There is hardly any material on nutrition for children under 5. IPHN needs to specifically ask organizations to send materials on this topic. As this is one of the priority issues for National Nutrition Services (NNS), the IEC Technical Committee should take this into special consideration, and discuss this with relevant organizations to develop some new materials if needed. Developing new materials will require more time.

d) Micronutrients

There is not enough material on micronutrients. Efforts should be made to collect more materials on this issue. The priority micronutrients in HPSNDP – Vitamin A, Iron, Iodine, Zinc, Calcium and Vitamin D – need to be highlighted and relevant materials should be collected.

e) Maternal Nutrition, Breastfeeding and Complementary Feeding

There is some duplication of materials in this section because of the merging of the three sections, per NNS' request. Some of the materials are applicable for the three sections and therefore need to be in all three.

Gaps in Types of Materials

Across all three eToolkit sections, we recommend a specific focus on audio-visual materials especially TVCs and short videos. There are currently few in the eToolkit.

Our experience with the eHealth pilot revealed that FWs and clients both enjoy watching videos; these are by far the most popular communication and learning materials. FWs appreciate these because they are educational and also entertaining, and have the effect of sparking dialogue in communities because they are often watched in groups.

6. Lessons Learned

A number of lessons learned emerged from the building of the HPN eToolkit—a need for stronger documentation, broadening the content, consistent vetting process for solicited materials, and improved oversight of roles involved in the building of the eToolkit.

First, there was not a systematic documentation for organizing and cataloguing materials when they were received. The documentation of materials was done differently for the three units and therefore was inconsistent and difficult to merge into one document (see Annex C). The BKMI and MoHFW teams would have also benefited from keeping all of the hard copy materials together in one place to make them easier to locate.

Second, after the eHealth pilot post-assessment, FWs who had been using the eToolkit told the BKMI team that they would like to see the eToolkit content broadened, to include materials on child health, non-communicable diseases and EPI. As a result of the pilot, the team also decided to change the MNCH section to Health, allowing for a broader range of subcategories, of which one is now MNCH.

Third, after materials were either accepted or rejected, the MoHFW units did not inform the respective organizations (except for IEM which informed of acceptance and rejection). If BKMI and the MoHFW had kept better records of why certain materials were rejected they could have provided useful feedback to the organization, and a chance to resubmit it with the recommended changes. Organizations may have also appreciated knowing that their materials had been accepted, or the reasons they were rejected. This can be considered a capacity-strengthening exercise, as organizations can incorporate this feedback when developing BCC materials in the future.

Fourth, while assessment tools were developed for both stages of vetting at the central and the field levels, the vetting of materials was done in silos at the central level. Initially, the BKMI staff responsible for advising in nutrition, family planning, or MNCH only met with their respective MoHFW unit and subject matter experts to do the first stage of vetting. Because the three units did not start the vetting of materials at the same time, there was no coordinated or integrated effort among the three units to vet materials, which was problematic since the approach to the building of the eToolkit was to promote coordination and create a package of

integrated BCC materials. Also, there is quite a bit of overlap on certain topics, MNCH for example, is both DGHS and DGFP.

Fifth, because the eToolkit took longer than anticipated to build, some of the materials became outdated. For the sake of launching the eHealth pilot on time, BKMI and GoB were unable to update the eToolkit and image it again. BKMI did agree to GoB's request to reorder materials to favor GoB materials, and to place the most focused materials at the top of each sub-category list. GoB expressed concern and dissatisfaction with seeing that there were not sufficient GoB materials in the eToolkit compared to NGOs. This was due to the fact that when materials were vetted in the field, FWs generally preferred the NGO materials.

Finally, the development of the eToolkit was being coordinated among BKMI staff, GoB counterparts, BCCP, and Baltimore-based K4Health staff. The involvement of so many people and organizations in the development of the eToolkit delayed its launch. A more streamlined process in the future will help to make the development of the eToolkit more efficient.

A process documentation guide is strongly recommended for further development of the HPN BCC eToolkit.

The guide should include the following:

- Create a focus—resources or documents that should be included in eToolkit
- Define the target audience
- Specify tasks and define the roles of participants (MoHFW, NGOs, K4Health) involved in building the eToolkit such as translation, programming, subject-matter expertise, and overall coordination of the process

The team should also be sure to include the following:

- Document the processing of solicited BCC materials
- Document process management and oversight by GoB and BKMI
- Monitor use of eToolkit

7. Sustainability

In order to ensure the sustainability of the eToolkit, BKMI plans in its next phase to integrate the HPN BCC eToolkit's updating, maintenance and use into each GoB unit's Operational Plan. GoB should have ultimate ownership of the eToolkit and be responsible for its management. This however is expected to take time and should be considered a long-term goal. At the same time, BKMI will explore opportunities for disseminating the eToolkit widely throughout GoB's existing infrastructure, so that it can be accessed for different cadres of service providers working at the community and district levels.

The GoB units would need both content experts for vetting the materials, as well as an IT expert (at least one, common to all three units) to handle uploading new materials, and deleting old ones. Once these people have been identified by GoB, BKMI can work with them over time and build their capacity to do this.

Materials for the eToolkit will be collected by point people in each GoB unit on an ongoing basis, and the team hopes to continue broadening the eToolkit topics. A regular review of the materials should happen every year so that the eToolkit can be updated within this time frame as well.

The IEC Technical Committee will also need to be strengthened to work with the 3 units to vet the materials at the national level for inclusion in the eToolkit. This will be a main focus for BKMI in the next phase of the project.

Through the current BCC capacity building that we are doing with each unit, they will learn how to pre-test each material at the field level. If we can ensure that each material is pre-tested with the field during its development, there may be no need for pre-testing it again later, depending on the audience. The IEC Technical Committee vetting should suffice and help in making the process easier and more efficient.

Should our sustainability efforts with GoB take longer than expected, the BKMI team would recommend that a local communication organization such as BCCP take ownership of the eToolkit and ensure its maintenance, while sustaining efforts to transfer ownership to GoB.

PART TWO: Program Managers' eToolkit

1. Introduction

In collaboration with the national level MOHFW in the Government of Bangladesh (GoB), BKMI has supported the development of capacity of health professionals across the MoHFW and the non-governmental sector in key competencies in BCC programming and implementation. Through mechanisms such as the BCC Working Group and workshops focusing on BCC, a need became evident for a tool that provides guidance to Bangladesh-based program managers and public health professionals for planning, instituting, and improving a BCC program.

The concept of a tool involved into a development of eToolkit that would serve as a digital ready reference. The eToolkit, otherwise known as the eToolkit for Program Manager and Planners, was initiated by the BCC Working Group, who created a sub-group for this purpose in June 2013. From June-August 2013, the sub-group outlined criteria for items to be included in the eToolkit, solicited and selected resources, and designed a structure for organizing the resources.

Items for the BCC Program Manager eToolkit were uploaded in September and October 2013 by IT staff at BCCP, following a training by JHU.CCP on how to build an eToolkit using the Drupal 7 platform.

2. Concept for a Program Manager eToolkit

A) Purpose

It is not always easy for BCC program managers and planners to take the time to collect and update their knowledge on the latest technical information related to their work. Some resources exist, but they are not readily available in a common location. The Program Manager eToolkit serves as a ready reference for program managers and planners to facilitate their day-to-day activities, including providing necessary technical guidance to central and field.

B) Audience

The primary audience is program managers, planners and decision-makers, mainly at the central level, who are responsible for BCC activities. Program planners and managers may work for GoB, local and international NGOs, donors or the private sector.

The secondary audience includes those involved in BCC dissemination and implementation at all levels.

C) Language

Most materials are available in English. Appropriate Bangla-language materials have been also included.

Materials in the first version of the eToolkit are not being translated into Bangla, due to time and quality considerations. Translations may be considered for certain materials in future versions of the eToolkit.

The navigation of the eToolkit is in English, including section headings and sub-headings, resources, and links to other parts of the eToolkit.

3. Developing a Package of Tools and Resources for BCC Program Managers

A) Process for Collecting Materials

Harnessing in-country expertise around BCC and strategic communication, the BCC Working Group created a sub-group that included representatives of three communication-focused units in the central level of GoB.

The sub-group convened to accomplish the following:

- Establish criteria for inclusion and exclusion
- Prioritize topics to be included
- Develop a toolkit structure
- Help to identify and collect resources
- Advise on dissemination

The JHU-CCP home office in Baltimore, USA proceeded to do a desk review of all global resources used as guides or aides for development of robust BCC programming.

Collected materials were then reviewed for quality, usefulness and relevance by communication experts in the BCC Working Group sub-group. The selected materials were then vetted by representative Program Managers and Planners from GoB and NGOs.

Once the vetting process is completed, materials will be uploaded for everyone's use. If it is later determined to be necessary, the sub-group will consider availing an offline version of the eToolkit for low-connectivity accessibility.

B) Content

The eToolkit currently includes 54 unique resources, encompassing tools, training materials, best practices and resources for planning, implementing, disseminating and evaluating BCC and strategic communication programs and materials, including Knowledge Management techniques that support effective BCC and Strategic Communication (See Annex D).

Examples:

- PPTs from BKMI M&E workshop
- Resources from BCCP's Advances workshop, MMD workshop
- Links to relevant websites
- How to create a BCC strategy (also include example/model)
- Step-by-step guides (e.g. to pre-test materials, how to write a creative brief, etc.)
- Using new technology/media for BCC

Priority was given to resources that are relevant to the Bangladesh context. Resources were also sourced outside of Bangladesh, provided they were relevant, useful, and consistent with national policies.

Relevant national-level documents, data and research were also included. For example:

- NHSDP 2011-2016
- BDHS 2011 final report & summaries
- OPs for IEM, BHE, IPHN
- BCC WG outputs, including National Communication Framework (in process)
- Relevant national-level strategies and communication frameworks
- Communication strategies
- Links to relevant websites (MoHFW, DGHS, DGFP, etc.)

C) Sources for Materials

- JHU-CCP
- BCC WG
- Bangladesh Center for Communication Programs
- UNICEF
- <http://www.k4health.org/about/program-planners-managers>
- <http://c-changeprogram.org/focus-areas/capacity-strengthening/SBCC-Toolkit>
- <http://hpnconsortium.org/home>
- Nigeria/NUHRI toolkit for Program Planners (in development by CCP)

D) Examples of similar eToolkits

- <http://www.k4health.org/toolkits/tanzania-ace>
- <http://www.k4health.org/toolkits/leadershipmgmt>

E) Structure of Toolkit:

- Theory
- Process
- Advocacy
- Strategy

- Examples
- Resources

4. Building the PM eToolkit

A) Access

The Program Manager eToolkit will be available online. Since the primary audience is at the central level, internet connectivity is not a major barrier. In addition, creating only an online version makes it simple to update the content on an ongoing basis, as new tools and resources are identified.

B) Development Support

In September 2013, JHU-CCP facilitated a training for BCCP, Eminence and others on how to create an online eToolkit using Drupal 7 software. BCCP was tasked with building, maintaining and updating the eToolkit.

The half-day training covered the parameters of basic content management involved with building and administrating an eToolkit on K4Health's eToolkit platform. This included tutorials on how to add, edit, or manage any content type that is added to the eToolkit. A presentation was also given to participants highlighting the importance of technology-based solutions such as eToolkits for better practices in knowledge management.

5. Sustainability

A sub-group was established within the BCC Working Group to ensure the sustainability of the PM eToolkit. The sub-group will be tasked with updating the content including any of the latest resources that have emerged from workshops, conferences, and trainings done in Bangladesh.

Annex A: Central Level Assessment Tool

Knowledge for Health Project (K4Health) Bangladesh Knowledge Management Initiative

Technical Guideline to selecting BCC materials for uploading into the HPN eToolkit

The Bangladesh Health, Population and Nutrition (HPN) eToolkit is an **electronic library of resources** that are vetted and selected by technical experts like you, working for the Government of Bangladesh (GOB) and its partner NGOs. The audience of the HPN eToolkit is **community level workers** (community health workers, community educators, outreach workers, FWAs, HSAs, peer educators, etc.), and **facility level workers** (FWVs, health educators or clinic-based staff, or staff with similar duties working in facilities).

Since community and facility level workers are the audience for the toolkit, they will also be assessing the materials, based on other criteria related to their usability in the field.

The eToolkit will provide these community and facility level workers with a fast and easy way to search for the best, relevant, up-to-date, and reliable **behavior change communication (BCC) tools and resources that will help them to improve HPN messages** and motivate healthy behaviors. The eToolkit is a one-stop shop for HPN communication resources, providing them access to effective HPN BCC tools and job aids at their fingertips. eToolkit resources will be in Bangla and will be available online as well as offline.

This guideline is a tool to help you review and select BCC materials for uploading into the eToolkit that will be effective, and support health, population and nutrition goals of the Health, Population and Nutrition Sector Development Programme 2011 – 2016, as well as specific goals of the Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP).

A total of 9 criteria are provided in the guideline to assess the materials and to decide whether or not to upload them into the eToolkit's digital library. Seven questions need to be answered and marked accordingly using the following scale:

Yes	= 2
Not sure	= 1
No	= 0
No and will create negative impact	= -10

Please

score

individually

If the material **scores 15 or more than 16 it can be selected** for uploading into the eToolkit digital library.

If the material **scores between 10-14 it can be short-listed** and reviewed again in a group to take final decision.

If the material **scores 9 or less than 9 it should not be selected** for uploading into the eToolkit digital library.

This guideline can be used for print, audio and audiovisual materials. Each of the material should be reviewed and marked separately.

Type of material:

Format:

Produced by:

Criteria	Score				Remark
	Yes (2)	Not sure (1)	No (0)	Negative impact (-10)	
Does the material contain essential services delivery (ESD) package components?					
Is the information in line with the HPNSDP, and strategies of the DGHS and DGFP?					
Do FP/RH messages promote informed free choice of methods, and offer information on a range of options?					
Is the information currently technically correct?					
Is the quality of the material (photograph, picture quality, font, color sound, light, voice, music, etc.) up to the mark (of quality expected by the GOB MOHFW)?					
Is the message tailored to a specific audience?					
Is the material produced under					

Annex B: Field-Level Assessment Tool

eToolkit Pretesting Assessment Tool

Date:

Number of Field Workers:

Criteria	Score			Remark
	Yes	Not sure	No	
General				
Have you ever used a computer before? For what purpose?				
Where can you access a computer to find work related information?				
eToolkit Landing Page				
What are the different pages (or subject areas)?				
Are you able to read and understand all of the content on the page? What is easy or difficult?				
Looking at the photographs, which technical areas do you think they each describe?				
eToolkit Homepages				
What is the purpose of each page? (MNCH, FP, or Nutrition)				
Toolkit Substructure				
Looking at the photographs, which technical areas do you think they each describe?				
Please the accompanying text correct. Is it correct and easy to read? What would you change?				
Would you keep the text on the right side with the same link to the topic area? Why or why not?				
Substructure Pages				

Annex C: Spreadsheet of Approved and Rejected Materials for HPN BCC eToolkit

White=Accepted; Red=Rejected; Yellow=Under consideration

Health area		Name of organization	Name of Material	Material type	Key Words	Available electronic?	Remarks	Total pages to scan
Nutrition	N19	Alive and Thrive	Meena video on Complementary Feeding (19)	Video				
Nutrition	N32	Alive and Thrive	Advocacy video (32)	Video				
Nutrition	not accepted	Alive and Thrive	IYCF training manual	Training manual			Too large, not for health workers	
Nutrition	N20	Alive and Thrive	Training video on Complementary Feeding (20)	Video				
Nutrition	N21	Alive and Thrive	Training video on maternal nutrition and breastfeeding (21)	Video				
Nutrition	N6	Alive and Thrive	IYCF promotional poster (6)	Poster				
Nutrition	N7	Alive and Thrive	IYCF job aid (7)	Job aid				
Nutrition	N8	Alive and Thrive	Mobile phone sticker (8)	Sticker				
Nutrition	N33	Alive and Thrive	Non-formal education storybook on complementary feeding (33)	Story book				

Nutrition	N34	Alive and Thrive	Non formal education storybook on maternal nutrition and breastfeeding (34)	Story book				
Nutrition	N9	Alive and Thrive	Non formal education storybook on adolescent nutrition (9)	Story book				
Nutrition	N10	Alive and Thrive	IYCF advocacy booklet (10)	Booklet				
Nutrition	N22	Alive and Thrive	TVC cluster on breastfeeding (22)	Video				
Nutrition	N23	Alive and Thrive	TVC cluster on complementary feeding (23)	Video				
Nutrition		Alive and Thrive	Handwashing sticker	Sticker			Poor wording, bangles inappropriate	
Nutrition	N24	Alive and Thrive	TVC promotional poster on BF and CF (24)	Poster		Yes	Neds review, change 7 to completion of 6 months	
Nutrition	N1	Alive and Thrive	Iodine deficiency poster (1)	Poster				
Nutrition		Concern	Iron deficiency poster	Poster			Not technically correct (inappropriate pictures)	
Nutrition	N2	Concern	Growth Chart (2)	Chart				

Nutrition		Concern	Poster on Vitamin A	Poster			Technically incorrect	
Nutrition		Concern	Inexpensive foods	Poster			People need the choice to decide on all the foods	
Nutrition	N25	Concern	Micronutrient rich food poster (25)	Poster		Yes		
Nutrition		FAO	Food hygiene calendar	Flipchart		Yes		
Nutrition		FAO	Handwashing poster	Poster		Yes	Distorted messages	
Nutrition	N27	FAO	Food flash cards (27)	Flash card			All cards can be used except breastfeeding card and salt card	
Nutrition		Hellen Keller International	Large flash cards	Flash Card			Cultural insensitivity (breast)	
Nutrition	N14	IPHN	BMS code (14)	Leaflet				
Nutrition	N4	IPHN	Iron rich food brochure (4)	Brochure				
Nutrition	N5	IPHN	NNP flipchart on maternal, child and adolescent nutrition (5)	Flipchart				
Nutrition	N11	IPHN	Fact sheets on breastfeeding week (for religious leaders) (11)	Fact sheet				
Nutrition	N12	IPHN	Fact sheets on breastfeeding week (for journalists and	Fact sheet				

			teachers) (12)					
Nutrition		IPHN	Vitamin A leaflet	Leaflet			New and have not seen yet	
Nutrition	N15	IPHN	Brochure on Vitamin A campaign 2012 (15)	Brochure			New and have not seen yet	
Nutrition		IPHN	Hand fan on iron	Fan			Technical information needs review	
Nutrition		IPHN	NNP advocacy video	Video			Outdated	
Nutrition	N26	IPHN	Nutrition advice counseling card (26)			Yes	No recognition of GOB	
Nutrition	N35	IPHN	Food pyramid (35)	Poster				
Nutrition	N30	JiVitA	Antenatal booklet (30)	Booklet		Yes		
Nutrition		JiVitA	Brochure on pregnant women care	Brochure			Technically incorrect	
Nutrition	N3	Micronutrient Initiative	Food for pregnant women (3)	Card				
Nutrition		Micronutrient Initiative	Flash cards	Card			Technically incorrect	
Nutrition		Micronutrient Initiative	Registration book	Tool			Not a BCC material	
Nutrition		Micronutrient Initiative	Mobile number sticker	Sticker			Not a BCC material	
Nutrition		Micronutrient Initiative	Newborn Vitamin A	Poster and sticker			Irrelevant, outdated	
Nutrition		Micronutrient Initiative	Postnatal Care Poster	Poster			Not policy, technically incorrect	
Nutrition		Micronutrient Initiative	Newborn Vit A	Leaflet			Not policy,	

		Initiative	supplementation				technically incorrect	
Nutrition		Micronutrient Initiative	Newborn Vitamin A supplementation	Counseling card			Not policy, technically incorrect	
Nutrition	N29	Micronutrient Initiative	Visiting card for HA/FWA for mothers (29)	Card		Yes		
Nutrition	N13	Micronutrient Initiative	Flash cards on gender equity and nutrition (13)	Flash cards				
Nutrition		PLAN	Food pyramid	Poster			Foods were inappropriate (Technically incorrect)/Not approved by IEC technical committee	Milk products and proteins should be on same level
Nutrition		Save the Children	Nobo Jibon folder	Folder				Too much text
Nutrition		Save the Children	Nobo Jibon counseling card	Card				Too much text
Nutrition	N28	Save the Children	Health card for mother and newborn (28)	Card		Yes		
Nutrition	N31	Spring	Dietary diversity poster (31)	Poster		Yes		
Nutrition	N16	Terre des Hommes	Adolescent health street theatre (16)	Video				
Nutrition	N17	UNICEF	Adolescent nutrition street theatre (17)	Video				
Family Planning	FP1	Save the Children	Flipchart for sex workers on STIs/HIV	Flipchart	Communicable Diseases		scope? (sex workers)	48

Family Planning	FP2	Save the Children	Poster on birth planning and preparation	Poster	ANC, Safe Delivery			1
Family Planning	FP3	ICDDR,B	4 booklets on ARH	Booklet	Adolescent Health			4 booklets; written for adolescent peer educators, not health workers
Family Planning	FP4	BRAC	Flipchart on newborn care	Flipchart	PNC, Exclusive Breastfeeding			42
Family Planning	FP5	BRAC	Flipchart on maternal health	Flipchart	ANC, PNC, Maternal Nutrition, Immunization			50
Family Planning	FP6	BRAC	Fact sheet: Stop maternal, infant and child death	Fact sheet	PNC, Safe Delivery, ANC, Maternal Nutrition			1
Family Planning	FP7	BCCP	Vasectomy brochure	Brochure	LAPM			6
Family Planning	FP8	SSFP (BCCP)	STI brochure	Brochure	Communicable Diseases			6
Family Planning	FP9	SSFP (BCCP)	3 Family Planning TVCs	TVCs	LAPM, male involvement	yes		n/a

Family Planning	FP10	Save the Children	Flipchart on maternal and newborn health	Flipchart	ANC, PNC, Breastfeeding, Immunization, Safe Delivery, Postpartum FP, General FP,			60
Family Planning	FP11	Save the Children	Materials necessary for safe delivery poster	Poster	Safe Delivery			1
Family Planning	FP12	UNFPA	RH, Safe Motherhood & Gender flipchart	Flipchart	Safe Delivery, ANC, PNC, Maternal Nutrition, Pre-pregnancy,			60
Family Planning	FP13	UNFPA	ARH	Booklet	Adolescent Health			
Family Planning	FP14	UNICEF	Newborn danger signs flash card	Flash card	PNC			2
Family Planning	FP15	IEM/UNFPA	FP methods booklet	Booklet	General FP, LAPM, Short-term FP,		very text heavy	25
Family Planning	FP16	IEM/UNFPA	ARH booklet	Booklet	Adolescent Health		very text heavy	36
Family Planning	FP17	Urban Primary Health Care	ARH brochure	Brochure	Adolescent Health			6
Family Planning	FP18	SMC	FP methods (Blue Star)	Flipchart	General FP, LAPM, Short-term FP, Postpartum FP			44
Family Planning	FP19	SMC	Injectables brochure	Brochure	Short-term FP			6

Family Planning	FP20	SMC	Pregnancy danger signs fan	Fan	Safe Delivery, ANC			2
Family Planning	FP21	SMC	FP methods flipchart (Sukh Pakhi)	Flipchart	General FP, LAPM, Short-term FP, Post-partum FP			44
Family Planning	FP22	SMC	FP newsletter, Volume 1 = project info	Newsletter	?		scope?	
Family Planning	FP23	SMC	Population data brochure	Brochure	?		scope?	
Family Planning	FP24	SMC	Delay marriage & pregnancy placard	Placard	Pre-pregnancy, General FP, Post-abortion care, Adolescent Health			2
Family Planning	FP25	UNFPA	Universal Access to RH services poster (World Population Day 2012) - WPD logo	Poster	?		???	1
Family Planning	FP26	UNFPA	ARH poster - "don't neglect adolescents"	Poster	Adolescent Health			1
Family Planning	FP27	UNFPA	Universal Access to RH services poster (World Population Day 2012) - photo of mother and newborn	Poster	?		???	
Family Planning	FP28	FP Assoc of Bangladesh	Violence during pregnancy	Poster	ANC			1
Family Planning	FP29	UKAid, FPAB	Safe Motherhood poster	Poster	ANC, Safe Delivery			1
Family Planning	FP30	Save the Children	Maternal and newborn care poster	Poster	PNC			1

Family Planning	FP31	Save the Children	Newborn danger signs poster	Poster	PNC			1
Family Planning	FP32	UNICEF	Safe motherhood poster - 5 danger signs	Poster	ANC, Safe Delivery			1
Family Planning	FP33	IEM	Short-term methods brochure	Brochure	Short-term FP			6
Family Planning	FP34	BRAC	Low birthweight newborn care	Poster	PNC			1
Family Planning	FP35	BRAC	Diarrhea poster	Poster	Under 5 Nutrition, Infant and Child Health			1
Family Planning	FP36	Urban Primary Health Care	Condom poster (HIV prevention)	Poster	Communicable Diseases		HIV prevention	1
Family Planning	FP37	UNFPA, Marie Stopes, IEM	NSV poster	Poster	LAPM, male involvement			1
Family Planning	FP38	UNFPA, Marie Stopes, IEM	IUD poster	Poster	LAPM			1
Family Planning	FP39	UNFPA, Marie Stopes, IEM	Responsible man poster	Poster	Short-term FP, male involvement			1
Family Planning	FP40	UNFPA, Marie Stopes, IEM	Tubectomy poster	Poster	LAPM			1
Family Planning	FP41	Urban Primary Health Care	Pregnancy danger signs fan	Fan	ANC, Safe Delivery			2
Family Planning	FP42	MOHFW	STI/HIV flipchart	Flipchart	Communicable Diseases			46

Family Planning	FP43	FP Assoc of Bangladesh	ARH flash cards	Flash cards	Adolescent Health, Communicable Diseases			19
Family Planning	FP44	FP Assoc of Bangladesh	Youth in Bangladesh brochure	Brochure	Adolescent Health		???	6
Family Planning	FP45	FP Assoc of Bangladesh	Menstruation brochure	Brochure	Adolescent Health			6

Annex D: Spreadsheet of Approved Materials for HPN BCC eToolkit

White=PDFs; Orange=Links to websites

Name of organization	Name of Material	Material type	Material format	# of pages	category	anything to pull out?	notes	link
Abt Associates	mBCC field guide	manual	pdf	67				
Alive and Thrive	Research to Action case study on designing communication on child feeding in Bangladesh		website					http://www.aliveandthrive.org/research-to-action
Alive and Thrive	Step-by-step guide to concept testing		pdf	5		no	from Research to Action case study website	
BCC Working Group	National Communication Framework (diagram and narrative)		pdf + jpg (2 docs)	5+1		no	also add brochure when it is finalized	
BCCP	P-Process brochure (Bangla)		pdf	1	process	no		
BCCP	A-frame (English and Bangla)		pdf		advocacy	no		
BCCP	GATHER approach to IPCC (English and Bangla)		pdf		?	no		
BCCP	Framework of strategic communication		pdf		theory	no		
BCCP	Message and Material Design steps (plus 2 attachments: creative		pdf		process	no	3 docs	

	brief, 7 Cs)							
BKMI	eToolkit - BCC materials for field workers in Bangladesh	toolkit/archive	link		examples	no		http://www.k4health.org/bangladesh-toolkits
Communication Initiative	Evaluating Health Communication Programs	commentary	link	n/a	process	no		http://www.comminit.com/global/content/evaluating-health-communication-programmes
FHI AIDSCAP	Handbook on Assessment and Monitoring of BCC Interventions - Reviewing the Effectiveness of BCC Interventions	Handbook	PDF	34 pages	process	no	focuses on HIV, but can be adapted; communication approach is solid; very simple	
FHI AIDSCAP	Handbook on How to Conduct Effective Pretests - Ensuring Meaningful BCC Messages and Materials	Handbook	PDF	55 pages	process	no	focuses on HIV, but can be adapted; communication approach is solid; very simple	
FHI AIDSCAP	How to Create an Effective Communication Project	Handbook	PDF	63 pages	process	no	focuses on HIV, but can be adapted; communication approach is solid; very simple	

FHI AIDSCAP	Behavior Change through Mass Communication	Handbook	PDF	70 pages	process	no	focuses on HIV, but can be adapted; communication approach is solid; very simple	
FHI360 C-Change	C-Change Website: http://c-changeproject.org	Website	link	n/a	?	no		http://c-changeproject.org
FHI360 C-Change	Self-Paced SBCC Training Modules - A Learning Package for Social and Behavior Change Communication	5 Training modules	link	n/a	process	no	need to register at: https://learning.healthcommcapacity.org/sbcc/registering.asp	https://learning.healthcommcapacity.org/sbcc/
FHI360 C-Change	C-Channel, an e-newsletter that presents a selection of recent, peer-reviewed journal articles on SBCC	archive of e-newsletters	website	n/a	?	no	in-depth, detailed, scientific	http://c-changeprogram.org/c-channel
FHI360 C-Change	C-Picks, implementation experiences, evaluations, strategic thinking, and tools and resources relevant to SBCC		website	n/a	examples	no		http://www.comminit.com/c-change-picks
FHI360 C-Change	C-Capacity, resources and opportunities to strengthen capacity in SBCC		website	n/a	?	no		http://www.comminit.com/c-change-orc
FHI360 C-Change	SBCC framework	PPT	link		theory	no		http://www.slideshare.net/slideshow/embed_code/

								15100448
FHI360 C-Change	SBCC capacity assessment tools - for organizations, donors and individuals		website		?	no		http://www.chubonline.org/resources/sbcc-capacity-assessment-tools
COI (Central Office of Information), UK government's marketing and communications agency	Tools for Communications and behaviour change	Handbook	PDF	70 pages	theory, process	appendix 1: the 5-step process (process)	more theoretical; excellent, thorough overview but more challenging; case studies are from UK; 2 docs	
Global Health Science and Practice Journal	6 Domains of Behavior Change	article	pdf	4 pages	theory	no		

JHU.CCP	Designing a Health Communication Strategy	manual	pdf	308 pages	strategy	page 2 - communication strategy outline (strategy); page 4-15 - Why the emphasis on Strategic in Health Communication? (theory); page 136 Summary Message Brief; page 155-157 Eight Tools: Advantages, Disadvantages and Appropriate Uses (process)	5 docs total; main doc is also saved as 2 pdfs because file size is big (14MB)	
JHUCCP	Leadership in Strategic Health Communication	Manual	PDF	210 pages	process	no		
JHUCCP	Research 101: Extended Parallel Process Model (EPPM)		PDF	2 pages	theory	no		
JHUCCP	Research 101: Ideation		PDF	2 pages	theory	no		
JHUCCP	Research 101: Propensity-Score Analysis		PDF	2 pages	process	no		
JHUCCP	Research 101: Social Learning Theory		PDF	2 pages	theory	no		
JHUCCP Ghana	SCOPE website		link			no		http://www.ghanascope.dreamhosters.com

JHUCCP HC3	HC3 website		website	n/a	?	no		http://www.healthcommcapacity.org
JHUCCP HC3	HealthCOMpass: SBCC tools and project examples		website	n/a	examples	no	only some tools are simple and relevant; project examples are global and searchable	http://www.thehealthcompass.org
JHUCCP HC3	Innovation Webinar: Research Methodologies		link	n/a		no	link is broken, sent email on March 19	
JHUCCP HC3	P-Process brochure		PDF	20		no	updated in 2013	
JHUCCP INFO Project	Tools for Behavior Change Communication	INFO Report	PDF	8 pages	process	no		
JHUCCP INFO Project	Communication for Better Health	INFO Report	PDF	28 pages		no		
JHUCCP INFO Project	Entertainment Education for Better Health	INFO Report	PDF	16 pages	process	no		
JHUCCP K4Health	Popline - publications and resources for health communication related to FP and RH: http://www.popline.org/subject_health_communication	archive	website	n/a	theory, process	no		http://www.popline.org/subject_health_communication
JHUCCP K4Health	Photoshare - searchable archive of photos that are free for nonprofit and educational use	archive	website	n/a	?	no		http://www.photoshare.org/

National Cancer Institute	Theory at a Glance - A Guide for Health Promotion Practice	Guidebook	PDF	64 pages	theory	page 45 - summary of theories (theory)	2 docs	
Pathfinder	Identifying and Prioritizing BCC Needs		pdf	4		no		
UNICEF	Writing a Communication Strategy for Development Programs	Manual	PDF	76 pages	strategy	ACADA process, page 8 (process); communication channel characteristics, page 32-34 (Process)	3 docs total (2 pdf, 1 jpg)	
WHO	COMBI toolkit for behavioural and social communication in outbreak response	Toolkit	PDF	126 pages	process	no	outbreak response	
WHO	COMBI field workbook for outbreak response	Toolkit	PDF	52 pages	process	p 28-29 - monitoring plan (process)	outbreak response; 2 docs	

Secondary/Supplemental Materials for PM Toolkit

Name of organization	Name of Material	Material type	Material format	# of pages	category	anything to pull out?	notes	link
BCC WG	IEC Technical Committee information		pdf			no	not yet finalized	
BCC WG	WG website		link			no		http://bdbccg

								roup.org
Eminence	Writing About Health: A Handbook for Journalists		pdf			no	Bangla version also available	
HPNSDP Consortium	HPNSDP resources		link			no		http://hpnconsortium.org
IEM	eBulletin (sample)		link			no		http://us2.campaign-archive2.com/?u=88c358bf63a8853f0a802d9c8&id=6a144b3920
JHUCCP HC3	MarketPlace		link				will launch in April or May 2014	
JHUCCP K4Health	eLearning course on KM for Global Health Programs		link			no		http://www.globalhealthlearning.org/course/knowledge-management-km-global-health-programs-0
MEASURE DHS	BDHS 2011 Final Report		pdf			no		
MEASURE DHS	BDHS 2011 Policy Brief		pdf			no		
MEASURE DHS/Emine	Reading DHS tables (English and Bangla)		pdf			no	2 docs	

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MoHFW	HPNSDP strategic plan		pdf			no		
MoHFW	HPNSDP booklet		pdf			no		
MoHFW	HPNSDP program implementation plan		pdf			no		
MoHFW	DGHS website		link			no		http://dgfpbd.org/index.html
MoHFW	DGFP website		link			no		http://www.dghs.gov.bd/index.php/bd/
MoHFW	MoHFW website		link			no		http://mohfw.gov.bd
MoHFW	3 Operational Plans: BHE, IEM, IPHN		pdf			no	3 docs	