



Ministry of Health
and Family Welfare
Government of India

सत्यमेव जयते



Social and Behavior Change Communication (SBCC) for Family Planning

Good Practices from South Asia

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List of Acronyms

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARH	Adolescent Reproductive Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
BCC	Behavior Change Communication
BCCP	Bangladesh Center for Communication Programs
CAG	Community Action Group
CHW	Community Health Worker
CMS	Commercial Marketing Strategies
CORT	Centre for Operations Research and Training
CREHPA	Centre for Research on Environment, Health, and Population Activities
CW	Community Workers
DoHFW	Department of Health and Family Welfare
EE	Entertainment Education
FOGSI	Federation of Obstetric and Gynecological Societies of India
FP	Family Planning
FWA	Family Welfare Assistant
GkH	Goli Ke Hamjoli
GOI	Government of India
HTSP	Healthy Timing and Spacing of Pregnancies
ICDS	Integrated Child Development Services
IEC	Information, Education, and Communication
IEM	Information, Education, and Motivation Unit
IFPS-II	Innovations in Family Planning Services-II
IPC	Interpersonal Communication
IPC/C	Interpersonal Communication and Counseling
ISMH	Indian Systems of Medicine and Homeopathy
ITAP	Innovations in Family Planning Services Technical Assistance Project
IUD	Intra-uterine Device
JHU/CCP	John Hopkins University/Center for Communication Programs
KSM	Key Social Marketing
LAM	Lactational Amenorrhea Method
LHV	Lady Health Volunteer
MCH	Maternal and Child Health
MG	Mothers' Group
MoHFP	Ministry of Health and Family Planning
MoHFW	Ministry of Health and Family Welfare
NARCH	National Alliance for Reproductive and Child Health
NFHP	Nepal Family Health Program
NFHS	National Family Health Survey
NGO	Non-Governmental Organization
NHEICC	Nepal Health Education, Information and Communication Centre
NHTC	Nepal Health Training Center
NRCS	Nepal Red Cross Society
NRHM	National Rural Health Mission

OC	Oral Contraceptive
OCP	Oral Contraceptive Pill
OR	Operations Research
PACT-CRH	Program for the Advancement of Commercial Technology–Child and Reproductive Health
PHC	Primary Health Center
PDQ	Partnership Defined Quality
PLAs/RLG	Participatory Literacy and Action/Radio Listeners Group
PLHIV	People Living with HIV
PMA	Pakistan Medical Association
PNC	Post Natal Care
PPIUCD	Postpartum Intrauterine Contraceptive Device
PRI	Panchayati Raj Institutions
PSP	Private Sector Partnerships
RCP	Radio Communication Project
RH	Reproductive Health
RMNCH+A	Reproductive, Maternal, Neonatal, Child Health, and Adolescents
RMP	Rural Medical Practitioner
SBCC	Social and Behavior Change Communication
SES	Socioeconomic Status
SIFPSA	State Innovations in Family Planning Services Agency
SMS	Short Message Service
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TOT	Training of Trainers
UNFPA	United Nations Population Fund
UP	Uttar Pradesh
USAID	United States Agency for International Development
VHND	Village Health and Nutrition Day
VMC	Vadodara Municipal Corporation Clinics

I. Executive Summary

FHI 360's Improving Healthy Behaviors Program (IHBP) is a USAID-funded project aimed at improving adoption of positive healthy behaviors in four technical areas: HIV/AIDS, family planning and reproductive health (FP/RH), tuberculosis, and maternal and child health (MCH). India—like other countries in the region and around the world—is striving to reposition FP as a way to improve women's and children's health and family wellbeing. IHBP conducted a literature review to identify good practices in social and behavior change communication (SBCC) for FP in the five major South Asian countries—India, Sri Lanka, Bangladesh, Nepal, and Pakistan—to inform FP programming in India. SBCC is an interactive, theory-based, and research-driven communication process and strategy to address change at individual, community, and societal levels. SBCC is a process that uses a socio-ecological model for change and operates through three key strategies—advocacy, social mobilization, and behavior change communication (BCC).

Most of the 16 SBCC programs or interventions that met the criteria for inclusion in this document focused primarily on BCC, although a few also employed advocacy and social mobilization strategies. Three categories of interventions emerged:

- **Programs that employed a “360-degree” approach:** These were large, comprehensive programs that aimed to increase demand for FP while improving the quality of provider services and/or increasing access to contraceptive methods. They used a mix of SBCC approaches and often relied on robust partnerships with NGOs and/or the private sector. These programs were successful in increasing contraceptive use; their approach involved using mutually reinforcing and complementary communication channels.
- **Programs that focused primarily on community-based initiatives:** These programs focused primarily on promoting FP at the community level through community media, community health workers/educators, or health care providers. Some utilized other SBCC strategies, but the bulk of their work utilized community-based channels.
- **Programs that focused primarily on mass media:** These programs focused primarily on mass media campaigns, either employing advertising or entertainment–education (EE) approaches. Some also had a community component, such as radio listening groups, but the main intervention was implemented through television or radio.

The case studies are organized to facilitate navigation through the document, not as a recommendation for how to focus an SBCC program. As discussed below, programs that employed a 360-degree approach were very effective. Those case studies that focused primarily on community-based initiatives or primarily on mass media also had good practices to offer. Each of these cases could have benefited from a wider mix of communication approaches.

Successful interventions reviewed employed at least two of the following “good practices”:

- They rigorously followed the steps of a **communication planning cycle**, thereby employing a systematic approach for planning, implementation, and evaluation.
- They used a “360-degree approach” to increase demand while providing high-quality, accessible, and affordable FP services and products.

- They used **behavior change theories or models** to guide their program.
- They **repositioned FP** as a way to space births, improve MCH outcomes, and improve a family's overall wellbeing.
- They established a **strong, recognizable brand** for FP products or services.
- They **segmented their target audiences** in ways that allowed activities to be tailored to men and women at different life stages or within very specific demographic categories.
- They not only targeted women, but also **FP influencers**, including husbands, mothers-in-law, and sisters-in-law. This allowed the programs to address broader issues that influence FP use, such as gender bias, decision making by couples, and spousal communication.
- They employed **high-quality media programming and message design** based on sophisticated audience research and triggers most likely to provoke behavior change.
- They **linked mass media with community-level activities**, facilitating the mutual reinforcement of activities at both levels.
- They **adapted BCC materials to the local context** by translating them into multiple languages and utilizing locally available technology.
- They utilized **youth-friendly channels** for providing information, counseling, and contraceptives to younger women and couples.
- They provided extensive **training and support to health care providers** in facilities and/or at the community level. Support included robust supervision and high-quality job aids.
- They built **strong and innovative partnerships** with medical associations, pharmaceutical companies, media groups, and/or NGOs.
- They increased community support by utilizing **participatory processes** in the project design, implementation, or evaluation.
- They utilized **robust research** to drive the program, including formative research, pretesting, monitoring, and evaluation.
- They **focused on sustainability** by integrating interventions within government services, utilizing existing networks/systems, building the capacity of local NGOs, obtaining private sector support, and/or making their activities easy to scale up.

The findings of this review will inform the development of evidence-based SBCC strategies and programs to promote and reposition FP in India.

II. Introduction and Methodology

A. Family Planning in India^{1,2,3}

India's national family planning (FP) program is over 60 years old. It has evolved from a clinic-based program focused only on FP to a more comprehensive program that covers family welfare and reproductive and child health and encompasses immunization, pregnancy, delivery, and postpartum care, as well as other health services.

When the program was launched in the early 1950s, the focus was exclusively on provision of clinical services, with the goal of lowering fertility and slowing the population growth rate. The program provided incentives to health workers for sterilizations and meeting FP targets. India's first social marketing program—for condoms—was launched in 1968. Population growth continued to increase in the 1970s, and the government began pushing mandatory adoption of FP through coercion during the emergency period (1975-1977). The target-driven birth control program of the emergency period, which focused on sterilization, created a backlash and resulted in a return to voluntary FP policies in the late 1970s. FP targets were maintained, but there was little pressure to achieve them.

In the 1980s FP targets and incentives were revived, and the program promoted reversible contraceptives. Contraceptive social marketing of oral contraceptive pills (OCPs) began in 1987 under the brand name Mala D, with a national mass media campaign promoting the pills on TV, radio, and in newspapers and magazines. A major paradigm shift occurred in the mid-1990s, with the abolition of state targets and the adoption of a new population policy that repositioned FP as part of broader reproductive and child health. During this time the government adopted a more decentralized approach, adopting participatory planning and community needs assessments. The Reproductive and Child Health Programme, launched in 1997, integrated FP with services promoting safe motherhood, child survival, and the prevention and management of sexually transmitted infections. The National Population Policy adopted in 2000 outlined dual objectives of population stabilization and the promotion of reproductive health (RH) as a component of sustainable development. The government currently aims to achieve population stabilization by 2045.

The Indian government provides FP methods free of charge in sub-centers, health centers, and hospitals throughout the country. Women are linked to these services by community health workers (CHW); including auxiliary nurse midwives (ANMs), accredited social health activists (ASHAs), and Anganwadi Centre (AWC) workers. Couples are free to choose a contraceptive of their choice offered by the National Family Welfare Programme. Private providers and chemists also offer a wide range of contraceptives.

¹ Santhya, KG. Changing Family Planning Scenario in India: An overview of recent evidence. Population Council. South & East Asia Regional Working Paper No. 17. 2003,

² Tandon, U. Family Planning in India: A Study of Law and Policy.

³ Jain, Anrudh and Jain, Aparna. Family Planning and Fertility in India. Paper presented at the UNFPA-ICOMP Regional Consultation: Family Planning in Asia and the Pacific Addressing the Challenges. 8–10 December 2010, Bangkok, Thailand (DRAFT FOR CONSULTATION).

India has successfully increased contraceptive use and slowed its rate of population growth since the inception of its national program. According to the 2005–2006 National Family Health Survey (NFHS), India’s Total Fertility Rate has decreased to 2.7, down from 2.9 in 1998–99 and 3.4 in 1992–93. Contraceptive use has increased dramatically, although less than half (48.5 percent) of married women 15–49 use a modern contraceptive, and almost 13 percent of them have an unmet need for FP. In spite of the range of FP methods available, sterilization remains the most preferred choice (37.3 percent). Couples have been slow to adopt other modern methods, such as condoms (5.2 percent), pills (3.1 percent), and intrauterine devices (IUDs) (1.7 percent).⁴ There is still more work to be done to address unmet FP needs and increase uptake of these other modern methods.

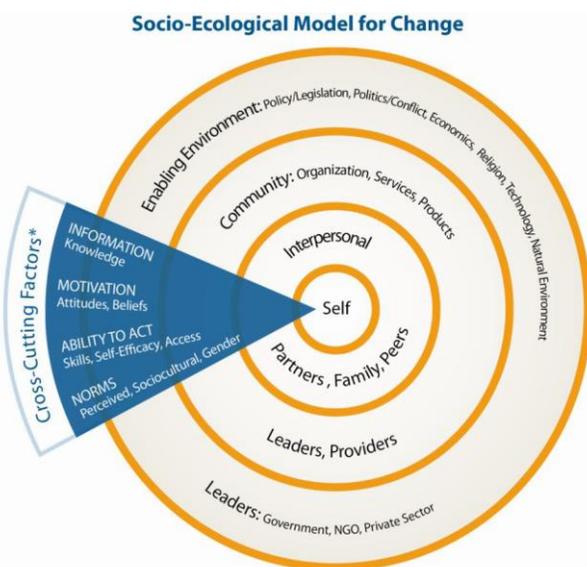
B. Improving Healthy Behaviors Program

The FHI 360 USAID/India-funded Task Order for Improving Healthy Behaviors Program (IHBP) aims to improve adoption of healthy behaviors through institutional and human resource capacity building of national-, state-, and district-level institutions to design, deliver, and evaluate SBCC strategies.

- Increase knowledge and change attitudes and behaviors of individuals, families, communities and health providers about health
- Promote an environment where communities and key influencers support positive health behaviors
- Reduce barriers of vulnerable populations (women, people living with HIV [PLHIV], TB patients) to demand and access health services

The project focuses on four technical areas: HIV/AIDS, FP and reproductive health (FP/RH), tuberculosis (TB), and maternal and child health (MCH).

C. Overview of Social and Behavior Change Communication



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

SBCC is an interactive, theory-based, and research-driven communication process and strategy to address change at individual, community, and societal levels.⁵ SBCC is a process that uses a socio-ecological model for change, and operates through three strategies:

- **Advocacy** to raise resources and political/social leadership commitment for development actions and goals
- **Social mobilization** for wider participation, coalition building, and ownership, including community mobilization
- **Behavior change communication (BCC)** for changes in knowledge, attitudes, and practices of specific participants/audiences in programs

⁴ Key Indicators for India from NFHS-3. Downloaded at <http://www.rchiips.org/nfhs/pdf/India.pdf>.

⁵ C-Modules. A Learning Package for Social and Behavior Change Communication. Module 0 Practitioner’s Handbook.

SBCC applies a socio-ecological model⁶ that examines several levels of influence to provide insight on the causes of problems and to find the **tipping point** for change—the point at which a behavioral practice spreads suddenly within and across populations.⁷ This model is a combination of ecological models and sociological and psychological factors and layers of influence that can assist program managers in analysis and planning.

Effective SBCC programs apply a set of core principles:⁸

- **Principle #1:** Follow a systematic approach.
- **Principle #2:** Use research (e.g., operational), not assumptions, to drive their program.
- **Principle #3:** Consider the social context.
- **Principle #4:** Keep the focus on the key audience(s)/population(s).
- **Principle #5:** Use theories and models to guide decisions.
- **Principle #6:** Involve partners and communities throughout.
- **Principle #7:** Set realistic objectives and consider cost effectiveness.
- **Principle #8:** Use mutually reinforcing materials and activities at many levels.
- **Principle #9:** Choose strategies that are motivational and action-oriented.
- **Principle #10:** Ensure quality at every step.

These principles can serve as a compass, helping managers and SBCC specialists to plan their programs and stay on track during implementation and evaluation. Many of the good practices described in this document tie into to the 10 principles outlined above.

D. Purpose of the Document and Methodology

IHBP commissioned a review of good practices in SBCC for FP to help SBCC specialists and program managers design and implement effective communication programs. The authors reviewed published and unpublished literature to identify successful SBCC interventions in India and neighboring South Asian countries—Sri Lanka, Nepal, Bangladesh, and Pakistan. Documents describing these interventions were accessed via Internet search engines, academic databases, public health clearinghouses, and the websites of donors and implementing organizations. In addition, the researchers used their networks to access documents not available online.

Almost 50 case studies were identified through the initial search. Based on a review of existing literature about good or best practices, the following criteria were used to assess a program as employing “good practices”:

1. The intervention had as a clear and documented strategy for strategic communication and was founded on some clear principles or theories/frameworks for strategic communication.
2. The intervention addressed both demand generation as well as the provision of relevant, accessible, and quality services and products. In the latter case, this does not imply direct provision but rather the strengthening of existing services and products.

⁶ Ibid.

⁷ Ward, T. et al. Leadership and Communication: Lessons from The Tipping Point. Cambridge Center for Behavioral Studies, Inc. 2011. Downloaded at <http://www.behavior.org/resources/503.pdf>.

⁸ C-Modules. A Learning Package for Social and Behavior Change Communication. Module 0 Practitioner’s Handbook.

3. The intervention was based on principles of community participation/involvement, integration with government systems, and/or partnerships with the private sector.
4. The intervention had the potential for scale up, replication, and sustainability.

A total of 16 programs or interventions met these criteria. Most of them focused on BCC, although a few also employed advocacy and social mobilization strategies.

The section below describes the good SBCC practices that were identified, with examples from selected case studies. The summary of good practices is followed by a matrix of case studies. Not all of the case studies will be relevant for all readers. ***Therefore, readers are invited to consult this matrix in order to identify the case studies that most closely match their own programs, and then read those specific case studies to obtain detailed information about how these programs used good SBCC practices.*** An index at the end of this document cross references all case studies by good practices, for those readers who wish to consult those program examples that effectively demonstrate a particular good practice.

III. Good Practices and Case Studies

As mentioned in the prior section, SBCC operates through three key strategies, namely advocacy, social mobilization, and BCC. The SBCC interventions identified through this review focused primarily on BCC, although some also employed advocacy and social mobilization strategies.

A. Good Practices

A wide range of good practices were identified in the areas of program design, implementation, and evaluation. Interventions that met the criteria for inclusion for this document employed at least two of the following practices:

- They rigorously followed steps of a **communication planning cycle**, thereby employing a systematic approach for planning, implementation, and evaluation. The Goli Ke Hamjoli (GkH) program utilized formative research as well as ongoing tracking and monitoring data to inform and make changes to its communication strategies and objectives annually, thus ensuring that the campaign was responsive to changing ground realities. The Radio Communication Project used the Design Document Approach—an internationally proven methodology for systematic and collaborative program development—that was critical for the project’s success. The Innovations in Family Planning Services (IFPS-II) Project worked with local stakeholders to develop state-level SBCC strategies for Uttar Pradesh (UP) and Jharkhand, which provided a systematic framework for the planning, implementation, and evaluation of interventions in those two states.
- They used a **“360-degree approach,”** using mutually reinforcing materials and communication channels at many levels to increase demand for FP while simultaneously providing high-quality, accessible, and affordable FP services and products. GkH, Saathiya, and IFPS-II all promoted contraceptive methods through mass media while training providers and expanding access to products (see text box). IFPS-II also used community-based channels to promote FP. The “Know Yourself” Adolescent Reproductive Health Communication Program combined radio and television programs with comic books, community toolkits, and training of RH providers.

Goli Ke Hamjoli (GkH) - India



गोली के हमजोली

The GkH project employed a 360-degree approach to improve attitudes toward oral contraceptives (OCs), increase OC sales, and increase investment in promoting OCs by manufacturers in northern India. Young, married urban women were the primary target audience. Secondary audiences included husbands, mothers-in-law, and sisters-in-law to create supportive family environments for OC use. The project executed an extensive advertising campaign that addressed OC myths and featured celebrity endorsements. The advertising campaign ran for six to eight months—longer than traditional campaigns.

Magazine ads promoted OC benefits and listed OC providers who were providing free counseling in 19 cities. The project improved providers’ knowledge of OCs through mailers as well as regular scientific updates about low-dose OCs aimed at the entire community of 30,000 general practitioners, gynecologists, and pediatricians and 15,000 chemists. It also held intensive training workshops for 28,600 traditional doctors and 34,000 chemists. Robust market research and tracking studies helped to ensure that communication materials were appealing and well understood, and that project activities stayed on track. GkH succeeded in improving women’s attitudes toward OCs and providers’ knowledge, and increasing OC use from 4 percent to 11 percent. The campaign was named the

Healthcare Campaign of the Year at the 1999 Asian Public Relations Awards and also won India's Abby Award from the Bombay Ad Club for the best social concern campaign.

- They used **behavior change theories or models**⁹ to guide their program. The marriage of theory with practice is critical for enhancing the effectiveness of an intervention. GkH based its work on the Stages of Behavior Change (Prochaska), which focuses on an individual's readiness to change a problem behavior and the stages that she or he goes through in attempting the behavior change. The Radio Communication Project combined two theories: Social Learning Theory (Bandura), which focuses on how people learn by observing the actions of others and the benefits of those actions, and Diffusion of Innovations (Rogers), which focuses on how new behaviors are communicated through certain channels over time among the members of a social system. Similarly, the Jiggasha Rural Communication Project in Bangladesh combined Diffusion of Innovations with Social Network Theory, which focuses on how the social structure of relationships around a person, group, or organization affects beliefs or behaviors.¹⁰
- They **repositioned FP** as a way to space births, improve MCH, and improve a family's overall wellbeing. PRACHAR linked FP with the aspirations for social mobility and a better life prevalent among the country's burgeoning youth population—a generation that had come of age during the era of economic liberalization and globalization, and were inextricably tied to the promise of a free-market economy. The Radio Communication Project (RCP) promoted the concepts of a "responsible husband" and a "well-planned family" while addressing broader issues that influence FP use, such as gender bias and decision making.
- They established a **strong, recognizable brand** for FP products or services. In the Saathiya project, eight pharmaceutical companies designated one of their existing commercial brands as their "Saathiya" brand, and these products were jointly promoted through the Saathiya communication campaign and training efforts. This provided a win-win situation with benefits for both the campaign and the companies. The Green Umbrella project branded its clinics through mass media programming, prominently displayed logos, and distributed thousands of green umbrellas in the community. To provide high-quality RH services to the poor at low cost, IFPS-II branded Merry Gold Hospitals at the UP district level, Merry Silver Clinics at the UP block level, and Merry Tarang Referral Agents at the UP village level.
- They **segmented their target audiences** in very detailed ways that allowed activities to be tailored to men and women at different life stages or within very specific demographic categories. PRACHAR, for example, used a life cycle/stage approach to reach out to specific and distinctive sub-groups of adolescents and youth, thus ensuring that it was responsive to their specific needs and stages in life. GkH targeted a specific age group and four socio-economic categories, and then further segmented these audiences according to the Stages of Change Model. The IFPS-II national mass media campaign tailored materials for couples at different life stages, such as newly married couples, couples with at least one child, couples who had just delivered a child, and couples who had completed their families. The Pragati project recognized

⁹ Theory at a Glance: A Guide for Health Promotion Practice (Second Edition). National Cancer Institute. U.S. Department of Health and Human Services. 2005.

¹⁰ Network Theory and Analysis. University of Twente, The Netherlands. Accessed at: http://www.utwente.nl/cw/theorieenoverzicht/Theory%20clusters/Communication%20and%20Information%20Technology/Network%20Theory%20and%20analysis_also_within_organizations.doc/

flaws in the existing practice of frontline workers who followed a predetermined schedule for BCC based on their convenience (such as the Village Health and Nutrition Days [VHND]). The project worked in the reverse, identifying specific life stages of different women in the community, and conducting BCC that responded to their needs, with the help of discrete and segregated job aids such as registers and counseling plans.

- They not only targeted women, but also **FP influencers**, including husbands, mothers-in-law, and sisters-in-law. This allowed the programs to address the social norms that influence FP use, such as gender bias, decision making within the couple, and spousal communication. PRACHAR demonstrated the value of reaching a critical and very diverse mass of people to move the community toward a “tipping point” for social change. It targeted parents, teachers, in-laws, village councils, and a host of other stakeholders through a variety of channels, thereby changing social norms and creating an enabling environment for FP adoption.
- They employed **high-quality media programming and message design** based on sophisticated audience research and triggers most likely to provoke behavior change. The RCP, the Green Umbrella Project, and the Valued Behaviors for Healthy Families project engaged some of the best known talents in the country for scripting entertainment–education serials. Characters in the serials were realistic, and programs were imbued with elements such as drama, romance, and suspense—all integral for engaging audiences. In the case of social marketing initiatives such as GkH, advertising agencies have played a key role in developing high-caliber mass media commercials; professional media planning/buying agencies have successfully leveraged maximum airtime for their media spend.
- They **linked mass media with community-level activities**, facilitating the mutual reinforcement of activities at both levels. Several projects with radio programming organized community listening groups to facilitate discussion of the key messages, including the RCP, Valued Behavior, and the Taru Radio Program. The Taru Radio Program went a step further by doing extensive community-based promotion of the radio program through rural medical practitioners, and then organizing participatory theater workshops for the listening groups. Listening groups were supported by BCC materials. IFPS-II reinforced mass media messages by setting up a FP exhibit, holding folk performances and providing FP counseling at the 45-day Kumbh Mela, a major religious event held every four years in UP.
- They **adapted materials to the local context** by translating them into multiple languages and utilizing locally available technology. Valued Behavior translated scripts from the RCP for re-broadcast in four districts with a high proportion of marginalized populations. The Key Social Marketing Project (KSM) used existing community networks to distributed audio cassette tapes in six local languages to increase demand for FP among low-literacy audiences. IFPS-II trained folk troupes in rural communities to deliver effective FP messages through Nautanki (folk theater), Qawwali (traditional songs in Urdu), Alha and Birha (traditional ballad singers), puppetry, and magic.
- They utilized **youth-friendly channels** for providing information, counseling, and contraceptives to younger women and couples. The Saathiya project created its own website and utilized short message service (SMS) text messages and a toll-free hotline to provide confidential FP information to young couples. The PRACHAR project held “infotainment” parties for newlywed youth to encourage them to delay their first birth and space subsequent births. The project also held workshops for adolescent girls and boys to teach them about RH and contraception. “Know Yourself” created comic books and an interactive youth toolkit and counseling tools for

youth-friendly providers. IFPS-II developed adolescent training modules and 25 youth-oriented educational and promotional materials for use by the Uttarakhand Health Society.

- They provided extensive **training and support to health care providers** in facilities and/or at the community level. The RCP strengthened provider capacity through radio-based distance education. Pragati enhanced frontline worker performance through regular supportive supervision as well as carefully developed job aids. GkH addressed provider biases and enhanced provider knowledge through mailers and regular scientific updates about low-dose OCs aimed at the entire community of 30,000 general practitioners, gynecologists, and pediatricians, and to 15,000 chemists. It also held intensive training workshops for 28,600 traditional doctors and 34,000 chemists. Jiggasha went beyond training to focus on organizational development to improve the performance of different cadres of staff. The KSM demonstrated the value of social recognition for providers through the institution of awards and public felicitation. IFPS-II invested heavily in the training and support of ASHAs, who were the only source of health care in many rural areas.
- They built **strong and innovative partnerships** with medical associations, pharmaceutical companies, media groups, and/or NGOs. Partnerships can serve to leverage differing and complementary areas of expertise, thus enhancing the effectiveness of interventions. Cross-cutting, multi-disciplinary, and complementary partnerships to expand service delivery, research, media programming, community mobilization, and access to contraceptives were the hallmarks of several programs. GkH demonstrated the effectiveness of partnerships with the private sector that were mutually beneficial. The campaign, by promoting a product category rather than specific brands and demonstrating concrete benefits such as increased sales, was able to mobilize the participation of commercial partners. The Saathiya program provided insights into the key elements of such partnership models: detailed memoranda of understanding (MOUs,) co-funding by as many as eight private partners, and the promotion of their brands through the consolidated, synergistic campaign. The Taru Radio Program and the RCP engaged partners with expertise in service delivery, research, scripting, production and airing of mass media programs. Under IFPS-II, the government partnered with private health centers to provide FP vouchers to poor couples, thereby increasing product demand.
- They mobilized communities by utilizing **participatory processes** in the design, implementation or evaluation phases. In “Know Yourself,” adolescents, parents, and community stakeholders were consulted on the topic, story development and pretesting of mass media programs. Valued Behavior facilitated a dialogue between health care providers and community members to identify areas where service quality needed improvement. The Taru Radio Program utilized participatory “photo voice” or evaluation methodologies, which enabled community members to document the changes in their lives as a result of the radio program.
- They utilized **robust research** to drive the program, including formative research, pretesting, monitoring, and evaluation. The Saathiya project was based on several rounds of formative research and employed an intervention-control research design to track changes in family-planning-related knowledge, attitudes, and behaviors. “Know Yourself” conducted extensive pretesting of its products over the course of a year. Valued Behavior designed a rigorous evaluation that provided theoretical explanations of effects and defined clear behavioral objectives from the outset. The Taru Radio Program triangulated quantitative and qualitative research data for a greater, fuller understanding.

- They **focused on sustainability** by embedding their interventions deep into the community through capacity building of a significant mass of stakeholders; through ensuring that the programs were deeply engrained within the government at the national and state levels; and by using government systems and resources such as frontline workers. Others, such as Gkh and Saathiya, ensured that private sector players stayed invested in the programs thanks to the very real and concrete benefits accruing to them. Pragati employed a cascade and refresher training capacity building approach that ensured rapid scale up and sustainability. IFPS-II invested heavily in capacity building through a national BCC workshop, BCC trainings at district and block levels in UP, and the development of a BCC Implementation Guide for UP district- and block-level BCC managers.

B. Innovations

The review highlighted several examples of practices that were innovative when these interventions were implemented. One example was **linking of mass media programming with on-ground listener groups and interpersonal communication (IPC)** to enhance project outcomes. This combination of social modeling through mass media with diffusion through IPC channels was employed by RCP, the Taru Radio Program, and Valued Behavior. The use of **rotating discussion groups**, such as those used in Jiggasha, helped integrate women on the periphery of social networks into the fold of the program.

The RCP created an innovative **distance education program** for health care providers, consisting of a 54-episode radio broadcast that was aired at the end of the service day so that clinic staff could listen together at their health post. Every health post and sub-health post in the targeted Dang district was given a radio to ensure that providers could listen to the program, as well as discussion guides and pre-printed feedback aerograms.

In more recent years, **toll-free helplines and SMS text messages** have provided confidential ways for audiences to obtain FP information, counseling, and referrals to services (see the Saathiya case study). Not all innovative channels were “high tech,” however. The use of the **audio cassette** as a BCC tool by the Key Social Marketing Project Pakistan has been the only such known example to date (see text box).

Key Social Marketing Project - Pakistan



Ownership of cassette players is much higher than ownership of radios in Pakistan. The Key Social Marketing Project—which aimed to increase the use of hormonal contraceptives—pioneered the dissemination of audio cassettes through chemists and Lady Health Volunteers (LHV). The audio cassette was a low-cost tool, with multiple benefits: it overcame barriers of literacy, could be used multiple times and in the privacy and convenience of the home, could be heard by husband and wife together, and could be shared with many others. Available in six regional languages, the cassette imparted information about the pill and injection through a simulated interaction between a provider and a couple interested in birth spacing. Neighborhood discussion groups were established around the audio cassettes. LHV led these groups in a participant’s home. The project forged partnerships with manufacturers, improved the quality of contraceptive service provision, and advocated for the support of major professional associations. As a result, hormonal contraceptive use increased from 12–25 percent. Knowledge of hormonal contraceptives and intention to use them also increased. This project demonstrated that innovations can be quite simple—they do not always have to be “high tech.”

The Saathiya program employed an **innovative partnership and branding** effort by getting eight contraceptive manufacturers to designate one of their existing commercial brands as their “Saathiya” brand. These products were jointly promoted through the Saathiya communication campaign and training efforts, providing a win–win situation with benefits for both the campaign and the manufacturers.

Several programs used **participatory methodologies** to foster innovation in program design, community mobilization, and evaluation. For example, Valued Behavior employed an approach called Partnership Defined Quality (PDQ) to facilitate a dialogue between health care providers and community members to identify areas where service quality needed improvement. This was key to improving relations between disadvantaged and marginalized communities and health services with a history of miscommunication and distrust. The Taru Radio Program distributed low-cost disposable cameras to community members and asked them to “shoot back” and document the realities of their lives and the changes that they perceived after Taru was aired.

Other programs used innovative **research methodologies**. The Green Umbrella project used propensity score matching coupled with structural equation modeling to generate unbiased estimates of the Shabuj Chaya television program’s effects and draw causal inferences; these results approximated what would have been expected from a more expensive randomized control group design. RCP factored indirect exposure into the evaluation design, allowing for a more accurate estimation of the program’s impact on contraceptive use. Through its robust evaluation, PRACHAR was able to identify a simpler model, a **“minimum package”** of interventions and resources that would yield the same results. This package included a three-day RH workshop for adolescents and bimonthly home visits for couples.

C. Case Studies

The following table summarizes the programs and interventions that met the criteria for inclusion in this document. They are organized into to three categories:

- **Programs that employed a “360” approach:** These were large, comprehensive programs that aimed to increase demand for FP while improving the quality of provider services and/or increasing access to contraceptive methods. They used a mix of SBCC approaches and often relied on robust partnerships with nongovernmental organizations (NGOs) and/or the private sector. These types of programs approached the FP issue from multiple, complementary angles.
- **Programs that focused primarily on community-based initiatives:** These programs focused primarily on promoting FP at the community level, through community media, community health workers/educators, or health care providers. Some utilized other SBCC approaches, but the bulk of their work was at the community level.
- **Programs that focused primarily on mass media:** These programs focused primarily on mass media campaigns, either through advertising or entertainment–education (EE) approaches. Some also had a community component, such as radio listening groups, but the main intervention was implemented through television or radio.

The case studies are organized to facilitate navigation through the document, not as a recommendation for how to focus an SBCC program. As discussed earlier, programs that employed a 360-degree

approach were very effective. Those case studies that focused primarily on community-based initiatives or primarily on mass media also had good practices to offer. Each of these cases could have benefited from a wider mix of communication approaches.

In each category, the case studies are organized by country—India first, followed by examples from Bangladesh, Nepal, and Pakistan. The following are some definitions of key terms used in the matrix:

- **Mass media** = Radio/TV dramas, radio/TV ads, magazine/newspaper ads, public relations (earned media)
- **Provider interpersonal communication and counseling (IPC/C)** = IPC/C provided individually or in groups through health facilities, pharmacies/chemists, or telephone hotlines
- **Community IPC/C and mid-media** = IPC/C provided individually or in groups by community health volunteers, rural medical practitioners, peer educators, or community change agents; includes mother's groups, communication action groups, radio listening groups, community discussion/chat groups, community theater/performances, cinema ads, posters, flyers, billboards, retail promotion, collateral materials (e.g., t-shirts, umbrellas, stickers)
- **Digital media** = websites, Facebook, Twitter, SMS messages

Family Planning Case Studies

Name and Location	SBCC Channels	Objectives	Target Audiences	Good Practices
PROGRAMS EMPLOYING A 360 DEGREE APPROACH				
1. Goli Ke Hamjoli (GkH) India (eight cities in the North)	<ul style="list-style-type: none"> • Mass media • Provider IPC/C • Advocacy 	<ul style="list-style-type: none"> • Improve attitudes toward OCs • Increase OC sales • Increase industry investment 	<ul style="list-style-type: none"> • Young, married, urban women in socioeconomic status (SES) categories A-D • Husbands • Mothers-in-law and sisters-in law 	<ul style="list-style-type: none"> • 360-degree approach • Detailed audience segmentation • Extensive provider training/support • Strong/innovative partnerships • Theory/model as foundation
2. Saathiya India (Lucknow)	<ul style="list-style-type: none"> • Mass media • Provider IPC/C • Community IPC/C/mid-media • Digital media 	<ul style="list-style-type: none"> • Promote product brand • Prevent unintended pregnancies • Reduce STIs • Promote birth spacing for new mothers 	<ul style="list-style-type: none"> • Urban married couples 15–24 in lower socioeconomic groups 	<ul style="list-style-type: none"> • 360-degree approach • Extensive provider training/support • Strong/innovative partnerships • Strong product/service branding • Youth-friendly channels
3. Innovations in Family Planning Services - II (IFPS-II) India (UP, Uttarakhand, and Jharkhand)	<ul style="list-style-type: none"> • Mass Media • Provider IPC/C • Community IPC/C/mid-media • Advocacy 	<ul style="list-style-type: none"> • Reduce fertility and improve health by increasing the demand for and uptake of FP/RH services • Increase the use of behavioral interventions for HIV prevention, child survival, and infectious disease. 	<ul style="list-style-type: none"> • Couples 20–45 years; adolescents 15–19 years; mothers-in-law (national campaign) • State-level campaigns had different audiences, depending on the activity 	<ul style="list-style-type: none"> • 360-degree approach • Adaptation of materials to local context • Extensive provider training/support • Focus on sustainability • Strong/innovative partnerships
4. “Know Yourself” Adolescent Reproductive Health Communication Program Bangladesh	<ul style="list-style-type: none"> • Mass media • Community IPC/C/mid-media • Provider IPC/C 	<ul style="list-style-type: none"> • Address the information needs and improve psycho-social skills of adolescents and their parents/guardians. 	<ul style="list-style-type: none"> • Adolescents • Parents/guardians 	<ul style="list-style-type: none"> • 360-degree approach • Participatory processes • Robust research • Targeting of FP influencers • Youth-friendly channels
5. Valued Behavior for Healthy Families Nepal (Sunsari, Siraha, Dhanusha, and Banke districts)	<ul style="list-style-type: none"> • Mass media • Community IPC/C/mid-media • Provider IPC/C 	<ul style="list-style-type: none"> • Increase access to FP services by marginalized groups in rural areas • Improve quality of FP services • Empower clients to seek FP info • Promote concepts of “responsible husband” and “well-planned family” 	<ul style="list-style-type: none"> • Couples of reproductive age in marginalized populations (Dalits and Muslims) • Service providers 	<ul style="list-style-type: none"> • 360-degree approach • Adaptation of materials to local context • Participatory processes • Robust research • Strong community-mass media linkages

Name and Location	SBCC Channels	Objectives	Target Audiences	Good Practices
PROGRAMS FOCUSED PRIMARILY ON COMMUNITY-BASED INTERVENTIONS				
6. PRACHAR India (Bihar)	<ul style="list-style-type: none"> Community IPC/C/mid-media Provider IPC/C 	<ul style="list-style-type: none"> Delay first birth and space second birth Improve MCH and economic well-being of families Reduce population growth Change social norms related to early childbearing 	<ul style="list-style-type: none"> Adolescents 12–24 years old Couples w/wife <25 and no more than 1 child Men, parents, in-laws, teachers, Panchayati Raj Institutions 	<ul style="list-style-type: none"> Detailed audience segmentation Extensive provider training/support Focus on sustainability Targeting of FP influencers Youth-friendly channels
7. Pragati India (three districts in UP)	<ul style="list-style-type: none"> Community IPC/C/mid-media 	<ul style="list-style-type: none"> Improve women’s and children’s health outcomes Ensure access to FP information 	<ul style="list-style-type: none"> Newly married couples Couples with children Pregnant women Women with youngest child under 2 Men and mothers-in-law 	<ul style="list-style-type: none"> Detailed audience segmentation Extensive provider training/support Focus on sustainability Targeting of FP influencers
8. Promoting Birth Spacing in India (Operations Research) India (Meerut District, UP)	<ul style="list-style-type: none"> Community IPC/C/mid-media 	<ul style="list-style-type: none"> Test effectiveness of BCC model for educating about birth spacing Increase use of lactational amenorrhea method (LAM) and post-partum contraception to space births 	<ul style="list-style-type: none"> Young couples Community members 	<ul style="list-style-type: none"> Focus on sustainability Robust research Targeting of FP influencers
9. IUD Use in Gujarat, India (Operations Research) India (Gujarat)	<ul style="list-style-type: none"> Provider IPC/C Community IPC/C/mid-media 	<ul style="list-style-type: none"> To test theory that IUD use would increase by simultaneously increasing demand and strengthening competencies and counseling skills of providers 	<ul style="list-style-type: none"> Urban and rural women 	<ul style="list-style-type: none"> Extensive provider training/support Focus on sustainability Robust research
10. Rural Communication Project (Jiggasha) Bangladesh	<ul style="list-style-type: none"> Community IPC/C/mid-media 	<ul style="list-style-type: none"> Promote FP 	<ul style="list-style-type: none"> Women Men 	<ul style="list-style-type: none"> Extensive provider training/support Robust research Targeting of FP influencers Theory/model as foundation
11. Improving access to and use of RH information and services in Nepal (Operations Research)	<ul style="list-style-type: none"> Community IPC/C/mid-media 	<ul style="list-style-type: none"> Test effectiveness of two experimental models (Youth Communication Action Group and Mother’s Group) 	<ul style="list-style-type: none"> Young married women Young married couples 	<ul style="list-style-type: none"> Robust research Youth-friendly channels

Name and Location	SBCC Channels	Objectives	Target Audiences	Good Practices
Nepal (Udaypur)				
12. Key Social Marketing Project Pakistan (Larkana and Faisalabad)	<ul style="list-style-type: none"> Community IPC/C/mid-media Provider IPC/C Advocacy 	<ul style="list-style-type: none"> Increase access to and use of a low-dose pill and three-month injectable 	<ul style="list-style-type: none"> Women in urban and peri-urban areas 	<ul style="list-style-type: none"> Adaptation of materials to local context Extensive provider training/support Strong/innovative partnerships
PROGRAMS FOCUSED PRIMARILY ON MASS MEDIA				
13. Shabuj Shathi and Shabuj Chaya (Green Umbrella) Bangladesh	<ul style="list-style-type: none"> Mass media Community IPC/C/mid-media Provider IPC/C 	<ul style="list-style-type: none"> Promote clinic brand Foster positive perceptions of health workers Increase number of visitors to Green Umbrella FP clinics Increase number of couples seeking FP services at Green Umbrella clinics Increase HIV/AIDS knowledge and awareness 	<ul style="list-style-type: none"> Couples, especially newlyweds 	<ul style="list-style-type: none"> High-quality media programming Robust research Strong product/service branding
14. Taru Radio Program India (Bihar, Jharkhand, Madhya Pradesh, and Chhattisgarh)	<ul style="list-style-type: none"> Mass media Community IPC/C/mid-media 	<ul style="list-style-type: none"> Deliver messages on sexual and RH, FP, HIV/AIDS prevention, value of girls' education, literacy 	<ul style="list-style-type: none"> Households owning a radio 	<ul style="list-style-type: none"> High-quality media programming Participatory processes Robust research Strong community-mass media linkages Theory/model as foundation
15. Radio Communication Project Nepal	<ul style="list-style-type: none"> Mass media Community IPC/C/mid-media Provider IPC/C 	<ul style="list-style-type: none"> Improve quality of FP services Empower clients to seek FP info Promote concepts of "responsible husband" and "well-planned family" 	<ul style="list-style-type: none"> Couples of reproductive age Service providers 	<ul style="list-style-type: none"> Communication planning cycle High-quality media programming Robust research Repositioning of FP Theory/model as foundation
16. Touch Condom Advertising Campaign Pakistan	<ul style="list-style-type: none"> Mass media 	<ul style="list-style-type: none"> Promote condoms as a way to space children and protect the health of the mother and child 	<ul style="list-style-type: none"> Young middle or upper-middle class couples who had recently started their families, whose monthly household income was 20,000- 30,000 rupees and who owned a motorcycle or a car and an apartment or small house in an urban area 	<ul style="list-style-type: none"> Detailed audience segmentation Repositioning of FP

The following case studies provide detailed descriptions of the programs and operations research (OR) studies summarized in the matrix above. They are presented in the same order as in the matrix, starting with programs that employed a “360” approach, followed by programs focusing primarily on community-based approaches and programs focused primarily on mass media interventions. Additional information can be found by consulting the publications and sources for each case study, many of which can be found online.

Programs Employing a “360” Approach

1. The Goli Ke Hamjoli (GkH) Campaign: Promotion of Oral Pills in Urban North	
<p>Donor: USAID</p> <p>Implementing agency: ICICI Bank with technical assistance from Commercial Marketing Strategies (CMS) under the Program for the Advancement of Commercial Technology–Child and Reproductive Health (PACT-CRH)</p>	<p>Good practices:</p> <ul style="list-style-type: none"> • 360 approach • Theory/model as foundation • Detailed audience segmentation • Extensive provider training/support • Strong/innovative partnerships
<p>Duration: 1998–2003</p>	
<p>Geography: India (urban locations of eight states in the “Hindi belt”: Delhi, Rajasthan, UP, Uttaranchal, Madhya Pradesh, Chhattisgarh, Bihar, and Jharkhand)</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Goli Ke Hamjoli: Growing the Oral Contraceptive Market in North India. CMS, ICICI, USAID. Undated. 2. Using Behavior Change Communication to Overcome Social Marketing Sales Plateaus: Case Studies of Nigeria and India. Technical Paper Series #7. Dominique Meekers, Ronan Van Rossem, Sara Zellner, and Ruth Berg. CMS. 2004. 	

Background

Prior to program launch, both total monthly OC sales in northern India and OC prevalence were almost stagnant. Formative research revealed that many doctors and chemists did not approve of OCs, often believing that contemporary (low-dose) OCs had side effects similar to the high-dose estrogen and progestin contraceptive pills from the early 1960s.

Goals and objectives

One of the initial goals of the Goli ke Hamjoli campaign was to ensure that OC “intenders” had the support they needed to act upon their intentions, including receiving accurate information about low dose OCs and support from contraceptive providers and society. The project’s objectives were to

- Improve consumer and provider attitudes towards OCPs
- Increase urban OC sales in north India by 12–15 percent every year
- Increase industry interest and investment in OCs



Target audiences

The primary target groups were young, married urban women of socio-economic categories A to D (all groups except the poorest of the poor) in the age group of 18–29 years. Within this target audience, the project tailored messages and activities to audiences according to their readiness to adopt OCs. Segmentation was based on the Stages of Behavior Change Model.

Secondary target groups included husbands, influencers, and gatekeepers such as mothers-in-law and sisters-in-law, advisors, and providers such as doctors and chemists. Tertiary audiences included local and national media and other influencer groups, such as local civic bodies and community organizations. By focusing on these larger influencers, the project helped create an enabling environment for the adoption of positive healthy behaviors.

Process and strategies

GkH used a multi-pronged integrated communication and marketing approach, including public relations and consumer outreach activities, provider training and detailing, advocacy with professional health associations, and a mass media campaign. Some features of the project included:

- Addressing provider bias and enhancing knowledge via mailers and regular scientific updates about low-dose OCs to 30,000 general practitioners, gynecologists, and pediatricians and 15,000 chemists. It also held intensive trainings for 28,600 traditional doctors and 34,000 chemists.
- BCC through advertising, which was the largest component of the campaign based on visibility and spending. The campaign, created by Ogilvy and Mather, comprised more than 20 advertisements aired between 1998 and 2003, and attacked deep-rooted myths about the side effects of OCs and encouraged couples to ask for more information. The campaign featured celebrity endorsements and ran for six to eight months—much longer than most other ad campaign “bursts” of sustained airing with the aim of saturating audiences.
- Public relations articles in magazines supplemented the advertising campaign, giving more detail on OCP benefits and listing respected doctors in 19 major cities who offered free counseling.

Throughout its 5-year span, the project remained dynamic, constantly using marketing research and tracking studies to monitor its progress, and making adjustments to activities and strategies accordingly. Based on yearly review and refinement, the campaign progressed from focusing on creating contraception demand in Year 1, to communicating about the benefits of OCs and testimonials toward the end of the program. Provider concerns and barriers toward OCs were addressed through training programs using evidence-based technical updates.

The campaign was named the *Healthcare Campaign of the Year* at the 1999 Asian Public Relations Awards and also won India’s Abby Award from the Bombay Ad Club for the best social concern campaign.

GkH Project Results

- Increased positive attitudes towards FP
- Increased use of OCs
- Increased FP knowledge among providers

The project identified several lessons learned, including the following:

- **Intensive training works.** GkH found that one-time, intensive training of providers proved to be more effective than conducting routine but brief detailing.
- **Sales and usage show sharp growth at the initial stages of a campaign;** hence communication interventions must aim at those who are undecided about adopting FP in the initial years of a campaign, refining campaign objectives and strategies as ground realities change and mature.
- **Commercial partners are usually reluctant to support a generic campaign** unless they see some results, hence projects must learn to use M&E data rigorously at every stage and share positive outcomes with partners on a timely basis to mobilize and strengthen their partnerships.

- **Category campaign branding needs to distinguish itself from product brands.** In the case of GkH, the campaign was unintentionally associated with the government OCP brand, Mala D. There is a danger of the campaign benefits accruing only to this brand, and worse, being associated with the negative effectiveness of other products.
- **Pharmaceutical partners are more interested in localized promotion specific to their brand,** rather than brand building and consumer awareness activities that may take a longer time to yield benefits. Marketing innovations need to be pitched accordingly.

Good practices

- **360 approach:** The program leveraged all three components of SBCC—advocacy (with professional associations and the media), social mobilization (commercial sector partners), and BCC through an intensive mass media campaign, on-ground activation, and providers.
- **Detailed audience segmentation:** The project segmented audiences in multiple ways, according to age, socioeconomic status (SES), and readiness to change their behavior. This allowed for the development of more effective, targeted messages and materials.
- **Extensive provider training/support:** GkH disseminated FP information and updates to virtually all reproductive and child health physicians in the community. The project also expanded access to FP services by training over 60,000 traditional doctors and chemists. This extensive outreach and training ensured that no matter which provider a woman consulted in her community, she had an excellent chance of receiving accurate information.
- **Strong/innovative partnerships:** GkH obtained support from influential professional bodies such as the **Federation of Obstetric and Gynecological Societies of India (FOGSI)** and the National Alliance for Reproductive and Child Health (NARCH). This provided a supportive environment for continued promotion. FOGSI, which had given significant support to GkH, issued in 2005 a “consensus statement” asking for OCs to be included in WHO guidelines, thus setting important global/national benchmarks for the promotion of contraception and FP within this arena. In addition, the project’s emphasis on private-sector partnerships ensured that demand generation was effectively met with high-quality, accessible, and available OCs. The program leveraged commercial partners (Wyeth, Organon, Novelon, German Remedies) to play an active role in OC promotion, resulting in greater sales and revenues.
- **Theory/model as foundation:** The project demonstrates the value of using SBCC theories and models. Audience segmentation and messaging were based on the Stages of Behavior Change, which included pre-contemplation, contemplation, preparation, action, and maintenance.

2. Saathiya	
<p>Donor: USAID with contributions from 8 pharmaceuticals and medical associations</p> <p>Implementing agency: Abt Associates through the Private Sector Partnerships-One Project (PSP-One)</p>	<p>Good practices:</p> <ul style="list-style-type: none"> • 360 approach • Extensive provider training/support • Strong product/service branding • Strong/innovative partnerships • Youth-friendly channels
<p>Duration: October 2007–2012</p>	
<p>Geography : India (Lucknow, Agra, Allahabad, Barabanki, Dehradun, Haridwar, and Varanasi)</p>	
<p>Publication/source:</p> <p>1. The Saathiya Trusted Partner Program: Meeting Young Couples’ Reproductive Health Needs. Gael O’ Sullivan. Social Marketing Quarterly, Vol. 14:3, 109–120. Fall 2008.</p>	

2. Improving Access to FP needs of Young Married Couples through a Network of Private Providers. Saathiya Program. USAID/India and Market-based Partnerships for Health. May 2012.

Goals and objectives

The project aimed to create sustainable social marketing partnerships to improve contraceptive-seeking knowledge and behaviors among married couples. The objectives were to help young people prevent unintended pregnancies, reduce sexually transmitted infections (STIs), and adopt birth spacing for new mothers. The campaign aimed to increase self-efficacy, promote family FP approval, and provide contraceptives in a confidential, affordable, and private environment, especially via private sector.



Target audiences

Married couples ages 15–24 in the lower SES groups in seven cities.

Process and strategies

Saathiya was based on a two-pronged conceptual framework to improve both supply of and demand for contraceptive services and methods through an expanded network of service providers and innovative marketing campaign. On the supply side, the project:

- Conducted training and refreshers for 3,400 doctors, paramedics, and chemists, who are an important source of FP information, especially for young males
- Built the capacity of practitioners of Indian systems of medicine and homeopathy (ISMH)
- Provided postpartum intrauterine contraceptive device (PPIUCD) training of 238 OB/GYNs and 360 paramedics
- Created a “basket” of short-acting contraceptive methods suitable for young married couples

Capacity building through training of trainers (TOT) was conducted with providers, complemented by orientation and outreach sessions with OB/GYNs. An innovative, integrated campaign was initiated with young couples. The campaign positioned Saathiya as the only program that provided young couples with FP advice tailored to their specific needs.

The campaign connected young people to the Saathiya toll-free helpline, retailers, and doctors who could answer questions and provide appropriate contraceptive products and services. Phase Two of the campaign, in January 2008, featured additional channels such as radio programs, radio ads, cinema ads, street theater performances, retail promotion, and a Saathiya website.

Saathiya also forged partnerships with 33 medical associations in seven cities representing OB/GYNs, general practitioners, chemists, and the International Society of Men’s Health. These associations identified providers to train, master trainers, and logistics support for trainings.

Saathiya Project Results

- Increased awareness of the Saathiya network
- Over 500,000 calls fielded from 2008–2012
- Increased use of FP methods
- Increased perception of providers as trusted sources of FP information
- Increased % of providers who spontaneously discussed FP with clients and provided accurate counseling

Good Practices

- **360 approach:** The program expanded access to FP methods using mass media and community media for promotion and addressing supply and demand. Saathiya also utilized a toll-free helpline and digital media to provide confidential access to FP information.
- **Extensive provider training/support:** Saathiya created an innovative network of private providers. The project trained over 3,000 traditional FP providers and created cadre of FP providers—the Indian systems of medicine and homeopathy (ISMH). Over 1,100 ISMH providers were recruited and trained.
- **Strong product/service branding:** Each manufacturer designated an existing commercial brand as their “Saathiya” brand, and these products were jointly promoted through the Saathiya campaign and training efforts. This provided a win-win situation with benefits for both the campaign and companies. The brand name Saathiya was developed based on intensive focus group discussions and was used consistently across all elements of the project.
- **Strong/innovative partnerships:** The Saathiya program created a unique approach to partnership building, with eight pharmaceutical companies and medical organizations co-funding the project. Each partner also contributed in-kind and/or financial support. Saathiya also forged partnerships with 33 provider associations in seven cities.
- **Youth-friendly channels:** Saathiya made it easy for young people to obtain confidential FP information through the toll-free helpline, SMS text messages, and the Saathiya website. The large volume of calls suggested that young people in Lucknow appreciated having a private, confidential source of reliable FP information.

3. Innovations in Family Planning Services – II (IFPS – II)	
<p>Donor: USAID</p> <p>Implementing and technical assistance agency: State Innovations in Family Planning Services Agency (SIFPSA) with technical assistance provided by a consortium of agencies led by The Futures Group</p>	<p>Good practices:</p> <ul style="list-style-type: none"> • 360 approach • Adaptation of materials to local context • Extensive provider training/support • Focus on sustainability • Strong/innovative partnerships
<p>Duration: 2004–2010</p>	
<p>Geography : India (UP, Uttarakhand, and Jharkhand)</p>	
<p>Publication/source: BCC Activities and Achievements. Innovations in Family Planning Services Technical Assistance Project (ITAP). Lessons Learned, Best Practices, and Promising Approaches. June 2010.</p>	

Background

The IFPS project was designed in 1992 with the goal of reducing the total fertility rate of UP from 5.4 children per women to 4, and increasing the contraceptive prevalence rate from 13 percent of married women of reproductive age to 50 percent. Since inception the project has focused on the development and delivery of FP, RH, and MCH interventions. The second phase of the project (IFPS-II) began in 2004 and consisted of national-level and state-specific activities in UP, Jharkand, and Uttarakhand. All SBCC activities were implemented in collaboration with the National Rural Health Mission (NRHM), the State Innovations in Family Planning Services Agency (SIFPSA), the Government of India (GOI), the governments of UP, Uttarakhand, and Jharkhand, and district and block health program workers.

Goals and objectives

IFPS's goal was to reduce fertility and improve health by increasing demand for FP and RH services and increasing the use of behavioral interventions for HIV prevention, child survival, and infectious disease. IFPS-II at the national level included a three-phase mass media campaign, a national IEC workshop, and an advocacy film for NRHM.

National Mass Media Campaign

The national campaign was implemented in three phases from 2006–2010. Each phase had distinct objectives, target audiences, and sets of materials, which are described below.

Campaign objectives

- Phase 1 (2006): To improve attitudes and adoption of positive FP behaviors, age at marriage, antenatal care, WHO-ORS, immunization, and HIV/AIDS
- Phase 2 (2008–2009): To promote NRHM services and position ASHAs as important links between families and health services
- Phase 3 (2009–2010): To promote birth spacing and postpartum contraception, and increase men's decision making in FP

Target audiences

- Phase 1: Couples 20–45 years and adolescents 15–19 years
- Phase 2: General population 15–45 years
- Phase 3: Newly married couples; couples with at least one child; couples who just delivered, or about to deliver their child; couples who have completed their families, particularly men; couples where the woman has undergone an abortion



Process and strategies

- Phase 1: Created and aired over 20 TV and radio spots were on FP and promoted health topics.
- Phase 2: Created and aired 20 TV spots, seven radio spots, and numerous print ads
- Phase 3: During three sub-phases, re-aired 15 previously developed spots and created and aired 16 new spots (9 TV and 7 radio)

National IEC Workshop

In August 2009 IFPS-II held a two-day workshop to build capacity of information, education, and communication (IEC) officers from 22 states across India. The workshop aimed to strengthen the development and delivery of programs through renewed dialog between the states and the national IEC department within the Ministry of Health and Family Welfare (MoHFW).

NRHM Advocacy Film

In 2007 IFPS-II created a 10- to 12-minute film to increase awareness and recognition of NRHM and generate demand for its services. The film, which was targeted at key stakeholders at health care facilities and NGOs, also shared innovations and best practices across states.

State-Level Activities

IFPS-II also undertook a number of activities at the state level, as outlined in the table below. Detailed information about these activities can be found in the source document.

Uttar Pradesh	Jharkhand
<ul style="list-style-type: none"> • Development of BCC strategy and implementation guide • Advocacy workshops for 4,800 political leaders and stakeholders • Two, 26-episode radio dramas on FP, delayed marriage, male involvement, and the role of ASHAs and ANMs • Poster describing FP methods • Female sterilization campaign—mass and community media • IUD campaign – product branding, mass and community media, and provider counseling tools • Kumbh Mela—community education and counseling • Training of folk troupes • Capacity building of ASHAs and ANMs through radio distance learning, flipbooks, and a newsletter • Training module for family welfare counselors • Social franchising of hospitals and clinics under the “Merry” brand 	Uttarakhand
	<ul style="list-style-type: none"> • BCC strategy development and capacity building • Assessment of tribal health issues • IPC capacity building for ASHAs and ANMs • FP voucher scheme <ul style="list-style-type: none"> • Mobile health vans in 13 districts • FP voucher scheme • Enhancement of government life skills education program with information on marriage and FP

Good practices

Several good practices emerged from IFPS-II interventions at the national level and in UP, Jharkhand, and Uttarakhand.

- **360 approach:** IFPS-II used a wide range of tactics to increase FP demand while strengthening the capacity of community-based providers and expanding FP access through voucher schemes, social franchising, and mobile vans. Messages were reinforced and expanded over time and through multiple channels and recall and comprehension improved. Messages were conveyed through multiple rounds of mass media campaigns and reinforced through other channels, such as folk media, mid-media, and counseling provided by ASHAs, ANMs, and facility-based providers.
- **Adaptation of materials to the local context:** In UP, the project trained folk troupes to integrate FP messages into performances. This facilitated the transfer of information through locally appropriate channels such as Nautanki (folk theater), Qawwali (Urdu folk songs), Alha and Birha (ballad singers), puppetry, and magic. The high profile Kumbh Mela event, which brings millions of people from all over India to UP every four years, proved to be a cost-effective platform for reaching large audiences using IPC and folk media. In Jharkhand, the assessment of tribal health issues and the inclusion of tribal populations in program planning proved critical for the development of culturally relevant programs.
- **Extensive provider training/support:** The project invested heavily in training community-based providers, specifically ASHAs and ANMs. In UP, it crafted and aired a 26-episode radio distance learning program to strengthen their IPC, FP, and RH skills. An evaluation found that 95 percent of ANMs who listened to the program reported increased self-esteem and 70 percent had improved IPC knowledge. The project also created a flipbook for ASHAs to facilitate talks on FP

IFPS-II Project Results

- High awareness of national media ads and positive responses from viewers
- Approximately half of married respondents reported initiation of FP after seeing national ads
- Increased self-esteem and IPC knowledge among ASHAs and ANMs in UP

and other health topics. A total of 129,450 flipbooks were produced and distributed in 71 districts. A newsletter was created to provide ASHAs with up-to-date information and a forum to share experiences. More than 800,000 newsletters were distributed. The project also developed a training module to improve counseling skills of family welfare counselors at government health facilities, which covered FP, antenatal care (ANC), postnatal care (PNC), immunization, and nutrition.

- **Focus on sustainability:** IFPS-II integrated SBCC into existing programs and invested heavily in building BCC capacity at the national, district, and block levels. This was accomplished through the development of BCC strategies, trainings, and a BCC implementation guide. This not only increased stakeholder engagement, but helped ensure sustainability of interventions.
- **Strong/innovative partnerships:** By partnering with private health facilities, IFPS-II expanded access to free FP services through the creation of voucher schemes. Through this, couples could receive free services at private facilities, which were subsequently reimbursed by the government. In UP, the project also created the Merrygold Health Network by partnering with private providers who signed on as franchisees. Network hospitals and clinics provided quality reproductive and child health services to poor populations at low or competitively priced rates.

4. “Know Yourself” Adolescent Reproductive Health Communication Program	
<p>Donor: USAID</p> <p>Implementing agency: Bangladesh Center for Communication Programs (BCCP) with technical assistance from the Johns Hopkins Center for Communication Programs and the National Adolescent and Reproductive Health Working Group</p>	<p>Good practices:</p> <ul style="list-style-type: none"> • 360 approach • Participatory processes • Robust research • Targeting of FP influencers • Youth-friendly channels
<p>Duration: 2003 – 2007</p> <p>Geography: Bangladesh</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Bangladesh ARH – Focused Community Assessment Final Report. BCCP. AC Nielsen. Health Communication Partnership. USAID. November 2006. 2. Adolescent Reproductive Health Communication. Midline Assessment. AC Nielsen. Bangladesh. May 2005. 3. Baseline Survey of Adolescent Reproductive Health Interventions in Bangladesh. Associates for Community and Population Research, BCCP. June 2003. 	

Background

In 2002, a National Adolescent Reproductive Health (ARH) strategy was first developed by the Ministry of Health and FP. An important outcome of the strategy was the development and implementation of a communication campaign aimed at adolescents.

Goals and objectives

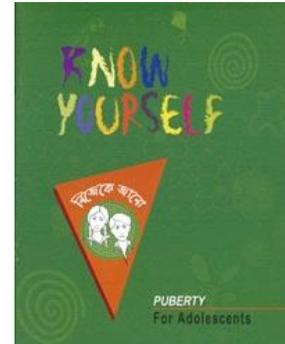
Through the “Know Yourself” campaign, the ARH Communication Program aimed to address the information needs and psycho-social skills of adolescents and their parents/guardians that are necessary for making informed decisions and encouraging appropriate health-seeking behavior.

Target audience

Adolescents aged 13–19 and their parents/guardians.

Processes and strategies

The project’s communication strategy, materials, and implementation were based on findings from a baseline assessment and formative research with adolescents. Four key thematic areas were identified—physical and emotional changes; sexuality, sexual attraction and delay of sexual debut; preventing HIV and other STIs; and preparing for marriage. Key program components involved:



- **Mass media programming** included a 52-episode radio and 26-episode TV magazine program, 13-episode youth TV variety show with mini-drama, HIV awareness-raising campaign, and a “Know Yourself” branding campaign. Programs used variety-show formats with adolescent anchors and reporters who interviewed adolescents, parents, teachers, service providers, and community leaders.
- **Comic books** were popular with adolescents and addressed sensitive ARH issues more directly than on TV or radio. Twenty comic books were designed and sold through networks. Each included guidelines and questions for reflection and discussion.
- **Print materials** on ARH issues included 4,500 “Know Yourself” information booklets for adolescents and 1,000 brochures for parents.
- **Workshops conducted using an interactive “Know Yourself” toolkit** focused on four ARH areas for adolescents. The toolkit consisted of question and answer booklets, four videos, and a facilitator’s guide. Over 3,300 adolescent boys and girls were reached.
- **Technical communication/counseling manuals** were developed for RH providers in youth-friendly services. In addition, six adolescent-friendly corners were established within local health facilities to provide adolescents with a source of additional health information.
- **Life skills capacity building:** ARH Working Group facilitators were trained to conduct similar training within their own organizations and with peer educators.

“Know Yourself” Project Results

- Increased knowledge of pregnancy and contraceptive methods among adolescents
- Improved perceptions of social norms within peer groups

Good practices

- **360 approach:** The ARH project used a mix of channels to reach adolescents, including mass media, mid-media (such as comic books), and community workshops. The project also strengthened the RH capacity of youth-friendly providers.
- **Participatory processes:** Underpinning the communication strategy and its implementation was the active participation of adolescents who were involved in design workshops along with writers, artists, researchers, programmers, and broadcasters. Adolescents, parents, and community stakeholders were also consulted on the draft program in terms of choice of topic, story development, and pretesting.
- **Robust research:** The communication strategy and relevant materials and methodologies were thoroughly pretested over a one-year period.
- **Targeting of FP influencers:** Outreach to parents helped create a supportive environment for adolescents to discuss RH issues.

- **Youth-friendly channels:** The project reached youth in venues where they were comfortable receiving information, such as youth-oriented workshops and youth-friendly clinics. Communication channels focused on media most popular with youth, such as comic books.

In October 2004, "Know Yourself" was selected as the winner in the Best Combined Media Effort category in the Global Media Awards for Excellence in Population Reporting (sponsored by the Population Institute).

5. Valued Behavior for Healthy Families	
<p>Donor: USAID</p> <p>Implementing agency: Johns Hopkins Center for Communication Programs and the Nepal Family Health Program (NFHP)</p>	<p>Good practices:</p> <ul style="list-style-type: none"> • 360 approach • Adaptation of materials to local context • Participatory processes • Robust research • Strong community-mass media linkages
<p>Duration: Oct 2003–Oct 2006</p> <p>Geography: Sunsari, Siraha, Dhanusha, and Banke districts of Nepal</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Valued Behavior for Healthy Families: Sustaining FP Practices among Marginalized Groups 2. Valued Behavior for Healthy Families: A Model for Social Inclusion: Final Project Report. October 2003–September 2006. Health Communication Partnership. JHU/CCP, Save the Children. 	

Goals and objectives

Called “Sadbyabhar Swastha Pariwa” in Nepali, the project was based on the Radio Communication Project, or RCP (see **Case Study #15**), with specific adaptations made for four districts with a high proportion of marginalized populations, including Dalits and Muslims. These sub-groups had much lower user rates for FP due to the region’s difficult terrain and language and cultural barriers.

Target audiences

Women and couples from disadvantaged groups.

Process and strategies

The program was based on substantial global experience using mass media for social modeling of positive behaviors. Characters were designed to serve as behavioral models as they struggled with challenges in their fictional lives. Scripts from the two RCP programs were translated into local languages for re-broadcast. Comic books and other print materials were also produced in local languages, including some for low literacy audiences. Activities were supported by two mutually supportive community-based approaches.

- **Linking radio with community-based activities.** The existing NFHP radio drama serial *Gyan Nai Shakti Ho* (Knowledge is Power) which focused on FP/ RH issues, was translated into local languages and incorporated into participatory literacy and action/radio listener groups (PLA/RLGs). PLA/RLGs met six times a week, with two sessions each week to listen to the program and participate in a facilitated discussion of the health



issues. The PLA/RLGs were supported by additional BCC activities such as miking, postering, community meetings, and distribution of BCC materials such as listener acknowledgement stickers (see image above).

- The community-based approach, **Partnership Defined Quality (PDQ)**, aimed to improve equity and access to quality health care services. The PDQ approach facilitated a dialogue between health providers and community members in 58 facilities to identify areas where service quality needed improvement, set priorities, develop action plans, strengthen community ownership and involvement in their local health facility, and ensure shared expectations for health care service quality. This was key to improving relations between marginalized communities and health services.

Good Practices

- **360 approach:** Sadbyabhar Swastha Pariwa used a combination of mass media, community-based discussion groups, and improved health services to encourage FP use. Participation of communities in the improvement of their health services was a unique feature of this program.

<p>“Know Yourself” Project Results</p> <ul style="list-style-type: none"> • Increased FP use among women participating in the PLA/RLA groups • Increased self-efficacy around broader aspects of women’s lives • Increased spousal communication
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- **Adaptation of materials to local context:** Interventions were tailored to the language and culture of the populations targeted by the program. Skilled Nepalese dramatists with an understanding of local arts and culture conducted the scripting and production of RCP materials.
- **Participatory processes:** Evaluation results confirmed the importance of a partnership among program organizers, community leaders, NGO partners, and the audience to sustain positive FP outcomes. The PDQ approach extended the idea of community participation to community ownership in health services and quality improvement, thereby increasing utilization of services.
- **Robust research:** Evaluators indicated the program design was developed "with unusual rigor and attention to theoretical explanations of effects". Specific behavioral objectives were defined from the outset, and research was integrated from the start of the project, thus infusing the project’s lifespan with clear benchmarks and indicators.
- **Strong community/mass media linkages:** The project placed equal emphasis on BCC and community mobilization, ensuring that behavior change messages for the primary target group were supported within the larger environment and community. The theory of social modeling underpinned the EE component of the project and is a proven good practice worldwide.

Programs Focusing Primarily on Community-Based Interventions

6. PRACHAR	
<p>Donor: USAID for Phase 1 and 2; the David and Lucille Packard Foundation and UNFPA for Phase 3</p> <p>Implementing agency: Pathfinder International with 19 NGOs</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Detailed audience segmentation • Extensive provider training/support • Focus on sustainability • Targeting of FP influencers • Youth-friendly channels
<p>Duration: 2001–2012</p>	

Geography: India (Bihar)

Publication/Source:

1. A Reproductive Health Communication Model That Helps Improve Young Women’s Reproductive Life and Reduce Population Growth: The Case of PRACHAR from Bihar, India. Mizanur Rahman and Elkan E. Daniel. Research and Evaluation Papers. Undated.
2. The Effect of Community-Based Reproductive Health Communication Interventions on Contraceptive Use Among Young Married Couples in Bihar, India. Elkan E Daniel, Rekha Masilamani, Mizanur Rahman. International Family Planning Perspective s. Vol. 34, Issue 4. December 2008.

Goals and objectives

PRACHAR aimed to achieve the following goals and objectives:

- Delay the birth of the first child until the mother is aged 21, and the birth of a second child until 36 months after the first birth.
- Improve the health and welfare of young mothers and their children.
- Improve the economic well-being of families and reduce population growth by changing social norms related to early childbearing.

Target audiences

The primary audience was youth (15–24) and couples where the wife was younger than 25 with no more than one child. The women were further segmented by life stage: unmarried adolescents aged 15–19, newlyweds, women who were pregnant for the first time, and young married men and women with one child.

Parents and in-laws were important secondary audiences. The project also targeted tertiary audiences with influence on young couples, such as teachers and Panchayati Raj Institutions (PRIs). The project was implemented in three phases. Phase 1 targeted 500 villages, Phase 2 targeted 450 villages, and Phase 3 targeted 10 blocks of one district.

Process and strategies

In its first phase, the project deployed a variety of strategies.

- **Training of change agents:** PRACHAR trained 400 partner staff as change agents, carrying out intensive training and public education activities in their communities. Male and female change agents, trainers, RH teams, and various others were assigned specific roles and responsibilities.
- These change agents in turn conducted door-to-door counseling, sensitization meetings, workshops and other community-level activities such as group meetings. Examples included:
 - **“Infotainment” parties for newlywed youth** to encourage them to delay their first child until the wife reaches age 21 and to space subsequent children by three years
 - **Counseling young couples** with one child to reinforce the importance of adopting postpartum contraception for spacing their next child by at least 36 months
 - **Counseling parents and in-laws** whose support for delayed marriage/childbirth is essential
 - **Workshops for adolescent girls and boys** to teach them about RH, contraception, HIV/AIDS, and STI prevention



- **Public dramas or “folk media,”** for the larger community, which acted out RH issues faced by women and demonstrated steps to address problems such as maternal/child mortality
- **Trainings for service providers,** such as traditional birth attendants (TBAs), rural medical practitioners (RMPs), and chemists on spacing methods and post-partum counseling. PRACHAR also worked with government health workers to conduct MCH clinics.

In Phase 2, the project tested four different communication approaches to identify those with potential to yield maximum outputs/outcomes for minimal investments. The project identified a simpler model, a “minimum package” of interventions and resources that would yield the same results. This package included provision of RH education to adolescents through a three-day training workshop and provision of RH information to young couples through bimonthly home visits.

In addition to the existing capacity building strategy with local partner NGOs in SRH, new elements were added in the second phase, such as:

- Training 1,500 voluntary contraceptive counselors to promote FP in their communities
- Training and enlisting the support/participation of PRIs
- Working with social marketing agencies to ensure steady supply of contraceptives

PRACHAR added more elements in Phase 3:

- Implementation through a government and civil society partnership model to promote ownership by the state government and encourage replication and institutionalization of the most cost-effective and successful approaches for large-scale implementation
- Working with the Government of Bihar’s State Health Society to incorporate successful PRACHAR approaches into the daily work of government health workers, including ASHAs
- Performance improvement training of 1,100 ASHAs to demonstrate the potential of scaling up healthy timing and spacing initiatives for population stabilization
- Advocacy at the state, national, regional, and international levels for increased attention to programs that address youth RH and fertility

The PRACHAR model demonstrated that BCC can be very powerful. The project was able to achieve significant changes without direct provision of services. A mathematical projection exercise using SPECTRUM, a computer program developed by Futures Group International, demonstrated a substantial reduction in population size from 2005–2025. The findings of this exercise also demonstrated that using this model in just two states—Bihar and UP, among the most populous in the country—could result in the national population growing by 64 million fewer people.

Good Practices

- **Detailed audience segmentation:** The project did not treat its audience homogenously but targeted sub-groups with specific needs according to life stage.
- **Extensive provider training/support:** PRACHAR trained a variety of community-based providers to promote FP, including traditional birth attendants (TBAs), rural medical practitioners (RMPs), chemists, ASHAs, and voluntary contraceptive counselors. They also trained over 400 change agents, many of whom were men.

PRACHAR Project Results

- Increased contraceptive use to delay first birth and space subsequent births
- Increased age at marriage
- Increased age at first birth

- **Focus on sustainability:** PRACHAR helped ensure that activities would carry on beyond the life of the project by building the capacity of service providers and staff from local NGOs. The Government and Civil Society Partnership Model encouraged ownership by the state government, thereby encouraging the replication and institutionalization of the most cost-effective and successful approaches for large-scale implementation.
- **Targeting of FP influencers:** The project worked with immediate family-level influencers such as men, parents, in-laws, to community-level influencers such as teachers and PRIs, as well as service providers such as dais, chemists, and RMPs. This helped create an overall enabling environment, and ensured that sufficient numbers were sensitized to the issue to reach a “tipping point” for a change in social norms.
- **Youth-friendly channels:** The project organized community-based activities specifically for youth, such as infotainment parties for newlywed couples and workshops for adolescents. This allowed the youth to discuss FP issues in comfortable settings.

7. Pragati	
<p>Donor: USAID</p> <p>Implementing agency: World Vision, under the Expanded Impact Program, in partnership with CORE</p>	<p>Good practices:</p> <ul style="list-style-type: none"> • Detailed audience segmentation • Extensive provider training/support • Focus on sustainability • Targeting of FP influencers
<p>Duration: 2003–2007</p>	
<p>Geography: India (three districts of UP—Bailla, Lalitpur, Moradabad)</p>	
<p>Publication/Source: The Right Messages to the Right People at the Right Time. USAID. CORE. Catherine Toth. 2007. Website.</p>	

Goals and objectives

Pragati’s objectives were to improve health outcomes and change behaviors related to women’s and children’s health and ensure pregnant women and new mothers had access to information about and methods of birth spacing and FP. The word “pragati” is Hindi for “momentum” or “progress.”

Target audiences

The project offered FP information, services, and referrals to married women of reproductive age, and tailored BCC to meet the needs of women (and men) in three primary target group categories:

- Newly married couples
- Couples with children
- Women who were pregnant and/or whose youngest children were under 2 years old

Men and key influencers such as mothers-in-law were secondary target groups.

Processes and strategies

Prior to project inception, health workers targeted and scheduled outreach according to a predetermined calendar (e.g., on weekly nutrition and health education



days) and not based on community and family need. Recognizing this gap, the project adopted a continuum of care approach, which guided and tracked women over time through a comprehensive array of health services. This approach allowed for the timing and targeting of health messages to reach the right people at the right time in their lives. Appropriately timed information meant that messages were neither too early, lest they be forgotten, nor too late for the behavior to be practiced. Appropriately targeted information meant that messages were delivered to those who would practice the behaviors and those who would influence adoption of the behaviors.

The project implemented the following key activities:

- **Capacity building through cascade model and refresher trainings:** 3,000 AWC workers and ANMs were trained in timed, targeted counseling of pregnant or post-partum women.
- **A standardized kit of job aids and tracking tools** was developed to ensure consistent content and quality. Aids, such as registers (for pregnancy, FP, infants) with printed counseling plans provided a clear structure and reference for outreach workers. This also helped facilitate longitudinal identification and tracking for up to three years cohorts of women who were users or non-users of contraceptives; pregnant women, and, subsequently, infant birth cohorts and their mothers. Another crucial job aid was a handbook containing a list of the common myths and misinformation about FP and other health behaviors, and corresponding correct information to counter these misperceptions.
- **Timely supervision of Anganwadi workers** using a standardized supervision checklist. In the vast project area (more than 2,800 AWC workers serving over 5,000 villages) between 85 and 93 percent of these workers were supervised every month.
- **A clearly defined outreach schedule**, which required that each pregnant woman was visited seven times: three visits during pregnancy, one after childbirth, and three during infancy to (a) deliver messages related to FP/birth spacing, nutrition, and immunization, (b) follow up on previously discussions, and (c) document services used and changes in behavior.

Good practices

- **Detailed audience segmentation:** Pragati’s unique “timed and targeted” approach segmented audiences by pregnancy/postpartum stage and delivered messages according to stage. This unique segmentation ensured women received the right messages at the time.
- **Extensive provider training/support:**

PRAGATI Project Results

- Increased contraceptive prevalence rates among postpartum women
- Increased women’s knowledge of at least one source of FP
- Positive shifts in knowledge and attitudes among users vs. non-users of FP

Pragati not only trained large numbers of AWC workers and ANMs, it also developed innovative aids to make their jobs easier and supported them with timely supervision. Job aids played a crucial role in enhancing outreach effectiveness. The project ensured that frontline workers were able to demonstrate contraceptive use and talk effectively with acceptors until they were comfortable in using a method properly. This proved especially important for condom and OC users. AWC workers and ANMs were able to discuss side effects—actual and rumored—in a clear way that also built users’ confidence.

- **Focus on sustainability:** By involving AWC workers from the Integrated Child Development Scheme (ICDS) system and ANMs from the health system, the project was successful in integration with government systems. ICDS integrated the approach into its nutrition education

work in all 70 of UP's districts. The approach was also replicated by World Vision in 28 Indian programming zones and Intrahealth's Vistaar Project adopted timed and targeted BCC as a best practice in maternal, newborn, and child health in Uttar Pradesh and Jharkhand states.

- **Targeting of FP influencers:** The project ensured outreach to men and other crucial decision makers (e.g., mothers-in-law) during house-to-house counseling sessions. Men were invited to men's meetings and FP was the topic of street theater in the three districts.

8. Promoting Birth Spacing in India (Operations Research)	
<p>Donor: USAID</p> <p>Implementing agency: Frontiers, Population Council, Lala Lajpat Rai Memorial Medical College, Meerut, and the Department of Economics, Jamia Milia University, Delhi</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Focus on sustainability • Robust research • Targeting of FP influencers
<p>Duration: 2006-2007</p>	
<p>Geography: India (Meerut district, Uttar Pradesh)</p>	
<p>Publication/Source: Promoting Healthy Timing and Spacing of Births in India through a Community-based Approach FRONTIERS Program, Population Council.</p>	

Background

Healthy Timing and Spacing of Pregnancies (HTSP) is an important FP intervention to improve MCH. At the time the study was conducted, however, the Indian Family Welfare Program had experienced greater success with promoting permanent sterilization methods than with birth spacing and temporary reversible contraception. This study was part of a global effort by the FRONTIERS Program to understand how through increased use of postpartum FP HTSP could be promoted in different settings to reduce maternal and child mortality and morbidity.

Target audiences

Pregnant women with a parity of 0 or 1.

Goals and objectives

This study aimed to test a model to increase use of postpartum contraception among young pregnant women. The specific objectives were to:

- Understand cultural and reproductive constructs conducive for early first birth and short-spaced pregnancies
- Develop a comprehensive model and test its effectiveness in educating young couples, elderly family members, and community members about birth spacing and its advantages
- Develop and test a model that could increase the use of LAM and postpartum contraception
- Use study results to create conditions, scale up models, and encourage replication by others

Strategies and processes

Key intervention activities comprised the following:

- **Formative research** with different stakeholders was used to understand views related to pressure to have children soon after marriage, importance of birth spacing, reasons that young couples are not able to delay their second pregnancy, and perceptions of LAM and postpartum contraception. The research consisted of 20 focus groups and 30 in-depth interviews with newly married couples, women with one child, elderly women, community leaders, and health care providers.
- **Community workers (CWs) were trained**, including 27 ANMs/LHVs, 108 ASHAs, 117 village-level AWC workers, and 15 male health workers. Each received a printed work register to ensure systematic coverage of all topics during counseling and to support their supervisors' monitoring work.
- **Communication materials** were developed for pregnant women, their husbands, mothers-in-law, and community opinion leaders. These included leaflets, posters, wall paintings, and a pocket booklet HTSP to convey key messages. These materials were pretested for to ensure message clarity, cultural acceptability, relevance, and visual appeal.
- An **educational campaign** was launched using the communication materials. ASHAs and AWWs visited eligible woman in the study area to explain postpartum care, including LAM and postpartum contraception. Each woman received a HTSP pocket booklet and was asked to share it with her husband and mother-in-law. ANMs organized 96 group meetings for pregnant and older women. Additional meetings organized for men, including husbands, community elders and the *Pradhan* (village leader). The meetings aimed to raise community's awareness about the risks of closely spaced pregnancies and the importance of postpartum contraception.
- **Enhanced coordination and support** was generated among MOHFW district authorities, which employed ANMs and ASHAs, and the ICDS of the Department of Women and Child Development, which employed the AWC workers.



on

Good Practices

- **Focus on sustainability:** The HTSP model could be rolled out easily. BCC materials, counseling aids, and messages developed are ready to use for scale up. In addition, complementary efforts and improved coordination between the MoHFW and ICDS extended the reach of the project.
- **Robust research:** The study conducted robust formative research to inform the development of effective materials and pretested materials before use. A quasi-experimental pre-post control group study was used to assess the intervention's effectiveness. Each group recruited 600 women who were three to six months pregnant.
- **Targeting of FP influencers:** The study encouraged women to share the information they received with husbands and mothers-in-law. Elderly women, men, and community leaders were also invited to attend group sessions to discuss HTSP.

Study Results

- High rates of sharing the information booklet with husbands
- Increased knowledge of spacing methods
- Increased use of modern contraceptives

9. Intrauterine Device (IUD) Use in Gujarat, India (Operations Research)	
<p>Donor: USAID</p> <p>Implementing agency: Frontiers, Population Council, in partnership with the Centre for Operations Research and Training (CORT), Department of Health and Family Welfare (DoHFW), Government of Gujarat</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Extensive provider training/support • Robust research • Focus on sustainability
<p>Duration: 2006–2007</p> <p>Geography: India (Vadodara District, Gujarat)</p>	
<p>Publication/Source:</p> <p>Increasing the Accessibility, Acceptability and Use of the IUD in Gujarat, India. May 2008.</p>	

Background

Despite the many advantages of IUD as a FP method, it has been very unpopular worldwide, including in India where less than two percent of currently married women had adopted it. Given its high efficacy rate and long duration, however, it can be a highly attractive method for many couples, such as those who have achieved desired family size but do not wish to use a permanent method like sterilization.

Goals and objectives

The study was conducted to test the hypothesis that by improving demand for IUD and strengthening the technical competencies and counseling skills of providers, use of IUD would increase. Specific study objectives included the following:

- Increase awareness and correct knowledge of the IUD among men and women in the reproductive age group.
- Enhance acceptability of IUD among providers
- Increase use of IUD by making services more accessible, and providing services of higher quality
- Estimate the cost of scaling up of the intervention in larger areas

Target audiences

Potential IUD clients (women and their male partners) and health care providers (medical officers and paramedical workers)

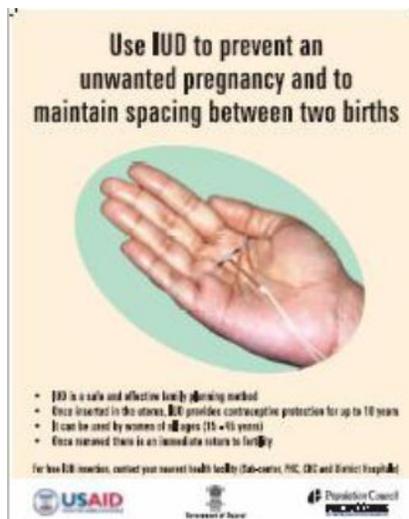
Process and strategies

The study was carried out in rural and urban areas with a population of 300,000 in Vadodara District, Gujarat. The package of interventions included the following:

- **Formative research** was conducted with women, men and providers to understand user perspectives about the IUD, including myths and misperceptions, and problems that providers face promoting IUDs. The research consisted of eight focus groups with women, four focus groups with men, five focus groups with providers, eight in-depth discussions with IUD users, and four discussions with physicians and district authorities from primary health centers (PHCs) and the Vadodara Municipal Corporation.
- **IUD service provision** was strengthened in select sub-centers and PHCs by enhancing the counseling and technical skills of physicians and paramedics, including 44 ANMs/female health workers, 12 LHVs/public health nurses/staff nurses, and 10 male workers. All paramedics had been regularly inserting and removing IUDs, so the training had greater focus on counseling

skills and the effective use of BCC materials (see below). For physicians, the focus was greater on supportive supervision and counseling.

- **BCC materials were** developed, pretested, and disseminated, including the following:
 - **Two posters** with key messages about IUD for use at the sub-centers, PHCs, Vadodara municipal corporation clinics (VMCs), and AWC of the study area to increase awareness about IUDs.
 - A **client leaflet** with information on IUDs, how it works, who can use it, advantages, side effects, and myths associated with IUD use. This leaflet was used for awareness-raising in the community and was distributed widely through health workers and AWC (nutrition) workers. The messages given in the leaflets reinforced information from providers during counseling sessions on IUD.
 - A **provider leaflet** with reminder steps for IUD insertion and removal. Along with basic information, some technical details were included so it could be used as a refresher and counseling tool. Each provider was given a copy.
 - An **IUD chart** providing a graphical representation of the steps of IUD insertion with the no-touch technique and removal procedure. This chart was to be used as a guide to improve the quality of IUD insertion and removal.
 - An **IUD flip chart** was created to help providers in counseling clients during outreach; it was small enough to be carried in a purse.



All BCC materials were field tested for language, clarity, and acceptability by providers and clients. On the basis of the field results, materials were modified.

Good Practices

- **Extensive provider training/support:** The study trained physicians, paramedics, and AWC workers, with a focus on building their capacity to effectively counsel IUD clients using BCC materials and, for physicians, to provide supportive supervision. The providers were given a comprehensive package of BCC materials for their own education and for distribution to clients.
- **Focus on sustainability:** The project was well integrated into the government system, with affordable costs working out to approximately USD \$3.37 per IUD user, and USD \$74 per facility. The costs were for the pilot project; if the model were to be scaled up, the per-site cost would be lower because of the scale of expansion. Integration with government programs was demonstrated by the fact that a revised version of the BCC materials was accepted by the IEC Division of the MoHFW, the GOI, for printing and distribution in local languages.

Study Results

- Increased IUD knowledge among women
- Increased provider knowledge of critical steps for providing IUD services
- Increased percentage of IUD users reporting that quality of services was good
- Increased IUD insertion rates and decreased over-reporting

- **Robust research:** Robust formative research with potential and current IUD users and providers informed the development of BCC materials. Pretesting of BCC and counseling aids ensured their effectiveness and acceptability with providers, clients, and national and state government officials. Monitoring and process documentation were undertaken throughout. The intervention was evaluated using service statistics and an experimental pre- and post-intervention survey with no control group. Approximately 850 women and 450 men participated.

10. The Rural Communication Project (Jiggasha)	
<p>Donor: USAID</p> <p>Implementing agency: Information, Education and Motivation (IEM) Unit, Ministry of Health and Family Planning, with technical assistance from Johns Hopkins University Center for Communication Programs (JHU/CCP)</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Extensive provider training/support • Robust research • Targeting of FP influencers • Theory/model as foundation
<p>Duration: 1989–92 (pilot) and 1990–1997 (expansion)</p>	
<p>Geography: Bangladesh</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Social Networks, Ideation and Contraceptive Behavior in Bangladesh: A Longitudinal Analysis. D Lawrence Kincaid. <i>Social Science and Medicine</i>. Vol. 50, 215–231. 2000. 2. Access to “Jiggasha Program: A Family Planning Communication Approach” and its Exposure to Selected Background Characteristics. 3. Bangladesh. Final Report: The Jiggasha Baseline Survey. Mitra and Associates, JHU/PCS. December 1, 1993–October 31, 1994. 	

Goals and objectives

The project aimed to promote FP through the use of an innovative and sustainable social network approach involving the use of rotating discussion groups (jiggashas). The project was designed to enhance ideation by increasing discussion of FP among women and with spouses, increasing spousal approval for FP practice, and improving attitudes and increasing levels of contraceptive knowledge.

Target audiences

The primary target audience was women. Men were a secondary audience.

Process and strategies

The Rural Communication Project—popularly known by its Bangla name “Jiggasha”—was a global landmark in strategic communication because it drew upon two theoretical frameworks (Diffusion of Innovations and Social Networking) to design and implement an innovative approach to promoting FP.¹¹

¹¹ Social Network Theory has been used to extend the classical Diffusion of Innovation Theory in response to criticism that it is predominantly an individual, psychological approach to behavior change and provides an explanation of how individuals—based on their central/peripheral location within social networks—respond and adopt innovations. Individuals who are more highly interconnected and centrally located within local social networks are more likely to hear about innovations earlier and to have more opportunity for social comparison and influence.

Jiggasha demonstrated the effect of “ideation” on contraceptive behavior. Ideation is the collection of intervening influences on FP behavior, including knowledge, attitudes, and discussion with others.

The approach was piloted in one district in 1989 by the Information, Education and Motivation Unit (IEM), Ministry of Health and Family Planning (MoHFP), using government field workers. Based on success and potential, it was scaled up from 1990–1993 to 20 upazilas in 20 districts and implemented until 1996–1997. This involved training government family welfare assistants (FWAs) to organize group discussions with women and men in homes of opinion leaders at central points in the village social network.

Important features of the approach included the following:

- **FWAs** were trained to improve their IPC/C and group leadership skills, and to locate and mobilize opinion leaders (“link persons”) in each communication network.
- **Link persons** were identified who were centrally located within the social network, were satisfied users of FP, and who were willing to advocate for it.
- **Jiggashas** were established, which met monthly at the homes of local link persons. Discussions focused on health/FP issues and encouraged peer group support. Counseling was provided using audio-visual materials such as entertainment-based audio cassette programs. FP supplies were distributed during the meetings, replacing time-consuming home visits by FWAs. Jiggashas provided an opportunity for social comparison, support, and influence that was less likely when field workers made only home visits to individual women. In intervention sites, approximately 12 percent of women in participated in Jiggasha meetings. Jiggasha succeeded in recruiting isolated women and increasing interaction among various “cliques.”
- **Home visits** were made after the meetings, but only for women who could not attend the meetings or who required the privacy of their own homes.

Jiggasha Results

- Increased use of modern contraceptives among women participating in jiggashas
- Increased use of modern contraceptives among women who talked about FP with their husbands
- Increased ideation among jiggasha participants
- Increased social status of FWAs

Good practices

- **Theory/model as foundation:** Jiggasha was based on Social Network Theory and Diffusion of Innovation. The project also yielded new knowledge related to the positive influence of ideation—the collection of intervening influences on FP behavior.¹²
- **Targeting of FP influencers:** Jiggasha identified influential members of the community (link persons) to host meetings. The community influencers were the foundation of the project. The project also sought to engage men—important influencers within the home.
- **Extensive provider training/support:** The project not only provided training for FWAs but also included orientation sessions for village link persons and the FWAs’ male supervisors. Training emphasized roles and responsibilities of link persons, FP and MCH services, and how to operate local community-based distribution and sales of contraceptives.
- **Robust research:** Johns Hopkins University implemented a pre and post quasi-experimental design to evaluate the impact of social networking and ideation on contraceptive use. A longitudinal survey of women was conducted. The survey compared three groups: (1) women who

¹² Kinkaid, L. et al. Communication and Behavior Change: The Role of Ideation.

participated in Jiggasha meetings, (2) women who received household visits by FP field workers but never participated in Jiggashas, and (3) women who had no contact with FP programs. The evaluation also analyzed ideation effects using the following variables: (1) knowledge of modern contraceptive methods, (2) attitudes towards practicing FP, (3) discussion of FP with husband, (4) discussion of FP with other women, and (5) approval of FP practice by husband.

11. Improving access to and use of reproductive health information and services in Nepal (Operations Research)	
<p>Donor: USAID</p> <p>Implementing agency: Frontiers, Population Council, in partnership with the Centre for Research on Environment, Health, and Population Activities (CREHPA)</p>	<p>Good Practices:</p> <ul style="list-style-type: none"> • Robust research • Youth-friendly channels
<p>Duration: 2000–2003</p> <p>Geography: Udaypur District of Nepal</p>	
<p>Publication/Source: Determining an effective and replicable communication-based mechanism for improving young couples' access to and use of reproductive health information and services in Nepal – An Operations Research Study. FRONTIERS, Population Council.</p>	

Background

In the late 1990s, the Nepal Red Cross Society (NRCS) established communication action groups (CAG) at the village level in three project districts where seasonal migration of adult males and youth was high. CAGs were established to help wives of migrant men negotiate condom use with husbands when they returned home, both to prevent HIV/AIDS and to space births. The government also established mothers' groups (MGs) at the sub-village level throughout the country. These groups provided married women with information about ANC, immunizations, and social issues.

Goals and objectives

Young married couples need a supportive environment for learning about and discussing FP and other RH issues. There are few channels in Nepal for reaching young couples at the community level. This operations research study sought to determine an effective and replicable model for increasing the involvement of CAGs to improve access to and use of RH services and information by young married couples. The study aimed to:

- Test two experimental models: the Youth CAG and the MG
- Introduce RH information, BCC materials, and training into existing CAGs and MGs and study their impact on the knowledge and behavior of young married couples
- Form YCAGs and assess effectiveness related to youth behavior and youth-to-youth communication on RH issues, including FP
- Enable the groups to be more effective in communicating health information to young married couples and advocating for quality, youth-friendly RH services in the community

Target audiences

Young married couples ages 24 and under.

Process and strategies

- NRCS project staff trained and involved existing CAG and MG members from their program areas and formed YCAGs among young couples. Members of each YCAG and MG selected a leader and deputy leader who were trained in communicating RH information and messages, particularly about FP, MH, and STIs and HIV/AIDS, with their respective group members.
- Group members met once a month to discuss FP/RH issues. They also organized special events, such as health fairs and condoms days, and undertook initiatives to improve the status of women by developing income generation and fundraising activities. Group members were encouraged to discuss what they learned with their husbands and peers.
- The newly formed YCAGs facilitated youth-to-youth communication through an EE approach about RH and help them share experiences during group meetings.
- Project staff organized TOTs on communication skills, group counseling, and referrals for RH for the district-based NRCS project staff and government outreach workers. TOT participants subsequently conducted basic, refresher, and communication training about RH.

Study Results

- Increased knowledge of FP methods
- Increased contraceptive prevalence rates in all three study areas, with the biggest increase in the MG area
- Decreased unplanned pregnancies in YCAG area
- High levels of spousal discussion of FP among YCAG members

YCAGs and MGs were shown to be effective channels for helping young married couples learn about and discuss sexual and reproductive health topics. The YCAG model was more effective in enhancing knowledge among young women about FP and safe motherhood. The MG model was more effective in improving FP acceptance.

Good practices

- **Youth-friendly channels:** YCAGs provided a supportive environment to discuss sensitive FP/RH health issues. The groups used EE approaches, popular with young audiences.
- **Robust research:** The study employed a quasi-experimental design. The baseline survey had a sample of 1,000 respondents from the two experimental sites and 800 from the two control sites. The endline survey, conducted two years later, covered 744 respondents in the two experimental sites and 268 from one control site. The endline study also included a separate survey of 237 YCAG members to assess the effectiveness of that model.

12. The Key Social Marketing Project (KSM)	
Donor: DFID	Good Practices: <ul style="list-style-type: none"> • Adaptation of materials to local context • Extensive provider training/support • Strong/innovative partnerships
Implementing: Deloitte Touche Tomatsu in partnership with Abt Associates and Population Services International with support from Commercial Marketing Strategies (CMS).	
Duration: Unclear	
Geography: Pakistan (Larkana and Faisalabad)	
Publication/Source:	

1. Pills, injections and audiotapes – reaching couples in Pakistan. *Journal of Biosocial Sciences*. Vol. 35, pages 41–58. 2003.
2. Increasing access to hormonal family planning methods through social marketing. *Commercial Marketing Strategies*. Country profile. October 2003.

Goals and objectives

To increase access to and use of a low-dose pill and a three-month injectable through existing commercial distribution channels in urban and peri-urban areas.



Target audiences

Married couples of reproductive age who wanted to space their children.

Process and strategies

The project promoted hormonal contraceptives and affiliated providers through intensive advertising and branding through a mass media campaign, which included the following:

- **Use of audio cassettes to strengthen demand generation for contraceptives.** Because Pakistanis own more cassette players than radios, the use of radios was strategic. The cassette was free with hormonal contraceptives and sold separately for a nominal amount. An innovative social marketing campaign distributed the cassettes through chemists and LHVs to reach women with OC information. Using LHVs significantly influenced OC usage: there was a 42 percent increase in contraceptive use among couples who had obtained the tape from an LHV, and a 21 percent increase among couples who had bought it from a chemist store.
- **The cassette, available in six regional languages,** imparted information about the pill and injection through simulated interaction between a provider and a couple interested in birth spacing. The menstrual cycle and correct use of both methods were discussed, as well as the side-effects and detailed contraindications. Women were encouraged to listen to the cassette together with their spouse, and a fifth of them did.
- **Neighborhood discussion groups, the Mohalla Sangat,** were established around the audio-cassettes. The *Mohalla Sangat* chat groups were led by LHV. Sessions included listening to the tape, discussion, questions, and answers, and opportunities for individuals to consult the LHV and obtain the cassette. Small groups of women could have their questions and concerns about contraception answered by a trusted and trained neighbor.
- **Partnerships** with pharmaceutical manufacturers strengthened the supply and availability of hormonal contraceptives.
- **The project trained** physicians, paramedics, and pharmacists on contraceptive technology, with a focus on hormonal methods to improve the quality of care. KSM and Green Star (a social marketing program with an extensive provider network) trained between 80 and 90 percent of eligible physicians and paramedics in Pakistan, as well as more than 30% of pharmacists.
- **Public relations and advocacy** were initiated with major professional associations, including the Pakistan Medical Association (PMA) and the Pakistan Chemist and Druggists Association (PCDA), to strengthen provider support and increase FP knowledge. Both associations endorsed KSM products and services. KSM collaborated with PMA on the well-known “Key Doctor of the Year Award,” KSM/PMA free clinics, and the joint publication of RH books and magazines. With the PCDA, KSM sponsored the “Key Chemist Awards” and pharmacist seminars.

Good Practices

- **Adaptation of materials to local context:** Audio-cassettes, which were translated into six local languages, had multiple advantages: they overcame literacy barriers, could be used conveniently by the user, could be replayed, and were not subject to the same censorship rules as mass media. They could also be standardized for accuracy and consistency, thus enhancing the potential for husband–wife communication on contraceptive use. Since tapes could easily be passed on to neighbors or friends interested in FP, they served to encourage demand as well as provide accessible reassurance on effective use of hormonal contraception whenever needed.
- **Extensive provider training/support:** KSM, in partnership with another social marketing program, trained 80 to 90 percent of eligible Pakistani providers on hormonal methods. Almost a third of chemists were also trained. This extensive training program started to erode deeply entrenched provider biases against hormonal methods. After KSM training, the percentage of doctors who discouraged clients from using OCs declined from 64 to 47 percent.
- **Strong/innovative partnerships:** KSM forged partnerships with pharmaceutical manufacturers to strengthen the supply and availability of hormonal contraceptives. The project also worked with major professional associations to obtain their endorsement of KSM products and co-sponsor seminars and awards events. It is likely that this positively influenced the attitudes of health care providers towards hormonal methods.

Key Social Marketing Project Results

- Increased use of any method of FP among women and men
- Increased use of hormonal methods among women
- Increased knowledge of the correct use of hormonal contraceptives
- Increased intention to use hormonal methods in the future

KSM demonstrated that innovative communication strategies can bring information about FP methods to hard-to-reach populations with low literacy and limited mobility. The audio-cassette significantly contributed to improving awareness, understanding, and acceptance of hormonal methods.

Programs Focusing Primarily on Mass Media Interventions

13. Shabuj Shathi and Shabuj Chhaya, Green Umbrella Project	
<p>Donor: USAID</p> <p>Implementing agency: The Ministry of Health and Family Planning, Government of Bangladesh, with technical assistance from the Bangladesh Centre for Communication Programs (BCCP)</p>	<p>Good practices:</p> <ul style="list-style-type: none"> • Strong product/service branding • High-quality media programming • Robust research
<p>Duration: 1996–1999</p>	
<p>Geography: Bangladesh</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Impact of an Entertainment Education Television Drama on Health Knowledge and Behavior in Bangladesh: An Application of Propensity Score Matching. Mai P Do and Lawrence Kincaid. <i>Journal of Health Communication</i>. 11:3, 301–325. 2006. 2. Bangladesh TV Drama Promotes Integrated Service. <i>Communication Impact!</i> Johns Hopkins University Center for Communication Programs. Number 7. December 1999. 	

Goals and objectives

The Green Umbrella was a major national project to promote health services, FP in particular, through branding and positioning designated Green Umbrella (Shabuj Chhata) clinics. The project aimed to

- Foster positive perceptions of health workers
- Increase health, including HIV/AIDS awareness and knowledge
- Increase the number health clinic visitors in general, but especially to Smiling Sun or Green Umbrella (Shabuj Chhata) clinics that promoted “friendly service and information on all health-related matters”
- Increase the number of couples who visit clinics seeking information and services for both short-term and long-term contraceptives



Target audiences

Men and women 15–49 and health workers.

Process and strategies

The project created a 13-episode TV program, Shabuj Shathi, which aimed at fostering positive perceptions of health workers and a greater appreciation of their roles, challenges, and contributions. It aired in 1996. The 26-episode Shabuj Chhaya, which aired from 1998–1999, focused more on increasing HIV/AIDS and FP awareness and knowledge among couples. It also aimed to drive visitors to Smiling Sun or Green Umbrella Clinics. The communication campaign featured intensive multi-media blitz to popularize the “green umbrella” logo, which represented the overall protection offered by these integrated health services. The slogan “Take Services, Stay Well” stressed the key message of the campaign: “For health and FP services, go to a place where you see the Green Umbrella.” The logo was displayed prominently at health centers, and more than 40,000 green umbrellas were distributed to health workers, thus becoming an all-pervasive symbol.

Good Practices

- **High-quality media programming:** The messages for each episode were professionally crafted and outlined in a message document. This document became the blueprint for the writer whose task was to create an entertaining story into which the messages could be blended naturally. In addition, the dramas were scripted by one of Bangladesh’s most popular

Green Umbrella Project Results

- Increased likelihood of drama viewers visiting any health or FP facility within the past six months
- Increased likelihood of drama viewers visiting a Green Umbrella clinic within the past three months
- Higher rates of contraceptive use among drama viewers

- writers, with all the elements that hold an audience: drama, suspense, humor, love, tragedy, and—of great importance in Bangladesh—music and poetry.
- **Strong product/service branding:** The intensive and extensive campaign and logo ensured that the Green Umbrella brand was imprinted on the public consciousness—40,000 green umbrellas were distributed to health and FP workers across the country, making it a familiar reminder of the presence and importance of local health facilities and providers.
- **Robust research:** The evaluation methodology has important implications for the field of program evaluation, especially for full-coverage programs, where the randomized experimental design is not feasible or is too expensive. In such programs where the intervention is based on

All India Radio and on the ground by Janani’s network of 20,000 RMPs, by Taru posters, and through over 700 strategically placed wall paintings. In several villages in Bihar, folk performances dramatizing the Taru storyline were carried out prior to the radio broadcasts to prime the message reception environment.

- Transistor radios with Taru logo sticker were provided to groups who correctly answered questions based on the folk performance. These groups were formalized as **community listener clubs/groups**, which acted as informal organizing units for social deliberation and action. Each group received an attractive notebook with logo. Participants were encouraged to discuss the social themes addressed in Taru, relate them to their personal circumstances, and record any decisions or actions they took as a result of listening to Taru.
- In July 2003, five months after Taru ended its broadcasts, **participatory theater workshops were organized for 50 members of Taru listening clubs**. These workshops represented an action-based social activism/research exercise.
- The project used **innovative participatory methodologies** developed by Paulo Freire and Augusto Boal to assess the impact of the program. Low-cost disposable cameras were provided to key community members, who were asked to “shoot back” and document the realities of their lives and changes they perceived after Taru airing. This **“photo voice” methodology** yielded valuable ethnographic data and insight into societal level changes.

Good Practices

- **High-quality media programming:** The project was grounded in substantive evidence and experience using EE for social change. Scriptwriters ensured characters in the program realistically represented the socio-cultural contexts of their audiences.
- **Participatory processes:** The project implemented a variety of participatory activities, which increased community ownership and yielded rich audience-centered perspectives. These included participatory theater workshops and the “photo voice” evaluation methodology.

Taru Radio Program Results

- Positive response to the program—listeners liked it and strongly considered behavior change as a result of the program
- Increased belief among Taru listeners that FP should be used after two births
- Increased perceptions among Taru listeners of approval of FP by friends and family
- Increased perceptions among Taru listeners of collective empowerment
- Increased condom sales following the broadcast, although causal attribution could not be confirmed by the research methodology

- **Robust research:** The project implemented five rounds of quantitative surveys to evaluate the radio program’s impact; the evaluation indicated the significant role of indirect exposure. Taru spurred a great deal of IPC among audience members about the need for girls' education and small family size, and also between audience members and their spouses, children, relatives, and friends, who were not “directly” exposed to radio program. The project also triangulated various quantitative and qualitative research methods to understand the program’s effects.
- **Strong community-mass media linkages:** The integration of radio, community-based group listening groups, and locally available health care services created a synergy for social action. On-air BCC efforts were integrated with on-ground mobilization of opinion leaders and service

delivery. Research found that listenership increased in environments where there was enhanced "buzz" (ground-based activities, publicity, listeners' groups, etc.) about Taru.

- **Theory/model as foundation:** The radio program was based on Social Learning Theory (Bandura), which focuses on how people learn by observing the actions of others and the benefits of those actions.

15. The Radio Communication Project	
<p>Donor: USAID</p> <p>Implementing agency: The National Health Training Council (NHTC), the National Health Education, Information and Communication Council (NHEICC), and the Family Health Division (FHD) the Nepal Family Health Program. Technical assistance was provided by the Johns Hopkins Center for Communication Programs.</p>	<p>Good practices:</p> <ul style="list-style-type: none"> • Communication planning cycle • High-quality media programming • Repositioning of FP • Robust research • Theory/model as foundation
<p>Duration: Five phases from 1995–2000</p> <p>Geography: Nepal (national with some components focused on the Midwestern region)</p>	
<p>Publication/Source:</p> <ol style="list-style-type: none"> 1. Come Gather Around Together – An Examination of Radio Listening Groups in Fulbari, Nepal. Suruchi Sood, Manisha Sengupta, Pius Raj Mishra, Caroline Jacoby. <i>Gazette: The International Journal for Communication Studies</i>. 2004. 2. Spousal Communication and Family Planning Adoption – Effects of a Radio Drama Serial. Mona Sharan and Thomas Valente. <i>International Family Planning Perspectives</i>. Vol 28, #1. March 2002. 3. Indirect Exposure to a Family Planning Mass Media Campaign in Nepal. <i>Journal of Health Communication</i>. Marc Boulay, J Douglas Storey, and Suruchi Sood. 7:5 379–399. 4. Improving Family Planning Use and Quality of Services in Nepal through Entertainment–Education. Field Report 12. J Douglas Storey and Marc Boulay. Johns Hopkins University School of Public Health Center for Communication Programs. December 2000. 5. The Radio Communication Project in Nepal: A Culture-Centered Approach to Participation. Mohan Jyoti Dutta, and Iccha Basnyet. <i>Health Education Behavior</i>. August 21, 2006. 	

Goals and objectives

The project aimed to improve contraceptive service quality, empower clients to seek contraceptive information and services, and promote concepts of a “responsible husband” and “well-planned family.”

Target audiences

The general public and clinic-based health workers.

Strategies and processes

The project integrated mass media, distance education, IPC, and training programs for counseling. The project involved two major radio serials based on EE approaches, complemented with radio spots, jingles, and print materials. The radio serials were:

- ***Cut Your Coat According to Your Cloth*** (“Ghaanti Heri Haad Nilaun” in Nepali), which was directed at couples of reproductive age and broadcast nationally on Radio Nepal. The serial aimed to reposition

contraception in terms of a well-planned family, and modeled men and women from two generations of families actively seeking better health conditions for themselves and their village. Episodes provided information on contraceptives, pregnancy, and birth spacing, and also dealt with broader issues that influence FP use. Stories and characters introduced new ideas and attitudes related to planning a family, counteracted negative stereotypes and beliefs, and used culturally relevant life experiences and Nepali proverbs to project a positive attitude toward FP. Spousal communication was a major theme of the serial. The radio program was complemented with radio jingles, national-level orientation workshops, district-level training workshops, and print materials. Print materials included posters for men and women, leaflets, and wall hangings. Residents of one Village Development Committee organized radio listening groups. The project provided them with BCC materials and trained family health volunteers to facilitate the groups.

- **“Service Brings Rewards,” distance education program** aimed to improve health service providers’ skills in communication/IPC and technical knowledge. This was broadcast in the mid-western region of Nepal, including the Dang district study site, from January to June 1996. Interactive segments allowed listeners to think and talk about specific aspects of the program. Accompanying print materials, such as discussion guides and pre-printed feedback aerograms were provided to health workers who registered with the project. The program was broadcast twice a week (54 episodes), at the end of the service day so that clinic staff could listen together at their health post and discuss it before going home. Every health post and sub-health post in Dang was provided with a radio to ensure participants could listen to the distance education serial. The technical content of the serial was based on the Nepal Medical Standards Guide, an official Ministry of Health consensus document, which contains modules on FP technical issues, as well as IPC/C.

Narratives for the two radio serials were developed based on the Theory of Reasoned Action, the Theory of Planned Behavior (Ajzen, 1991), and Social Learning Theory (Bandura), which focuses on how people learn by observing the actions of others and the benefits of those actions.

RCP Program Results

- Increased spousal communication among radio listeners
- Increased women’s self efficacy and empowerment among radio listeners
- Increased perception of positive social norms related to FP
- Increased likelihood of using contraceptives among women who were either directly or indirectly exposed to the program
- Improved providers’ FP knowledge, attitudes, and counseling skills

Good Practices¹³

- **Communication Planning Cycle:** The project employed the “Design Document Approach” an internationally proven methodology for systematic and collaborative program development. This approach created a blue print for the project by ensuring that appropriate, accurate, and consistent content was incorporated into both radio drama serials, as well as the IPC/C and print components. The different project components were designed to work synergistically by improving the demand for, and the supply of, FP services, thus ensuring a consistency that was portrayed in the materials.

¹³ Note: Some scholars contest the project’s claim in research papers and documentation of cultural sensitivity/centeredness and community participation.

- **High-quality media programming:** Private sector producers wrote and produced both of the drama serials according to the blueprint that was developed as part of the communication planning cycle. The drama for FP users and for providers was complementary. The distance education program helped increase health workers’ interpersonal interaction skills and improved quality of client–provider interactions, while on the demand side, the *Cut Your Coat* serial improved client attitudes toward, and utilization of, health services and FP. The dramas were less didactic than previous radio development projects. This format made the serial accessible and popular among the general public and health workers. Radio spots and musical jingles were created and broadcast to promote the radio serials.
- **Repositioning of FP:** The *Cut Your Coat* serial aimed to reposition contraception away from its historically narrow association with sterilization, and toward a broader notion of the well-planned family. The serial also dealt with broader issues that influence FP use, such as gender bias, decision-making with regard to FP, and improving perceptions of FP users.
- **Robust research:** The RCPs rigorous evaluation design was able to demonstrate the powerful impact of indirect exposure to the *Cut your Coat* radio serial on contraceptive use. Indirect exposure is often neglected in evaluations of mass media programs, but it needs to be factored in. Individuals’ discussions and interpersonal discussions are often informed by the content of the mass media programs to which they are exposed.
- **Theory/model as foundation:** The radio programs were based on three established theories of behavior change, which allowed scriptwriters to effectively frame attitudes, beliefs, subjective norms, environmental constraints, and feelings of efficacy to facilitate family health behaviors.

16. Touch Condom Advertising Campaign	
Donor: USAID and by the KfW Bankengruppe Implementing agency: FALAH project, Greenstar	Good Practices: <ul style="list-style-type: none"> • Detailed audience segmentation • Repositioning of FP
Duration: February–March 2009 (24 days); April–May 2009 (48 days)	
Geography: Pakistan (national)	
Publication/Source: <ol style="list-style-type: none"> 1. Impact of an Advertising Campaign on Condom Use in Urban Pakistan. Sohail Agha and Dominique Meekers. <i>Studies in Family Planning</i>. 41[4]: (277–290). 2010. 2. Promoting Condom Use in Urban Pakistan. FALAH Policy Brief No. 2. USAID. 	

Background

During the 1980s, mass-media advertising of condoms was not permitted in Pakistan. Early promotional efforts were, therefore, focused at the retail level. During the 1990s, the name *Sathi* could be used in television advertising, but use of the word “condom” or a display of condom packets was not allowed, especially on Pakistan Television. Because of these restrictions, advertisements tended to refer to condoms indirectly by using word plays on *Sathi*/companion. Because the *Touch* brand was launched later, slightly greater freedom was extended for advertising *Touch* condoms. In 2003 and 2004, advertisements showing the *Touch* condom packet were aired (although the word “condom” remained prohibited). When new private television channels emerged around 2006—some of which were telecast from Bangkok—the media environment grew less restrictive. By 2007, the word “condom” could be used in *Touch* advertising on private channels.

Goals and objectives

To increase condom use in urban Pakistan.

Target audiences

Young middle or upper middle class couples with two children, a monthly income between 20,000 to 35,000 rupees, a motorcycle or a car, and an apartment or a small house in an urban area.

Process and strategies

In 2009, an aggressive *Touch* condom advertising campaign was launched. The campaign was implemented in two phases. The first, high-intensity phase lasted 24 days in 2009 and was implemented using private television and radio stations in urban Pakistan. Although condoms were mentioned, the primary theme was spacing children to protect MCH.

The second phase of the campaign featured a 15-second ad that summarized the main elements of the earlier ad. This phase was twice as long as the first (48 days versus 24 days). The advertisement was aired on 21 private television channels in Pakistan; a total of 2,311 advertisements were aired in 30 days. One-fourth of all advertisements were telecast on the sports channel *Ten Sports*.

In June, Greenstar promoted *Touch* condoms through their associate sponsorship of the most popular telecast sports event of the year, the ICC Twenty-Twenty Cricket World Cup tournament. In Pakistan, the tournament was telecast on the private channel *GEO Sports*. Viewership of the tournament was high, and survey respondents' level of awareness of the *Touch* ad, which was at 15 percent after the first phase of the campaign, rose to 20 percent after the second phase of the campaign.

Good Practices

- **Detailed Audience Segmentation:** The campaign was very specific in its criteria for segmenting audiences by demographic and socioeconomic factors. This segmentation allowed for effective ad dissemination through channels likely to be used by young, middle and upper class couples.
- **Repositioning of FP:** The campaign's messages focused primarily on the importance of birth spacing for improving MCH.

Touch Program Results

- Increased discussion of FP, perceived effectiveness of condoms, and reduced embarrassment in purchasing condoms among those aware of the campaign
- Action taken as a result of campaign exposure (among a third of those exposed) – this included using condoms or other contraceptives, seeking FP advice from a doctor, or going to an FP clinic.
- Substantial increased ever use of condoms among those exposed to the campaign, with smaller increases in current use, use at last sex, and consistent use

IV. Conclusion and Additional SBCC Resources

The review yielded a rich diversity of SBCC interventions, strategies, good practices, and innovations. These interventions have contributed to an increase in the use of a wider mix of modern contraceptives for birth spacing—helping to move the focus away from sterilization. They have also repositioned FP as a way to improve RH, MCH, and family welfare, in alignment with the Government of India’s national FP goals and policies. Many of the interventions have gone beyond focusing on individual behavior change to also influence social norms and create supportive environments for FP practice within the family and the community. Several have incorporated participatory assessment and evaluation activities, in keeping with the government’s focus on involving communities in assessing their own FP needs.

Most of the interventions reviewed focused on BCC, although a few projects also employed advocacy and social mobilization strategies. The case studies emphasized that demand generation for FP products must be combined with the provision of high-quality, accessible, and affordable health services and supplies. It is also clear that programs are most effective when they employ a “360 approach,” disseminating mutually reinforcing messages and materials at many levels and through many different channels. Although mass media are very popular due to their ability to reach large numbers of people, the review highlighted the power of community media and community-based counseling to influence FP use, couple communication, and social norms.

Based on the evidence that MCH cannot be improved in isolation, India’s MOHFW is vigorously promoting a comprehensive strategy that addresses reproductive, maternal, neonatal, child health, and adolescents (RMNCH+A) to meet Millennium Development Goals. Given the impact that FP has on overall health outcomes, the role of interactive, theory-based, research driven communication to reposition FP and shift the focus from birth limiting to birth spacing is a significant national priority.

The following resources may be helpful to SBCC specialists or program managers who are planning or implementing their interventions.

- **SBCC Toolkit (C-Change Project):** This toolkit includes products and online resources to support training and courses in SBCC. <http://c-changeprogram.org/resources/sbcc-toolkit>
- **Social and Behavior Change Communication Training for Information, Education, and Communication Officers (IHBP):** This is a one-week training for information, education, and communication officers in India on designing, implementing, and evaluating SBCC programs and campaigns.
- **IHBP SBCC toolkit:** This toolkit was designed as a job aid for information, education, and communication officers in India to provide practical tools and templates assist them in the design, implementation, and evaluation of SBCC programs and campaigns. <http://www.ihbp.org//content/sbcc-toolkit>
- **SBCC for Frontline Health Care Workers (C-Change Project):** This is a learning package for use in face-to-face workshops with nurses, community health extension workers, and HIV counselors on SBCC and interpersonal communication (IPC). <http://www.c-changeprogram.org/resources/sbcc-frontline-health-care-workers>

- **Facts for Family Planning (C-Change Project):** This document presents a comprehensive collection of key information and messages that anyone can use who communicates to others about FP. Although a variety of individuals and groups can use *Facts for Family Planning*, it is primarily for those who communicate to men and women who are seeking information about FP and help in selecting a FP method. <http://www.fphandbook.org/factsforfamilyplanning>
- **The New P-Process: Steps in Strategic Communication:** This brochure summarizes the strategic communication planning framework developed by The Johns Hopkins University Center for Communication Programs. <http://www.jhuccp.org/hcp/pubs/tools/P-Process.pdf>
- **Leadership in Strategic Health Communication Workshop:** Every year The Johns Hopkins University Center for Communication Programs holds a 3-week workshop in the United States to train SBCC professionals in the steps of designing effective health communication and advocacy strategies. <http://www.jhuccp.org/content/leadership-strategic-health-communication-workshop>

V. Index of Case Studies by Country

Country	Case Studies
India	#1 (Goli Ke Hamjoli), #2 (Saathiya), #3 (IFPS-II), #6 (PRACHAR), #7 (Pragati), #8 (Promoting Birth Spacing), #9 (IUD Use in Gujarat), #14 (Taru Radio Program)
Bangladesh	#4 (Know Yourself ARH Project), #10 (Jiggasha), #13 (Green Umbrella)
Nepal	#5 (Valued Behavior for Healthy Families), #11 (Improving access to and use of RH information and services), #15 (Radio Communication Project)
Pakistan	#12 (Key Social Marketing Project), #16 (Touch Condom Advertising Campaign)

VI. Index of Case Studies by Good Practice

Good Practice	Case Studies
360-degree approach	#1 (Goli Ke Hamjoli), #2 (Saathiya), #3 (IFPS-II), #4 (Know Yourself ARH Project), #5 (Valued Behavior for Healthy Families),
Theory/model as foundation	#1 (Goli Ke Hamjoli), #10 (Jiggasha), #14 (Taru Radio Program), #15 (Radio Communication Project)
Communication planning cycle	#15 (Radio Communication Project)
Robust research	#13 (Green Umbrella), #4 (Know Yourself ARH Project), #5 (Valued Behavior for Healthy Families), #8 (Promoting Birth Spacing), #9 (IUD Use in Gujarat), #10 (Jiggasha), #11 (Improving access to and use of RH information and services), #14 (Taru Radio Program), #15 (Radio Communication Project)
Strong/innovative partnerships	#1 (Goli Ke Hamjoli), #2 (Saathiya), #3 (IFPS-II), #12 (Key Social Marketing Project)
Extensive provider training/support	#1 (Goli Ke Hamjoli), #2 (Saathiya), #3 (IFPS-II), #6 (PRACHAR), #7 (Pragati), #9 (IUD Use in Gujarat), #10 (Jiggasha), #12 (Key Social Marketing Project)
Detailed audience segmentation	#1 (Goli Ke Hamjoli), #6 (PRACHAR), #7 (Pragati), #16 (Touch Condom Advertising Campaign)
Repositioning of FP	#15 (Radio Communication Project), #16 (Touch Condom Advertising Campaign)
Targeting of FP influencers	#4 (Know Yourself ARH Project), #6 (PRACHAR), #7 (Pragati), #8 (Promoting Birth Spacing), #10 (Jiggasha)
Focus on sustainability	#3 (IFPS-II), #6 (PRACHAR), #7 (Pragati), #8 (Promoting Birth Spacing), #9 (IUD Use in Gujarat)
Youth-friendly channels	#2 (Saathiya), #4 (Know Yourself ARH Project), #6 (PRACHAR), #11 (Improving access to and use of RH information and services)
Strong product/service branding	#2 (Saathiya), #13 (Green Umbrella)
High-quality media programming	#13 (Green Umbrella), #14 (Taru Radio Program), #15 (Radio Communication Project)
Participatory processes	#4 (Know Yourself ARH Project), #5 (Valued Behavior for Healthy Families), #14 (Taru Radio Program)
Adaptation of materials to local context	#3 (IFPS-II), #5 (Valued Behavior for Healthy Families), #12 (Key Social Marketing Project)
Strong community–mass media linkages	#5 (Valued Behavior for Healthy Families), #14 (Taru Radio Program)

VII. Bibliography

1. A Reproductive Health Communication Model That Helps Improve Young Women's Reproductive Life and Reduce Population Growth: The Case of PRACHAR from Bihar, India. Mizanur Rahman and Elkan E. Daniel. Research and Evaluation Papers. Undated.
2. Access to "Jiggasha Program: A Family Planning Communication Approach" and its Exposure to Selected Background Characteristics.
3. Achieving Uttar Pradesh's Population Policy Goals through Demand-based Family Planning Programs: Taking Stock at Midpoint. Health Policy Initiative. October 2008.
4. Adolescent Girl's Health Project – Jabalpur, India. Project Title: Women's Health and Family Spacing Project.
5. Adolescent Reproductive Health Communication Midline Assessment. AC Nielsen. Bangladesh. May 2005.
6. Bangladesh ARH – Focused Community Assessment Final Report. BCCP- AC Nielsen. Health Communication Partnership. USAID. November 2006
7. Bangladesh. Final report: the Jiggasha Baseline Survey. Mitra and Associates, JHU/PCS fixed price contract, December 1, 1993–October 31, 1994. AS-BAN-13.
8. Bangladesh TV Drama Promotes Integrated Service. Communication Impact! Johns Hopkins University Center for Communication Programs. Number 7. December 1999.
9. Baseline Survey of Adolescent Reproductive Health Interventions in Bangladesh. Associates for Community and Population Research, BCCP. June 2003.
10. Beyond Family Planning. Studies in Family Planning. JSTOR–ADDD.
11. Busting Myths and Empowering Women: An Innovative Mass Media Campaign: Pehel Phase 1 (2008–10) Population Services International. Undated.
12. Can Information and Communications Technologies Applications Contribute to Poverty Reduction? Lessons from Rural India. ADD
13. Challenge and Change: Integrating the Challenge of Gender Norms and Sexuality in a Maternal Health Program. ICRW and CARE.
14. Changing Family Planning Scenario in India: An overview of recent evidence. KG Santhya. Population Council. South & East Asia Regional Working Paper. No. 17. 2003.
15. Come Gather Around Together—An Examination of Radio Listening Groups in Fulbari, Nepal. Suruchi Sood, Manisha Sengupta, Pius Raj Mishra, and Caroline Jacoby. Gazette: The International Journal for Communication Studies. 2004.
16. Communication, Power and the Influence of Social Networks in Couple Decisions on Family Planning . LJ Beckman. Undated.
17. Community Participation, Cultural Discourse, and Health Education Projects in Developing Areas: The Case of the Radio Communication Project in Nepal. Health Education and Behavior. 2008; 35; 455.
18. Development Communication and Participation: Applying Habermas to a Case Study of Population Programs in Nepal. Thomas L. Jacobson and Douglas Storey. Communication Theory. 14, 99–121.
19. Do Family Planning Programs Affect Fertility Preferences? A Literature Review. Ronald Freedman. Studies in Family Planning. Vol. 28, No. 1 (Mar., 1997), pp. 1–13.
20. Effects of Taru Radio. Report submitted to Population Communication International, New York. Jan 2004.
21. Empowering Women: Women's Health Program Phase 1: A Mass Media Campaign to Change Perceptions (2011-12). Population Services International. 2010.

22. Enacting Empowerment in Private and Public Spaces: The Role of Taru in facilitating social change among young women in India. Saumya Pant. PhD, Dissertation presented to the Scripps College of Communication of Ohio University. June 2007.
23. Factors Inhibiting the Use of Reversible Contraceptive Methods in Rural South India. T. Rajaretnam and R. V. Deshpande. *Studies in Family Planning* Vol. 25, No. 2, pp. 111–121.
24. *Family Planning Communication: A critique of the India Programme*. Sumanta Banerjee. Radiant Publishers. 1979.
25. Family Planning and Fertility in India. Anrudh Jain and Aparna Jain. Paper presented at the UNFPA - ICOMP Regional Consultation: Family Planning in Asia and the Pacific Addressing the Challenges. 8–10 December 2010. Bangkok, Thailand (DRAFT FOR CONSULTATION).
26. *Family Planning in India: A Study of Law and Policy*. U Tandon.
27. Family Planning via Mobile phones – Proof of Concept Testing in India 9 (CycleTel). Undated.
28. From Family Planning to Reproductive Health: Challenges Facing India. Leela Visaria et al. *International Family Planning Perspectives*. Vol. 25, Supplement, Jan 1999.
29. Goli Ke Hamjoli: Promotion of Oral Pills in Urban North India. ICICI Bank, PSP-One, USAID India.
30. Humarahi. The Use of Mainstream Media to Encourage Social Responsibility: The International Experience. The Henry J. Kaiser Family Foundation. Prepared by: Jennifer Daves and Liza Nickerson. The Media Project.
31. Impact of an Advertising Campaign on Condom Use in Urban Pakistan. Sohail Agha and Dominique Meekers. *Studies in Family Planning*. 41[4]: (277–290). 2010.
32. Impact of an Entertainment–Education Drama on Health Knowledge and Behavior in Bangladesh: An Application of Propensity Score Matching. Mai P Do and D Lawrence Kincaid. *Journal of Health Communication*. 11: 3, 301–325. 2006.
33. Impact of Janani Suraksha Yojana on Selected Family Health Behaviors in Rural Uttar Pradesh. Population Council. *The Journal of Family Welfare*. Vol. 56, Special Issue 2010.
34. Improving Family Planning Use and Quality of Services in Nepal Through Entertainment-Education Strategy. JHU/CCP. J Douglas Storey and Marc Boulay. Field Report #12. 2000.
35. Incentives in the Diffusion of Family Planning Innovations . EM Rogers. *Studies in Family Planning*. 1971.
36. Increasing Access to Hormonal Family Planning Methods through Social Marketing. Commercial Marketing Strategies. Country Profile. October 2003.
37. Increasing Post-Partum Contraception in Rural Uttar Pradesh. *Journal of Family Welfare*, Special Issue. Vol. 56, 2010.
38. Increasing the Accessibility, Acceptability and Use of the IUD in Gujarat, India. The Frontiers Project, Population Council, COURT, Department of Health and Family Welfare, Government of Gujarat. Population Council. New Delhi. May 2008.
39. India: Endline Evaluation on Birth Spacing in Five Districts of Jharkhand. Round Two. TRAC Summary Report. PSI Dashboard. 2008.
40. India: A Study in Family Planning Communication – Meerut District. *Studies in Family Planning*. Vol. 1, #21, June 1967.
41. Indirect Exposure to a Family Planning Mass Media Campaign in Nepal. *Journal of Health Communication*. Marc Boulay, J. Douglas Storey, and Suruchi Sood. 7:5 379–399.
42. Information, Education and Communication for Emergency Contraception. Chander P Puri, Kamal Hazari, Ragini Kulkarni. *Journal of the Indian Medical Association*. September 2006.
43. Mid-Term Evaluation of the USAID/Pakistan Improved Child Health Project in FATA, by Pinar Senlet, Susan Rae Ross, and Jennifer Peters through the Global Health Technical Assistance Project. September 2008.

44. No Scalpel Vasectomy Advocacy and Community Mobilization. *Journal of Indian Medical Association*. RP Sharma. Vol. 104, #3, March 2006.
45. Pills, Injections and Audiotapes – Reaching Couples in Pakistan. *Journal of Biosocial Sciences*. Vol. 35, pgs 41–58. 2003.
46. Promoting Condom Use in Urban Pakistan. FALAH Policy Brief No. 2. USAID.
47. Promoting Healthy Timing and Spacing of Births in India through a Community-based Approach. FRONTIERS Program. Population Council.
48. Provision of Emergency Contraceptive Services through Paraprofessionals in India. Indian Council of Medical Research, FRONTIERS. Human Reproduction Research Centres. November 2007.
49. Reaching the Underserved – Measuring the Impact of a Community Media Intervention in Uttar Pradesh, India. *International Quarterly of Community Health Education*. 2005. 23(2): 117–138.
50. Reproductive and Child Health, Nutrition and HIV/AIDS Program (RACHNA) Final Evaluation. June 2006.
51. Reproductive health of young adults in India: the road to public health/Pathfinder International’s RHEYA project demonstrates widespread community results in youth reproductive health. September 2006.
52. Riding High on Taru Fever: Entertainment-Education Broadcasts, Ground Mobilization and Service Delivery in Rural India. Arvind Singhal. Entertainment-Education and Social Change Wisdom Series. Oxfam-Novib. 2010.
53. Saathiya: Family Planning Knowledge, Attitudes and Practices of Indian Married Youth: preliminary findings from a household survey in Lucknow and Kanpur Nagar, Uttar Pradesh. Global Research Brief. Jan 2008.
54. Shooting Back: Participatory Photography in Entertainment Education. Arvind Singhal, Lynn M Harter, Ketan Chitnis, and Devendra Sharma. Ohio University. Undated.
55. Social Networks, Ideation and Contraceptive Behavior in Bangladesh: A Longitudinal Analysis. D Lawrence Kincaid. *Social Science and Medicine*. 50 (2000), 215–231.
56. Some Tentative Recommendations for a Sociologically Correct Family Planning Communication and Motivation Program in India.
57. Spousal Communication and Family Planning Adoption – Effects of a Radio Drama Serial, Mona Sharan and Thomas Valente. *International Family Planning Perspectives*. Vol 28, #1. March 2002.
58. Surya Brand Awareness Study. Sept 2009. IKO net.
59. The Effect of Community-Based Reproductive Health Communication Interventions on Contraceptive Use Among Young Married Couples in Bihar, India. Elkan E Daniel, Rekha Masilamani, Mizanur Rahman. *International Family Planning Perspectives*. Vol 34, Issue 4. December 2008.
60. The Radio Communication Project in Nepal: A Culture Centered Approach to Participation. Mohan Jyoti Dutta, Iccha Basnyet. *Health Education Behavior*. August 21, 2006.
61. The Right Messages to the Right People at the Right Time. USAID. CORE. Catherine Toth. 2007. Website
62. The Saathiya Trusted Partner Program: Meeting Young Couples’ Reproductive Health Needs. Gael O’ Sullivan. *Social Marketing Quarterly*. Vol. 14:3, 109–120. Fall 2008.
63. Using Behavior Change Communications to Overcome Social Marketing Sales Plateaus: Case Studies of Nigeria and India. *Commercial Marketing Strategies. New Directions in Reproductive Health. Technical Paper Series #7*. Dominique Meekers, Ronan Van Rossem, Sara Zellner, and Ruth Berg. 2004.
64. Valued Behavior for Healthy Families: A Model for Social Inclusion: Final Project Report. October 2003–September 2006. Health Communication Partnership. JHU/CCP; Save the Children.
65. Valued Behavior for Healthy Families: Sustaining Family Planning Practices among Marginalized Groups

66. Yah Hain Jeevan Ka Muskan. Indian Journal of Public Health. Vol. 51, #2, April–June 2007.
67. Yahi Hai Sahi: Growing the Condom Market in North India through the Private Sector. ICICI Bank, PSP-One, USAID India. Process Documentation. Undated.

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