Highlights of the discussion

Rx: The Value of Communication in Health Projects
26 February 2016

This brown bag case discussion is part of a how-to series that the DER Project Communication Group regularly conducts for operations staff. Project leaders share practical strategies on how communication was effectively designed and used to engage stakeholders, change behavior, mitigate risks and criticisms from civil society - for better project results.

RX: The Value of Communication in Health Projects was co-organized with SARD. BRM hosted the session for BCCP representatives who were connected via video conferencing.

Speakers:

- Brian Chin, Social Sector Economist of SAHS and Project Officer
- Yasmin Khan, Program Director of the Bangladesh Center for Communication Programs (BCCP) and coordinator of the project's Behavior Change Communication and Marketing (BCCM) component

Project Background: BAN Second Urban Primary Health Care Project (UPHCP-II)

- UPHCP-II started in 2005 and was completed in 2012; communication activities started in July 2007
- Implemented by Health Departments of six City Corporations and five municipalities through 24 Partnership Agreements with 13 NGOs

- Primary health care services provided by 24 Comprehensive Reproductive Health Care Centers (CRHCCs), 161 Primary Health Care Centers (PHCCs) and 644 Satellite clinics

- **Impact**: improve the health status of the urban poor population, focusing on women and children
- **Outcome**: At least 30% of each service are provided free to the poor

- Of the four outputs, Output 1 focused on establishing a communication component as an essential element of the project: Provision of primary health care through partnership agreements and Behavior Change Communication and Marketing (BCCM)

- Bangladesh Center for Communication Programs (BCCP) was selected to support implementation of the BCCM activities of the project.

Communication Activities:

1. Baseline and endline research were conducted to determine changes in the level of awareness and utilization of health services before and after the BCCM implementation. The following research were conducted to determine the project's communication needs, identify stakeholders and key behavioral barriers in utilizing health services:
    - Needs Assessment Study
    - Knowledge, Attitude, Behavior and Practice (KABP) survey
    - These studies were used as baseline to evaluate the BCCM strategy and activities at the mid-term and end of the project

2. A Behavior Change Communication and Marketing (BCCM) strategy was developed involving all stakeholders based on results of baseline research. The activities included:

    - Branding – the "rainbow" logo was used to brand the services and differentiate UPHCP-supported service centers from that of other donors (i.e., "smiling sun" franchise program centers by USAID, etc.)

    - Promotions and campaigns –
        - loudspeaker announcements, indigenous media, quiz competitions
        - group meetings and courtyard sessions using flip charts, short films, folk songs
        - posters, leaflets, TV scrolls, billboards
        - 13-episode Television Drama Serial (*Gari Chole Na)*

    - Advocacy - to involve other stakeholders (i.e., media, elite group, influentials in the communities, religious leaders, media), different advocacy workshops, orientation programs and Future Search Conferences (FSC) were conducted utilizing an advocacy toolkit and other communication materials including a 13-minute advocacy video

        - *Nagar Shastho Barta*, a quarterly newsletter highlighting activities and success stories of UPHCP-II kept the Project Management Unit (PMU), Project Implementation Units (PIUs) and stakeholders updated

- Capacity building for the following:
    - service providers of different project-tiers on inter-personal communication and counseling
    - project staff on BCC and marketing
    - EA / IA on strategic communication

  The following guidelines and curriculum were also produced for the PMU:
    - How-to guidelines on conducting dialogues with formal and informal leaders, slum leaders, religious leaders and other influentials
    - Guidelines on documentation and monitoring of communication activities

Lessons Learned:

1. It is crucial that research be built into the project to avoid costly mistakes in messaging and positioning, and monitor strategies for updating and adjustment

    - To fast track project cycle, many project teams treat research as non-essential, time-consuming and expensive add-ons
    - For UPHCP-II, 10% was allocated out of the BCCM resources for research which took 2 months to complete
    - Formative research provided basis to monitor and evaluate the project at the following stages:
        - mid-term which allowed adjustments in BCCM strategy
        - end-of-project – to provide context to endline evaluation
    - Research was able to pinpoint sensitivities in messaging, for example, whether to promote the health services as “free.” Based on research results, the urban poor tended to avoid services if they were “free” since these were connected to issues on pride, low quality services, etc.

2. There is no one “best media”

    - The logical use of multiple communication channels with synchronized and consistent messaging is effective for multi-stakeholders
    - “Indigenous media” was used to maximize existing channels in communities that are using local languages (which became necessary because the project catchment areas used different languages)

3. BCCM is critical in facilitating the development of a shared vision in projects with different stakeholders holding various interests

4. Project gains on behavior change should be sustained in next phases and in follow-on projects
    - The evaluation of the first phase of the project indicated the need to align BCC efforts to key indicators, allocate enough resources for a communication program and strengthen the communication component beyond information dissemination
    - UPHCP-II acted on the evaluation and designed the BCCM component
    - The next and ongoing phase sustains BCCM outputs