A Selective Literature Review on SBCC Best Practices

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Prepared for USAID Bangladesh
by Johns Hopkins Center for Communication Programs
on behalf of Bangladesh Knowledge Management Initiative (BKMI)
April 2016
# Table of Contents

Acronyms ................................................................................................................................. 2  
BKMI Overview .......................................................................................................................... 3  
Introduction ............................................................................................................................... 3  
Scope of Review ....................................................................................................................... 4  
Methods ................................................................................................................................... 4  
Data Extraction Strategy .......................................................................................................... 5  
Overview of Results ................................................................................................................. 6  
Rigor of Identified Sources ....................................................................................................... 6  
Lessons Learned from Literature ............................................................................................. 7  
  Maternal Health and Family Planning ...................................................................................... 9  
  Neonatal, Child, and Adolescent Health ................................................................................. 9  
  Tuberculosis ............................................................................................................................ 9  
  Nutrition ................................................................................................................................. 9  
  Integrated .................................................................................................................................. 10  
  Cross-Cutting .......................................................................................................................... 10  
Enablers to Effective SBCC ....................................................................................................... 11  
Barriers to Effective SBCC ....................................................................................................... 12  
Gaps and Recommendations ..................................................................................................... 13  
SBCC Summit Insights ............................................................................................................ 15  
Limitations ............................................................................................................................... 17  
References ............................................................................................................................... 18
Acronyms

ACSM  Advocacy, Communication, Social Mobilization
BCC  Behavior Change Communication
BHE  Bureau of Health Education
BKMI  Bangladesh Knowledge Management Initiative
CHW  Community Health Worker
DEC  Development Experience Clearinghouse
DGFP  Directorate General of Family Planning
DGHS  Directorate General of Health Services
EBF  Exclusive Breastfeeding
FP  Family Planning
GoB  Government of Bangladesh
HIV  Human Immunodeficiency Virus
ICT  Information and Communication Technology
IEM  Information, Education, and Motivation
IPC  Interpersonal Communication
IPHN  Institute of Public Health Nutrition
IYCF  Infant and Young Child Feeding
LARC/PM  Long-acting Reversible Contraceptives and Permanent Methods
MNCAH  Maternal, Newborn, Child, Adolescent Health
MoHFW  Ministry of Health and Family Welfare
OP  Operational Plan
RCT  Randomized Controlled Trial
SBCC  Social and Behavior Change Communication
TB  Tuberculosis
UNICEF  United Nations Children's Emergency Fund
USAID  United States Agency for International Development
BKMI Overview

The Bangladesh Knowledge Management Initiative (BKMI) strengthens the capacity of the Government of Bangladesh (GoB), USAID implementing partners and other stakeholders to develop strong, consistent, and effective Social and Behavior Change Communication (SBCC) campaigns and interventions to improve the health and well-being of the people of Bangladesh. In addition, BKMI facilitates coordination around SBCC within the Ministry of Health and Family Welfare (MoHFW) and with other stakeholders, and supports the multi-sectoral BCC Working Group as a forum for coordination, networking and learning. Capacity strengthening of local governments and institutions is an important element of the USAID’s Local Solutions Development (LSD) agenda. A multi-level capacity-strengthening framework is used to introduce appropriate information and communication technology (ICT) tools for SBCC and Knowledge Management, such as digital archives, eLearning, eToolkits, Android apps, websites, and online communities of practice.

Specifically, BKMI directly supports the following three MoHFW units and their respective Operational Plans (OPs) within the Directorate General of Family Planning (DGFP) and Directorate General of Health Services (DGHS): Information, Education, and Motivation (IEM), Bureau of Health Education (BHE), and Institute of Public Health Nutrition (IPHN). BKMI also provides technical assistance as needed to the USAID Mission in Bangladesh and its implementing partners.

Introduction

BKMI strongly advocates for the use of evidence-based SBCC to inform the development of effective and impactful interventions. Given the ever-expanding body of evidence to support the use of SBCC for health behavior change, approaches to the incorporation, development and evaluation of techniques for improved SBCC vary widely. Producing high quality and effective SBCC can be a somewhat daunting process as multiple factors influence the design, development, and evaluation of interventions, including donor interest, government mandates, program objectives, health topic, local context/setting, intervention level and a host of other influential factors. Thus, program managers often rely on evidence for guidance and potential ways forward. Program teams often use highly regarded and tested techniques referred to as “Best Practices” – a broad label that, at least conceptually, suggests a compelling argument can be made for applying a specific approach within a program. Best practices are often considered to be evidence-based practices that, once implemented, have great potential for scale-up, to be institutionalized or to lead to the greatest impact on health outcomes. Best Practices, in fact, can substantially assist donors, program managers and other interested parties in developing stronger, more effective and impactful programs.

However, identifying, adapting, applying and validating SBCC “Best Practices” is not an exact science; further, incorporation of Best Practices requires thoughtful implementation and ongoing monitoring to ensure effective programming. As Best Practices are frequently considered for incorporation into SBCC interventions, the mechanics and implications of these techniques need to be further unpacked and evaluated in order to be truly useful to SBCC donors and program managers.

It is worthwhile to note that while Best Practices are grounded in evidence, innovative approaches should not be ignored as use of these techniques allow the field of SBCC to grow and expand to new frontiers. This selective review acknowledges that the research behind some innovations may
be thin. However, our team thought it worthwhile to incorporate lessons learned and insights related to cutting-edge techniques. The field is rapidly adapting to new perspectives and complementary approaches, thus evidence is forthcoming as many of these novel approaches are quickly being incorporated and tested by programs around the globe.

This brief report presents findings from a selective literature review conducted under BKMI pertaining to existing evidence on Best Practices for SBCC for Maternal, Neonatal, Child, Adolescent Health (MNCAH), Family Planning (FP), Tuberculosis (TB) and Nutrition activities in South Asia. Initially, the review focused on well-documented program findings describing SBCC best practices used in Bangladesh. However, the decision was made to include key lessons from global forums on SBCC Best Practices, as well as expand the geographic focus to include other South Asian nations to add richness to the findings and capture additional innovative SBCC approaches.

For the purpose of this report, SBCC is defined as “the use of communication strategies, such as mass media, ‘new’ and social media, community-level activities, and interpersonal communication to influence individual and collective behaviors. SBCC is based on the notion that individuals, families and peer networks, communities, and social environments continuously influence behavior. Effective SBCC interventions are evidence-based, iterative, and data-driven. To be impactful, they must be designed to be reflective of existing social norms, behaviors, and perspectives.

**Scope of Review**

This review set out to identify actionable and translatable SBCC activities and approaches that could be used in Bangladesh to continue progress in the four identified health areas. Specific aims of the study included: 1) determine the availability and existence of peer-reviewed and grey literature on South Asia-based SBCC programs targeting specific health topics (primarily including MNCAH, TB, FP and Nutrition) and 2) understand the efficacy and effectiveness of select SBCC interventions delivered in the past 5 years (2010-2015). By excluding less relevant health topics (HIV, Ebola, malaria, etc.) and selectively broadening the country focus to include South Asia, this review sought to identify literature that would provide detailed insight into factors, workable in Bangladesh, that influence high-quality, high-impact, data-driven SBCC interventions.

**Methods**

A pre-determined search strategy guided a two-stage search for relevant literature. The initial search included key databases (i.e. Scopus, PubMed, Google Scholar, Popline, and Development Experience Clearinghouse (DEC)). Each reviewer conducted an Internet search for available literature using pre-established inclusion/exclusion terms, compiling sources in a shared workspace for joint review. Search terms included: “Bangladesh” + “Best Practice” + “Behavior change” and/or “Social Change” and/or “SBCC/BCC” and/or “Change Communication”. Key health topics (i.e. MNCAH, TB, FP and Nutrition) were also included in the search box to yield targeted results. Experts on SBCC programming (both globally and Bangladesh-specific) were consulted for additional insight at multiple consultation events. An exhaustive project list, sourced from a recent situational analysis conducted under BKMI, was also referenced to identify specific interventions and programs for review. The project list was used for additional hand searching.
resulting in sources pulled from both specific journals (e.g. Global Health: Science & Practice) and archives of multilateral development organizations (e.g. UNICEF). Sources included for review were required to meet the following criteria: be English-language literature published (or completed) between 2010 and 2015; discuss interventions targeting a health topic of interest; be located in Bangladesh or a South Asian nation; present data (full-scale evaluations were prioritized). Exclusion criteria included: no discussion of health topic of interest, not in geographic area of interest, not within the specified time frame and/or lack of data. Discussion between reviewers was ongoing throughout the identification, selection, review and analysis procedures to ensure that the 40 selected sources best fit the criteria, scope and objectives of this review. All non–peer-reviewed data collected were freely available in the public domain.

The second-stage supplementary search of South Asia literature involved a slight variation in search protocol. Using the World Bank’s South Asia country list (with the addition of Myanmar given recent political shifts and improved opportunities for health and development efforts), the review team searched PubMed, Scopus and Popline using the following search strategies for sources published between 2010-2015:


From the 1388 titles sourced, 160 relevant abstracts were independently selected by two reviewers and then discussed to reach consensus. If all reviewers were in agreement, the full article was reviewed for inclusion in the final analysis. So as to not duplicate evidence, 17 articles were selectively based upon their ability to add to the evidence previously sourced during the primary stage of the search.

**Data Extraction Strategy**

The following data was extracted for each source reviewed:

- Funding sources
- Location & duration of projects/studies
- Health topic of interest (e.g. MNCAH, FP/RH, Nutrition, TB)
- Target beneficiaries affected
- Theoretical behaviors framework(s) or constructs used
- Study designs and details on rigor of study (e.g. sample size, sampling, effect size)
- Description of SBCC Best Practice/intervention strategy implemented
- Intervention level(s)/Scope of intervention (e.g. National, State, District, etc.)
- Outcomes (e.g. knowledge/attitude, behaviors, process, health outcomes)
- Enablers and barriers to sustainability and scale-up
Overview of Results
Among the 57 articles selected for full review, the three most common funders listed were USAID, Bill and Melinda Gates Foundation, BRAC and DFID. A great majority of sources mentioned were based in Bangladesh. However, as this is a regional review, additional sources were included from India, Nepal, Pakistan and other countries for greater insight into SBCC Best Practices present in the greater South Asia region. As per the inclusion criteria, all sources included at least one of the following health topics of MNCAH, RH, TB, or Nutrition. Sources that included two or more health topics were categorized as integrated, which accounts for a sizeable number of programs included in the review. For this review, integration refers to programs that combine multiple health areas; programs that combined multiple levels, target beneficiaries, study outcomes or approaches were not labeled as integrated as these characteristics are standard in strong SBCC programs. Integrated programs accounted for 47% (27 out of 57) of sources identified during the review. Maternal, Child, Neonatal & Reproductive Health and Nutrition were also heavily represented health topics (36 and 18 sources, respectively). This reflects both the high level of need and interest in these important health areas in Bangladesh. There was a noticeable lack of interventions focused on TB and/or Adolescent Health. Findings show that the majority of sources described programs operating at the community or village level. Very few SBCC programs described were operating on a national scale.

Rigor of Identified Sources
Given the data-driven nature of this literature review, sources that reported evaluation findings or other evidence were preferred for inclusion during the literature search and prioritized during analysis. Despite this concerted effort, only about 37% (21 out of 57) of sources reported an evaluation (perhaps reflecting a larger gap present within SBCC interventions).

Among all sources reporting evaluations of interventions, multiple study designs were reported:

<table>
<thead>
<tr>
<th>Type of study methods</th>
<th># of articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative</td>
<td>14</td>
</tr>
<tr>
<td>Qualitative</td>
<td>11</td>
</tr>
<tr>
<td>Mixed methods</td>
<td>13</td>
</tr>
<tr>
<td>Unclear</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study Design</th>
<th># of articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-control</td>
<td>1</td>
</tr>
<tr>
<td>Cross-sectional</td>
<td>5</td>
</tr>
<tr>
<td>Cohort</td>
<td>3</td>
</tr>
<tr>
<td>Efficacy (RCT)</td>
<td>3</td>
</tr>
<tr>
<td>Effectiveness/Impact</td>
<td>14</td>
</tr>
<tr>
<td>Other*</td>
<td>17</td>
</tr>
</tbody>
</table>

* Includes: Sequential Explanatory Design; Secondary Data Analysis; Meta-Analysis; PIP Program Impact Pathway Analysis; Quasi-Experimental; Cognitive-Based Therapy; Full-Information Maximum Likelihood (FIML) Estimation Procedure. Also, includes references to evaluations conducted but fully described in other papers.

Strong SBCC programs often incorporate the use of behavioral theory. The systematic application and evaluation of behavioral theories and frameworks is essential in building evidence for the use of theory-driven approaches. This practice can also result in the effective translation of best practices and existing evidence into new settings. However, within the SBCC best practices...
reviewed during this review, only a small percentage (less than 25% of sources) identified a specific model of framework upon which the intervention was based. A number of established theoretical behaviors frameworks were identified and applied to develop SBCC programs including: Social Ecological Model, Health Belief Model, Theory of Planned Behavior/Reasoned Action, Social Network Theory, Social Learning, Social Cognitive Theory and the Trans-theoretical Model. Other local frameworks and theories were also used, including ACSM in Bangladesh and Sadharanikaran, an ancient Indian theory of communication in India. Less frequently observed were: trans-theoretical model, Health Belief Model, UNICEF Conceptual Framework, Stunting conceptual framework and the C-Change Model. Other examples of non-western theories or constructs were not frequently observed during this review.

**Lessons Learned from Literature**

As a result of the selective literature review process, our review team has identified several SBCC program recommendations. These are organized by health category: maternal health and family planning; neonatal, child, and adolescent health; tuberculosis; nutrition; integrated health (where more than one of the aforementioned topics is addressed by a single program); and cross-cutting recommendations that should be applied regardless of health topic. Evidence from specific best practices associated with strong results are highlighted in the chart below, with additional recommendations to follow.

<table>
<thead>
<tr>
<th>Citation, Country</th>
<th>Health Area</th>
<th>Target Behavior</th>
<th>Project Description; Evaluation Study Design (If applicable)</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gazi et al, 2014, Bangladesh</td>
<td>MNCH/RH</td>
<td>FP use</td>
<td>Multi-channel program (Support groups, street dramas &amp; peer promoters) introduced at community level thru health promoters; built referral linkages between community and the providers; Cohort study</td>
<td>CPR for any modern method increased significantly from baseline to end line in Dhaka (51% to 58%) and in Nabiganj (20% to 30%). Couple communication on family planning single-most influential factor for contraceptive use and selection of method</td>
</tr>
<tr>
<td>Rahman, 2013, Bangladesh</td>
<td>MNCH/RH</td>
<td>ANC Visits; Institutional Deliveries</td>
<td>Assesses impact of pictoral cards (PCs) for pregnant women on 7 institutional delivery rates; Cohort study</td>
<td>Focused BCC using PCs during routine ANC improves knowledge of pregnant women and their use of health facilities for conducting deliveries. Bangladesh and other low-income countries should test the effectiveness of BCC interventions with PCs to improve MCH outcomes.</td>
</tr>
<tr>
<td>Darmstadt Munar, 2013, Bangladesh</td>
<td>Neonatal</td>
<td>Home delivery practices; essential newborn care; feeding practices</td>
<td>Community members (Pregnant women &amp; husbands) attended women’s group meetings, engaged in participatory learning followed by action cycles. Efficacy study</td>
<td>Neonatal mortality rate significantly lower in intervention arm, a reduction in neonatal mortality of 38% when adjusted for socioeconomic factors. Cost-effectiveness was US $220 to $393 per year of life lost averted.</td>
</tr>
<tr>
<td>Citation, Country</td>
<td>Health Area</td>
<td>Target Behavior</td>
<td>Project Description; Evaluation Study Design (If applicable)</td>
<td>Results</td>
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<tr>
<td>Thomas, 2014 Bangladesh</td>
<td>Nutrition</td>
<td>Exclusive breastfeeding</td>
<td>Part of the “Akhoni Shomay” supported community-based initiatives to improve IYCF and nutritional outcomes. SBCC activities included: individual counseling, mother-to-mother support groups, fathers- and mothers-in-law support groups, and community-based education. <strong>Efficacy study</strong></td>
<td>Women exposed to the Akhoni Shomay program were significantly more likely to intend to exclusively breastfeed than those who were not in the program sub-district and breastfeeding knowledge, attitudes and self-efficacy were positively associated with EBF (exclusive breastfeeding) intention; Intrinsically motivating woman rather than extrinsically</td>
</tr>
<tr>
<td>Paul, 2015 Bangladesh</td>
<td>TB</td>
<td>TB-related practices</td>
<td>BRAC TB control program implemented advocacy, communication social marketing strategies to increase community awareness of TB prevention and treatment: <strong>Mixed-Method study</strong></td>
<td>53% of key community members had good knowledge regarding TB (BRAC workers more knowledgeable than other key community members (KCMs), but still had knowledge gaps). Most KCMs were aware of TB signs, symptoms and transmission pathways. Knowledge about child TB was poor overall; stigma associated with TB.</td>
</tr>
<tr>
<td>Adams, 2015 Bangladesh</td>
<td>Integrated Programs</td>
<td>Post-natal care (PNC) visits</td>
<td>Women’s group allows CHWs as weak ties into social network, mediating improvements in MNH behavior; <strong>Cross-sectional study</strong></td>
<td>Manoshi members three times more likely to receive PNC than non members; Presence of CHW or husband in a woman’s perceived network increased use of PNC by five times</td>
</tr>
<tr>
<td>Healthy Fertility Study (HFS) Bangladesh</td>
<td>Integrated Programs</td>
<td>FP use; Birth Spacing</td>
<td>Interventions including CHW home visits, BCC, FP distribution, and community meetings to promote better maternal and child health care; <strong>quasi-experimental study</strong></td>
<td>HFS model led to over 20% increased cumulative probability of modern method adoption; decrease in incidence of pregnancy within first 36 months of delivery; associated with a 21% reduction of probability of shorter birth intervals and 20% lower risk of preterm birth; Shows integration of FP services within MNCH platform is feasible; does not have a negative impact on service coverage or health.</td>
</tr>
<tr>
<td>Nasreen, 2012 Bangladesh</td>
<td>Integrated Programs</td>
<td>Knowledge of maternal care among males</td>
<td>Study to identify extent of men’s knowledge and awareness on MNCH issues between IMNCS control and</td>
<td>Overall, men’s knowledge and awareness on older health promotion messages was found better than newer messages (birth preparedness/newborn care),</td>
</tr>
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A Selective Literature Review on SBCC Best Practices

April 2016
Maternal Health and Family Planning

- Explore in-depth women’s barriers to accessing technology in mHealth interventions.¹
- Identify the most important cues to adoption of behaviors and action in addition to barriers.²
- Map existing programmatic research when developing SBCC strategies for contraception method transitions.³
- Tailor SBCC strategies to target changing needs throughout various stages along the behavior change continuum and reproductive life cycle.⁴
- Active discussion between couples is an important step in the contraceptive method selection process. Counseling for couples that facilitates this discussion is crucial.⁸

Neonatal, Child, and Adolescent Health

- Strategically target audiences and their unique motivations. Beyond initial identification of key decision makers and influencers, conduct research and analysis to find the most effective methods with which to change mindsets and improve awareness.⁵
- Consider the potential for using traditional birth attendants to promote antenatal care, detect pregnancy complications, and refer women to skilled providers given that this leads to better neonatal outcomes.⁶
- Involve local education systems when addressing adolescent health issues as school curricula (and relatives) can play a major role in improving the knowledge of female unmarried adolescents.¹³

Tuberculosis

- Raise awareness of TB. Despite adequate basic knowledge in communities about TB signs, symptoms and transmission, there is still poor knowledge regarding childhood TB and lingering stigma that limits the impact of SBCC programs. Future SBCC campaigns should address these issues to ensure greater impact.⁷

Nutrition

- Combine group sessions with individual coaching to reinforce behaviors.⁸
- Target adolescents for IYCF education to improve self-efficacy and positively influence future health outcomes in multiple nutrition-related areas.¹⁰
- Combine knowledge about and positive attitude for exclusive breastfeeding with self-efficacy because it leads to positive intention for EBF.¹¹
- Create guidelines and protocols for providers to follow regarding nutrition services.¹²
Integrated

- Analyze social networks to accurately target interventions\textsuperscript{13}
- Leverage existing community-based platforms to minimize costs and facilitate integration\textsuperscript{14}
- Strengthen operational capacity and ensure that feedback systems are continually in effect prior to scale-up of programs\textsuperscript{15}
- Use pre-existing audience gathering spaces and readily available and commonly used communication channels (e.g. for men, tea shops and markets along with radio and television channels)\textsuperscript{16}
- Involve all family members in health education. It is especially important to involve adolescents to ensure knowledge and practices are being passed on to the next generation\textsuperscript{17}

Cross-Cutting

The recommendations to follow highlight common factors that positively impact programs and health outcomes regardless of health topic, and regardless of whether the program operates as a vertical or integrated health program:

**Leverage existing resources and strengthen existing structures (i.e. social networks & influencers)**

- Improve capacity among community health workers (CHWs) with basic training, routine supervision, continual assessment and incentives to lower dropout and improve quality\textsuperscript{18,19}
- Train health providers to give clients in-depth information as well as interactive instruction around desired behaviors. Providers should be trained in problem solving and negotiation\textsuperscript{5}

**Build in opportunities to use innovative technology to bolster programming**

- Combine broad, multichannel strategies with interpersonal communication (IPC) to reinforce counseling messages, build a supportive external environment, expand reach, and improve working relationships for community health volunteers and CHWs\textsuperscript{17,20,38}
- Leverage digital health, as it bring advantages to SBCC programming: reduced costs; increased access to information and services; improved ability to communicate (e.g. important for emergency health situations)\textsuperscript{1} Given the ubiquitous nature of mobile technology, increased connectivity rates and easy accessibility of social media, this technology has the potential to tremendously impact SBCC programs. Community-led video projects are one such example of grassroots efforts to leverage community and digital resources to improve local understanding of health-related behaviors. Digital health allows program managers to engage in two-way communication with program beneficiaries in real-time.\textsuperscript{37}

**Build data into programming for continued learning and improvement**

- Adapt proven approaches from different contexts, including but not limited to other low-middle income countries and varying health topics, and fit them to program needs (e.g. Care Group approach)\textsuperscript{21,22}
- Complete extensive formative research to design effective communication interventions. For example, what decisions do women traditionally have authority over in the household? Design an intervention that will improve their decision making abilities for those areas\textsuperscript{6,23}
- Consult with communities and end users throughout the intervention development and implementation process to create materials that are acceptable and appropriate and that harness local knowledge and evidence\textsuperscript{24,25}
Enablers to Effective SBCC

SBCC programs often operate at multiple levels, using several approaches under a coordinated communication campaign for a comprehensive set of behaviors. Our team has identified specific enablers that can allow for improved effectiveness of SBCC by assisting in identifying behaviors with great opportunity to impact health outcomes. The findings below also serve to accelerate demand by presenting enhanced opportunities for behavior change, sustainability and scale-up.

- Develop opportunities for participation from interested partners, stakeholders and community. SBCC programs should, whenever possible, aim to be inclusive, participatory, collaborative and responsive to community needs. This focus on participation should be present at every stage of program development as buy-in and ownership are necessary for the creation of enabling environments, the delivery of culturally appropriate programs and the sustainability of behaviors post-project. This also serves to shift the “balance of power from research to participant” resulting in open and meaningful collaboration.

- From a programmatic standpoint, SBCC programs would benefit from consistent use of theory-based designs that call for tailored messaging based on the profiles and specific needs of the audience. Further, strong monitoring and feedback systems that allow for periodic correction and improvement, as well as continued innovation, are central to successful scale-up and require programmatic and operational flexibility.

- At the community level, perhaps unsurprisingly, key facilitators for adopting recommended practices at the individual and household level were family support, family availability and supportive norms. Informal social networks were frequently identified as mediators for health information and access, resulting in knowledge improvements and positive behavior change. This suggests that SBCC programs should, when possible, work with community structures and find ways to address both social change and social norms, with the understanding that those efforts might require a longer time frame.

- At the national level, agenda setting is key. This often involves a series of high-level discussions with a national cross-sectoral coordinating body to set priorities for the program and ensure close alignment with government and partner objectives. One potential deliverable from these efforts might take shape as a “broad communication strategy using multiple channels… needed to reach opinion leaders in communities and families, reinforce counseling messages, and expand the number beyond those reached through counseling.” This important task is easily folded into program deliverables and creates a clear path toward a cohesive and coordinated SBCC intervention. The presence of national-level communication strategies also serves to improve the quality and focus of large-scale health communication programs. Additional upstream facilitators and key factors include: targeted advocacy to ensure supportive polices; continued public education (to improve health literacy); provisions for reoccurring technical trainings for health providers and skilled health staff to ensure capacity building for improved services; active engagement of the private sector and collaboration to ensure affordable and accessible health products (e.g. complementary foods).
• Consider how factors such as poverty and work levels will affect an individual’s actual implementation of behavior. An understanding and appreciation for the manner in which social determinants may affect health are critical for SBCC programs and need to be folded into formative research, program design, and implementation in an intentioned and deliberate manner. (On a related note, this suggestion reflects a growing sentiment to place greater consideration on the social aspects within SBCC programs.)

• Align program objectives and motivations of health workers. An Indian intervention noted a positive linkage among increased training for ASHAs (frontline health workers) and the acceptance they experience from community members in their village. This was found to also affect the ASHAs’ self-esteem and worth, both important considerations as intrinsic incentives and personal motivation to succeed as an ASHA.

Barriers to Effective SBCC
Quite often, SBCC programs face barriers that limit their effectiveness. These challenges have significant implications for the scale up and sustainability of best practices and health behavior change. In order to best address persistent barriers, programs should aim to identify, understand and anticipate common challenges that can be avoided through thorough preparation and formative research. In this way, the challenge is being acknowledged, providing a space to be faced head-on; perhaps even by the SBCC project team. Another illustrative example is the realization that within integrated programs, it may not be realistic to address all health behaviors being promoted by the program within a single touch point. Thus, program teams will need to think creatively, use available research and look to Best Practices to decide how best to move forward with program design and development (such as, development of creative materials). Several barriers have the potential to be better addressed through improved formative research and increased opportunities for feedback from the target audience (e.g. development of culturally appropriate creative materials). Cultural barriers are an example of opportunities where formative research would help a program development team to understand the context in which the SBCC program will operate and make informed decisions that will effectively promote desired social or behavior change.

Resource barriers, such as lack of time and economic constraints of target beneficiaries, unexpected shifts in funding and over-burdened government and health officials may also benefit from early consideration. Advanced planning and coordination allows sufficient space and time to focus on creating partnerships, building consensus, forming sustainable collaborations with private sector and other important facilitators that typically present as challenging aspects of a project (often due to short timeframes, diverging priorities and gaps in financing). Other long-term social determinants of health such as poverty, awareness and understanding of rights, and basic education, or high-level issues (aspects such as limited political commitment and technical expertise) are not as easily influenced by short-term health programs. SBCC programs should attempt to make inroads wherever possible and advocate for improved foundational conditions that will ultimately lead to better health outcomes.
Gaps and Recommendations

Despite the high quality of studies found among these sources, numerous gaps were outlined by study authors and observed by the study team. To address these gaps, the study team proposes the following recommendations:

• Clarify assumptions by developing and testing an appropriate theory of change in SBCC programs. The application of comprehensive behavior change theories and models would benefit SBCC programming. Currently, the practice of using theory to inform programming is not systematically conducted. Many sources in this review did not identify theories or frameworks used in the development of their program/campaign. Further, program theories (or theories of change) should be explicitly stated and defined for improved clarity and comprehension of program methodology.

• Use theory to inform approaches to evaluation and implementation research. Further, explanation for the use of specific theories and clarifications of assumptions in utilizing theories should be included in studies – a practice not commonly completed. This action would enable effective translation and systematic approaches to building evidence for the use of SBCC and theory for specific health topics. This would also present an opportunity to test and validate existing regional or local theories that are not commonly seen in western literature, but are applicable in the local context. (This statement holds true for models as they may also be adapted for contextualization during program development: Community Action Cycle, Three-Delay Model, Life-Stage Approach, etc.)

• Theoretical constructs can also be used for more nuanced audience segmentation rather than purely demographic data. For example, one could use stages of the Trantheoretical Model to target specific messages and communication channels to certain audiences based on their location on the continuum (pre-contemplation, contemplation, preparation, action, maintenance, advocacy). As another example, Diffusion of Innovation is useful for identifying the current status of the diffusion trajectory and targeting communication accordingly; communication to increase the contraceptive prevalence rate in Bangladesh (already at 62%, thus having reached the “late majority”) would require a different strategy than communication to increase LARC/PM (which requires targeting “innovators” and “early adopters”).

• Study and pinpoint the cognitive, emotional and social ideational factors that are likely contribute to behavioral intentions and behavior change among the intended audience.

• Consider investigating whether having more skilled single-purpose workers to support multi-purpose workers could enhance the overall quality of service delivery.

• Study the cost implications of SBCC programming. Generally, limited information was available on the financial considerations and motivations related to SBCC best practices. Additional evidence/research would be worthwhile to better understand cost-effectiveness of different SBCC channels. These channels need to be decided on early in the program.
development process to ensure all necessary components are captured for quantification.\textsuperscript{30} Program implementers are also encouraged to explore the use of micro-costing as a method that may demonstrate the value of SBCC.\textsuperscript{30}

- Factor gender into SBCC programs. An important crosscutting area, gender, was not frequently discussed among those studies included in this report. SBCC practitioners need to consider not only developing gender transformative programs, but also make a concerted effort to document and disseminate how gender-sensitive programs were operationalized and implemented. As these norms can be incredibly context specific, the additional insight provided via future research will aid in ensuring future SBCC programs account for gender norms and their affects on social norms and behaviors.

- Develop youth-centered programming. Despite comprising significant proportions of many South Asian populations, children and adolescents were often overlooked in the literature as many interventions discussed maternal, neonatal and reproductive health. Our results found only two programs that described interventions targeting adolescents. While it is expected that interventions should be focused on programming directives, greater attention and efforts should be made to ensure programs are inclusive of children and adolescents to the extent possible.

- Draw on multiple disciplines for cutting-edge SBCC practices and a diverse perspective to research and programming. Behavioral economics, anthropology and human-centered design are fields that can complement SBCC programs and methodology. A study completed in Bangladesh used anthropologists to conduct formative research and other qualitative studies given their training in ethnographic methods.\textsuperscript{39}

- Acknowledge differences in working across health areas. Key informants in one study often noted that, unlike agriculture, nutrition was more of an abstract concept, making it difficult to relate to cause and effect, which affected comprehension and willingness to try the disseminated practices.\textsuperscript{38}

- Document and disseminate programmatic efforts to build capacity of Ministry of Health and health workers conducted as part of SBCC programs. Studies reported in this review include limited discussion on building capacity to design, develop and implement SBCC for health facility or Ministry of Health workers. Most programs published results from work conducted with communities, resulting in an incomplete depiction of the reach of SBCC.

- Ensure that behaviors selected for inclusion in SBCC programs are measureable and feasible to track over time. This requires devising an actionable plan for data collection.\textsuperscript{34}

- Identify gateway behaviors (or accelerator behaviors) and ‘nudges’ that create pathways for increased uptake of healthy behaviors. Address gateway behaviors, as they have the capacity to influence one or more other behaviors it increases the likelihood that such interventions influence direct or underlying causes. This approach, which can contribute to
improved knowledge, skills and awareness, must also include considerations on factors necessary to create an enabling environment for these gateway behaviors. Behavioral economics is also seeking how best to create an enabling environment for healthy practices. However, in contrast to SBCC, behavioral economics is used to understand how people make decisions and does not aim to shift values, attitudes or personal beliefs. Once there is an understanding of how the decision is made, efforts are undertaken to align decision-making with existing values and nudge the individual towards a behavior. Thus, SBCC programs might reframe existing information, streamline choices, or use commitment devices tied to a behavior.

- Be attuned to program intentions and unintended effects. Inclusion of male populations is concern in gender programs and reproductive health studies. However, a study conducted in Nepal used formative research to decide which school-age youth to include in their study on gender attitudes. It was discovered that a curriculum addressing the relational approach – thereby involving both girls and boys – was likely to be effective.

**SBCC Summit Insights**

The Inaugural SBCC Summit held in Addis Ababa, Ethiopia in February 2016 included insights and presentations from leaders in the field of SBCC. Much of the guidance discussed earlier in this review echo discussion points from keynote speeches during the summit. As noted by one speaker, reframing “SBCC as a process (and not a product)” allows for continued discussion on how to improve upon current practices and increase effectiveness within SBCC programming. Thus, our review team is including key considerations and challenges below that will help to not only further refine the SBCC process, but also help advance the field of SBCC.

- Use behavioral attributes to target interventions based on the characteristics of a behavior, all within a social and cultural context. Some behaviors require additional intensity or messaging, while others are less complex. SBCC practitioners developing health behavior programs could benefit from a tool that weighs the attributes of a behavior (habit vs. one-off, public vs. private, free vs. expensive, etc.).

- Develop brands that connect to the lifestyles of the audience in order to build opportunities to personally connect with brand identity.

- Integrate multiple communication levels, while ensuring the individual is not forgotten.

- Prioritize communication WITH the audience (as opposed to communication AT or TO the audience). SBCC professionals need to challenge their assumptions about what the audience wants and will respond to, and design programs with the audience, not at them.

- Use formative research to identify concepts and that will resonate with audiences. For example, an ongoing MCH campaign in South Sudan was not gaining much traction. Program designers began speaking about MCH from a Biblical context, and audiences responded positively. What does the audience love? How can we capitalize on that?
• Look further into new, adapted and, when possible, rapid formative research techniques that have shown results, but that may not be readily available in the published literature. For example, the Zaltma Metaphor Elicitation Method (ZMET) was mentioned as a formative research technique to tap into underlying emotions that affect behaviors.

• Align choices with – not against – human nature; humans do not always behave logically.

• Losses matter more than gains. Identify what would be lost by continuing a certain behavior or failing to adopt a new behavior (“price” in social marketing terms) and replace it with something that is acceptable.

• More research is needed on non-Western communication theories and models, which often fail to consider long-term structural changes (e.g., colonialism), cultural dynamics, resolving unequal power distribution, and other factors.

• Embrace complexity when evaluating SBCC. Indicators tell us what happened, but not how and why. What is our impact? How can we measure things like individual and collective agency, efficacy, empowerment, collective action, sustainable change, and so on? New tools are being developed to address issues of complexity, in an effort that is being led by The CORE Group.

• Demonstrate the overlap with other disciplines by showing possibilities for multi-disciplinary work.

• Model our lives the way we want our audiences to live them.

• Explore avenues for movement making (as opposed to managing a campaign or building a brand). Past movements have spurred radical social change; how can SBCC draw on the critical elements of movements to positively shift health behaviors?

• Build on the concept of “fandom.” Use the recognition and dedication from fans associated with entertainment-education to create awareness, build interest and generate engagement among populations of interest.

• Test materials using rapid prototyping, a human-centered design method that encourages failing early by testing initial iterations of a product early and often to gather critical feedback.

• Explore innovative methods for formative research, monitoring and evaluation. This is especially critical given the difficulty within SBCC in conducting randomized control trials. SBCC practitioners must look forward and think creatively about which study designs capture the most accurate interpretations of a program. What will be the next gold standard for SBCC research?

• Disseminate findings and contribute to the literature and evidence base for SBCC.
Limitations

The time frame and scope of search for this selective literature review presented certain limitations for the review team, which in turn affected findings discussed in this report. Many studies glossed over details related to program design and implementation, resulting in a reduced understanding how the considerations used to develop the program. Sources reviewed often alluded to forthcoming or ongoing research. Although this provides an opportunity to understand and appreciate the implementation details, it is not possible to discuss the results or impact of those studies. In addition to seeking Best Practices, promising and innovative approaches and interventions were considered for inclusion if the research team felt that the study presented a convincing argument for incorporation into future SBCC programming in spite of the present lack of evaluation findings. As 2010-2015 is a short time frame, it may need to be expanded for future research to capture relevant ongoing projects that had not yet completed or disseminated information on methods and outcomes of interest at the time of this review. Additionally, since randomized-controlled trials are not common in the SBCC field, the rigor of studies included in this review was somewhat limited by the quality and quantity of literature identified and assessed by the study team. This literature scan only selected specific databases for inclusion, which yielded mostly published articles, introducing a publishing bias into the results obtained. Interventions yielding negative results are not as commonly published and less rigorous or pilot studies may have been overlooked during the search. Future research into SBCC best practices should expand beyond the South Asia region to identify innovative and effective practices that can be adapted to the Bangladesh context and include grey literature that can provide insight into relevant developments in the SBCC field. Finally, as future cross-sectoral SBCC efforts are undertaken and published, there will be a need to examine best practices and areas of promise for integrated SBCC programs.
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