Operationalization of ESP Delivery and Community Clinics

Behaviour Change Communication Needs of Community Clinics: A Study of Providers' Perspectives

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Glossary

AHI	Assistant Health Inspector
ARI	Acute Respiratory Infection
ASA	Association for Social Advancement
BCC	Behaviour Change Communication
BCC Unit	Behaviour Change Communication Unit
BRDB	Bangladesh Rural Development Board
BRAC	Bangladesh Rural Advancement Committee
CC	Community Clinic
DOTS	Directly Observed Treatment, Short-course
ESP	Essential Services Package
EPI	Expanded Programme on Immunization
ESC	Extended Services Centre
FP-MCH	Family Planning-Maternal and Child Health
FP	Family Planning
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FPI	Family Planning Inspector
GoB	Government of Bangladesh
HPSP	Health and Population Sector Programme
HPSS	Health and Population Sector Strategy
HA	Health Assistant
HI	Health Inspector
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IPC	Interpersonal Communication
LGRD&C	Local Government. Rural Development and Cooperatives
LSC	Limited Service Centre
MOHFW	Ministry of Health and Family Welfare
MOMCH-FP	Medical Officer Maternal and Child Health-Family Planning
MODC	Medical Officer Disease Control
MA	Medical Assistant
MDT	Multi-Drug Treatment
NIPHP	National Integrated Population and Health Programme

Glossary *(Cont'd)*

NGO	Non-Government Organization
ORS	Oral Rehydration Solution
OR	Operations Research
ORP	Operations Research Project
PCO	Population Communication Officer
RSDP	Rural Service Delivery Partnership
READ	Research Evaluation Associates for Development
SC	Satellite Clinic
SACMO	Sub-Assistant Community Medical Officer
Sr. FWV	Senior Family Welfare Visitor
TA	Technical Assistance
THC	Thana Health Complex
TFIPP	Thana Functional Improvement Pilot Project
TB	Tuberculosis
TBA	Traditional Birth Attendant
TTBA	Trained Traditional Birth Attendant
TH&FPO	Thana Health and Family Planning Officer
TFPO	Thana Family Planning Officer
USAID	United States Agency for International Development
UH&FWC	Union Health and Family Welfare Centre
UFHP	Urban Service Delivery Partnership
VDP	Village Defense Party
VHV	Village Health Volunteer

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Abstract

Background: The Health and Population Sector Programme (HPSP) 1998-2003 of the Government of Bangladesh and the USAID-supported National Integrated Population and Health Programme (NIPHP) have emphasized on the delivery of Essential Services Package (ESP) from a network of static clinics at different service-delivery tiers. At the community level in rural areas, the ESP will be offered from the Community Clinics. To ensure enhanced clients' convenience and better scope for addressing the missed opportunities and unmet needs of health and family planning services, the ESP is planned to be delivered through an integrated service-delivery mechanism as opposed to the separate provisions of health and family planning services. Successful implementation of the major shifts from the conventional service-delivery strategies proposed in the new programmes will, to a considerable extent, depend on the change in attitudes of both providers and clients. Alongside, to ensure an increased access to, and use of ESP delivery at the Community Clinics, behavioural change of the providers, clients and the community is imperative.

Objectives: Assess the behaviour change communication (BCC) needs for the Community Clinics-based service-delivery of essential health and family planning services package.

Methodology: Relevant government documents, literature, and guidelines relating to the HPSP, ESP, Community Clinic and BCC were consulted. Also, the related BCC activities, materials and messages of the rural and urban NGOs of the NIPHP partners and government pilot projects that have shifted from the conventional strategies of domiciliary distribution of services by the field workers to static clinic-based service-delivery were reviewed. In assessing the changed communication and promotion needs emerging from the replacement of interpersonal communication carried out by the field workers, brain-storming sessions were conducted with the district and thana levels health and family planning programme managers at Jessore and Chittagong districts. Workshops were also held with the health and family planning field workers and their supervisors at the three rural field sites of the Operations Research Project (ORP) of ICDDR,B: Centre for Health and Population Research.

Findings: The BCC activities need to facilitate the attainment of the following: (a) identifying the target audiences and the desired changes in their behaviour for the increased access to, and use of, services in the Community Clinics, and (b) identifying appropriate BCC activities and messages for operationalization of the Community Clinics. The workshops identified four key target audiences for the BCC activities: (i) service providers, (ii) service recipients, (iii) community leaders, and (iv) special sub-populations, e.g newly-weds, pregnant women, family planning methods drop-outs, low-parity couples, adolescents, etc. As fostered in the workshops, the desired changes in behaviour of the four target audiences are summarized as: (i) service providers have commitment in the delivery of ESP, offering good behaviour to the customers, and providing them with best healthcare and services; (ii) customers will know the services available from the

Community Clinics, visit the clinics, and cooperate with the providers to receive better services; (iii) community leaders have motivation for donating land for the Community Clinics, forging community ownership over the Community Clinics, and establishing a functional linkage with the existing community networks to promote the Community Clinics; and (iv) special-sub populations will understand the importance of services available in the Community Clinics, and visit the clinics to receive them. The workshops proposed 16 types of BCC activities to influence the required behaviour change process. These activities include print, demonstration and electronic media, selective interpersonal communications, and advocacy workshops.

Conclusion: Development of an appropriate BCC Programme, incorporating interpersonal communication, print, demonstration and electronic media, as well as advocacy workshops, is essential for the effective operationalization of the Community Clinics.

Introduction

Background

The Health and Population Sector Programme (HPSP) 1998-2003 of the Government of Bangladesh and the USAID-supported National Integrated Population and Health Programme (NIPHP) 1997-2002 are both aimed at providing quality health services through development of a sustainable service-delivery system. To be responsive to clients' health needs, especially to the vulnerable groups, i.e. women, children, and the poor, both the programmes have emphasized on the delivery of essential services package (ESP) from a network of static clinics. Instead of providing separate health and family planning services under the government system, the ESP is planned to be delivered in an integrated fashion to ensure enhanced clients' convenience and better scope for addressing the missed opportunities and unmet needs of health and family planning services. At the community level in the rural areas, the ESP is planned to be offered from a static centre, namely the Community Clinic, each built, on an average, for 6,000 population and supervised by an unified management. The ESP delivery, thus, involves reorganization and restructuring of service-delivery with a shift from the existing home-visitation approach to a static-centre based service-delivery [1]. The HPSP has also focused on a sector-wide management to address the structural inefficiencies and inconsistencies prevalent in the health and family planning sector where separate vertical and duplicative services, including support systems, exist. Operationalization of a client-oriented and cost-effective ESP delivery system has evolved as the most critical concern of both HPSP and NIPHP. Quite understandably, successful implementation of the major shifts from the conventional service-delivery strategies, proposed in the new programmes will, to a considerable extent, depend on the change in attitudes of both providers and clients.

The current document outlines the behaviour change communication (BCC) needs assessed for ESP delivery through Community Clinics in rural Bangladesh. Also, based on the needs, a number of BCC activities have been suggested for the Community Clinics. This study forms a part of the operations research (OR) on operationalization of ESP delivery and Community Clinics in rural areas of Bangladesh. The study activities have been implemented by the Operations Research Project (ORP) of the ICDDR,B: Centre for Health and Population Research in close collaboration with the Ministry of Health and Family Welfare (MOHFW) and its two Directorates (Health Services and Family Planning), with financial and technical support from the USAID.

The Essential Services Package

The Essential Services Package (ESP) is defined as a package of health and family planning services which are responsive to clients' needs, especially women, children, and the poor, and which include high-impact quality services that are financially sustainable to be delivered from one-stop (integrated) service centres. The main purpose of ESP delivery is to organize the services of the different tiers of the service-delivery system in a way that they meet the needs of the population, become cost-effective, are easier to manage, and are convenient for the clients/patients [1].

Within the overall context of the HPSP, based on the interventions identified by the 1993 World Development Report, the basic elements of the ESP are grouped into the following five areas:

i. Reproductive healthcare
ii. Child healthcare
iii. Communicable disease control
iv. Limited curative care
v. Behaviour change communication

ESP Delivery in HPSP

The ESP is planned to be delivered following a three-tired model (Fig. 1) with the Thana Health Complex (THC) at the thana (subdistrict) level, Union Health and Family Welfare Centre (UH&FWC) at the union level, and Community Clinic at the ward/village level. The design of ESP delivery warrants an integrated approach by the health and family planning service providers and managers within an unified management system at thana and below. It also demands some organizational and management re-alignments in the district and national levels for providing necessary support for its effective implementation and monitoring.

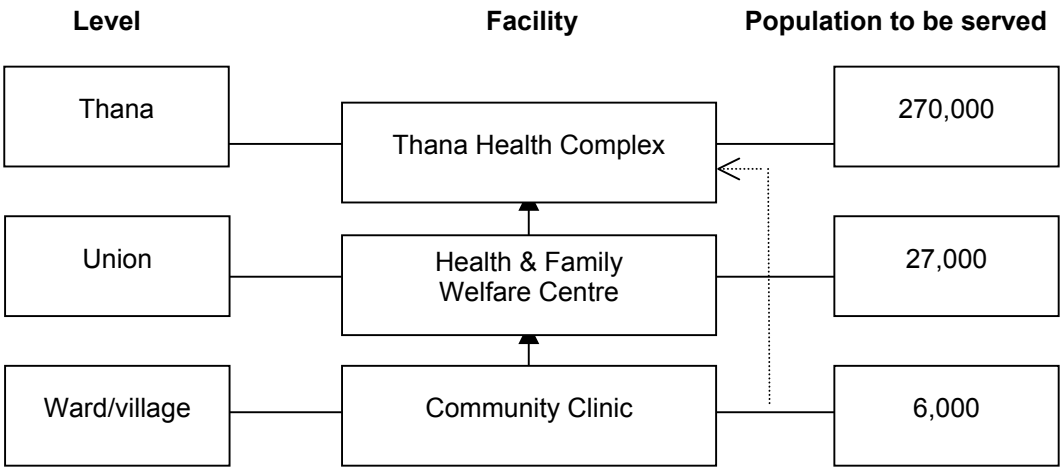


Fig. 1. Tiers of ESP delivery in rural areas

The Community Clinic

One of the main strategies of the HPSP is to establish Community Clinics at the village level to provide one-stop health and family planning services. A main philosophy of this initiative is to involve rural communities in the planning, maintenance and ensuring safety and security of these clinics, and to create awareness among rural populations about the utility of health and family planning services. The Community Clinic at the ward/village level has been designed and approved to provide a package of essential health and family planning services at the lowest tier of the three-tired service-delivery model (Fig. 1). The ESP delivery involves the establishment of 13,500 Community Clinics throughout the country.

The Community Group

The involvement of local communities and their participation in the organization of Community Clinics have been highly emphasized in the HPSP, presumably to ensure community ownership in the Community Clinic activities. The long-term goal of community participation as perceived by the Health and Population Sector Strategy (HPSS) is to develop sustainable processes that should lead to an effective partnership of the local communities with the Government for attaining the common goals of the sector [1]. The community, defined as a cluster of 6,000 population living in the rural areas, is expected to play a key role in donating land for the Community Clinics and in their operation. As mentioned in the programme, formation of Community Groups is necessary for establishment, construction and overall management of the Community Clinics. A Community Group is proposed to be formed with 7–9 members representing at least two female members, local ward members, and the donor of the land or his/her representative. A concerned government field worker (Family Welfare Assistant/Health Assistant) has been suggested to act as the Member-Secretary of the committee with no voting rights [2]. Key functions of the Community Group will be to:

- Select sites for the Community Clinics and refer the list of the selected sites to the Union Parishad meeting for approval
- Oversee the construction work of the Community Clinic
- Fix working hours of the clinic (at least 40 hours/week)
- Ensure cleanliness in and around the clinic, attendance of the service providers and clients' satisfaction
- Conduct routine maintenance of the clinic, and renovations and repairs
- Take steps to generate fund to meet routine expenses of the clinic
- Ensure security of the clinic building, furniture and fixture, and healthcare accessories.

Operationalization of ESP Delivery

The operations research intervention on operationalization of ESP delivery in rural areas is being conducted in the three ORP field sites, namely Patiya and Mirsarai of Chittagong district and Abhoynagar of Jessore district, where the project has had a long history of collaboration with the Government of Bangladesh (GoB). The intervention has been initiated in October 1998 with the objectives to operationalize the Community Clinics, document the process, monitor and evaluate the new service delivery-system, and provide necessary feedback in the refinement of the corresponding guidelines to facilitate nationwide implementation of ESP delivery.

BCC in HPSP

Behaviour Change Communication (BCC) is a cross-cutting activity in the process of ESP delivery. To ensure an increased access to, and use of, all the remaining four components of ESP, behaviour change of the providers, clients, and the community is imperative. The primary aim of the BCC component will be to facilitate the shift of health and family planning services provision from a provider-biased system to a client-oriented system emphasizing community involvement. The emphasis will be on bringing about behaviour change to foster proactive healthcare-seeking decisions and behaviour [1]. Thus, the communication programmes will need to be transformed from IEC-based interventions to Behaviour Change Communications [3].

Aim of BCC Components

As per the Health and Population Sector Programme (HPSP) 1998-2003, the BCC component is envisaged to aim at:

- Changing attitudes and behaviour of people to improve their health status
- Building effective community support for health-seeking behaviour
- Changing attitudes and behaviour of service providers to provide client-centred services
- Promoting men's understanding and support for health needs of women and girl children.

Promotional Strategies for BCC

The following six promotional strategies have been outlined in the HPSP document for the BCC component.

- **Social Change** – to address the issues of familial support to women and children, especially the girl children. This is particularly to gain proactive support from husband and mothers in-law to the health needs of the female members in the family.
- **Social Ownership** – to evolve positive and practical approaches to ownership of service-delivery networks by the clients, providers and local communities.
- **Provider Relations** – to shift provider attitudes and practices toward an integrated and client-oriented approach to service-delivery.

- **Advocacy** – to muster support from the community at large, including the social and political institutions, community and religious leaders, and the mass media. Advocacy will be carried out to ensure partnership of the non-health sectors, particularly the Ministries of Information, Education, Religious Affairs, Local Government, Rural Development and Cooperatives (LGRD&C), the NGOs, and other corporate entities.
- **ESP Intervention Promotion** – the promotion of the ESP with an emphasis on demand generation and addressing the social and gender issues that impede the take-up of ESP use by women, mothers, and adolescents.
- **Social Marketing** – will integrate the social, gender and behavioural change messages developed by the programme into existing social marketing programmes; extend support to the private sector (through medical and pharmaceutical associations) to integrate intervention, messages and materials, and motivate the introduction of new products: contraceptives, oral rehydration solution (ORS), iron tablets, etc.

Objectives

As a result of change in the service package and its delivery strategy, BCC has become an important component of the HPSP. Under the new strategy, like other service-delivery outlets at different tiers, integrated health and family planning services would be provided at the community level from the Community Clinics. This will provide an opportunity to the customers for one-stop shopping. On the other hand, health and family planning service providers will jointly provide services, thereby creating better prospects to address the missed opportunities. In this changed situation, behaviour change would be a crucial phenomenon both from the perspective of a client as a direct beneficiary, as well as a provider as a change agent. In a bid to develop effective BCC strategies for the Community Clinics, assessment of the corresponding needs in view of the proposed changes in service-delivery was considered to be the first step. To this end, the report was guided by the following objectives to:

- ascertain the nature and type of BCC activities undertaken by relevant agencies in the light of the changed service-delivery strategy
- have service providers' perspectives on the BCC needs to be addressed for the Community Clinics
- generate ideas on the prospective BCC activities to be implemented for promoting the Community Clinics.

Methodology

To have a clear understanding on the concept of the HPSP, ESP, Community Clinic, and BCC as one of the five key elements of the ESP, relevant GoB documents, literature and circulars were consulted. Alongside, the related BCC activities, materials and messages of the NIPHP partner NGOs delivering health and family planning services from the static clinics and the GoB pilot project/intervention on integrated service-delivery were reviewed. For the NIPHP partner NGOs, the BCC activities and materials of Rural Service Delivery Partnership (RSDP) and Urban Family Health Partnership (UFHP) were reviewed, while for the GoB, the BCC activities and materials of the Thana Functional Improvement Pilot Project's Community Clinic intervention were reviewed. To apprise the providers' perspectives on BCC needs for the Community Clinics, brainstorming sessions were conducted with the programme managers at the district and thana level at the ORP intervention areas at Patiya and Mirsarai thanas of Chittagong district and Abhoynagar thana of Jessore district. Finally, intensive discussions were held through workshops with different categories of service providers, including grassroots-level service providers and their supervisors as well as programme managers at the thana level from all the above ORP intervention areas.

This study did not investigate into service recipients/customers' perspectives. While developing relevant BCC materials and messages, their perspectives on the Community Clinics and ESP delivery would be duly reflected through pre-testing of the materials. During the process, the existing recipients/customers, satisfied users, and potential customers and community leaders' perspectives will be considered.

Review of Related BCC Activities

BCC Activities of Rural Service Delivery Partnership and Urban Family Health Partnership

Under the NIPHP, the RSDP and the UFHP have been implementing a number of BCC activities in their project sites for ESP delivery. The RSDP has been working in 171 thanas spreading over all six divisions of the country. With a total of 19 potential local organizations, the RSDP has been providing health and family planning services at the thana level and below. The RSDP projects have been providing services to the clients through three different service-delivery outlets, which include: (i) Static Clinics at the thana level, (ii) Satellite Clinics at the community level, and (iii) Depot-holders at the household level. Currently, they are running 171 Static Clinics, 5,000 Satellite Clinics, and 10,000 Depot-holders throughout the country. Like the RSDP, the UFHP is providing ESP delivery through Static Clinics and Satellite Clinics. The UFHP's service provisions are meant for the urban setting. With the help of 25 potential local organizations, the UFHP is running 121 Static Clinics and 241 Satellite Clinics in 67 Municipalities and four City Corporations in the country.

Most BCC activities of the RSDP and the UFHP are of promotional nature for their Static and Satellite Clinics targeted toward: (a) existing and potential clients, and (b) service providers. They have used multimedia approaches, mostly with print and demonstration media, such as posters, banners, signboards, etc. and, to some extent, interpersonal communication (IPC) and electronic media. The RSDP and the UFHP launched their activities in three phases, such as: (i) prior to on-setting of ESP delivery through Static and Satellite Clinics, (ii) during the service- delivery take-off, and (iii) during ongoing of the service-delivery. Following are the key BCC activities undertaken both by RSDP and UFHP targeting the clients and community people:

- Conducting group meetings in the community on the new service-delivery strategy
- Production of leaflet highlighting the ESP service provisions offered from the Static and Satellite Clinics, and service-delivery hours and locations of the Static Clinics
- Production of posters regarding men's roles in reproductive health
- Distribution of a leaflet through promotional home visitation by the UFHP's Service Promoters and RSDP's Community Mobilizers prior to the Static Clinic operation
- Posting tin signboards at the Static Clinic sites and Depot Holders' houses with "Green Umbrella" logo. The signboards exhibited the following information: ESP services offered from the clinics, clinic hours and locations, etc.
- Erecting banners at the Satellite Clinic locations
- Announcement through loud speaker regarding ESP services offered from the Static and Satellite Clinics
- Production of Bangla calendar on ESP components for the clients/service providers
- Production of radio and TV spots on ESP delivery offered from the UFHP and RSDP service-delivery outlets
- Production of a flip-chart on the ESP components. Different components are added the flip-chart in a phased-in process in line with the inclusion of ESP service provisions in their programmes. The flip-chart is for use by the service providers during health education and client counselling
- Production of brochures on family planning-maternal and child health (FP-MCH), acute respiratory infection (ARI), expanded programme on immunization (EPI) and vitamin A
- Production of audio-recorded songs on ESP delivery

For the service providers, a number of BCC activities have been undertaken by both RSDP and UFHP. This include: (i) conducting BCC marketing training for the service providers, (ii) production of posters on maintaining quality issues during service-delivery, (iii) production of desktop material for the service providers on quality service provisions, and (iv) production of a brochure for the RSDP's Community Mobilizers about their roles and responsibilities to be performed in the community.

BCC Activities of Thana Functional Improvement Pilot Project's Community Clinic Intervention

The Thana Functional Improvement Pilot Project (TFIPP) introduced Community Clinics for one-stop shopping of ESP services with different modalities at six unions from four selected districts. The intervention started beginning January 1998 with a series of workshops at the national, district, thana and union levels. The TFIPP-tested Community Clinic implementation strategy was introduced on the basis of the findings from these workshops. The field-testing was conducted before finalization of the corresponding national guidelines of the HPSP [4]. To promote the Community Clinics, the TFIPP undertook a number of BCC activities targeting different categories of audiences which include: (i) health and family planning (FP) managers of the concerned districts and thanas, (ii) health and FP service providers and supervisors of the concerned thanas, and (iii) community leaders, including Union Chairmen, Ward Members, and local elites. The TFIPP's BCC efforts basically were on orientation and planning workshops leading to advocacy initiatives and programme planning. They also used demonstration and other publicity media. The following BCC activities were implemented by the TFIPP pilot project:

- Orientation workshops on the concept of Community Clinics with the concerned district and thana-level health and family planning managers, service providers, and their supervisors
- Planning workshops on the organization and operation of the Community Clinics with the health and family planning managers, service providers, and their supervisors
- Basic training on ESP delivery offered from the Community Clinics with the service providers and their supervisors
- Orientation programmes with the Traditional Birth Attendances (TBAs) and Village Health Volunteers (VHVs) about ESP delivery and one-stop shopping from the Community Clinics and their roles for client referral to the clinics
- Orientation programmes with the Union Chairmen, Ward Members, local elites and NGOs on the concept of ESP delivery and one-stop shopping from the Community Clinics and their roles in mobilizing community support for the Community Clinics
- Erection of signboards and banners at the Community Clinic locations on ESP delivery
- Announcement through loudspeakers on the ESP delivery from the Community Clinics.

Observations from the review of BCC activities of RSDP, UFHP, and TFIPP

- Prior to the Static Clinic operation, the promotional home-visitation approach by the service providers for providing information to the clients on the changed service-delivery strategy and ESP delivery is considered to be an effective means of communication.
- Posting display materials, such as, signboards, banners and posters, which refer to the information relating to ESP service provisions, and clinic hours and locations of the new static clinics, seem to be useful to the general population as well as to the clients.
- Other means of communication, such as announcement through loud speaker in the community and airing messages through radio and TV regarding provision of ESP delivery, would help the general population to have access to information. Nevertheless, there should have a careful observation on the effects of radio and TV messages, since the messages are targeted to the limited number of audiences clustered around the RSDP and the UFHP clinic networks throughout the country.
- The RSDP and the UFHP put moderate efforts for encouraging community involvement and ownership of the clinics as opposed to other promotional efforts for the clinics.
- The TFIPP concentrated on community participation and ownership to the Community Clinics through conducting series of orientation programmes with the community leaders and different social and cultural institutions. These should yield positive support to the Community Clinic through demonstrating interest in the Community Clinic activities and promoting increased client flow.
- The TFIPP also put BCC efforts to generate positive behaviour among the programme manager, service providers, and supervisors toward the Community Clinic through conducting series of orientation and planning workshops with them. These experiences would be worth meaningful for building momentum among the concerned quarters in perceiving the concept of Community Clinics and ESP delivery, as well as planning, organization and implementation of the Community Clinics.

Experiences of Field-testing ESP Flip-chart in ORP Field Sites

To increase the quality and coverage of services in health and family planning, the ORP, in collaboration with the MOHFW, has been field-testing an intervention, called Basic Services Package, in Patiya thana of Chittagong and Abhoynagar thana of Jessore districts since July 1996. For the delivery of ESP services under the intervention, a four-tiered model was followed, namely: (i) Limited Service Centre (LSC), (ii) Expanded Service Centre (ESC), (iii) H&FWC, and (iv) THC. Instead of doorstep service-delivery and separate service provisions, the field workers of the health and family planning directorates offered a more comprehensive mix of services from the community-provided fixed sites covering some 50-60 households. These centres were known as LSCs. In the ESCs, the Satellite Clinics (SCs) and EPI spots were combined, and a paramedic, provided services with the assistance of the two field workers (FWA and HA), from a fixed site on the pre-scheduled dates.

To make the community and providers respond to the changing strategies of service-delivery, a number of BCC strategies were tried out within the intervention. The two most important of these were posting of signboards in the static service sites and make the clients aware, and development of an ESP flip-chart for the service providers to facilitate offering of the integrated services by them. Two types of signboards were developed and posted, each for the LSCs and the ESCs. These signboards included information on the location of the particular service-delivery site, types of services offered, the specific dates for service delivery, and service providers assigned for the site. The flip-chart titled “Essential Health Information for Family Welfare” is a comprehensive health education material developed for the providers who offered ESP services at the LSCs and ESCs. The flip-chart was developed through review and adaptation of the related GoB and NGO materials.

An evaluation of the corresponding BCC strategies showed that:

- In addition to interpersonal communication by the service providers, the people were informed about the LSCs and ESCs through the signboards.
- Since the signboards were posted permanently, these were found highly useful in making community people aware of the related messages and in highlighting the entity of the service-delivery sites.
- The service providers rated the flip-chart as comprehensive and user-friendly. They felt comfortable to carry the flip-chart with them during service provision, instead of carrying a number of flip-charts on various individual topics.
- During the health-education sessions, the service providers followed the step-by-step process for conducting an effective session and found the step-wise process useful.
- Regarding the illustrations used in the flip-chart, the service providers opted for the use of photographs, instead of line-drawing illustrations, since photographs, they thought, depicted situations more clearly.

Workshops on BCC Needs for Community Clinics

In addition to review the related communication materials, a number of workshops were conducted with the health and family planning programme managers, supervisors and providers of the three ORP field sites at Abhoynagar, Mirsarai and Patiya thanas to assess the BCC needs of the Community Clinics. A brief presentation of the workshops has given below:

Workshops with Managers, Providers and Supervisors on HPSP, ESP, and Community Clinics

As part of the intervention on operationalization of ESP delivery and Community Clinics, the ORP, in collaboration with the Directorates of Health Services and Family Planning, organized a number of workshops on the HPSP, ESP, and the Community Clinic at Abhoynagar, Mirsarai and Patiya thanas. These workshops were conducted between October 1998 and March 1999 and were attended by the district and thana managers, and service providers and supervisors at the thana and below. Although these workshops were designed to orient the respective managers, service providers, and supervisors with the operational and programmatic issues of the HPSP and get their insights into these issues, a number of primary needs on BCC activities for the Community Clinics were identified in these workshops. A summary of the needs is presented below:

- Promotional home visits by both the health and family planning field workers for the initial two months with a leaflet providing information on the new service-delivery system and the Community Clinics
- Display of posters on the new system, ESP, and the Community Clinics in selected public places, such as, tea stalls, grocery shops, and educational institutions
- Announcement through loudspeakers in the community and some selected locations, such as, marketplace, fairs, and other public places
- Orientation of the formal and informal community leaders on the new service-delivery system and the Community Clinics
- Display of billboards at the Community Clinic sites with “Green Umbrella” logo and relevant information relating to service-delivery
- Provision for distributing family health cards among the households
- Individual/group counselling based on clients’ needs
- Establishment of a functional linkage with the local institutions and NGO groups, such as, Ansar, village defense party (VDP), Bangladesh Rural Development Board (BRDB), Grameen Bank, Proshika, etc.

BCC Needs Assessment Workshops with Service Providers at Thana Level

The Behaviour Change Communication (BCC) Unit of the Directorate of Family Planning, in collaboration with the ORP, conducted a rapid assessment of the BCC needs to identify appropriate BCC strategies for operationalization of the Community Clinics. Accordingly, three day-long workshops were organized in the ORP intervention areas at Abhoynagar thana, and Patiya and Mirsarai thanas in April 1999. Outline and schedule of the workshops have been provided in Appendix A and B.

Objectives of workshops

The objectives of the workshops were to:

a. Identify target audiences and the desired changes in their behaviour for increased access to, and use of, services in the Community Clinic

b. Identify appropriate BCC activities and messages for operationalization of the Community Clinics.

Participants of workshops

All categories of the community-level service providers and supervisors attended the workshops. The service providers included Health Assistants (HAs), Family Welfare Assistants (FWAs), Family Welfare Visitors (FWVs), and Sub-Assistant Community Medical Officers (SACMOs). Among the supervisors, the Health Inspectors (HIs), Senior Family Welfare Visitors (Sr. FWVs), Assistant Health Inspectors (AHIs) and the Family Planning Inspectors (FPIs) attended the workshops. The participants were drawn from the selected unions of the three thanas, where the Community Clinic intervention was being operationalized by the ORP. The selected unions were: Paira, Sreedharpur, Baghutia, and Rajghat of Abhoynagar thana in Jessore, and Kharona, Haidgaon, Dhalgaht, and Baralia of Patiya thana, and Mirsarai, Hinguli, Dhum, and Durgapur of Mirsarai thana in Chittagong.

Facilitators of workshops

The thana-level health and family planning managers and the ORP staff from Dhaka and the respective field offices were facilitators of the workshops. The Line Director of the BCC Unit and the Division and district-level officials of both health and family planning directorates attended the workshops and provided technical guidance in organizing the workshops. The list of the facilitators and senior officials/programme managers is attached as Appendix C.

Workshop methodology

The methodologies followed by the workshops were discussion, brainstorming, group work and discussion on group presentations. Following these methodologies, the activities recorded below were performed in the workshops:

a. Agreement on the key target audiences for BCC activities on the Community Clinics

b. Agreement on the desired changes in behaviour of the target audiences to be made through the BCC activities

c. Selection of appropriate BCC activities to attain the desired changes

d. Identification of message content, message format, and specification of timeframe of the planned BCC activities

e. Identification of persons for monitoring the BCC activities.

After reaching consensus on item (a) and (b), the workshop participants were divided into four groups, each comprising all categories of service providers and supervisors. The groups were assigned to work on item (c) with a specific target audience to develop a need-based BCC activity plan for the Community Clinics. At the end, each group completed the task on item (d) and (e). Presentations were made on the group work, where all other participants critically reviewed them and gave their valuable comments to improve the workshop outcomes.

Findings of workshops

The findings of the workshops have been grouped into the following three major areas: (i) identification of the key target audiences instrumental for overall operation of the Community Clinics, (ii) identification of the desired changes in behaviour of the target audiences in the perspective of the promotional strategies for BCC as outlined in the HPSP document, and (iii) proposal for BCC activities targeting the four target audiences to address the desired changes in their behaviour.

a. Target audiences for BCC activities in the Community Clinic

After a threadbare discussion with the workshop participants, the following four categories of audiences were identified as the key target groups to carry out BCC activities in the Community Clinics:

i. **Service providers, including their supervisors** -- this group includes FWA, HA, FWV, SACMO, and Medical Assistant (MA) as service providers and FPI, AHI, HI, and Senior FWV as their supervisors.

ii. **Service recipients or customers/clients** -- this group includes 6,000 population in general and mothers, children, pregnant women, family planning method acceptors, and other members of the family in particular in the catchment area of a Community Clinic.

iii. **Community leaders** -- this category of the target audiences includes the Community Groups to be formed for each Community Clinic with 7-9 members representing at least two female members, local Ward Members, and the donor of land for the Community Clinic or his/her representative. To ensure community ownership of the Clinics, they have been designated with a number of functions as outlined in this document in the section titled “Community Group“. Being the

focal links of the Community Clinics, overarching these functions, they could establish a functional link with the other leaders and community networks, such as religious leaders; teachers from school, college and madrasha; leaders of different organized groups, such as, Ansar, VDP, BRDB, BRAC, Grameen Bank, Proshika, ASA; Cooperative members; members of local clubs; NGOs; and social workers, village health volunteers (VHV), village doctors, trained traditional birth attendants (TTBAs), etc. for generating ownership and support for the Community Clinics.

iv. **Special sub-populations** -- who need special attention. This group includes pregnant women, parents of the children who do not complete doses under the EPI programme, newly-weds, FP method dropouts, non-users of FP methods, adolescents, Tuberculosis (TB) patients under Directly Observed Treatment, Short-course (DOTS) programme and leprosy patients under the Multi-Drug Treatment (MDT) programme, etc.

b. Desired changes in behaviour by category of target audiences

After identification of the target audiences, the workshop participants figured out the desired changes in behaviour of these target audiences, which have been presented below:

Target audience	Desired changes in behaviour
Service providers	- Build a cognate relationship among the service providers in the delivery of ESP from the Community Clinics - Win the heart of the clients with good behaviour - Listen attentively to the clients' problems - Provide best healthcare and services - Refer clients to other relevant services provided by his/her other colleagues - Address missed opportunities and provide necessary services - Refer clients to the higher levels for services, as and when required - Promote and popularize the Community Clinics by providing quality services - Encourage satisfied clients to motivate others to receive services from the Community Clinics

Target audience	Desired changes in behaviour
Service recipients or customers	- Know the services available from the Community Clinics - Visit the Community Clinics for services and advice - Tell others about the services available from the Community Clinics and encourage them to visit the clinics - Demand for quality services from the clinics - Cooperate with providers to receive better services
Community leaders	- Know the ESP delivery system and the Community Clinics - Mobilize potential persons to donate land for the Community Clinics - Establish a functional linkage with the existing community networks, and social and cultural groups and institutions to support and promote the Community Clinics - Encourage the people to receive services from the Community Clinics and other tiers of the ESP delivery system - Ensure maintenance, security, and cleanliness of the Community Clinics and clients' satisfaction - Extend all-out support in the organization of the Community Clinics and related service outlets, and to the service providers to solve their problems, if any.
Special sub-populations	- Understand which services are important for him/her and for family members - Receive services and advice from the Community Clinics - Visit the Community Clinics to receive services required for him/her and/ or for any of the family members - Tell others to receive services from the Community Clinics.

Observations on the above findings

The above changes in behaviour would take place over time since behaviour change is a complex and interactive process. To respond to a new behaviour, an individual is influenced by his/her peers, family members, community, and allied cultural norms and values. The role of opinion leaders and innovators as gatekeepers of social change is immense [5]. Also, ultimate change in behaviour takes place with appropriate communication inputs given at various stages of the process. Finally, the expected

behaviour outcome is achieved as an end result of the complex process, which reveals the changes within the individual and also influences others to change. Following is the summary of the expected behaviour outcome from the perspective of service providers and service recipients--the two broad categories of the above four target audiences. In this categorization, the customers, the community leaders and special sub-populations have been grouped into the service recipients' category.

Behaviour outcome from the perspective of service providers

1. Service providers would be aware of their responsibilities and functions with regard to the Community Clinics and practice it;
2. Service providers of different cadres would strongly feel as a team and also part of the community itself;
3. Service providers would be motivated and committed to render user-friendly services; and
4. They would feel at ease, and would participate and interact with the community people.

Behaviour outcome from the perspective of service recipients

1. The majority of the catchment area population will know about the services available from the Community Clinics and would be willing to avail of the services themselves and recommend the same for others;
2. Most adolescents would feel at ease and have the urge to attend counselling/health education sessions in the Community Clinic;
2. The community leaders, formal or informal (male and female), would be willing and would actually participate in the management and operations of the Community Clinics, and they would be willing to contribute to solve the existing and emerging problems of the Community Clinics;
4. The service recipients will obtain services of their choice and would be satisfied with services rendered at the affordable time; and
5. Ultimately, the Community will be proud of the Community Clinic as an institution rendering essential and quality services to them.

c. BCC activities for Community Clinics

Another important element of the workshop was to identify BCC activities focussing the four key target audiences to address desired changes in their behaviour, as well as to identify message contents, formats and the specific timeframe for each activity. A summary of the proposed BCC activities by target audiences and message themes corresponding to each BCC activity is presented in the following table:

Target audience	Proposed BCC activities	Key message contents/topics
Service providers: FWA, HA, FWV, Senior FWV, SACMO, FPI, AHI, HI, and MA	Improved training on effective communication techniques and behaviour change process	- Techniques and approaches on effective communication - Difference between IEC and BCC - Importance of BCC for the new service delivery strategy - Importance of BCC for improved use of services and facilities - Behaviour change process - Role of service providers for BCC - Role of service recipients for BCC
	Orientation on effective use of BCC materials to be used in the Community Clinic	- Target audience, objective, methodology of use and distribution strategy (in the case where applicable) of BCC materials, such as, posters, signboards, leaflets, booklets, flip-charts, etc.
	Developing and producing communication materials needed for service providers for behaviour change	- Steps of counselling - Steps of behaviour change process - How to give value to clients/customers - Issues to be focussed on quality services - Norms to be followed to deal with a client - Tips on clients rights on healthcare - Messages on supportive supervision
	Increasing frequency of contacts with the local leaders, elites, organized group leaders, such as Ansar, VDP, BRDB, etc. by FPI/AHI/HI	- Discussion on Community Clinics, its objectives, and the benefits that the people will get from the Community Clinics - Encouraging the people to know more on Community Clinics and use the facilities for their own benefit.
	Review meeting of behaviour change process among service providers	- Some key indicators to be set to review behaviour change among the service providers.

Target audience	Proposed BCC activities	Key message contents/topics
Service recipients: 6,000 population under a Community Clinic catchment area, which include: - Mothers and children - Pregnant mothers - FP method acceptors - Other members of the family	Individual/group contacts with household members by FWA/HA	- Basic idea on Community Clinics - Changed service-delivery strategy from door-step and outreach site to Community Clinics - Services available from Community Clinics - Clinic days and hours - Client's benefits from Community Clinics
	Contact with male members of households by AHI and FPI	-do-
	Information through Satellite Clinics/EPI Centres	-do-
	Announcement through loudspeakers	- Shifting of service-delivery strategy from door-step and outreach site to Community Clinics - Announcement on operation of Community Clinics - Location of Community Clinics - Services available from Community Clinics - Clinic hours and days
	Announcement during *Khudba* in *Jumma* prayer	-do-
	Posting signboards, banners and posters	- Location of Community Clinics - Services available from Community Clinics - Clinic hours and days - Messages on different service components
	Health education sessions in the CC	- Health education on different services available from Community Clinics

Target audience	Proposed BCC activities	Key message contents/topics
Community Leaders: Members of community groups for Community Clinics	Orientation meetings on Community Clinics and roles and responsibilities of the Community Group	- Changed service-delivery strategy from door-step and EPI/static clinics to Community Clinics - What is a Community Clinic, why it is established, what is its structure, and how will it be managed - Service components provided, target audiences of services, service providers involved, and clinic days and hours - Benefits that the people will get from Community Clinics - Roles and responsibilities of Community Groups, e.g. oversee security, cleanliness, maintenance, timeliness, client satisfaction, etc.
	Monthly review meetings of Community Groups	Review of activities as outlined in the GoB guidelines on the roles and responsibilities of Community Groups
	Review of Community Clinic activities in the monthly Union Parishad/Coordi-nation Committee meetings	In the perspective of the changed service-delivery strategy, a set of issues/agenda needs to be identified to review Community Clinic activities in monthly meetings. These might be the following: - Critical problems with regard to security, cleanliness, client satisfaction, timeliness, maintenance, etc. - Monthly client flow in Community Clinics by different service components, such as antenatal, postnatal, EPI, etc.
	Establishing linkage with other local leaders and groups, such as teachers, religious leaders and Ansar, VDP, BRDB, NGO groups, etc.	- Through informal linkage Community Group members will speak about Community Clinics and its benefit to local leaders of the community clinic catchment area - Special request to Imams to deliver above messages during *Khudba* in the *Jumma* prayer as well as in religious meetings

Target audience	Proposed BCC activities	Key message contents/topics
Special sub-populations: Pregnant women, newly-weds, parents of children who do not complete full doses under EPI, non-user of FP methods, drop-outs of FP methods, TB and leprosy patients, and adolescents	Individual or group contact by FWA or HA during weekly targeted visits	Guidelines detailing out how to deal with the target audiences identified in this table in target audience column, which include: - Identification of target audiences mentioned in the target audience column - Guidelines to contact/cover the target audiences in Community Clinics - Establishment of personal relationship with the target audiences during field visits - Getting insights into why the target audiences are not receiving services from Community Clinics - Providing health education on health and FP topics appropriate for the target audiences - Encouraging the target audiences to visit Community Clinics for services and advice
	Group discussion with males by AHI and FPI during their scheduled field visits	- Different health and FP issues, particularly those addressing the special target audience - Encourage participants to motivate special sub-populations for receiving services from Community Clinics
	Orientation of the Community Group members	- Who are the special target group audience - Why they are important for the programme - Health needs of the target audience - Services available in Community Clinics per their health needs - Encouraging participants to motivate target groups to receive services from Community Clinics
	Posting posters on different health/FP topics focussing the special target audience	Why it is important to visit Community Clinics by: - Pregnant women - Parents of children under the EPI - Non-user of family planning methods - Newly-weds - FP method dropouts

The detailed findings from three thanas are appended in the Appendix D. through G

The BCC Needs Identified

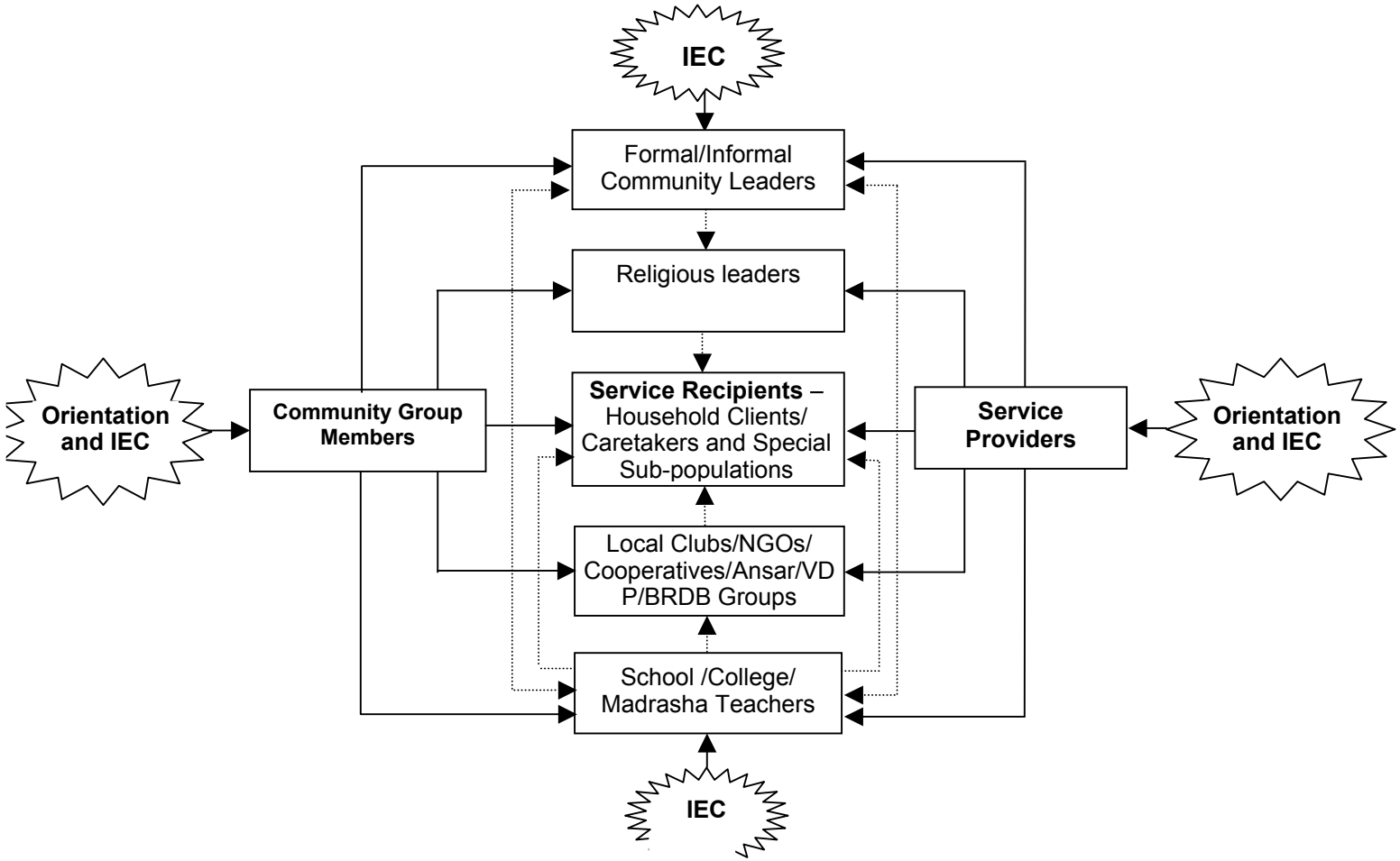
Going through a rigorous process for assessing BCC needs of the Community Clinics, a number of areas have been identified as BCC needs. These have been outlined below:

- Through BCC efforts, sensitize the community about the prospective features of the health service-delivery of the Community Clinics, so that they become willing to donate land for the Community Clinics.
- Launch effective BCC activities to ignite a sense of ownership of the Community Clinics among the Community Groups and to work in partnership with the Government from formative stages to organization and smooth functioning of the Clinics.
- Design appropriate BCC strategies to encourage the Community Groups in sensitising other formal and informal community leaders to be supportive of the Community Clinics, as well as in using the existing community networks, and social and cultural groups and institutions for the same goal.
- Design and implement BCC activities to create commitment to the new service-delivery strategies among the service providers and their supervisors, and to change their behaviour to the demand-based and client-centered quality services addressing for missed opportunities.
- Design and implement BCC activities letting the people know about the changes in service-delivery strategies from doorstep to the Community Clinics for the integrated way of ESP delivery and one-stop shopping.
- Design and implement BCC activities targeting the community people, clients, and special sub-populations to be responsive to receive services from the Community Clinics, and sustain the behaviour through getting quality services.

Message Dissemination Flow for Promotion of Community Clinics

This report has identified four critical target audiences and desired changes in their behaviour to be responsive for use and promotion of the Community Clinics. Also, a number of BCC activities have been proposed to accelerate the behaviour change process. But who would be the key players to disseminate the relevant BCC messages across the target audiences and how they will act -- these need to be visualized. The following diagram presents how messages would be disseminated across the target audiences.

Message Dissemination Flow for Promotion of the Community Clinics



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The two major target audiences, namely (i) service recipients and (ii) special sub-populations have been grouped into one box in the middle of the diagram naming household clients/caretakers and special sub-populations. Of the rest two target audiences, (iii) service providers have been placed in one box and (iv) community leaders, representing as Community Group members, have been placed in another box. From programmatic point of view, the Service providers and Community Group members will play key role for message dissemination, since they have designated with certain roles and responsibilities to perform.

As outlined in the diagram, for message dissemination, the Community Group members could establish a functional link with the existing community networks, such as formal/informal community leaders, religious leaders, school/ college/*madrasha* teachers, and local clubs/cooperatives/NGOs/Ansar/VDP/BRDB groups. This will help change the behaviour of the people in the networks and, in turn, will help reach messages to the service recipients to change their behaviour too. Also, to some extent, the Community Group members could directly disseminate messages to the service recipients, since they have direct access to these groups. The diagram thus, shows the direct links between the Community Group members and the leaders belonging to existing community networks and the service recipients with sharp lines. On the other hand, it shows the indirect links between the community leaders and the service recipients with doted lines, since the community leaders will indirectly influence the service recipients.

Like the Community Group members, the service providers could also disseminate messages directly to the existing community networks alongside their direct contacts with the service recipients. This will also help reach messages to the service recipients from the multiple sources of the existing community networks. The direct links between the service providers and the existing community networks and service recipients have been shown in the diagram with sharp lines, while the indirect links between the community networks and service recipients have shown with doted lines. To conclude, it may be said that the Community Group members and the service providers, with their joint efforts, could work as nucleus in the community for message dissemination leading to behaviour change. To make it operational, orientation and IEC activities would be required for the Community Group members and the service providers' group as well as for different potential sources of the existing community networks.

Recommended BCC Activities

To address the BCC needs identified for operationalization of the Community Clinics, a good number of BCC activities need to be implemented in and around the Community Clinic areas, as well as in the service-delivery points. The type of the BCC activities, whether or not single or multi-channel approach, will absolutely depend on the nature of the problem. The following BCC activities are recommended for the Community Clinics:

1. Organize sensitization programmes for the people to donate land for the Community Clinics through (i) orientation to the Community Group leaders on the concept of Community Clinics, ESP delivery, and community ownership of the Clinic, and ii) distribution of printed leaflets to the people appealing for donation of land backed up by radio and TV spots.

2. Organize training programmes for the grassroots-level service providers and their supervisors on communication techniques, behaviour change process, and effective use of BCC materials, and also on their roles and responsibilities in the light of ESP delivery and the Community Clinics.

3. Launch an intensive campaign in the community prior to the establishment and operationalization of the Community Clinics. The campaign should include:

   - Household contact by FWAs/HAs for delivering messages on the Community Clinics (with a leaflet) for two months prior to operation of the Community Clinics
   - Diffusion of information on the Community Clinics through the Satellite Clinic and EPI Centres for two months prior to operation of the Community Clinics
   - Contacts with the males by FPIs/AHIs for delivering messages on the Community Clinics (with a leaflet)
   - Posting posters, banners, signboards on Community Clinics as soon as it starts operation
   - Wall writings on the Community Clinics and ESP delivery in different public places
   - Announcement through loudspeakers for three to four days depending on local needs. This might continue for six months after every two months.
   - Announcement about the Community Clinics in the *Khudba* for four consecutive *Jumma* prayers in the mosques located in the Community Clinic catchment areas.

4. Organize orientation meetings with the Community Groups at the union level to brief the group members about their roles and responsibilities to run the Community Clinics.

5. Arrange a ceremonial launching of the Community Clinics at the union level, which should include a colourful rally with banners, posters, festoons and film shows (if possible).

6. With the initiative of Community Groups and service providers, deliver messages on the Community Clinics and their available services using the existing community networks, such as schools/*madrashas*, local clubs, NGOs, cooperatives, etc.

7. Review the existing health education materials, such as posters, flip-charts, flash cards and job aids to be used by the service providers, on different health and family planning topics relevant to ESP delivery, and select them for use in the Community Clinics.

8. Similar to the flip-chart titled “Essential Health Information for Family Welfare,” develop/adopt a comprehensive flip-chart to be used at the Community Clinics.

9. After selection of relevant materials from the existing ones, reproduce the required quantity of the materials to be used for health education at the Community Clinics. Develop and reproduce new materials in line with the requirements of the new service-delivery system.

10. Organize the waiting space of the Community Clinics as well as the providers’ (FWA and HA) and examination rooms with appropriate display of relevant BCC materials. For this, a standard system could be designed for all the Community Clinics to follow.

11. Conduct health-education sessions in the Community Clinics. For this, introduce a standard provision of at least one health-education session per day per clinic to be organized. Time and topics for the sessions will need to be similarly worked out.

12. Conduct one-to-one interpersonal communication/counselling at the clinics with the clients on the basis of their individual needs.

13. Special days of national importance, such as World Population Day, World Health Day, Independence Day celebration, etc., could be observed within the Community Clinic premises through holding exhibitions/*melas* (fairs), discussions/meetings with eminent personalities of the locality and rallies starting or ending at the Community Clinics.

14. For increased motivation and commitment of the service providers toward the Community Clinic service-delivery, make a standard provision for organizing special advocacy/orientation workshops.

15. To promote interactions between the community leaders and the service providers, combined meetings and workshops could be organized. Also, letters of appreciation or any award could be given to the community leaders as a recognition of his/her services rendered to the Community Clinics.

16. To reach audience nationwide, produce series of radio and TV spots on ESP delivery, Community Clinics, and roles of the Community Group members, service providers, and service recipients.

References

1. Ministry of Health and Family Welfare. Health and population sector programme 1998-2003, programme implementation plan, part 1 and II. Dhaka: Ministry of Health and Family Welfare, Government of Bangladesh, 1998.

2. Ministry of Health Family Welfare. Guidelines to establish community clinics. Dhaka: Ministry of Health Family Welfare, Government of Bangladesh,1999.

3. Task Force for Developing an Integrated BCC Strategy for Health and Population Sector, Directorate of Family Planning. Draft report on integrated behaviour change communication strategy for health and population sector. Dhaka: Directorate of Family Planning, Ministry of Health Family Welfare, Government of Bangladesh,1999.

4. Thana Functional Improvement Pilot Project (TFIPP). Community clinic intervention: A briefing document. Dhaka: Thana Functional Improvement Pilot Project (TFIPP), 1999.

5. Haider SJ, Saleh SN, Alam MJ, Karmakar G, Begum MA. Guidebook on management and operation of satellite/community clinics. Dhaka: Research Evaluation Associates for Development (READ), 1999.

Appendix A

Workshop on BCC Needs Assessment and Identifying Appropriate BCC Activities/Message Contents for Community Clinics

Workshop Outline

Objectives of the workshop:	a)	Identify target audiences and their desired changes in behaviour for increased access to and use of services in Community Clinics
	b)	Identify appropriate BCC activities and messages for operationalization of the Community Clinics
Key contents of the workshop:	a)	- Identification of target audiences - Identification of desired changes in behaviour of the target audiences - Selection of appropriate BCC activities by target audiences - Identification of message contents by selected activities and target audiences - Identification of appropriate communication channel/format - Determining quantity of the materials to be produced - Setting timeframe for implementation of the activity - Identification of monitoring persons of the BCC activities
Thana:		Abhoynagar, Mirsarai, and Patiya
Duration:		One full day for each thana
Participants:	a)	ATFPO, District Health Education Officer, and Population Communication Officer = 3
	b)	Sr. FWV, FWV, SACMO, and MA (each representing from all of the four CC unions = 4
	c)	HI (1), AHI (4) and FPI (4) - one representing each of the 4 CC unions = 9
	d)	FWA (4) and HA (4) - one representing each of the 4 CC unions = 8
		Total = 24

Facilitator:	TH&FPO, TFPO, MO-MCH/FP, MO-DC, and ORP Staff members from Dhaka and thana
Workshop methodology:	Brainstorming, lecture, and group work
Group formation:	Four mixed groups could be formed representing each category of participant in all four groups
Pre-workshop activity:	- Collection of existing BCC/IEC materials developed by GoB/NGO agencies for promotion of services and service facilities, as well as conducting health education - Review the materials
Workshop dates:	Abhoynagar - April 05, 1999 Patiya - April 08, 1999 Mirsarai - April 13, 1999

Tips for the Workshop

For promotional strategy of CCs, messages would be focussed on:	- Shift of service-delivery strategy - Extended range of service provision under ESP - One-stop shopping of essential health services from the Community Clinics (providers: FWA, HA, and FWV) - Proper referral advice be available
The benefits for the clients to be highlighted:	- CC is open for four days in a week - CC is at the clients' reach - During clinic hour, one can visit the clinic at his/her convenience - Like home-visitation system, no need to wait for FWA/HA to visit the clients - Like satellite clinic, FWV will continue to provide services from the CC on the pre-fixed date

Appendix B

BCC Needs Assessment Workshop
Abhoynagar/Patiya/Mirsarai

Programme

09:00 am - 09:30 am : Registration

09:30 am -10:30 am : Inauguration
- Welcome address by TH&FPO
- Presentation on workshop objective, methodology, selection of target audiences and desired changes in behaviour of the target audience (ORP staff)
- Address by Deputy Director
- Address by Civil Surgeon
- Address by Divisional Director, FP
- Address by Chair: Line Director, Unified BCC Unit

10:30 am - 11.00 am : Tea Break

11:00 am - 01.00 pm : Formation of four (4) groups and conduct group works in the following:

Group A: Target Audience: Service Providers

Activity

- Select BCC activity per the desired changes in behaviour of the target audience
- Develop key message contents and identify format by activity
- Propose implementation plan

Group B: Target Audience: Customers/Clients

Activity

- Select BCC activity per the desired changes in behaviour of the target audience
- Develop key message contents and identify format by activity
- Propose implementation plan

Group C: Target Audience: Community Leaders

Activity

- Select BCC activity per the desired changes in behaviour of the target audience
- Develop key message contents and identify format by activity
- Propose implementation plan

Group D: Target Audience: Special sub-populations

Activity

- Select BCC activity per the desired changes in behaviour of the target audience
- Develop key message contents and identify format by activity
- Propose implementation plan

01:00 pm - 02:00 pm	:	Lunch Break
02:00 pm - 03:30 pm	:	Group presentation and discussion
03:30 pm - 04:00 pm	:	Closing - Vote of thanks by TFPO - Closing remarks by the Chair

Appendix C

BCC Needs Assessment Workshop

List of Facilitators

Abhoynagar Thana, Jessore, April 05, 1999

1. Dr. Sheikh Keramat Ali, TH&FPO, Abhoynagar
2. Ms Dilara Islam, TFPO, Abhoynagar
3. Mr. Md. Ahsan Shahriar, Sr. Operations Researcher, ORP, ICDDR,B
4. Mr. Ali Ashraf, Senior Operations Researcher, ORP, ICDDR,B
5. Dr. Dipak Kumar Mitra, Field Research Manager, ORP, ICDDR,B
6. Mr. Md. Shahidul Haque, Field Research Officer, ORP, ICDDR,B
7. Mr. Abdul Ahad, Field Research Officer, ORP, ICDDR,B

Senior Officials/Programme Manager attended

1. Mr. Md. Akhtaruzzaman, Line Director, Unified BCC Unit, Directorate of Family Planning
2. Mr. Khogendra Nath Biswas, Divisional Director, Family Planning, Khulna Division
3. Dr. Md. Fazlul Karim, Civil Surgeon, Jessore
4. Dr. Ham-e-Jamal, Deputy Civil Surgeon, Jessore
5. Assistant Director, Clinical Contraceptives and Deputy Director (in-charge), Family Planning, Jessore
6. Dr. Cris Tunon, Public Health Management Scientist, ORP, ICDDR,B

Patiya Thana, Chittagong, April 08, 1999

1. Dr. Salahuddin Mahmood, TH&FPO
2. Mr. Shah Alam, TFPO
3. Dr. Mohammad Sharif, MO-MCH-FP
4. Dr. Zohora Jameela Khan, MO-DC
5. Dr. Rinku Das, MO-MCH-FP
6. Mr. Md. Ahsan Shahriar, Senior Operations Researcher, ORP, ICDDR,B
7. Dr. Faizul Kibria, Field Research Manager, ORP, ICDDR,B
8. Mr. Mian Abdul Kader, Field Research Officer, ORP, ICDDR,B
9. Ms Nilufar Begum, Field Research Officer, ORP, ICDDR,B
10. Mr. Emdadur Rahman, Field Research Officer, ORP, ICDDR,B

Programme Manager attended

1. Mr. Anwaruzzaman, Deputy Director, Family Planning, Chittagong

Mirsarai Thana, Chittagong, April 13, 1999

1. Dr. Md. Lokman Hekim, TH&FPO, Mirsarai
2. Mr. S. M. Khairul Amin, TFPO, Mirsarai
3. Dr. Mujibur Rahman, MO-MCH-FP
4. Mr. Fazlul Haque, Population Communication Officer, Chittagong, Unified BCC Unit, Directorate of Family Planning
5. Mr. Md. Ahsan Shahriar, Senior Operations Researcher, ORP, ICDDR,B
6. Mr. Jacob Khyang, Field Research Officer, ORP, ICDDR,B, Mirsarai
7. Ms. Poly Razzaque, Field Research Officer, ORP, ICDDR,B, Mirsarai

Appendix D

Proposed Need-Based BCC Activity Plan for Community Clinics: Target Audience - Service Providers

Target audience	Proposed BCC activities	Key message contents/topics	Message format/ channel	Number to be produced	Activity timeframe	Person(s) to monitor
Service providers: FWA, HA, FWV, Sr. FWV, SACMO, FPI, AHI, HI, and MA	Improved training on effective communication techniques and behaviour change process	- Techniques and approaches on effective communication - Difference between IEC and BCC - Importance of BCC for the new service-delivery strategy - Importance of BCC for improved use of services and facilities - Behaviour change process - Role of service providers for BCC - Role of service recipients for BCC	Training	-	- One full day - Twice a year (1st basic followed by refresher)	TH&FPO, TFPO, MO-MCH/FP, ATFPO, HI, FPI, and AHI at different levels
	Orientation on effective use of BCC materials to be used in CCs	- Target audience, objective, methodology of use, and distribution strategy (in the case where applicable) of BCC materials, such as posters, signboards, leaflets, booklets, flip-charts, etc.	Orientation	-	One full day	-do-

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Target audience	Proposed BCC activities	Key message contents/topics	Message format/ channel	Number to be produced	Activity timeframe	Person(s) to monitor
	Developing and producing communication materials needed for service providers for behaviour change	- Steps of counselling - Steps of behaviour change process - How to give value to clients/ customers - Issues to be focussed on quality services - Norms to be followed to deal with a client - Tips on clients' rights on healthcare - Messages on supportive supervision	Poster/desk calendar	At least two sets of each material for each CC and union H&FWC	Materials will be used in clinics throughout the year	HI, Sr. FWV, FPI, and AHI
	Increasing frequency of contacts with local leaders, elites, organized group leaders, such as Ansar, VDP, BRDB, etc. by FPI, AHI, and HI	- Discussion on CCs, its objectives and benefits that the people will get from CCs - Encouraging the people to know more on CCs and use the facilities for their own benefit	Printed booklet	At least one set for each FPI, AHI, and HI	To be continued throughout the year by attending different local forums/scheduled meetings of different organized groups	TH&FPO, TFPO, MO-MCH, and ATFPO
	Review meeting of behaviour change process among service providers	- Some key indicators to be set to review behaviour change among the service providers	Printed review guidelines	Five to ten copies of guidelines for each thana	Once a month	TH&FPO, TFPO, and MO-MCH-FP

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Appendix E

Proposed Need-based BCC Activity Plan for Community Clinics:
Target Audience – Service Recepients

Target audience	Proposed BCC ctivities	Key message contents/topics	Message format/channel	Number to be roduced	Activity timeframe	Person(s) to monitor
Service recipients: 6,000 population under a CC catchment area, which include: - Mothers and children - Pregnant mothers - FP method acceptors - Other members of the family	Individual/ group contacts with household members by FWA/HA	- Basic idea on community clinics (CCs) - Changed service-delivery strategy from door-step and outreach site to CC - Withdrawal of services from door-step and outreach sites - Services available from CCs with emphasis on integrated health and FP services - Clinic days and hour - Clients' benefits from CCs as against door-step service-delivery	Interpersonal communication through printed messages (leaflet/ handbill)	600-1000 printed materials for each CC	Two months before CC starts operation	ATFPO, HI, AHI, and FPI

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Target audience	Proposed BCC ctivities	Key message contents/topics	Message format/channel	Number to be roduced	Activity timeframe	Person(s) to monitor
family	Contact with male members of households by AHI and FPI	-do-	-do-	-do-	To be continued for six months since on-setting of CCs. At least two meetings will be held in a week-- one by FPI and the other by AHI	TH&FPO, TFPO, ATFPO, and HI
	Diffusion of information through Satellite Clinic/EPI Centre	-do-	-do-	-do-	Two months before CC starts operation	Sr. FWV, FPI, and AHI
	Announcement through loud-speakers	- Shifting of service-delivery strategy from door-step and outreach sites to CCs - Announcement on operation of CCs - Location of CCs - Services available from CCs - Clinic hour and days	Printed mesage	Five to six printed messages for each CC	- Six times in a year with two months interval - For each slot announcement will continue for 3 conse-cutive days	ATFPO, HI, AHI, and FPI

Target audience	Proposed BCC ctivities	Key message contents/topics	Message format/channel	Number to be roduced	Activity timeframe	Person(s) to monitor
-do-	Announce-ment during Khudba in Jumma prayer	-do-	-do-	One printed message for each mosque in the CC catchment area	- Two/three months at each mosque. - Announcement will be delivered continually in each Jumma prayer during the period	-do-
	Posting signboards	- Location of CCs - Services available from CCs - Clinic hour and days	Tin signboard	Five to eight signboards depending on the extend of CC catchment area and number of important visible locations. One will be posted at CC and the rests at different public places as directional signs	Signboards will be posted for one time in each CC area	-do-
	Posting banners	-do-	Messages to be written in the cloth banner	5/6 banners for each CC to be erected on visible locations	One time since a CC starts operation	-do-

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Target audience	Proposed BCC ctivities	Key message contents/topics	Message format/channel	Number to be roduced	Activity timeframe	Person(s) to monitor
	Posting posters in selected places	- Location of CCs - Services available from CCs - Clinic hour and days - Messages on different service components	Printed poster	5-10 types of posters. 100 sets of each type for each CC catchment area (to be posted at tea stalls/saloons/ schools/colleges/ madrashas/Union Parishad office/ co-operatives/local clubs/ NGO offices and alike	To be produced in phases	AFTPO, HI, AHI, and FPI
	Health-education sessions in CCs	Health-education on different services available from CCs	Flip- chart/ poster/ flash card	At least two sets of materials for each CC	At least one health-education session/per day in a CC	-do-
	Film shows at the union level (depending on the availability of facilities)	Health and hygiene, FP, MCH, EPI, delayed marriage, etc. (depending on the availability of films on different themes)	16-35 mm Film	-	Film show will be arranged at least 3 times in a year in each CC catchment area	-do-

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Appendix F

Proposed Need-based BCC Activity Plan for Community Clinics: Target Audience – Community Leaders

Target audience	Proposed BCC activities	Key message contents/topics	Message format/channel	Number to be produced	Activity time frame	Person(s) to monitor
Community leaders : Members of the community group of each community clinic	Orientation meeting on CCs and roles and responsibilities of the Community Groups	- Changed service-delivery strategy from door-step and EPI/static clinics to CCs - What is CC, why it is established, what is its structure, and how will it be managed - Service components provided, target audiences for services available, service providers involved, and clinic days and hour - Benefits that the people will get from CCs - Roles and responsibilities of community groups, e.g. oversee security, cleanliness, maintenance, timeliness, client satisfaction, etc. - Encourage people to visit CCs for healthcare	- A printed guideline for facilitating the orientation session - Booklet on CCs - Coloured brochure containing key discussion points (take away material for the participants)	- 10 sets in a thana - 1 for each participant - 1 for each participant	Once a year	TH&FPO, TFPO, and MO-MCH-FP
	Monthly review meeting of the community group	- Review of activities as outlined in the GoB guidelines on roles and responsibilities of community groups	A printed meeting guideline	2 sets for each community clinic	Once a month	HI/AHI/FPI/ TFPO/MO-MCH-FP/ TH&FPO

Target audience	Proposed BCC activities	Key message contents/topics	Message format/channel	Number to be produced	Activity time frame	Person(s) to monitor
-do-	Review of CC activity in the monthly Union Parishad/Coor-dination Committee meetings	In the perspective of changed service-delivery strategy, a set of issues/agenda needs to be identified for review of CC activities in monthly meetings. These might be the following: - Critical problems with regard to security, cleanliness, client satisfaction, timeliness, maintenance, etc. - Monthly client flow in CCs by different service components, such as antenatal, postnatal, EPI, etc.	A printed review guideline of the meeting	5 sets for each union	Once a month	HI/AHI/FPI/ ATFPO/ TFPO/ TH&FPO/M O-MCH-FP
	Establishing linkage with other local leaders and groups, such as teachers, religious leaders and Ansar/VDP/ BRDB/ NGO groups, etc	- Through informal linkage, community group members will speak about CCs and their benefits to local leaders of the community clinic catchment area - Request to Imams to deliver messages on CCs during Khudba in the Jumma prayer as well as in the religious meetings	As per the Government guidelines	1 for each group member	-	-do-

Proposed Need-based BCC Activity Plan for Community Clinics:
Target Audience – Special Sub-Populations

Target audience	Proposed BCC activities	Key message contents/topics	Message format/channel	Number to be produced	Activity timeframe	Person(s) to monitor
Special sub-population: Pregnant women, newly-weds, parents of children who did not complete full doses under EPI, non-user of FP methods, drop-outs of FP methods, TB and leprosy patients, and adolescents	Individual or group contact by FWA or HA during weekly targeted visits	A guideline, detailing out how to deal with such clients, which includes: - Identification of such a target audience - Guiding principle to contact/cover such a target audience in CCs - Establishing personal relationship with clients during field visits - Getting insight why he/she is not receiving services from CCs - Providing health-education on health and FP topics appropriate for him/her - Encouraging him/her to visit CCs for services and advise	- A printed guideline on how to deal with a special target audience - Health education materials, such as flip-charts, flash cards, posters, leaflets and booklets on different health and FP topics	One set of material for each FWA and HA	Through-out the year	AHI/FPI/HI/ ATFPO/TFPO/MO-MCH-FP, and TH&FPO

Target audience	Proposed BCC activities	Key message contents/topics	Message format/channel	Number to be produced	Activity timeframe	Person(s) to monitor
	Group discussion with males by AHI and FPI during their scheduled field visits	- Different health and FP issues, particularly those addressing the special target audience - Encourage participants to motivate special target groups for receiving services from CCs	-do-	One set of material for each FPI and AHI	-do-	TH&FPO, TFPO, MO-MCH, and ATFPO
-do-	Orientation of community group members	- Who are the special target group audience - Why they are importar programme - Health needs of the target audience - Services available in CCs per their health needs - Encouraging participants to motivate special target groups to receive services from CCs	- Printed ¨ ¡cussion ideline - Poster/flash card on different health and FP topics	One set of material for each participant	Once a year	TH&FPO, TFPO, and MO-MCH-FP
	Posting posters on different health/FP topics focusing the special target audience	Why it is important to visit CCs by: - Pregnant women - Parents of children under EPI programme - Non-user of family planning methods - Newly-weds - FP method drop-outs	Poster addressing health needs of the target audience	50 by topic for each CC	Once a year	AHI, FPI, HA, FWA, AHI, and ATFPO

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