

Programme Evaluation of UNICEF
Bangladesh Communication for
Development (C4D) Programme
from 2012 to 2016

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4. Abbreviations

<i>ANC</i>	antenatal care
<i>ARI</i>	Acute Respiratory Infection
<i>ARLC</i>	Adolescent Radio Listeners Clubs
<i>ASOD</i>	Assistance for Social Organization and Development
<i>AWP</i>	Annual Work Plan
<i>BB</i>	Bangladesh Betar
<i>BBS</i>	Bangladesh Bureau of Statistics
<i>BCC</i>	Behaviour Change Communication
<i>BCO</i>	Bangladesh Country Office
<i>BDHS</i>	Bangladesh Demographic and Health Survey
<i>BRAC</i>	Building Resources across Communities
<i>BRIS</i>	Birth Registration Information System
<i>BSS</i>	Bangladesh Sangbad Sangstha
<i>BTV</i>	Bangladesh Television
<i>C4D</i>	Communication for Development
<i>CEDAW</i>	Convention on the Elimination of all Forms of Discrimination Against Women
<i>CI</i>	Child Injury
<i>CfSC</i>	Communication for Social Change
<i>CHW</i>	Community Health Worker
<i>COAST</i>	Coastal Association for Social Transformation Trust
<i>CPD</i>	Country Programme Document
<i>CRC</i>	Convention on the Rights of the Child
<i>DC</i>	Deputy Commissioner
<i>DFID</i>	Department for International Development (United Kingdom)
<i>DMC</i>	Department of Mass Communication
<i>DP</i>	Disaster Preparedness
<i>EECR</i>	Enabling Environment for Child Rights
<i>FIVBD</i>	Friends in Village Development Bangladesh
<i>GDP</i>	Gross Domestic Product
<i>GEEW</i>	Gender Equality and the Empowerment of Women
<i>GEROS</i>	Global Evaluation Reports Oversight System
<i>GoB</i>	Government of Bangladesh
<i>GRAUS</i>	Grameen Unnayan Sangstha
<i>HACT</i>	Harmonized Approach to Cash Transfer
<i>HPNSDP</i>	Health, Population and Nutrition Sector Development Programme
<i>IPT</i>	Interactive Popular Theatre
<i>IPs</i>	Implementation Partners
<i>JPGSPH</i>	James P. Grant School of Public Health, BRAC University
<i>KEQs</i>	Key Evaluation Questions

<i>KIIs</i>	Key Informant Interviews
<i>KMOS</i>	Knowledge Management Outreach Sites
<i>LGRD&C</i>	Ministry of Local Government, Rural Development & Cooperatives
<i>M&E</i>	Monitoring and Evaluation
<i>MDGs</i>	Millennium Development Goals
<i>MIC</i>	Middle-Income Country
<i>MIS</i>	Management Information System
<i>MoI</i>	Ministry of Information
<i>MTSP</i>	Mid-Term Strategic Plan
<i>MoWCA</i>	Ministry of Women and Children Affairs
<i>NPA</i>	National Plan of Action (Ending Child Marriage)
<i>NGO</i>	Nongovernmental Organization
<i>NIMC</i>	National Institute of Mass Communication
<i>OECD-DAC</i>	Organisation for Economic Co-operation and Development's-Development Assistance Committee
<i>PCMCs</i>	Para Centre Management Committees
<i>PIC</i>	Programme Implementation Management Committee meetings
<i>RAM</i>	Results Assessment Module
<i>RBM</i>	Results Based Management
<i>SDGs</i>	Sustainable Development Goals
<i>SEM</i>	Social Ecological Model
<i>SMC</i>	School Management Community
<i>SNCC</i>	Social Norm Change Chapters
<i>SNCF</i>	[multi-]sectorial social norm change forum
<i>SPEAR</i>	Social Policy, Evaluation, Analytics and Research
<i>SUS</i>	Sabalamby Unnayan Samity
<i>ToC</i>	Theory of Change
<i>ToI</i>	Theory of Implementation
<i>ToR</i>	Terms of Reference
<i>UHFPO</i>	Upazilla Health and Family Planning Officer
<i>UNDAF</i>	United Nations Development Assistance Framework
<i>UNICEF</i>	United Nations Children's Fund
<i>UP</i>	Union Parishad
<i>USAID</i>	United States Agency for International Development
<i>WASH</i>	Water and Sanitation Hygiene
<i>WDCs</i>	Ward Development Committees
<i>WHO</i>	World Health Organization

5. Executive Summary

Introduction

Bangladesh has made great strides in increasing equitable access, closing the gender gap, and implementing several quality enhancement measures in education and health systems strengthening. This progress took place despite periods of political turmoil, fragile institutions, poor governance, and frequent challenges of large-scale destruction from natural disasters. However, Bangladesh still must overcome many development challenges to achieve an equitable, inclusive society. For example, while poverty fell from 48.9 per cent in 2000 to 40 per cent in 2005 to 31.5 per cent in 2010, further reducing extreme poverty continues to be a major challenge. **An estimated six million households (about 18 per cent of the population) are extremely poor.**

While a notable **policy framework** was in place to elevate health, nutrition, and sanitation outcomes, nutrition, challenges continue to persist, although sanitation outcomes for children and women have improved greatly since the early 1990s. For example, the prevalence of under-nutrition in Bangladesh is among the highest in the world, despite the significant progress in reducing the incidence of underweight children below five years. The maternal mortality rate has decreased, but only one in four women has access to skilled professional during child birth, which is a matter of concern. Women in Bangladesh also continue to suffer from a range of disadvantages, such as child marriage, psychological and physical violence, sexual harassment, and the persistence of the traditional dowry system. Deep-rooted beliefs are still very strong about not needing to wash hands *with soap*. During the period of programme development, the UNICEF staff referred to the 2009 Multiple Indicator Cluster Survey (MICS) which came out in 2010, and 2.5 per cent of children aged between 6 and 14 years old who were not attending school were engaged in child labour. Finally, corporal punishment is pervasive with 82.3 per cent of children having been subject to violent discipline.¹

Overview of the Intervention

The 2014 UNICEF Communication for Development (C4D) vision paper highlights that the approach is a cross-cutting programming strategy based on human-rights and amplifies the voices of communities and marginalised groups to demand their rights, connecting them to upstream policy and legislation. The approach is guided by the Social Ecological Model (SEM) which is a “theory-based framework used for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviours, and for identifying behavioural and organizational leverage points and intermediaries for health promotion within organizations.” The model includes various levels: Individual, interpersonal, community, organizational, and

¹ Bangladesh Bureau of Statistics and UNICEF (2010) Multiple Indicator Cluster Survey (MICS) 2009 Volume I: Technical Report, Progotir Pathay: Monitoring the Situation of Children and Women prepared by the Government of the People’s Republic of Bangladesh, Bureau of Statistics, and UNICEF Bangladesh Dhaka, Bangladesh, page 74. Sourced at: https://www.unicef.org/bangladesh/Tables_23.pdf.

policy/enabling environment. The different C4D approaches used are: (1) advocacy²; (2) social mobilisation³; (3) communication for social change (CfSC)⁴; and (4) behaviour change communication (BCC).

It was within the development context described above that from 2012 to 2016, the C4D Section of UNICEF, in collaboration with the Ministry of Information (MoI) and Ministry of Women and Children's Affairs (MoWCA), seven partner non-governmental organizations (NGOs) worked towards engaging communities in bringing about social and behavioural change through the Engaging Communities for Social and Behavioural Change programme. The evidence from the United Nations Development Assistance Framework (UNDAF) geographical districts, among other rich analytical tools, led UNICEF to select seven hard-to-reach districts where the C4D interventions could be targeted. Further, based on specific criterion (e.g., natural disaster vulnerability, hard-to-reach locations, and poor performance in achieving the MDGs), seven districts and three Upazillas within the districts (totalling 21 Upazillas) were then selected for programme implementation (see figure map). The prioritised districts were: (1) Bandarban; (2) Bhola; (3) Cox's Bazar; (4) Netrakona; (5) Rangpur; (6) Satkhira; and (7) Sunamgonj.

The programme's targeted communities, a total of 1,013,489 households or/and approximately four million people, were exposed to the programme since January 2012. Based on the information provided, the total budget for this four-year project was US\$ 12,649,309 with 83 per cent of the budget funded through Regular Resources (RR). This Evaluation Report describes the scope of and activities for the evaluation of the UNICEF Bangladesh "**Engaging Communities for Social & Behavioural Change**" programme.

Evaluation Purpose

While the BCO has already prepared its 2017-2020 C4D programme strategy, this evaluation focuses on helping to amend any unmet assumptions, and validate, fine-tune details regarding the following areas:

- (1) What priorities ought to be pursued specifically in Bangladesh;
- (2) How best to translate its overall vision of commitment to children's rights and equity into action; and
- (3) What specific opportunities for scaling up proven C4D interventions exist which take into account:
 - strategies and interventions that contribute to behaviour change and the participation of communities/families; and
 - reliable data gathering that is considered useful and that is used to improve programme delivery.

² This develops mechanisms to ensure that the concerns and voices of communities, including those marginalised, are reflected in the decision making at the local and national policy level.

³ This includes a process that engages and motivates a wide range of partners and allies at the national and local levels to raise awareness of and demand for a particular development objective through dialogue.

⁴ This seeks to engage and empower communities and create linkages among partners and networks to influence and reinforce social norms and cultural practices to create an environment that supports long-term, sustainable change.

Objectives and Intended Audience

According to the Terms of Reference, the evaluation covers the period from July 2012 to July 2016 and is designed to support future C4D interventions, has the following objectives:

- **Assess** the effectiveness, efficiency, relevance, and sustainability of C4D programme;
- **Assess** the potential scale-up in areas for selected components of the C4D programme;
- **Identify** enablers, bottlenecks and barriers to the achievement of results;
- **Assess** the appropriateness of results monitoring system put into place; and
- **Provide** recommendations for the design, management, coordination, implementation and measurement of progress of future C4D-related programmatic interventions for the new country programme 2017-2020.

The **intended audience** of this evaluation is UNICEF, the Government of Bangladesh, the Implementing partners, including NGOs and BRAC University, and other practitioners interested in understanding how the C4D approach was applied in Bangladesh.

Evaluation Methodology

As specified in the ToR, the evaluation follows the Organisation for Economic Co-operation and Development's-Development Assistance Committee (OECD-DAC) criterion of: relevance, effectiveness, efficiency, scalability (to the extent possible), and sustainability will be used to guide the conduct of this evaluation.⁵ The criteria of “impact” was not part of the ToR and would not have been suitable due to several reasons articulated in the report. Further, in 2012, a Theory of Change (ToC) was not a requirement for developing a programme, and creating a ToC which would cover how each of the 11 messages leads to behaviour change, was beyond the scope of this evaluation. Nonetheless, it was possible to pinpoint the most relevant part of a results framework which is a summary of how inputs (stakeholder groups interacting) lead to Intermediate Results (IRs) through reconstructed Theory of Implementation (ToI). This tool outlines how the programme is expected to work, capturing project-level dynamics, and especially the partnerships that are necessary to **deliver** C4D. The **assumption** was assessed in this evaluation which was that two-way conversations which happen at the community and household levels lead or contribute to behaviour change. **That is, the key assumption is *if rights-holders discuss and reflect on messages (delivered through trusted channels), then they will be motivated to adopt the new practices and change.***

To adequately address the evaluation questions, this evaluation drew upon a mixed-methods design, with multiple information sources, including: (1) a literature review; (2) a survey with a random sample of household community members; (3) key informant interviews (KIIs) and focus group discussions (FGDs) with UNICEF in Dhaka and the field offices, GoB at national and subnational levels, the IPs, the media, BRAC University, and the community;⁶ (4) data collected by BRAC University, or the Knowledge Management

⁵ OECD (2000) Glossary of Evaluation and Results-Based Management (RBM) Terms.

⁶ A stakeholder analysis was performed to ensure that the most relevant individuals were contacted for consultations.

Outreach Sites (KMOS) system, and a baseline study followed by a midline survey;⁷ and (5) organisational data, including UNICEF Country Programme for 2012-2016 and 2017-2020, budget information, AWP from each Section, training manuals (in Bangla language only), IP quarterly reports, and UNICEF monitoring data. Generally, a total of 773 household surveys, 19 FGDs (n=150 persons), and 75 Key Informant Interviews (KIIs) were completed by Manitou, Inc. and Mitra and Associates. To gather information which corresponds to the needs of a programme evaluation, where different stakeholder groups are expected to contribute to the evaluation, it was necessary to involve all partners at all stages. A **gender equality lens** was applied when creating the sample parameters. A specific number of surveys and KIIs for women, men, adolescents, and older persons was planned, thereby ensuring that a representative number for each stakeholder group would present in the quantitative sample. There were **three** phases of the evaluation: Desk Phase, the Field Phase, and the Production Phase, and the total duration of the evaluation was from January through April 2017.

The two main limitations were: (1) The survey and stakeholder consultations (through KIIs and FGDs) were only administered in three out of seven districts, due to budget limitations and time constraints. The results from the data collected may **therefore not be considered representative**; and (2) The survey measured the extent to which there was two-way communication, but it is limited as it does not capture all communication which may have been important for a rights-holder to change his/her ways. This limitation was intensified, because the programme had ended in July 2016 (eight months prior) which created some recall problems for some participants. This evaluation process adhered to ethical standards, including confidentiality, refraining from collecting any data without consent, and human rights and gender concerns.⁸

Findings

There are six stakeholder groups in this programme, notably (1) GoB; (2) UNICEF; (3) NGOs; (4) BRAC University; (5) Ward Development Committee (WDC) members (who may also include C4D Ward Promoters and C4D Frontline Workers); and (6) community participants.⁹ Not only are all of these stakeholder groups identified in the report, but it is also explained: (1) what interventions are delivered; (2) what the participants contribute and the relationships among themselves; (3) communication systems; and (4) the systems for planning, implementation, monitoring, and evaluation.

Relevance

At the policy level, the intent of the programme corresponds with **national needs and priorities by supporting those who are most vulnerable** (i.e., located in hard to reach areas) and reducing gender inequities

⁷ Note that BRAC University's endline survey data and report were not yet available at the time of submitting the evaluation report. Hence, the midline data was used to confirm programme achievements.

⁸ There were no children interviewed or observed in this evaluation.

⁹ Note that this evaluation assessed the role of the C4D "Frontline Worker", but during the finalisation of this evaluation report, it was concluded that this terminology was considered misleading. The terminology "frontline worker" could be misinterpreted as an individual sponsored by the Government of Bangladesh (GoB) rather than by UNICEF. Notably, the GoB also has provisions for an individual with a similar role in the community, delivering health, nutrition, family planning life-saving messages. Given this feedback, the term Ward Promoter will be used in place of Frontline Worker.

(and targeting women). These elements also harmonise with key international protocols, namely Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). The 11 behavioural issues messages, provided through this programme, are in line with the policy analyses, as they *converge* with the delivery of basic social services. The approaches that this programme used to provide messages are **participatory** and emphasise capacity strengthening with the introduction of an appropriate monitoring and evaluation function (through BRAC University) as a means through which to ascertain progress and demonstrate results. However, the problem analysis to which the C4D approach is supposed to respond lacks clarity.

At the programmatic level, the top three messages deemed most relevant by rights holders are Child Marriage, Handwashing, and Birth Registration. The interventions perceived most relevant are: (1) household visits from the C4D Ward Promoter; (2) an interpersonal exchange from the WDC member; (4) Courtyard Meetings; and (5) IPT activities/ARLCs. Rights-holders interface with their family, neighbours, and friends (in that order) when: (1) “**talking about messages**” and (2) **discussing “how to change their ways”**.

Effectiveness

Based on the data presented in this report, while most of those surveyed demonstrate that they *know about* the eight life-saving care and protective behaviors, the groups *within the overall sample* who could still benefit from further efforts offered by this programme, are: (1) mothers with children under six months; (2) adult males; and (3) adolescents. Specifically, the first Intermediate Result (IR) has been partially achieved, which is that 60 per cent of caregivers, especially mothers and women, in select UNDAF districts know the benefits of eight key behaviours. In addition, the second IR indicates that “40 per cent [of programme participants] report practice of four (out of eight) key behaviours”. More specifically, it is stated that at least (35 per cent to) 40 per cent of mothers and fathers of children under five years of age, and adolescents, residing in the programme areas ought to report the practice of four (out of eight) key life-saving, care and protective behaviours. The results show that six out of the eight protective behaviors may require more time to convince stakeholder groups are: (1) Acute Respiratory Infection (ARI); (2) *antenatal care*¹⁰; (3) birth registration; (4) exclusive breast feeding; (5) HIV; and (6) handwashing. Regarding knowledge of the ‘3 C’s’, the results are *very close* to 60 per cent (the target), **except for topic child labour**, where all surveyed groups, especially adolescents, appear to demonstrate poor knowledge. **Rights-holder/fathers, men, and adolescent boys are the only stakeholder group which does not have adequate knowledge about all eight-lifesaving care and protective behaviors.** Other evidence collected by IPs supports the observation that engaging fathers was a challenge.

Further, as it relates to the second IR, the planned results of the C4D programme have been achieved. The network of social change structures, established have effectively facilitated community dialogues/meetings on all topics, although evidence indicates that the concerns and voices of communities do not appear to be

¹⁰ It is recognised that the adult males knew the danger signs of pregnancy in the KMOS data, which would counter these results.

contributing to make the programme more effective. Eighty-six per cent of surveyed rights-holders reportedly never gave their “opinion about how the Ward Promoter could deliver their responsibilities better”. When asking participants if they “had an opportunity to tell their views about what they thought about the benefits and risks of topics to the Ward Promoter?”, the majority (71 per cent on average) answered “no”.

There were also difficulties observed related to the Ward Promoter’s **ability** to respond to a community member’s resistance to the messages and to engage in a debate with them. A content review shows that the use of social norms (to explain why one cannot change his/her ways) is presented through two ways: (1) **a religious belief system** (e.g., “Allah will provide”); and (2) **poverty-related conditions**. Nonetheless, it is recognised that many Ward Promoters interviewed cited working with the WDC members a means to support them when confronted with difficulties from a specific family, as these duty-bearers are a powerful medium through which to overcome the influences of social norms.

Nonetheless, from the analysis in the effectiveness section, there is inter-personal communication between the duty-bearer Ward Promoter and the rights-holders, and it appears likely that the core assumption of this programme is accurate in spite of some observed challenges. **That is, rights-holders debating and reflecting on messages delivered through trusted information channels contributes to the adoption of new behaviour and change.**

A surprising finding was that there were limited mechanisms for communicating the concerns and voices of families with disabled children or children with special needs even though the programme was designed with an equity approach. Further, **the participation of adolescents in the C4D programme is notable, and qualitative data indicates that the increased use of digital (e.g., cell phones) and social media may be challenging the effectiveness of the programme’s messages.** While this finding was not ubiquitous, it nonetheless highlights that digital/social media are distractions and will likely escalate in the future and will be important when exploring future C4D efforts.

Finally, the programme relies heavily on RR, the allocation of which was not always consistent, sometimes exceeding planned amounts. As a **lesson to learn** in the future, inconsistent funding or contracting has an adverse effect on the achievement of programme results.

Efficiency

The institutionalised monitoring and evaluation (M&E) systems, collecting data from 21 Upazillas, were effectively used by the IPs and BRAC. However, an **unintended, or unplanned, result** was that BRAC University used the evaluative evidence to inform some of their current research efforts. The second M&E component focused on gathering data which enabled the assessment of programme results through a repeated measures design of peoples’ attitudes, knowledge, and practices, using both quantitative and qualitative methods. This evidence is of research quality, but it was also observed that there was a high non-response error for certain questions, which in turn limits the sample sizes when interpreting data. Ensuring that data collected maintains its high-quality levels is essential for accountability and programme effectiveness.

Though subnational data collection processes (undertaken by MoWCA, BRAC University, or the NGOs independently) focused on accountability and monitoring progress against results, there was limited evidence that this information contributed to decision-making that fed back into programme design. There was a keen responsiveness of the IPs in institutionalising the M&E function into their organisational structure, performing monitoring activities regularly. Should this component become integrated in programming future C4D efforts, it would likely become a promising practice.

Scalability

The report also details the specific stakeholder groups and substantive areas which ought to be targeted in future programming. The specific stakeholder groups which showed a level of knowledge and practice that did not meet the lowest target, were: (1) mothers with children under six months; (2) adult males; and (3) adolescents. The protective behaviours which ought to receive more dedicated resources are: (1) ARI; (2) antenatal care; (3) birth registration; (4) exclusive breast feeding; (5) HIV; and (6) handwashing. With respect to the harmful social norms as part of Child Protection, or the '3 C's', the results show that all rights-holder groups especially adolescents, demonstrate poor knowledge about the topic of child labour. Moreover, using the UP/WDC – duty-bearers to engage in interpersonal communication with rights-holder communities and influence the attitudes of community rights-holders appears to strengthen the assumptions linked to two-way communication and therefore ought to be included as a component within C4D programmes.

Sustainability

Pervading social norms are still present necessitating the continuation of C4D. All stakeholders at every level voiced the importance of programme extension. While the programme design included a systematic promotion of national ownership, where subnational GoB stakeholders received training and had an instructive experience in C4D implementation, management, and coordination, due to capacity limitations, however, the prospect of GoB structures sustaining this programme in the future is very limited. Moreover, the national level GoB stakeholders lack a comprehensive understanding of C4D, including how it is institutionalised, managed, and coordinated. This observed gap, in turn also limits the likelihood that C4D interventions. Given that UNICEF's Strategic Plan emphasises the importance and need to strengthen national capacity, it would be necessary to first identify the extent to which the GoB lacks a clear understanding of C4D and then consider a longer-term capacity strengthening strategy.

C4D Section Relationships Within BCO

Part of this evaluation was to assess the partnership arrangements that the C4D Section has with other sections for: understanding how C4D is integrated into each Section's programming; and then assessing how the C4D's human resources may be used more efficiently. Prior to 2012, the C4D officers were embedded in all the main programmatic sections in Dhaka. These officers were removed to create the C4D Section in Dhaka and one officer in the field offices. They extended technical support to other UNICEF sections by designing activities centred on promoting life-saving care and protective behaviours. While all sections have the concept of C4D integrated into their past and current programming, not all have the same partnership or institutional relationship with the C4D Section, and horizontal synergies are not consistent Dhaka and in field offices. **Further, the demand for the C4D Section staff's management and technical capacities is high, and there were challenges in managing these demands.** The provision of Cascade Training to all section staff would

effectively provide an opportunity for them to engage more comprehensively in planning, programming, monitoring, and evaluating *their own C4D activities*, enhancing their capacity to make informed choices when it comes to considering the behavioural change, advocacy, community mobilisation and other C4D components of their Section's activities.

Key Conclusions

Facilitating behavioural change required the formation of a cohesive network of duty-bearers, including but not limited to, the GoB, UNICEF, IPs, WDCs, the Media, and BRAC University. The **considerable progress from their combined efforts** raised awareness among rights-holders. At national and subnational levels, 11 tailor-made messages were delivered through meaningful interventions that ensured that the information was presented, discussed, and debated *within the community*. The programme also focused on instituting systematic monitoring from which all partners benefitted and used, to a lesser extent.

While most of those surveyed demonstrate that they **know about** the eight life-saving care and protective behaviors, the groups *within the overall sample* who could still benefit from further efforts offered by this programme, are: (1) mothers with children under six months; (2) adult males; and (3) adolescents. **One outstanding finding which should not be discounted is that rights-holder/fathers, men, and adolescent boys are the only stakeholder group which does not have adequate knowledge about all eight-lifesaving care and protective behaviors.** While encouraging change in attitudes and behaviours among women and girls is ambitious and progressive, if the men and boys and communities are not also transformed, then the end result will be disheartening, as they have an influential role in household the decision-making process.

Currently, some national statistics for key development indicators are show positive trends. For example, exclusive breastfeeding (up to six months) is 56.4 per cent; children with ARI symptoms is 3 per cent; antenatal care coverage is 58.7 per cent. However, in spite of the long list of documented achievements that this programme has accomplished, social norms are still prevalent. Other indicators show slower progress today, such as birth registration was 37 per cent; marriage before the age 18 for women was 62.8 per cent; corporal punishment at 82.3 per cent; and demonstrating the correct knowledge about preventing HIV was at 9 per cent.¹¹

Key Recommendations (Summary)

Recommendation #1: Since behaviour change takes time, it is recommended that the C4D programme is continued. It has been evidenced that the following interventions work effectively: (1) experiences for stimulating dialogue (i.e., community dialogues/meetings, household visits, and adolescent clubs); (2) building on the social dynamics which have been built within the programme communities; (3) working through a network of C4D Ward Promoters to engage more effectively in interpersonal communications.

¹¹ Government of Bangladesh, Bangladesh Bureau of Statistics and Informatics Division and UNICE (2014) Bangladesh Multiple Indicator Cluster Survey 2012-2013, Progotir.

Recommendation #2: Given the cross-cutting nature of C4D and the level in which it was integrated into the 2012-2016 Country Programme, it is recommended to increase capacity strengthening efforts in C4D, so that all Sections may engage more comprehensively, enabling their staff to lead their own C4D efforts.

Recommendation #3: In support of promoting inclusivity and capacity strengthening in mainstreaming such approaches, UNICEF should ensure that future C4D programming systematically addresses families with members who are disabled and who have children with special needs.

Recommendation #4: UNICEF should consider other programming strategies to increase the participation of men, fathers, and adolescent boys. Generally, it was noted from the results of this evaluation that other specific groups which ought to be targeted for future C4D programming are mothers with children under six months and adolescents.

Recommendation #5: In the absence of assessment activities, examining the potential threats and opportunities of social media (e.g., Facebook), UNICEF should consider other media outlets that could be used to support C4D programming.

Recommendation #6: Given that UNICEF's Strategic Plan emphasises the importance and need to strengthen national capacity, the identification of GoB (national and subnational) capacity needs in C4D programming should be undertaken followed by the development of a longer-term capacity strengthening strategy which meets priorities outlined from the needs assessments.

1. Introduction

Pursuant to the UNICEF mandate, “to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential”, UNICEF country programmes are designed to promote the full participation of women and girls in the political, social, and economic development of their communities. To fulfill this vision, UNICEF works with partners, including government, non-government organisations (NGOs), communities, and families.¹²

UNICEF’s Bangladesh Country Office (BCO), established in 1951, has a long history of implementing health, water, protection and education programmes. Central to these programmes is an approach, Communication for Development (C4D), defined by UNICEF as: “*a systematic, planned and evidence-based process to promote positive and measurable individual behaviour change, social change and political change that is an integral part of development programmes and humanitarian work. It uses research and consultative processes to promote human rights and equity, mobilise leadership and societies, enable citizen participation, build community resilience, influence norms and attitudes and support the behaviours of those who have an impact on the well-being of children, (women) their families and communities, especially the most marginalised or hard-to-reach.*”¹³

This Evaluation Report describes the scope of and activities for the evaluation of the UNICEF Bangladesh “**Engaging Communities for Social and Behavioural Change**” programme for the duration of (January) 2012 through (July) 2016. Programme evaluations are not only guided by technical norms and standards, but also human rights and equity principles. When applying the rights-based approach, a deliberate focus on equity is fundamental to better understand why the rights of the most marginalised are compromised, who they are and what makes them vulnerable. Within this context, the first part of this report provides contextual information about Bangladesh and the socio-economic challenges that led to the development of the programme. Also presented is the scope and objectives of the evaluation, the evaluation criteria and ensuing Key Evaluation Questions (KEQs). A section, outlining the concept of C4D and how it was delivered in Bangladesh, follows. While a Theory of Change supports the identification of key processes and assumptions, which may lead to overall achievements, this programme did not have one. However, a special section in this report was dedicated to a reconstructed Theory of Implementation, offering an insightful diagramme of how the dynamic process of delivering C4D messages ought to function. Also, part of this theory-based approach is a brief discussion about the important role that two-way conversations play in changing behaviours.

The second part of the report provides evaluative information regarding: (1) the duty-bearers and rights-holders participating in this programme and their respective roles in programme delivery; (2) the nature and scope of the interventions; and (3) evaluation activities conducted. A major section of this report presents the findings,

¹² UNICEF (2003) ‘[UNICEF’s Mission Statement](#)’.

¹³ UNICEF (2014) Strategic Vision and Policy Framework for Implementation of UNICEF’s Strategic Plan 2014-2017.

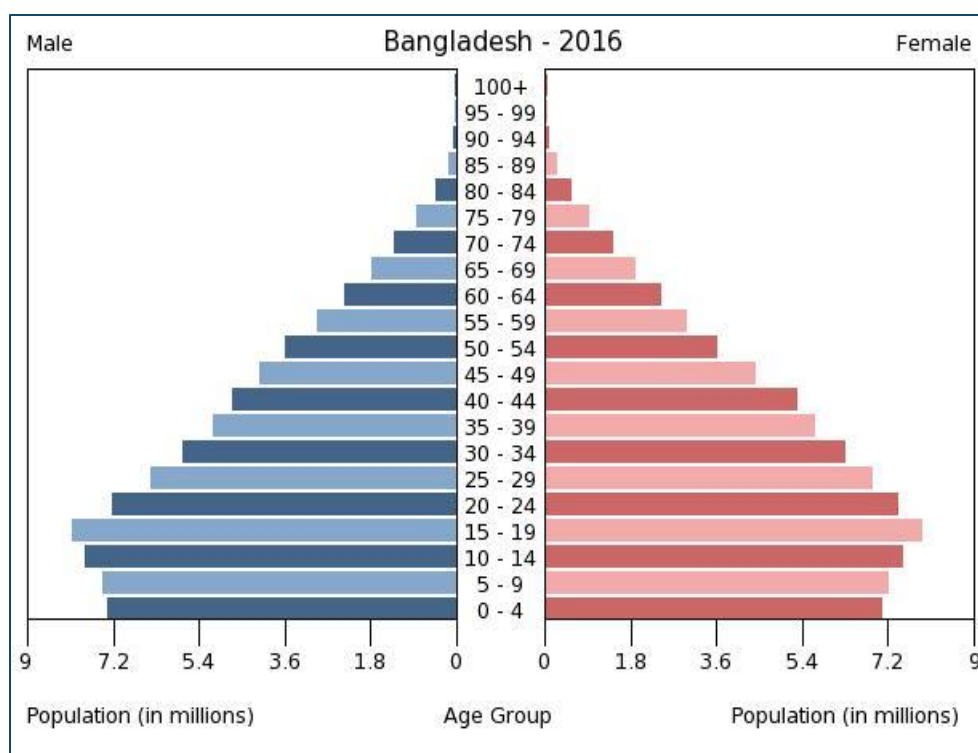
conclusions, lessons learned, and recommendations. A final analysis of the C4D Section’s partnerships with the other Sections within the UNICEF office is also included as part of this evaluation process.

2. Background

2.1. National Economic and Social Contexts

Bangladesh borders between Myanmar and India, and with 98 per cent of the population falling under the Bengali ethnic group, the Government of Bangladesh (GoB) recognises 27 other ethnic groups under the 2010

FIGURE 1: BANGLADESH POPULATION PYRAMID



Cultural Institution for Small Anthropological Groups Act.¹⁴ The majority of the population, 98.8 per cent, speaks Bangla. As of 2013, the most are Muslim (89.1 per cent), followed by Hindu (10 per cent), and the remaining “other” (less than one per cent), which includes Buddhist and Christian. About 61.5 per cent of the population aged 15 and above can read and write (males: 64.6 per cent and females: 58.5 per cent).¹⁵ Life expectancy is a little lower for males

(at 71 years) compared to females (73 years).¹⁶

The population pyramid for males and females (see figure) illustrates that gender parity is 1:1, and those aged between 25 and 54 years account for roughly 39 per cent of the population, followed by those aged between 0

¹⁴ Information sourced from <http://www.southasianrights.org/?p=5013>.

¹⁵ Sourced from: CRI=Center Research and Information (2014). [Bangladesh Education for All](#). CRI Publication. page 138.

¹⁶ [World Health Organization \(WHO\) office in Bangladesh](#), 2015 estimates.

and 14 years (at 28 per cent), and then the population aged between 15 and 24 years (20 per cent). Finally, approximately 34.3 per cent of the population resides in urban areas.

2.1.1. The Economic Context

Bangladesh has made great strides in increasing equitable access, closing the gender gap, and implementing several quality enhancement measures in education and health systems strengthening. This progress took place despite periods of political turmoil, fragile institutions, poor governance, and frequent challenges of large-scale destruction from natural disasters. With about 160 million people and per capita income of United States Dollars US\$ 640 in fiscal year 2010, Bangladesh has experienced accelerated overall Gross Domestic Product (GDP) growth by one percentage point on average every decade -- from 3 per cent in the 1970s to 6 per cent in the last 10 years. Acceleration of growth has lifted 15 million people out of absolute poverty over the past three decades.¹⁷ Garment exports accounted for more than 80 per cent of total exports and surpassed US\$25 billion in 2015. Steady garment export growth combined with remittances from overseas Bangladeshis totaled about US\$15 billion and 8 per cent of GDP in 2015.¹⁸ Building on this progress, Bangladesh aims to become a middle-income country (MIC) by 2021.

However, Bangladesh still must overcome many development challenges to achieve an equitable, inclusive society. For example, while poverty fell from 48.9 per cent in 2000 to 40 per cent in 2005 to 31.5 per cent in 2010, further reducing extreme poverty continues to be a major challenge. **An estimated six million households (about 18 per cent of the population) are extremely poor**, and they mainly reside in rural areas.¹⁹ Over the last two decades, Bangladesh's labour force has expanded rapidly from 43.7 million in 2000 to 63.8 million (including temporary migrants abroad) in 2010. While the total labour force participation rate increased from 54.9 per cent to 59.3 per cent between 2000 and 2010, the male participation rate remained unchanged at around 83 per cent but the female participation rate increased from 23.9 per cent to 36 per cent. Though this positive trend signals improvement, the growth process is still imbalanced and lacks effective inclusiveness.²⁰

2.1.2. National Social Context

A notable **policy framework** was in place in support of elevating health, nutrition, and sanitation outcomes. There were several policies developed from 2010 onwards, and they all highlight the importance of behaviour change communication (BCC). These include:

¹⁷ World Bank (2012) [Main report: Poverty Reduction and Economic Management Sector Unit South Asia Region](#), Washington, DC., page 7.

¹⁸ [Bangladesh Factbook](#).

¹⁹ World Bank (2014) [Bangladesh- Income Support Program for the Poorest Project](#). World Bank Group, Washington, DC., page 2.

²⁰ *Ibid.*, page 2.

- (1) Strategic Plan for Health, Population & Nutrition Sector Development Program (HPNSDP) 2012-2016, July 2011;
- (2) National Neonatal Health Strategy and Guidelines, 2009;
- (3) Agriculture Policy, 2009;
- (4) National Plan of Action for Children (2005-2010);
- (5) National Strategy for Infant and Young Child Feeding in Bangladesh, 2007;
- (6) National Health Policy, 2010;
- (7) National Communication Framework and Plan for Infant and Young Child Feeding in Bangladesh, 2010;
- (8) The Children's Act, 2013; and
- (9) Communication Strategy from the Directorate of Primary Education, Ministry of Primary and Mass Education, 2014.

While the health, nutrition, and sanitation outcomes for children and women have also improved greatly since the early 1990s, challenges continue to persist. Performance in the reduction in child mortality has been significant with a decline in the under-five and infant mortality rates from 144 deaths per 1,000 births in 1990 to 41.3 deaths per 1,000 births in 2012,²¹ but other outcomes are less positive. In spite of the maternal mortality rate decreasing from 240 maternal deaths per 100,000 births (adjusted) in 2008 to 176 deaths per 100,000 births in 2015 (a reduction of almost 37 per cent), only one in four women has access to skilled professional during child birth, which is a matter of concern.

Women in Bangladesh also continue to suffer from a range of disadvantages, such as child marriage, psychological and physical violence, sexual harassment, and the persistence of the traditional dowry system. More specifically, in the 2007 Bangladesh Demographic and Health Survey (BDHS), the median age at marriage for women aged between 20 and 24 is 16.4 years, compared to 16.0 in the previous BDHS, suggesting “a small upward trend.” (page 217) The areas of Khulna (15.7 average age of marriage) and Rajshahi (15.8) were considered noteworthy.

Further, the prevalence of under-nutrition in Bangladesh is among the highest in the world, despite the significant progress in reducing the incidence of underweight children below five years (from 60 in 1990 to 36 per cent in 2011).²² The problem of under nutrition affects the poor primarily. The World Health Organization (WHO) estimates that 3.8 million children aged under five die each year from diarrhea and acute respiratory tract infections.²³ The 2007 BDHS estimated that, according to a new, more restricted definition, five per cent of children under age five had symptoms of acute respiratory illness. There was a higher proportion of children with these symptoms living in Sylhet, Rajshahi, and Chittagong divisions (page 141).

²¹ This figure varies by gender: males/females (44/38) deaths per 1,000 births. Source: Unicef website.

²² Ibid., page 3.

²³ [World Health Organization \(2009\) World Health Statistics.](#)

While HIV incidence remains low at less than 0.1 per cent of the adult population, “14.6 per cent of women aged between 15 and 24 years old have correct, comprehensive knowledge of HIV prevention in 2009,” which reflects a positive trend from 15.8 per cent in 2006.²⁴

An evaluation in Bangladesh indicated that deep-rooted beliefs are strong about not needing to wash hands *with soap* and therefore washing with “water alone is effective in purifying hands”. The results showed that “33 per cent of caregivers and 14 per cent of all persons observed washed both hands with soap after defecation. However, less than one per cent used soap and water for handwashing before eating and/or feeding a child.” In view of these results, the study highlighted that communities that received intensive handwashing promotion have less childhood diarrhea and respiratory disease.²⁵

At the time of developing the programme, the Multiple Indicator Cluster Survey (MICS), table 23 in Annex A shows that nationally 2.5 per cent of children aged between 6 and 14 years old who were not attending school were engaged in child labour (2.9 per cent for boys and 1.7 per cent for girls). In both rural and urban areas, boys were more likely than girls to be engaged in child labour. The gender gap was wider in rural areas than in urban areas.²⁶ Finally, corporal punishment is pervasive with 82.3 per cent of children having been subject to violent discipline (in the year before the survey was conducted).²⁷ In sum, Bangladesh’s economic indicators are promising, but there is still scope for major improvements along social indicators for women and children.

2.2. UNICEF’s Strategic Investment in C4D in Bangladesh

These significant challenges contributed to the development of a comprehensive approach that was not only in line with the Millennium Development Goals (MDGs), but also narrowly targeted the most vulnerable populations in hard-to-reach communities. Notably, the UNICEF Country Programme Document (CPD) indicates that the Country Programme (CP) 2012-2016 emerged from shared outcomes and collective strategies between the GoB and the United Nations (UN) agencies, which formed the 2012-2016 United Nations Development Assistance Framework (UNDAF). According to the UNDAF, Pillar Three aims to achieve the following results that help the country meet the Millennium Declaration and MDGs 2 to 7.

²⁴ Bangladesh Bureau of Statistics and UNICEF (2010) Multiple Indicator Cluster Survey (MICS) 2009 Volume I: Technical Report, Progotir Pathy: Monitoring the Situation of Children and Women prepared by the Government of the People’s Republic of Bangladesh, Bureau of Statistics, and UNICEF Bangladesh Dhaka, Bangladesh, page 20.

²⁵ Halder, A., Tronchet, C., Akhter, S., Bhuiya, A., Johnston, R. and Luby, S. (2010), [Observed hand cleanliness and other measures of handwashing behavior in rural Bangladesh](#), *BMC Public Health*; 10: 545, page 548.

²⁶ Bangladesh Bureau of Statistics and UNICEF (2010) Multiple Indicator Cluster Survey (MICS) 2009 Volume I: Technical Report, Progotir Pathy: Monitoring the Situation of Children and Women prepared by the Government of the People’s Republic of Bangladesh, Bureau of Statistics, and UNICEF Bangladesh Dhaka, Bangladesh, page 74. Sourced at: https://www.unicef.org/bangladesh/Tables_23.pdf.

²⁷ Bangladesh Bureau of Statistics and UNICEF (2014) Multiple Indicator Cluster Survey (MICS) 2012-2013, Progotir Pathy: Monitoring the Situation of Children and Women prepared by the Government of the People’s Republic of Bangladesh, Bureau of Statistics, and UNICEF Bangladesh Dhaka, Bangladesh.

- Increased coverage and more equitable utilization of quality services in the areas of health, nutrition, education, water, sanitation and HIV by deprived populations in selected rural and urban areas, with particular attention to women, children and young people;
- Social protection policies and services enhanced and utilized to eliminate abuse, neglect, exploitation, and trafficking of children, women and young people, with emphasis on demand creation and delivery of services in selected areas;
- Community members are practising ***key life-saving, care and protective behaviours and raising their demand for quality services in health, nutrition, education, water, sanitation and HIV.*** [emphasis added]

Moreover, a participatory, well-designed assessment process took place during the formulation of the 2012-2016 UNDAF. These results led to the development of five different needs-based maps which exposed twenty “common districts which informed the UNDAF priorities”, or the “UNDAF districts”.²⁸

A recent evaluation highlighted that the “beginning of C4D in UNICEF cannot easily be pin-pointed to a specific event or programme but is more a result of UNICEF’s cumulative experience of applying a mixture of programmatic communication approaches over many decades.” This long history of has meant that UNICEF has developed a level of systematic expertise in applying social and behaviour change communication (SBCC)/C4D principles and practice to achieve results for children.²⁹ Strong investments in the UNICEF Bangladesh Country Office (BCO) staff have also been made to strengthen internal C4D capacity.

It was within this context that from 2012 to 2016, the C4D Section of UNICEF, in collaboration with the GoB³⁰, and seven partner non-governmental organizations (NGOs) worked towards engaging communities in bringing about social and behavioural change through the Engaging Communities for Social and Behavioural Change programme. The evidence from the “UNDAF districts” (i.e., BDHS, MICS, Situation Analysis) led UNICEF to select seven hard-to-reach districts where the C4D interventions could be targeted. Further, based on specific criterion (e.g., natural disaster vulnerability, hard-to-reach locations, and poor performance in achieving the MDGs), seven districts and three Upazillas within the districts (totalling 21 Upazillas) were then selected for programme implementation (see figure map). The prioritised districts were: (1) Bandarban; (2) Bhola; (3) Cox’s Bazar; (4) Netrakona; (5) Rangpur; (6) Shatkhira; and (7) Sunamgonj.

²⁸ United Nations Resident Coordinators Office. (2011) 2012-2016 United Nations Development Assistance Framework (UNDAF), p. 11.

²⁹ UNICEF (2016) Communication for Development: An Evaluation of UNICEF’s Capacity and Action–Bangladesh Country Case Study, page 33.

³⁰ These partners are the Ministry of Information (MoI) and Ministry of Women and Children’s Affairs (MoWCA).

According to the Project Document, the key was to establish networking systems at local levels to facilitate public debate around messages related to life-saving, care and protective behaviours. Other aims included a methodology in creating, planning for, and disseminating messages that drew from the social networks of local contexts.

FIGURE 2: MAP OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Therefore, the **goal** of this programme is:

To increase knowledge on key life-saving behaviours and create awareness among communities about social basic services; change individual, harmful traditional beliefs and perceptions; influence attitudes and behaviours and consequently social norms and social practices [in order to promote the fulfilment of child and women’s rights].³¹

The methodology of the programme is unique, as the focus is on engaging communities to understand community members, their beliefs and values, and social norms that shape their lives. Individuals and communities are not only informed but also empowered to change behaviours and be proactive about

improving their lives. The programme adopted a classic social change model in that Ward (village level) Development Committees (WDCs) were established as a community participation/ civic engagement mechanism and became entry points to discuss social and behavioural issues within the communities, including demand creation for services. A total of 11 issues were delivered/discussed through the programme, and they are divided into two categories: (1) life-saving care and protective behaviours; and (2) practices which are harmful for children. Within the first category, there are eight messages: (1) Birth Registration (BR); (2) Acute Respiratory Infection (ARI); (3) Exclusive Breastfeeding (EBF); (4) Antenatal care (ANC)³²; (5) handwashing with soap (HWWS); (6) HIV and AIDS; (7) Child Injury (CI); and (8) Disaster Preparedness (DP); the second

³¹ The text located in brackets has been added and was not part of the original text.

³² It is recognised that the promotion of taking iron-folic acid tablets was also emphasised with ANC.

category includes messages to end three harmful social norms, commonly referred to as the “3 Cs”: (1) Child Marriage (CM); (2) Child Labour (CL), and (3) Corporal Punishment (CP).

The programme’s targeted communities, a total of 1,013,489 households and approximately four million people, were exposed to the programme since January 2012. Based on the information provided, the total budget for this four-year project was US\$ 12,649,309 with 83 per cent of the budget funded through regular resources.³³

The C4D programme was managed by the C4D Section, consisting of three professionals (one C4D Section Chief and two C4D Specialists) and a Programme Assistant in Dhaka, and one C4D Officer working in all six field offices. Prior to 2012, the C4D officers were embedded in all the main programmatic sections in Dhaka. The C4D teams in Dhaka and in the field offices extended technical support to other UNICEF sections (e.g., Health, Nutrition, Education, Child Protection, and WASH). These activities were centred on promoting life-saving care and protective behaviours. For example, some of these efforts were integrated into national initiatives (e.g., immunisations, handwashing, school enrolment and retention, and adolescent health).

2.3. Objectives and Purpose of the Evaluation

The evaluation, designed to support future C4D interventions, has the following objectives (see Annex 1 for the Terms of Reference-ToR):

- **Assess** the effectiveness, efficiency, relevance, and sustainability of C4D programme;
- **Assess** the potential scale-up in areas for selected components of the C4D programme;
- **Identify** enablers, bottlenecks and barriers to the achievement of results;
- **Assess** the appropriateness of results monitoring system put into place; and
- **Provide** recommendations for the design, management, coordination, implementation and measurement of progress of future C4D-related programmatic interventions for the new country programme 2017-2020.

Reviewing the evidence, gathered throughout the duration of the country programme, is intended to lead to a thorough examination of the progress against planned programme targets. Further, the evaluation will draw strategic lessons learned from the design, management, coordination, and implementation of the current C4D programme and related efforts to improve sectoral and cross-sectoral results for children and their communities.

While the BCO has already prepared its 2017-2020 C4D programme strategy³⁴, this evaluation focuses on helping to amend any unmet assumptions, and validate, fine-tune details regarding the following areas:
(4) What priorities ought to be pursued specifically in Bangladesh;

³³ There were no emergency resources used in this budget.

³⁴ **UNICEF (2017) UNICEF Bangladesh Country Programme for 2017-2020 Country Programme Document and Strategy Notes.**

- (5) How best to translate its overall vision of commitment to children’s rights and equity into action; and
- (6) What specific opportunities for scaling up proven C4D interventions exist which take into account:
 - i) strategies and interventions that contribute to behaviour change and the participation of communities/families; and
 - ii) reliable data gathering that is considered useful and that is used to improve programme delivery.³⁵

2.4. Scope

The evaluation scope covers the period from July 2012 to July 2016; the effectiveness, efficiency, and lessons learned are assessed for: (1) Assessment and Planning; (2) Advocacy; (3) Communication for Social Change (CfSC); (4) Integrated Behaviour Change Communication; (this includes Partnership for Social Change Activities); (5) Capacity building at the **subnational level**; and (6) UNICEF Partnership with the Ministry of Information (MoI) and the Ministry of Women and Children Affairs (MoWCA). This also includes coordination at the **national** level to increase the knowledge and practices on specific behaviours and norms); communication campaigns³⁶; and monitoring mechanisms. A separate part of this evaluation focuses on the partnerships that the C4D Section has with the other sectors within the UNICEF office and is presented after the Sustainability Section.

2.5. Evaluation Criteria

As specified in the ToR, the Organisation for Economic Co-operation and Development's-Development Assistance Committee (OECD-DAC) evaluation criteria of relevance, effectiveness, efficiency, scalability (to the extent possible), and sustainability will be used to guide the conduct of this evaluation.³⁷ The criteria of “impact” was not part of the ToR and would not have been suitable due to: (1) the lack of counterfactuals for each programme district; (2) the brevity of the evaluation exercise (three months); and (3) the limitation that the evaluation only collected data in three out of seven programme districts (to be discussed in the methodology section). As discussed earlier, the lessons learned presented in this report will enable the UNICEF staff to reflect on opportunities to explore in future C4D programming. It should be noted that although a Gender Equality and the Empowerment of Women (GEEW) perspective is not explicitly mentioned in the ToR, it is important to understand that this programme was designed with an equity approach to include those communities and families in the hard-to-reach areas. Hence, while the construct of GEEW is not formally framed within the evaluation, these *concerns are inherently part of the evaluand, and therefore, the entire evaluation process.*³⁸ The key evaluation questions (KEQs) are intended to further elaborate each evaluation criteria and outline how lessons learned will be examined. The specific sections, elaborating the Findings,

³⁵E/ICEF/2013/21 (2013) The UNICEF Strategic Plan, 2014-2017: Realizing the rights of every child, especially the most disadvantaged, page 9.

³⁶ This is through mass and folk media, reaching people directly with messages in entertaining/ edutainment formats.

³⁷ [OECD \(2000\) Glossary of Evaluation and Results Based Management \(RBM\) Terms.](#)

³⁸ Nichols, T., (2014) [Measuring Gender Inequality in Angola: A Feminist-Ecological Model for Evaluation in the Feminist Evaluation and Research](#), co-edited by Brisolará, S, Seigart, D. and SenGupta, S., Guilford Publications, Inc.: New York.

present the questions (again) for ease of reference. Annex 2 includes the evaluation matrix which shows the specific data sources used to address each KEQ.

TABLE 1: TABLE OF ALL KEQS

<i>Evaluation Criteria</i>	<i>Key Evaluation Questions (KEQs)</i>
Relevance	<ul style="list-style-type: none"> ▪ To what extent were the implementing strategies appropriate for achieving results? ▪ To what extent is the programme relevant in engaging communities for behaviour and social change? ▪ To what extent is the programme relevant to increasing the capacity of Frontline Workers and local networks in interpersonal and advocacy skills?³⁹
Effectiveness	<ul style="list-style-type: none"> ▪ To what extent have planned results of the programme been achieved? ▪ What are the major factors influencing the achievement and non-achievement of the results? ▪ To what extent is the programme supporting the establishment of effective mechanisms that enable the concerns and voices of communities, including those marginalised, to be reflected in the decision-making at local and policy levels? ▪ To what extent have efforts contributed to strengthening the communication system in the government structure to conduct Social and Behaviour Change Communication (SBCC) interventions? ▪ To what extent is the programme helping to inform, influence, and support households and community groups for the adoption of new attitudes, improve service seeking behaviour, and practice desired behaviours?
Efficiency	<ul style="list-style-type: none"> ▪ Which management and coordination structure and mechanisms among programme staff and partners have aided the programme? What has worked well and what needs to be strengthened? ▪ To what extent is the fund allocation adequate to: (a) implement the strategic interventions? and (b) generate evidence on the effectiveness including the effectiveness of these interventions? ▪ To what extent is the programme designed and implemented in a way to generate solid evidence from monitoring and evaluation to monitor progress against results and to inform programme adjustments where required? ▪ To what extent are existing partnerships with MoWCA and MoI contributing to achieve programme results?

³⁹ The Terms of Reference have specified the review of the role and capacity of the C4D “Frontline Worker”. However, during the finalisation of the evaluation report, the C4D Section staff noted that this terminology could be misinterpreted as an individual sponsored by the government rather than by UNICEF or an NGO; There is an individual in the community with a similarly role of delivering health, nutrition, family planning life-saving messages. Hence, throughout the report, the terminology of Ward Promoter was used in place of Frontline Worker. If, however, qualitative data was specifically collected from a Frontline Worker, then the reference was retained to maintain data accuracy.

<i>Evaluation Criteria</i>	<i>Key Evaluation Questions (KEQs)</i>
Scalability	<ul style="list-style-type: none"> ▪ Which particular interventions show potential for scale-up? ▪ To what extent has the programme generated solid evidence on the effectiveness and scalability of interventions that is being fed back into programme design?
Sustainability	<ul style="list-style-type: none"> ▪ To what extent has the programme systematically promoted national ownership, capacity building and skills transfer to national decentralized level of government in order for the government to be able to sustain the programme? ▪ To what extent has the programme been able to leverage other partners and networks including government resources to make the programme sustainable? ▪ Are there any other evident ways to ensure?⁴⁰
Lessons Learned and Recommendations	<ul style="list-style-type: none"> ▪ What lessons can be drawn from the last four years of programme implementation to ensure that C4D programming continues to be relevant to achieving results towards behaviour and social change? ▪ What adjustments need to be made to programming strategies in the upcoming Country Programme?

2.6. Technical Aspects of the C4D Programme

2.6.1. How does C4D Work?

The 2014 UNICEF C4D vision paper highlights that C4D is a cross-cutting programming strategy which should be human-rights based and should amplify the voices of communities and marginalised groups to demand their rights, connecting them to upstream policy and legislation.

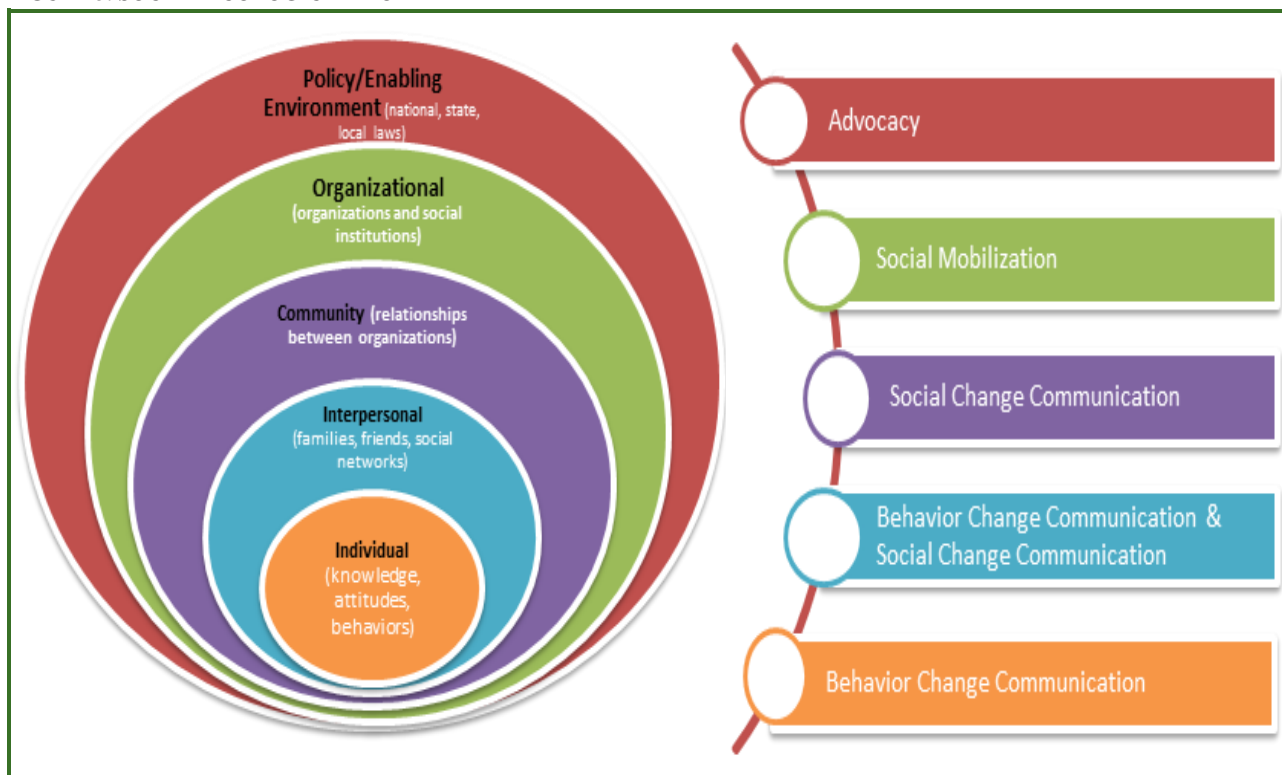
The Social Ecological Model (SEM) is a “theory-based framework used for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviours, and for identifying behavioural and organizational leverage points and intermediaries for health promotion within organizations.”⁴¹ The model includes five levels: Individual, interpersonal, community, organizational, and

⁴⁰ This reviews sustainability at the level of partners and Government of Bangladesh (GoB) only.

⁴¹ **UNICEF (2009) Position Paper: C4D: Realizing Strategic Shifts and Accelerating Results for Children;** UNICEF (2014) Strategic Vision and Policy Framework for Implementation of UNICEF’s Strategic Plan 2014-2017; UNICEF (2016) Communication for Development: An Evaluation of UNICEF’s Capacity and Action– Synthesis Report; and UNICEF (2013) Communication for Development: Strategic Vision and Policy Framework for Implementation of UNICEF’s Strategic Plan 2014–17.

policy/enabling environment. The different C4D approaches used are: (1) advocacy⁴²; (2) social mobilisation⁴³; (3) communication for social change (CfSC)⁴⁴; and (4) behaviour change communication (BCC). Figure 3 presents the C4D approaches used for each level within the SEM.

FIGURE 3: SOCIAL ECOLOGICAL MODEL



Building and rolling-out a C4D strategy includes five steps, the first and most important of which is (1) **data collection and analysis** followed by: (2) strategic design; (3) development and testing of messages and materials; (4) implementation and monitoring; and (5) evaluation and re-planning.

C4D is deeply seated in UNICEF’s overall institutional framework and not just restricted to country office programming. UNICEF’s strategic plans are strongly dependent on behavioural and social change targets as measures reflecting impact. A recent evaluation highlighted that the 2008 mid-term review (MTR) of the 2006–

⁴² This develops mechanisms to ensure that the concerns and voices of communities, including those marginalised, are reflected in the decision making at the local and national policy level.

⁴³ Includes a process that engages and motivates a wide range of partners and allies at the national and local levels to raise awareness of and demand for a particular development objective through dialogue.

⁴⁴ This seeks to engage and empower communities and create linkages among partners and networks to influence and reinforce social norms and cultural practices to create an environment that supports long-term, sustainable change.

2013 Mid-Term Strategic Plan (MTSP) found that 38 out of 52 key result areas were dependent on social and behaviour change.⁴⁵

2.6.2. A Reconstructed Theory of Implementation

The purpose of the Theory of Change (ToC)⁴⁶ is to help confirm and connect fixed outcomes (community-level behaviour change) to UNICEF-supported interventions. However, in 2012, a ToC was not an institutional requirement for developing a programme. Creating a ToC which would cover how each of the 11 messages leads to behaviour change, was however, beyond the scope of this evaluation. Such an exercise would have needed additional time and effort. All section staff would have had to engage in discussions about assumptions and mitigating factors affecting how rights-holders perceived messages. As an example, the Nutrition Section staff would have had to explore the assumptions needed to be met in order for lactating mothers to breastfeed their children for six months. Another example would have been for the Child Protection staff to examine the needed assumptions for corporal punishment messages to be discussed and debated among different rights-holder groups (e.g., parents, grandparents, extended family, teachers, and peers).

Hence, with a ToC lacking, it was only possible to articulate the most relevant part of a results framework which is a summary of how inputs (stakeholder groups interacting) lead to Intermediate Results (IRs). The links between IRs and the overall programme outcome statement is then presented. These logical pathways are illustrated in a reconstructed Theory of Implementation (ToI). In sum, the difference between the ToC and the ToI is that the first examines the two-way **communication process** and then connects the programme processes to **behavioural change** at the community/household level, while identifying assumptions and revealing enablers and barriers to programme effectiveness. The second, the ToI, outlines how the programme is expected to work, capturing project-level dynamics, and especially the partnerships that are necessary to **deliver C4D**.⁴⁷

2.6.3. Assumptions about Relating and Responding to Behavior Changing Messages

Part of evaluating the effectiveness of C4D interventions is uncovering the nature of the **assumption** that two-way conversations which happen at the community and household levels lead or contribute to behaviour change. **The key assumption is *if rights-holders discuss and reflect on messages (delivered through trusted channels), then they will build competencies in the area (knowledge, skills, or abilities) and then***

⁴⁵ UNICEF (2016) Communication for Development: An Evaluation of UNICEF’s Capacity and Action–Synthesis Report.

⁴⁶ “A ‘theory of change’ (ToC) explains how activities are understood to produce a series of results that contribute to achieving the final intended impacts. It can be developed for any level of intervention – an event, a project, a programme, a policy, a strategy or an organization.” from Rogers, P. (2014). Theory of Change, Methodological Briefs: Impact Evaluation 2, UNICEF Office of Research, Florence. page 1.

⁴⁷ **Byrne, A. (2009) Evaluating social change communication. Brighton, England: The Institute of Development Studies.**

adopt the new practices and change. It is important to separate the various steps that a rights-holder may take to change his/her attitude, traditional beliefs, and, ultimately behaviour(s). The *process* which should take place for a rights-holder to **believe that (s)he could take action when responding to one of the messages promoting life-saving care and protective behaviours**⁴⁸ is critical to understanding the C4D programme. Theoretically, because the C4D programme's messages and methodology focus on **empowering** individuals by engaging them through health promotion activities and **dialogue**, evidence of this exchange ought to be available. The following three measures embody a theory-driven approach used in this evaluation:⁴⁹

- (1) The individual has **opportunity to express** his/her viewpoints/opinions about risks and benefits of the **messages promoting life-saving care and protective behaviours** and also demand for accessible, equitable, and quality services;
- (2) A discussion about making plans to change practices; and
- (3) A general perception or belief that **one's own actions can indeed lead to a change in knowledge and societal change**. Note that this area would be restricted to the "Three Cs".

The results from operationalizing the above measures (through a survey) provided an opportunity for community-level rights-holders to explain their views about: (1) the most influential persons in their lives to support positive interpersonal-interaction; and (2) how they perceive their individual actions contribute to broader change.

⁴⁸ These messages relate to: (1) Birth Registration (BR); (2) ARI and Pneumonia; (3) Exclusive Breastfeeding (EBF); (4) Ante-natal care (ANC); (5) handwashing; (6) HIV and AIDS; (7) Infant Nutrition; and (8) Disaster Preparedness. These other messages refer to ending three harmful social norms: (1) Child Marriage; (2) Child Labour, and (3) Corporal Punishment (or the "3 Cs").

⁴⁹ Theory of self-efficacy from Albert Bandura sourced from: Bandura, A. (1993) Perceived Self-efficacy in cognitive development and functioning. *Educational Psychologist*, 28(2), page117.

2.6.4. Delivering the Messages

FIGURE 4: MAIN STAKEHOLDERS IN THE PROGRAMME



In order to construct the ToI, it was necessary to review the components of the delivery system, including: (1) who the participants are; (2) what interventions are delivered; (3) what the participants contribute and the relationships among themselves; (4) communication systems; and (5) the systems for planning, implementation, monitoring, and evaluation. Each of these components is presented in this section.

The Programme Participants

There are six stakeholder groups in this programme, and this section describes each group's role and expectations within the evaluand (see figure).

Government of Bangladesh (GoB)

Raising awareness and reinforcing positive practices related to child survival

and development depends on various networks of stakeholder groups delivering different messages through trusted information channels. There are two main GoB partners with whom UNICEF has partnership and cooperation agreements: a) the Ministry of Information (MoI);⁵⁰ and b) the Ministry of Women and Children (MoWCA). All relevant government duty-bearers have stakeholders at the following subnational levels: (i) Union-level; (ii) Upazilla-level; and (iii) District-level. These duty-bearers are expected to manage the programme; ensure that their agenda for making the messages more effective is represented; and report administratively on funds expenditures from UNICEF. Based on interviews, other GoB stakeholders contribute significantly to the process of delivering messages about life-saving care and protective behaviours, and they are: Deputy Commissioner (DC), Upazilla and Union Parishad (UP), Civil Surgeon (health), Upazilla Health and Family Planning Officers (UHFPO), Union Family Planning Officer (UFPO), Social Norm Change Chapter members, among others.

IPs

There are a total seven NGOs which have been directly contracted by UNICEF to deliver the messages, and they are: (1) Friends In Village Development Bangladesh (FIVDB) in Sylhet (for Sunamganj), (2) Grameen

⁵⁰ At the subnational level, this stakeholder is called the District Information Officer.

Unnayan Sangstha (GRAUS) in Banderban,⁵¹ (3) BRAC in Cox’s Bazar, (4) Assistance for Social Organization and Development (ASOD) in Rangpur; (5) Coastal Association for Social Transformation Trust (COAST) in Bhola; (6) Rupantar in Satkhira, and (7) Sabalamby Unnayan Samity (SUS) in Netrakona.

These duty-bearers have direct links to UNICEF and are the implementers of the programme in their respective Districts and Upazillas. They are engaged in the following activities: (1) tailoring key messages for different audiences, including the regular collection of audience feedback; (2) providing training to ‘Ward Promoters’ (see their description above), as needed; (3) organising and coordinating community events and facilitating social maps and micro-plans to identify community needs; (4) organising media events; and (5) gathering/analysing regularly collected monitoring data which was shared with all subnational partners.

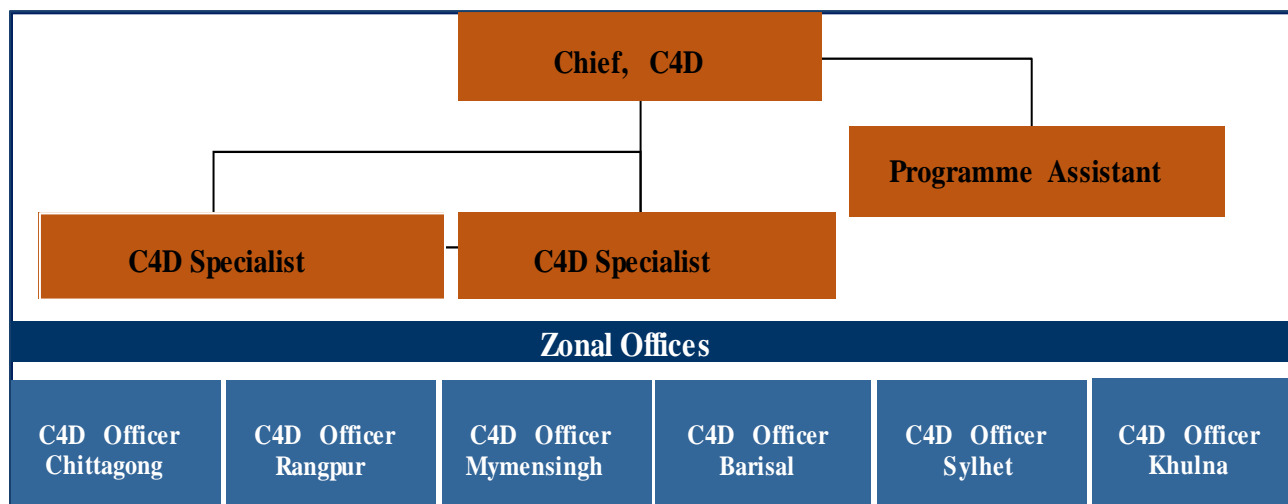
James P. Grant School of Public Health (JPGSPH) / BRAC University

This IP, also contracted directly by UNICEF to monitor and evaluate selected child wellbeing practices through Knowledge Management Outreach Sites (KMOS) study.

UNICEF Staff

As noted earlier, the C4D team in Dhaka liaises with MoWCA and MoI (and their partners) and the BCO staff working in different the Sections. Figure 5 provides an organigramme for this Section.

FIGURE 5: ORGANISATION OF THE C4D SECTION



The C4D Section is one of six Programme Sections (e.g., Education, Health, Nutrition, Child Protection, Water, Sanitation and Hygiene-WASH), each of which has a Section Chief. The other programmatic staff with whom there is contact include: (1) Communications Advocacy and Partnerships; (3) Gender; (4) Programme Planning and Monitoring and Evaluation, which has renamed to Social Policy, Evaluation,

⁵¹ It is recognised that in Banderban, the Integrated Community Development Project worked with GRAUS.

Analytics and Research (SPEAR); and (5) Field Operations. There are staff working under each section, in the field offices, and they report to the Chief of Field Office. Lastly, C4D Section engages regularly with Representative's Office as well as the Operations Team, comprising of Human Resources, Administration, Supply, and Finance.

Community Members

These participants include the Ward Development Committee (WDC) members, PCMCs, Ward Promoters (community level volunteers assigned by C4D project), and Ward Promoters who serve as the community-based drivers of change, serving as the trusted channels through which messages are delivered and discussed.⁵² The WDCs have a total of nine to eleven members who may represent different sectors within the community, such as UP members, health and family planning workers, prestigious persons, teachers, religious leaders (includes minority religious groups as well), marriage registrars, cultural activists, social workers, adolescents, representative from adolescents, representative from the poorest communities within a ward, and Ward Promoters.⁵³ The duty-bearer Ward Promoter receives a monthly "honorarium", and could be a stakeholder from the schools, a women's group leader, para centre management committee leader/worker (if in Cox's Bazar District or a concerned community resident). The adolescents, "activated" through Adolescent Clubs, are another duty-bearer.

Secondary service providers within the community, who are also considered duty-bearers but not necessarily officially part of the NGO's direct management, include: (1) Health Assistants; (2) Family Welfare Assistants; (3) Health Inspectors; (4) NGO field workers, working in the area; (5) Skilled Birth Attendants; (6) Community Clinics; (7) School Management Community (SMC) members; (8) teachers; (9) Opinion leaders (community leaders, chairmen, religious leaders, social workers); (10) the private sector stakeholders (shop keepers, latrine producers, etc.); and (11) others who serve roles as social workers. Finally, the rights-holders are children, mothers/fathers (caregivers), mother/father-in-law's, and brother/sister-in-law's.

The Mass Media

UNICEF supported training in participant assessment, message conception/development, and dissemination with Bangladesh Television (TV), and to a limited extent, Bangladesh Betar (Radio). This training took place through the National Institute of Mass Communication (NIMC) and UNICEF, as part of the institutional system strengthening approach (i.e., monitoring and evaluation). Community Media was also trained many, drawing from the Interactive Popular Theatre Teams and Folk Song Teams.

⁵² Note that this evaluation assessed the role of the C4D "Frontline Worker" as noted in the Key Evaluation Questions, but at the final stage of producing the evaluation report, it was concluded that this terminology was considered misleading. The name "frontline worker" could be misinterpreted as an individual sponsored by the Government of Bangladesh (GoB) rather than by UNICEF. Notably, the GoB also has provisions for an individual with a similar role in the community, delivering health, nutrition, family planning life-saving messages. Given this feedback, the term Ward Promoter was used in place of Frontline Worker.

⁵³ Women's participation is mandatory through the presence of a woman ward councilor who heads the WDC.

2.6.5. The Message Delivery Mechanism

UNICEF focused on developing partnerships with all participant groups described above for the purpose of capacity strengthening for: (a) the **effective delivery** of C4D services to communities; and (b) **sustaining the efforts** built from 2012 through 2016. Interventions are categorised as CfSC, Integrated Behaviour Change Communication Activities, and Monitoring and Evaluation (M&E). All of these interventions were designed to support effective (two-way) conversations about: (a) life-saving care and protective behaviours and (b) practices social norms which are harmful to children. Table 2 presents the following message-delivery interventions which were implemented through the various IPs and government partners.

TABLE 2: C4D MESSAGE-DELIVERY INTERVENTIONS

Interventions	Descriptions of Activities Undertaken	Names of Partners Delivering Messages / Services
Communication for Social Change (CfSC)		
Community Dialogues/ Meetings	This approach is very flexible, accommodating a small or large group to facilitate community dialogue, typically facilitated by the NGO's Ward Promoter. This method also drew upon the active participation and engagement of adolescents.	FIVDB; GRAUS; BRAC; ASOD; COAST; Rupantar; and SUS
Social Norm Change Forum (SNCF)	This is an institutionalised forum designed to advocate, coordinate, and monitor C4D activities. The MoWCA Officers serve as chapter secretaries.	MoWCA at national and subnational levels
Integrated Behaviour Change Communication Activities		
Interactive popular Theatre (IPT) and Community Media activities	IPT is a very popular approach that is widely accepted in communities; this artistic form – through music, song, and dance – communicates key messages. At the end of the show, there is stimulating discussion about how to address issues and practice appropriate behaviors. This format could also be seen in a Folk Song Show , where there is singing followed by discussions.	FIVDB; GRAUS; BRAC; ASOD; COAST; Rupantar; SUS; and Cultural Groups
Household Meetings/Visits	A powerful intervention which relies heavily on interpersonal communication and offers a more intimate environment, where duty-bearers and rights-holders may ask and answer questions in greater detail.	FIVDB; GRAUS; BRAC; ASOD; COAST; Rupantar; and SUS

Interventions	Descriptions of Activities Undertaken	Names of Partners Delivering Messages / Services
Courtyard Meetings	The overall intent of these interventions is to motivate communities to solve their own challenges and increase societal learning (from one another). This is one of many methods through which to facilitate the two-way communication, drawing upon the interpersonal networks at different levels (e.g., Upazillas, Unions, Village, households, and individual). Different leaders, such as traditional authorities and religious leaders, are typically present during these events and interact with other societal groups (e.g., women, adolescents, and the elderly). The dialogues are supposed to identify and prioritise challenges, promote understanding on the benefits of key interventions, and then facilitate collective decision-making and subsequent actions. Other related interventions could also fall under a similar format, include “ miking ” (with a person using a loud microphone speaking to a crowd) and Film Shows organized by the MoI. Staff noted that tea stall discussions for men that were introduced later in the programme based on feedback received that men were not involved adequately.	FIVDB; GRAUS; BRAC; ASOD; COAST; Rupantar; and SUS
Mass and Local Media Productions	Covers a range from public service announcements (PSAs) to entertainment education (e.g., Meena Series) through national television or and national/community radio. Programming is designed in a creative format to entertain and educate a wide audience for those who have televisions/radios. There is also one Facebook™ page for followers: Ami Meena bolsi ⁵⁴	Bangladesh TV Betar Bangladesh
Peer Group Meetings	The C4D programme is designed to integrate the efforts of adolescents and youth groups as a means through which to ensure sustainability. Hence, a great proportion of the interventions draw on the participation and engagement of adolescents at the community level activities, and peer groups and Adolescent Clubs were	FIVDB; GRAUS; BRAC; ASOD; COAST; Rupantar; and SUS

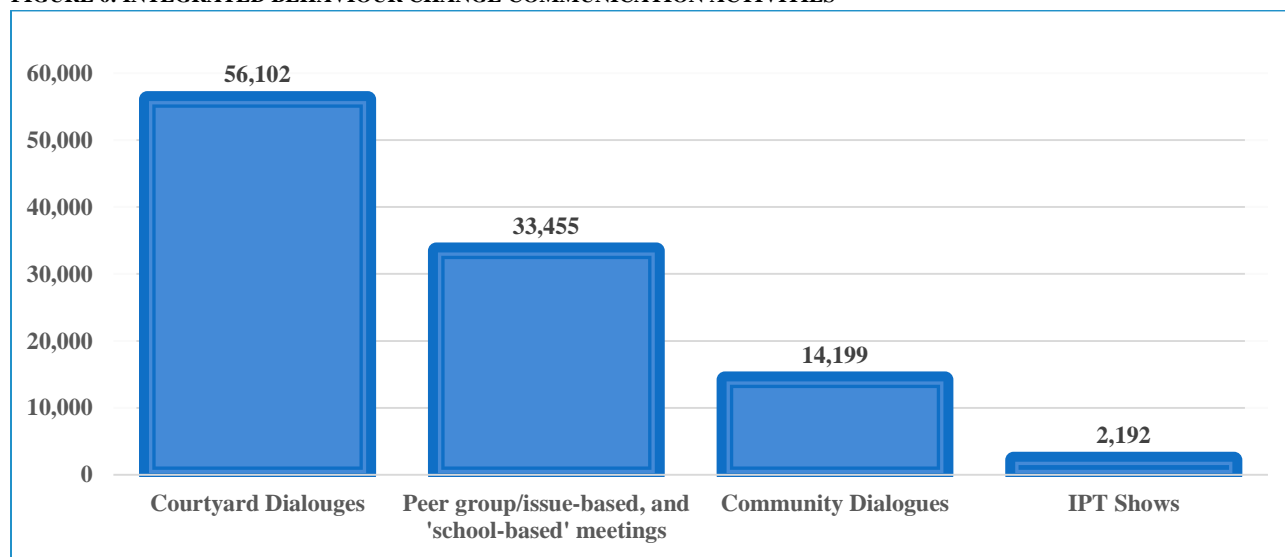
⁵⁴ A Facebook™ page was also managed by the Communication, Advocacy, and Partnerships Section.

Interventions	Descriptions of Activities Undertaken	Names of Partners Delivering Messages / Services
	established for this stakeholder specifically. Their work includes the identification of problems, the discussion of the benefits of changing, and actions that they can do to help reduce societal problems. Most of their participation concentrated on the “3 Cs”.	
Community/Adolescent Radio Listeners Clubs (ARLC)	Groups established are encouraged to listen to the radio programme and then discuss the topics aired, including the benefits of proposed behaviours and how to maintain changes. If the radio programming accepted calls, then this would provide opportunities to obtain feedback from the audience which further supports understanding about the harmful behaviours. ⁵⁵	FIVDB; GRAUS; BRAC; ASOD; COAST; Rupantar; and SUS
Monitoring, Evaluation (M&E)		
M&E, and Promotion of Institutional Learning	Determines the main approaches to a regular collection of (research-quality) attitudinal and behavioural data. This information would be collected in three intervals. Additionally, a computer-based form was created to populate a common spreadsheet that included process data.	JPGSPH/ BRAC University

The highest number of activities were Household Visits, with **over 1,553,014** conducted, sometimes visiting one household more than one time. Figure 6 gives an overview of the number of meetings held through the other interventions, with Courtyard Dialogues/Meetings leading and IPT shows, having the lowest number of interventions.

⁵⁵ There was no evidence available indicating Rapid Audience Assessments were undertaken to collect systematic feedback on broadcasted episodes designed to support the revision/ production of future episodes.

FIGURE 6: INTEGRATED BEHAVIOUR CHANGE COMMUNICATION ACTIVITIES



The information used to calculate these basic programme outputs came from Quarterly Reports and Project Closing Reports submitted by the IPs and GoB partners to UNICEF. It is recognised that many figures may be **underestimated**. A reliable number of meetings held by Community/Adolescent Radio Listeners Clubs was not available.

2.6.6. Relationships Among Participants Within the Network

Given the networks of duty-bearers who directly or indirectly deliver messages and services, this section details how they work and the relationships among the duty-bearer/rights-holder networks. Figure 7 below is an **Implementation Theory** of how the programme inputs were supposed to lead to intermediate results and then to the overall outcome.

GoB Duty-Bearers

The MoI and MoWCA (at national levels) have limited contact with each other without support from UNICEF. It was noted that two meetings, the “End-Year Meeting” and the Mid-Year Review Meeting, are organised by UNICEF to facilitate their information sharing process.

UNICEF Duty-Bearers

The C4D staff working in the field offices collaborated with the IPs, the designations for the District Information Officers, District Women Affairs Officers, and the District Administration. This staff member also interfaced with stakeholders, frequently attended major events at the Upazilla and community levels, and intensively monitored community engagement components and provided technical assistance to improve their quality

The IPs (NGOs) Duty-Bearers

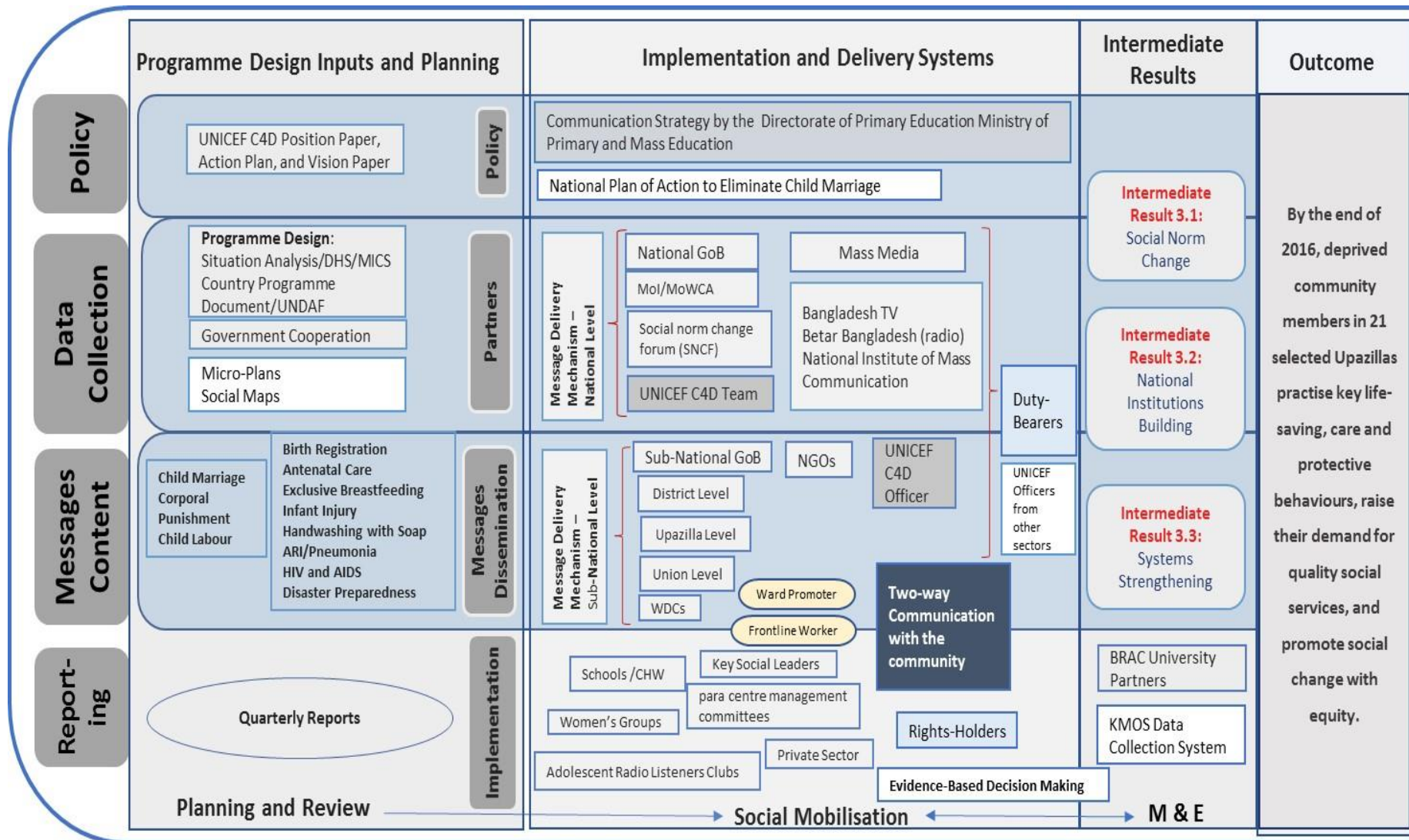
The IP (normally) has three key groups through which to support the delivery of messages, and they were: (1) Union Coordinator; (2) Ward Promoter; and (3) Frontline Worker.⁵⁶ Overall, the IPs are engaged in: (1) identifying the trusted channels of communication; (2) identifying community change agents; (3) supporting the participatory establishment of the WDCs and facilitating the appointments of members; (4) engaging members in producing “Social Maps” designed to pinpoint communication channels and determine their level of trustworthiness; (5) providing hands-on training; and (6) supporting the strengthening the linkages of different bodies/entities/individuals from community to Upazilla level to uphold the right-holders voices at subnational level. It is recognised that in Banderban and Cox’s Bazar, the Ward Promoters also include “Para Workers” who are part of the Para Centre Management Committees (PCMCs), and this committee works with WDCs. The IP also strengthens the capacity GoB Officers at the Upazilla and Union levels, while at the same time supporting the WDC members, and provide regular supervision to help to sustain the momentum of programme activities. **The capacity strengthening activities for all key actors stressed the importance of promoting human rights.** It should be noted that stakeholder interviews and NGO reports indicate that this training resulted in:

- The production of manuals and information and communication materials/tools, using an appropriate cultural understandings/ in local languages, and counseling tools; and
- A ground-breaking instruction of how to apply adult-learning principles which was perceived as new and different by many WDC/PCMC and GoB stakeholders.

At the community level, Ward Promoters conduct: (1) peer group meetings in order to develop social maps and micro plans; (2) courtyard meetings; and (3) home visits to motivate caregivers/mothers and fathers of children, adolescent boys and girls to change their practices. They also organise school-based discussions (on different topics such as child marriage and washing hands with soap) and are responsible for arranging quarterly meetings with WDC members and bi-monthly meetings with PCMC members. These individuals are integral, because they support the WDC/ PCMC members, among others, to **engage the community** by facilitating community dialogues and meetings, identifying challenges, relating these issues to the need for practicing key behaviours, and facilitating discussions about mitigation measures to overcome identified barriers.

⁵⁶ Interviews indicate that the Ward Promoter could also serve the role of a WDC member.

FIGURE 7: THEORY OF IMPLEMENTATION OF UNICEF C4D PROGRAMME



BRAC University Duty-Bearers

This entity had the task of generating attitudinal and behavioural data designed to: (1) measure **change** in behaviour, which is linked directly to the contributions from the programme’s networks; and (2) identify progress after being exposed to the programme. These participants are independent and have a limited relationship with the other programme participants.

The Media Duty-Bearers

At the national level, the UNICEF C4D and other Section staff *collaborate with* this stakeholder group to produce a technically-accurate and creative PSA and television/radio series. BB has four “Community Radio” offices which work with this agency directly to deliver the same consistent message(s) through various radio programming. [BB_regional_8Feb] BB also works with the Adolescent Radio Listeners Clubs (ARLCs), where rights-holders sit together weekly to hear dramatic episodes (e.g. “Shopno Danai Amra”).

2.6.7. Communication Flows and Organisational Processes

While the activities, dedicated to technical communications, are “as needed” and considered “participatory” and consultative, the processes put into place to deliver the programme include:

- There was **initial training** (provided by the IP) which took place over four days (with three days of theory and one “field day”), although a series of “refresher training opportunities” were also made available to rights-holder groups throughout the duration of the programme;
- **SNCF duty-bearers meet quarterly to discuss programme process.**
- **Monthly Programme Implementation Management Committee (PIC) meetings** held by the MoI and MoWCA at national levels to support coordination and management.
- **Monthly and quarterly meetings:** The IP arranged a monthly/quarterly meeting at both the district and Upazilla levels.
- **National and subnational** annual meetings held between UNICEF C4D section staff with national-level partners (MoI and MoWCA); At subnational levels, annual meetings included all staff, including Ward Promoters, Union Coordinators, Project Managers, Capacity Development Officer and Monitoring & Evaluation Officers. These progress meetings were intended to facilitate “shar[ing] of achievements, experiences, and challenges of the project activities.”⁵⁷
- **Subnational quarterly meetings** were held between C4D field staff and partners (NGOs and GoB subnational and national MoI/MoWCA stakeholders).

2.6.8. Planning, Implementing, and Leveraging Resources

From July 2012 through the Fall 2016, available quarterly reports and project closing reports noted the conduct of planning activities in support of programme implementation and monitoring. This system is described further under Finding E under Efficiency. In the final stages of the programme, many interviewed IPs reported

⁵⁷ SUS (2016) Project completion report, 10 May 2015- 31 August 2016, page 4.

the conduct of “Exit Strategy Meetings” with UNICEF and stakeholders at Upazilla and District levels, which was designed to discuss learning, challenges, and produce a future plan of the project.

2.6.9. Monitoring, Evaluation, and Institutional Learning

Measuring change necessitated data collection processes that took place during three intervals (i.e., baseline, midline, and end line). A systematic process of collecting progress-related information through a database was also created to ensure consistent monitoring. This was the KMOS system. In addition, the research was designed with control/programme (sentinel) groups, and there were four different groups surveyed, namely: (1) women with children under six months or “U6 Mothers”; (2) women with children under 5 years of age or “U5 Mothers”; (3) Adult males (between ages of 18 to 65); and (4) Adolescent boys and girls (between ages 12 to 17 years). With the support of UNICEF, BRAC University would also organise workshops with the IPs to facilitate information sharing about specific activities which resulted in stronger adoption rates of life-saving care and protective behaviours. The extent to which the IPs used and learned from this valuable evidence is discussed in the Efficiency section of this report.

3. Evaluation Design and Methodology

To adequately address the KEQs, this evaluation drew upon a mixed-methods design, with multiple information sources, including:

- A Literature Review which included: (1) the GoB’s experiences documenting the C4D process and achievements (policies and reports); (2) UNICEF evaluations/case studies in Bangladesh in C4D, Child Protection, and WASH; (3) Global UNICEF evaluations in C4D, Child Protection, and Polio which examined or assessed changes in social norms through C4D components to advance systemic strengthening (e.g., legislative changes, increases supplying curative services, or increases in access to the supply of clean water); (4) UNICEF Vision Paper in C4D; (5) Strategic Plans; (6) Guidelines for C4D Programme Development; and (7) information from the Results Assessment Module (RAM).
- A survey with a random sample of household community members;
- Stakeholder consultations through key informant interviews (KIIs) and focus group discussions (FGDs) with UNICEF in Dhaka and the field offices, GoB at national and subnational levels, the IPs, the media, BRAC University, and the community. A high-quality evaluation features a maximum variation sample for all stakeholders consulted, particularly through qualitative methods, and this evaluation design ensured that this feature was integral;⁵⁸
- Data that the JPGSPH was responsible for collecting, or KMOS and a baseline study followed by a midline survey);⁵⁹and

⁵⁸ A stakeholder analysis was performed to ensure that the most relevant individuals were contacted for consultations.

⁵⁹ Note that BRAC University’s endline survey data and report were not yet available at the time of submitting the evaluation report. Hence, the midline data was used to confirm programme achievements.

- Organisational data, including UNICEF Country Programme for 2012-2016 and 2017-2020, budget information, AWP from each Section, training manuals (in Bangla language only), IP quarterly reports, and UNICEF monitoring data.

Generally, a total of 773 household surveys, 19 FGDs (n=150 persons), and 83 Key Informant Interviews (KIIs) were completed by Manitou, Inc. and Mitra and Associates.⁶⁰ To gather information which corresponds to the needs of a programme evaluation, where different stakeholder groups are expected to contribute to the evaluation, it was therefore necessary to involve all partners at all stages. This includes: (1) sampling; (2) data collection; (3) debriefing; (4) data analysis; (5) and eliciting feedback. In this section of the report each step is discussed for both quantitative and qualitative methods.

3.1. Sampling

With the resources available, only three out of the seven programme districts could be visited. It was therefore necessary to make a careful selection using the different criterion. These criteria included: (1) Population characteristics; (2) area(s) which are vulnerable (e.g., tropical storms and flooding); (3) Programming area(s) including hard-to-reach populations; and (4) the NGO's characteristics (i.e., presence in the district, whether there were other NGOs operating in the programme areas, and their experience implementing C4D programmes/women and children welfare/rights and advocacy). In consultation with UNICEF staff, the following three programme Districts and Upazillas were selected (see table 3):

TABLE 3: THREE SELECTED DISTRICTS FOR DATA COLLECTION

Districts	Programme Sites
1. Rangpur	Kaunia, Pirganj, and Gnagachara
2. Satkhira	Assasuni, Kaliganj, and Shyamnagar
3. Sunamganj	South Sunamganj, Sulla, and Dowarabazar

Both quantitative and qualitative data were collected in these areas. Prior to data collection, dedicated time was allotted to **translating** all instruments from English to Bangla Language. Once all tools were vetted by UNICEF, Mitra and Associates was responsible for the translation, pre-testing, recruitment of field personnel, and training.

3.2. Quantitative Methods

The Household Survey

The **intent** was to have sufficient statistical power to show clear signs of success or difficulties in engaging rights-holders about specific messages and under different circumstances. These included the NGO presence, environmental vulnerabilities, exposure to mass communication messages, rural versus urban, age of the rights-

⁶⁰ The actual number of sampled households 839, but 66 surveys were not used, because they were incomplete. Mitra and Associates conducted 35 Key Informant Interviews (KIIs), and Tristi Nichols completed the remaining 48 KIIs.

holder, gender, location of village, venue of message dissemination, and or whether or not the rights-holder's family member was involved (as a trusted channel) in practicing the changed behaviour.

In order to make the survey reliable, a systematic sampling technique was used in nine selected villages and one site in Dhaka (Korail slum) which was where the survey was pretested (see table 4).

TABLE 4: SELECTED NINE VILLAGES BY PPS METHOD PER UPAZILLA

Cluster Number	Districts	Upazila	Union	Mouza/Village
1	Satkhira	Kaliganj	Bishnupur	Joypatra Kati
2	Satkhira	Kaliganj	Nalta	Nalta
3	Satkhira	Kaliganj	Kushlia	Bara Gobindapur
4	Sunamganj	Dowarabazar	Bougla Bazar	Gachhgara
5	Sunamganj	Dowarabazar	Lakshmipur	Telurakandi
6	Sunamganj	Dowarabazar	Bangla Bazar	Baraiuri
7	Rangpur	Kaunia	Haragachh	Basunia Para
8	Rangpur	Kaunia	Kursha	Shibu
9	Rangpur	Kaunia	TepaMadhupur	Sadra Taluk

In consultation with the NGO working in the selected programme districts, villages, and the WDCs, the evaluation team worked with the relevant communities to collect data. The randomly sampled rights-holders were mothers, fathers, and adolescents (no younger than age 15). A **gender equality lens** was applied when creating the sample parameters, and 51.9 per cent were female and the remaining 48.1 per cent were male. Further, a specific number of adolescents, young adults, adults, and seniors was planned, thereby ensuring that a representative number for different stakeholder groups would be reflected in the quantitative sample. Table 5 below indicates age brackets of those surveyed.

TABLE 5: AGES OF THE RESPONDENTS FROM THE QUANTITATIVE SAMPLE

Age brackets of surveyed participants	Frequency	Per cent
15-19 year	141	16.8
20-35 year	328	39.1
36-49 year	203	24.2
50+ year	167	19.9
Total	839	100

Survey Administration

The requisite number of persons selected to interview was 67-94 persons, which formed a cluster. The [WHO cluster sampling method](#) was then followed. The final number of those surveyed is shown in table 6 (see below). The survey took no longer 25-30 minutes, and a copy of these instruments may be found in Annex 3. Before the interviewing teams were sent to the field, their field plans were developed, which elaborated when

a field team would be working in a specific area. Two officers were deployed for quality control and verified the survey data. This mechanism was also used for the team responsible for collecting qualitative data.

3.2.1. Sample Characteristics

Data collected from each cluster is fairly evenly distributed as illustrated in the table below.

TABLE 6: NUMBER OF SURVEYS BY CLUSTER

Cluster Number	Districts	Frequency	Per Cent
1	Satkhira	95	11.3
2	Satkhira	85	10.1
3	Satkhira	84	10.0
4	Sunamganj	95	11.3
5	Sunamganj	116	13.8
6	Sunamganj	91	10.8
7	Rangpur	80	9.5
8	Rangpur	91	10.8
9	Rangpur	102	12.2
	Total	839	100 per cent

The sample was almost equally represented by gender with 55 per cent females (and 45 per cent males). The majority of the those surveyed had no education (32 per cent) followed by primary school (see table 7 below). Most were Muslim (93 per cent) and then Hindu (7 per cent), while 78 per cent were married and the remaining were “never married” (18 per cent), widowed (4 per cent), and less than one per cent were separated/divorced.

TABLE 7: EDUCATION LEVELS OF THE QUANTITATIVE SAMPLE

Grade Level	Frequency	Per cent
No education	245	32
Primary (grade one through grade 5)	233	30
Junior secondary (grade six through eight)	125	16
Secondary (grades nine and ten)	53	7
Secondary school certificate and higher secondary school (HSC) certification	59	8
Tertiary education levels	58	8
Total	773	100

The primary occupation was a “housewife” (42 per cent) followed by “student” (11 per cent), “agriculture” and “day labour” (10 per cent), and finally “retail business” (8 per cent). Other occupations such as drivers, government services, and “retired” were also mentioned. The housing conditions are indicative of lower resourced households. While 53 per cent noted that they owned their own land, the majority had “tin” as both walls and roof, with an earth floor material, only a limited number of households had a television (29 per cent),

refrigerator (7 per cent), access to radio (two per cent), and electricity (52 per cent). However, almost all (92 per cent) have a mobile phone. The access to a tube well or borehole was the main water source for the majority (98 per cent), and the pit latrine with a slab (52 per cent) and without a slab (18 per cent) characterised the sanitary conditions.

3.3. Qualitative Methods

Essentially, the information gathered was intended to uncover **process information**. That is, this information related to how the C4D programme worked, including message development, collaboration, partnerships, information flows, challenges, what duty-bearers' perceptions are for future work (sustainability), and ideas for scaling up that has worked (in their opinion). Annex 4 includes the Question/Focus Guides. The following stakeholder groups were consulted:

- (1) **GoB (national and subnational levels);**
- (2) **IPs:** Three NGOs: FIVDB, ASOD, and Rupantur;⁶¹
- (3) **UNICEF Staff:** All C4D staff from Dhaka and from six divisions were interviewed, and the BCO staff working in different Sections;
- (4) **Community Members:** These include Ward Promoters who form part of the network from the four sites (three UNICEF Field Offices and from the Karial Slum in Dhaka). There were focus group discussions with the WDC members and the community at large.
- (5) **The Media:** A sample of individuals who took part in mass media Betar Bangladesh campaigns were interviewed about their experiences taking part in UNICEF-supported training, participant assessment, message conception/development and dissemination, collaboration with other partners, and assessment in outreach (e.g., specific metrics used and how this evidence was used to inform future decision making); and
- (6) **Monitoring and Evaluation Systems Development Partners:** The key stakeholders from JPGSPH/BRAC University were interviewed for their views on developing a robust but flexible evidence collection system that contributes to programmatic decision making.

Key Informant Interviews and Focus Group Discussions

To gain access to programme stakeholders, UNICEF provided the evaluation team with a printed letter, drafted in Bangla language on UNICEF letterhead with the signature of UNICEF Representative. The letter provided a brief description of the evaluation, objectives and purpose, and essentially “gave permission” for the stakeholder to speak freely. Two teams of five members worked as both facilitators and note-takers. Qualitative interviewing took no more than 45 minutes. The teams consistently offered to separate males and females for the community FGDs, so as to enable each group to speak freely. However, the participants perceived that this arrangement was not necessary.

⁶¹ The location of interviews with all duty-bearer and rights-holder interviews overlap.

3.3.1. Sample Characteristics

There were two samples for the qualitative interviews and FGDs: (1) the KIIs with government officials, Frontline Workers, Ward Promoters, and NGO representatives; and (2) the FGDs with the WDCs and the community. A **gender equality lens** was also applied when creating the sample parameters as was the case with the survey sample. Table 7 presents the education levels of both samples side-by-side. Annexes 5 and 6 include the stakeholder map and list of persons consulted. This annex also includes the average age, gender, and marital status of all 19 FGDs, thereby showing the different group's profiles compared to other groups.

TABLE 8: OVERVIEW OF EDUCATION LEVELS OF STAKEHOLDERS

Key Informant Interviews (KIIs)		Focus Group Discussions (FGDs)	
Education levels for KIIs	Per cent	Education levels for FGDs	Per cent
School level	2.9	No education	8
Completed school level	31.4	School level	48.7
High school completed	25.7	Completed school level	18.7
Graduation and above	40	High school completed	18.7
Total	100	Graduation and above	6
		Total	100

The number of KIIs with NGOs, District Information Officers, Upazilla Level Officers, Union Level Officers, Ward Promoters, and Frontline Workers **totalled 35**. The mean age was 36, and 90 per cent were married; the majority completed schooling. The sample was almost balanced in gender with 48.6 per cent female, and the remaining 51.4 per cent male. For the 19 FGDs with the WDCs and community members, the total number people consulted were 150 with a mean age of 33 and a majority having completed schooling. The gender representation for the participants was 58.7 per cent female and 41.3 per cent male.

A key aspect of accurate data collection is ensuring that the team understands what exactly they are supposed to be collecting. Without this orientation, the evaluation process becomes a costly exercise with limited results. Therefore, a three-day training was organised for the field personnel. The training included substantive topics about sampling, data collection procedures, troubleshooting and major factors that would influence data quality and what steps ought to be taken to mitigate negative effects. The notion of examining the dynamics of a two-way conversation needed to be further operationalised, and time was dedicated to examining what the characteristics of an effective dialogue *ought to look like*. This step proved to be essential, since producing a nuanced, thorough analysis about social norms and behaviour change is not straightforward.

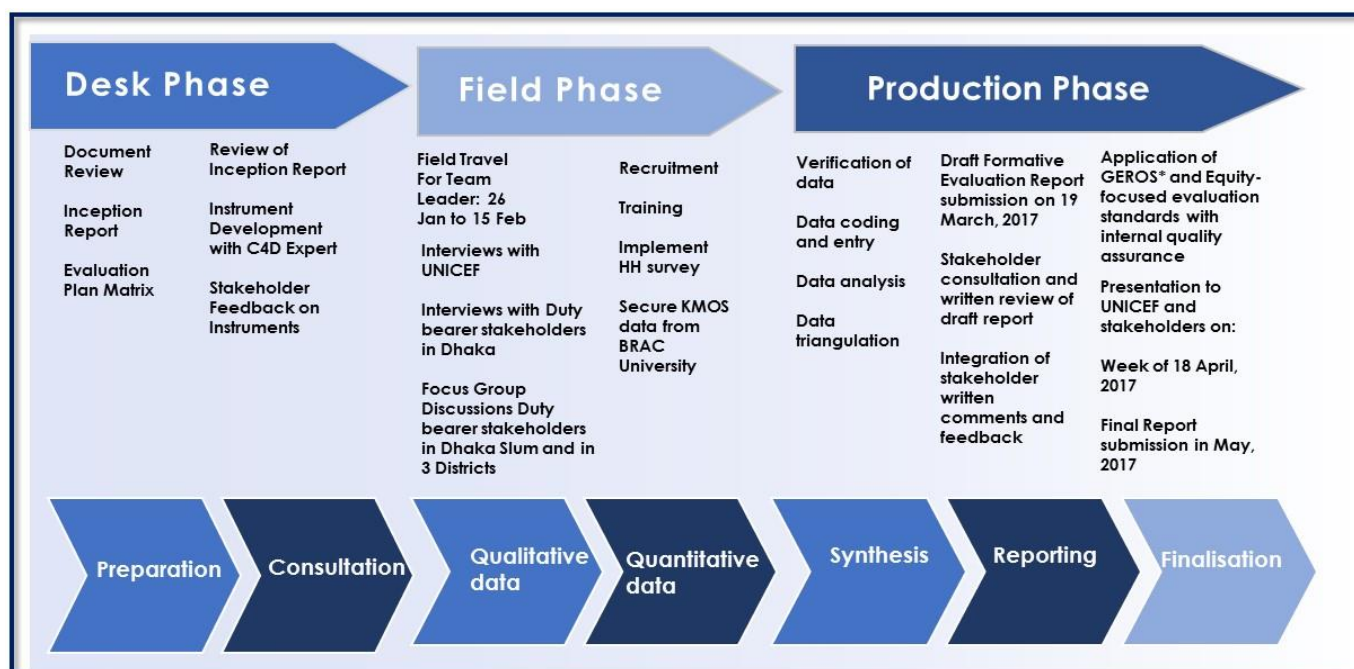
3.4. Data Analysis and Debriefing

Data summaries and correlations revealed the extent to which the two-way dialogue took place when discussing messages. These findings were triangulated and combined with the results from KMOS and other secondary data sources (see annex 7 for the List of Reference Documents). Qualitative data was documented through reconstructed notes, after which a content analysis was then undertaken using a software package. These results were also triangulated with information from the literature review. Upon submission of the draft report in March 2017, an Evaluation Management Group (EMG) reviewed the data and made substantive contributions to the data analysis, recommendations, and lessons learned. This group included members from the GoB, NGOs, BRAC University, and other UNICEF staff members. Further, the Team Leader travelled twice to Bangladesh, and her second trip had the purpose of engaging stakeholders and presenting the report with the C4D Expert (on Skype from New York) and Mitra and Associates to the EMG once again. This meeting was meaningful in that stakeholders had the opportunity to reach a consensus about the role that C4D should play in UNICEF's future programming.

3.5. Phases of the Evaluation

There were **three** phases of the evaluation: Desk Phase, the Field Phase, and the Production Phase. UNICEF supported the team by facilitating the expeditious data collection efforts, including the provision of contact information for all stakeholders (e.g., UNICEF at field offices, GoB in Dhaka, IPs staff members, Ward Promoters, and the Frontline Workers who form part of the network from the four sites). Please see Annex 8 for a summary of the Evaluation Team and Annex 9 for the Detailed Work Plan of the Team Leader while in Bangladesh from 25 January to 15 February, 2017. Figure 8 presents the activities undertaken during each phase.

FIGURE 8: PHASES OF THE EVALUATION



3.6. Limitations

The survey and stakeholder consultations (through KIIs and FGDs) were only administered in three out of seven districts, due to budget limitations and time constraints. The results from the data collected may **therefore not be considered representative**. However, to reduce the effects of this limitation, data triangulation (from data collected through interviews, reports, and KMOS) was used to enable the evaluators to identify the way in which specific districts varied in their challenges and ethnic and gender profiles.

The survey measured the extent to which there was two-way communication, but it was limited as it did not capture all communication which may have been important for a rights-holder to change his/her ways. A survey may only capture a brief picture in time. Compelling factors may have influenced the extent to which a rights-holder may or may not change her/his ways regarding a certain issue (e.g., handwashing with soap or child marriage). Such determinants may not be explored in a 25 minute survey. These limitations, commonly encountered in any programme evaluation, were intensified, because the programme had ended in July 2016 (eight months prior). Participants experienced difficulties recalling messages that they were exposed to for discussion and debate. While the team's instruments were designed to support memory recall which helped minimise this threat, to a limited extent, there was still a large non-response error for survey questions. An additional challenge encountered when collecting quantitative evidence was that male respondents were difficult to contact. The survey teams would have to make an appointment with male respondents in the afternoon when they would return from work, which added more time onto the team's time consuming travel to these hard-to-reach communities.

With respect to the qualitative data collection, a few subnational level GoB stakeholders who had a strong understanding of the programme had been transferred to neighbouring Upazillas during the time of the evaluation, thereby limiting the evaluation team's access to valuable information. Mitigating the effects of such situations included interviewing these individuals by telephone. A few of the IP's staff members who worked under this project had also changed jobs, requiring the evaluation team to follow up with their new professional positions. At the community level, at times some evidence (e.g., documents, ledgers, registration books) was not available due to the fact that the project had ended. Finally, in Dhaka Slum, there were other NGOs working in the area and so the participants could not identify the UNICEF-funded IP.

3.7. Ethical Considerations

This evaluation process adhered to ethical standards, including confidentiality, refraining from collecting any data without consent, and human rights and gender concerns.⁶² Notably, all enumerators/facilitators sought

⁶² The following guidelines were used when developing data collection and assessment protocols: **(a)** The United Nations Evaluation Group's Updated 2016 Norms and Standards and United Nations Ethical Guidelines; **(b)** **UNICEF Rights-Based and Gender-Based Programming Approaches and Results-Based Management Principles**; **(c)** Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance; **and (d)** The main principles are respect for dignity and diversity; right to self-determination; fair representation; compliance with codes for vulnerable groups; confidentiality; and avoidance of harm.

informed consent before collecting any data from respondents. In gathering consent, they would show respect by first describing the objective of the evaluation and the benefit of the programme interventions. It was made very clear that the participation was *voluntary*, and refusing to participate would not affect them or their family. Respondents in the FGDs were shown respect for their time with fresh fruit provided by the evaluation team. The fact that names and words would be kept confidential was also communicated. Since this was an evaluation of a UNICEF programme rather than a primary research project, the programme evaluation was not reviewed by a human subjects research panel. Specifically, there were no children interviewed or observed in this evaluation, and **so an official approval for research involving children was not necessary**. However, BRAC's research has human subjects research approval.

4. Evaluation Findings

4.1. Relevance⁶³

This section presents findings which address the KEQs.

TABLE 9: KEQS FOR RELEVANCE

Relevance	<ul style="list-style-type: none"> ▪ To what extent were the implementing strategies appropriate for achieving results? ▪ To what extent is the programme relevant in engaging communities for behaviour and social change? ▪ To what extent is the programme relevant to increasing the capacity of Frontline Workers and local networks in interpersonal and advocacy skills? ⁶⁴
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4.1.1. Pertinence of the C4D Approach in Bangladesh

FINDING A: The problem analysis to which the C4D approach is supposed to respond lacks clarity although the multi-pronged strategies, covering 11 messages, used to deliver and discuss messages were perceived as relevant to national needs, priorities, and policies.

While the strategic intent of what C4D is supposed to lead to is **very clear** (e.g., demand creation for services and community empowerment), the specific set of problems that the C4D approach should tackle and or reduce is unclear. Nonetheless, duty-bearer and rights-holder stakeholders **confirm** that the C4D programme initiatives are relevant to their working or community context.

⁶³ The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.

⁶⁴ There is often overlap among the evaluation criteria (e.g., relevance, effectiveness, and efficiency), and due to the nature of data gathered, this question is comprehensively addressed under the effectiveness section of this report, Finding B-2.

C4D appears to have a well-defined strategic intent, noting that the evolving role of C4D within different UNICEF country programming contexts is seen as an institutional vehicle through which to “harmonise the programmatic direction”, “placing a strong emphasis on addressing behavioural and socio-cultural determinants of programmes through **demand creation** and **community empowerment** across all seven result areas, which [would] magnify demand over the coming years for focused, systematic and evidence-based C4D work.” C4D is also considered a lower-cost option which is exceptionally relevant in an age of diminishing financial predictability.⁶⁵ It is noted that the 2012-2016 UNICEF Country Programme Document (CPD) draws from various in-country needs assessments and international development goals to substantiate the use of the cross-sectional programming approach that is integrated in existing sections and synergistic in nature. These analytical works include:

- MDGs, other internationally agreed development goals, and national goals and social development priorities;
- The 2012–2016 (UNDAF for Bangladesh, which defines UNICEF’s leading role in the Pillar III: Social Services for Human Development;⁶⁶
- BDHS 2011;⁶⁷
- UNICEF Situation Assessment and Analysis of Children and Women in Bangladesh;⁶⁸
- UNICEF 2009 MICS;⁶⁹ and
- Bangladesh’s Poverty Reduction Strategy Paper (PRSP)-Accelerating Growth and Reducing Poverty Part-1.⁷⁰

However, in spite of these rich assessments, the lack of an overarching problem statement (or ToC) creates challenges when determining: (1) the appropriateness of the C4D interventions; and (2) the degree to which the initiative has made specific progress against an initial assessment and therefore would *continue to be relevant* in the 2017-2020 UNICEF Country Programme Document (CDP). Notably, there are four slightly different versions of the programme’s three outputs (or Intermediate Results), indicating that the specific social ills to which the programme was intended to address, reduce, and or improve may not have been sufficiently

⁶⁵ UNICEF (2014) Strategic Vision and Policy Framework for Implementation of UNICEF’s Strategic Plan 2014-2017, page 4.

⁶⁶ **United Nations Development Assistance Framework for Bangladesh 2012–2016.**

⁶⁷ National Institute of Population Research and Training Dhaka, Bangladesh (2013) 2011 Bangladesh Demographic and Health Survey Preliminary Report, implemented by Mitra and Associates, MEASURE DHS, ICF International.

⁶⁸ UNICEF (2009) Situation Assessment and Analysis of Children and Women in Bangladesh, pages 164 and 167.

⁶⁹ **Government of the People’s Republic of Bangladesh, Bangladesh Bureau of Statistics, Ministry of Planning, Planning Commission (2010) Multiple Indicator Cluster Survey 2009 [Volume I: Technical Report].**

⁷⁰ **Government of the People’s Republic of Bangladesh, Ministry of Planning, Planning Commission/ IMF Country Report No. 13/63 (2013) Sixth Five Year Plan for 2011-FY2015: Accelerating Growth and Reducing Poverty: Part 1 Strategic Directions and Policy Frameworks, pages 144 – 156.**

framed from the onset.⁷¹ While it is noted in the UNICEF CDP that a 2008 midterm review of the country programme suggested strengthening “partnerships relating to disaster management, **Communication for Development (C4D)**, governance, capacity-building, and urbanization, the scope of the problem to which there is a need to respond with behavioural changing initiatives is absent.⁷² A similar evaluation also observed that the C4D Section had “little evidence of a specific strategy to address equity issues.”⁷³ Therefore, a ToC would be conducive for clarifying a predetermined scope for future C4D programming. Though the initial scope of the challenges that the C4D programme are intended to tackle lacks clarity, it is, however, recognised that the intervention’s operational framework was planned with detailed. For example, as noted earlier, the selection of programme districts was based on equity criteria. Moreover, WDCs were created with the specific objective of **demand creation** and **community empowerment** in mind.

At the policy level, the intent of the programme corresponds with the **national needs and priorities by supporting those who are most vulnerable**, working in the most deprived geographic areas (in seven of the 20 UNDAF districts), and reducing gender inequities (and targeting women). These elements also harmonise with key international protocols, namely **Convention on the Rights of the Child (CRC)** and the **Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)**. The 11 behavioural issues messages, provided through this programme, are in line with the policy analyses, as they *converge* with the delivery of basic social services.⁷⁴ The approaches that this programme used to provide messages are **participatory** and highlight capacity strengthening with the introduction of an appropriate monitoring and evaluation function (through BRAC University) as a means through which to ascertain progress and demonstrate results.

4.1.2. Validating the Relevance of Engaging Communities for Social Change

At the programmatic level, based on the household survey, undertaken by Manitou, Inc. and Mitra and Associates, the top three topics, which are reported most relevant by programme participants, are: (1) child marriage; (2) handwashing; and (3) birth registration. Conversely, the messages perceived least relevant are: (1) HIV/AIDS, (2) Disaster Preparedness, and (3) ARI (see figure 9).⁷⁵

⁷¹ Four different sources vary in language: (1) UNICEF (2014 and 2016) C4D Programme AWP, pages 2; (2) Government of the Peoples Republic of Bangladesh, Planning Branch, Ministry of Information (2012) Development Project Proposal, ‘Advocacy and Communication for Children and Women (4th Phase)’; (3) UNICEF (2016) Communication for Development: An Evaluation of UNICEF’s Capacity and Action–Bangladesh Country Case Study, page 10; and (4) UNICEF Results Assessment Module History C4D results.

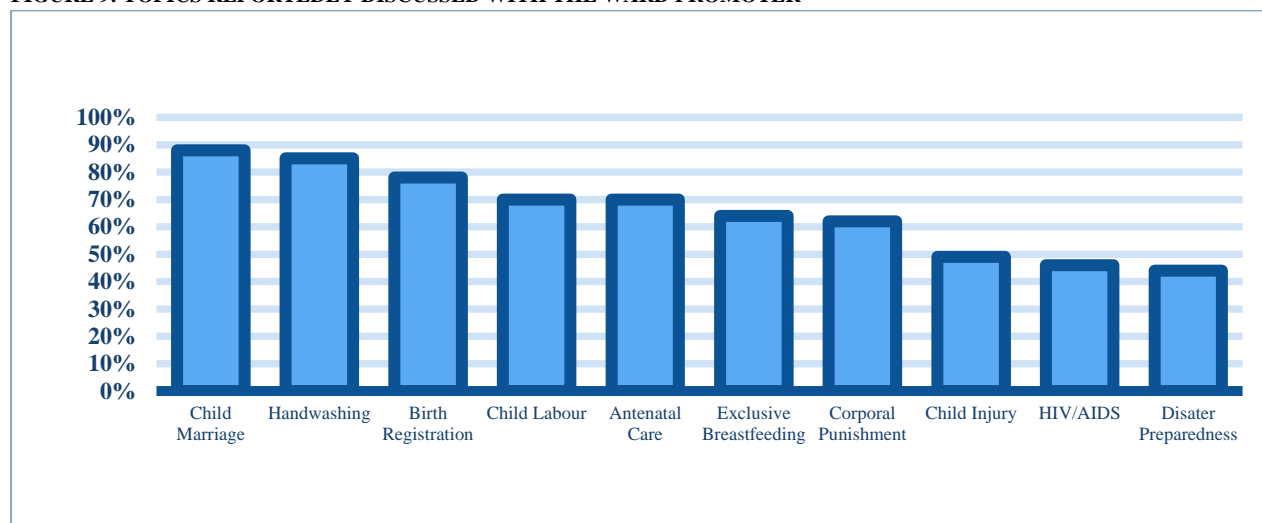
⁷² It is also recognised that similar conclusions were drawn from the 2009 Situation Analysis, citing the need to continue “Raising awareness, promoting **positive behaviour change**, and supporting community-level disaster preparedness among poor and underserved communities”, page 167, emphasis added for ease of reference.

⁷³ Goss Gilroy, Inc. (2016) Evaluation of UNICEF Strategic Positioning in Bangladesh, Final Report, page 34. Sourced at: https://www.unicef.org/evaldatabase/files/Bangladesh_Strategic_Positioning_Evaluation_v_2015-002.pdf.

⁷⁴ **United Nations Development Assistance Framework for Bangladesh 2012–2016**, page 19.

⁷⁵ ARI was represented at 5.4. per cent and not included due to space limitations.

FIGURE 9: TOPICS REPORTEDLY DISCUSSED WITH THE WARD PROMOTER



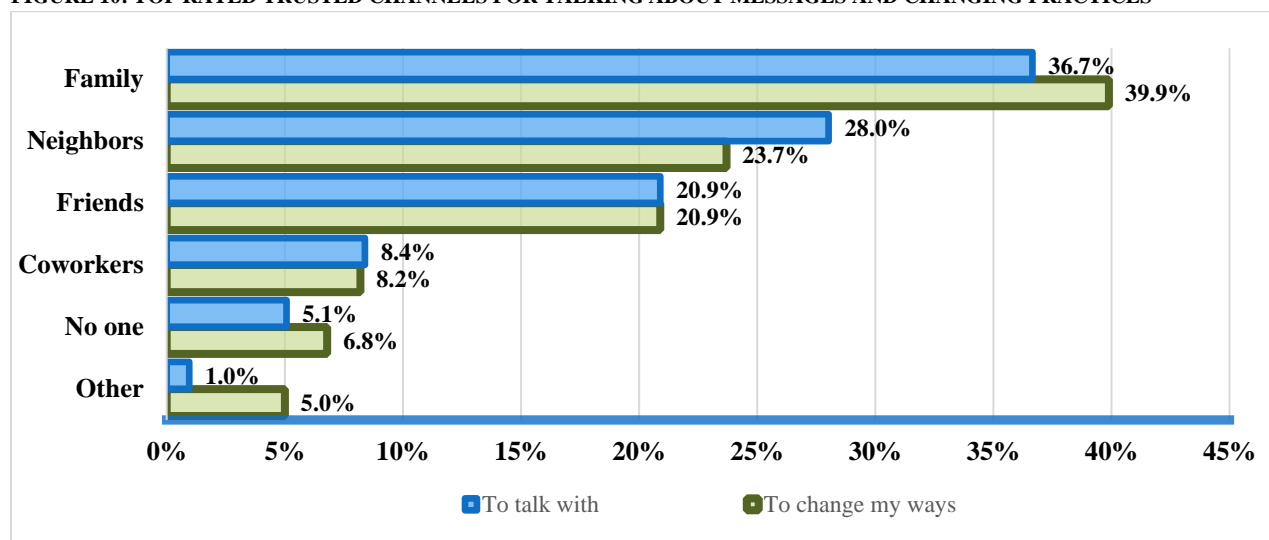
The C4D programme’s multi-pronged strategy with its various interventions (e.g., Mass and Local Media Productions, IPT activities, ARLC, Community Dialogues/Meetings, Courtyard Meetings, and Peer Group Meetings) are all perceived as relevant and useful. Eighty-four per cent of rights-holders reported that participating in the programme, by meeting with the Community Worker to discuss different messages, was “useful and I learned a lot”. An NGO duty-bearer explains how the use of communication strategies to address and change social norms is highly relevant and continues to be critical for the future. *“WDC members started a strong movement against child marriage at grass root level....Now people are scared to arrange child marriage openly. WDC members stopped 37 child marriages...To continue these activities [results], a follow-up mechanism must [be] needed.”*⁷⁶

While specific interventions that are most appropriate to achieve results varies, depending upon the stakeholder group, there is overlap in the interventions that are considered to be the most meaningful. For example, qualitative data indicates that the top five interventions cited by GoB and IP duty-bearers to be the most relevant and effective are: (1) film shows followed by “miking”; (2) IPT activities, (3) household visits; (4) Courtyard Meetings, and (5) the radio (most notably the community radio). The most prevalent interventions that rights-holders believe to be most appropriate are different: (1) household visits from the Ward Promoter; (2) an interpersonal exchange from the WDC member or Ward Promoter; (4) Courtyard Meetings; and (5) IPT activities/ARLCs.

As an indicator of the relevance of the programme’s approach (to inspire two-way communication), the data at the household level shows this is indeed taking place. It seems that rights-holders interface with their family, neighbours, and friends (in that order) when: (1) “talking about messages” and (2) discussing “how to change their ways”, as illustrated in figure 10 from the household survey results.

⁷⁶ BRAC, Final Report dated 15 May 2015 to 31 August 2016, page 29.

FIGURE 10: TOP RATED TRUSTED CHANNELS FOR TALKING ABOUT MESSAGES AND CHANGING PRACTICES



Recent research from Bangladesh also supports the relevance and appropriateness of the programme’s design. This research was conducted to understand the health-seeking behaviour of adolescent women (with respect to the use of maternal health services) and has two very important conclusions. First, the theoretical framework describes **the complexities of accessing healthcare services, as “related to the availability of services, quality of services, cost of services, health beliefs and personal characteristics of the users as well as social structure and custom”**. Another study concluded that through the combination of correct messaging, an intervention can be more relevant and effective “by engaging the wider community or “societal actors” when it comes to health interventions by including other family members (i.e. sisters-in-law) of the adolescent girls and neighbours....The community’s elite, including religious leaders, school teachers, community representatives, and Kazi (who conducts marriage and does registration) should also be involved in the intervention as they are well respected by the community.”⁷⁷

The KMOS also has concluding remarks which *suggest* that when comparing the baseline and midline results, there appears to be strong reliance on interpersonal exchanges with family, neighbours, and peers. It was noted,

⁷⁷ Shahabuddin ASM, Delvaux T., Abouchadi, S., Sarker, M., Brouwere, V. (2015) Utilization of maternal health services among adolescent women in Bangladesh: A scoping review of the literature, *Tropical Medicine and International Health*, volume 20:7, page 827; Shahabuddin ASM, Nöstlinger, C., Delvaux T., Sarker M., Dalmou, A., Bardaji, A., Broerse, J., Brouwere, V. (2017) Exploring Maternal Health Care-Seeking Behaviour of Married Adolescent Girls in Bangladesh: A Social-Ecological Approach, *PLoS ONE* 12(1), page 8; Shahabuddin ASM, Nöstlinger, C., Delvaux, T., Sarker, M., Bardaji, A., Brouwere, V., (2016) What Influences Adolescent Girls' Decision-Making Regarding Contraceptive Methods Use and Childbearing? A Qualitative Exploratory Study in Rangpur District, Bangladesh, *PLoS ONE* 11(6), page 13.

“All type of respondents of the mid-line study claimed to be self-taught regarding the C4D issues which include getting information through reading books, self-perception, getting information from family, peers and neighbours. The midline study findings also revealed that C4D workers and activities such as household visits, courtyard meetings, WDC meetings, event observations...were another key sources of information for the respondents irrespective of all the themes covered by C4D programme (including the three harmful social norms (child marriage, child labour & corporal punishment).”⁷⁸

In sum, this section has outlined the extent to which the programme is relevant at the policy, programme, and household level. The programme’s intent appears to be consistent with national policies and priorities; the top three messages deemed most relevant by rights holders are Child Marriage, Handwashing, and Birth Registration are life-saving protective behaviours and address harmful social norms; and the strategy of engaging communities for behaviour and social change with interpersonal communication through trusted channels is meaningful and substantiated by survey data and in-country research.

4.2. Effectiveness⁷⁹

4.2.1. Programme Outcome, Intermediate Results, and Progress Indicators

It is recognised that the planned C4D outcome in the 2012-2016 UNICEF CPD states that *“The C4D sub-component aims to support interventions in health, nutrition, WASH, education and child protection by promoting life-saving, protective behaviours. C4D will create demand for and improve the quality of services, promote individual behaviours and collective social norms that improve the social status of children and address gender discrimination and traditional practices that hamper the development of children. C4D will support: (a) households to practice improved parenting skills and child-friendly teaching; (b) the enhanced status and role of children; (c) the prevention of child marriage; and (d) planning for safe maternal delivery, hand-washing, protection from injury, disaster preparedness and HIV/AIDS prevention.”⁸⁰* To achieve this, the C4D component specified one outcome statement and three outputs (or Intermediate Results):

Outcome Statement

By the end of 2016, deprived community members in 21 selected Upazillas practise key life-saving, care and protective behaviours, raise their demand for quality social services, and promote social change with equity.

⁷⁸ James P. Grant School of Public Health, BRAC University (2015) Monitoring and evaluation of selected child wellbeing practices through Knowledge Management Outreach Sites (KMOS) Mid-line Report, page 45.

⁷⁹ The extent to which the development intervention’s objectives were achieved, or are expected to be achieved, taking into account their relative importance.

⁸⁰ E/ICEF/2001/P/L.14 (2011) Bangladesh Country programme document 2012-2016, paragraph 42 on page 11.

The three Intermediate Results (IR) are:

- **IR-3.1:** *By 2016, key GOB and C4D partners implement behaviour and social change interventions that increase knowledge and commitment where “60 per cent of caregivers in select UNDAF districts know the benefits of eight key behaviours and 40 per cent report practice of four (out of eight) key behaviours” in 3 Upazillas of each of select UNDAF districts.*
 - **Output 1:** *By 2016, key GoB and C4D partners implement behaviour and social change interventions that increase knowledge and commitment to 8 key household practices among 60 per cent of community members in three Upazillas of seven (7) out of the twenty (20) UNDAF districts.*
 - The **indicators** for IR-3.1 are:
 - (1) The number of social change structures established at national level and in select UNDAF districts; and
 - (2) The number of ward development committees in three Upazillas in select UNDAF districts facilitating community dialogues/meetings on corporal punishment, child marriage and child labour (including child care and development).
- **IR-3.2:** *By 2016, at least six key national institutions and select community-based social networks facilitate discourse and promote changes in key social norms and issues related to violence against children and women (child marriage, corporal punishment and child labour).*
 - The **indicators** for IR-3.2 are:
 - (1) The number of C4D partners with Knowledge, Attitude and Practice (KAP) database and using data to plan and implement interventions; and
 - (2) The number and proportion of wards in select UNDAF districts with annual C4D micro plans.
- **IR-3.3:** *By 2016, at least 2 national institutions, GoB and C4D partners use data from sentinel sites in three (3) Upazillas in seven (7) out of the twenty (20) UNDAF districts to support the planning and implementation of C4D interventions.⁸¹*

This section assesses the extent to which these three Intermediate Results were achieved and addresses the KEQs (presented in table 9).

⁸¹ The wording and language for the Outcome Statement, Intermediate Results (IRs), and Indicators came from four different sources: (1) UNICEF (2014) C4D Programme AWP; (2) UNICEF (2016) C4D Programme AWP, pages 2; (3) Government of the Peoples Republic of Bangladesh, Planning Branch, Ministry of Information (2012) Development Project Proposal, ‘*Advocacy and Communication for Children and Women (4th Phase)*’. Specifically, the text for IR-3.2 and the indicators (for IR-3.1 and IR-3.2) was extracted from (4) UNICEF (2016) Communication for Development: An Evaluation of UNICEF’s Capacity and Action–Bangladesh Country Case Study, page 10.

TABLE 10: KEQS FOR EFFECTIVENESS

<p>Effectiveness</p>	<ul style="list-style-type: none"> ▪ To what extent have planned results of the programme been achieved? ▪ What are the major factors influencing the achievement and non-achievement of the results? ▪ To what extent is the programme supporting the establishment of effective mechanisms that enable the concerns and voices of communities, including those marginalised, to be reflected in the decision-making at local and policy levels? ▪ To what extent have efforts contributed to strengthening the communication system in the government structure to conduct SBCC interventions? ▪ To what extent is the programme helping to inform, influence, and support households and community groups for the adoption of new attitudes, improve service seeking behaviour, and practice desired behaviours?
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4.2.2. Results of Behaviour and Social Change Interventions

FINDING B-1: While the overall planned results of the C4D programme have been achieved, the first Intermediate Result has been only *partially* accomplished, especially for specific stakeholder groups, as it relates to the participant’s knowledge and practice of the 11 life-saving, protective behaviours and harmful social norms.

Overall, the knowledge and practice outcomes have been mostly met, except for the practice of birth registration and the knowledge of child labour which are very close to the targets. However, *within the specific stakeholder groups* surveyed (i.e., U5 mothers, U6 mothers, adult males, and adolescents), the results show that some groups do not meet the lowest target in knowledge and practice. The implication of this finding is that future C4D work will have evidence to support population targets and substantive areas for delivering messages. Specifically, the first IR has been *partially* achieved, which is that 60 per cent of caregivers, especially mothers and women, in select UNDAF districts **know the benefits of eight key behaviours**. In addition, the second IR indicates that “40 per cent [of programme participants] report practice of four (out of eight) key behaviours”. More specifically, it is stated that at least (35 per cent to) 40 per cent of mothers and fathers of children under five years of age, and adolescents, residing in the programme areas (the Wards of 21 Upazillas in seven districts) *ought to* report the practice of four (out of eight) key life-saving, care and protective behaviours.⁸² All summarised results presented in tables 11 and 12 were derived from the KMOS midline survey administered by BRAC University. The figures in red indicate that the specific outcome for the that particular stakeholder group was not achieved. A grey box signifies that there was no data for that knowledge/practice outcome.

⁸² UNICEF (2015 and 2016) C4D Programme AWP, pages 2.

TABLE 11: RESULTS OF KNOWLEDGE AND PRACTICE FOR THE EIGHT KEY BEHAVIOUR MESSAGES FROM KMOS

Eight Messages Related to Life-Saving Care and Protective Behaviours	Knowledge of Issue: Results from Midline (Figure must be at least 60 per cent or higher)		Practice: Results from Midline (Figure must be at least 35 per cent or higher)	
	1. Acute Respiratory Infection (ARI) / Pneumonia ⁸³	Mother of Child Under 6 months	79%	54%
Mother of Child Under 5 years		83%	56%	
Adult Males		45%	29%	
Adolescents		54%		
2. Antenatal care (ANC) ⁸⁴	Mother of Child Under 6 months	60%	Yes: 89%	No: 11%
	Mother of Child Under 5 years	61%	Yes: 82%	No: 18%
	Adult Males	25%	Yes: 56%	No: 44%
3. Birth Registration (BR) ⁸⁵	Mother of Child Under 6 months	98%	Yes: 35%	No: 65%
	Mother of Child Under 5 years	57%	Yes: 62%	No: 38%
	Adult Males	22%	Yes: 62%	No: 38%
4. Exclusive Breast Feeding (EBF) ⁸⁶	Mother of Child Under 6 months	20%	79%	
	Mother of Child Under 5 years	56%	81%	
	Adult Males	20%		
	Mother of Child Under 6 months	96%/88%	96%/78%	

⁸³ Six possible responses to “What are the symptoms of pneumonia?” are: (1) Cough; (2) Fever; (3) Increased breathing rate; (4) Falling the lower chest into the chest cavity during breathing; (5) Lethargy / loss of consciousness; and Don’t Know. Top responses were increased breathing rate followed by fever/cough. Five possible responses to “What did you do when your child showed the symptoms of pneumonia?” are: (1) Took care at home; (2) Pharmacy; (3) Traditional healer or village doctor; (4) Doctor; (5) Took to the hospital. Top rated response was “took to the hospital”.

⁸⁴ Five possible responses to “How often are you supposed to get a checkup during pregnancy?” are: (1) 1 to 3 times; (2) 4 times; (3) More than 4 times; (4) When Necessary; (5) Don’t know. The presented results are the combined responses for “4 times” and “More than 4 times”, which would be indicative of the correct knowledge. Two possible responses to “Did you go for any Health Checkup during pregnancy?” are: (1) yes; and (2) no.

⁸⁵ Six available responses to “When did you do birth registration of your child of less than 5 years old?” are: (1) within 45 days; (2) Any time over 45 days; (3) Not Applicable; (4) During school admission; (5) Other; (6) Can’t remember. The results are for the correct answer which is “45 days.” Two possible responses to “Have you done birth registration of your children?” are: (1) yes; and (2) no.

⁸⁶ Four possible response to “Do you know within what time of your child’s birth he/she should be breastfed?” are: (1) Less than 6 months; (2) 6 months; (3) More than 6 months; and (4) Can’t remember. With the exception of the mothers with children under 5, the top responses were “less than 6 months”. The four responses to “Up to what age your youngest child was exclusively breastfed?” are (1) immediately after birth; (2) within the first day; (3) after the first day; and (4) Can’t remember. The majority responded, “immediately after birth”.

Eight Messages Related to Life-Saving Care and Protective Behaviours	Knowledge of Issue: Results from Midline (Figure must be at least 60 per cent or higher)		Practice: Results from Midline (Figure must be at least 35 per cent or higher)
5. Hand Washing with Soap (HWWS)⁸⁷	Mother of Child Under 5 years	97%/95%	97%/85%
	Adult Males	9% /87%	24% /73%
	Adolescents	Not applicable	33% /66%
6. Child Injury (CI)⁸⁸	Mother of Child Under 6 months	96%	81%
	Mother of Child Under 5 years	95%	59%
	Adult Males	65%	65%
	Adolescents	49%	Not applicable
7. HIV/AIDS⁸⁹	Mother of Child Under 6 months	48%	
	Mother of Child Under 5 years	49%	
	Adult Males	64%	
	Adolescents	23%	
8. Disaster Preparedness (DP)⁹⁰	Mother of Child Under 6 months	81%	44%
	Mother of Child Under 5 years	86%	50%

⁸⁷ There are possible answers to “Do you know what the critical moments of hand washing are?”, and the top three responses are: (1) after using the toilet; (2) before having food; and (3) before feeding the baby (in this order). The results presented are “after using the toilet”/ “before having food”. Many answers were available for “When do you wash both of your hands with soap?”, but the results presented in the table are **only** for “after using the toilet”/ “before having food”. These results highlight the extent to which there is scope for improvements in these areas.

⁸⁸ The eight possible responses for “In your opinion what are the reasons of child injury?” are: (1) Drowning; (2) Falling from high places; (3) Snakes, dog bite, poisoning; (4) Burns and electrocution; (5) Road accident; (6) Cut injury by sharp instrument; (7) Fighting with peers; and (8) Don’t know. The highest ranking was “falling from high places”. The six responses for “What did you do when the child got injured?” are: (1) took care at home; (2) pharmacy; (3) traditional healer or village doctor; (4) Doctor; (5) took to hospital; (6) did not seek any treatment, and the highest rated answer was “took care at home”.

⁸⁹ Five possible responses to “Do you know what the modes of transmission of HIV/AIDS are?” include: (1) by having unsafe sex with a person who has AIDS; (2) through unsafe blood transfusion; (3) by using unsafe needles/syringes; (4) from an HIV mother to her child during pregnancy, delivery, or through breastmilk; (5) Don’t know. Except for “don’t know”, all are correct. While the highest-ranking response (presented in the table) is related to having unsafe sex, **over half of the adolescents reported “don’t know”**.

⁹⁰ Eight potential responses to “What measures can you take to keep safe from natural disaster?” include: (1) keep informed about weather; (2) quickly move to higher ground; (3) give preference to the safety to children, pregnant women, disabled and older people (4) keep dry food and pure drinking water prepared; (5) keep essential things prepared; and (6) don’t

Eight Messages Related to Life-Saving Care and Protective Behaviours	Knowledge of Issue: Results from Midline (Figure must be at least 60 per cent or higher)		Practice: Results from Midline (Figure must be at least 35 per cent or higher)
	Adult Males	70%	52%
Adolescents	46%		

The next table shows the results for the harmful social norms.

TABLE 12: RESULTS OF KNOWLEDGE AND PRACTICE FOR THE '3 C'S'

Three Messages Related to Harmful Social Norms	Knowledge of Issue: Results from Midline (Figure must be at least 60 per cent or higher)		Practice: Results from Midline (Figure must be at least 35 per cent or higher)
	9. Child Labour (CL)	Mother of Child Under 6 months	47%
Mother of Child Under 5 years		47%	
Adult Males		54%	
Adolescents		43%	
10. Child Marriage (CM)	Mother of Child Under 6 months	69%	Sixty-six per cent of all initiated child marriages in programming areas were stopped.
	Mother of Child Under 5 years	68%	
	Adult Males	68%	
	Adolescents	58%	
11. Corporal Punishment (CP)	Mother of Child Under 6 months	69%	
	Mother of Child Under 5 years	67%	
	Adult Males	67%	
	Adolescents	48%	

Based on the data presented above, while most of those surveyed demonstrate that they *know about* the eight life-saving care and protective behaviors, the groups *within the overall sample* who could still benefit from further efforts offered by this programme, are: (1) mothers with children under six months; (2) adult males; and (3) adolescents. Annex 10 includes all of the complete data tables for the eight life-saving behaviours and

know. With the exception of the response “don’t know” all are correct. The results presented are for the highest-ranking response, “move to higher ground”. Similar to the above question, “*What measures did you take to keep safe from natural disaster?*” followed with the same possible answers noted. An additional response category “did not do anything” garnered 40 per cent of the results from adult males.

a summary of marriages initiated, stopped, and which occurred by district. As illustrated in the table below, the six out of the eight protective behaviors which may require more time to convince stakeholder groups are: (1) ARI; (2) *antenatal care*⁹¹; (3) birth registration; (4) exclusive breast feeding; (5) HIV; and (6) handwashing. Regarding knowledge of the ‘3 C’s’, the results are *very close* to 60 per cent (the target), *except for topic child labour*, where all groups, especially adolescents, appear to demonstrate poor knowledge. **The specific results related to adolescent knowledge about child labour and corporal punishment ought to be interpreted with caution, as the UNICEF C4D staff in Dhaka and the field offices noted that it “did not match with practical, field experiences.”**

TABLE 13: SUMMARY OF EACH TARGET GROUP’S RESULTS FOR KNOWLEDGE AND PRACTICE

Target Group	Topics: Less than 60 per cent Knowledge		Topics: Less Than 35 per cent to 40 per cent Practice
	Protective Behaviours	Harmful Social Norms	
U6 Mothers	Knows 6 out of 8	HIV EBF	Child Labour BR
U5 Mothers	Knows 6 out of 8	HIV EBF	Child Labour None
Adult Males	Knows 3 out of 8	ARI ANC BR EBF HWWS	Child Labour HWWS
Adolescents	Incomplete information ⁹²	ARI HIV	Child Labour Corporal Punishment Child Marriage HWWS

It is recognised that the KMOS results show that there was a **marked change** in knowledge, among those surveyed, when comparing the results from the baseline and midline. **However, rights-holder/fathers, men, and adolescent boys are the only stakeholder group which does not have adequate knowledge about all eight-lifesaving care and protective behaviors.** Other evidence collected by NGO stakeholders interviewed supports the observation that engaging fathers was a challenge, but this data was *not used* to make programme adjustments. Examples of how males were not being adequately reached from IPs:

- (1) *"It is totally a hard to reach ...males and adolescent boys in home during household visits or courtyard meetings. Most of the time they are outside in the farm busy their work or in the village market or tea*

⁹¹ It is recognised that the adult males knew the danger signs of pregnancy in the KMOS data, which would counter these results.

⁹² Adolescents were not surveyed in all areas for knowledge.

stalls. So, it is still a great challenge to engage them in social behaviour and norm changes." (IP_Rangpur_01); and

- (2) *"It was difficult to bring male members of the community in the meeting, as they used to remain busy with their daily work. They used to say we will get money if we work in the paddy field but if we attend here what will we get?"* (IP_Satkhira_01)

This finding will be further explored in the Efficiency Section.

Nonetheless, several reasons preventing, or supporting, the practice of behaviors are outlined in this section. Based primarily on KMOS data, the following reasons for the lack of practice are:

- **For not registering a child:** One report from GRAUS highlights the challenge that birth registration presents, namely barriers linked to transport as well as social norms.

"A lot of difficulty is seen to do birth registration within 45 days, the community who are living in remote and long far from [the] union parishad as they have to come on foot to [the] union parishad especially in [the] rainy season. [Also, the] Chairman and office secretary are not available at union level. Consequently, community people suffer [to carry out] birth registration and other official tasks. On the other hand, most of the parents do not want to do birth registration of their children within 45 days, [so that they have the] chance of changing date of [the] birth when [if] they need (referring to changing the birth data of the child to facilitate child marriages)."^{93,94}

- **For not washing hands, it was that the respondent:** (1) didn't feel that it was necessary; (2) felt that it was too time-consuming; or (3) was too busy.
- **For male respondents who reported not taking their child to the hospital** when (s)he showed signs of pneumonia, it was reported that they sought care from other sources such as the doctor and the traditional healer.

The major factor influencing the **achievement** of the results for the remaining four practices (i.e., antenatal care, exclusive breastfeeding, child injury, and disaster preparedness) points to rights-holders having: (1) an interaction with the Ward Promoter; and (2) inter-personal communication with family and neighbors.

4.2.3. National Institutions and Community-Based Social Networks

FINDING B-2: Evidence shows that as it relates to the second Intermediate Result, the planned results of the C4D programme have been achieved. The network of social change structures, established at national level have effectively facilitated community dialogues/meetings on all topics, especially

⁹³ GRAUS (2016) Final Report covering the reporting period of 10 May 2015 – 31 August 2016, page 33.

⁹⁴ The KMOS data included a variable designed to collect information about the reasons for not registering a child, but this variable in database was not populated with any data.

handwashing, child marriage, child labour, and birth registration. However, the capacity of the Ward Promoter to effectively respond to a community member's resistance to the messages and to engage in a debate with them was reported as a challenge.⁹⁵

The available evidence indicates that the programme has created a network and mechanisms, including duty-bearer partnerships with UNICEF-GoB-Media-IPs (at national and subnational levels) to carry out interactive forums and discussions about life-saving and protective behaviours, particularly among women and adolescent girls. The next section presents how many structures were created. Households and communities have been directly and regularly targeted as part of the programme's interventions, and the results in tables 11, 12, and 13 (above) show the outcome of these efforts, or the extent to which the adoption of new attitudes/behaviours has occurred.

While the training provided to the Ward Promoter was reported as very relevant, social norms still prevail related to the issues of stopping child labour, child marriage, and handwashing. This duty-bearer's ability to debate effectively with rights-holders about their belief systems appears to be *still lacking*. Overall, the network of duty-bearers/rights-holders is not only designed to present messages, but two-way communication is expected to occur through discussions and debates and eventually lead to behaviour change. Recall that the assumption is: *If* rights-holders discuss and reflect on messages (delivered through trusted channels), *then* they will be motivated to adopt the new practices and change. This section explores the validity of this core assumption, using qualitative and quantitative data collected by Mitra and Associates and Manitou, Inc. (unless otherwise noted).

4.2.3.1. Effectiveness of Established Social Change Structures

At the advocacy level, television, radio, IPTs, and "Union Parisadh" were reported as less effective and significant information channels. The programme has supported duty-bearers to deliver culturally appropriate and accurate messages through mass-media (e.g., radio/television programming). However, KMOS results confirm that the highest rated information channels through which programme participants heard about topics were presented in order of popularity:(1) the Ward Promoter; (2) "self-taught", and (3) "other NGOs/ Health care center/ Worker".

Capacity building is an integral part of this programme, and UNICEF serves a leadership role, facilitating meetings and the formulation of targets (for activities) with district officers and the IPs through work plans, against which quarterly reports describe progress. However, several factors were highlighted which influence the achievement and non-achievement of capacity strengthening results. At the subnational/organisational level, the UNICEF Field Officers worked directly with District Level Officers (Woman/Children's Affairs Officer and Information Officer), and the IP provided training to and established partnerships with the other GoB subnational stakeholders (Imams, Union, Upazilla, the Chairman, and Upazilla Nirbahi Officer-UNO). Moreover, the C4D Section staff in Dhaka and in the field offices worked to establish a social norm change

⁹⁵ The presentation of this finding follows the Socio-Ecological Model (see figure 2).

forum at national level within MOWCA. In Ministry of Primary and Mass Communication, a Social Behaviour Change Communication cell was established. At subnational level, social norm change chapters were activated, and existing data from KIIs suggests that they meet regularly with UNICEF's support.

The quality (or effectiveness) of the relationships that C4D Officers in the field offices have with these counterparts depends on: (1) the degree of experience that the district-level officer has in programming C4D; and (2) the amount of time that he/she has been working in the area. For example, if a (MoI or MoWCA) District Officer had limited C4D experience, interview data with UNICEF C4D Officers indicates that they would have to spend time, strengthening that person's capacity. Conversely, if this GoB duty-bearer had extensive experience working in the substantive area (i.e., behaviour change communication), then there would be comparably less activities dedicated to capacity strengthening and more efforts devoted to coordinating activities. Qualitative data from the C4D Field Officers' interviews also reveals that the factors **negatively** affecting this relationship included: (1) the frequent GoB staff shortages or and having to restart the relationship with a newly recruited replacement; (2) a duty-bearer who may have a varied level of motivation; and (3) inconsistent funds disbursement from UNICEF (discussed in a separate finding).

According to the GoB duty-bearers interviewed, strong satisfaction was expressed with their involvement in the programme: (1) organising outdoor and indoor "Film Shows" (e.g., 'Magic Stone' in Sunamganj) to community residents and students followed by "miking (announcement in loudspeaker); and (2) serving as the secretary for the Social Norms Forum District Chapter and providing information to the local newspapers to support the advocacy for C4D topics. Notable challenges mentioned, however, were the lack of resources for transportation to attend/lead events.

4.2.3.2. Effectiveness of the Feedback System

Understanding the effectiveness of C4D interventions also necessitates a review of the two-way conversations that ought to take place at the community and household levels. Two areas are examined in this section, namely: (1) the effectiveness of mechanisms that enable the concerns and voices of communities, including those marginalised, to be reflected in the decision-making at local/policy levels; and (2) the effectiveness of the Ward Promoter's capacity in interpersonal and advocacy skills and drawing on local networks.

At the community level, the feedback mechanism appears to be stronger for duty-bearers than for rights-holders, as effectively gathering feedback from families/individuals appears to be a challenge. In achieving the IR 3.2, UNICEF funding supported **six** duty-bearer IPs to stimulate the development of WDCs at village level through capacity strengthening interventions such as: (1) extensive and repeated training (three days of theory with one practice day); (2) "draw a social map" to identify the "marginal, poorest, vulnerable families as well as a few family who's had tendency to arrange marriage of their child" (KII_FW_Satkhira_06); and (3) counselling from Ward Promoters to assist with the process of engaging communities, community leaders, influencers on key life-saving, care and protective behaviours and stopping child marriage. A system of planning and documenting the work schedule (through monthly/quarterly meeting minutes) was also

created. Interviews with the duty-bearer Ward Promoters suggest that this person's role is **instrumental**.⁹⁶ Indeed, according to the survey administered by Mitra and Associates, 75 per cent of community residents surveyed confirmed that Ward Promoters "helped to motivate or encourage rights-holders to make specific plans regarding topics" (as part of raising awareness), and 60 per cent of rights-holders disclosed that the Ward Promoter actually helped them to develop plans (because they were motivated to take action at that point).

However, the evidence indicates that this Ward Promoter may have lacked the skills to: (1) effectively secure feedback from rights-holders about how to strengthen the programme; and (2) respond to a rights-holder's resistance to messages, by engaging in a meaningful discussion that addressed social norms. Eighty-six per cent of surveyed rights-holders reportedly never gave their "opinion about how the Ward Promoter could deliver their responsibilities better". When asking participants if they "had an opportunity to tell their views about what they thought about the benefits and risks of topics to the Ward Promoter?", the majority (71 per cent on average) answered "no". While this evidence may indicate that the concerns and voices of communities do not appear to be contributing to make the programme more effective, **the Evaluation Management Group (EMG) provided a point of clarification about this observation.** The Ward Promoter is not in a sufficiently powerful position to listen to rights-holders and *then* suggest changes to the IP. Therefore, because of their role, the Ward Promoter may not be in a position to effectively support a mechanism that enables the concerns and voices of communities, including those marginalised, to be reflected in the decision-making at local and policy levels. This is an unmet assumption in the KEQs.

Nonetheless, it should be known that *of those who* provided **recommendation-related information to the evaluation survey team**, it fell into four categories of programme strengthening:

- (3) **Quality Engagement:** "Local elites/influential should be [more] engaged with the service".
- (4) **Quality Service Provision:** "Local elites/influential should be [more] engaged with the service".
- (5) **Quality Service Provision for People with Special Needs:** "There is a [need for] special services designed for special groups [vulnerable populations]".
- (6) **Quality Service Provision from the Ward Promoter:** "The behavior of community workers needs to be improved".

In spite of this challenge, however, qualitative data indicates that constructive feedback is also collected from WDC members. For example, when a senior official (including the WDC members) was involved, *then* the community effectively participated in the activity. For example, a WDC member notes:

"Sending message through [the WDC] is very much effective.... Everyone obeyed the members of the committee as the committee was strong..... because everyone considered the committee members are important persons in the locality...People do not come when they are asked to join in the courtyard"

⁹⁶ The work mainly includes: (1) reaching out to community residents (who were mostly women) through household visits; (2) delivering messages; (3) organising dialogues/events at schools and IPT shows; (4) stimulating the Adolescent Listeners Clubs and attending those meetings; and (5) engaging community residents in discussions.

meeting. Because it takes too much time and there is no transport allowance. If there would have been arrangement of foods and transport allowance, then everyone would have come and listened with patience.” (FDG_WDC_Rangpur_01)

While it is uncertain if WDC members provide feedback *regularly* to the IPs, **the contribution(s) from this duty-bearer may be still considered a meaningful input to improve the effectiveness of programme interventions. UNICEF may wish to consider the powerful role that this duty-bearer plays in inspiring behavior change.**

4.2.3.3. Effectiveness of the Skills of the Ward Promoter

All of the Ward Promoter interviews highlight that the training opportunities from the IPs were “*100 per cent effective... It helped me to make my works easier.... This training [was] very useful, because after receiving this training all of us came to know clearly about all C4D messages. That helped us to motivate community people.*” (KII_FW_Rangpur_04). However, there were difficulties observed related to the Ward Promoter’s **ability** to respond to a community member’s resistance to the messages and to engage in a debate with them. Quotes of the types of responses from community members clearly illustrate: (1) social norms still prevail within communities; and (2) the specific needs in interpersonal and advocacy skills that Ward Promoters still require to perform more effectively.

“When we talked about stopping child marriage, at that time most of them told to us, “when we get a good bride-groom [for our daughter], we do not want to lose that, if we miss it, would you manage food and clothing for her?” (KII_FW_Satkhira_04)

“Before, no one used to do ANC/PNC..in some cases they used to call traditional healer but now most of the people consult with doctors and go for checkup....Before, mother-in laws used to say that, “ we have given birth to lot of children, we didn’t go for any checkups. Why you need to do that?” (FDG_COM_Sunamganj_01)

“When we discuss about stopping child labour, some of the [community members] said to us, “we are poor can’t afford food, if our child does not work, how can we survive? We have no way.....Will you feed us?” (KII_FW_Satkhira_01)

“During my visit the [family] told me that they did not have money to buy food, [so] how can they buy soap for hand washing?” (KII_FW_Sonamganj_01)

“Among these, when we wanted to talk about child marriage, there were more obstacles. People use to say that “We are poor people; if we do not get those married what will we feed them?” “If my child works, he/she will earn 100 taka, what will he get going to school?” (FDG_WDC_Rangpur_01)

The above quotes are just a few of the numerous statements collected by the Evaluation Team when asking about the challenges faced when delivering messages.⁹⁷ A content review shows that the use of social norms (to explain why one cannot change his/her ways) is presented through two ways: (1) **a religious belief system** (e.g., “Allah will provide”); and (2) **poverty-related conditions** (e.g., Who will pay for soap?; How will my child eat?; What will my child get at school?; How will I pay for clothing? Who will pay for transport?; Why do you need that?)

Moreover, a content analysis of interview data from Ward Promoters reveals that their way of responding to such questions tended to fall into three categories:

- (1) Appealing to the rights-holder’s *limited resources*; the following examples are provided: “[the risk of not practicing handwashing] **will cost lot of money to cure....**” (KII_FW_Sonamganj_06); “[due to] economical problems, you have sent your lovable son to work, but ...he can face some spinal cord problems and could suffer some serious diseases. Then **you have to spend more money on that....**” (KII_FW_Sonamganj_02); “If we became sick, **we have to expense more money** for treatment. So, it is better if we wash our hands. (KII_FW_Dhaka_01); and “If hands are not washed with soap, cholera, dysentery, diarrhea, fever, typhoid can happen. If these diseases occur, money needs to spend for treatment, **which has a financial impact on the family.** (KII_FW_Rangpur_02);
- (2) Appealing to the rights-holder’s *emotions*; the following examples are provided: For child marriage, “if a girl becomes mother at early age in that case both mother and child face death risks, health get worst, child doesn’t get the appropriate nutrient, **wife’s mental condition** gets unstable...[the] husband will make relations with other girls.” (KII_FW_Dhaka_01); and “I told them if they give early marriage, ... their **daughter will lose her health** at early age and their baby will suffer in malnutrition. At one point, her husband may do another marriage.” (KII_FW_Rangpur_05); and

FIGURE 11: FRONTLINE WORKER’S STORY ABOUT WDC INVOLVEMENT

“For example, once I visited a conservative Muslim family. They didn’t allow me in their house. In this situation, I worked with that family with the help of WDC members. We faced problems when we tried to stop child marriage.”

*Frontline Worker in Rangpur
(KII_FW_Satkhira_05)*

(3) *Accompanying* the rights-holder or paying initially (for soap). The following examples are provided: “I [the Ward Promoter] tried to make them understood about the advantages and disadvantages of birth registration after the birth of a child. **I accompanied** many for doing birth registration. (KII_FW_Satkhira_02); “**On that time I bought soap for that family.** After that I followed up the family about their hand washing practices and found that they were using that regularly according to their commitment. (KII_FW_Satkhira_05).

For the future, the interpersonal communication skills with which Ward Promoters should be equipped ought to include other techniques for responding to social norms, preferably through a form of exchange that respectfully challenges the belief system(s).

⁹⁷ Note that Child marriage, handwashing, and child labour appear to comprise the bulk of the topics that interviewees presented as examples where challenges were met.

Nonetheless, it is recognised that many Ward Promoters interviewed cited working with the WDC members a means to support them when confronted with difficulties from a specific family. The story in figure 11 illustrates the extent to which the WDC remains a powerful medium through which to overcome the influences of social norms.

Given the evidence presented in terms of the extent to which there is inter-personal communication between the duty-bearer Ward Promoter and the rights-holders, it appears likely that the core assumption of this programme is accurate. **That is, rights-holders debating and reflecting on messages delivered through trusted information channels contributes to the adoption of new behaviour and change.**

4.2.4. Concerns and Voices of Communities and IPs

FINDING C: Although the programme was designed with an **equity approach**⁹⁸, **thereby expanding the reach of cost-effective interventions to improve conditions for children, particularly in hard-to-reach areas, there are limited** mechanisms for communicating the concerns and voices of families with disabled children or children with special needs.

In spite of the carefully planned, multi-pronged approaches to deliver messages and communicate the benefits and risks of protective behaviours, there is limited evidence of purposefully designed messages or activities for families or communities with children who have special needs or disabilities. For example, interviewed IPs confirmed that the messages were “generic” and not specifically designed to accommodate persons with special needs. One teenager interviewed confirmed, “We [participants] do not have any idea that anybody is working on disabilities in their area.” A Ward Promoter in Rangpur noted that “When the parents (with a disabled child) asked me about how this programme could help them, I could not answer anything because I didn’t know anything about this...” A few community FGDs also highlighted the need for dedicated efforts targeted to “disabled and drug addicted people.”⁹⁹ Supporting inclusivity and capacity strengthening in mainstreaming such approaches (e.g., messages that include children with disabilities or training Ward Promoters to respond in a specific way to families who have children with special needs) is paramount and in keeping with the equity approach, resources need to be dedicated to this observed gap in future C4D programming.

FINDING D: While interpersonal communication approaches were used with adolescents at the community level, efforts to use Social Media (including cell phones, FacebookTM, among other media) are lacking from the C4D programme’s multi-pronged approaches.

⁹⁸ UNICEF (2015) A Fair Chance for Every Child: UNICEF Executive Board Special Session on Equity – Conference Room Paper; Progress for Children: Beyond Averages– Learning from the MDGs; and Committing to Child Survival: A Promise Renewed – Progress Report 2015, page 9.

⁹⁹ FDG_COMM_Sunamganj_02; FDG_COMM_Satkhira_02; WARD_FGD_9Feb.

Though the participation of adolescents in the C4D programme is notable, qualitative data indicates that the increased use of digital (e.g., cell phones) and social media is challenging the effectiveness of the programme’s messages. The programme includes interventions designed exclusively for adolescent participation, namely: (1) Adolescent Radio Listeners Clubs; (2) Peer group meetings; and (3) Presentations within primary and secondary schools. For example, interviews with Betar Bangladesh deemed one programme “very popular” called *Ami Meena Bolsi*, which was a 30-minute radio phone-in-programme broadcasted every Friday. After the programme, discussions within the Listener’s Club were expected to follow, and adolescents were encouraged to provide feedback to their programming through letters.¹⁰⁰ However, one factor, which appears to be negatively influencing the messages specifically regarding Child Marriage, is the use of the mobile phone and FacebookTM. An FGD in Satkhira revealed that “some adolescent boys and girls use the cell phone and Facebook to make relations [with] one to another.” (FGD_Comm_Satkhira_03) Adolescent pregnancy was reportedly an outcome of this activity, thereby creating a demand or need for child marriage. While this finding was not observed in the other two Districts visited, it nonetheless highlights that digital/social media are distractions and will likely escalate in the future. As of 2015, out of the total 2.8 million FacebookTM users in Bangladesh, 1.37 million are young (18-24 years of age).¹⁰¹ Logically, this finding is intended to draw attention to the need to review how other media (in broadest sense) could be used to support C4D programming. Notably, the threats and opportunities of this on-line environment, which differs from television, radio, or face-to-face contact, will be important when exploring future C4D efforts.

FINDNG E: Gaps in funding IPs to carry out programme interventions were reported, resulting in reduced motivation and momentum.

As a result of the Harmonized Approach to Cash Transfer (HACT)¹⁰² monitoring in 2014, there was a discovery of three cases involving the misuse of resources, although this case was addressed through the use of alternative arrangements for funds transfer.¹⁰³ While UNICEF staff in Dhaka indicated that programme activities remained unaffected, interviewed stakeholders based in the field reported delays linked to this event. Separately, some IPs reported reduced programme momentum and motivation during the period of completing one PCA and initiating a sequential one. It was noted in *BRAC Final Project Report for the reporting period of 15 May 2015 to 31 August 2016* that “gaps between one phase to another is a big challenge to continue project activities in pace. So, [we] have to start activities from the beginning and have to build rapport again.

¹⁰⁰ Other radio programming activities funded by UNICEF included: (1) a “Quiz Programme”; (2) “Field-based reporting”; (3) “Special Day Programmes” (i.e., Meena Day, handwashing day, breastfeeding day, child rights day, etc.); and (4) ARLC formation training.

¹⁰¹ Information secured from [Business Habit](#).

¹⁰² This approach enables UNDP, UNICEF, UNFPA and WFP to use the same set of procedures for most financial dealings with IPs. It was instituted as part of the [Triennial Comprehensive Policy Review \(TCPRI\)](#), advocating for the importance of national ownership/leadership, improved use of resources, and reduced transaction costs.

¹⁰³ UNICEF (2015) Annual Report, page 13.

On the other hand, staff capacity [must be] built again.” A C4D Field Officer confirmed this occurrence, stating “It would be ok if we told our counterparts that we don’t want to continue the programme, but once we sign that contract, then there is an obligation to fund the programme....a lot of time passed and then you had to *start over*. The partners also lost track of where we were and what we did.” Moreover, data from three different stakeholder groups indicates that IPs experienced delays in receiving funds, thereby creating gaps in the implementation of programme activities. A previous evaluation explained how C4D’s budget is “integrated across the other programmatic sections (Health, WASH, Nutrition, Education and Child Protection)” and therefore relies heavily on Regular Resources (RR), which are not always consistent.¹⁰⁴ As a **lesson to learn** in the future, UNICEF should take note of the adverse effects that inconsistent funding or contracting has on the achievement of results.

4.3. Efficiency¹⁰⁵

This section presents the findings which address the KEQs.

TABLE 14: KEQS FOR EFFICIENCY

Efficiency	<ul style="list-style-type: none"> ▪ Which management and coordination structure and mechanisms among programme staff and partners have aided the programme? ▪ To what extent is the fund allocation adequate to: (a) implement the strategic interventions? And (b) generate evidence on the effectiveness including the effectiveness of these interventions? ▪ To what extent is the programme designed and implemented in a way to generate solid evidence from monitoring and evaluation to monitor progress against results and to inform programme adjustments where required? ▪ To what extent are existing partnerships with MoWCA and MoI contributing to achieve programme results?
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4.3.1. Programme Funding

FINDNG F: The budget resources were used to support the GoB (at national and subnational levels), the efforts of all **six IPs** to implement the programme in the **21 Upazillas**, and BRAC University to develop KMOS.

From 2012 to 2016, the programme budget was over USD12 million for the duration of four years, with most (83 per cent) of the budget coming from RR. From the table below, illustrating expenditures by year, it appears to follow an increasing trend up to 2013 and then falls slightly as the programme ended in 2016.

¹⁰⁴ UNICEF (2016) Communication for Development: An Evaluation of UNICEF’s Capacity and Action–Bangladesh Country Case Study, page 10.

¹⁰⁵ This is defined as “a measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results.”

TABLE 15: C4D PROGRAMME BUDGET (IN US DOLLARS): JULY 2012 TO JULY 2016

Funds Type	2012	2013	2014	2015	2016	Grand Total	Per cent
Regular Resources	1,658,948.99	2,849,075.96	2,441,623.09	1,861,652.93	1,700,473.74	10,511,774.71	83
Other Resources - Regular	292,674.33	173,735.44	497,760.20	625,577.14	547,787.26	2,137,534.37	17
Grand Total	\$1,951,623.32	\$3,022,811.40	\$2,939,383.29	\$2,487,230.07	\$2,248,261.00	\$12,649,309.08	

The 2012-2016 CPD had a budget of US\$445,410,000, and this programme represented 2.8 per cent of that budget. Exploring an analysis about the C4D programme's efficiency necessitates a comparison with other UNICEF C4D programmes. The evaluation team examined three cases where the C4D activities were analogous but not identical, and they are: (1) Madagascar; (2) Nigeria; and (3) India.¹⁰⁶

TABLE 16: OTHER UNICEF COUNTRY C4D PROGRAMMES

Country	Budget	Time Period	Programme Components
Bangladesh	US\$ 12,649 million	2012-2016	Programme components include social norm changes, national institutions building, and systems strengthening led by BRAC University. No funds were used for emergency.
India	US\$ 16,331 million	2013-2017	Programme components promote social norm changes, national institutions building, and systems strengthening led by the Social Policy, Planning, Monitoring and Evaluation (SPPME) programmes. Funding also targeted polio eradication and routine immunization.

¹⁰⁶ The funding for these programmes was sourced from the following resources: E/ICEF/2012/P/L.11, India Country programme document 2013-2017, page 7. Sourced from: https://www.unicef.org/about/execboard/files/India-2013-2017-final_approved-English-14Sept2012.pdf; E/ICEF/2015/P/L.1), UNICEF, Madagascar Country programme document March 2015-2019, page 19, Sourced from: https://www.unicef.org/about/execboard/files/2015-PL1-Madagascar_CPD-final_approved-EN.pdf; E/ICEF/2013/P/L.7, Nigeria Country programme document 2014-2017, Page 21.

Country	Budget	Time Period	Programme Components
Madagascar	US\$ 14.515 million	2015-2019	Programme components improve social norm, national institutions building, and systems strengthening led by University of Antananarivo and the National Institute of Statistics. Funds were used for emergency and disaster risk reduction.
Nigeria	US\$ 14 million (RR)	2014-2017	Programme components focus on social norm changes, national institutions building, and systems strengthening. Emergency funds were spent on polio eradication and routine immunization.

Noting the high number of outputs (see below), table 16 shows that Bangladesh’s C4D programme appears to be in line with other UNICEF Country programmes, *financially*. However, this result must be interpreted with caution, as Madagascar and Nigeria’s C4D programmes use emergency funding to address disaster risk reduction and polio eradication/routine immunization unlike the case of Bangladesh. Moreover, it is unknown if this programme’s approach is the most efficient way to get expected results, as the evaluation design was not developed to address adequately this question. Further, other noteworthy questions could not be addressed which relate to cost implications for: (1) scaling up or down; (2) replicating this programme in a different context; or (3) for making the programme more sustainable. These types of questions relate to a feasibility study of how costs could be made more feasible for government capacity which would also be a different exercise.

4.3.2. Summary of Programme Outputs

With over **4 million people reached**, the following key indicators of success were calculated:¹⁰⁷

- UNICEF’s **strategic partnerships** with the MoI and MoWCA **established** to access the infrastructure of these national stakeholders; this also includes coordination at the **national** level to increase the knowledge and practices on specific behaviours and norms. Notably, the capacity of the members of **seven** Social Norm Change Chapters (SNCCs) was strengthened through **157** subnational training opportunities, affecting over **20,414** partners and programme participants.
- **The capacity of at least 1,512 WDCs (in 1,620 Wards) and 335 para centre management committees (PCMCs) strengthened** through numerous training opportunities focused on social norms, resulting in **16,969** members being exposed; Other agents of change were also provided with

¹⁰⁷ Unless otherwise noted, all of the information used to calculate the key indicators came from: MoWCA (2016) Enabling Environment for Child Rights (EECR) Project: Progress Report (July 2012 to June 2015). These figures are reliable and acceptable as they represent a reporting period during the highest level of activity before the programme began to initiate the process of scaling down.

encouragement and counselling, so that they could facilitate discussion and dialogue in their communities.

- Two international workshops were undertaken to engage partners from different sectors (e.g., government, academia, and United Nations) **to engage in policy-level discussions** related to gender equality, inclusive approaches to consider in the workforce, and the use of communication in development in education.¹⁰⁸
- UNICEF’s partnership with BRAC University has also resulted in a systematic data collection process, where over 2,880 community residents were surveyed in four categories for the **baseline**¹⁰⁹; over 1,439 persons for the **midline**¹¹⁰, and roughly 2,880 persons surveyed for the **endline**¹¹¹, **totalling approximately 7,200 persons** who were approached to discuss changes in their knowledge and adoption of life-saving care and protective behaviours.
- **Broadcasted** national/community radio programming for different audiences (e.g., weekly drama called “Shopno Danai Amra” for Adolescent Radio Listeners Clubs). It is estimated that Betar Bangladesh covers up to 85 per cent of the national population; and national television programming (includes ‘Meena’, an animated character)¹¹² ; Their **Facebook** page has **3,245 “likes and 3,235 people**, following: Ami Meena bolsi.
- **Television episodes broadcasting national programmes, including MEENA.**
- **An estimated** 66 per cent of all initiated child marriages¹¹³ in programming areas were stopped.

The following tables summarise the results from CfSC and Integrated Behaviour Change Communication Activities completed through this programme. Although presented earlier, this information was calculated based on Quarterly Reports submitted by the IPs to UNICEF.

TABLE 17: SUMMARY OF RESULTS FOR CfSC ACTIVITIES

Description of the CfSC efforts	Number of Activities Reported
Monthly or quarterly WDC meetings	Data is incomplete.
Community dialogues/meetings	Totalling up to 14,199 meetings held

¹⁰⁸ One workshop was hosted by Dhaka University with the theme of “*Gender and Diversity*” and had representatives from various the United States, the United Kingdom, Netherlands, India, Pakistan and Nepal. The other, organised by BRAC University, with the topic of “*Communication for Development in Education*”, included participants in attendance from Bangladesh, Afghanistan, Pakistan, Vietnam, Uganda, Malawi, Mozambique, Nigeria, Senegal, Sierra Leone, Montenegro, Kyrgyzstan, Tajikistan, Columbia and Peru.

¹⁰⁹ These figures were calculated after reviewing the BRAC University’s KMOS database.

¹¹⁰ Those sampled are only from programme (sentinel) communities. This figure was calculated by adding the following: n=U5+U6 – 720 and n=360 adult, n=359 adolescents.

¹¹¹ Those sampled are from programme (sentinel) and control communities.

¹¹² Figure estimating the coverage was derived from Betar Bangladesh stakeholders.

¹¹³ Process data for Sunamganj and Sylhet is not available, and therefore this figure may be underestimated.

TABLE 18: SUMMARY OF RESULTS FOR INTEGRATED BEHAVIOUR CHANGE COMMUNICATION ACTIVITIES

Description of Integrated Behaviour Change Communication Activities	Number of Activities Reported
Courtyard Dialogues/Meetings	56,102 meetings
Household visits/meetings	1,553,014 visits (sometimes to the same house)
IPT shows	2,192 shows organised for well over 514,706 ¹¹⁴ (based on data from IP quarterly reports)
The establishment of Adolescent Peer Clubs/Girls Clubs	At least 1,296 clubs
Peer group/issue-based, and ‘school-based’ meetings	Totalling up to 33,455 meetings held

4.3.2. Systems for Monitoring Results

FINDNG G: The instutionalised monitoring and evaluation (M&E) systems, collecting data from 21 Upazillas, were effectively used by the IPs and BRAC. However, the GoB partners used and continue to use their own monitoring system(s).

Within the programme design, there was an instituionalised system for monitoring and evaluation (M&E) which was robust and appropriate. The system was two-fold. The first M&E component was concentrated on the collection of “process data”, which is information about the extent of activities carried out by the NGO, the WDC members, and the number of persons who participated in activities. A review shows that the outreach data was not consistently aggregated by gender (female and males) and age group (adult and adolescents). Nonetheless, it appears that the process data was used primarily for:

- (1) *Planning purposes*, wherein a Ward Promoter assesses the number of households in a specific locality and documents “what are their ages, their education, number of children, which households have pregnant mothers, what are their financial conditions”. **Based on those figures, the IP would develop their work plan accordingly** (KII_FW_Sonamganj_01); and
- (2) *Monitoring purposes*, the final results from which would be incorporated into the quarterly reports.

The data reveals that the IPs *institutionalised* the collection, and to some extent, the use of this information. For example, one IP noted, “We had enough tools for monitoring. Midline.... monitoring had been done with the help of BRAC. It was a part of our monitoring system.....one monitoring officer was responsible for field level information collection from the Ward Promoters, [IP] Union Coordinator and Upazilla Manager..” KII_IP_Sunamganj_01. However, the process data collected was only used to monitor and track the number

¹¹⁴ Some IPs did not report on the number of people in attendance, and so this figure may be underestimated. The majority of those who participated in the shows, when reported, were women and adolescent girls.

of persons exposed to messages, but it was not used to make evidence-based decisions related to strategic programming.

The second M&E component focused on gathering data which enabled the assessment of programme results through a repeated measures design of peoples' attitudes, knowledge, and practices, using both quantitative and qualitative methods. Based on a review of the quantitative dataset, it is of research quality, including, but not limited to: (1) purposefully developed sample sizes for control and sentinel (programme) groups; (2) theory-based survey development¹¹⁵; (3) rigorous data collection; and (4) use of an appropriate statistical package for data analysis (STATA v.12). It was also observed by the evaluation team that there is a high non-response error for certain questions, which in turn limits the sample sizes when interpreting data. Ensuring that data collected maintains its high quality levels is essential for accountability and programme effectiveness.

Nonetheless, within the KEQ, there is an assumption that the GoB would use the M&E system, which does not appear to be met. The Intermediate Result 3.3 states that “at least two national institutions, must collect data to support the planning and implementation of C4D interventions”. This result has been met, but not as intended. Indeed, the institutionalised system generated solid evidence for monitoring activities. With permission from UNICEF, BRAC University has used the evaluative evidence to inform some of their current research efforts, examining bottlenecks to the demand for protective healthcare services. Although it was intended for GoB partners to use the KMOS system to support management and coordination, the Team Leader's specific observations **confirm** that two parallel systems for monitoring exist. Given that the keen responsiveness of the IPs in institutionalising the M&E function into their organisational structure and performing monitoring activities regularly, this component would likely become a promising practice in future C4D efforts.

Finding H: While programme evidence was not systematically collected until the last 19 months of implementation, there is limited evidence that subnational data collection processes (by MoWCA, BRAC University, or the NGOs independently) contributed to evidence-based decision-making.¹¹⁶

Even though there were delays in instituting a data collection system, it was sufficiently robust and used regularly to support programme monitoring and reporting (as noted in the previous finding). However, there is limited data, indicating that stakeholders used systematically evaluative evidence to make programmatic modifications. The programme started in August 2012 in 21 Upazillas, and quarterly reports and interviews with IPs confirm that there were delays in starting activities of up to six months.¹¹⁷ Further, the

¹¹⁵ To some extent, several survey questions were “equity-focused”. For example, of the potential responses to “*What did you can/did you take to keep safe from natural disaster?*”, there was a response option: “Give preference to the safety to children, pregnant women, disabled and older people”.

¹¹⁶ This covers the period from late 2014/January 2015 through July 2016.

¹¹⁷ The Project Cooperation Agreement (PCA) between UNICEF and NGOs were signed in three phase (August 2013-September 2014, October 2014-March 2015, May 2015 –August 2016). However, in August 2012, FIVDB had initiated activities in two districts (Sylhet Division – Sunamganj and Sylhet).

field-level data collection process only started from January 2015 through July 2016. Before that period, data collection took place but was only presented through quarterly reports submitted by individual duty-bearer IPs. Once the Project Cooperation Agreements (PCAs) were signed with BRAC University to conduct KMOS study, the collection of process data appears to have been more consistent.

However, **all interviewed duty-bearer stakeholders (IPs, GoB, UNICEF Field Officers) indicate that the process through which evidence-based decisions were undertaken was very limited.** Stakeholders highlight that monthly and bi-weekly meetings were mainly focused on accountability, monitoring progress against results, and that there was less emphasis on reviewing monitoring data to discuss how the programme could be more effective or reach more hard-to-reach communities. There was even more limited evidence that an assessment of results was undertaken to feed back into programme design. Evidence-based decision-making, currently termed “adaptive management”, is essential for carrying out a message delivery system that functions effectively, especially within complex contexts such as Bangladesh. **As funding was spent on training subnational partners to implement C4D activities, UNICEF is in a favorable position to increase capacity strengthening efforts for these IPs to use systematically evaluative evidence to make strategic changes, or even programme adjustments, in the programme in future C4D activities.**

4.3.3. Institutionalised Partnerships

Finding I: The programme stakeholders acknowledged that the complementarity of the existing partnerships (among C4D field staff, GoB, IPs, and BRAC University) had contributed greatly to key programme achievements. Unlike subnational GoB stakeholders, however, the national level GoB stakeholders lack a comprehensive understanding of C4D, including how it is institutionalised, managed, and coordinated. This observed gap, in turn limits the likelihood that C4D interventions, with the successes that this programme has achieved, could be an integral part of the other government run social services offered.

UNICEF’s existing partnerships with MoWCA and MoI offer critical elements to this programme. It is through the GoB’s structure of national and subnational networks and leadership roles that the UNICEF-funded programme had, and continues to have, access to communities/households. Although no specific fundraising efforts were reported on the part MoWCA and MoI, it was highlighted that GoB contributions, in addition to the resources outlined in the counterpart budget, were also infrastructure-related (e.g., the purchase/installation of new satellite for the creation of two new FM stations and the use of union parishad auditorium in order to help an IP to conduct a WDC training). In response to the complementarity of the UNICEF-GoB partnership, interviewed GoB stakeholders noted that UNICEF’s added value in this programme was its technical expertise in strengthening the process through which communication content is presented to various audiences as well as the systematic delivery of messages to community residents. Given the GoB’s limited “manpower”, or staff capacities, conducting C4D interventions, as part of the other social services offered, does not appear a likely outcome currently, although several steps to “handover the programme” were documented from a review of IP Quarterly Reports. At the national level, GoB stakeholders emphasised that advocacy for further dialogue between UNICEF/MoWCA ought to take place. Another critical issue raised by multiple stakeholder groups was that “more capacity building opportunities are needed”

for MoWCA and MoI in creating their own C4D programmes. Documenting programme processes more often was also highlighted. EMG members stressed that *if* the national level GoB partners advocated C4D as a priority (once understood), then it would likely be further realised at the decentralised levels. Given that UNICEF’s Strategic Plan emphasises the importance and need to strengthen national capacity, it would be logical to first identify the extent to which GoB (national and subnational) stakeholders lack a clear understanding of C4D as a concept and tools required for programming and then consider a longer-term capacity strengthening strategy.

The available evidence also indicated a complementary GoB-IP partnership, especially among GoB stakeholders at the Upazilla levels. IPs have inputs (e.g., staff capacity, logistics, communications) that enable them to have a flexible structure to support the WDCs, thereby significantly aiding the programme’s effectiveness. The IPs also worked with subnational GoB officers, and a few KIIs with GoB stakeholders highlighted that this specific partnership was *new*, and the working relationship appeared to have synergy. It is noted,

“Through C4D programme collaboration, strong working relations between the government and nongovernment organisation was established and increased relationship between the two organizations.” Ministry of Woman and Child Affairs Officer at the Upazilla level

Overall, given the budget resources, there were many achievements presented in this report. The extent to which M&E systems were fully embraced and institutionalised by the IPs reflects an entry point for furthering duty-bearer IP capacities to: (1) effectively use the information in support of responding to rights-holder’s suggestions and needs; and (2) feed the information back into programme design. The stakeholder partnerships were complementary, but a strategy for further strengthening national level GoB stakeholders to also implement C4D programming and integrate components into their current social services ought to be considered.

4.4. Scalability

This section includes information that responds to the KEQs.

TABLE 19: KEQS FOR SCALABILITY

Scalability	<ul style="list-style-type: none"> ▪ Which particular interventions show potential for scale-up? ▪ To what extent has the programme generated solid evidence on the effectiveness and scalability of interventions that is being fed back into programme design?¹¹⁸
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Given that specific stakeholder groups surveyed showed a level of knowledge and practice that did not meet the lowest target, the evidence-based results about specific messages and interventions are summarised in this section. To recall, most rights-holders demonstrate that they *know about* the eight life-saving care and

¹¹⁸ Given the nature of how the data was collected and interpreted, this KEQs was addressed under Finding H.

protective behaviours, yet there a few groups *within the overall sample* who could still benefit from further efforts offered by this programme. These rights-holder groups are: (1) mothers with children under six months; (2) adult males; and (3) adolescents. The following protective behaviours which ought to receive more dedicated resources are related to the Health and WASH sectors, and they are: (1) antenatal care; (2) birth registration; (3) exclusive breast feeding; and (4) handwashing with soap. With respect to the harmful social norms as part of Child Protection, or the ‘3 C’s’, the results show that all rights-holder groups demonstrate poor knowledge about the topic of child labour. These specific substantive areas could therefore be expanded in future programming. It is recognised that knowledge of ARI and HIV were topics which also did not meet the targets among specific stakeholder groups (e.g., males and adolescents). However, based on the results from the 2014 BDHS, the EMG members attained consensus and *decided* that future funding for promoting these specific messages through C4D programming would not be necessary. It was acknowledged that increasing the understanding of the spread of HIV is still important, particularly among populations with risky behaviours, such as drug users and sex workers.

Moreover, it appears that the following interventions work effectively in mitigating the effects of social norms and therefore ought to be considered for scale-up in future C4D programming:

- (1) Using the UP/WDC – duty-bearers to relate to and influence the attitudes of community rights-holders. This was an observed powerful dynamic which has, in turn, advanced the discussion about harmful social norms at the household level. The ARLCs were also effective.
- (2) Interventions focused on creating an environment for stimulating dialogue, including community dialogues/meetings, household visits, and adolescent clubs.
- (3) Using duty-bearer Ward Promoters to engage in interpersonal communication with rights-holder communities. However, as noted earlier, the capacity of these individuals ought to be strengthened to: (1) respond more effectively to the social norms raised (based on religion or poverty); and (2) respond with an inclusive approach (to families with members who are disabled or have special needs).

4.5. Sustainability¹¹⁹

This section presents one finding which address the KEQs.

TABLE 20: KEQS FOR SUSTAINABILITY

Sustainability	<ul style="list-style-type: none"> ▪ To what extent has the programme systematically promoted national ownership, capacity building and skills transfer to national decentralised level of government in order for the government to be able to sustain the programme? ▪ To what extent has the programme been able to leverage other partners and networks including government resources to make the programme sustainable?¹²⁰
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¹¹⁹ The continuation of benefits from a development intervention after major development assistance has been completed. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time.

¹²⁰ As it relates to the use of any available government financial resources for continuing this programme, this question has been addressed in Finding I.

- | |
|---|
| <ul style="list-style-type: none"> ▪ Are there any other evident ways to ensure?¹²¹ |
|---|

4.5.1. National Ownership

Finding J: While the programme design included a systematic promotion of national ownership, where subnational GoB stakeholders received training and had an instructive experience in C4D implementation, management, and coordination, due to capacity limitations, the prospect of GoB structures sustaining this programme in the future is very limited. However, social norms and harmful practices are still very prevalent.

Despite training and capacity strengthening efforts provided to the GoB and indications of *their* effective participation, the institutional environment is not sufficiently enabling to sustain the programme at this time. The C4D Field Officers strengthened the capacity of District level officers (from MoWCA and MoI) in support of programme coordination and management, while the NGOs were responsible for providing training opportunities to the other duty-bearers who took part in the programme (e.g., UP, Upazilla MoWCA, WDC members, Ward Promoters). The data from KIIs and FGDs with WDC members shows that the short training provided to these stakeholders was not only relevant but also new. Indeed, one WDC member from Sunamganj noted “We learned the techniques to deliver the messages to community people and made our work easier.” (#03) Another in Sathkira highlights that, “If we committee members had not received this training, it would have been very hard to convince people of the community.” (#03)

Moreover, data from multiple sources (quarterly reports, KIIs, and FGDs) included themes that the stakeholders within the GoB network began to effectively participate in the programme at the end of the programme. For example, there were **numerous** reports of declarations about an Upazilla or a Union being “Child Marriage-Free” or “100 per cent Birth Registration within 45 days of child birth”.

However, even with effective training at the Ward level and indications of adopting the messages at higher levels, the programme may not be sustainable if the environment is not enabling, where there is a continued presence at different levels. For example, due to several capacity limitations, it was mentioned that training would have to be provided again. When a Union/District level officer left, then there would be a capacity gap, as the newly recruited person would need training (KII_DO_Rangpur_01 and KII with C4D Field Office_Notes). Another example, cited by many NGO stakeholders, indicates that after an election, some of the community-level duty-bearers are no longer in place, requiring the need for re-establishing a rapport, or those who used to be in place may no longer wish to take part in the programme.¹²²

¹²¹ This reviews sustainability at the level of partners and GoB only.

¹²² BRAC (2016) Monthly progress report, April 2016, page 1.

“Union Parishod was not involved directly in this C4D programme but now we have handed it over to them. Among the Union Parishod members, around 20 per cent were trained and 80 per cent members are newly elected and they do not have C4D training.” (KII_IP_Rangpur_01)

It should be emphasised that the evaluation team collected data in three out of seven programme districts, and therefore this finding cannot be generalised across all programme districts. ***C4D Field Officers from other programme districts noted this finding did not reflect their operating context.*** Nonetheless, the assumption that national ownership supports sustainability is only partially valid, since the government networks between the community and higher levels (e.g., Chairman, Union Parishod, District) need to be stable and enabling.

4.5.2. Deep Rooted Social Norms

Throughout this report, it is clear that the practice of harmful social norms continues. From every stakeholder group which participated in this evaluation, the theme that “behaviour change takes time” was raised.

From the Community: *“Human behaviour change is **difficult issue**....For the behaviour change, a long term programme is very much needed.”* FDG_Com_Satkhira_01

From the GoB: *“According to me, UNICEF should continue funding and the project duration need to be for at least ten years. If we want to change people’s norms and behaviour **it needs more time.**”* GoB Official in the District of Satkhira”

From the IP: *[The] project duration is short to bring sustainable change on the behaviour change issues among the rights-holders of the project. Firstly, Ward Promoters worked to increase the knowledge on 8 behavioural issues and three social norm change issues then they identify the attitudinal change and now, finally they are working to bring the change at practice level. Successful initiation on knowledge about behaviour change issues and harmful social normshas started in most of the project areas **but to change it to targeted practice level, it needs more time.*** Friends in Village Development Bangladesh Quarterly Report from June – August 2014.

In essence, this C4D programme does not appear to be sustainable, but there is unambiguous evidence that C4D – as a mechanism to reduce the effects of harmful social norms – still needs continue. While the programme is very relevant, and as evidenced the interventions are effective, the theme that the approach was “new” should not be overlooked. Behaviour change is a long-term process, and these factors ought to be taken into account when considering future C4D programming.

4.6. Partnerships with the C4D Section

Part of this evaluation was to assess the partnership arrangements that the C4D Section has with other sections. The intent was two-fold: (1) to **understand further how C4D is integrated into each Section’s programming;** and (2) to **assess and recommend** how to use the C4D’s available human resources more

efficiently. To address this scope, the team leader met with a stakeholder in each section and reviewed their corresponding AWP (if available) for 2012-2016.

4.6.1. C4D Section Relationships Within BCO

Finding K: While all sections have the concept of C4D integrated into their past and current programming, not all have the same partnership or institutional relationship with the C4D Section, and horizontal synergies are not consistent in the Dhaka and field offices.

C4D is a cross-cutting approach and appears to be used throughout the Country Programme from 2012-2016, but the scope of the collaboration among different Programme Sections varies. This uneven delivery of technical assistance calls for an increase in capacity strengthening throughout the office. A review of the AWPs indicates that while the Health Section supported curative activities (medicine procurement), infrastructure (facilities investments), policy-level dialogue and development – related activities (immunization policy, guidelines, and Vaccine Management Improvement Plan), they had *their own* C4D activities and indicators to monitor progress (e.g., 60 per cent of families and communities have awareness and skills to practice and use of Maternal Newborn and Child Health services). Similarly, the Nutrition Section supported the delivery of C4D Messages in the areas of: antenatal care; taking folic acid; breastfeeding; and taking vitamin A supplements. With the exception of a few activities, most of these two Sections' C4D activities were separated from those managed by the C4D's Section.

A different example, wherein there was complementary collaboration is in Education. A review of the AWPs indicates that funding was provided for Interactive Theatre shows and 13 episodes for MEENA to support the message of equity and access (increasing primary school enrolment), and those C4D activities were part the C4D Section's programming. Specifically, the Education Section allocated its funding to the C4D Section to carry out those activities. A strong collaboration was evidenced between the C4D Section and the Child Protection Section. However, a factor explaining this observation would be that both Sections were and continue to be institutionally linked through a contractual instrument (i.e., Development Project Proposal-DPP) with MoWCA.

In spite of the varying horizontal synergies, it was observed that the demand for the C4D Section staff's management and technical capacities is high.¹²³ Incidentally, one of the benefits of completing a ToC would be a clearer understanding of the change that could be expected from different interventions and an established link between the outcomes and the specific responsibilities of the C4D Section.

¹²³ Evidence from stakeholder interviews indicates that horizontal synergies are not always consistent in the field offices either.

Nonetheless, the Evaluation Team observed that there were challenges in managing the demands from each Section.¹²⁴

At a broader level, given the scope of the C4D interventions ongoing in the UNICEF Bangladesh Country Office, the Evaluation Team notes that the provision of Cascade Training to all section staff would effectively provide an opportunity for them to engage more comprehensively in planning, programming, monitoring, and evaluating *their own C4D activities*. The objective of this Cascade Training in C4D Capacity Building, covering all managers and section staff, would be to bring them up to speed with the latest developments in C4D. By so doing, the BCO staff could then develop/enhance their capacity to make informed choices and decisions when it comes to considering the behavioural change, advocacy, community mobilisation and other C4D components of their Section's activities.

This capacity strengthening endeavour would also reduce the demands and expectations that fall on the C4D Section and enable the staff to focus on “quality assurance”, more strategic issues (e.g., a strategy for capacity strengthening of GoB at the national level), and institutional issues (i.e., consistent methods to use to measure behavioural change). Compared to other UNICEF Country Offices, Bangladesh is best placed to lead in this trend.

5. Conclusions

In conclusion, the C4D approach was used in Bangladesh to stimulate change in behavioural practices and socio-cultural norms which “hampered the survival and development of children” through **demand creation** and **community empowerment** across all seven hard-to-reach districts.¹²⁵ This evaluation was focused on **confirming** effective strategies and interventions and unmet assumptions, and the outcome was an evaluation process and report which inspired learning for future C4D activities. With a theory-driven approach, this evaluation examined the extent to which the two-way conversations influenced **rights-holders to discuss and reflect on messages (delivered through trusted channels)**. The evaluation drew upon a design that combined qualitative and quantitative methods from multiple information sources and stakeholder groups.

Facilitating behavioural change required the formation of a cohesive network of duty-bearers, including but not limited to, the GoB, UNICEF, IPs, WDCs, the Media, and BRAC University. The **considerable progress from their combined efforts** raised awareness among rights-holders. At national and subnational levels, 11 tailor-made messages were delivered through meaningful interventions that ensured that the information was

¹²⁴ Services could be programmatic (i.e., support for training WDC members or roster for Interactive Theatre Groups) or artistic (i.e., programming radio, supporting the mainstreaming of MoWCA's agenda in child marriage).

¹²⁵ Government of Bangladesh, Planning Branch Ministry of Information (2012) Development Project Proposal Advocacy and Communication for Children and Women (4th Phase): Component 2.

presented, discussed, and debated *within the community*. The programme also focused on instituting systematic monitoring from which all partners benefitted and used, to a lesser extent.

Findings from the evaluation also suggest that though there was a lack of an overarching problem statement (or ToC), the appropriateness of the C4D approach and messages was, nonetheless, validated by stakeholders at every level of the programme. Further, the C4D programme has partially achieved its IRs, coming very close to its targets. The network of social change structures has made in-roads to changing behaviours, particularly handwashing, child marriage, child labour, and birth registration. However, the capacity of the Ward Promoter to effectively respond to a community member is still lacking, because social norms are deep rooted and rights-holders still resist the messages despite debating and discussing them openly and within their homes.

The strength of this programme is that it was designed with an equity approach, and planning for safe maternal delivery, HWWS, EBF, ARI, protecting children from injury, DP, and HIV/AIDS prevention are all relevant issues. Its focus on the household and community levels, while inspiring critical discussions about the need to practice improved parenting skills (and refrain from the 3 “C’s”), appears to have contributed to enhancing women and children’s rights. Indeed, bringing to bear a need to reach women and children in hard-to-reach districts, a critical aspect of Gender Equality and the Empowerment of Women, is also a distinguished component of this programme.

In spite of the list of documented achievements that this programme has accomplished, however, social norms are still prevalent. While most of those surveyed demonstrate that they *know about* the eight life-saving care and protective behaviors, the groups *within the overall sample* who could still benefit from further efforts offered by this programme, are: (1) mothers with children under six months; (2) adult males; and (3) adolescents. **One outstanding finding which should not be discounted is that rights-holder/fathers, men, and adolescent boys are the only stakeholder group which does not have adequate knowledge about all eight-lifesaving care and protective behaviors.** This surprising finding is meaningful, because they too must be involved, since their role in decision-making within the family is very influential. Hence, while encouraging change in attitudes and behaviours among women and girls is ambitious and progressive, if the men and boys and communities are not also transformed, then the end result will be disappointing.

Another surprising finding was that there were limited mechanisms for communicating the concerns and voices of families with members who are disabled or have children with special needs even though the programme was designed with an equity approach. Moreover, one **unintended, or unplanned, result** was that at least two national institutions had to collect data to support the planning and implementation of C4D interventions, and it was BRAC University, rather than the GoB, that used the evaluative evidence to inform some of their current research efforts.

Currently, some national statistics for key development indicators show some positive trends. For example, exclusive breastfeeding (up to six months) is 56.4 per cent; children with ARI symptoms is 3 per cent; antenatal care coverage is 58.7 per cent. However, despite the achievements that this programme has accomplished, **social norms are still prevalent.** The other indicators, showing slower progress today, include: birth

registration at 37 per cent; marriage before the age 18 for women at 62.8 per cent; corporal punishment at 82.3 per cent; and demonstrating the correct knowledge about preventing HIV at 9 per cent. In fact, the 2013 National Child Labour Survey shows that almost 1.7 million children aged from 5 to 17 are engaged in legally prohibited child labour and over 1.7 million are doing permitted work. Given these staggering development results, more efforts in these areas are therefore imperative.¹²⁶ UNICEF is directing its funding to cost-efficient approaches to address these major concerns, which is forward-looking and commendable.

6. Lessons Learned¹²⁷

The information presented in this section addresses the KEQs.

TABLE 21: KEQS FOR LESSONS LEARNED

Lessons Learned and Recommendations	<ul style="list-style-type: none"> ▪ What lessons can be drawn from the last four years of programme implementation to ensure that C4D programming continues to be relevant to achieving results towards behaviour and social change? ▪ What adjustments need to be made to programming strategies in the upcoming Country Programme?¹²⁸
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Lesson #1: One of the **clearest and most valuable lessons to draw** from this programme evaluation is that when it comes to behaviour change, the two-way conversation among family and community is very effective. This lesson was best articulated by an IP in Sunamganj with “One of the biggest learning is involving community people to solve their own problem and as much common people will participate, it will be easier to solve it [the problem].”

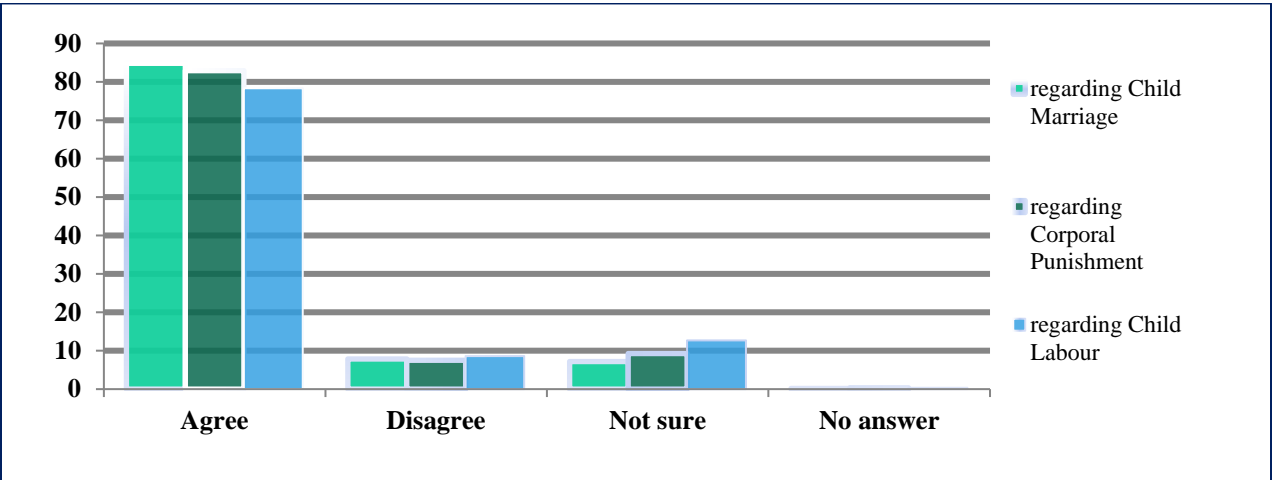
Lesson #2: Another valuable lesson learned is the critical importance of rights-holders having the opportunity to reflect on changing their ways and demanding their rights, which was an experience provided through this programme. This was demonstrated by rights-holders who showed a hopeful and positive attitude when the Evaluation Team asked about their *perceptions* (see figure 10). The results from this question, mostly in agreement, were promising. That is, most surveyed *perceived* that their individual actions *could* help to change society regarding the ‘3 C’s’.

¹²⁶ Government of Bangladesh, Bangladesh Bureau of Statistics and Informatics Division and UNICE (2014) Bangladesh Multiple Indicator Cluster Survey 2012-2013, Progotir.

¹²⁷ These are generalizations based on evaluation experiences with projects, programmes, or policies that abstract from the specific circumstances to broader situations. Lessons highlight strengths or weaknesses in preparation, design, and implementation that affect performance, outcome, and impact.

¹²⁸ Due to the nature of data interpretation, this question is addressed in the Sustainability Section.

FIGURE 12: RESPONSES TO "I BELIEVE THAT MY INDIVIDUAL ACTIONS CAN HELP TO CHANGE SOCIETY..."



Lesson #3: This programme evaluation has also evidenced that focusing on communities and families located in hard-to-reach areas and women, as an approach to promote life-saving, preventative behaviours and to reduce harmful practices against children’s rights, has resulted in noteworthy outcomes. The key lesson to be drawn, however, is the need to be mindful that it is also necessary to include fathers, adult males, and adolescent boys. They too are rights-holders and ought to have the chance to be effective participants in the inherent processes of the C4D programme.

Lesson #4: Given that it was not possible to recreate a ToC, as this would have been beyond the scope of this evaluation, it is important to learn that such an exercise is very important. Taking the needed steps to complete one will then support the C4D Section to pinpoint the causal and shared pathways of the different sectors applying the C4D approach.

Lesson #5: As evidenced from three different stakeholder groups, the IPs experienced payments that were not time-bound, and in turn reduced the momentum of implementing programme activities. This is an important lesson to learn as disrupted payments influence the overall programme progress.

7. Recommendations

The following recommendations, listed in order of priority, identify specifically which entity within the UNICEF office ought to take action.

Recommendation #1: For UNICEF Country Office Management and C4D Section – Programme Strategy for Expansion [Future Programme Designs] Since behaviour change takes time, it is recommended that the C4D programme is continued. (Evidence from Findings B-2 and J)

The following protective behaviours ought to receive more dedicated resources: (1) antenatal care; (2) birth registration; (3) exclusive breast feeding; and (4) handwashing. It has also been evidenced that the following interventions work effectively and should be considered for scale-up in future C4D programming:

- Experiences for stimulating dialogue (i.e., community dialogues/meetings, household visits, and adolescent clubs);
- Building on the social dynamics which have been built *within the programme communities* (i.e., drawing on WDCs, ARLCs, peer groups); and
- Expanding the network of Ward Promoters to engage more effectively in interpersonal communications.

Recommendation #2: For UNICEF Country Office Management – Institutional Strengthening for UNICEF [Future Programme Designs/Management] Given the cross-cutting nature of C4D and the level in which it was integrated into the 2012-2016 Country Programme, it is recommended to increase capacity strengthening efforts in C4D, so that all Sections may engage more comprehensively, enabling their staff to lead their *own* C4D efforts. (Evidence from Finding K)

The Cascade Training for Managers and Staff would have the learning objectives to:

- Introduce evidence based C4D to participants and the key building blocks;
- Build the capacity of UNICEF programme and implementing partners staff to develop, implement and monitor effective C4D strategies;
- Provide an introduction to the tools necessary to identify the determinants that influence behaviour and social change;
- Understand underlying development approaches, behaviour and social change theories, C4D concepts, methods and techniques to develop, deliver and evaluate C4D interventions; and
- Monitoring and data analysis for reporting on C4D interventions.

Recommendation #3: For UNICEF C4D Section – Programme Strategy for Modifying Messages (and Activities) to Be More Inclusive [Future Programme Designs/Implementation] In support of promoting inclusivity and capacity strengthening in mainstreaming such approaches, UNICEF should ensure that future C4D programming systematically addresses families with disabilities or with children with special needs. This includes: (1) data collection and analysis followed by: (2) strategic design; (3) development and testing of messages and materials; (4) implementation and monitoring; and (5) evaluation and re-planning. (Evidence from Finding C)

Recommendation #4: For UNICEF C4D Section – Assess Strategies for Being More Inclusive with Fathers, Men, and Adolescent boys. [Future Programme Designs/Implementation] UNICEF should consider other programming strategies to increase the participation of men. Carrying out this recommendation would follow the same format as for vulnerable groups (See recommendation #3). (Evidence from Finding B-1, Table 12)

Generally, it was noted from the results of this evaluation that other specific groups which ought to be targeted for future C4D programming are mothers with children under six months and adolescents. (See Finding B-1)

Recommendation #5: For UNICEF C4D Section – Assess Different Media [Future Programme Implementation] In the absence of assessment activities, examining the potential threats and opportunities of social media (e.g., Facebook™), UNICEF should consider other media outlets that could be used to support C4D programming. (Evidence from Finding D)

Recommendation #6: For UNICEF C4D Section/UNICEF Management – Capacity Strengthening Strategy in C4D for GoB [Future Programme Designs/Implementation] Given that UNICEF’s Strategic Plan emphasises the importance and need to strengthen national capacity, the identification of GoB (national and subnational) capacity needs in C4D programming should be undertaken followed by the development of a longer-term capacity strengthening strategy which meets priorities outlined from the needs assessments. (Evidence from Finding I)

Recommendation #7: For UNICEF C4D Section and SPEAR – Strengthening Evaluation Systems to Use Data to Improve Programme Delivery [Programme Measurement/Implementation] To promote the systematic use of evidence-based decision-making, UNICEF should ensure that capacity strengthening efforts in this area are provided to IPs in future C4D programmes. (Evidence from Finding G and H)

Given the future Country Programme Document, it is now important to clarify who the “IPs” are. In the report, the “IP” referred specifically to the NGOs who were responsible for carrying out the C4D programme. Based on feedback from the EMG, the next country strategy refers to the “IP” as both government partners *as well as* NGOs. While the C4D Section will work with the GoB partners, the other UNICEF Sections will continue to work with NGOs. Hence, in each case, for NGOs and GoB partners, the capacity strengthening intent should be pursued.

Recommendation #8: For UNICEF C4D Section - Formulate a Problem Analysis and Theory of Change [Programme Design/Measurement] UNICEF should formulate a ToC for its future C4D programming. Completing this framework would provide the C4D Section with a clearer understanding of the change that could be expected from different interventions and an established link between the outcomes and the specific responsibilities of the C4D Section. (Evidence from Finding A and K)

ANNEXES

Annex 1: Terms of Reference

Assignment Title: Bangladesh Country Office (BCO) C4D Programme 2012-2016 Evaluation

Position title: Institutional contract

Duration of contract: 53 working days

Duty Station: Dhaka with visits to field and remote working for desk-based phases

Work plan code number: 3.3.4

WBS no: 5070/A0/04/003/003/004

1. Background:

The current Government of Bangladesh and the United Nations Development Assistance Framework (UNDAF) from 2012 to 2016 is striving to reduce inequity gaps and increase access to basic services for deprived populations in the 20 districts at the bottom of the social deprivation ladder. Communication for Development (C4D) is a major cross-cutting strategy for both the UNDAF and of the UNICEF country programme for the period 2012-2016. The UNICEF C4D programme intends to engage communities to understand people, their beliefs and values, and the social norms that shape their lives. Through sharing of knowledge, understanding and addressing the barriers and constraints across all levels of the community, individuals and communities are informed and empowered to develop or change behaviours and take actions to improve their lives. The goal of the C4D programme is thus to increase knowledge and create awareness among communities, to change individual beliefs and perceptions, influence attitudes and behaviours, and consequently social norms and social practices. Through emphasis on amplifying the voices of the most marginalised and vulnerable, C4D aims to make a positive difference in the lives of children, their families and communities in achieving Millennium Development Goals (MDGs) with equity.

The planned C4D outcome in the current UNICEF Country Programme 2012-2016 states that “*By end of 2016, deprived community members in 20 selected districts practice key life-saving, care and protective behaviours, raise their demand for quality social services and promote social change with equity*”.

To achieve the outcome, C4D component of the Country Programme defined three outputs at the beginning of country programme as follows;

1. *By 2016, key GOB and C4D partners implement behaviour and social change interventions that increase knowledge and commitment to 8 KHHP among 60% of community members in 3 upazilas of each of select UNDAF districts.*
2. *By 2016, at least 6 key national institutions and select community based social networks facilitate discourse and promote changes*

3. By 2016, at least 2 national institutions, GOB and C4D partners use data from sentinel sites in 3 upazilas in each of the 20 districts to support the planning and implementation of C4D interventions

To achieve programme outputs, the UNICEF C4D Section at BCO has developed partnerships with three departments (Bangladesh Betar, Department of Mass Communication and Department of Women and Children Affairs) within two ministries respectively the Ministry of Information (MOI) and the Ministry of Women and Children Affairs (MoWCA). For strengthening knowledge management, the C4D Section established partnerships with Department of Women and Gender Studies, Dhaka University and James P Grant School of Public Health (JPGSPH), BRAC University. Lastly, the programme is also working with seven national NGOs (FIVDB, GRAUS, BRAC, ASOD, COAST, Rupantar and SUS) in the six divisions and Dhaka city on community engagement interventions.

Through UNICEF's advocacy efforts a National Social Norm Change Forum and sub-national Social Norm Change Chapters (SNCC) established between 2013 and 2014 were mobilised to provide input for the development of the National Plan of Action on Child Marriage in collaboration with MoWCA. The NPA provides a basis to partner with UN organisations, NGOs and the Government to plan and develop evidence based, harmonised C4D strategies to engage local communities and community leaders on social change initiatives. The Government initiated implementation in five districts (Jamalpur, Khulna, Bhola, Nuilphamari and select slums in Dhaka) where child marriage is highly prevalent. Development of a multi-level media campaign has been initiated to create a conducive media environment.

Based on resources availability, seven most deprived districts were selected by UNICEF from 20 UNDAF districts for community engagement around a core cross-sectoral package of 8 household behaviours and practices. The districts include - Bandarban, Cox's Bazar, Sunamgonj, Netrakona, Shatkhira, Rangpur and Bhola. Three Upazillas from each of the districts were selected due to their vulnerability to natural disasters, hard to reach geographical location, poor performance in achieving MDGs and socioeconomic indicators below the national average. UNICEF's C4D programme is providing support to the seven partner NGOs who implement the community engagement package for social and behaviour change project in these 21 Upazillas of the 7 districts since July 2012 covering 1,013,489 households. Key expected outcomes of this project are:

1. At least 40% of mothers, fathers of under-5 year age children and adolescents of the implementation wards of three upazillas in Rangpur district practice 4 key life-saving, care and protective behaviours.
2. Stimulate the development of Ward Development Committees (WDC) at village level and strengthen capacity of ward promoters to engage communities, community leaders, influencers and networks on key life-saving, care and protective behaviours and stopping child marriage.

For quality assurance of the programme interventions, regular engagement with partner organisations, media monitoring, formative research and a sentinel survey have been conducted. Of special mention here is the sentinel survey conducted, with support from UNICEF, since end of 2014 by the James P. Grant School of Public Health (JPGSPH) of BRAC University that has demonstrated results on the impact of C4D community engagement interventions.

Within UNICEF, C4D section has also provided technical support to Health, Nutrition, WASH, Education and Child Protection sectors to address and strengthen demand side/ behaviour and social change components of sectoral programmes, working also with aligned line ministries. Through the country programme, technical support has been provided for the design, development and implementation of sectoral and cross-sectoral

national initiatives for immunisation, arsenic mitigation, handwashing, primary and secondary school enrolment and retention, adolescent health, exclusive breastfeeding and complementary feeding among others.

The current country programme will end in 2016. As BCO embarks on the new country programme 2017-2020 preparation, it is critical to assess the extent to which C4D results have been achieved, and their relevance to institutional priorities and to national development goals. For this reason, UNICEF BCO would like to conduct an independent study to evaluate the C4D programme 2012-2016 and to distil lessons learned through the 2012-2016 country programme to inform the next country programme.

2. Purpose of Assignment:

The evaluation will seek to assess the effectiveness, efficiency, relevance and sustainability of C4D interventions over the past four years to inform programme efforts going forward into the next country programme. It will draw strategic lessons learned from the design, management, coordination and implementation of the current C4D programme and related efforts to improve sectoral and cross-sectoral results for children and their communities. It will review the evidence gathered throughout the duration of the country programme and examine the progress against specific programme outputs in this ongoing country programme. The study will seek to help UNICEF and key stakeholders to revise and formulate policies, design the new programme, construct implementation strategies and introduce effective coordination and monitoring frameworks. The findings, recommendations and lessons learned from the evaluation will be used to inform strategies, programme approaches, management structures, mix of interventions, scalability and convergence for the next country programme.

3. Evaluation Objective:

The main evaluation objectives are to:

- Assess the relevance, effectiveness, efficiency and sustainability of the C4D Programme;
- Assess potential for scale-up in areas for selected components of the C4D Programme;
- Identify enablers, bottlenecks and barriers to the achievement of results;
- Assess the appropriateness of results monitoring system put in place;
- Provide recommendations for design, management, coordination, implementation and monitoring of future C4D related programmatic interventions for new country programme 2017-2020.

4. Scope:

This evaluation will focus on UNICEF's C4D programme strategy and interventions, including technical support provided by the C4D section to Programme Sections on their sector-specific C4D interventions. This evaluation will cover the time period July 2012 to July 2016 of the 2012-2016 Country Programme. In relation to the C4D programme, it will consider the efficiency and effectiveness of C4D program activities in relation to the following core interventions i) Assessment and Planning; ii) Integrated Behaviour Change Communication; iii) Partnership for social change activities; iv) Capacity building at the **sub-national** level and i) capacity building; ii) partnership with MOI and MOWCA; iii) Communication campaigns and iv) Coordination at the **national** level to increase the knowledge and practices on specific key behaviours and social norms. It is expected that evaluator will conduct field visits to three of UNICEF's field offices and Karail Slum in Dhaka where C4D Section supported programmes are being implemented.

The evaluation will in particular focus on the following key implementation strategies:

1. Advocacy, that helps to develop mechanisms to ensure that the concerns and voices of communities including marginalized, are reflected in decision making at the local and national policy level.

2. Social mobilisation: is a process that engages and motivates a wide range of partners and allies at national and local levels to raise awareness of and demand for a particular development objective through dialogue.

3. Behaviour change communication (BCC), which is a combination of approaches including social marketing and participatory communication, to help inform, influence and support households and community groups for the adoption and sustained practice of desired behaviours.

4. Communication for Social Change (CfSC) seeks to engage and empower communities and create linkages among partners and networks to influence and reinforce social norms and cultural practices to create an environment that supports long-term sustainable change. Partnership and networking is emphasized for bringing social change.

To support the above, a mix of interventions such as community dialogue, local and mass media initiatives, participatory theatre and film shows among others have been used which will be evaluated.

4. Evaluation Criteria and Key Questions:

The evaluation will be guided primarily by key criteria of relevance, effectiveness, efficiency, costing (as possible), scalability and sustainability.

Relevance:

To what extent were the implementing strategies appropriate for achieving results?

To what extent is the programme relevant to engaging communities for behaviour and social change?

To what extent is the programme relevant to increasing the capacity of Frontline Workers and local networks in interpersonal and advocacy skills?

Effectiveness:

To what extent have planned results of the programme been achieved? Consider the particular contributions of the interventions being implemented. What are the major factors influencing the achievement or non-achievement of the results?

To what extent have efforts contributed to strengthening communication system in government structure to conduct SBCC interventions?

To what extent is the programme supporting the establishment of effective mechanisms that enable the concerns and voices of communities, including those marginalised, to be reflected in decision-making at local and policy levels?

To what extent is the programme helping to inform, influence and support households and community groups for the adoption of new attitudes, improve of service seeking behaviour and practice of desired behaviours?

Efficiency:

Which management and coordination structures and mechanisms among programme staff and partners have aided the programme? What has worked well and what needs to be strengthened?

To what extent is the fund allocation adequate to implement the strategic interventions and to generate evidence on the effectiveness of these interventions?

To what extent do the programme results justify the investment?

To what extent are the existing partnerships with MOWCA and MOI contributing to achieve the programme results?

To what extent is the programme designed and implemented in a way to generate solid evidence from monitoring and evaluation to monitor progress against results and to inform programme adjustments where required?

Sustainability:

To what extent has the programme systematically promoted national ownership, capacity building and skills transfer to national and decentralized level of government in order for the government to be able to sustain the programme?

To what extent has the programme been able to leverage other partners and networks including government resources to make the programme sustainable?

Are there any other evident ways to ensure sustainability?

Scalability:

Which particular interventions show potential for scale-up?

To what extent has the programme generated solid evidence on the effectiveness and scalability of interventions that is being fed back into programme design?

Lessons learnt and recommendations

What lessons can be drawn from the last 4 years of programme implementation to ensure that C4D programming continues to be relevant to achieving results towards behavior and social change?

What adjustments need to be made to programming strategies in the upcoming Country Programme?

Issues of special attention to be integrated within the study under relevant areas: Communication system strengthening and capacity development; Gender mainstreaming; Equity focus; Partnership & networking including building capacity of children as agents for change; Evidence based planning and implementation

5. Methodology:

This evaluation will mainly use combination of quantitative and qualitative methods. Quantitative data will be analysed through desk review of programme monitoring documents, KMOS study reports (base line, mid line report) programme reports as well as financial reports. A survey among UNICEF staff and partners may be required. Qualitative data will be collected through key informant interviews, focus group discussions with key stakeholders and partners at national and decentralized levels as well as community networks and direct beneficiaries.

The evaluation team will prepare an evaluation matrix to demonstrate the most appropriate and feasible data collection method for each of the evaluation criteria. Data analysis will involve triangulating findings from the document review and key informant interviews. Based on the propose purpose and scope of the evaluation in this TOR, bidders are expected to submit a technical proposal for the methodology and evaluation question.

6. Management arrangement:

The contracted institution will report to the Chief of Social Policy, Planning, Monitoring and Evaluation who will be responsible for managing the evaluation for independence and impartiality in line with UNICEF/UNEG

standards. C4D section will make available documents, arrange interactions with partners, and provide administrative and logistical support.

The UNICEF Bangladesh Evaluation Team (EvMT) shall exercise management oversight as per prevailing office guidelines. Led by the UNICEF SPPME Section, a Reference Group of specialists and peers with evaluation or substantive knowledge, plus external partners or counterparts from government and civil society, and the ROSA evaluation advisor will be constituted. The reference group shall provide technical inputs to enhance quality of the evaluation by specifically reviewing the inception report, tools and draft reports for compliance with UNICEF and UNEG evaluation standards.

7. Norms and standards the evaluation will abide by include:

United Nations Evaluation Group (UNEG) Standards for Evaluation in the UN System, 2005

United Nations Evaluation Group (UNEG) Norms for Evaluation in the UN System, 2005 (including impartiality, independence, quality, transparency, consultative process)

Ethical Guidelines for UN Evaluations will guide the overall process

The evaluation should incorporate the human rights-based and gender perspective and be based on Results Based Management principles and logical framework analysis

8. Estimated total budget: USD 80,000, Non-Grant

9. Payment Schedule:

First Payment: 30% upon acceptance of the inception report

Second Payment: 30% upon submission the draft evaluation report

Third Payment 40% upon acceptance of the final report

10. Supervisor: Carlos Acosta, Chief, SPPME

11. Description of Assignment

Major task and Responsibilities	Deliverables	Time Frame
Desk review of key documents; submission of draft Inception report; receive feedback from C4D and SPPME section; finalize inception report, including evaluation tools, evaluation plan, evaluation matrix, timeline and methodology	Inception Report submitted	8 working days
Data collection and field visits In Bangladesh: interviews with key informants, meetings with stakeholders at national and subnational level, focus group discussions, site visits, etc.	Draft evaluation report	25 working days; 5 days X 3 Field Offices + 10 days in Dhaka (5 weeks)

Major task and Responsibilities	Deliverables	Time Frame
Preparation of draft Evaluation Report, receive feedback from UNICEF officials, incorporate feedback.	Presentation of 1 st draft of evaluation Report	10 working days (2 weeks)
Presentation and discussion of draft report with UNICEF, partners and other key stakeholders, incorporate feedback.	2 nd draft of evaluation report	5 working days (1 week)
Incorporate final comments/ feedback and prepare final evaluation report, including recommendations, and submitted to UNICEF	Final evaluation report	5 working days (1 week)
Total		53 working days

12. Selection of Institution/Consultant:

Given the complexity of the assignment, it is anticipated that this evaluation will be conducted by a reputable agency with experience in conducting similar evaluations in other countries. The evaluation team should comprise one international lead evaluator and at least one team member who can support on-the -ground interactions in the local language.

The agency should demonstrate:

Proven track record in conducting evaluations on social sector development programmes in developing countries, including behavior and social change communication and/or related fields of the social sciences; Strong understanding and use of the human-rights based approach to programming, results-based management, promotion of gender equality, and other priorities of the global human development agenda (as currently exemplified through the Millennium Development Goals, MDGs).

Prior experience with the UN programming environment is desirable although not mandatory. Work experience with UNICEF will be considered an asset.

Demonstrated adherence to the highest ethical standards in research

Team members should possess an advanced university degree (Master’s or Doctorate) from a reputable institution in social, behavioural and economic research and sciences, international development or related fields. Proposed team members should have qualifications and experiences as relevant and should be designated at levels appropriate to their background.

The **Lead Evaluator** will play a lead role during all phases of the evaluation and coordinate/supervise the work of the team. She/he will ensure the quality of the evaluation process, outputs, methodology and timely delivery of all products. The team leader, in close collaboration with the team, will lead the inception phase including the conceptualization and design of the evaluation, guide the data collection phase, lead the drafting of the draft and final report and lead the consultation process with stakeholders (workshop).

Key qualifications of the **Lead Evaluator** include:

At least ten years of professional experience in conducting evaluations in accordance with global standards with evidence of understanding global standards of C4D related programming, theories, models and methods
Proven experience in designing, leading and conducting evaluations of similar scope, which involve critical analysis of organizational strategies and strategic positioning
Knowledge of UNICEF programme policies, strategies and approaches an asset
Demonstrated ability to deliver high-quality written work in the English language and to engage effectively with stakeholders at all levels, including at senior levels of Government and development partners.

The agency should submit the report of the two most recent and relevant evaluations.

Other details on proposal submission to be added for compliance to UNICEF RFPS requirements

13. Prepared by:

Alexandra Illmer, M&E Specialist

Signature Date:

14. Reviewed by:

Carlos Acosta, Chief, SPPME

Signature Date:

15. Approved by:

Stefano Savi, Deputy Representative a.i.

Signature Date:

Annex 2: Analytical Framework of the Key Evaluation Questions

United Nations Evaluation Criteria	Research Questions	Information Sources and Stakeholders
Relevance	<p>To what extent were the implementing strategies appropriate for achieving results?</p> <p>To what extent is the programme relevant in engaging communities for behaviour and social change?</p> <p>To what extent is the programme relevant to increasing the capacity of frontline workers and local networks in interpersonal and advocacy skills?</p>	<p>Documents review;</p> <p>Interviews with Implementing Partners (IPs);</p> <p>Interviews with Government of Bangladesh (GoB);</p> <p>Interviews with local government officials under GoB;</p> <p>Interviews with IPs; and frontline workers and/or individuals who form part of the local network; and</p> <p>Household (HH) survey.¹²⁹</p>
Effectiveness	To what extent have planned results of the programme been achieved?	<p>Previously gathered information from JPGSPH:</p> <p>a) baseline study and midline study;</p> <p>b) monitoring framework for seven sentinel (experimental) and control sites.</p>
	What are the major factors influencing the achievement and non-achievement of the results?	Interview data with duty-bearer stakeholders (UNICEF, IPs, and GoB); and Literature review.
	To what extent is the programme supporting the establishment of effective mechanisms that enable the concerns and voices of communities, including those marginalised, to be reflected in the decision-making at local and policy levels?	<p>Interview data with duty-bearer stakeholders (UNICEF, IPs, and GoB to examine the extent and functionality of the existing network as the GOB has described the network). Interviews with other duty-bearers will be undertaken such as with local committees and WDCs. This will be interpreted as a systems-related question.</p> <p>HH survey undertaken by Manitou/Mitra.¹³⁰</p>

¹²⁹ The household survey serves as an additional information source which will be used to triangulate and further substantiate the evidence base for answering the Key Evaluation Questions. Its conceptual framework addresses the assumption that there is two-way communication taking place at the community/household level among members of the community and the agents of change, and vice-versa.

¹³⁰ The survey of rights-holders/household members survey would also provide data to substantiate the efforts that are reported by the duty-bearers which are intended to create a two-way communication system.

United Nations Evaluation Criteria	Research Questions	Information Sources and Stakeholders
	To what extent have efforts contributed to strengthening the communication system in the government structure to conduct Social and Behaviour Change Communication (SBCC) interventions?	Interview data with all stakeholders (UNICEF, IPs, and GoB to examine the extent and functionality of the existing network.
	To what extent is the programme helping to inform, influence, and support households and community groups for the adoption of new attitudes, improve service seeking behaviour, and practice desired behaviours?	This question will be answered using the existing data from Knowledge Management Outreach Sites (KMOS) and the qualitative information obtained from duty-bearer stakeholders (GoB, IPs; and a limited sample of frontline workers and/or individuals who form part of the local networks).
Efficiency	Which management and coordination structure and mechanisms among programme staff and partners have aided the programme? What has worked well and what needs to be strengthened?	Interview data with all stakeholders (UNICEF, IPs, and GoB to examine the extent of the existing structure and reporting mechanisms).
	To what extent is the fund allocation adequate to: (a) implement the strategic interventions? and (b) generate evidence on the effectiveness including the effectiveness of these interventions? (c) To what extent is the programme designed and implemented in a way to generate solid evidence from monitoring and evaluation to monitor progress against results and to inform programme adjustments where required?	(a) Review of budget allocations and expenditures and all stakeholder interviews (UNICEF and all partners); and (b) Data from duty-bearer stakeholder interviews (UNICEF and all partners), and particularly those responsible for generating evidence to determine if interventions were carried out on time and as budgeted (to address programme efficiency). Data will also be collected on how M&E evidence was used (if at all) to inform organizational decisions. The data about the quality of the end results of work undertaken (or programme effectiveness) will be derived from the already existing data from JPGSPH. (c) Data from a review of the current structure of how monitoring and evaluation information is collected, analysed, and organised into different reporting formats (i.e., accountability).
	To what extent do the programme results justify the investment?	Budget analysis and data from duty-bearer stakeholder interviews (UNICEF, IPs, and GoB).
	To what extent are existing partnerships with MoWCA and MoI contributing to achieve programme results?	Data from duty-bearer stakeholder interviews (UNICEF, IPs, and GoB).
Sustainability	To what extent has the programme systematically promoted national ownership, capacity building and skills transfer to national decentralized level of government in order for the government to be able to sustain the programme?	Document review and data from duty-bearer stakeholder interviews (UNICEF and all partners). The issues to concentrate on will be how the work has helped achieve results and what needs to be continued, improved or stopped. Does UNICEF need to partner in other areas?

United Nations Evaluation Criteria	Research Questions	Information Sources and Stakeholders
	<p>To what extent has the programme been able to leverage other partners and networks including government resources to make the programme sustainable? Are there any other evident ways to ensure?¹³¹</p>	<p>Previously gathered information from JPGSPH: a) reports summarizing the stakeholder discussions about programme effectiveness and sustainability; and b) summary of programme activities from inception through 2016; Data from duty-bearer stakeholder interviews (UNICEF, IPs, and GoB). HH survey undertaken by Manitou/Mitra.¹³²</p>
Scalability	<p>Which particular interventions show potential for scale-up? To what extent has the programme generated solid evidence on the effectiveness and scalability of interventions that is being fed back into programme design?</p>	<p>Document review; Use of previously gathered data from the JPGSPH; and Data from duty-bearer stakeholder interviews (UNICEF and all partners).</p>
Lessons Learned and Recommendations	<p>What lessons can be drawn from the last 4 years of programme implementation to ensure that C4D programming continues to be relevant to achieving results towards behaviour and social change? What adjustments need to be made to programming strategies in the upcoming Country Programme?</p>	<p>Document review; Data from interviews with duty-bearer stakeholders interviews (UNICEF and GoB - Senior Staff levels in particular to understand upcoming national priorities); and HH survey undertaken by Manitou/Mitra.¹³³</p>

¹³¹ This reviews sustainability at the level of partners and GoB only.

¹³² The HH survey will gather data on their views about factors affecting programme sustainability.

¹³³ The data from the HH survey gathers household level perspectives about general lessons learned from participating in the programme and whether or not they perceive that their individual behaviour change would contribute to societal change.

Annex 3: Household Survey

Programme Evaluation of UNICEF Bangladesh Communication for Development (C4D) Programme for the duration of 2012 to 2016

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
DISTRICT _____	<input type="checkbox"/> <input type="checkbox"/>
UPAZILA _____	<input type="checkbox"/> <input type="checkbox"/>
UNION _____	<input type="checkbox"/> <input type="checkbox"/>
VILLAGE _____	
CLUSTER NUMBER _____	<input type="checkbox"/>
HOUSEHOLD NUMBER _____	<input type="checkbox"/> <input type="checkbox"/>
NAME OF HOUSEHOLD HEAD _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RESULT*				RESULT* <input type="checkbox"/>
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NO. OF VISITS <input type="checkbox"/>
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL ELIGIBLE RESPONDENT <input type="checkbox"/> <input type="checkbox"/> LINE NO.OF RESP. TO HH QUESTIONNAIRE <input type="checkbox"/> <input type="checkbox"/>

INTERVIEWER VISITS			
INTERVIEWER	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="checkbox"/> <input type="checkbox"/>	NAME _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Interview start time

“Hello, my name is xx from Mitra. I have a few questions for you, because one of your community leaders said that you have seen some health messages. If you answer these questions, this information will be held confidential and will be used to make improvements in the future.

Do I have your permission to take this short survey that only takes 15 minutes?”

Yes or No. Must proceed with consent.

Household Demographic Questions

101	102	103	104	105	106
	Please give me the names of the persons who usually live in your household starting with the head of the household.	Is (NAME) male or female? (1)Male (2)Female	How old is (NAME)?(in completed years)	CHECK Q. 104 IS THIS A PERSON OF 15-65 YEARS AGE? (1)Yes (2)No	CIRCLE LINE NUMBER OF ALL THE PERSONS OF 15-65 YEARS OLD. (Q105=1)
01		1 2		1 2	01
02		1 2		1 2	02
03		1 2		1 2	03
04		1 2		1 2	04
05		1 2		1 2	05
06		1 2		1 2	06
07		1 2		1 2	07
08		1 2		1 2	08
09		1 2		1 2	09
10		1 2		1 2	10
11		1 2		1 2	11
12		1 2		1 2	12
13		1 2		1 2	13
14		1 2		1 2	14
15		1 2		1 2	15

107	Total number of eligible respondents (circled in Q.106)	<input type="text"/> <input type="text"/>
-----	--	---

HOUSEHOLD CHARACTERISTICS (Questions for calculating income quintile)		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
108	What is the main source of drinking water for members of your household?	Piped water Piped into dwelling-----11 Piped to yard/plot ----- 12 Public tap/standpipe-----13 Tube well or borehole-----21 Dug well Protected well-----31 Unprotected well-----32 Water from spring Protected spring-----41 Unprotected spring-----42 Rain water-----51 Tanker truck-----61 Cart? with small tank-----71 Surface water (river/dam/ lake/pond/stream/canal/ Irrigation channel)-----81 Bottled water-----91 Other (Specify)-----96

109	What is the type of latrine that most of your household members use?	<p>Flush Latrine</p> <p>Flushed into sewerage-----11</p> <p>Flushed into septic tank-----12</p> <p>Flushed into pit-----13</p> <p>Flushed into somewhere</p> <p>Else-----14</p> <p>Flushed into where do not know-----15</p> <p>Pit latrine</p> <p>Ventilated improved pit latrine-----21</p> <p>Pit latrine with slab-----22</p> <p>Pit latrine without slab /open pit-----23</p> <p>Composting latrine-----24</p> <p>Bucket latrine-----31</p> <p>Hanging latrine-----41</p> <p>No latrine/bush/field----- 51</p> <p>Other (Specify) -----96</p>
-----	--	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																																													
110	<p>Does your household have the following items?</p> <p>Electricity Solar electricity Radio Television Mobile phone Land phone Refrigerator Almirah/Wardrobe Electric fan DVD/VCD player Water pump IPS/Generator Air conditioner Computer/laptop</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Solar electricity</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Television</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Mobile phone</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Land phone</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Refrigerator</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Almirah/Wardrobe</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Electric fan</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>DVD/VCD player</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Water pump</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>IPS/Generator</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Air conditioner</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> <tr> <td>Computer/laptop</td> <td style="text-align: center;"><input type="checkbox"/> (1)</td> <td style="text-align: center;"><input type="checkbox"/> (2)</td> </tr> </tbody> </table>		Yes	No	Electricity	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Solar electricity	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Radio	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Television	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Mobile phone	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Land phone	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Refrigerator	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Almirah/Wardrobe	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Electric fan	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	DVD/VCD player	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Water pump	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	IPS/Generator	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Air conditioner	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	Computer/laptop	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
	Yes	No																																													
Electricity	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)																																													
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Air conditioner	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)																																													
Computer/laptop	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)																																													
111	Does your household own any homestead?	Yes1 No.....2																																													
112	Does your household own any land (other than homestead)?	Yes1 No.....2																																													
113	What is the main material of the floor? RECORD OBSERVATION	Earth/ sand/ mud----- 11 Wood planks-----21 Palm/bamboo-----22 Wood-----31 Ceramic tiles-----33 Cement-----34 Others (Specify)-----96																																													
114	What is the main material of the roof? RECORD OBSERVATION	No roof-----11 Thatch/ palm leaf-----12 Palm/bamboo-----22 Wood planks-----23 Cardboard-----24 Tin-----31 Wood-----32 Ceramic tiles-----34 Cement-----35 Roofing shingles -----36 Others (Specify)-----96																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
115	What is the main material of the walls? RECORD OBSERVATION	No walls-----11 Cane/ palm/trunks-----12 Dirt-----13 Bamboo with mud-----21 Stone with mud-----22 Plywood-----24 Cardboard-----25 Tin-----31 Cement-----32 Stone with lime/cement-----33 Bricks-----34 Wood planks/ shingles-----36 Others (Specify)-----96

Interview end time

Programme Evaluation of UNICEF Bangladesh Communication for
Development (C4D) Programme for the duration of 2012 to 2016

INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION	
CLUSTER NUMBER	<input type="checkbox"/> <input type="checkbox"/>
HOUSEHOLD NUMBER	<input type="checkbox"/> <input type="checkbox"/>
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF ELIGIBLE RESPONDENT _____	<input type="checkbox"/> <input type="checkbox"/>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
RESULT*				RESULT* <input type="checkbox"/>
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NO. OF VISITS <input type="checkbox"/>

<p>*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 RESPONDENT INCAPACITATED 7 OTHER _____ (SPECIFY)</p>			
INTERVIEWER	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="checkbox"/> <input type="checkbox"/>	NAME _____ <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Interview start time

“Hello, my name is xx from Mitra. I have a few questions for you, because one of your community leaders said that you have seen some health messages. If you answer these questions, this information will be held confidential and will be used to make improvements in the future.

**Do I have your permission to take this short survey that only takes 15 minutes?”
Yes or No. Must proceed with consent.**

Individual Demographic Questions

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
201	Name of the respondent	Name_____
202	Line number of the respondent	Line no._____
203	What is your age in complete years?	Age in complete years_____
204	Sex of the respondent.	(1) Male (2) Female
205	What is your religion	(1) Islam (2) Hindu (3) Christian
206	What is your marital status?	(1) Never married (2) Married (3) Widowed
207	What is the highest class you have completed?	Class_____
208	What is your current main occupation?	Current occupation_____

Exposure to C4D Messages					
301a	Have you met with Community Worker / Frontline Volunteer?"	Yes..... 1 No 2 → End Survey			
301b	Have you met with Community Worker / Frontline Volunteer and had in-depth conversations about any of the following topics? The Enumerator picks only the top three before going to the next stage...	"3 Cs" Child Labour <input type="checkbox"/> (1) <input type="checkbox"/> (2) Child Marriage <input type="checkbox"/> (1) <input type="checkbox"/> (2) Corporal Punishment <input type="checkbox"/> (1) <input type="checkbox"/> (2)	Yes No <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (1) <input type="checkbox"/> (2)	Birth Registration <input type="checkbox"/> (1) <input type="checkbox"/> (2) Ante-natal Care [ANC] <input type="checkbox"/> (1) <input type="checkbox"/> (2) [EB] Exclusive breastfeeding <input type="checkbox"/> (1) <input type="checkbox"/> (2) Child Injury <input type="checkbox"/> (1) <input type="checkbox"/> (2) Handwashing <input type="checkbox"/> (1) <input type="checkbox"/> (2) ARI and Pneumonia <input type="checkbox"/> (1) <input type="checkbox"/> (2) HIV/AIDS <input type="checkbox"/> (1) <input type="checkbox"/> (2) Disaster Preparedness <input type="checkbox"/> (1) <input type="checkbox"/> (2) None <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (1) Discontinue the survey	
			Often	Sometimes	Not in the last 9 months
302	Frequency: How often did this happen during the last 9 months: often, only sometimes, or not at all? (Circle one for each topic).	302a. Topic 1	1	2	3
		302b. Topic 2	1	2	3
		302c. Topic 3	1	2	3
This person should ONLY answer "often" or "Sometimes". If not at all, skip to the next question.		However, before continuing, the enumerator confirms by repeating the question (and even provides a prompt, like... "Over the last months, when you met with Community Worker, the topic 1, 2, or 3 never came up?"			
		Very Useful. I learned a lot.	Somewhat Useful. I already knew what she or he told me, but it was good to talk about it more.	Not at all useful. I had no interest in what she told me.	
303 Usefulness	How useful did you find the information about Topic 1? [Repeat the prompt]	1	2	3	

304	How useful did you find the information about Topic 2?	1	2	3
305	How useful did you find the information about Topic 3?	1	2	3

306	Now I am going to ask some questions about all three topics you mentioned there is no right or wrong answer and you can answer without any problems...First topic 1....	
306-i Topic 1: 1-Way Communication	Think back, when you were told information about [topic 1], the risks and benefits were explained to you? [Enumerator to give example]	Yes.....1 No2
306-ii Topic 1: 2-Way Communication	Did you ever have an opportunity to tell your views about what you thought about the benefits and risks of [topic 1] to the Community Worker/Frontline Volunteer?"	Yes.....1 No2
306-ia	If yes, can you give me an example of what happened during that conversation(question helps memory recall)?	
Write Down Example:		
306-iii Topic 1: BC Contemplation	Did the Community Worker/Frontline Volunteer ever help to motivate or encourage you to make specific plans regarding topic 1?	Yes.....1 No2
306-iv Topic 1: BC Action	Did the Community Worker ever assist you with developing a plan(s) regarding topic 1? [Enumerator to give example]	Yes.....1 No2
Q7	Now I am going to ask the same questions about topic 2...	
307i Topic 2: 1-Way Communication	Think back, when you were told information about [topic 1], the risks and benefits were explained to you? [Enumerator to give example]	Yes.....1 No2

307ii Topic 2: 2-Way Communication	Did you ever have an opportunity to tell your views about what you thought about the benefits and risks of [topic 1] to the Community Worker/Frontline Volunteer?"	Yes.....1 No2
307iia	If yes, can you give me an example of what happened during that conversation(question helps memory recall)?	
Write Down Example:		
307iii Topic 2: BC Contemplation	Did the Community Worker/Frontline Volunteer ever help to motivate or encourage you to make specific plans regarding topic 1?	Yes.....1 No2
307iv Topic 2: BC Action	Did the Community Worker ever assist you with developing a plan(s)regarding topic 1? [Enumerator to give example]	Yes.....1 No2
Q8	Now I am going to ask the same questions about topic 3...	
308-i Topic 3: 1-Way Communication	Think back, when you were told information about [topic 1], the risks and benefits were explained to you?[Enumerator to give example]	Yes.....1 No2
308ii Topic 3: 2-Way Communication	Did you ever have an opportunity to tell your views about what you thought about the benefits and risks of [topic 1] to the Community Worker/Frontline Volunteer?"	Yes.....1 No2
308iia	If yes, can you give me an example of what happened during that conversation(question helps memory recall)?	
Write Down Example:		
308-iii Topic 3: BC Contemplation	Did the Community Worker/Frontline Volunteer ever help to motivate or encourage you to make specific plans regarding topic 1?	Yes.....1 No2
308iv Topic 3: BC Action	Did the Community Worker ever assist you with developing a plan(s)regarding topic 1? [Enumerator to give example]	Yes.....1 No2

<p>309 External Influences: talk</p>	<p>Apart from the Community Worker, who (must be a person) else in your life do you talk to <i>about the top three topics we have been discussing?</i> [Enumerator to give prompt]</p>	<p><input type="checkbox"/> (1) Family <input type="checkbox"/> (2) Friends <input type="checkbox"/> (3) Neighbor <input type="checkbox"/> (4) Co-worker <input type="checkbox"/> (5) No one <input type="checkbox"/> (6) Other</p>
<p>310 External Influences: Action</p>	<p>Name a person or persons in your life who helps you in <i>changing your ways?</i> [Enumerator to give prompt]</p>	<p><input type="checkbox"/> (1) Family <input type="checkbox"/> (2) Friends <input type="checkbox"/> (3) Neighbor <input type="checkbox"/> (4) Co-worker <input type="checkbox"/> (5) No one <input type="checkbox"/> (6) Other</p>

<p>311</p>	<p>My next question relates only to the three “Cs”-Child Marriage (CM), Corporal Punishment (CP), and Child Labour (CL). Please tell me if you agree, disagree, or you are not sure about the following statement...</p>	
<p>311i General BC belief about actions</p>	<p>[Enumerator states....] <i>“I believe that my individual actions can help to change society regarding CM.”</i></p>	<p><input type="checkbox"/> (1) Agree <input type="checkbox"/> (2) Disagree <input type="checkbox"/> (3) Not sure <input type="checkbox"/> (4) No answer</p>
<p>311ii</p>	<p><i>“I believe that my individual actions can help to change society regarding CP.”</i></p>	<p><input type="checkbox"/> (1) Agree <input type="checkbox"/> (2) Disagree <input type="checkbox"/> (3) Not sure <input type="checkbox"/> (4) No answer</p>
<p>311iii</p>	<p><i>“I believe that my individual actions can help to change society regarding CL.”</i></p>	<p><input type="checkbox"/> (1) Agree <input type="checkbox"/> (2) Disagree <input type="checkbox"/> (3) Not sure <input type="checkbox"/> (4) No answer</p>
<p>Now, I would like to talk to you about the health promotion activities in your community.....</p>		
<p>312</p>	<p>Have you ever given your opinion about how the community worker can deliver their responsibilities better?</p>	<p>Yes1 No.....2 313 ←</p>
<p>312a If yes “Please give an example of the recommendation you gave” (write it down)</p>		

<p>313</p>	<p>What were your reasons for not giving any recommendations about how the community worker can deliver their responsibilities better?</p>	<p><input type="checkbox"/> (1) Too shy <input type="checkbox"/> (2) Issue not that important <input type="checkbox"/> (3) Too busy <input type="checkbox"/> (4) Other</p>
<p>314</p>	<p>Would you like to give a recommendation now?</p>	<p>Yes 1 No..... 2 End Survey ←</p>
<p>314a If yes, write down the recommendation:</p>		

Thank you for your time

Interview end time

8. Annex 4: Qualitative Question Guides

1. Interviews with Government of Bangladesh (GoB) (**for all levels except WDCs**) Introduction /informed consent/write name on sheet

Evaluation Criteria	Interview Questions
Programme Process – Getting started	Please tell me about your own involvement with the C4D programme. What is your specific role? How long have you been in this role?
Relevance	Please describe, in your opinion, how relevant you think that the C4D approach (e.g., using BBC) has been in addressing harmful social norms (Probe: the 3 Cs). What about for life-saving behavioural practices (Probe: washing hands, exclusive breastfeeding)? Please give me your opinion about how important the delivery of the programme is? (Probe: using community based persons to engage people)? (Probe: perspectives on appropriateness for mass media)
Programme Process – Collaborative Relationships	Please describe the extent of the collaboration you have had with the different partners (check each one, as appropriate): <ul style="list-style-type: none"> <input type="checkbox"/> (Probe with GoB-District; GoB-Upazilla; GoB-Union/ WDC) <input type="checkbox"/> (Probe with media); <input type="checkbox"/> (Probe with other IPs working in one of the other districts)¹³⁴; <input type="checkbox"/> (Probe with UNICEF – staff at Dhaka); <input type="checkbox"/> (Probe with UNICEF – staff in sub-office); and <input type="checkbox"/> (Probe with anyone else I may have left out).
Activities to support partnership communication	With the partnership with x (mentioned above), what efforts were made to create a communication system? (Probe: related to technical communication flows, such as consultations about the content of messages...versus organizational processes that help to deliver the programme)
For GoB only-communication system	What is the level of resources invested in the C4D programme? How is this communication system working? Please elaborate. [Probe: system-level exchanges , such level of detailed dialogue, frequency, medium...]
Partnerships – Lesson Learned	In your opinion, what makes a partnership strong? Are there any gaps that you can see? If yes, what specifically is missing in your view? What would you recommend to fix this? [Probe: example]
Capacity Building Efforts - Received	Now, I am going to ask about any training that you may have received through this programme....

¹³⁴ If this case exists, it would be necessary to probe the level of information sharing/lessons learning which is exchanged. This could potentially be a good unplanned benefit of the programme or a missed opportunity.

Evaluation Criteria	Interview Questions
	<p>What opportunities have you had specifically? [Probe: methods through which training was offered, how long it took, how many participants were present, opportunities to solicit feedback to make it better for the next round] How useful would you say this training was?</p>
Capacity Building Efforts – Provided - applicable	<p>What training opportunities did your organisation provide at the community level? Please discuss what some of the challenges or barriers were to delivering an effective training. [Probe: methods through which training was offered, how long it took, how many participants were present, opportunities to give feedback]</p>
Evidence-based decision making...	<p>When that challenge was observed, was the programme ever changed to address that challenge?</p>
Monitoring	<p>Now I am going to talk about monitoring and evaluation... Please describe the systems that are established or in place to monitor how many people are reached through your office's efforts. How often is data collected? How reliable is this information [Probe: how do you know that the number you count is in fact the actual number of people influenced by the programme?]</p>
Sustainability	<p>Are there any new approaches/actions taken to mobilise resources for future activities? If yes, what are they? If no, are you planning to think of ways to mobilise resources? Would the GoB partner be ready to fund this activity? If so, what do you see as UNICEF's added value?</p>
Scalability	<p>In your view, should UNICEF continue funding this programme at the same level, at a reduced level, or at an enhanced level. If at a higher level, where do you think resources should be invested? What specific activities would be expanded in your view?</p>

- Interviews with only three of the seven NGOs, choosing from IVDB, GRAUS, BRAC, ASOD, COAST, Rupantur, and SUS; (This could also be a FGDs with more than two people over the telephone in which case, it would have to be simplified)

Introduction/informed consent/write name on sheet

Evaluation Criteria	Interview Questions
Programme Process – Getting started	<p>Please tell me about your own involvement with the C4D programme. What is your specific role? How long have you been in this role?</p>
Relevance	<p>Please describe, in your opinion, how relevant you think that the C4D approach (e.g., using BBC) has been in addressing harmful social norms (Probe: the 3 Cs).</p>

Evaluation Criteria	Interview Questions												
	<p>What about for life-saving behavioural practices (Probe: washing hands, exclusive breastfeeding)?</p> <p>Please give me your opinion about how important the delivery of the programme is? (Probe: using community based persons to engage people)? (Probe: perspectives on appropriateness for mass media)</p>												
<p>Programme Process Collaborative Relationships</p>	<p>Please describe the extent of the collaboration you have had with the different partners (check each one, as appropriate):</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30px;"><input type="checkbox"/></td> <td>(Probe with GoB-District; GoB-Upazilla; GoB-Union/ WDC)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Probe with media);</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Probe with other IPs working in one of the other districts);</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Probe with UNICEF – staff at Dhaka);</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Probe with UNICEF – staff in sub-office); and</td> </tr> <tr> <td><input type="checkbox"/></td> <td>(Probe with anyone else I may have left out).</td> </tr> </table>	<input type="checkbox"/>	(Probe with GoB-District; GoB-Upazilla; GoB-Union/ WDC)	<input type="checkbox"/>	(Probe with media);	<input type="checkbox"/>	(Probe with other IPs working in one of the other districts);	<input type="checkbox"/>	(Probe with UNICEF – staff at Dhaka);	<input type="checkbox"/>	(Probe with UNICEF – staff in sub-office); and	<input type="checkbox"/>	(Probe with anyone else I may have left out).
<input type="checkbox"/>	(Probe with GoB-District; GoB-Upazilla; GoB-Union/ WDC)												
<input type="checkbox"/>	(Probe with media);												
<input type="checkbox"/>	(Probe with other IPs working in one of the other districts);												
<input type="checkbox"/>	(Probe with UNICEF – staff at Dhaka);												
<input type="checkbox"/>	(Probe with UNICEF – staff in sub-office); and												
<input type="checkbox"/>	(Probe with anyone else I may have left out).												
<p>Activities to support partnership communication</p>	<p>With the partnership with x (mentioned above), what efforts were made to create a communication system? (Probe: related to technical communication flows, such as consultations about the content of messages...versus organizational processes that help to deliver the programme)</p>												
<p>Reliability of the partnership communication</p>	<p>With the partnership with x (mentioned above), how reliable is this information flow? [Probe: system-level exchanges, such level of detailed dialogue, frequency, medium...]</p>												
<p>Lessons Learned</p>	<p>In your view, what makes a great partnership with a community?</p>												
<p>Effectiveness-Background</p>	<p>Now I am going to talk about C4D as a medium for development... Describe the analysis process that your organisation did to determine:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30px;"><input type="checkbox"/></td> <td>Probe: The intended population you wanted to reach;</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Probe: The trusted channels that were already in place;</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Probe: The messages that you wanted to deliver;</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Probe: Any synergies with others working in your area</td> </tr> </table>	<input type="checkbox"/>	Probe: The intended population you wanted to reach;	<input type="checkbox"/>	Probe: The trusted channels that were already in place;	<input type="checkbox"/>	Probe: The messages that you wanted to deliver;	<input type="checkbox"/>	Probe: Any synergies with others working in your area				
<input type="checkbox"/>	Probe: The intended population you wanted to reach;												
<input type="checkbox"/>	Probe: The trusted channels that were already in place;												
<input type="checkbox"/>	Probe: The messages that you wanted to deliver;												
<input type="checkbox"/>	Probe: Any synergies with others working in your area												
<p>Effectiveness-Challenges</p>	<p>What are some of the biggest obstacles that challenge the effectiveness of C4D in Bangladesh, in general? [this should lead into the next question] For example, what were the challenges in the delivery of the C4D activities that you were involved in?</p>												
<p>Evidence-based decision making...</p>	<p>When that challenge was observed, was the programme ever changed to address that challenge?</p>												
<p>Monitoring</p>	<p>Please describe the systems that are established or in place to monitor how many people are reached through your efforts. [NGO/media]</p> <p>How often is data collected?</p> <p>How reliable is this information [Probe: how do you know that the number you count is in fact the actual number of people influenced by the programme?]</p>												
<p>Improvements</p>	<p>How could the programme be changed now to address these challenges?</p>												
<p>Capacity Building Efforts - Provided</p>	<p>Now I am going to talk about training... What training opportunities did your organisation provide at the community level?</p>												

Evaluation Criteria	Interview Questions
	Please discuss what some of the challenges or barriers were to deliver an effective training. [Probe: methods through which training was offered, how long it took, how many participants were present, opportunities to give feedback].
Sustainability	Are there any new approaches/actions taken to mobilise resources for future activities? If yes, what are they? If no, are you planning to think of ways to mobilise resources.
Scalability	In your view, should UNICEF continue funding this programme at the same level, at a reduced level, or at an enhanced level. If at a higher level, where do you think resources should be invested? What specific activities would be expanded in your view?

3. Community Level-Ward Development Committee (member or Leader)

Introduction/informed consent/write name on sheet

Evaluation Criteria	Questions
Getting Started	Please tell me about your own involvement with the C4D programme. What is your specific role? How long have you been in this role?
For a FGD – WARD Development Committee Background information	Please describe the people who are members of the WDC (Probe: age, gender, education levels, married versus single)? How are the WDC members selected? How long do they volunteer?
Functioning of the WDC	Please describe the activities that the WDC has carried out? When was the last time that you met? How are decisions documented? Who is responsible for counting the people who are taking part in community activities? How are these numbers documented?
Effectiveness of approach	Tell me your thoughts about communicating messages through a WARD. How effective do you think this approach is? [Probe: of the list of activities that the participants have listed, which one is the most effective in their opinion?]
Delivering the Messages	How do you get all community residents to meet at the same time? What is the method of communication? How did you get the supplies that you need to deliver the messages? Who is selected to deliver the messages? How long does it take? Please describe any challenges (if any).
Sustainability	In your view, should UNICEF continue funding this programme at the same level, at a reduced level, or at an enhanced level? If at a higher level, where do you think resources should be invested [Probe: the specific activities that would be expanded in <i>their</i> opinion]?
Lessons Learned	Can you give me an example of changes in peoples' behaviour that you have personally seen, since you have been involved in this programme.

4. Community Level-Frontline Worker (someone who works alone)

Introduction/informed consent/write name on sheet

Evaluation Criteria	Questions
Getting Started	Please tell me about your own involvement with the C4D programme. What is your specific role? How long have you been in this role?
Frontline Worker's clientele	Please describe the activities that you carry out? Describe the people whom you interact (Probe: age, gender, education levels, married versus single). How are these individuals selected? Who is responsible for counting the people you have discussions with? How are these numbers documented?
Delivering the Messages	Please give an example – step by step – how you communicate with a family? How did you get the supplies that you need to deliver the messages? How long does it take? Do you have help? Please describe any challenges (if any).
Dynamics of the exchange/dialogue	Now I want to ask about the discussion that you have with individuals.... You mentioned that you talk about the risks and benefits of changing behaviours....[Probe: let them confirm] Did you ever help to motivate or encourage someone to make specific plans about changing their ways regarding a certain topic? [Probe: which topic it was] Did you assist with developing a concrete action plan(s)? [Give example] Did you give feedback or problem-solving advice to help someone to change their ways?
Effectiveness of approach	Tell me your thoughts about communicating messages as a Frontline Worker. How effective do you think this approach is? [Probe: Compare to large group interaction] What would it take in terms of resources to have larger, community-wide discussions [Probe: more time, more energy, more funding for other things like travel or other]
Capacity Building Efforts - Received	Now, I am going to ask about any training that you may have received through this programme.... What opportunities have you had specifically? [Probe: the methods through which training was offered, how long it took, how many participants were present, opportunities to solicit feedback to make it better for the next round] How useful would you say this training was? Did it help to make your job easier?
Sustainability	Now, I wish to talk about the future.... In your view, should UNICEF continue funding this programme at the same level, at a reduced level, or at an enhanced level? If at a higher level, where do you think resources should be invested [Probe: the specific activities that would be expanded in <i>their</i> opinion]?

Evaluation Criteria	Questions
Lessons Learned	Can you give me an example of changes in peoples' behaviour that you have personally seen, since you have been involved in this programme.

5. FGD – Community Level

Introduction/informed consent/write name on sheet

Evaluation Criteria	Questions
Receiving the Messages	Please tell us about any discussions or conversations that you may have had about the topics (the facilitator to mention the 8 messages – such as: Birth Registration Ante-natal Care [ANC], [EB] Exclusive breastfeeding, Child Injury, Handwashing, ARI and Pneumonia, HIV/AIDS, Disaster Preparedness, and the 3 C's)....
Dynamics of the exchange/dialogue	Has anyone ever mentioned to you any risks and benefits of any of the messages we just named?.... [Probe: let them confirm – yes.. to start the discussion] Did anyone ever motivate you to make a plan(s) regarding a certain topic? [Probe: which topic(s) they may have been and who that person was in the community]
Trusted Channels for talking	Apart from the Frontline Volunteer(s), who in your life do you talk to about these topics?
Sustainability	In your opinion, <u>how much</u> do you believe that your individual actions can help to change society? [Probe: the extent to which the participants have the idea that they can control a lot or they can control very little of societal change. How much do they think that their individual actions will lead to a change in social norms?]

6. UNICEF C4D Unit and field staff

Introduction/informed consent/write name(s) on sheet if a FGD

Evaluation Criteria	Questions
Background	Please tell me about how the 8 life-saving behaviours were even determined in the past. I know it built on previous work, but how were these selected ultimately? What about how the three 'Cs' were introduced? From the participant's perspective, was the introduction of the 3 Cs based on an evolutionary process (of message development) or was this a part of an empowerment process? What research was used to substantiate the upscaling efforts?
Relevance	To what extent were the implementing strategies appropriate for achieving results? To what extent is the programme relevant in engaging communities for behaviour and social change?

Evaluation Criteria	Questions
	To what extent is the programme relevant to increasing the capacity of Frontline Workers and local networks in interpersonal and advocacy skills? [Probe: this information is gathered to confirm programme theory of change primarily]
Effectiveness	Broadly, what are the major factors influencing the achievement of programme plans [Probe: confirm ToC assumptions] To what extent have efforts contributed to strengthening the communication system in the government structure to conduct Social and Behavior Change Communication (SBCC) interventions? [Probe: This information will help guide the development of a programme theory especially at the district level where it may differ from place to place]
Programme Process – Collaborative Relationships	Please describe the extent of the collaboration you have had with the different partners (check each one, as appropriate): <input type="checkbox"/> (Probe with GoB-District; GoB-Upazilla; GoB-Union/ WDC) <input type="checkbox"/> (Probe with media); <input type="checkbox"/> (Probe with other IPs working in one of the other districts); <input type="checkbox"/> (Probe with UNICEF – staff at Dhaka); <input type="checkbox"/> (Probe with UNICEF – staff in sub-office); and <input type="checkbox"/> (Probe with anyone else I may have left out).
Activities to support partnership communication	With the partnership with x (mentioned above), what efforts were made to create a communication system? (Probe: related to technical communication flows, such as consultations about the content of messages...versus organizational processes that help to deliver the programme) Where are the areas of complementarity/synergy?
For UNICEF-GoB only-communication system	What is the level of resources invested in the C4D programme? [Probe: confirm programme budget amount overall and then just for communication messages development] How is this communication system working? Please elaborate. [Probe: system-level exchanges , such level of detailed dialogue, frequency, medium...]
Partnerships – Lesson Learned	In your opinion, what makes a partnership strong? Are there any gaps that you can see? If yes, what specifically is missing in your view? What would you recommend to fix this? [Probe: example]
Programme Collaboration with other Sections –	With regard to Planning; Programme Design, Implementation, and Monitoring and Evaluation related to C4D..... Please describe the connections /synergies with the other sections within the BCO which may contribute to the delivery of C4D funded activities. [Probe: the nature of the support: technical versus operational or both] How much time is spent on this aspect of the work?
Evidence-based decision making...What is the process	Now, for the programme’s monitoring and evaluation system.... What systems are established for monitoring and evaluation?

Evaluation Criteria	Questions
	How was or is evidence gathered and then used to make evidence-based decisions? [Probe: reports, digitized system, dashboard, stakeholder workshops, reviews, staff in place with specific duties]
What are the procedures?	When a challenge was observed, was the programme ever changed to address that challenge? [Probe: please give an example]
Sustainability	What are the challenges for this system to run effectively? Can you give any recommendations about how this system could be strengthened?

7. Other UNICEF Staff in the Other Sections

Introduction/informed consent/write name(s) on sheet if a FGD

Evaluation Criteria	Questions
Scope of activities overview	In your section, what is the level of resources invested in the C4D programme? [Probe: confirm programme budget amount overall and then just for communication messages development]
Programme Process Integration	– Please describe the extent of the collaboration you have had with the C4D Section (between 2012-2016). List all applicable activities.
Collaborative Relationships	Describe the relationship. (Probe: related to technical communication flows, such as consultations about the content of messages...versus organizational processes that help to deliver the programme)
Current dynamics	How well is this collaboration working? Please elaborate. [Probe: Dhaka-level exchanges , such as the level of detailed dialogue, frequency, medium...]
Activities to support collaboration	Can you recall examples of areas of complementarity/synergy?
Improvements	In your opinion, how can collaboration be strengthened? Probe: ideas related to project development where new work could be undertaken together, or ideas related to communication media where joint work could be undertaken together; natural strengths and weaknesses of the two sections....)
Lesson Learned	Are there any gaps that you can see? If yes, what specifically is missing in your view? What would you recommend to fix this? [Probe: example]
Evidence-based decision making...What is the process	Now, for your Section's monitoring and evaluation system.... What systems do you have in place for monitoring and evaluation C4D-related activities in particular? How was or is evidence gathered and then used to make evidence-based decisions? [Probe: reports, digitized system, dashboard, stakeholder workshops, reviews, staff in place with specific duties]

Evaluation Criteria	Questions
Effectiveness Challenges	Please help me to confirm some data collected already. In your area, please describe some of the challenges that you face when working with government as it relates to the application of C4D. This could include capacity strengthening, resources [not]available, operational context, culture of using evidence to make decisions.....This is an open-ended question...[Probe: This information will help to give context.]
What are the procedures?	When the challenge noted above was observed, was there ever specific action to address that challenge? [Probe: please give an example]
Sustainability	Can you give any recommendations about how this issue mentioned could be improved?

8. Media Representatives

Introduction/informed consent/write name(s) on sheet if a FGD

Evaluation Criteria	Interview Questions
Programme Process – Getting started	Please tell me about your own involvement with the C4D programme. What is your specific role? How long have you been in this role?
Relevance	Please describe, in your opinion, how relevant you think that the C4D approach (e.g., using BBC) has been in addressing harmful social norms (Probe: the 3 Cs). What about for life-saving behavioural practices (Probe: washing hands, exclusive breastfeeding)? Please give me your opinion about how important the delivery of the programme is? (Probe: using community based persons to engage people)? (Probe: perspectives on appropriateness for mass media)
Process of Message Development (the art of it)	What are the steps for developing a specific message for participants/audience (Probe: example where feedback was given by participants and a message changed and was made clearer-radio and television) How do you determine the message content? (Probe: symbols used, MEENA, colours, music, tone, emotional reaction sought....) Probe how this exchange of ideas worked? [Probe: system-level exchanges , such level of detailed dialogue, frequency, medium...]
Programme Process Collaborative Relationships	Please describe the extent of the collaboration you have had with the different partners (check each one, as appropriate): <input type="checkbox"/> (Probe with GoB-District; GoB-Upazilla; GoB-Union/ WDC) <input type="checkbox"/> (Probe with television media); <input type="checkbox"/> (Probe with radio media); <input type="checkbox"/> (Probe with print media); (Probe with other IPs working in one of the other districts); (Probe with UNICEF – staff at Dhaka); (Probe with UNICEF – staff in sub-office); and

Evaluation Criteria	Interview Questions
	(Probe with anyone else I may have left out).
Activities to support partnership communication	With the partnership with x (mentioned above), what efforts were made to create a communication system? (Probe: related to technical communication flows, such as consultations about the content of messages...versus organizational processes that help to deliver the programme)
Partnerships Lesson Learned	In your opinion, what makes this partnership between mass media and audience strong or powerful? Are there any gaps that you can see? If yes, what specifically is missing in your view? What would you recommend to fix this? [Probe: example]
Partnerships Lesson Learned	Do you have any other recommendations for making mass communication campaigns more effective?
Capacity Building Efforts - Received	Now, I am going to ask about any training that you may have received through this programme.... What opportunities have you had specifically? [Probe: the methods through which training was offered, how long it took, how many participants were present, opportunities to solicit feedback to make it better for the next round] How useful would you say this training was? Did it help to make your job easier?
Monitoring	What technologies are used for monitoring?
Sustainability	Please describe your thoughts on the future sustainability of using C4D.

9. Annex 5: Stakeholder Map

Stakeholders Analyses

Qualitative Sample

The table below outlines the totals of individuals sampled and actually consulted for the qualitative interviews (key informant interviews [KIIs] and focus group discussions [FGDs]). It should be noted that the members of the UNICEF-organised reference group have been included.

TABLE 22: QUALITATIVE STAKEHOLDER ANALYSIS-NATIONAL LEVEL

Stakeholder Interviews and Focus Group Discussion (FGDs)	Dhaka or Kariyal Slum	Satkhira	Sunamganj	Rangpur	Total Planned	Total Reached
National Level Stakeholders						
GoB	2				2	2
UNICEF staff (Deputy Representative.; Chief, Social Policy, Evaluation, Analytics and Research – SPEAR; C4D Section Chief; C4D Specialist I & II; Chiefs of Sections for: Health, Child Protection, Education, and WASH	26	1	1	1		29
BRAC University	2 (twice)					3
UNICEF Finance Office	1					1
Media	5					5
Other	3					5
Other Field Offices	3					3
Members of the Reference Group Meeting consulted before field mission	10					Not included
Members of the Reference Group Meeting consulted during draft	6					Not included
Sub-Total						48

TABLE 23: QUALITATIVE STAKEHOLDER ANALYSIS-SUBNATIONAL LEVEL

Stakeholder Consultations	Dhaka & Karial Slum	Satkhira	Sunamganj	Rangpur	Total Planned	Total Reached
Subnational Level Stakeholders						
Key Informant Interviews (KIIs)						
NGOs	N/A	1	1	1	3	4
District Information Officer	N/A	1	1	1	3	3
Upazilla Level Ministry of Women and Children Officer	N/A	1	1	1	3	3
Union Level Officer	N/A	1	1	1	3	3
Ward Promoters	4	6	6	6	22	22
						35
Focus Group Discussions (FGDs)						
Ward Development Committee Members		3	3	3	9	9
Family or Community level	1	3	3	2 (3)	9	10
Sub-Total	1	6	6	5	18	19

“N/A” means not applicable

10. Annex 6: List of Persons Consulted

Q2File Name	Gender	Name of Respondent	Position
KII_FW-Dhaka_01	Female	Jahanara Begum	Frontline Worker
KII_FW-Dhaka_02	Female	Asma Aktar	Frontline Worker
KII_FW-Dhaka_03	Female	Noor Jahan Begum	Frontline Worker
KII_FW-Dhaka_04	Male	Ashik Noor	Frontline Worker
KII_IP_Rangpur-01	Male	Abu Naiem	NGO Representative
KII_DO_Rangpur-01	Female	Kawsar Parvin	District Level Officer
KII_DO_Rangpur-02	Male	Md. Humayun Kabir	District Level Officer
KII_UP_Rangpur-01	Female	Laila Khatun	District Level Officer
KII_UN_Rangpur-01	Male	Abu Sayem	District Level Officer
KII_FW_Rangpur-01	Male	Md. Fazluddin	Frontline Worker
KII_FW_Rangpur-02	Female	Hajera Khatun	Frontline Worker
KII_FW_Rangpur-03	Female	Hasina Ahmed	Frontline Worker
KII_FW_Rangpur-04	Female	GiriBala Ray	Frontline Worker
KII_FW_Rangpur-05	Female	Kajoli Rani	Frontline Worker
KII_FW_Rangpur-06	Female	Pilpili Rani	Frontline Worker
KII_IP_Satkhira-01	Male	Md.Hafizul Islam	NGO Representative
KII_DO_Satkhira-01	Male	Md. Sirazul Islam	District Level Officer
KII_UP_Satkhira-01	Female	Fatima Zohora	District Level Officer
KII_UN_Satkhira-01	Male	Md. Shahidul Islam	District Level Officer
KII_FW_Satkhira-01	Female	Mrs. Jannatul Ferdous	Frontline Worker
KII_FW_Satkhira-02	Female	Mita Mukherjee	Frontline Worker
KII_FW_Satkhira-03	Male	Azoy Kumar Saha	Frontline Worker
KII_FW_Satkhira-04	Male	Rohul Amin	Frontline Worker
KII_FW_Satkhira-05	Male	Yousuf Hossain	Frontline Worker
KII_FW_Satkhira-06	Male	Raju Ahmed	Frontline Worker
KII_IP_Sunamganj-01	Male	Partha Sarothi Chowdhury	NGO Representative
KII_DO_Sunamganj-01	Male	Md. Anowar Hossain	District Level Officer
KII_UP_Sunamganj-01	Male	Md. Morshed	District Level Officer
KII_UN_Sunamganj-01	Male	Sochikanto Talukder	District Level Officer
KII_FW_Sunamganj-01	Female	Sufia Begum	Frontline Worker
KII_FW_Sunamganj-02	Male	Josna Akter	Frontline Worker
KII_FW_Sunamganj-03	Female	Nasrin Akthar	Frontline Worker
KII_FW_Sunamganj-04	Female	Mrs. Fahima Akhter	Frontline Worker
KII_FW_Sunamganj-05	Female	Mrs. Swapna	Frontline Worker
KII_FW_Sunamganj-06	Male	Md. Yunus	Frontline Worker
KII_zonal office_1	Male	Mr. Mohammad Alamgir	UNICEF-Zonal Officer-Myemesing
KII_zonal office_2	Male	Mr. Syeedul Haque Milky	UNICEF-Zonal Officer- Sylhet
KII_zonal office_3	Male	Mr. Masudur Rahman	UNICEF-Zonal Officer-Rangupur
KII_zonal office_4	Female	Ms. Gita Rani Das	UNICEF-Zonal Officer- Chittagong
KII_zonal office_5	Female	Umme Halima,	UNICEF-Zonal Officer-Khulna
KII_zonal office_other	Male	Mr. Sanjit Kumar Das	UNICEF-Zonal Officer-Barisal

Q2File Name	Gender	Name of Respondent	Position
(1) FGD_Com_Dhaka-01	Average age- 22 years. Gender: all Female Married- 50 % (4), Unmarried-37.5 % Widow – 12.5 %.		
Mother of 3 month old baby, didn't certified her child's birth.	Female	Ayesha Khanom	
(Unmarried)	Female	Shoma Akhter	
Married for 6 years, mother of a 4 years old son, didn't certificate her son's birth.	Female	Sumona Begum	
Married for 4 years, pregnant for 6 months	Female	Laiju Arjumand	
Married for 6 years, mother of a 4 year old son, didn't certificate her son's birth.	Female	Selina Begum	
(Unmarried)	Female	Rabeya Akhter	
(Unmarried)	Female	Rima Yeasmin	
(Widow)	Female	Rabeya Begum	
(2) FGD_WDC_Rangpur-01	Average Age 34.25years Male 50% Female 50% Married 87.5% Unmarried 12.5%		
Married	Female	Majeda Begum	
Married	Female	Arjena Sultana	
Unmarried	Female	Moushumi Akhter	
Married	Male	Adeel Masum	
Married	Male	Md. Fazauddin	
Married	Male	Azizul Islam	
Married	Male	Rafiqul Islam	
Married	Female	Razwana Begum	
(3) FGD_WDC_Rangpur-02	Average Age 42 years Male 55.6% Female 44.4% Married 89.89% Unmarried 11.11%		
Married	Female	Mahfuja Khatun	
Married	Female	Rabeya Sultana	
Married	Female	Kohinoor Begum	
Married	Female	Giribala Roy	
Married	Male	Abdur Rahman	
Unmarried	Female	MasumaAkther Lovely	

Q2File Name	Gender	Name of Respondent	Position
Married	Male	Sarwar Hossain	
Married	Male	Momtazul Haque	
Married	Male	Habibur Rahman	
(4) FGD_WDC_Rangpur-03	Average Age 41 years Male 50% Female 50% Married 80% Unmarried 20%		
Unmarried	Male	Prodip Chandra	
Married	Male	Narandro Nath	
Married	Male	Napshu Chandra	
Married	Male	Johurul Islam	
Married	Male	Anwar Hossain	
Unmarried	Female	Jobo Rani	
Married	Female	Pilpile Rani	
Married	Female	Shova Rani Roy	
Married	Female	Ayesha Khatun	
Married	Female	Beauty Rani	
(5) FGD_Com_Rangpur-01	Average Age 28.6 years Female 71.4% Male 28.6 % Married 71.4% Unmarried 28.6%		
UnMarried	Male	Md. Moniruzamman	
Married	Male	Abdul Kaiyum	
Married	Female	Moriyam Begum	
Married	Female	Hasena Ahmed	
Married	Female	Sohagi Begum	
Married	Female	Marina Akhter	
Unmarried	Female	Roksana Begum	
(6) FGD_Com_Rangpur-02	Average Age 47.8 years Female 66.7 % Male 33.3 % Married 100 %		
Married	Female	Sita Rani	
Married	Female	Rina Rani	
Married	Female	Mina Rani	
Married	Female	Bina Pani	
Married	Female	Maloti Rani	
Married	Female	Sapla Rani	
Married	Male	Harish Chandra	
Married	Male	Chandon Roy	
Married	Male	Toronikanto Nath	

Q2File Name	Gender	Name of Respondent	Position
(7) FGD_Com_Rangpur-03	Average Age 34 years Female 75 % Male 25 % Married 62.5 % Unmarried 37.5 %		
Married	Female	Nasima Akhter	
Married	Female	Aleya Begum	
Unmarried	Female	Mitu Begum	
Unmarried	Female	Aduri Begum	
Married	Female	Sokina Khaytun	
Married	Female	Kohinur Begum	
Married	Male	Yakub Ali	
Unmarried	Male	Apon Hasan	
(8) FGD_WDC_Satkhira-01	Average Age 29 Female 16.6 % Male 83.4 % Married 50% Unmarried 50%		
Unmarried	Female	Shahida Khatun	
Married	Male	Md. Hakim	
Married	Male	Abdus Salam	
Unmarried	Male	Bashar Ali	
Unmarried	Male	Saidul Islam	
Married	Male	Ashraful Islam	
(9) FGD_WDC_Satkhira-02	Average Age 43 years Female 50 % Male 50 % Married 83.4 % Unmarried 16.6%		
Married	Female	Shoroshoti Devi	
Married	Female	Shema Mollick	
Unmarried	Female	Shompa Khatun	
Married	Male	Md. MasudulHaque	
Married	Male	Md. Moshuazzaman	
Married	Male	Ibrahim Khalil	
(10) FGD_WDC_Satkhira-03	Average Age 30 years Female 33.3 % Male 66.7 % Unmarried 33.3 % Married 66.7 %		

Q2File Name	Gender	Name of Respondent	Position
Married	Female	Shukria Khatun	
Unmarried	Female	Fatema Begum	
Married	Male	Alauddin Khan	
Unmarried	Male	Mokhlesur Rahman	
Married	Male	Bellal Hossain	
Married	Male	Shohorab Hossain	
(11) FGD_Com_Satkhira-01	Average Age 27 Male 44.4% Female 55.6% Married 33.3% Unmarried 55.6%		
Unmarried	Female	Trishna Rani	
Unmarried	Male	Sharif Ali	
Unmarried	Male	Rayhan Hossain	
Unmarried	Female	Al-amin Hawladar	
Married	Female	Polash Mia	
Unmarried	Female	Sharmin Akhter	
Married	Female	Rumi Akhter	
Married	Male	Momtaz Begum	
Widowed	Female	Raheka Khatun	
(12) FGD_Com_Satkhira_02	Average Age 28.7 years Female 50 % Male 50 % Married 50% Unmarried 50 %		
Married	Female	Rubina Khatun	
Married	Female	Rowshon-ara Begum	
Unmarried	Female	Ambia Khatun	
Married	Male	Hamidur Rahman	
Unmarried	Female	Sojib Mia	
Unmarried	Female	Samim-ara Khatun	
Married	Male	Dobliow Khan	
Unmarried	Male	Rakib Hasan	
Unmarried	Male	Sharmin Akhter	
Married	Male	Nur Hossain	
(13) FGD_Com_Satkhira_03	Average Age 34 years Female 50 % Male 50 % Married 62.5 % Unmarried 37.5 %		
Married	Male	Nurul Islam Sheikh	
Married	Male	Abdur Rahim	
Married	Male	Abu Sattar	

Q2File Name	Gender	Name of Respondent	Position
Unmarried	Male	Rakibul Hasan	
Unmarried	Female	Shamima Akhter	
Unmarried	Female	Reshma Begum	
Married	Female	Rahima khatun	
Married	Female	Shahana Begum	
(14) FGD_WDC_Sunamganj-01	Average Age 28 Male 50% Female 50% Married 66.7% Unmarried 33.7%		
Married	Female	Amena Begum	
Unmarried	Female	Anwara Khatun	
Married	Female	Ishrat Jahan	
Married	Male	Jalal Uddin	
Married	Male	Atiur Rahman	
Unmarried	Male	Mofijul Islam	
(15) FGD_WDC_Sunamganj-02	Average Age 26 Male 50% Female 50% Married 33.3% Unmarried 66.7%		
Married	Male	Md. Zainal Abedin	
Unmarried	Male	Md. Zewel Ahmed	
Unmarried	Male	Md. Saiful Islam	
Married	Female	Nashima Begum	
Unmarried	Female	Laboni Akter	
Unmarried	Female	Suborna Akter	
(16) FGD_WDC_Sunamganj-03	Average Age 44 years Male 57% Female 43% Married 100%		
Married	Male	Alkus Mondol	
Married	Male	Abul Kalam	
Married	Male	Sharafot Hossen	
Married	Male	Khoka Mia	
Married	Female	Alia Begum	
Married	Female	Saleha Begum	
Married	Female	Mitu Chwoudhuri	
(17) FGD_Com_Sunamganj-01	Average Age 26.6 years Female 55.6 % Male 44.4 % Unmarried 55.6 % Married 44.4 %		
Unmarried	Female	Nur Jahan	

Q2File Name	Gender	Name of Respondent	Position
Unmarried	Female	Ayesh Akther	
Married	Female	Razia Begum	
Married	Female	Khaleda Akhter	
Married	Female	Masuda Khanom	
Unmarried	Male	Mostofa Sharif	
Married	Male	Abu Hanif	
Unmarried	Male	Jweal Ahmed	
Unmarried	Male	Harun Mia	
(18) FGD_Com_Sunamganj-02	Average Age 30 years Female 70 % Male 30 % Married 60 % Unmarried 40 %		
Married	Female	Rina Khatun	
Married	Female	Minara Begum	
Married	Female	Khadiza Akhter	
Married	Female	Khadiza Begum	
Married	Female	Saleha Akhter	
Unmarried	Female	Razia Khanom	
Unmarried	Female	Shahana Begum	
Married	Male	Jahangir Alam	
Unmarried	Male	Saiful Islam	
Unmarried	Male	Abdullah Mia	
(19) FGD_Com_Sunamganj-03	Average Age 34.4 years Female 87.5 % Male 12.5 % Married 62.5 % Unmarried 25.0 % Widow 12.5 %		
Widow	Female	Rahima Begum	
Married	Female	Shopna khatun	
Married	Female	Hanufa Begum	
Married	Female	Sufia Akhter	
Married	Female	Mitu Mia	
Unmarried	Female	Rabeya Khatun	
Unmarried	Female	Rashida Akhter	
Married	Male	Abdul Mannan	

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12. Annex 8: Responsibilities of Evaluation Team Members

Dr. Tristi Nichols with Manitou, Inc., TEAM LEADER.

As Team Leader of this project, Dr. Nichols managed the evaluation process, including evaluation design, instruments formulation, data collection and analysis, quality assurance to integrate human-rights/gender/equity lens, reporting, and presentation of findings. With over 15 years of international evaluation experience, Dr. Nichols has worked in numerous capacities for NGOs, the United States Government, and the United Nations in many countries including those emerging from post-conflict. Her areas of expertise include assessing the effectiveness, relevance, and impact of development programmes administered by civil society, the United Nations, and national governments. She earned her doctorate in Programme Evaluation and Planning from the prestigious Cornell University. Dr. Nichols has not only worked in Bangladesh, but also in Africa, Eastern Europe, India, Sri Lanka, the Caribbean, and the United States. She is fluent in French and Portuguese. Dr. Nichols also served on the Board of Directors of the American Evaluation Association, the leading professional society dedicated to programme evaluation and has an article in the book *Feminist Evaluation and Research Theory and Practice*.

Mrs. Maie Ayoub with Manitou, Inc., C4D EXPERT.

Mrs. Ayoub's role was to ensure that: (a) all stakeholder instruments were consistent with UNICEF's C4D strategies used; (b) all findings answered the "so what?"-question after all of the data was collected; and (c) the lessons learned derived from this evaluation spoke to the future of C4D in Bangladesh. With over 30 years in Human Rights-based development and media in four continents (Asia, Africa, North America, and Europe), Mrs. Ayoub has direct expertise in communication and advocacy, including C4D, situational assessments, partnership building and management, leadership and human resource management, gender equality, Human Rights, programme planning, monitoring and evaluation, and emergency assistance. Recently, for both UNICEF Lebanon and Nigeria, Mrs. Ayoub is supporting the functioning of C4D as practiced (implemented) and the strengthening of UNICEF staff/partner capacity. She conducted assessments of the quality and effectiveness of the network responsible for community engagement to address the infamous Polio outbreak. In addition, she identified stakeholder needs, conceptualised the training, and supported its extension through training sessions. Finally, Mrs. Ayoub is currently working on UNICEF's training manual in C4D which will be made available globally.

Mr. Fuad Pasha, Mitra and Associates, MANAGING DIRECTOR of the programme evaluation.

As the Managing Director of this evaluation, Mr. Pasha's role was to lead the talented teams of Bangladeshi data collectors. The major tasks included the: (a) preparation of news advertisements; (b) negotiation/finalization of staff/project contracts; (c) overall planning, mobilisation and managing of qualitative and quantitative data teams; (d) pretesting of all instruments; (e) organisation of training the team of enumerators; (f) organisation of the conduct of field-visits; (g) management of the preparation of the data

set/database, data analysis, report writing workshop, report editing, and final presentation; (h) management of finances and logistics.

With a Bachelor's in Economics (1982) from the University of Dhaka (with training in labour law and industrial welfare), Mr. Pasha has over 24 years of experience in human, financial and logistical resource management, part of which was 8 years of experience with the Duncan Brothers-owned tea garden and the remaining 16 years with Mitra and Associates. Mr. Pasha has been Director (of Operations) since 1999. He has worked on more than 75 large/very large survey research projects commissioned by clients including the GoB, United Nations agencies, international/national universities/donors. Most of these projects have involved large budgets, the mobilisation of huge manpower, and collaboration with multiple national and international clients/experts.

13. Annex 9: Detailed Work Plan

Team Leader Schedule while in Bangladesh from 25 January to 15 February, 2017

Date	Event or Name of Stakeholder	Position and Title
25-Jan	Departure from New York to Bangladesh	EVENT
26-Jan	Arrival in Dhaka at night	EVENT
27-Jan	Training at Mitra and Associates	EVENT
29-Jan	Ms. Neha Kabil	UNICEF, Chief, C4D Section
29-Jan	Mr. Carlos Acosta	UNICEF, Chief, SPEAR
29-Jan	Mr. Masudur Rahman and Ms. Tania Sultana	UNICEF, C4D Section Specialists
29-Jan	Ms. Sheema Sen Gupta	UNICEF, Deputy Representative
29-Jan	Mr. Shantanu Gupta	UNICEF, Statistics and Monitoring Specialist
29-Jan	Ms. Roshni Basu	UNICEF, Gender and Development Specialist
30-Jan	Training at Mitra and Associates	EVENT
31-Jan	Revised Inception Report submitted	EVENT
31-Jan	Section Head Meeting at UNICEF	EVENT
1-Feb	Mr. Md. Habibur Rahman	GoB, Programme Officer, Ministry of Information
1-Feb	Ms. Anu Narayan	UNICEF, Chief, Nutrition Section
1-Feb	Ms. Cathrine Chirwa	UNICEF, Education Specialist & Manager
1-Feb	Mr. Anwar Houssain	UNICEF, Programme Specialist, Field Services
1-Feb	Initial contact with Mr. Jean Lieby (Chief Child Protection Section); Ms. Jamila Akhter; and Ms. Shabnaaz Zahereen	UNICEF, Child Protection Specialists
2-Feb	Dr. ASM Shahabuddin	Assistant Scientist at BRAC University
2-Feb	Dr. Taskinur Rahman	Executive Director, ASOD
2-Feb	Reference Group Meeting	EVENT
2-Feb	Telephone Interview with Dr. Mohsin	UNICEF, Education Specialist & Manager
3-Feb	Ms. Neha Kabil	UNICEF, Chief, C4D Section
4-Feb	Dr. Malabika Sarker	Professor and Director of Research, BRAC University (1 st interview via Skype)
5-Feb	Travel day to Khulna	EVENT
4-Feb	Ms. Tania Sultana	UNICEF, C4D Officer (telephone interview)
5-Feb	Ms. Umme Halima, Communication for Development Officer and Md. Kafil Uddin, Chief of Field Office in Khulna	UNICEF, Khulna Field Officers
5-Feb	Mr. Rafiqul Islam Khokan	Executive Director of Rupantar

Date	Event or Name of Stakeholder	Position and Title
6-Feb	WDC FGD (#9) in Nolta (Satkhira)	Community, see other contact list
6-Feb	Community FGD (#11) in Nolta (Satkhira)	Community, see other contact list
7-Feb	Ms. Fatema Zohara	GoB Sub-National MoWCA Officer, Assasuni Upazilla
7-Feb	Debriefing with Team I	EVENT
8-Feb	Travel day to Rangpur via Dhaka	EVENT
9-Feb	WDC FGD (#4) members in Sadrataluq	Community, see other contact list
9-Feb	Community FGD (#2) in Sadrataluq	Community, see other contact list
9-Feb	Ms. Pilpili Rani and Ms. Hasina Akter	Community, Sadrataluq Frontline Workers
9-Feb	Interviews with Mr. Md. Mouin Uddin,	Media, Deputy Regional Director, Bangladesh Betar
10-Feb	Debriefing with Team II	EVENT
11-Feb	Travel day to Dhaka from Rangpur	EVENT
11-Feb	Ms. Roshni Basu	UNICEF, 2 nd Interview with Gender and Development Officer
12-Feb	Mr. Mohammad Humayun Kabir	GoB, Project Director, EECR, Ministry of Women and Children Affairs
12-Feb	FDG with Mr. Md. Sohel Rana, Deputy Regional Director of Betar Bangladesh, Bangladesh Betar, Md. Anwar Hossain Mridha, Director of BB, and Md. Abdul Hoque, Director (Liason) of BB.	Media, Bangladesh Betar in Dhaka stakeholders
12-Feb	Mr. Iftekhar Ahmed Chowdhury	UNICEF, Communication and Partnership Officer
12-Feb	Dr. Zia and Dr. Minjoon Kim	UNICEF, OIC in Health Section and Health Officer
12-Feb	Ms. Jamila Akhter and Ms. Shabnaaz Zahereen	UNICEF, Child Protection Officers
12-Feb	Ms. Gita Rani Das	UNICEF, C4D Officer in Chittagong
13-Feb	Mr. Mohammad Alamgir	UNICEF, C4D Officer in Myemesing
13-Feb	Mr. Syeedul Haque Milky	UNICEF, C4D Officer in Sylhet
13-Feb	Mr. Sanjit Kumar Das	UNICEF, C4D Officer in Barisal
13-Feb	Dr. Malabika Sarker, Professor and Director of Research and Dr. Shaila Naznee, Sr. Research Associate	2 nd interview, in person at the James P. Grant School of Public Health, BRAC University
14-Feb	Debriefing with Team III	EVENT
14-Feb	Mr. Shofiqul Alam and Mr. Monirul Alam	UNICEF, WASH Officers
14-Feb	Debriefing with UNICEF about main themes	EVENT
15-Feb	Departure for New York	EVENT
27-Feb	Skype Interview with Ms. Mary Myers	Author of previous C4D evaluation

14. Annex 10: Data Tables for the Eight Life-Saving Behaviours

TABLE 24: DATA TABLE: ANC KNOWLEDGE

Response Categories for Antenatal Care “How often are you supposed to get a checkup during pregnancy?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
1 to 3 times	9.2%	13.6%	14.4%
4 times	43.1%	46.9%	16.1%
More than 4 times	16.9%	13.6%	9.2%
Combined answers for 4 times and more than 4 times	60%	60.5%	25.3%
When Necessary	4.4%	5.8%	7.5%
Don't know	26.4%	20%	52.8%

TABLE 25: DATA TABLE: ANC BEHAVIOUR

Possible Responses for Antenatal Care “QC1_2. Did you (your wife) go for any Health Checkup during pregnancy?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
Yes	89.4%	82.3%	55.7%
No	10.6%	17.7%	44.3%

TABLE 26: DATA TABLE: ACUTE RESPIRATORY INFECTION: KNOWLEDGE

Possible Responses for ARI “QC4_5. What are the symptoms of pneumonia?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males	Adolescents
Cough	67.3%	75.1%	27.8%	
Fever	41.3%	41.4%	44.8%	
Increased breathing rate	78.7%	83.1%	15.1%	53.7%
Falling the lower chest into the chest cavity during breathing	39%	39.9	1%	
Lethargy / loss of consciousness	3.2%	1.8%		
Don't Know	11.4%	5.3%	11.4%	37.3%

TABLE 27: DATA TABLE: ACUTE RESPIRATORY INFECTION: BEHAVIOUR

Possible Responses for ARI “QC4_3. What did you do when your child showed the symptoms of Pneumonia?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
Took care at home	16%	18.9%	17.3%
Pharmacy	6.2%	11.3%	8.7%
Traditional healer or village doctor	17.3%	21.7%	22.2%
MBBS Doctor	40.7%	39.6%	25%
Took to the hospital	54.3%	55.7%	28.8%

TABLE 28: DATA TABLE: BR KNOWLEDGE

Possible Responses for Birth Registration QC3_5_2 “When did you do birth registration of your child of less than 5 years old?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males	Adolescents
Within 45 days	98.3%	57.1%	21.6%	39.2%
Anytime after 45 days	31.4%	61.8%	51.2%	
During school admission	4.1%	>1%	7.5%	
Can't remember		>1%	3.8%	
There is no specific time				
Not applicable	9.1%	2.3%	16%	
Don't know				48.6%

TABLE 29: DATA TABLE: BR BEHAVIOUR

Possible Responses for Birth Registration “QC3_3. Have you done birth registration of your children?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
No	64.8%	38.2%	38%
Yes	35.2%	61.8%	62%

TABLE 30: DATA TABLE: EBF KNOWLEDGE

Possible Responses for Exclusive Breast Feeding QC2_1 “Do you know within what time of your child’s birth he/she should be breastfed?”	Mother of Under 6 months child	Mother of Under 5 years child
Immediately after birth/ Within 1 hour of birth	78.6%	82.8%
Within the first day	11.1%	11.4%
After the first day	>1%	>1%
Don't know/can't remember	9.7%	5.3%

TABLE 31: DATA TABLE: EBF BEHAVIOUR

Possible Responses for Exclusive Breast Feeding “QC2_2. Up to what age your youngest child was exclusively breastfed?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
Less than 6 months	74.4%	15.2%	51.3%
6 months	19.7%	55.7%	20.1%
More than 6 months	3.6%	28.3%	3.6%
Can't remember	2.2%	>1%	25.1%

TABLE 32: DATA TABLE: HWWS KNOWLEDGE

Possible Responses for Hand Washing “QC5_3. Do you know what the critical moments of hand washing are?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
Before feeding the baby	61.4%	59.8%	
Before having food	88.3%	94.7%	87.2%
After using the toilet	96.4%	97.2%	8.9%
After having food and after cooking	26.1%	23.8%	

Possible Responses for Hand Washing “QC5_3. Do you know what the critical moments of hand washing are?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
After returning home from outside	9.2%	11.6%	
Before preparing food	40%	38.8%	>1%
After wiping children feces	63.6%	59.3%	
Don't know	1.4%	1.1%	3.6%

TABLE 33: DATA TABLE: HWWS BEHAVIOUR

Possible Responses for Hand Washing “QC5_2a. When do you wash your both hands with soap?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males	Adolescents
Before eating (and feeding) the baby ¹³⁵	49.2%	43.5%	73.3%	66%
Before eating	77.5%	84.5%		
After using the toilet	96.4%	97.2%	24.2%	32.5%
After having food and after cooking	21.7%	18.3%		
After returning home from outside	6.1%	8.3%	>1%	
Before preparing food	23.9%	22.4%	>1%	
After wiping children feces	50.6%	44.6%		
Don't know				
Other	>1%	>1%	1.7%	

TABLE 34: DATA TABLE: HIV KNOWLEDGE

Possible Responses for HIV/AIDS QC6_2. “Do you know what the modes of transmission of HIV/AIDS are?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males	Adolescents
By having unsafe sex with a person who has AIDS	47.9%	48.9%	64%	22.9%
Through unsafe blood transfusion	21.3%	20%	6.6%	
By using unsafe needles/syringes	2.8%	2.1%	1.3%	
From an HIV mother to her child during pregnancy, delivery, or through breastmilk		>1%		
Don't know	28%	28.5%	28.1%	50.3%

TABLE 35: DATA TABLE: CI KNOWLEDGE

Possible Responses for Child Injury “QC10_4. In your opinion what are the reasons of child injury?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males	Adolescents
Drowning	24.4%	34.6%	29.2%	31.3%
Falling from high places	96.1%	94.7%	64.9%	48.5%
Snakes, dog bite, poisoning	8.9%	8.9%	>1%	

¹³⁵ This question was presented as one with the parentheses for the adult males and then presented as a separated question for the U5/U6 mothers.

Possible Responses for Child Injury “QC10_4. In your opinion what are the reasons of child injury?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males	Adolescents
Burns and electrocution	8.3%	6.1%		
Road accident	2.5%	3.6%		
Cut injury by sharp instrument	31.9%	36.8%	>1%	
Fighting with peers	27.2%	44.6%	3.3%	
Don't know	>1%	1.4%	1.1%	

TABLE 36: DATA TABLE: CI BEHAVIOUR

Possible Responses for Child Injury “QC10_3. What did you do when the child got injured?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
Took care at home	81%	58.9%	64.7%
Pharmacy		6.3%	7.4%
Traditional healer or village doctor		9.5%	8.8%
MBBS Doctor	>1%	2.1%	1.5%
Took to hospital	4.8%	2.1%	1.5
Did not seek any treatment	14.3%	21.1%	16.2%

TABLE 37: DATA TABLE: DISASTER PREPAREDNESS: KNOWLEDGE

Possible Responses for Disaster preparedness: QC11_3. “What measures can you take to keep safe from natural disaster?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males	Adolescents
Keep informed about weather update/ warning signal	13.3%	13%	14.8%	
Quickly move to the nearest shelter / higher ground	80.8%	86.1%	70.4%	46.3%
Give preference to the safety to children, pregnant women, disabled and older people	15.6%	22.2%	>1%	
Keep dry food and pure drinking water prepared	25.3%	28.5%	1.4%	17.2%
Keep essential things prepared	28.9%	30.7%	2.2%	
Don't know	13.1%	10.5%	10.6%	

TABLE 38: DATA TABLE: DISASTER PREPAREDNESS: BEHAVIOUR

Possible Responses for Disaster preparedness: QC11_3. “What measures did you take to keep safe from natural disaster?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
Keep informed about weather update/ warning signal	3.4%	2.5%	3.7%
Quickly move to the nearest shelter / higher ground	43.5%	49.8%	52%
Give preference to the safety to children, pregnant women, disabled and older people	6.8%	6.7%	1.3%
Keep dry food and pure drinking water prepared	13.5%	17.2%	2.7%

Possible Responses for Disaster preparedness: QC11_3. “What measures did you take to keep safe from natural disaster?”	Mother of Under 6 months child	Mother of Under 5 years child	Adult males
Keep essential things prepared	16.9%	18.8%	1.3%
Don't know			
Did not do anything	48.3%	45.6%	39%

TABLE 39: SUMMARY OF MARRIAGES INITIATED, STOPPED, AND WHICH OCCURRED

District ¹³⁶	Child Marriage Initiated	Child Marriage Stopped	Child Marriage Occurred
Netrakona	52	37	15
Bandarban	17	10	7
Bhola	624	410	214
Rangpur	239	220	19
Cox's Bazar	80	37	43
Satkhira	127	37	90
Total	1139	751	388

¹³⁶ Process data for Sunamganj and Sylhet is not available.

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