Effectiveness of Information, Education and Communication (IEC) Materials

AN ASSESSMENT REPORT FOR

Bandhu Social Welfare Society
Kakrail, Dhaka

September 2018

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Acknowledgement

The situation of social justice for the Gender Diverse Population in Bangladesh is still vulnerable despite significant progress achieved in the promotion of sexual reproductive health. This assignment has given us an opportunity to realize the significance of rights of the people treated as “transgender” in our society, particularly the right of access to health, education and other services with dignity.

We are thankful to Bandhu Social Welfare Society for selecting us to conduct this assignment as consultants. It was also a great chance for us to learn a lot of issues related to the health of the sexual minority population, which truly contributed to our professional development. Therefore, we were very grateful to meet so many wonderful people and professionals who led us through this assignment.

It would have been difficult for us to accomplish the assessment in due time without the active cooperation from Mr. Moshiur Rahman, Deputy Manager, Policy & Advocacy; and Mr. Md. Muzibullah in organizing the field and mobilizing the project staff and beneficiaries for us to conduct the field assessment. We, therefore, express our deepest gratitude to them and other team members.

At the very outset of this assessment, we had an entrance meeting with Mr. Md. Fosiul Ahsan, Director-Program, Bandhu. This meeting helped us obtain a clear understanding of the assignment, its background and justification. We are grateful to him indeed for his contribution to the completion of this assessment.

It is our radiant sentiment to place on record our best regards, the deepest sense of gratitude to all the respondents, staff members and stakeholders at different DICs, HIMs and CBOs for their valuable time and experience they shared with us during the field research.

Finally, we would like to express our gratitude to Mr. Shale Ahmed, Executive Director, Bandhu, for his thoughtful guidance and strategic support which made us more confident of working with the sexual minority population in Bangladesh.

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<th>Description</th>
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<tbody>
<tr>
<td>Bandhu</td>
<td>Bandhu Social Welfare Society</td>
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<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>DIC</td>
<td>Drop-in Center</td>
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<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<tr>
<td>GDP</td>
<td>Gender Diverse Population</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>HRID</td>
<td>Human Rights in Development</td>
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<tr>
<td>IEC</td>
<td>Information, Education &amp; Communication</td>
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<tr>
<td>KII</td>
<td>Key Informant Interview</td>
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<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organization</td>
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<tr>
<td>RGDP</td>
<td>Rights for Gender Diverse Population</td>
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<tr>
<td>SRHR</td>
<td>Sexual Reproductive Health and Rights</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>USAID</td>
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Executive Summary

Introduction

The gender-diverse people who claim to be neither male nor female are socially excluded in Bangladesh. The nationwide behavioral and serological surveillance in Bangladesh has demonstrated the vulnerability of the gender-diverse community to sexually transmitted infections (STIs), including HIV, due to selling unprotected sex to multiple clients. It has been revealed by different studies that the gender-diverse population having no socio-political space where they can lead a life with dignity lives in the extreme margin of exclusion. Their deprivations are grounded in non-recognition as a separate gendered human being beyond the male-female dichotomy. Being outside this norm has prevented them from positioning themselves in a greater society with human potential and security. They are physically, verbally, and sexually abused. Extreme social exclusion diminishes self-esteem and sense of social responsibility. Before safer sex interventions can be effective on a broader scale, the Gender Diverse Population (GDP) needs to be recognized as having a space on the society's gender continuum. The gender-diverse people as the citizens of Bangladesh and also a part of society's diversity have gender, sexual and citizen rights that need to be protected.

Background and Objective of the Assessment

The Gender Diverse Population claims that the mainstream society does not understand their culture, gender, and sexuality. The dimensions of their social deprivation and the harassment caused to them have never received attention in the development sector. Several non-governmental organizations (NGOs) and community-based organizations (CBOs) are implementing HIV interventions primarily through promoting the use of condoms and lubricants and mainly providing treatment of the STIs. As a development partner, Bandhu is implementing its Human Rights in Development Project with support from USAID with its focus on promoting social justice for the sexual minority population in Bangladesh through establishment of dignity and accessing the state and non-state opportunities. In order to achieve the project objective, one key component of the project is to make people aware and change their behavior through using the IEC/BCC materials. Bandhu has developed a number of IEC materials for project beneficiaries. Now, it is time for the organization to assess the effectiveness of the IEC/BCC materials and adopt corrective measures for reaching the project goal.
Methodology

A combination of qualitative and quantitative methods and tools has been used to conduct this assessment. These included Focus Group Discussion (FGD) with beneficiary groups, Structured Interview (SI) with field staff and Key Informant Interview (KII) with stakeholders. The questionnaire and checklists developed to collect data were pre-tested with beneficiaries and staff, shared with respective project staff, and then finalized.

Major Findings

The study collected primary data from the project beneficiaries, staff, peer educators, and other stakeholders. Among the beneficiaries who participated in the FGDs, 80% reported that they received a variety of IEC materials containing very useful information about their right to health, formal education and other services provided according to the law of the land. The information they received was about HIV/AIDS and how to prevent it by using condom. It was learnt from them that 90% participants (beneficiaries) were using condom and lubricant during sex, and that they did not have sex with multiple partners. The FGDs revealed that the existing IEC materials created great impact on changing people’s behavior.

Most participants reported that messages/information, except a few technical words, contained in the brochures, booklet and leaflets were clear to understand. Among the participants, 30% were found weak in reading the text, and therefore, it was difficult for them to understand. However, they received necessary information from the staff and peer educators during meetings and discussions at the DICs. Some participants opined that the materials using less text and simple and key words with more pictures would be good for all to understand easily.

Interviews with the staff members (peer educators, community outreach coordinators and DIC Managers) found that 60% staff did not have training in BCC or how to use the IEC materials following the BCC process and that they did not have clear distinctions between the IEC and the BCC. Yet, it is noteworthy that the staff members working for more four years received training.

Most of the respondents reported that they had used the IEC materials in group meetings, monthly meetings, training sessions, and in person-to-person discussions. 60% staff members said that the IEC materials (I want to know, Know your own rights, Be aware Be healthy, Want to know, Want to let others know, and Sporsho) were very clear to those who can read. However, for those who are weak in reading, it was difficult to understand.

Among the respondents, 90% reported that they used the IEC materials in group meetings and monthly meetings at the DIC. They usually distributed few materials and explained the key messages to beneficiaries in the meetings. It seemed that the beneficiaries had much limited scopes for being engaged in discussion with the contents/messages.

However, the respondents reported that 70% beneficiaries were able to read and understand all IEC materials moderately, and for 30% it was not easy to understand, while 90% reported that most of
the beneficiaries were using condom and lubricant during sex. It is worth noting that their willingness to go for counseling and HIV/AIDS test has significantly increased.

Of the stakeholders, 90% reported that all the IEC materials developed for them were very clear for them to understand. They opined that before getting involved with Bandhu, they did not have enough information regarding transgender community’s rights and their situation. These materials helped a lot to change their minds.

**Major Recommendations**

- Revise the existing IEC materials by reducing text, using little bigger fonts and more pictures to help the beneficiaries understand messages easily, and continue using them in group discussions, monthly meetings and workshops to create dialogues leading to actions at the practice level.
- Develop a strategic guideline/manual on BCC, and provide BCC training for all members of the project staff.
- Undertake more discussions with demonstrations through facilitating small group exercise and role play, and sharing the best practices/stories and evidences form life.
- Use less text and more pictures in reading materials for the beneficiaries with less/no literacy skills to understand easily.
- Make video films (highlighting the best practices and also using the existing audio clips) and screen them in group discussions and monthly meetings.
- Develop TV promotional and drama/role play as new materials to address other stakeholders and community at large.
- Develop flash cards, picture-based brochures, and cartoons to deliver the key messages in group discussions and interpersonal communication among the people, especially those unable to read or less capable to read.
- Develop “Rights and Legal Aid Box” containing information about the basic rights and entitlements of the Gender Diverse Population.
- Introduce quarterly BCC plans, monitor the implementation progress from the HQs on a regular basis, and ensure mentoring to develop the staff capacity.
- Develop tools to monitor the BCC activities based on the data from monitoring reports.
- Develop “Beneficiary Behavioral Change Score Card” (pictorial) as a monitoring tool to assess behavioral change among the project beneficiaries.
1.0 INTRODUCTION

Bandhu Social Welfare Society (Bandhu), a development organization working to promote social justice for the sexual minority population in Bangladesh through establishment of dignity and accessing state and non-state opportunities, commissioned a research to assess the effectiveness of current Social Behavior Change Communication (SBCC)/Information Education and Communication (IEC) materials and to identify future needs. This report presents the results of the study conducted by external communication and research professionals.

1.1 Background

Over last two decades, Bangladesh has achieved significant progress in promoting Sexual Reproductive Health (SRH) compared with other South Asian counties. The collaborative and joint efforts of the Government and the NGOs have contributed a lot to achieving this progress. Nevertheless, there are few minority communities in Bangladesh, which have been still struggling to get access to health facilities due to various reasons. Due to the existing social norms, doctrines, behaviors and people’s mindset, it has been very difficult to address the SRH issues for the minority community in Bangladesh despite much policy support available from the Government to deal with this. In this backdrop, Bandhu Social Welfare Society (Bandhu) established in 1996 with a mission to address the healthcare needs and human rights issues of gender diverse population for contributing to a vision of a Bangladesh where every person, irrespective of their gender and sexuality, is able to lead a quality life with dignity, human rights and social justice.

1.2 Rationale

The Human Rights in Development (HRID) Project started its journey in Bangladesh in 2014 with the support from United States Agency for international Development (USAID) Bangladesh. Bandhu implemented the first and second phases of the project successfully. The main goal of this project is to promote social justice for the sexual minority population in Bangladesh through establishment of dignity and availing of state and non-state opportunities. This program is mainly focusing to promote gender equality and to reduce discrimination towards the gender diverse population in Bangladesh through strengthening the network and knowledge building of relevant stakeholders including legal aid organizations/forums, elected bodies, social elites, civil society organizations (CSOs), Community Based Organizations (CBOs), and faith based groups. These initiatives created a momentum among the community members at the grassroots level. The involvement of the Local Government and other social gatekeepers is further refueling the community movement and contributing significantly to educating the society to increase public mass awareness and support third gender mainstreaming.

Behavior Change Communication (BCC) and Information Education Communication (IEC) is an interactive process and strategy of any intervention with individuals, communities and societies (as
integrated with an overall program) to bring desired healthy changes in people’s behaviors which are appropriate to their settings and thereby solve world’s most pressing health problems.

In order to reach the goal of this program, Bandhu has developed a number of Behavior Change Communication (BCC) and Information, Education and Communication (IEC) materials as tools to bring about changes in people’s behavior as expected. The BCC is a strategic communication approach that needs continues monitoring and updating to reset the process and tools. It is also important to see the effectiveness of using IEC/BCC materials take corrective measures to meet its goal.

1.3 Objectives of the Assignment

The objectives of the assignment are:

1. To find out the effectiveness of using IEC/BCC materials justified for this program;
2. To analyze and recommend new IEC/BCC materials; and
3. To explore a way forward to address the identified needs and gaps for effective intervention to support Gender Diverse Population (GDP).

2.0 METHODOLOGY

The assessment has been conducted combining the qualitative and qualitative methods and using the techniques and tools that are appropriate and suitable for collecting the data from the stakeholders relevant to the assignment.

2.1 Conceptual Framework of the Assessment

Social and Behavior Change Communication (SBCC) is the use of communication to change behaviors including service utilization and promote social change by positively influencing knowledge, attitudes and social norms.

The SBCC goes beyond the delivery of a simple message or slogan to encompass the full range of ways in which people individually and collectively convey meaning. Among the powerful tools
employed by SBCC programs are mass media, community-level activities, interpersonal communication, information and communication technologies and new media.

The assessment considered the following issues the core elements of this conceptual framework:

- participatory/interactive process in assessment;
- gender sensitiveness;
- cultural beliefs;
- local context of behavior and other social norms; and
- participants’ experience and understanding.

2.2 Desk Review

The consultants reviewed all the IEC/BCC materials (print, pictorial and audio-visual) developed and produced by the project. The review was intended to get an overview of the project, its expected outputs and working strategies to reach the objectives of the project, and covered the following issues:

- message and for whom this message has been developed;
- means to deliver the messages, that means the media selection for each message;
- level of understanding of the participants/recipient;
- gender;
- cultural beliefs;
- local context; and
- and how far the messages are easy to understand and create internal force for change.

2.3 Development of Assessment Tools

The review of project-related documents was followed by the development of data collection tools (FGD checklist, key questions, questionnaire, observation checklist, etc). The tools were piloted prior to their administration in field research.

2.4 Consultation Meeting

The development of the draft tools was followed by a consultation meeting with the project management team. The main purpose of this consultation was to share the tools/instruments developed by the consultants and receive the management feedback for finalization.

2.5 Sampling

The assessment adopted random and purposive sampling techniques to collect data from 71 beneficiaries, 27 staff and peer educators, and six stakeholders in four DICs, two HIMs and one CBO in
Dhaka, Mymensingh and Comilla districts. The number of interviews, key Informant interviews and FGDs was determined in consultation with Bandhu management and the project team.

2.6 Data Collection

The assessment was conducted administering nine focus group discussions (FGDs with the project beneficiaries, 27 structured interviews (SIs) with field staff and peer educators, and six key informant interviews (KII)s with the stakeholders based in the DICs of Dhaka, Chilikotha, Mymensingh, and Comilla as shown in the matrix below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>#</th>
<th># of People Met</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group Discussion (FGD)</td>
<td>09</td>
<td>71</td>
<td>4 DICs in Dhaka, Mymensingh &amp; Comilla</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 HIM Center, 1 CBO, 1 Possibility Group</td>
</tr>
<tr>
<td>Structured Interview (SI) with staff</td>
<td>27</td>
<td>27</td>
<td>Three DICs in Dhaka, Mymensingh &amp; Comilla</td>
</tr>
<tr>
<td>Key Informant Interview (KII)</td>
<td>06</td>
<td>06</td>
<td>Dhaka, Comilla &amp; Mymensingh</td>
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</table>

2.6.1 Structured Interview (SI)

The consultants conducted structured interviews with the project staff to get their views and opinions on the uses of the IEC/BCC materials developed by the project.

2.6.2 Key Informant Interview (KII)

The key informant interviews (KII)s were conducted with relevant project stakeholders to get their opinions in relation to the future needs and identify gaps in this sector as well as to explore new IEC/BCC materials for the project based on stakeholders’ experience.

2.6.3 Focus Group Discussion (FGD)

The FGDs were conducted with community representatives to capture their views and opinions about the IEC/BCC materials to assess how IEC/BBC materials impacted on their behavior.

2.6.4 Observation

The consultants used this technique to assess to what extent people have changed their behavior. During the FGDs, the consultants observed the community people key behavior that was expected to change.

2.7 Ethical Consideration

This assessment ensures the anonymity of the respondents and the confidentiality of the data they shared and provided during the field research in an ecological environment.
3.0 FINDINGS
The findings of the assessment made through literature review and field research are as follows.

3.1 Strategy, Purpose and Process

3.1.1 Strategic Need and Purpose of IEC/BCC Material Development
To bring changes to people’s health behavior is one of the key components of Bandhu. Therefore, Bandhu has given much importance to developing IEC/BCC materials for different levels of the program. The main purpose of developing IEC/BCC materials is to provide required information/knowledge for the beneficiaries with an expectation that people will change their behavior with regard to health practices.

3.1.2 Message Piloting and Assessment
Before developing all the materials, Bandhu experts pre-tested all the messages considering their socio-cultural aspects and level of understanding. Also, they conducted an assessment to develop messages and select appropriate media for promotion. However, the IEC/BCC materials have been developed for the following audience:

- community/primary beneficiaries;
- stakeholders (school teachers, religious leaders, students, law-reinforcing department, lawyers, businessmen); and
- project staff.

3.1.3 Staff Capacity Building
After developing IEC/BCC materials, Bandhu organized training courses for its staff members (Outreach Coordinator and Peer Educators) to enrich their knowledge on the programmatic issues, like the messages they would like to disseminate.

3.1.4 Group Meeting
The Outreach Coordinator and the Peer Educator organize group meetings beneficiaries at DIC and community levels, and discuss HIV/AIDS and its preventive mechanisms, use of condom and lubricants, HIV/AIDS test, and human rights issues.

3.1.5 Peer Session
The peer educators meet beneficiaries in their communities and discuss all related issues in person-to-person discussions, and distribute the IEC materials among the beneficiaries as reading materials to get required information. This peer group session is interactive and supportive for the beneficiaries to get scopes for clarification on any issues/messages if they have any ambiguity.

3.1.6 Monthly Discussion at DIC
The DIC managers organize monthly discussions to talk about various issues related to program. In these meetings, the newly printed IEC materials are distributed and discussed by the DIC Manager and Outreach Coordinator.
3.2 Production and Distribution of Materials

A good number of colorful and attractive IEC materials had been produced by Bandhu for its beneficiaries, staff and stakeholders. Most of the beneficiaries reported that they had received few materials but not all. Some IEC materials were mostly-text based while others contained pictures and illustrations. Some materials like booklets and journals were distributed among all and some are available at the drop-in centers (DICs). The members/beneficiaries often come to the DICs and read these materials as DIC management has reported. However, the beneficiaries who were not able to read discussed the materials with their peer educators as DIC Manager and Outreach Coordinator mentioned.

From the desk review and interview with staff, it was found that the peer educators and field staff distributed all these IEC/BCC materials among beneficiaries in group meetings, and orientation and training sessions. The assessment team found quite a good number of printed colorful materials with a lot of messages for beneficiaries, staff and other stakeholders.

Bandhu produced four radio clips on different issues with a view to changing the community perception with regard to the human rights of Gender Diverse Population. The main purpose of this radio campaign program was to make people aware that Gender Diverse Population/transgender persons have equal rights to access basic services like health, education, employment and other social justices.

It was found that all radio clips and stories had been prepared in a professional manner. The messages were clear to all. The stories had been taken from the real-life experience of the Gender Diverse Population, as the Bandhu team reported.

3.3 Textual Composition of Messages

Interviews with staff and peer educators revealed that some IEC materials had a lot of messages written in small fonts, which is often difficult for the readers to understand. In some cases, it was found that the technical words used in those materials needed clarification particularly for the beneficiaries to understand. Some members of the project staff opined that the beneficiary communities were not willing to read huge text, and that the beneficiaries did not feel comfortable even at home to read. It was found that more than 60% staff did not have training in BCC and that they also did not know how to use the IEC materials and transfer their knowledge to the practice level. Therefore, it is highly recommended to provide training for all staff on BCC.

3.4 Delivering the Messages

3.4.1 Capacity for Delivering Messages

Interviews with the staff and peer educators found that the staff worked with this program for more than four years, and they received training, but could not remember the course title and contents. No refresher training followed. It was found that 60% staff did not receive any training in BCC.
3.4.2 Materials Used in Delivering Messages
The Community Outreach Coordinator and peer educators are the key staff using the IEC materials for beneficiaries. The data from the SIs reflects that six IEC materials were mostly used by the staff members to raise awareness among the community level beneficiaries. Out of 27 respondents, 15 mentioned that they used the IEC material “I Want to Know” while 13 mentioned *Sporsho* and “Helpline Card” and 12 “Be Aware Be Healthy”. Ten respondents mentioned two materials “Know Your Legal Rights” and “I Want to Know and Let Others Know”. The interviews revealed that *Spondon*, Helpline Card, booklet and spotlight were distributed among stakeholders in the meetings. Most of the materials were informative and knowledge-based and helped the stakeholders to understand issues relating to HIV/AIDS and human rights of the transgender communities.

3.4.3 Media Used in Delivering Messages
From the Interviews with staff and peer educators, it was found how the field staff delivered the IEC materials. The highest number of respondents (14 out of 27) mentioned “Group Discussion” as the means of sharing the IEC materials while 12 respondents mentioned monthly meeting at DIC and one inter-personal communication. During the interviews, the respondents also mentioned that they read out these materials in group discussions and meetings and explained the messages. The discussions are led by staff using lecture method that limits the scope for participants’ involvement in discussion.

Some of the FGD participants mentioned that they received information about HIV/AIDS and use of condoms to protect STD from the peer educator, group meeting and training session. An FGD with nine members of a Possibility Group found that they received few printing materials like booklet and brochure, and they attended a number of training courses, workshops and discussions from where they collected maximum information.

3.5 Factors Constraining Communication of Messages
Peer educators and staff identified certain factors constraining the effective communication of the messages. The major problem faced by Bandhu field staff lies in making people aware by using the existing IEC materials. Another problem identified by the respondents is that the beneficiaries who lack literacy skills did not get the messages conveyed by most of the literature-based IEC materials.

The lack of cooperation from the local communities and offices of the law-enforcing agencies was identified as a critical problem facing communication with the transgender communities. To overcome the stated constraint, however, it is important that more interactions with local communities and law-reinforcing department (lawyer, police) are needed to create an enabling environment for the staff members to work with beneficiaries for a longer period of time during community visit.

During the review of the IEC materials, the assessment team did not find any guidelines or BCC strategies for the project. As a result, most of the staff members and peer educators do not have clear ideas and skills on how to use IEC/BCC materials.
3.6 Receiving the Messages

Most community people who participated in the FGDs reported that they received all these messages through different channels and sources. The most important sources were group discussion, monthly discussion at DIC, Peer Educator, brochure (Amio Jante Chai), posters, and leaflets.

However, 50% participants of an FGD with a Possibility Group reported that they received all messages/information from IEC materials. It was found that most of those participants, especially adolescent and youth group members, completed graduation.

The great majority of the key informants (90%) reported that they received the messages from seminar/discussion/workshop conducted by Bandhu while 80% reported booklets and magazines (Spotlight and Spondan) as sources of information.

It is found that the IEC materials provide information effectively for the stakeholders. It was observed that the respondents easily recollected the messages they received from the IEC materials.

3.7 Understanding the Messages

Interviews with staff and peer educators found that only two out of eighteen have a moderate level of understanding the messages. It was appeared that two members of staff have little idea about IEC and BCC while the rest could not explain the differences between these two.

Participants were asked to share their opinions about IEC materials how these are easy to understand. Also suggested to think about all the IEC materials participants have mentioned earlier. The table # 5 shows that 70% staff reported that existing IEC materials moderate in in terms of understanding. Only 7 out of 27 participants mentioned not easy to understand while 2 participants opined that materials are easy to understand.

However, it was also observed during FGD with community beneficiaries that nearly 30% beneficiaries are weak in reading. Thus, all the printing materials may not be suitable for all participants.

Most FGD participants reported that messages in the reading materials were moderately clear to them for those who can read but not in some cases like long sentences and some technical wards. They also reported that messages on HIV/AIDS, STD and legal issues were clear to them. Most of the youth group/adolescent group members reported that messages are clear to them, as all of them have completed graduation and some are close to complete. They also opined that some long sentences in the brochures –is difficult to them who are comfortable to read. Some of the participants have mentioned that too much text with small font is difficult to read. Even, they do not have enough time to read. But, it was clearer to them when these issues were discussed in group meeting and monthly discussion at DIC.
The Possibility Group members mentioned in an FGD that the reading materials were easy to understand. Most key informants opined that most of the materials developed for stakeholders were very clear to understand while a very few respondents mentioned “moderate” that means they think there is a little scope to improve some materials to make more communicable.

3.8 Using Messages to Create Awareness

Most participants of the FGDs reported that they have got very useful information from the materials about their rights to get health services, access to formal education and other legal rights according to the law of the Government of Bangladesh. They learnt how to prevent HIV/AIDS and STD by using condom during sex, and why to use lubricant during sex. They were found aware of the use of the help line number for assistance in any circumstance. However, some of them could not mention much as they are not good at reading the materials they have seen, and a very few members communicated to help line.

An FGD with nine lesbian and transgender members of a Possibility Group found them quite well informed about the messages relating to save sex, help line and human rights issues. However, they reported that due to social beliefs and norms, it was not very easy to move and access basic services without facing troubles. Most of them also reported that they were not enjoying human rights particularly in case of:

- renting a house for females;
- using dresses of their choices; and
- riding public vehicles in male wear.

3.9 Retaining and Recalling the Messages

Most of the staff members and peer educators clearly mentioned three key messages as pointed out below:

- HIV/AIDS and how to prevent it by using condom for safe sex, blood test, and transfer;
- use of lubricant during sex; and
- human rights.

However, it was found that some of them did not remember how many IEC/BCC materials they had seen and the key messages illustrated in those materials.

It was also found that most FGD participants remembered the basic information about HIV/AIDS, preventive measure, and legal rights while very few were able to recall the titles and messages of IEC materials produced for them.

3.10 Effectiveness of Messages

All FGD participants clearly reported that the IEC materials and interaction among the beneficiaries in group meetings/sessions helped them a lot to understand the messages.
Most key informants reported that they had limited information about the Gender Diverse Population and MSM groups in Bangladesh. Even, many of them opined that they had negative attitude and very traditional ideas about those communities. After getting involved with Bandhu, their mindsets have been changed and started supporting these communities from their profession. All of them highly appreciated the following IEC materials which basically helped them a lot to understand:

- Booklet-“Know your rights”;
- Spot Light magazine; and
- Spondon

At the end, the consultants asked participants the staff and peer educators to share their opinions about the improvement of the existing IEC materials, explore the new materials which will be easy to understand, and help change their behavior and the communities.

3.11 Using Messages

Most of the key informants (stakeholders) reported that they attended a number of meetings/sessions organized by Bandhu. It was found that teachers, policemen, lawyers and religious leaders had most important roles to play in solving problems faced by the beneficiaries inside and outside their communities. The respondents strongly suggested increase in interactions with them and providing more learning materials with facts and success stories for better motivation.

3.12 Changing Behavior

Interviews with staff and peer educators found that the main purpose of developing the IEC materials is to change beneficiaries’ health seeking behavior and communities’ supportive attitude to the beneficiaries under the Bandhu-initiated programs. The program selected the key behavior to be changed in the beneficiary communities by using IEC materials and outreach activities.

The interviews also revealed that there were some significant achievements in changing beneficiaries’ behavior. For example, over 90% beneficiaries are using condom and lubricant while 80% are coming for HIV/AIDS test and counseling service. Among the respondents, 13 mentioned that sexual relation with more than one person had been reduced significantly. However, it seems that the issue of human rights needs more attention.

The peer educators opined that the existing IEC materials helped a lot to make beneficiaries aware and change their behaviors.

Most of the FGD participants highlighted behavioral changes such as use of condom and lubricant as a result of the messages on HIV/AIDS and STD while a few mentioned that they were able to talk to the health providers for services and about property rights within their families.
Most of the community people who participated in the FGDs reported that when they received these messages from different sources with practical demonstration for many times, it helped them change their behavior.

### 3.13 Identifying Gaps between Knowledge and Practices

While trying to identify the gaps between knowledge and practices of the beneficiaries, we found that the available IEC materials were not properly used for behavioral change. Most of the materials were distributed among the beneficiaries in group discussions and meetings. However, it was found that the distribution did not create dialogues among group members and bring action points to the practice level. The field staff showed a lack of knowledge and skills in the BCC approach. The materials/tools for changing behavior among the beneficiaries, especially those who are weak in reading, are not enough. There is no focal person at the DIC level to look after BCC issues and for mentoring field staff, especially the peer educators.

### 4.0 ANALYSIS

This section provides an analysis of the findings while it maintains that BCC is a process, not a product and confined within producing an IEC material. BCC is not one way communication. It focuses and uses multi channels and different levels by many stakeholders. Therefore, behavior change monitoring is one of the key tools to see the changes and show the benefits of change to reinforce the factors for change. During this assessment, it was found that the present practice is mostly one way communication rather two way or interactive discussion. This study, however, has identified tendencies to deliver a lot of information in one discussion. No alternative process and tools were found for the beneficiaries who cannot read or weak in reading. Some beneficiaries have reported that font size is very small in some materials.

It appeared that the knowledge level of the beneficiaries about HIV/AIDS prevention and human rights are much better compared to their previous knowledge. Some of them could not respond properly, but it was observed that they were at least aware of using condom during sex with partners.

Most of the messages highlighted in the IEC materials are moderately clear to the beneficiaries. It was found that messages of the IEC materials were very useful for them. But, the IEC materials having written messages are not equally easy to understand as beneficiaries belong to different classes and their education levels are also different. Also too long text in some IEC materials is not always suitable for all to understand. Therefore, some materials need to be revised.

All the participants mentioned that before getting involved with Bandhu, they were not using condom, lubricant, HIV/AIDS test, but, now more than 90% members are using the information and relevant facilities. These changes reflect a great success of the IEC materials and outreach activities which helped them to change their behaviors.

It seems that the existing IEC materials enriched knowledge level of the beneficiaries about healthy practices. But, the people who are weak in reading need more discussion and pictorial materials.
The available IEC materials need to be used in group discussions, monthly meetings and workshops with a view to creating dialogues among beneficiaries followed by action points. It was also observed that Bandhu did not formulate a BCC strategy and guideline or manual which can help the field staff to use IEC materials for behavioral change.

**5.0 CONCLUSION AND RECOMMENDATIONS**

This section concludes the report and contains a set of general and specific recommendations that follow in the three sub-sections below.

**5.1 Conclusion**

Bandhu commissioned this study to assess the effectiveness of current Social Behavior Change Communication (SBCC)/Information Education and Communication (IEC) materials and to identify future needs. The assessment was conducted by external consultants combining both qualitative and quantitative methods. The consultants collected data through Focus Group Discussion (FGD) with beneficiary groups, Structured Interview (SI) with field staff, and Key Informant Interview (KII) with stakeholders. To collect the data, the consultants developed and administered a questionnaire and checklists which were pre-tested and finalized in consultation with the project management team.

The study found that 80% beneficiaries received the IEC/BCC materials containing very useful information about their rights to get health services, access to formal education and other services provided by the Government of Bangladesh. Most respondents reported that messages/information, except a few technical words, contained in booklet, brochure and leaflets were clear and understandable while 30% participants who were weak in reading said that the materials were difficult for them to understand. Some participants suggested the use of less text, simple and key words with more pictures which would be good for all to understand easily.

The interviews with the staff members (peer educators, community outreach coordinators and DIC Managers) revealed that 60% staff did not have training on BCC or how to use IEC materials following BCC process and that they were not clear about the distinctions between the IEC and the BCC. However, the staff members who have been working for more four years received the training.

Most of the respondents (90%) reported that they used the IEC materials in group meetings, monthly meetings, training sessions, and interpersonal discussions where they explained the key messages to beneficiaries. The majority staff (60%) considered that the IEC materials (*I want to know, Know your own rights, Be aware be healthy, Want to know, want to let others know and Sporsho*) were very clear to those who can read but difficult for those with limited/no literacy skills. Hence, it appeared that the beneficiaries had very limited scope for effective participation in discussion on the contents/messages.

However, respondents informed that 70% beneficiaries were able to read and understand all IEC materials moderately while for 30% it was not easy to understand while 90% reported that most of the beneficiaries were using condom and lubricant during sex, and that their willingness to go for
counseling and HIV/AIDS test had been significantly increased indicating that the existing IEC/BCC materials created great impact in changing people’s behavior.

Among the great majority of the stakeholders (90%) reported that all the IEC materials developed for them were very clear to understand. They also opined that before getting involved with Bandhu, they did not have enough information regarding transgender community’s rights and their situation but these materials helped them a lot to change their mindset.

The report concludes that the BCC/IEC materials that have been studied so far prove beneficial for the project stakeholders to make good uses of the materials even amid few unavoidable constraints and challenges. However, it acknowledges that the study has been conducted by the consultants using a limited sample size within a limited scope of work, and therefore recommends that further studies be conducted to capture wider views from the stakeholders and represent a wider picture of the reality that has been assessed so far.

5.2 Recommendations

Based on the findings and analyses, the following measures are recommended for consideration of Bandhu:

5.2.1 General Recommendations

- Revise the existing IEC materials by reducing text, using little bigger fonts and more pictures to help the beneficiaries understand messages easily, and continue using them, especially Spondon, Spotlight and success cases relating to human rights, in group discussions, monthly meetings and workshops to create dialogues leading to actions at the practice level.
- Develop a strategic guideline/manual on BCC, and provide BCC training for all members of the project staff.
- Undertake more discussions with demonstrations through small group exercise, role play and sharing best practices/stories and evidences form life.
- Use less text and more pictures in reading materials for the beneficiaries with less/no literacy skills to understand easily.
- Make video films (highlighting the best practices and also using the existing audio clips) and screen them in group discussions and monthly meetings.
- Develop TV promotional and drama/role play as new materials to address other stakeholders and community at large.
- Develop flash cards, picture-based brochures, and cartoons to deliver the key messages in group discussions and interpersonal communication among the people, especially those unable to read or less capable to read..
- Develop “Rights and Legal Aid Box” containing information about the basic rights and entitlements of the Gender Diverse Population.
- Introduce quarterly BCC plans, monitor the implementation progress from the HQ on a regular basis, and ensure mentoring to develop the staff capacity.
- Develop tools to monitor the BCC activities based on the data from monitoring report.
- Develop “Beneficiary Behavioral Change Score Card” (pictorial) as a monitoring tool to assess behavioral change among the project beneficiaries.
- Identify champions from the beneficiaries’ community and bring them as resource persons to share their success and experience with others.
- Select a focal person at the DIC and CBO levels to lead BCC activities and mentoring other staff members and beneficiaries as and when needed.
- Increase inter-personal communication with stakeholders by DIC staff and management.
- Invite community people to the planning meeting at central and local level, and also invite community people at DIC level monthly meeting and share the progress of the project activities and constraints.
- Show the cases of Gender Diverse People and focus on how their positive actions and outcomes contributing to our economic growth and ensuring social justice.

### 5.2.2 Specific Recommendations on the existing IEC materials

<table>
<thead>
<tr>
<th>SL No</th>
<th>Name of the existing IEC Materials</th>
<th>Sample</th>
<th>Specific Recommendations</th>
</tr>
</thead>
</table>
| 01    |                                   | ![Sample](image1) | - Less text/write up  
- Put the key information  
- In bullet form  
- Use more pictures  
- Use little bigger font |
| 02    | STI Prevention                    | ![Sample](image2) | - Less text/write up  
- Put the key information  
- In bullet form  
- Use more pictures |
<p>| 03    | Colorful Glass                    | <img src="image3" alt="Sample" /> | - Ensure that all members (who can read) have copies and that the PEs explain the messages to those weak in reading. |</p>
<table>
<thead>
<tr>
<th>SL No</th>
<th>Name of the existing IEC Materials</th>
<th>Sample</th>
<th>Specific Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>04</td>
<td>Ain-Alap</td>
<td>![Ain-Alap Image]</td>
<td>• Very useful and effective.</td>
</tr>
</tbody>
</table>
| 05    | Know you own Rights               | ![Know you own Rights Image] | • Ensure that all members (who can read) have copies of this booklet.  
• Make a video film on human rights for those who are weak in reading |
| 06    | Want to know and want to inform others | ![Want to know and want to inform others Image] | • Ensure that all members (who can read) have copies of this booklet.  
• Make a video film on human rights for those who are weak in reading |

### 5.2.3 Specific Recommendations for New IEC/BCC Materials

<table>
<thead>
<tr>
<th>SL No</th>
<th>Name of the Materials</th>
<th>Target Audience</th>
<th>How to use</th>
</tr>
</thead>
</table>
| 01    | Flash Cards with pictures on health practices.  
• Good practices  
• Moderate practices  
• Bad practices | Beneficiaries (Gender Diverse Population, MSM and others) | During group discussion, distribute all cards and ask them to identify good, moderate and bad practices. After that ask them why they are good, moderate and bad followed by discussion. End the discussion with some actions points to be taken by the participants for practice in future. |
| 02    | Video film on different issues like:  
• A story-describes the sufferings of transgender in our society. | Beneficiaries | The film should be screened during group discussion or monthly meeting and followed by discussion. It helps to internalize the topic and decide to start practicing. |
<table>
<thead>
<tr>
<th>SL No</th>
<th>Name of the Materials</th>
<th>Target Audience</th>
<th>How to use</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>Role play/Popular Theater</td>
<td>Project staff and beneficiaries</td>
<td>During group discussion, training and monthly meeting-facilitator can organize role play focusing on social life by the beneficiaries and lead a discussion—how to handle it.</td>
</tr>
<tr>
<td>04</td>
<td>TV Promotional films</td>
<td>Mass people and other stakeholders</td>
<td>Prepare video films on positive roles of transgender people. The radio promotional clips can be transferred to video films and telecost through TV channels.</td>
</tr>
</tbody>
</table>
| 05    | Publication of success stories on:  
  - Human Rights  
  - Education  
  - Access to health services  
  - Social acceptance | Beneficiaries | There might be a number of success stories among the program beneficiaries. The selected success stories can be published like “one pager” that can help the beneficiaries to change their mind set and motivate to start practicing new behavior. |
| 06    | Picture Based Story (PBS) | Beneficiaries | The picture-based stories can help Gender Diverse Population and some MSM groups to understand the key messages. During group meeting and inter-personal communication that conducts by peer educator—PBS can be distributed among the beneficiaries and ask them to make a story and share with others. |
Annex

Questionnaire for Interview with Project Staff

QUESTIONER

Name of the Staff:                                             Designation:                     Years of working:

Working Place:

1) Have you received any Training related to SBCC?    Yes         No
2) How do you define IEC and BCC?
       ---------
       ---------
       ---------

3) What are the materials you use for Community?:

   Stakeholders?:

4) How do you use those materials?

5) What are the changes that you like to see in your working communities?

6) Rating changes of key behaviors in your working communities?

<table>
<thead>
<tr>
<th>SL No</th>
<th>Key Behaviors</th>
<th>Not changed</th>
<th>Partial Changed</th>
<th>Changed as expected</th>
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7) What are the challenges you faced in changing key behaviors?

8) Your suggestions to develop more effective SBCC materials?

Signature:                                                   Date:
FGD Checklist for Communities

Total number of participants:

Categories:

Name of the Area Office:

1) What information/messages you got from the materials you received or used to make you aware?
   -
   -
   -
   -

2) Which messages were very clear to understand and why?

3) Which messages were not very clear to understand and why?

4) Which messages you have started practicing?

5) How did you have those messages?

6) What is the key factor that contributed most to change your behavior?

7) Why don’t you change your behavior after having the key messages?

8) What do you prefer talk on these issues/messages?
Key Informant Interview

Stakeholders

Name:                                         Profession:                                               Work Place:

1) What is your perception about this program? Put tick on the right answer below:
   a) Need to address from human rights point of view
   b) Important issue for our society
   c) It is important to have a healthy society
   d) Being a person of the society – this is my responsibility to contribute
   e) Others .................................................................................................................................

2) From where you got this perception/messages?

3) The messages were clear to understand that you received from different sources?

   Yes  No  Moderate

4) Which materials were most effective to you to be motivated? Put 1, 2, 3 while 1 is most effective, 2 is moderate and 3 is need to be improved

<table>
<thead>
<tr>
<th>SL No</th>
<th>Name of the Material</th>
<th>Key message</th>
<th>Rating #</th>
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5) Have you taken any initiatives for this program?

   Yes  No

   If yes, what were those?

   -
   -
   -

7) What do you suggest to ensure more engagement of you in promoting the key messages?