



# Annual HPN SBCC Monitoring Report 2017-2018



Ministry of Health and Family Welfare



# Annual HPN SBCC Monitoring Report 2017-2018







## Zahid Maleque, MP

Minister

Ministry of Health and Family Welfare

Government of the People's Republic of Bangladesh



## Message

It gives me great pleasure that the Ministry of Health & Family Welfare is going to publish the Annual HPN SBCC Monitoring Report 2017-18 for the first time to provide the reflection of the current status of implementation of SBCC activities in Bangladesh in accordance with the Comprehensive Social and Behavior Change Communication (SBCC) Strategy 2016.

It is worthy to mention that in last one-decade Bangladesh has achieved significant success in the health sector. This success has been possible because of the efforts and contributions of all stakeholders working in this sector. To achieve the targets of the Sustainable Development Goals within stipulated time, we must now place more emphasis on SBCC to aware people and sensitize the stakeholders to promote healthy lifestyle and improve the healthy environment of our country.

We all aware that SBCC is the use of communication to influence individual and collective behaviours and social norms pertaining to health, nutrition and population issues. The aim of our 4th Health, Population and Nutrition Sector Programme (4th HPNSP) is to ensure that quality HPN services are provided by both public and private sector efficiently and in an equitable manner and proposes to establish effective SBCC through comprehensive approaches.

Since our resources are limited, we need to work strategically and with a common vision for high-quality & effective SBCC. As such our current implementation of SBCC activities are very much in line with coordinated and synergistic approaches following integrated messaging, standard criteria and avoiding duplication, the report reflects.

I am impressed to see that almost all stakeholders from GoB, NGO, INGO and DPs have taken part in this report by providing yearlong activity information, thoughts and support. I expect this sort of cooperation and support from all stakeholders will help us attain our goal. I am indebted to all who were involved in preparing this report.

I hope this report will play an important role in formulating guideline and allocate resources in implementing future HPN SBCC activities successfully.

Joy Bangla, Joy Bangabandhu.  
Long live Bangladesh.

**Zahid Maleque, MP**



**Dr. Md. Murad Hassan, MP**

State Minister

Ministry of Health and Family Welfare

Government of the People's Republic of Bangladesh



## Message

I am pleased to see the Annual HPN SBCC Monitoring Report 2017-18 aiming at assessing the extent of SBCC activities implemented in HPN sector in line with the 'Comprehensive SBCC Strategy' 2016. This is the first ever HPN SBCC Monitoring Report in Bangladesh. This report will facilitate the planners and program managers to identify the areas of new initiatives as well as successful programs and best practices in terms of raising awareness of the targeted people.

Bangladesh has achieved a substantial progress in HPN sector in achieving vision 2021 and SDG goals. I hope this report will facilitate achieving the targets of Sustainable Development Goals over the next fifteen years. It will give us direction for the maximum utilization of our knowledge, expertise, technology, tools and resources.

I believe that this report will contribute effectively for changing the health seeking behavior in the community. I am very much optimistic that it would lead for doing SBCC activities in a planned, coordinated and strategic way. However, the success depends on all stakeholder's coordination, cooperation & collaboration in managing SBCC activities.

I'm thankful to all the professionals involved in the formulation of this report and hope that, it will be very much useful for the program managers and planners.

Joy Bangla, Joy Bangabandhu.

Long live Bangladesh.

**Dr. Md. Murad Hassan, MP**



## **Md. Ashadul Islam**

Secretary  
Health Services Division  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh



## Message

It is indeed my pleasure that Ministry of Health & Family Welfare is going to publish the 'Annual HPN SBCC Monitoring Report 2017-18' to reveal an evaluation of the SBCC interventions executed over the last year.

It is our pride that Bangladesh has demonstrated credible progress in health outcomes with many notable achievements, although many challenges remain across the sector. Inadequate awareness of healthy lifestyle and behavioral and environmental factors like absence of healthy and balanced food intake, poor water and sanitation conditions and hygienic practices; lack of proper disposal of waste and seasonal outbreaks etc. are putting the sector into challenges.

Bangladesh is already at an advanced stage of epidemiological transition from acute, infectious, and parasitic diseases to non-communicable, chronic diseases. This shift in disease burden and risk factors warrants re-prioritization of public health interventions to achieve national and global objectives for improved health status under the SDG agenda. In order to address these emerging challenges 4th Health Population Nutrition Sector Program (HPNSP) has given priority to the awareness building interventions through integrated efforts by all stakeholders.

I strongly believe that this report will contribute effectively for ensuring integrated efforts in changing the health seeking behavior of the people, which in turn will help to attain the goals of 'Vision-2021' and SDGs.

I appreciate the hard work of the professionals involved in the preparation of the report and hope that it will be utilized properly.

**Md. Ashadul Islam**



## G. M. Saleh Uddin

Secretary  
Medical Education and Family Welfare Division  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh



## Message

I'm pleased to see that the Ministry of Health & Family Welfare is publishing the 'Annual HPN SBCC Monitoring Report 2017-18', which will help us to know the up to date status of health friendly environment and assess the extent of SBCC activities implemented in HPN sector in line with the 'Comprehensive SBCC Strategy'.

Health, Population and Nutrition programs in Bangladesh are credited with many notable achievements. To sustain we need to continue to work hard and build on this success so that we can also achieve the Sustainable Development Goals (SDG). Many of the SDG indicators will be reached at least in part by motivating healthy behaviors at the community and household levels, and by shifting social norms to support the health and well-being of all Bangladeshis.

I am very much optimistic that this report will help us in implementing SBCC activities in a planned, coordinated and strategic way. It will help us to identify the replicable successful SBCC interventions and best practices.

I am grateful to all who made it possible to develop this report.

**G. M. Saleh Uddin**



## **Md. Habibur Rahman Khan**

Additional Secretary (PH &WH)  
Health Services Division  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh



## **Preface**

This Annual HPN SBCC Monitoring Report covering all HPN SBCC activities of fiscal year 2017-18 was prepared by Public Health & World Health wing of Health Services Division, Ministry of Health & Family Welfare for review with the technical support of USAID Ujjiban SBCC Project.

SBCC is the use of communication to influence individual and collective behaviour and social norms pertaining to HPN issues. The aim of the 4th Health, Population and Nutrition Sector Programme (4th HPNSP) is to ensure that quality HPN services are provided by both public and private sectors efficiently and in an equitable manner and proposes to establish effective SBCC through comprehensive approaches.

This report covers the thematic area of Maternal, Neonatal and Child Health (MNCH), Adolescent Health, Family Planning, Nutrition, Wash and hygiene, Tuberculosis (TB), Community Based Health Care (CBHC), Occupational & Environmental Health and School HPN program with focus to audiences, SBCC approaches, media channels and geographical coverages. It also addresses the Community Engagement, Capacity Strengthening, ICT & Innovation and Program Coordination in respect to HPN SBCC activities.

I hope this report will help assess the extent of SBCC activities implemented in HPN sector in line with the 'Comprehensive SBCC Strategy' and provide support to replicate successful program and best practices in the program design and implementation, and also facilitate the planners and program managers to identify the area of new initiatives.

I sincerely recognize the cooperation and valuable suggestions provided by the Secretary, Health Services Division and the Secretary, Medical Education & Family Welfare Division of the MoHFW in finalizing the report.

I also acknowledge with thanks the contributions of my former colleague Mr. Md. Ruhul Amin Talukder, Joint Secretary and Dr. Golam Md. Faruk, Deputy Secretary (PH-2), HSD, MoHFW and the technical team for providing the final shape of the report.

**Md. Habibur Rahman Khan**



## **Quazi A. K. M. Mohiul Islam**

Additional Secretary (Population, FW & Law)  
Medical Education and Family Welfare Division  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh



## **Preface**

'Annual HPN SBCC Monitoring Report 2017-18' has been prepared as per requirement of the 'Comprehensive SBCC Strategy', serves as a guiding document for the effective implementation of high-quality SBCC activities under the 2016-2021 sector plan. The Health Services Division and the Medical Education & Family Welfare Division of MOHFW are working together to maximize the benefits of coordination and collaboration pertaining to SBCC.

Avoidance of duplication in SBCC messages and materials have been taken in to consideration in order to ensure maximum utilization of resources. In conformity with the activities of 4th HPNSP, the significant members like IEM, MCH Services, CCSDP & FSD unit of DGFP; BHE, IPHN, CBHC, MNC&AH and NTP of DGHS have launched various activities. The Ministry of Information has disseminated the messages of FP and nutrition along with other messages through Bangladesh Television and Bangladesh Betar. NGOs also contributed to many HPN SBCC programs and activities. To review the performance and activities, PH & WH Wing of MOHFW prompted the process of publishing the 'Annual HPN SBCC Monitoring Report 2017-18' with the technical support from USAID Ujjiban SBCC project.

I convey my thanks to the PH&WH Wing of Health Services Division and concerned departments of DGFP under MOHFW for extending support in publishing the report.

I also acknowledge with thanks the contributions of the team members of the USAID Ujjiban SBCC Project for their technical support in formulating this report.

**Quazi A. K. M. Mohiul Islam**



## **Md. Ruhul Amin Talukder**

Joint Secretary (PH-2)  
Health Services Division  
Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh



## **Acknowledgement**

Health promotion, awareness building and SBCC activities are the core public health activities to be pursued under the HPNSP. The Comprehensive Social and Behavior Change Communication (SBCC) Strategy 2016 has been developed to serve as a guiding document for the effective implementation of high-quality SBCC in HPN sector.

Annual HPN SBCC Monitoring Report is an effort of assessing the strength of SBCC interventions in the country. This report has been prepared based on the information on SBCC interventions provided by the related OPs, NGOs & DPs in a given format. It will definitely be helpful to the stakeholders and SBCC functionaries in the evidence-based planning and implementation of communication interventions.

I would like to thank USAID Ujjiban SBCC Project for overall technical facilitation of the process of development of this report. I especially thank Dr. Zeenat Sultana, Deputy Chief of Party & CSS Adviser; Mr. A K Shafiqur Rahman, Project Integration Adviser and Mr. Dipak Kanti Mazumder, Senior Communication Specialist of USAID Ujjiban SBCC Project for taking core technical role in conceptualisation and finalisation of this document. My special thanks to Mr. Patrick L Coleman, Chief of Party, USAID Ujjiban SBCC Project for his overall support.

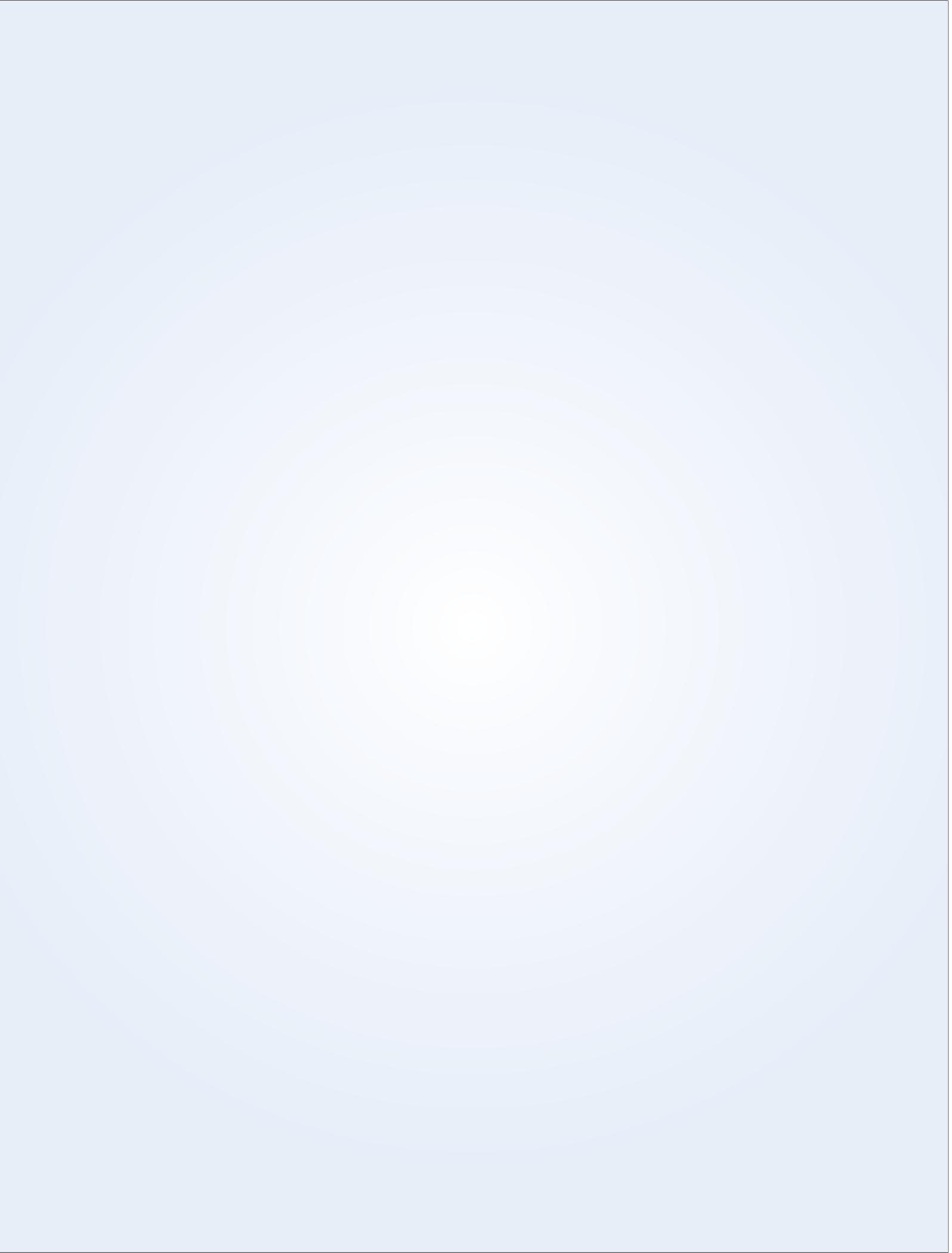
I am also thankful to all stakeholders specially related Line Directors and Program Managers of OPs, NGOs and DP representatives for giving valuable inputs during the preparation of the draft.

I would like to extend my gratitude to Mr. Md. Ashadul Islam, Secretary, Health Services Division and Mr. G M Saleh Uddin, Secretary, Medical Education and Family Welfare Division for their kind advice and direction.

I am thankful to Mr. Md. Habibur Rahman Khan, Additional Secretary (PH & WH), Health Services Division and Quazi A. K. M. Mohiul Islam, Additional Secretary (Population, FW & Law), Medical Education and Family Welfare Division for their experienced guidance and support in publishing this report.

I am sure that this report will certainly help the Program Planners, Accademia, Managers and Service Providers in planning, organizing and execution of SBCC interventions in the years to come.

**Md. Ruhul Amin Talukder**





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# List of Acronyms



ACSM	Advocacy, Communication and Social Mobilization
AI	Avian Influenza
AIDS	Acquired Immuno-deficiency Syndrome
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
ARI	Acute Respiratory Infection
BCCP	Bangladesh Center for Communication Programs
BHE	Bureau of Health Education
CAG	Community Action Group
CC	Community Clinic
CCP	Center for Communication Programs
CCSDP	Clinical Contraceptive Service Delivery Program
CEmOC	Comprehensive Emergency Obstetric Care
CHW	Community Health Worker
CM	Community Mobilizer
CMAM	Community Management of Acute Malnutrition
CPR	Contraceptive Prevalence Rate
CSA	Community Sales Agent
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Service
DOTS	Directly Observed Treatment, Short course
EPI	Expanded Programme for Immunization
ESP	Essential Services Package
FAO	Food and Agriculture Organization
FP	Family Planning
FWA	Family Welfare Assistant
FWC	Family Welfare Clinic
FWV	Family Welfare Visitor
GFATM	Global Fund to Fight AIDS, TB and Malaria
GMP	Growth Monitoring and Promotion
GoB	Government of Bangladesh
HBB	Helping Babies Breathe
HIV	Human Immunodeficiency Virus
HPN	Health, Population and Nutrition
HPNSP	Health, Population and Nutrition Sector Program
HSS	Health Systems Strengthening
HTSP	Healthy Timing and Spacing of Pregnancy
icddr,b	International Centre for Diarrheal Diseases, Bangladesh
ICT	Information and Communication Technology
IDU	Injectable Drug User

IEC	Information, Education and Communication
IEDCR	Institute of Epidemiological Disease Control and Research
IEM	Information, Education & Motivation
IPC	Inter-personal Communication
IPHN	Institute of Public Health Nutrition
IYCF	Infant and Young Child Feeding
LAPM	Long Acting and Permanent Methods
LARC	Long-acting Reversible Contraceptives
MARA	Most At Risk Adolescents
MBDC	Mycobacterial Disease Control
MCH	Maternal and Child Health
MCRAH	Maternal, Child, Reproductive & Adolescent Health
MDR-TB	Multi-Drug Resistant TB
MIH	Marketing Innovation for Health
MMR	Maternal Mortality Rate
MNCH	Maternal Newborn and Child Health
MOHFW	Ministry of Health and Family Welfare
MR	Menstrual Regulation
NASP	National AIDS and STD Programme
NGO	Non-Governmental Organization
NNS	National Nutrition Service
NSV	Non-scalpel Vasectomy
NTP	National Tuberculosis Control Programme
ORT	Oral Rehydration Therapy
PAC	Post-abortion Care
PNC	Postnatal Care
PPFP	Post-partum Family Planning
PSA	Public Service Announcement
RH	Reproductive Health
SBCC	Social and Behavior Change Communication
SMC	Social Marketing Company
SNL	Saving Newborn Lives
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
TFR	Total Fertility Rate
UHC	Upazila Health Complex
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
UP	Union Parishad
UPHCSDP	Urban Primary Health Care Services Delivery Project
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WHO	World Health Organization



## Executive Summary

SBCC is the use of communication to influence individual and collective behaviors and social norms pertaining to health, nutrition and population issues. The aim of the 4th Health, Population and Nutrition Sector Programme (4th HPNSP) is to ensure that quality HPN services are provided by both public and private sector efficiently and in an equitable manner and proposes to establish effective SBCC through comprehensive approaches.

The report is compiled based on an inventory of Social and Behavior Change Communication (SBCC) activities on Health, Population & Nutrition (HPN) collected from different government, non-government organizations and development partners. The activities were analyzed with the following major areas:

- HPN issues currently being addressed
- Audiences being covered
- Communication channels in use
- Geographical coverage
- Resources utilized

Activity matrix of 33 different government and non-government organizations for the period of August 2017 to July 2018 were included in this monitoring report.

The SBCC activities for **Maternal, Neonatal and Child Health (MNCH)** have disseminated essential information on ANC visits, healthy pregnancy, danger signs of pregnancy, birth planning and preparedness, safe delivery, newborn care (including messages about breastfeeding, First 1000 days of care, danger signs, EPI, ARI, CDD), PNC and PFP, and related issues such as nutrition, women empowerment and prevention of VAW. The target audiences reached were MWRAs, husbands, other family members, including mothers-in-law, community people and the Poor and Ultra poor slum dwellers of UPHCSDP Partnership Areas, as well as general people. The SBCC approaches included individual and group counseling through home visits, courtyard meetings and facility-based sessions, community level mobile film, Health Travel shows, street theatre, mass media channels of TV and radio, social media Facebook posts, web series, PSAs and distribution of Mother's (Mayer) Bank .

The **Adolescent Health** SBCC activities covered Adolescent health care, personal hygiene, nutrition, services provided at Adolescent Health Corners, sexual and reproductive health and rights, life skills, consequences of early marriage and early pregnancy, prevention of child marriage, puberty, menstrual hygiene management, family planning, prevention of STI/RTI and HIV/AIDS, and prevention of VAW. Audiences reached were Adolescents, gatekeepers (Parents, School Management Committee members, school/college/madrasa teachers, UP members, and FWC& CC members), religious leaders, newlywed adolescent, community people and the Poor and Ultra poor slum dwellers, Vulnerable Young Key People (Female Sex Workers, Truckers, Pavement Dwellers, Young Laborers) as well as general people. Activities were IPC & Counseling (home-based and facility-based), school health sessions, group discussions, Adolescent Friendly Health Corners, Adolescent Forum meetings, community level mobile film and Health Travel shows, Theatre for Development (TFD) shows, mass media channels of TV and radio, local cable TV channels in selected districts, Facebook posts and PSAs on social media.



SBCC activities for **Family Planning** covered issues of FP-MCH, Short Acting FP Method, Long Acting Reversible Contraceptives (LARC), LA&PM, Reproductive health care, early marriage prevention & promoting facility delivery, Breast feeding, birth planning, HTSP, spacing/limiting births and delaying first pregnancy until wife is 20 years. The target audiences were married women and men of reproductive age, newlyweds and eligible couples, young adults, pregnant women, lactating mothers with child under 2 years, community people and the Poor and Ultra poor slum dwellers of UPHCSDP partnership areas, as well as general people. Media channels used included IPC & Counseling (home-based and facility-based), group discussions, nationwide Advocacy meetings, FP-SBCC Fairs (Mela) at divisional and district levels, community level mobile film shows and Health Travel shows, Community interactive meetings, traditional media (Theatre for Development), mass media channels of private TV, cable TV network and Cinema Hall, radio programs, newspaper advertisements, social media Facebook posts, web series and PSAs, Mobile Voice Call center for FP-MCH.

**Nutrition** services are being mainstreamed with collaboration of NNS OP of DGHS through every health and family planning service delivery point. Issues covered included maternal nutrition, breastfeeding, nutrition for infants, complementary feeding, nutrition for children under-five, growth monitoring, Vit A, deworming, adolescent nutrition, general health and hygiene, IYCF, essentiality of taking micronutrient powder (MNP), IFA and nutritious food by pregnant and lactating mothers as well as adolescent girls and nutritious food intake by adolescent boys. Audiences reached were pregnant and lactating mothers, mothers of under-five children, fathers, adolescent girls and boys, community people, the poor and ultra poor slum dwellers of UPHCSDP partnership areas, nutrition policymakers and program implementers, and general people. SBCC approaches used were IPC & Counseling (home-based and facility-based), group discussions, observance of special day/week, campaigns for Vitamin A and Growth Monitoring, Nutrition Fairs, Digital display, community level mobile film shows, Health Travel shows, Billboards, traditional media (street theatre and folk songs), Newspaper advertisements, mass media channels of national BTV and radio programs, interviews, cartoons, talk shows, social media Facebook posts, web series and PSAs, SBCC materials such as food plate, nutrition calendar, food bowl, job aid, flip chart, ludu games, posters, banners, action folders.

Promotion of **WASH** and hygiene used nationwide advocacy through community events, group discussions, campaigns in community and educational institutions. A mHealth module is being developed for mobile messaging. Audiences were community people, students and staff in educational institutions, peer educators, caretakers, duty bearers, community mechanics.

SBCC activities for **Tuberculosis** (TB) disseminated basic TB sign & symptoms, diagnosis and treatment availability, screening, and referral knowledge, TB epidemiology in the world and in Bangladesh. Specificity and efficacy of different diagnostic tools, updates in treatment protocol, MDR TB and XDR TB, TB diagnostics and treatment facilities operating under Social Enterprise Model (SEM), offering 750 presumptive cases for Sputum for GXP, TB and co-morbidities like hypertension, diabetes mellitus, TB and smoking association. The TB information toolkit has basic TB information, TB screening, diagnosis and treatment procedure, role of CHCP in TB services and is being used by the CHCPs. Audiences reached were Pharmacy/Chemist Shop owners and chemist/pharmacist, Doctors of different Medical Colleges, graduate private practitioners, medical representatives, village doctors, opinion leaders/religious leaders, community and general people, people at risk of TB in slum areas, mosque attendees,



Outdoor patients of NCDC program in UHCs throughout the country, Ward councilors and community leaders in DSCC, partners/stakeholders of NTP/TB (NGOs, BGMEA and BKMEA), Garments owners, management and workers, Diabetic patients or outdoor patients getting services from Bangladesh Diabetic Association Services (BADAS) and their 93 affiliated centers. Media channels included Orientation programs, Miking, Mosque announcements, Newspaper Ads, Outreach programs, Signboards in all districts, Billboards throughout the country, Advocacy meeting at Policy and community level for ward councillor, Digital display boards in Dhaka city, Enter-educative drama, print materials like Doctor's brochure, posters, stickers and leaflets, and group discussions on Floating IEC center (motor launch).

**Community Based Health Care (CBHC)** activities focused on Maternal health, Child health, Adolescent health, EPI, Family Planning, community engagement, services provided at Community Clinics, medical waste management, infection prevention and quality of health services at UHCs. Audiences reached were rural people in CC catchment areas, people in three hill districts and other plain land tribal areas, urban people in 35 upazilas, UHC staff and patients, and different stakeholders. Media channels used were health education sessions, print, outdoor and audiovisual materials.

**Occupational & Environmental Health** included health awareness training for Senior and Junior HEOs on work place hazard, epidemiology in occupational health, prevention measure, safety of women and child, ergonomics accidents prevention, stress and psychological factors, occupational health. There were awareness sessions, Mock Drills, Volunteer training on Earthquake and Fire: how to stay safe and save others for urban community and general people; and, sensitization WDMC meetings Local Government persons.

**Community Engagement** activities included community interactive meetings conducted through strategic partners, Community Nutrition Support group meetings, Community Group (CG) and Community Support Group (CSG) meetings, User Forum Committee Meeting, Community Yard meetings and Ward Primary Health Coordination Committee Meetings. Issues covered were ANC, PNC, and Birth spacing, Maternal and child health; nutrition service delivery, Child marriage Violence against women, and to promote service delivery of UPHCSDP, PHCC, and CRHCC.

Information related to **School HPN program** was mainly disseminated through: Revitalization of school health program on ARH, personal hygiene; SBCC materials: Folder, Leaflet, Poster, Festoon, Booklet to provide Health Education about personal hygiene, Safe water, sanitation, hand washing etc. for Primary School students (5-12 years); school campaign on adolescent health issues for students, teachers and school management committees; developing School HPN Curriculum on healthy lifestyle followed by TOT for the Master Trainers; school meeting and health education session, counseling on risk of child marriage, benefit of late pregnancy, HTSP; workshop on Tobacco, Nipah Virus, Healthy Lifestyle for teachers.

The area of **ICT and Innovation** saw some useful activities during 2017-18. SBCC digital archives were developed by IEM and IPHN to be depository of all SBCC materials related to HPNSP. BHE designed and developed a Facebook page. Also, the Ministry of Information maintains website, official facebook page and YouTube channel. Field/community level innovations include: Use of eToolkits, eLearning course and mobile technology. Mobile Apps and dashboard developed for real time monitoring and video shows and use of Tabs for counseling and courtyard sessions to influence adolescents, fathers' groups, and young married couples.



Applying the ICT and Innovations in **Capacity Strengthening** activities, the Digital Resource trainings included Development of modules and Training on e-Toolkit and e-Learning course for Field Workers (CHCP, HA, FWA) and to the frontline service providers (FWAs, FWVs, Projectionists) to equip them with ICT knowledge and skills. Strategic SBCC trainings were conducted within the country and abroad for IEM, DGFP, Betar and BTV Population Cell officials and other NGO personnel. There was Skill development training on IPC for NNS program staff and service providers (FWA, FPI, FWV, SACMO etc.). Also, training of Audio-Visual Zone Manager and Technical Staff focusing on effective AV show. Large number of Training programs were conducted on service delivery issues such as EOC training & refresher training, Midwifery skills training & refresher training, OT management & Nursing care training & refresher training, data monitoring & supervision (DLI), quality management (TQM), training on MRM, MR, PAC. The TB information toolkit was developed for the Community Health Care Providers (CHCPs).

The **HPN SBCC Program Coordination** activities addressed several issues like; sharing and pooling of resources, harmonizing messages; conducting joint strategic planning; adapting and re-purposing SBCC materials to address programmatic gaps were incorporated in the program implementation. In addition, designing complementary and reinforcing approaches; seeking opportunities for synergy; sharing research data and program learning widely so that others may benefit; promoting linkages with other programs and services; ensuring that local and national-level activities are complementary and reinforcing and working collaboratively GoB with the NGO sector were the part and good display of leadership in the program. The program coordination and leadership encompassed the national level with divisional, district and community level actions. At national level, there were meetings of BCC Working group, HPN SBCC Coordination Committee, national level nutrition communication plan for IYCF and elderly people, involving media for nutrition campaign, GoB SBCC OP coordination workshop and workshop on detailing out the activities of national SBCC strategy. At the division and district levels, sensitization workshops and community dialogues were undertaken. At community levels, several sensitization meetings were implemented.

Some **Identified Gaps & Areas for Improvement** focusing on geographic coverage, audience, approach and media, and coordination are given below:

- Selective topic and geographic coverage by most NGOs
- Less participation of husbands/fathers in IPC/Counseling sessions
- Theatre shows, which are entertaining for the general population, and especially adolescents, are limited to four districts
- No mention of use of traditional media like street theatre and folk songs for Nutrition issues
- Majority of SBCC activities targeting adolescents' gatekeepers and religious leaders are only in Rangpur district
- No mention of Peer groups or Peer networks especially for women and adolescents
- Comprehensive Sexuality Education, Information dissemination for Vulnerable Young Key People is done only by one NGO in selected districts
- Only one project report on using Facebook posts, multi-episode web series and PSAs on social media for different thematic areas, while one Development Partners uses ICT and interactive computer games for adolescents
- Messages on National TV reached only about 20% of total people



- Private TV channels are not being utilized except for FP
- No mention of use of mobile messaging/voice calls, although number of mobile phone users is quite high in Bangladesh, it is very popular with adolescents, and there is Mobile Voice Call center for FP-MCH
- SBCC activities of NGOs tend to be project-focused. This is a missed opportunity to create a more comprehensive, strategic and synergistic SBCC approach.

***Emerging Opportunities and Recommendations*** are as follows:

- Community level SBCC activities by NGOs need to be expanded to more districts to reach wider audiences
- Comprehensive SBCC programs focusing on audience-specific needs should be developed to resonate with the audiences and promote behavior change
- A slum-focused comprehensive HPN SBCC program is needed to address the diverse issues faced by these populations
- Male participation should be increased to support positive behaviors
- Other decision-makers in the family such as mothers-in-law, elderly relatives should be included in IPC/Counseling sessions and community meetings
- Programs for adolescents should consider their gatekeepers comprehensively for sustainable positive practices
- Peer groups or peer networks especially for women and adolescents can be an important approach
- Community influential persons such as elected representatives, religious leaders, school/college teachers should be involved in disseminating messages and motivating for beneficial behavior change
- Synergistic mix of different media channels should be employed to reach people with varying media habits and to create impact among the audiences
- Street theatre shows and folk songs are good enter-educate approaches especially for low-literate and hard to reach populations as well as for general audiences
- With the increase of internet use, social media can prove to be an important channel of communication to reach countrywide audiences especially adolescents
- Mobile messaging/voice calls could be an important channel of communication especially considering its popularity among adolescents and its reach in general audiences and in rural areas too
- The use of FM radio which can be accessed through mobile phones could be explored for dissemination of health, nutrition and FP messages
- Expanding NGO activities, seeking opportunities for synergy and reinforcement, promoting linkages within programs and services are essential to create a more comprehensive, strategic and synergistic SBCC approach
- Applying Knowledge Management (KM) principles of creating, sharing, using and managing knowledge and information of SBCC programs is vital for coordination, sharing of ideas and lessons learned, capacity strengthening, improved performance, and innovation for effective programs and better outcomes



## Use of Different communication Media / Channel by Thematic Area:

Thematic Area	Mass Media	IPC	Social Media	Local CA (Theatre /Film/Folk songs)	Printed and Outdoor Materials	Organizations
<b>MNCH</b>	Drama, Documentary, TVC, Talk Shows in BTV and Bangladesh Betar.	Home-based and facility-based sessions, Group Discussions, Community interactive meetings, orientation & workshop.	Facebook posts, web series and PSAs	Mobile film shows, Street theatre and Folk songs, "Health" travel shows, observance of Special Days.	Flipcharts, Posters, Leaflets, Brochures, Flash card, Flyer, Billboard, Wall painting.	IEM, MCH-Service, MOI, MNC&AH, CBHC, UNICEF, Ujjiban UPHCSDP, PSTC BRAC, AUHC, Plan International, Mamoni, SMC, Water Aid, Marie Stopes.
<b>Adolescent Health</b>	Drama, Documentary, TVC, Song, Cartoons in BTV, Bangladesh Betar and Local TV channels in selected Districts.	Home-based and facility-based sessions, School health sessions, Group discussions, Courtyard meetings, workshop with adolescent girls and boys, parents and gatekeepers.	Facebook campaign, Facebook posts and PSAs.	TFD Shows, Folk song, observance of Special Days, Health Travel shows, Computer Games	Posters, Leaflet, Festoons, Flipchart, Brochures, Books, Billboards in selected Districts, Pocket cards with Helpline number.	IEM and MCH-Services unit of DGFP, BHE and MNC&AH unit of DGHS, MOI, UNICEF, UNFPA, Ujjiban, SMC, Plan International, BRAC, UPHCPSD, PSTC, Marie Stopes, AUHC and Water Aid.



Thematic Area	Mass Media	IPC	Social Media	Local CA (Theatre /Film/Folk songs)	Printed and Outdoor Materials	Organizations
<b>Family Planning</b>	Drama, TVC, TV scroll, documentary, magazine shows in BTV, private TV channel, cable TV network, Cinema Hall, Bangladesh Betar.	Home-based and facility-based sessions, Group Discussions, Advocacy meetings, Community interactive meetings, Call center for FP-MCH.	Facebook posts, web series and PSAs,	Mobile film shows, Health Travel shows, TFD shows, Observance of Special Days, FP-SBCC Fairs, AV film shows.	Flipcharts, leaflets, Posters, brochures.	IEM, MOI, SMC, UPHCSDP, Marie Stopes, AUHC, PSTC, Plan International, Ujjiban
<b>Nutrition</b>	Newspaper advertisements, BTV and National radio programs	Home-based and facility-based sessions, Group discussions, observance of Special Day.	Facebook posts, web series and PSAs.	Mobile film shows, Health Travel shows, Traditional media, Digital boards, Ludu games.	Food plate, Nutrition calendar, Food bowl, Flip charts, posters, Banners and Action folders.	MOI, IPHN, FHI360, Caritas, UPHCSDP, BRAC, PSTC, AUHC, Ujjiban, UNICEF, SMC, Plan International, Alive & Thrive.



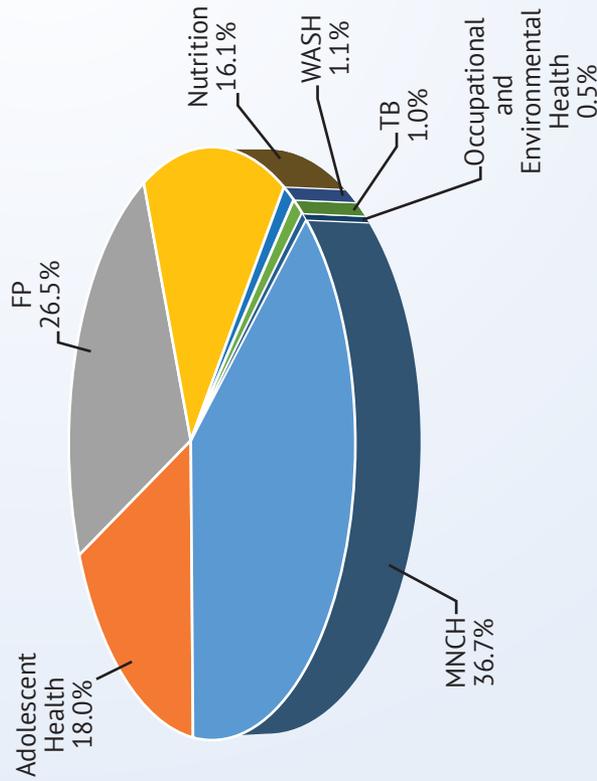
Thematic Area	Mass Media	IPC	Social Media	Local CA (Theatre /Film/Folk songs)	Printed and Outdoor Materials	Organizations
TB	Newspaper ads, FM and community radio.	Advocacy meetings, SBCC interventions, orientations for pharmacist, chemist shop owners, Graduate private practitioner	Facebook post	Pharmacy info mela, Enter-educative drama for workplace, Miking on basic sign & symptoms, Outreach programs, PSA, Travel show, Digital boards, Floating IEC center	Brochures, Posters, Stickers and leaflets, Signboards, Billboards.	NTP, Challenge TB, SMC, Ujjiban, icddr'b, BRAC, AUHC, DSCC.



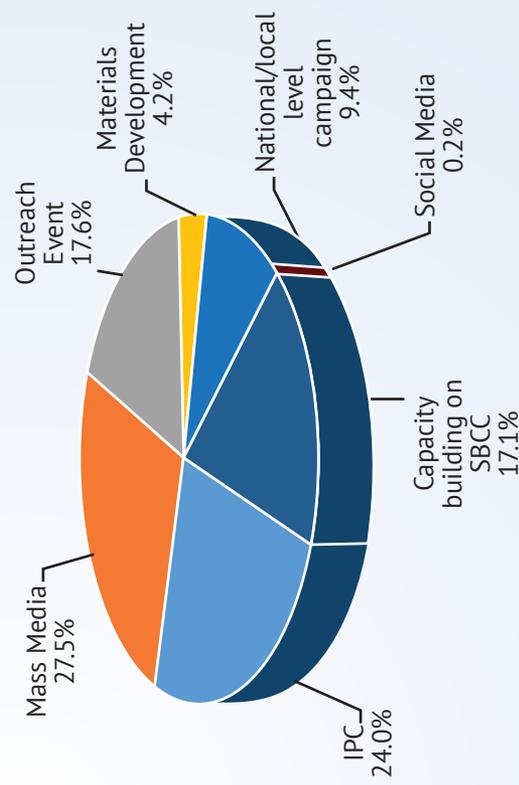
### Utilization of Resources :

The resources used for the various thematic areas were unevenly divided, with MNCH getting the major portion of 36.7% followed by FP getting 26.5%. Resources utilized for Adolescent health lagged behind with only 18.0% closely followed by Nutrition at 16.1%. Rest of the thematic areas like TB, Occupational & Environmental Health and WASH collectively utilized only about 2.6% of total identified resources. Utilization of resources against SBCC activities were: Mass media 27.5%, IPC 24.0%, Outreach 17.6%, Capacity building 17.1%, National/Local campaigns 9.4%, Materials development 4.2%, while Social media was only 0.2%.

### Utilization of Resources by Thematic Area

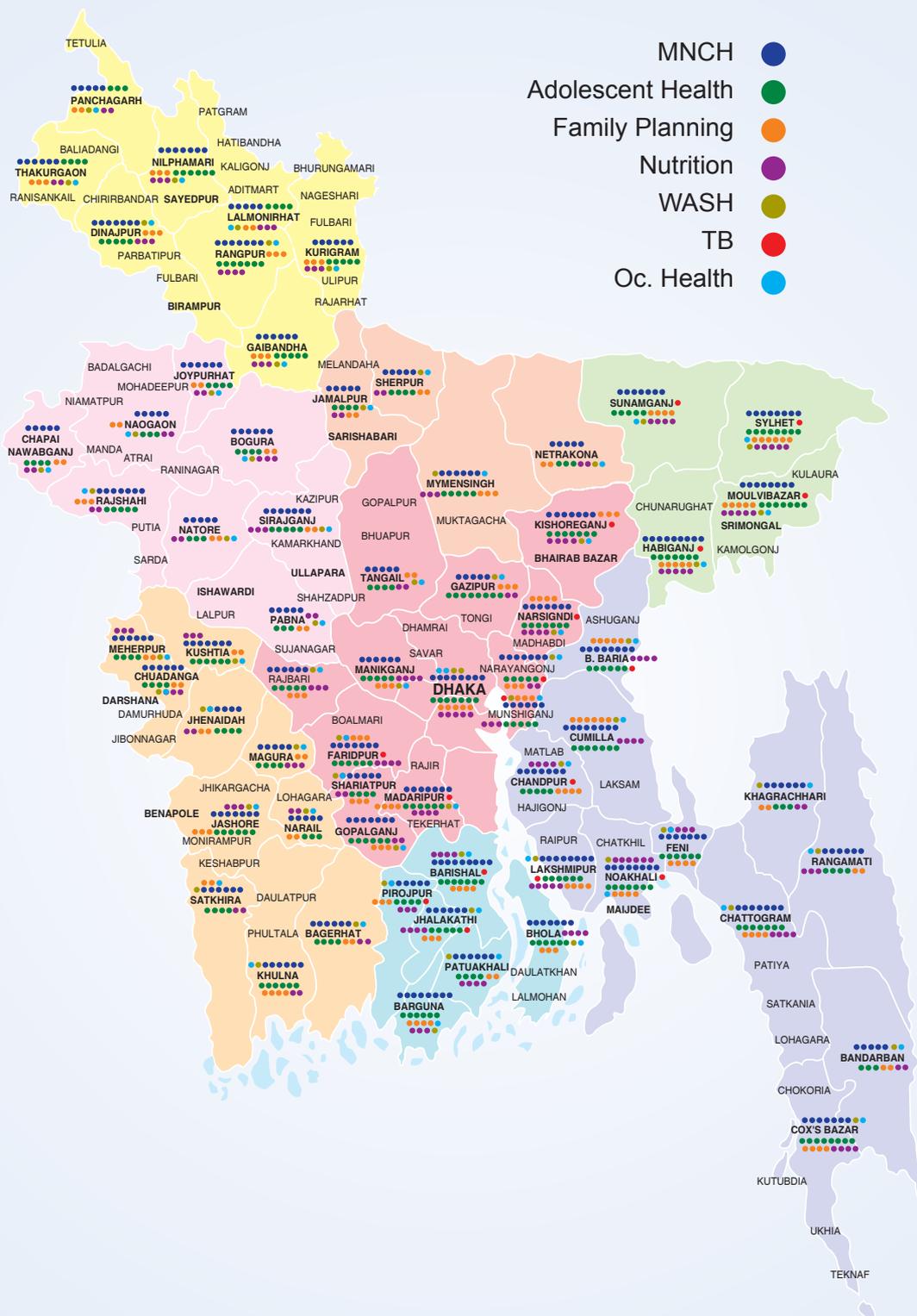


### Utilization of Resources against SBCC Activity





## Geographical Coverage of SBCC activities by Thematic Area



Most of the Government programs and few of the NGO programs are nationwide. However, majority of NGO programs are focused in less than adequate number of districts ranging from one and five districts to 38 districts (only for MNCH and FP issues). Additionally, SBCC interventions by NGOs are less in the western and northern parts of Bangladesh and among slum dwellers, marginalized and hard to reach populations.



# Annual HPN SBCC Monitoring Report

## 1. Introduction

The Ministry of Health & Family Welfare (MoHFW) has developed the Comprehensive SBCC Strategy as a guiding document for the effective implementation of high quality SBCC activities under the 2017-2022 Health, Population and Nutrition Sector Program (HPNSP). The strategy will facilitate the delivery of integrated, consistent, harmonized messages with materials and coordinated campaigns on Health, Population and Nutrition (HPN); addressing the need of specific audience; encourage the use of information and communication technology (ICT); and improve intra and inter unit coordination. For effective implementation of this SBCC Strategy the action plan was also detailing out the activities and setting the indicators for appropriate monitoring during implementation.

SBCC activities during fiscal year 2017-18 were conducted in line with the Programme Implementation Plan (PIP) for the 4th Health, Population and Nutrition Sector Programme (4th HPNSP) which proposes to establish effective SBCC through comprehensive approaches followed by the SBCC Strategy.

Purpose of formulating this monitoring report of annual SBCC activities is:

- to assess the current status of the SBCC activities in the HPN sector implemented by the GoB, Development Partners and NGO sector and identify the duplication and gaps;
- to assess the types of communication channels and extent of SBCC activities implemented in HPN sector in line with the 'Comprehensive SBCC Strategy';
- replication of successful program and best practices in the program design and implementation for the planner and program manager both for GoB and NGOs.

### Steps Followed

The report was prepared following a participatory process involving the relevant key stakeholders of HPN sectors. The report development process comprised following steps:

1. Based on the detailed action plan MoHFW decided to prepare a monitoring report on HPN SBCC activities implemented for the period of July 2017-June 2018.
2. A "Yearly SBCC Activity Reporting Format" with guideline and clarification was developed with the technical support of USAID Ujjiban SBCC project and shared with the SBCC working group members for their feedback on 10 September, 2018. The format was circulated among government and non-government organizations working on HPN SBCC.
3. The draft "Yearly SBCC Activity Reporting Format" was finalized and circulated among all HPN GoB OPs, implementing partners and NGOs by PH-WH wing of MoHFW on 14 October 2018 with an instruction letter for collecting the information. The format looked for number and types of SBCC activities conducted, target audiences, use of resources, and output and outcome of the activities. Please see the format in Annex-A.
4. A meeting was held on October 21, 2018 in the MoHFW conference room for HPN SBCC Comprehensive Strategy implementation and monitoring. The meeting was chaired by Md. Habibur Rahman, Additional Secretary (PH&WH), MoHFW and co-chaired by Mr. A K M Mohiul Islam, Additional Secretary, Health Education and Family Welfare Division, MoHFW and was attended by relevant GO and NGO representatives including representatives from donor agencies and implementing partners. The meeting discussed about the status of information received to prepare the monitoring report on HPN SBCC activities implemented for the period of July 2017-June 2018.



5. The filled-out format was collected and reviewed for illustrative information. A consultative meeting was held on 20 December, 2018 with the representatives of GoB OPs to drafting the monitoring report outline. The meeting was chaired by the Mr. Md. Ruhul Amin Talukder, Joint Secretary PH-2, MoHFW.
6. Based on the information received through the reports, compilation was done as per thematic area following the reporting outline. A national stakeholders' workshop was organized on 17 January, 2019 with the GO-NGO stakeholders working in the HPN sector for review and feedback on the draft Annual SBCC Activity Monitoring Report.
7. This report has accumulated SBCC activities as being implemented by the GoB OPs and NGOs working in the HPN fields, in 12 thematic area and 8 activity domains.
8. The final draft of the report was prepared based recommendation received from the relevant stakeholders and was reviewed and finalized by the SBCC steering committee members for dissemination.

## 2. Major SBCC Program Results and Achievements

The results are organized in thematic areas – Maternal, Neonatal and Child Health; Adolescent Health, Family Planning, Nutrition, WASH, Tuberculosis (TB), Occupational & Environmental Health, ICT Innovation and Social Media Promotion, Community Engagement (CE), School HPN program, SBCC Capacity Strengthening, SBCC Program Coordination, SBCC Monitoring & Evaluation, Research and Knowledge Management.

### SBCC Activities as per Thematic Areas

#### Thematic Area: Maternal, Neonatal and Child Health

Bangladesh aims to achieve the SDG 3 targets by 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births (Target 3.1) and by 2030, end preventable deaths of newborns with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births (Target 3.2). Bangladesh has made remarkable progress towards attaining the SDGs through reduction in maternal and infant mortality rates. Though the country has achieved remarkable success in reduction of overall under-5 mortality during last decade, neonatal mortality is still high.





## Key Points

### *Issues covered*

ANC visits (minimum 4 visits), Care for pregnant mother ( rest , nutrition etc), IFA supplement, 5 danger signs of pregnancy, 3 delays , birth planning and preparedness, safe delivery, PNC, risk factors of preterm birth, prevent child marriage, male engagement, newborn care (including messages about breastfeeding, first 1000 days of care, essential neonatal care, danger signs, EPI, ARI, CDD), Postpartum Family Planning (PPFP), Healthy Timing and Spacing (HTSP ), women empowerment and prevention of Violence Against Women (VAW).

### *Audiences reached*

Married Women of Reproductive Ages, pregnant and lactating mothers, mothers of under-two and under-five children, husbands, mothers-in-law, eligible couple, other family members including male, community people, elected representatives, and the Poor and Ultra poor slum dwellers of UPHCSDP partnership areas, as well as general people.

### *Media channels*

IPC & Counseling (home-based and facility-based), group discussions, community level mobile film shows, “Health” travel shows, community interactive meetings, traditional media (street theatre and folk songs), observance of Special Days, drama, documentary, PSAs in mass media channels at national level including BTV and radio, social media Facebook posts, web series and PSAs.

### *Comments*

- MoHFW program has national coverage but limited geographic coverage by NGOs;
- BTV messages reached only 20% of general people;
- Limited use of private TV channels, and traditional media;
- Very limited use of social media;
- Mobile messaging and local cable network not mentioned.

## Issue and specific SBCC Activity

Messages and information related to maternal, neonatal and child health are disseminated through various SBCC activities by different organizations.

### **IEM, DGFP**

- Awareness building Campaign for elected representatives’ focus on messages about women empowerment, birth spacing, mother & newborn care, by IEM, DGFP.
- Orientation Workshop for stakeholders are held on FP, Maternal and Child Health (MCH) and gender issue by IEM.
- Organize Family Event– (Poribar Sammelon) at upazila level to disseminate information on safe motherhood including ANC, PNC, birth planning, and PPFP by IEM.
- Observance of Service Week campaign nationwide to disseminate messages on FP-Maternal Health by IEM.



#### **MCH-Services unit, DGFP**

- Orientation of GO & NGO Stakeholders at upazila level for awareness building on 24/7 normal delivery at UH&FWC to increase Institutional Delivery & Prevention of Maternal and Child mortality by MCH-Services unit.
- Orientation Meeting at national level on Maternal and Child Death Prevention for GO & NGO stakeholders by MCH-Services unit.
- Distribution of IEC materials “Saf kotha” – on Infant and Newborn Mortality prevention by MCH-Services unit.
- Distribution of “Mayer Bank “(Mother’s Bank) to ensure safe delivery (birth preparedness) by MCH-Services unit.

#### **Ministry of Information (MOI)**

- Aired three (3) TV Drama, four (4) TV Spots and ten (10) TV Documentary on ANC, PNC, ENC, Safe Delivery by Bangladesh Television (BTV).
- Radio Interviews (52) on pregnant mother healthcare and Radio Talks (156) on Neonatal care by Bangladesh Betar.
- Radio Discussions (105) on reducing child & maternal mortality rate by Bangladesh Betar.

#### **MNC&AH Unit, DGHS**

- Theme song on mass awareness about Safe Motherhood developed by MNC&AH Unit and aired in BTV to promote safe Motherhood day, 2018.
- Distribution of poster nationwide on promoting “midwifery service for normal delivery” by MNC&AH Unit.
- Distribution of print (Poster, Flayer, Flipchart, Flashcard) and outdoor (Billboard, wall Printing) materials/job aids on Essential Newborn Care, newborn danger sign, Kangaroo Mother care and birth preparedness to selected Medical College Hospital, District Hospital and Upazila Health Complex by MNC&AH Unit.
- Organized national level “Newborn Campaign” and observed world pre-maturity and pneumonia day by MNC&AH Unit.

#### **UNICEF**

- Organize Community Based Interventions (community dialogue, Folk event, distribution of SBCC materials) on Maternal and Neonatal Health with the Community people by UNICEF in 5 selected districts.



### **USAID Ujjiban SBCC Project**

- TV Drama (Roudro Chayar Khela) – 11 out of 15 episodes are used for messages on: at least 4 ANC check-ups; IFA supplement; Danger signs; and Birth preparedness by Ujjiban.
- Three (3) PSAs are used to disseminate messages about ANC check-ups; Danger signs and essential neonatal care by Ujjiban.
- Radio programs (25 episodes) for FM and Community Radio and Health Travel show (7 episodes) are used to disseminate information on different issues of maternal, neonatal and child health by Ujjiban.
- Facebook posts (3) are used to disseminate messages on Maternal and neonatal health and two (2) multi-episode Web series are being used to provide information on different maternal health issues by Ujjiban.
- Community Interactive Meetings/ Sessions through strategic partners of Ujjiban focuses on IPC, Counseling, ANC, PNC, Birth spacing.

### **CBHC, DGHS**

- Conduct Health Education Sessions on maternal and child health at community clinics using flash card (Sonali Alo).

### **UPHCSDP**

- Health sessions are used by UPHCSDP to disseminate information about ANC, PNC, safe delivery, danger signs of delivery, breastfeeding, neonatal care, importance of colostrum, Safe Motherhood, violence against women, EPI, hygiene, diarrhea management, ARI management, danger signs of new born child and growth monitoring.

### **PSTC**

- ANC and Maternal Health Counseling sessions are used to disseminate information about ensuring 4 times ANC visit, life style, 5 danger signs, institutional delivery, saving money for delivery (birth planning) by PSTC.
- PNC Counseling session is used for disseminating information about Post-partum Family Planning (PPFP), exclusive breast feeding, complementary feeding, and EPI by PSTC.
- Child Health counseling sessions are used to provide information on EPI, Nutrition, ARI, CDD by PSTC.

### **BRAC**

- Organize Health Forum for discussion on maternal health, breastfeeding, women health with the Pregnant & Lactating Mothers by BRAC.
- Organize IYCF counseling on Importance of breastfeeding and complimentary feeding, food demonstration, importance of micronutrient powder for mothers of children under 5 by BRAC.



### **Universal Health Coverage (AUHC)**

- Counseling in clinic, one to one counseling by Community Service Provider (CSPs) is used for Counseling on ANC, PNC, and Essential Newborn Care (ENC) by Advancing Universal Health Coverage (AUHC).

### **Mamoni Project, Save the Children**

- Organize Street Theaters focusing on MNCH by Mamoni.
- Provide TA to IEM unit to develop six TVCs on Newborn and Maternal Health by Mamoni.

- Observance of national Safe Motherhood Day to promote Maternal Health, ANC, PNC, Neonatal care, Immunization by **Mamoni, Marie Stopes Bangladesh, PSTC and AUHC.**

### **SMC**

- Conduct group meeting at the community level focusing on First 1000 Days Care and Healthy Pregnancy by SMC.
- Awareness through mass and outdoor media - TVC, Wall Paintings, Folksong, Press Advertisement, Posters, Leaflets etc on MoniMix, ORS, Zinc, Safe Delivery Kit by SMC.
- Community awareness through mobile film units on HTSP, First 1000 Days Care by SMC.

### **Water Aid**

- Group discussion sessions on Safe water, First 1000 Days Care, hand washing etc by Water Aid.

## **Audiences**

The audiences reached through counseling sessions on ANC, PNC and neonatal care are pregnant and lactating mothers, including husband and mother-in-law.

The audiences for counseling sessions on neonatal and child health are usually mothers of under-five children, but also include other family members like male members, mother-in-law and community people.

The family event – (Poribar Sammelon) by IEM targets selected family members while the observance of and Service Week campaign is targeted towards eligible couples and reaches the mass people. The orientation meetings by MCH-Services unit, DGFP and MNC-AH unit of DGHS was for GO and NGO stakeholders.

***Pregnant mothers are common group of audience addressed by the program mostly.***



Health sessions target community people of the respective UPHCSDP partnership area, and the Poor and Ultra poor slum dwellers of respective areas.

The observance of national day, other outdoor media and mass media events are for the general people.

Facebook posts and multi-episode Web series target males and females between 15 -30 years. Community Interactive meetings are targeted towards Married Women of Reproductive Age (MWRA), Pregnant Women (PW) & Lactating Mother (LM) (with children below 2 years).





Audience	Issue
Pregnant mothers	ANC (4 time visits), PNC, Care for pregnant mother (rest, nutrition etc), IFA supplement, 5 Danger signs of pregnancy, Birth Preparedness, facility delivery /safe delivery, maternal nutrition, Healthy Timing and Spacing (HTSP ). Neonatal care/Essential Neonatal Care (ENC), First 1000 Days Care, Immunization, Reduce child & mother mortality rate.
Post-partum mother	PPFP, Exclusive Breast Feeding (EBF), Complementary Feeding, Immunization.
Mother of under 5 children	Birth Spacing, Complementary Feeding, First 1000 Days Care, Immunization. Nutrition, Handwashing, Safe drinking water.
Parents of under 5 children	Immunization, Nutrition, ARI, CDD.
Family member/Caregiver	Safe motherhood, ANC, PNC, Safe Delivery, Birth spacing, PPFP, HTSP, ENC, First 1000 Days Care.
MWRA	ANC, PNC, Birth Spacing, First 1000 Days Care, risk factor of preterm birth, early marriage, maternal nutrition, safe motherhood/healthy pregnancy.
Male/husband	Importance of maternal and neonatal health care, care for pregnant mother (rest, nutrition etc), ANC (4 time visits), PNC, IFA supplement for pregnant mother, 5 danger signs of pregnancy, birth preparedness, facility delivery/safe delivery. Essential Neonatal Care (ENC), risk factor of preterm birth, child marriage, safe motherhood, male engagement.
Eligible Couple	Maternal health care, Healthy pregnancy, HTSP.
Community people/Community leaders	Maternal Health Right & Maternal and Neonatal Health Care, Empowerment & Reproductive Right of the women, Gender.
General people	Safe motherhood, care for pregnant mother to reduce MMR and NNR, newborn care, HTSP, First 1000 days care, micronutrient.
Poor and Ultra poor slum dwellers	ANC, PNC, 5 danger sign, safe delivery, neonatal care including danger sign, exclusive breast feeding, immunization, ARI management, diarrhea management, growth monitoring, VAW.
Field workers	Information on Maternal, Neonatal and Under 5 Children health care.
Service Providers	Positive attitude for quality service.





Organization	Geographical coverage
IEM Unit and MCRAH, DGFP; CBHC, DGHS	Across the country
BTV and Bangladesh Betar, MOI	National coverage
MNC&AH, DGHS	Selected Service facilities
UNICEF	Patuakhali, Rangamati, Moulvibazar and Sirajganj
Ujjiban	Chattogram and Sylhet Division
SMC	Barisal, Jhalakathi, Pirojpur, Madaripur, Faridpur, Chandpur, Kishoreganj, Narsingdi, Munshiganj, Noakhali, Lakshmipur, Sylhet, Sunamganj, Moulvibazar, Habiganj, Brahmanbaria
Mamoni project, Save the Children	Habiganj, Lakshmipur, and Noakhali
Marie Stopes	Barisal, Bhola, Barguna, Cumilla, Cox'sbazar, Dhaka, Faridpur, Jashore, Moulvibazar, Mymensingh, Narayanganj, Rajshahi, Rangpur, Shariatpur, Gopalganj, Habiganj, Madaripur, Manikganj, Nilphamari, Rajbari, Thakurgaon, Kurigram, Brahmanbaria, Chattogram, Khulna, Sylhet, Gazipur, Dinajpur, Feni, Narsingdi, Joypurhat, Gaibandha
UPHCSDP	City Corporation: Dhaka South, Dhaka North, Rajshahi, Khulna, arishal, Sylhet, Cumilla, Narayanganj, Rangpur, Gazipur; Municipalities: Sirajganj, Kushtia, Gopalganj and Kishoreganj
Water Aid	Across the country
BoT Project	Rangpur district
SHOW Project	Nilphamari, Barguna and Khagrachhari
PSTC	Dhaka city
BRAC	Dinajpur, Bogra, Jessore, Bagerhat, Satkhira, Meherpur, Kushtia, Chuadanga
AUHC	All 64 districts



## Resource Utilization

Resource utilized through different media:

SBCC Activity/ Event	Cost
IPC (workshop, orientation, meeting, group session etc.)	489.84 lacs
Mass Media (drama, TV documentary, TV spot, radio program etc.)	844.59 lacs
Outreach Event (family gathering, day observation, mobile film show, street theatre, wall painting etc.)	483.9 lacs
Social Media	13.66 lacs
National/local level Campaign activity	150 lacs
Materials development	68 lacs

\*Please see Annex-B – Table 1 for details.

## Outcome

The overall expected outcome of SBCC activities related to maternal, neonatal and child health is to raise awareness, increase knowledge and reduce maternal and child mortality.

The outcome of the mass media - TV dramas, documentary and spots was that neonatal health increased and maternal and neonatal deaths decreased as evidenced through national survey. The outcome of the Bangladesh Betar -interviews, discussions and talk shows was awareness building and behavioral changes.

The expected outcome of orientation meetings is to increase community awareness, increase institutional delivery and reduce maternal and child deaths. BCC materials – Saf kotha – on Infant and Newborn Mortality prevention were intended to improve infant and newborn health while the Mayer (Mother’s) Bank was to improve safe delivery (birth preparedness) and reduce maternal and child morbidity and mortality.

The expected outcome of SBCC activities is that communities and families are aware about these issues, and embrace new social norms, gender roles and household behaviors, and seek out services for a full range of health issues.

## Thematic Area: Adolescent Health

In Bangladesh, adolescents (age between 10 and 19 years) constitute 24 percent of the population. Early marriage and motherhood are very common in Bangladesh. Adolescent pregnancy and child bearing entail a high risk pre-term birth and maternal morbidity among adolescents. The 4th HPNSP PIP mentions that lack of knowledge and information of the adolescents about Sexual and Reproductive Health (SRH) leads them to unsafe sex, abortion etc. and improved access to service (counseling, contraceptive use) in conducive environment remains most vital. In recent years SBCC activities on different adolescent health issues are getting more emphasis.



## Key Points

### *Issues covered*

Adolescent health care, personal hygiene, nutrition, Sexual and Reproductive Health and Rights (SRHR), Life Skills, puberty, prevention of STI/RTI and HIV/AIDS, consequences of child marriage and early pregnancy, prevention of child marriage, menstrual hygiene management, Family Planning (FP), prevention of Violence Against Women (VAW), services provided at Adolescent Health Corners, healthy life style and hand washing.

### *Audiences reached*

Adolescents (boys & girls), married adolescent, girls student, parents, School Management Committee (SMC) members, school/college/madrasa teachers, gatekeepers (UP members, religious leaders and FWC & CC support committee members), community people and the Poor and Ultra poor slum dwellers of UPHCSDP Partnership Areas, vulnerable Young Key People (Female Sex Workers, Truckers, Pavement Dwellers, Young Laborers) as well as general people.

### *Media channels*

IPC & Counseling (home-based and facility-based)- school health sessions, courtyard sessions, group discussions, advocacy and sensitization meetings; community media- mobile film shows, Theatre for Development (TFD) shows, travel shows; mass media channels of BTV, Bangladesh Betar, and local TV channels in selected districts, and social media - Facebook campaign and PSAs; and Observance of special days.

### *Comments*

- Adolescent Health Corners, Adolescent Club, Distribution of ASRH Booklet, Nijeke Jano book, Pocket Card with helpline number are effectively using for adolescent health program.
- However, SBCC program of adolescent has limited geographic coverage by the NGOs.
- There is limited use of social media.
- Use of private TV channels and mobile messaging are not mentioned in any report.

## Issue and specific SBCC Activity

Messages and information related to adolescent health are disseminated through many SBCC activities by different organizations/projects, namely IEM and MCH-Services unit of DGFP, BHE and MNC&AH, unit of DGHS, MOI, UNICEF, UNFPA, Ujjiban, SMC, Plan International, BRAC, UPHCPSD, PSTC, Marie Stopes and WaterAid.

### **IEM, DGFP**

- Country wide awareness building campaign (50 workshops) for School/Madrasa teachers on prevention of early marriage, Adolescent care, Nutrition by IEM Unit.
- Campaign (4 workshops) for urban poor, slum in city corporation in collaboration with Field Service Delivery Program (FSDP) on prevention of early marriage, adolescent care, nutrition by IEM Unit, DGFP.
- Production and distribution of SBCC materials for the adolescent health corners of service centers on prevention of child marriage, adolescent care, nutrition by IEM Unit, DGFP.
- Media campaign on Adolescent Reproductive Health (ARH) through TV program on FP-MCH by IEM Unit, DGFP.



### **MCH-Services unit, DGFP**

- Orientation Meetings (5) on Adolescent Friendly Health Services by MCH-Services unit, DGFP
- Develop IEC materials on Adolescent Health - Poster (2,500), Festoon (1,500), Brochure (9,000), Booklet (3,000), Class Routine (3,200) and distributed in Gazipur, Tangail, Jamalpur, Nilphamari, Khulna, Bhola and Cox's Bazar districts by MCH-Services unit, DGFP.

### **BHE and MNC&AH Unit, DGHS**

- SBCC materials like posters, leaflets, festoons and folders for adolescents to develop awareness against child marriage, early childbirth, VAW, drug abuse, gender equity, STIs/AIDS and to provide information about nutrition, mental health, reproductive health, hygiene, etc. by MNC&AH, DGHS.
- Workshop on Reproductive Health (50 batches of students -40 per batch) focusing on reproductive health, menstrual hygiene and nutrition by BHE, DGHS.

### **Ministry of Information (MOI)**

- Aired TV Drama (4), TV Documentary (4) and TV Spots (6) on personal hygiene, reproductive health, child marriage by Bangladesh Television (BTV).
- Radio Dramas (weekly and 104 episodes serial) to disseminate information on reproductive health to young people by Bangladesh Betar.
- Radio cartoons (56) on reducing gender discrimination by Bangladesh Betar.
- Radio songs (96) on Health corner services, reproductive health, FP, etc. by Bangladesh Betar.

### **UNICEF**

- ADOHEARTS (Adolescent Health and Right's Enhancement ) intervention have IPC, Community dialogue, Folk program, use of SBCC materials, Adolescent Club activities in 4 districts with Adolescent boys and girls and their parents by UNICEF.





### **A2HS project, Plan International**

- SBCC activities conducted by A2HS project in Rangpur district include:
  - Life skills sessions are used to disseminate information about life skill education, puberty, menstrual hygiene, legal age, family planning, nutrition
  - Gatekeepers (Parents, School Management Committee (SMC) members, teachers, UP members, and FWC & CC support committee members) meetings and religious leaders orientation focuses on Delaying age at marriage, SHRH, and Consequences of early marriage.
  - Home visit, courtyard meetings and issue specific meetings with Parents and adolescent are conducted to convey information on Delaying age at marriage, SHRH, and Consequences of child marriage and early pregnancy and roles for preventing early marriage.
  - Orientations of married adolescents, newlywed couples, and positive deviant couple on consequences of early pregnancy and family planning.
  - School-based sessions on SRHR and meeting with School Management Committee (SMC) members and teachers to orient about SRHR and roles of teacher and SMC for preventing early marriage.
  - Adolescent Forum Meeting at Upazila and District levels to inform about Delaying age at marriage and consequences of early pregnancy and roles of Forum members.
  - Theatre for Development (TFD) focuses on Delaying age at marriage and consequences of early pregnancy.
  - Distribution of ASRH Brochure and Nijeke Jano Book to inform about ASRH, puberty, consequences of early marriage and early pregnancy, FP.
  - Print materials like posters, festoons, leaflets with information about ASRH, puberty, consequences of early marriage and early pregnancy, FP; and Pocket Card with Helpline number.
  - Exposure visit to facilities to create bonding with service providers and increase referral.

### **Plan International Bangladesh**

- SBCC activities of **ASRHR** project in Patharghata upazila Barguna district, are:
  - Weekly sessions at schools focusing on ASRHR issues i.e. physical and mental changes during puberty, menstruation, wet dreams, adolescent nutrition etc.
  - Theatre for Development with messages on Child Marriage and Adolescent Nutrition.
- SBCC activities of **BOT** project in six upazila of Rangpur district
  - Courtyard session with adolescent girls group on ASRH, Menstrual hygiene, STI/RTI and with adolescent boys group on ASRH, puberty, wet dreams, STI/TRI.
- SBCC activities of **SHOW** project in Nilphamari, Borguna, Khagrachari districts
  - Peer Education Session with adolescent boys and girls of 15-19 years on adolescent health, gender equality and leadership
  - Adolescent group meeting with adolescent boys and girls of 15-19 years on adolescent health
- SBCC activities of **Generation Breakthrough** project in 350 Schools
  - Gender mainstreaming education for the boys & girls at schools/ madrasha
  - Edutainment activity at adolescent corners for the 10-19 years boys & girls
  - Street drama shows on Gender Based Violence (GBV) issue at community level
  - Coach the 10-19 years adolescent athletes on GBV



### USAID Ujjiban SBCC Project

- TV Drama (Roudro Chayar Khela) – 1 out of 15 episodes used for messages on Adolescent health by Ujjiban.
- Radio programs (30 episodes) focus on different issues of adolescent health by Ujjiban.
- Health Travel show (2 out of 20 episodes) are used to disseminate information on different issues of adolescent health by Ujjiban.
- Facebook posts (26 posts) are used to disseminate messages on Maternal and neonatal health to males and females between 15 -30 years by Ujjiban.

### PSTC

- School Health Sessions with Adolescents at secondary school level focusing on Health Hygiene Practice, Hand Washing, Bad impacts of addictions, Importance of Sanitary Napkin Use, and HTSP by PSTC (MISHD Project).
- SBCC activities on Sexual and Reproductive Health and Rights (SRHR) and STIs, HIV/AIDS by PSTC SANGJOG through:
  - o Comprehensive Sexuality Education,
  - o Court Yard Session and Advocacy meetings
  - o Information dissemination through local TV channel,
  - o Observation of World AIDS Day, International Youth Day,
  - o Publication of newsletter “Projanmo”
  - o Billboard,

### UNFPA

- Facebook campaign (Hello Check! Ebar Bolo) for young people on FP, child marriage, life skills, GBV & sexual harassment.
- Produced interactive computer game on 35 life skill contents for school going adolescents by UNFPA.

- School health sessions on Adolescents health and hygiene with the School / College Adolescent (13-19 yrs.) at 16 districts by **SMC**.
- Day observations, rallies, Theatre for Development (TfD) shows are used to disseminate messages on Adolescent reproductive health and child marriage by **Marie Stopes Bangladesh**.
- Counseling in clinic, One to one counseling by CSPs with adolescent girls and boys on Reproductive health, Family Planning, and Violence against women by **Advancing Universal Health Coverage (AUHC)**.
- Group discussion sessions in schools on Menstrual hygiene management (MHM) with High school girls and in community level with Adolescent girls, mothers by **WaterAid**.
- Adolescent forum of Adolescent girls (10-19 years) discuss on Healthy life style, menstrual hygiene, and Nutrition messages in 41 districts by **BRAC**.
- Health session and House to House visit to discuss on RTI, STI and adolescent health at urban slum with poor and ultra-poor by **UPHCPSD**.



## Audiences

The audiences reached through counseling sessions, usually group/courtyard meetings or workshops on adolescent reproductive health, puberty, and personal hygiene are adolescent girls and boys, parents and teachers. School-based educational sessions and workshops involve the school and college students (usually secondary level) and teachers.

Information about child marriage, delaying early pregnancy and on Violence against Women is targeted towards gatekeepers of adolescents such as parents, elders, School Management Committee (SMC) members, School and Madrasa teachers, UP members, religious leaders and FWC &CC support group members.

The audiences for information related to family planning and delaying childbirth are married adolescents and their family members.

TV and radio programs, Theatre for Development shows, Observation of Special Day (International Youth, HIV/AIDS) and other outdoor media are targeted towards the adolescents as well as the community and general people. Facebook campaign target males and females between 15 -30 years.

Campaign for Urban Poor, Slum in City Corporation are on prevention of child marriage, adolescent health care, nutrition, STI & RTI.

The IPC and community media programs of PSTC Sangjog are for Vulnerable Young Key People (Female Sex Workers, Truckers, Pavement Dwellers, Young Laborers).





Audience	Issue
Adolescents (boys and girls) Age group: 10 -19 year	Life skill education, puberty, Sexual and Reproductive Health and Rights (SRHR), physical changes during puberty, legal age of marriage, delay age at marriage, child marriage and consequence of child marriage, menstrual hygiene, personal hygiene, wet dreams, hand washing, family planning, nutrition, bad impacts of addictions violence against women (VAW).
Adolescent girls (13-19 years) including girl student of High school/ College and their mothers	Healthy life style, menstrual hygiene, menstrual hygiene management, use of sanitary napkin, STI/TRI adolescent health care, nutrition.
Married adolescent girl & their husband (newlywed)	Consequence of early pregnancy and family planning.
Parents/ family members of Adolescent	Delay age at marriage, consequence of early marriage and early pregnancy, roles for preventing early marriage, puberty.
SMC, teachers, Madrasa teachers	Delay age at marriage, SRHR, roles to prevent child marriage, nutrition, and adolescent health care.
Gatekeepers -religious leader, UP members, FWC& CC support committee members	SRHR, delay age at marriage, consequence of child marriage and early pregnancy.
Community People	Adolescent health, child marriage, delay age at marriage and consequence of early pregnancy, adolescent nutrition.
Vulnerable young people (Female Sex workers, Trucker, Pavement Dwellers, Young Laborers)	Sexual and Reproductive Health and Rights (SRHR) and STIs, HIV/AIDS.
Young people	Reproductive health, reduction of gender discrimination, family planning, information for first time mothers, child marriage, life skills, GBV & sexual harassment.
Poor, Ultra poor	RTI, STI, Health counseling.



## Communication Channels

Communication on adolescent and reproductive health utilizes various channels of communication.

One to one counseling is used for communication during home visits or in the health facilities.

IPC is the mostly used communication channel by the programs. IPC is used to disseminate messages through school sessions and courtyard meetings, group meeting, orientation, workshop with adolescent girls and boys, parents and gatekeepers. Printed materials such as ASRH brochure, Nijeke Jano book, poster, festoons, leaflets and Pocket Card with helpline number are used during these sessions.

TV dramas, documentary, radio programs, and TVCs use national/ mass media and local/community channels. Local folk media and Theatre for Development shows, travel shows are also used as outreach activity.

Facebook posts and PSAs are being broadcast on social media.

*ICT and social media approaches like interactive life skills computer game and Facebook campaign and posts are also used to aware the adolescent boys and girls.*

## Use of social media

UNFPA promote social media campaign at Facebook page (Hello Check! Ebar Bolo) through audio-video short clips, video infographics, quizzes and Facebook post. Ujjiban project also uses social media through 26 Facebook posts for disseminating messages on maternal and neonatal health targeting males and females between 15 -30 years.



## Coverage/reach

The national TV and radio programs as well as the social media campaigns and workshops have national coverage. SBCC activities by IEM and BHE are nationwide. MCH-Services unit of DGFP has adolescent program and disseminate adolescent health materials in selective districts.

Water Aid and Advancing Universal Health Coverage (AUHC) also works in whole of Bangladesh. Sylhet and Chattogram divisions are the key intervention areas for Ujjiban project, however, the mass media products of Ujjiban are having national focus. Marie Stopes Bangladesh works in 38 districts. SMC is working in 62 upazilas of 16 districts. Plan International is working in Rangpur district and also working in Patharghata upazila of Barguna district. PSTC is working in Dhaka city and PSTC SANGJOG works in 11 selective districts.



Organization	Geographical coverage
IEM Unit, DGFP; BHE and MNC&AH unit, DGHS, WaterAid	Across the country
BTV and Bangladesh Betar, MOI	National coverage
MCRAH Unit, DGFP	Gazipur, Tangail, Jamalpur, Nilphamary, Khulna, Bhola and Cox's Bazar
UNICEF	Patuakhali, Rangamati, Moulvibazar and Sirajganj
Ujjiban	Chattogram and Sylhet Division
SMC	Barisal, Jhalakathi, Pirojpur, Madaripur, Faridpur, Chandpur, Kishoreganj, Narsingdi, Munshiganj, Noakhali, Lakshmipur, Sylhet, Sunamganj, Moulvibazar, Habiganj, Brahmanbaria
Marie Stopes	Barisal, Bhola, Barguna, Cumilla, Cox'sbazar, Dhaka, Faridpur, Jashore, Moulvibazar, Mymensingh, Narayanganj, Rajshahi, Rangpur, Shariatpur, Gopalganj, Habiganj, Madaripur, Manikganj, Nilphamari, Rajbari, Thakurgaon, Kurigram, Brahmanbaria, Chattogram, Khulna, Sylhet, Gazipur, Dinajpur, Feni, Narsingdi, Joypurhat, Gaibandha
UPHCSDP	City Corporation: Dhaka South, Dhaka North, Rajshahi, Khulna, Barishal, Sylhet, Cumilla, Narayanganj, Rangpur, Gazipur; Municipalities: Sirajganj, Kushtia, Gopalganj and Kishoreganj
A2HS Project, Plan Int.	Rangpur district
ASRRH, BOT, SHOW and GB project of Plan Int.	Barguna (Patharghata upazila); Rangpur district (six upazilas); Nilphamari, Borguna, Khagrachari districts; Dhaka, Barishal, Barguna & Patuakhali
PSTC	Chattogram, Cox's Bazar, Noakhali, Lakshmipur, Kushtia, Jessore, Gazipur, Kishoreganj, Narsingdi, Munshiganj and Dhaka city
BRAC	Sylhet, Habiganj, Chattogram, Comilla, Feni, Noakhali, Cox's Bazar, Barisal, Patuakhali, Bhola, Jhalokathi, Barguna, Khulna, Magura, Jessore, Kustia, Bagerhat, Jheinaidah, Shatkhira, Chuadanga, Meherpur, Dhaka, Narshingdi, Madaripur, manikganj, Kishorganj, Faridpur, Rajbari, Rangpur, Dinajpur, Gaibandha, Kurigram, Lalmonirhat, Nilphamari, Bogra, Mymensingh, Sherpur
AUHC	All 64 districts.



## Resource Utilization

Resource utilized through different media:

SBCC Activity/ Event	Cost
IPC (workshop, orientation, school health sessions, house visit, meeting, group session etc.)	445.08 lacs
Mass Media (drama, TV documentary, TV spot, radio program etc.)	89.82 lacs
Outreach Event (travel show, community dialogue, folk media, adolescent club, theatre etc.)	171.38 lacs
National/local level Campaign activity (day observation, rally, theatre etc.)	154.5 lacs
Materials development (production, distribution etc.)	145.67 lacs

\*Please see Annex-B – Table 2 for details.

## Outcome

The overall expected outcome of SBCC activities related to adolescent sexual and reproductive health is to raise awareness and knowledge about reproductive health, rights, healthy menstrual hygiene management and practice; and reduce gender discrimination and violence against girls, early marriage and early pregnancy.

The outcome of national TV was Maternal and Neonatal death rate decreased, Neonatal health increased, knowledge on ARH increased among 20 percent of the population (survey results). The Bangladesh Betar radio programs resulted in awareness building and behavioral change among majority listeners.

The expected outcome of Orientation Meetings on Adolescent Friendly Health Services and IEC materials by MCH-Services unit, DGFP is to strengthen Adolescent Friendly Health Services.

The outcome of Life Skills sessions was: Raise awareness on reproductive health issues, increased negotiation skill and decision-making power in regard to delaying the age at marriage among adolescents.

The orientation sessions in schools and the community increased awareness among adolescents about Reproductive Health, Reproductive Rights, Menstrual Hygiene, and Nutrition.

The orientation sessions with gatekeepers ((Parents, School Management Committee (SMC) members, teachers, UP members, and FWC & CC members) and religious persons is to create awareness on ASRH, about consequences of early marriage and early childbirth and about violence against women, and they play a supportive role to reduce child marriage.

The expected outcome of orientations for married adolescents and newlywed couples was that they and their family will be aware on consequences of early pregnancy and family planning to establish delayed first birth and healthy birth spacing.



Positive deviant married adolescents lamented their own experience among adolescents and they encouraged and cheered up for delayed first birth, healthy birth spacing and to delay age at marriage.

The expected outcome of SBCC activities is that communities and families embrace new social norms, gender roles and household behaviors, and seek out services for a full range of health issues.

The outcome of Theatre for Development activities was an enabling environment created for promoting and exchanging SRH knowledge. People of community were made aware through TFD shows on delay age at marriage, healthy birth spacing.

The outcome of distribution of ASRH brochure, “Nijeke Jano” booklet and other printed materials was that adolescents were attracted by IEC materials and learned about different key issues, and community also learned different messages through the materials.

Through the Adolescent Forum meetings, the expected outcome is that adolescents got the platform and they will raise their voice in different forum and collect opportunity from the government part.

Meetings with SMC members and teachers will encourage school teachers to take classes regularly about adolescent related issues as well as create an enabling environment in the school.

Through Exposure visit to facilities, adolescents became familiar with health facilities and it creates bridge with adolescents and service providers.

## Thematic Area: Family Planning

The successful FP programs in Bangladesh during last two decades have reduced Total Fertility Rate (TFR) from 6.3 births per women in 1975 to 2.3 in 2011. However, the TFR has been stagnant at 2.3 births per women (BDHS 2014) since 2011. Regional variation also exists - Sylhet and Chittagong Divisions lag behind with the highest TFRs of 2.9 and 2.5, respectively. Moreover, Dhaka division is very crucial, as it accounts for 1/3 of the population of the country and has a TFR of 2.3 (BDHS 2014).

The Contraceptive Prevalence Rate (CPR) has increased only by 4 percent from the level of 58 percent to 62 percent, during 2004 -2014. To achieve the target of 75 percent by 2021, CPR rate of increase needs to be doubled. In addition to short term FP methods, the long-acting reversible contraceptives (LARC) and permanent methods are being promoted. In Bangladesh since 1975 SBCC activities contributed the FP programs to bring positive changes.





## Key Points

### *Issues covered*

Short Acting FP Method, Long Acting Reversible Contraceptives (LARC), Long Acting & Permanent Methods (LA&PM), role of FP for reproductive health care, FP-MCH, Child marriage prevention & promotion of facility delivery, Post-Partum FP (PPFP), Birth planning, Birth spacing, Healthy Timing and Spacing (HTSP), Limiting births, Delaying first pregnancy until wife is 20 years.

### *Audiences reached*

Married women of reproductive age, husband, mothers-in-law, newlyweds, low-parity couple, eligible couples, pregnant women, lactating mothers with child under 2 years, ever married male and female, other family members, young adults, community leaders, Poor and Ultra poor slum dwellers of UPHCSDP Partnership Areas, and general people.

### *Media channels*

IPC and Counseling - home-based and facility-based one to one, group discussions, community interactive meetings, advocacy meetings; outdoor media - FP-SBCC Fairs (Mela) at district levels, mobile film shows at community level, Health Travel shows, traditional media (Theatre for Development); mass media channels – BTV, private TV channel, cable TV network, Cinema Hall, radio programs, newspaper advertisements; social media (Facebook posts, web series and PSAs) and Call Center.

### *Comments*

- In FP program diverse channels including private TV channels and local cable network were used.
- IEM Unit of DGFP have Call Center for FP-MCH information.
- Use of traditional media is limited (one project mentioned TfD) .
- Promotion through social media is very limited.
- Like other program DGFP has national coverage with limited geographic coverage by the NGOs.

## Issue and specific SBCC Activity

Messages and information related to family planning are disseminated through various SBCC activities by different organizations.

### **IEM Unit, DGFP**

- TV spots/ TV commercial (TVC) production and telecasting through Private TV Channel to disseminate messages on Short Acting FP method, child marriage prevention & promoting facility delivery, LARC, LAPM, role of FP in Maternal and Neonatal health, breast feeding, birth planning and HTSP.
- Message dissemination through TV Scroll in private TV channel, cable TV network and Cinema Hall on FP-MCH.
- Media Campaign on FP-MCH through TV channels specially focusing on Long Acting Reversible Contraceptives (LARC) & Permanent Methods (PM) and advertisement in newspaper on dissemination of messages on LAPM.
- Organize SBCC Fairs (Mela) at divisional and district levels to disseminate messages on FP-MCH.
- Orientation for Newlywed and 'low-parity couples' on spacing and limiting births.
- Call center for FP-MCH information, counselling and services by IEM Unit.
- Observation of service week through nationwide promotional activity in print and electronic media, and sensitization/advocacy meetings to disseminate messages on FP-MCH.



### **Ministry of Information (Mol)**

- Develop and aired Drama (19 episodes), Documentary, TVC (4) and courtyard sessions on FP Methods, PPF, Small family norms and FP in the light of Islam in BTV.
- Organize and broadcast Magazine shows and Interactive discussion with married couple, and Courtyard (outdoor) session with newly married couple on FP methods and it's benefits by Bangladesh Betar.
- Develop Jingle to promote FP service centers to the eligible couples by Bangladesh Betar.

### **UPHCSDP**

- Health sessions are used by UPHCSDP to disseminate information about Family Planning - Short acting, Long acting, Permanent methods; and Reproductive health care.
- House to House Visits using flipcharts, leaflets, brochures for IPC and counseling on Family Planning- Short acting, Long acting, Permanent methods; and Reproductive health care.

### **SMC**

- Conduct group meetings and IPC with Married women of Reproductive Age (MWRA) & Newlywed couples at the community level focusing on Healthy Timing and Spacing (HTSP) of pregnancy.
- Identify potential clients and conducted IPC by the Counselor on Long Acting Reversible Contraceptives (LARC) methods with MWRA (with at least one living child for IUD & Nulliparous for Implant).
- Develop and airing TVC and Radio Commercial (RDC) on FP methods and distribute related SBCC materials.

### **USAID Ujjiban SBCC project**

- One PSA is used to disseminate messages through TV, social media, and other AV outlets about delaying first pregnancy until wife is 20 years, and Radio program (1 episode) focusing on family planning.
- Health Travel show (4 episodes) are used to disseminate information on different issues of family planning.
- Participate in FP-SBCC Fairs using quiz competition, Transmedia (AV) products shows to disseminate messages on Modern FP Methods, LAPM & PPF.
- Community Interactive meetings (conducted through Strategic Partners) on ANC, PNC, Birth spacing.
- Orientation for the field workers on information and counselling of FP methods through FP modules of eLearning course.



### **BOT project and SHOW project, Plan International**

- Individual counseling with newly married couples on bi-monthly basis to disseminate information on FP methods, necessity of Delay pregnancy, birth spacing by **BOT** project at Rangpur district.
- Individual counseling with males and females of reproductive age (15-49 years) by conducting door to door visit to provide information on FP methods and birth spacing by **BOT** project.
- Theatre for Development (TfD) shows at community level focusing on FP methods, birth spacing by **BOT** project.
- Facility based counseling of mothers in post-partum period during UH&FWC and home visit to disseminate messages on PFP methods, birth spacing by **BOT** project.
- Courtyard session with the male and female group of community on FP methods especially PFP using video clips by **SHOW** project.

- Family planning counseling in Surjer Hashi clinics, satellite clinics and by Community Service Provider (CSPs), distributing SBCC materials are used to inform about use of different FP methods by **AUHC**.
- Family planning counseling on different FP methods in clinic and by field workers at the intervening slums in Dhaka by **PSTC**.

### **Observation of World Population day through:**

- Observation of World Population day through nationwide promotional activity in print and electronic media and community level events to disseminate messages of WPD by IEM Unit.
- IPC and use of SBCC materials on Acceptance of FP methods in 38 districts by Marie Stopes Bangladesh.
- Distributing SBCC materials on LARC & PM to mass people in 37 upazilas of Khulna, Comilla and Sylhet districts by EngenderHealth.
- Organize special promotional events to disseminating messages on family planning in all 64 districts by Advancing Universal Health Coverage (AUHC).
- disseminating information and conduct counseling sessions about Short Acting Method, Long Acting Method & Permanent Method to newlywed and eligible couples by PSTC and other UPHCSDP partnership NGOs.

### **Audiences**

The audiences reached through household visit, counseling sessions and interactive meetings and service weeks on family planning are usually married women of reproductive age (MWRA), eligible couples, and newlywed couples, pregnant women (PW), & lactating mother (with children below 2 years).

Health sessions and House to House visits by UPHCSDP for counseling on Family Planning target community people and the Poor and Ultra poor slum dwellers of the of the respective partnership areas.

Mass media campaigns and events through national, private and cable TV channels and through radio programs and newspaper advertisements and outdoor shows (TfD) were for the general people with special focus to eligible couples of reproductive age.

*Male and in-law's  
focused SBCC activity  
are limited in the  
program.*



The “Health Travel Show”, “FP-SBCC Fairs” and “Film show program by audio-visual van” targeted males and females between 15 to 55 years, young adults, their influencers and community people as a whole.

Community interactive meetings were to sensitize the community decision makers.

The observance of World Population day targeted the mass people nationwide and community level stakeholders in specific by IEM, and in their respective working areas by other organizations.

Audience	Issue
Newlywed couple, eligible couple (ELCO), Married Women of Reproductive Age (MWRA)	Modern FP methods - short term method, Long Acting Reversible Contraceptive (LARC), permanent method, and different issues; HTSP, small family norms, FP in the light of Islam
Low-parity couples	Spacing and limiting births
Pregnant women, lactating mother (below 2years of Child)	Role of FP in maternal and neonatal health, birth spacing, Post-Partum FP (PPFP), breast feeding, Long Acting Reversible Contraceptive (LARC)
MWRA (With at least 1 living child for IUD & Nulliparous for Implant)	Long Acting Reversible Contraceptive (LARC)
Prospective LAPM client (MWRA and male)	Permanent methods (medial campaign on LAPM)
Women of reproductive age, males and females between 15 years and 55 years, including 15-49 years WRA and their influencers	Family planning methods, delaying first pregnancy until wife is 20 years, different issues of family planning
Husband and mother-in-laws	Small family norms, FP in the light of Islam
Young adults, adolescent girls; ever married female; ever married male	Use of different FP methods; importance of planned family
General people	FP-MCH, LAPM, MNH, breast feeding, 5 danger signs, 3 delays, birth planning, short acting FP method, early marriage prevention & promoting facility delivery
Community people, poor and ultra poor slum dwellers	Family planning procedures, short acting, long acting, permanent, reproductive health care
Field workers (FWA, HA, CHCP)	Counseling on LARC methods, birth spacing





Organization	Geographical coverage
IEM, DGFP	Across the country
BTV & Bangladesh Betar, MOI	National coverage
SMC	Barishal, Jhalakathi, Pirojpur, Madaripur, Faridpur, Chandpur, Kishoreganj, Narsingdi, Munshiganj, Noakhali, Lakshmipur, Sylhet, Sunamganj, Moulvibazar, Habiganj, Brahmanbaria
Marie Stopes	Barishal, Bhola, Barguna, Cumilla, Cox'sbazar, Dhaka, Faridpur, Jashore, Moulvibazar, Mymensingh, Narayanganj, Rajshahi, Rangpur, Shariatpur, Gopalganj, Habiganj, Madaripur, Manikganj, Nilphamari, Rajbari, Thakurgaon, Kurigram, Brahmanbaria, Chattogram, Khulna, Sylhet, Gazipur, Dinajpur, Feni, Narsingdi, Joypurhat, Gaibandha
EngenderHealth	District: Khulna, Cumilla, Sylhet Upazila: 37
UPHCSDP	City Corporation: Dhaka South, Dhaka North, Rajshahi, Khulna, Barishal, Sylhet, Cumilla, Narayanganj, Rangpur, Gazipur Municipalities: Sirajganj, Kushtia, Gopalganj and Kishoreganj
PSTC	Dhaka city
Plan International	Barguna, Nilphamari, Khagrachari, Rangpur (6 upazila)
Ujjiban	Chattogram and Sylhet division
AUHC	All 64 districts.

## Resource Utilization

Resource utilization through different media:

SBCC Activity/ Event	Cost
IPC (orientation, interactive meeting, health sessions, counseling sessions, house visit etc.)	143.98 lacs
Mass Media (Documentary, TV scroll, cable network, TV spot, PSA, radio program, newspaper advertisement etc.)	890.95 lacs
National/local level campaign activity and special day observation	224.71 lacs
Outreach and community based activities (fair, travel show, mobile film show)	221.30 lacs

\*Please see Annex-B – Table 3 for details.



## Outcome

The overall expected outcome of SBCC activities related to family planning is to increase knowledge, the family planning use rate and CYP, and reduce TFR.

The outcome of airing the TV spots, documentary, TV drama, TV scroll, Radio program, Radio commercials, and newspaper ads in mass media was that these raised awareness about FP issues among the general population.

The outcome of the individual counseling sessions, HH visits, group meetings and Health sessions was to make eligible couple and MWRA aware about these issues and increased practice about FP methods, knowledge of necessity of delaying first pregnancy, and birth spacing (HTSP).

The outcome of FP-SBCC Fairs and Community Interactive meetings and other outreach activities is to increase quality and quantity of community-based interpersonal FP discussion.

## Thematic Area: Nutrition

The 4th HPNSP Operational plan states: To mainstream nutrition services with collaboration of NNS Operational Plan (OP) of DGHS, every health and family planning service delivery points will provide nutrition services including special emphasis on under five children, adolescents, pregnant and lactating women. At the domiciliary level nutrition education and services will be provided by the trained field workers



through house-hold visits, satellite clinics, community clinics and at the facility level (UH&FWCs, UHCs, MCHWCs), the nurses, paramedics (FWVs, SACMOs) will be responsible for counseling and services. Comprehensive, coordinated and multichannel SBCC activities will be implemented at health facilities, academic institutes and community to promote appropriate nutrition practices.



## Key Points

### *Issues covered*

Maternal nutrition, breastfeeding, nutrition for infants, proper complementary feeding, IYCF, nutrition for children under-five, care for first 1000 days, growth monitoring, Vit A, supplementary feeding, deworming, adolescent nutrition, general health and hygiene, IFA supplementation and nutritious food by pregnant and lactating mothers, nutrition for adolescent girls and adolescent boys, and information on micronutrient powder (MNP).

### *Audiences reached*

Pregnant and lactating mothers, husband and mother-in-law, mothers of under-five children, fathers, adolescent girls and boys, married women at reproductive age (MWRA), community people, slum dwellers, nutrition policymakers and program implementers, and general people.

### *Media channels*

IPC & Counseling (home-based and facility-based), group discussions, observance of Special Day/Week, Nutrition Fairs, digital display, community level mobile film shows, Health Travel shows, billboards, newspaper advertisements, mass media channels of national BTV and radio programs, interviews, cartoons, talk shows, social media Facebook posts, PSAs, SBCC materials such as food plate, nutrition calendar, food bowl, flip chart, Ludu games, posters, banners and action folders.

### *Comments*

SBCC activity on nutrition using digital display for general awareness and use various pictorial/illustrative SBCC materials like Food plate, Food bowl, Nutrition calendars, Ludu games for adolescents that assist to practice balanced food for nutrition. The SBCC program also address the nutrition policymakers and program implementers for advocacy. However use of traditional media and social media is limited and even after wider penetration/availability of mobile phone in rural area mobile messaging not used.

## Issue and specific SBCC Activity

Nutrition related SBCC activities implemented during reporting period are:

Messages specifically on **breastfeeding** – early initiation of BF, exclusive BF were disseminated through:

- Observance of World Breastfeeding Week by IPHN, INCA project of Caritas Bangladesh and FHI360
- Mobilizing the community through BCC materials such as TV Scroll, TV Documentary, Theme song, Poster and Newspaper Ad on breastfeeding by IPHN
- Printing of Action Folders by IPHN and FHI 360 for distribution.
- Organize awareness session and counseling on breastfeeding among working mothers in 25 readymade garment industries Dhaka, Savar, Gazipur districts by Unicef.



Information related to **IYCF** – nutrition for infants, proper complementary feeding, nutrition for children under-five, growth monitoring, – were disseminated through:

- The “National Communication Framework Plan for IYCF in Bangladesh” was updated and revised by IPHN
- Production of SBCC materials such as flipchart, Food Bowl, manual on IYCF, community nutrition promotion guideline and installation of billboards by INCA project of Caritas Bangladesh
- IYCF counseling sessions with the pregnant and lactating mothers on breast feeding, complementary feeding and micronutrient powder, and demonstration of food preparation by BRAC
- Counseling and courtyard sessions on child nutrition by Caritas Bangladesh, Health sessions and House to House visits on child nutrition by UPHCSDP
- Counseling in clinic and one to one counseling of lactating mother and mothers of under-five children on nutrition for newborn and under-five children by Advancing Universal Health Coverage (AUHC)
- Developing two modules on IYCF for the HPN eLearning course on counseling on 1000-days care by Ujjiban project.

Information on **growth monitoring and promotion** was disseminated through:

- Orientation session on Child Nutrition and Cognitive Development sessions, conditional cash transfer against GMP and ANC at community clinics, growth measurement using SBCC materials - picture books, homemade toys, poster and festoon with the pregnant and lactating mothers, mothers of children under 5 by BRAC
- Child nutrition counseling on growth monitoring, supplementary feeding and deworming by PSTC and Growth Monitoring Campaign by AUHC.

Information on **micronutrient powder (MNP)** was disseminated through:

- Group meeting and IPC by outreach staff and Community Sale Agents and airing TVC on micronutrient powder by SMC
- Development and distribution of print materials on micronutrient powder by SMC.

Observation of **special campaign** on Nutrition

Information on **Vit A** campaign – were disseminated through:

- Mass media materials such as Theme song, Documentary short film, Poster, Digital display, TV scroll message, Newspaper Ad for National Vitamin A Campaign by IPHN.

Under leadership of Ministry of Health and Family Welfare (MoH&FW) Institute of Public Health Nutrition (IPHN) and Bangladesh National Nutrition Council (BNNC) observed **National Nutrition Week during April 23–29, 2018**. Observance of National Nutrition Week by IPHN, INCA project of Caritas Bangladesh and FHI360 included:

- Organizing Nutrition Fair, TV scroll and Documentary through mass media, Theme song Newspaper Ads, Posters by IPHN
- Printing communication materials such as posters, banners, Action folders by FHI 360
- Organize one to one and group discussion to disseminate information on IYCF, Maternal Nutrition, Adolescent Nutrition, Hygiene promotion by INCA project



Specific messages on **IFA supplementation and nutritious food** by pregnant and lactating mothers as well as adolescent girls and adolescent boys were disseminated through:

- IPC/Counseling sessions for pregnant and lactating mothers by Born On Time (BOT) project
- Courtyard meetings separately for adolescent girls and boys by Born On Time (BOT) project.

Information related to **maternal nutrition** – nutrition during pregnancy and/or after delivery were mainly disseminated through:

- Production and distribution of Food plate and Nutrition Calendars to pregnant women by INCA project of Caritas Bangladesh
- Court yard session with Pregnant and Lactating mothers on maternal nutrition & IYCF messages by BRAC
- Counseling in clinic and one to one counseling of pregnant women by CSPs by Advancing Universal Health Coverage (AUHC) and Maternal Nutrition counseling with slum dwellers by PSTC
- Produce one PSA and one episode of a drama serial by Ujjiban project.

Information about **different issues of nutrition** including maternal and child nutrition, adolescent nutrition, general health, nutrition and hygiene were disseminated through:

- Radio interviews on maternal and child nutrition, radio cartoons for awareness building and talk shows on government initiatives by Bangladesh Betar, Ministry of Information (MOI)
- Courtyard meetings on breastfeeding, child nutrition, nutrition during pregnancy by Bangladesh Television (BTV), MOI
- TV Documentary and TV Spots on Breastfeeding, Child nutrition, Nutrition during pregnancy by BTV, MOI
- Radio program in FM radio, Facebook posts and 2 episodes of Health Travel Show by Ujjiban project.

## Audiences

The audiences for maternal nutrition during counseling or courtyard meetings are pregnant and lactating mothers, usually including husband and mother-in-law.

The audiences for child nutrition and Vitamin A campaign are usually mothers of under-five children, but also include other family members and community people.

The observance of national day/week, outdoor media and mass media events are for creating awareness among general people including advocacy with Nutrition policymakers and program implementers.

The community based program target community people and the Poor and Ultra poor of slum dwellers.

SBC materials also developed to increase knowledge and promote practice of balance nutritious food for married women of reproductive age, adolescent girls and boys, their parents, service providers, and mass people.

Facebook posts target males and females between 15 -30 years.



Audience	Issue
Pregnant women; lactating mothers, mother of under five children	Nutrition during pregnancy, nutrition for newborn; nutrition for under five children; nutrition for pregnant mother; IYCF, growth monitoring, maternal nutrition, hygiene promotion, importance of breast feeding and CF, food demonstration for children who started complementary feeding age, importance of micronutrient powder & Zinc, child nutrition.
Mother of underweight children	Growth monitoring, supplementary feeding, de-worming.
Working mothers in garment industries	Breastfeeding at the workplace.
Parents/family members of adolescent	Delay age at marriage, consequence of early marriage and early pregnancy, roles for preventing early marriage, puberty.
Adolescent boys and girls, women who are going to marriage	Nutrition for adolescents messages on different health, nutrition & hygiene issues adolescent nutrition, hygiene promotion.
Males, Married Women of Reproductive Age (MWRA)	Nutrition during pregnancy, different issues of nutrition, maternal nutrition, essentiality of taking IFC, nutritious food.
Policymakers, program implementers, GO-NGO stakeholders	Improving nutrition in Bangladesh, breastfeeding update and revise “National Communication Framework Plan for IYCF in Bangladesh”.
Community people, slum dwellers	Nutrition during pregnancy, essentiality of taking IFC, nutrition after delivery, Breastfeeding ,Child Nutrition, Growth Monitoring, Stunting, Wasting, Underweight, nutritious food.
Mass people	IYCF, Maternal nutrition, Adolescent nutrition, Hygiene promotion, Child & mother nutrition.
Field workers	Counseling on 1000-day care.





Organization	Geographical coverage
NNS, IPHN, DGHS	Across the country
BTV, and BD Betar, MOI	National coverage
INCA project	District: Bhola, Noakhali, Lakshmipur (Upazila: 11)
FHI360	Barishal, Pirojpur, Chuadanga, Jessore, Jhenaidah, Kushtia
Unicef	Patuakhali, Sirajganj, Rangamati, Moulvibazar
BOT Project, Plan International BD	Rangpur (Upazila: 6)
PSTC	Dhaka South City Corporation
UPHCSDP	City Corporation: Dhaka South, Dhaka North, Rajshahi, Khulna, Barisal, Sylhet, Comilla, Narayanganj, Rangpur, Gazipur; and 4 Municipalities: Sirajgonj, Kushtia, Gopalganj and Kishoregonj
SMC	Barishal, Jhalakathi, Pirojpur, Madaripur, Faridpur, Chandpur, Kishoreganj, Narsingdi, Munshiganj, Noakhali, Lakshmipur, Sylhet, Sunamganj, Moulvibazar, Habiganj, Brahmanbaria
BRAC	Feni, Noakhali, Cumilla, Cox's Bazar, Sylhet, Habiganj, Kishoregonj, Norshindi, Barisal, Jhalakathi, Bhola, Patuakhali, Manikgonj, Kurigram, Magura, Madaripur, Mymensingh, Rajbari, Gaibandha, Lalmonirhat, Faridpur, Nilphamari, Rangpur, Bogra, Dinajpur, Chuadanga, Dhaka, Meherpur, Chattogram, Barguna, Jessore, Kushtia
Ujjiban project	Chattogram (except 3 CHT) and Sylhet Division
AUHC	All 64 districts
Alive and Thrive	Work at National level



## Resource Utilization

Resource utilization through different media:

SBCC Activity/ Event	Cost
IPC (meetings, health sessions, IPC sessions, house visits, group session etc.)	561.06 lacs
Mass Media (drama, TV documentary, TV spot, radio program, health travel shows etc.)	130.68 lacs
National/local level campaign activity for day observation	136.54 lacs
Materials development	69.59 lacs

\*Please see Annex-B – Table 4 for details.

## Outcome

The overall expected outcome of SBCC activities is to increase awareness, knowledge and improve behaviors related to maternal and child nutrition, adolescent nutrition, promotion of health and hygiene.

The outcome of observance of National Nutrition Week was promotion of nutrition information and healthy behaviors among the community especially pregnant and lactating mothers and adolescents. The outcome of Action folders distributed during National Nutrition Week among Nutrition policymakers and program implementers was to celebrate achievements and highlight areas of future work to improve nutritional status.

The outcome of observance of World Breastfeeding week was Promotion of Early Initiation of Breastfeeding, Exclusive Breastfeeding and Proper Complementary feeding. Action folders on breastfeeding were distributed among IYCF policymakers and program implementers with the expected outcome to reinforce importance of breastfeeding for improving nutrition outcomes.

Through the National Vitamin A Campaign, the community was mobilized using BCC materials and the outcome was to reduce Vitamin A deficiency among children.

The outcome of the Courtyard meetings, TV Documentary and TV Spots by BTV, Ministry of Information was that knowledge on nutrition increased, expenditure on medicines decreased, Neonatal health improved, and Maternal and Neonatal death rates decreased as shown by a national survey. The outcome of the radio interviews, cartoons and talk shows by Bangladesh Betar was awareness building and behavioral changes.

The outcome of group meetings and IPC to promote MNP (MoniMix) & Zinc, and airing of TVC and developing SBCC materials on MNP was to improve knowledge and practice regarding use of MNP among parents and caregivers of under five children.



## Thematic Area: Water Sanitation and Hygiene (WASH)

The 4th HPNSP PIP mentions about Good Hygiene Practices (GHP) including WASH at all levels. The goal of hygiene promotion is to help people to understand and develop good hygiene practices to prevent food and water borne diseases. Activities refer to capacity development and to conduct SBCC activities to promote GHP at household level and also in the preparation and sale of street food.



### Key Points

#### *Issues covered*

Promotion of WASH: specifically hand washing, safe drinking water, child mousing, safe fecal disposal, and food hygiene.

#### *Audiences reached*

Community people, students and staff in educational institutions, Peer educators, caretakers, duty bearers.

#### *Media channels*

One to one communication, advocacy meeting, group discussions, community events, local campaigns at community level and in educational institutions, and mobile messaging.

#### *Comments*

Awareness campaign has coverage at community levels, health care facility and educational institutions. There are plans for mobile messaging.

No mention of mass media or social media use by ongoing program.



## Issue and Specific SBCC Activity

Messages and information related to WASH are disseminated through various SBCC activities mainly by Water Aid and by icddr'b. INCA project implemented by Caritas also disseminate information on handwashing and food safety as an activity of their nutrition project.

- Organize local level campaigns at the community and in educational institutions for promotion of WASH.
- Group discussion sessions are held at Healthcare facilities to disseminate messages on maintaining hygiene.
- Community group discussions and advocacy meetings are used to disseminate information on hygiene promotion includes hand washing, safe drinking water and food hygiene.
- Group discussions and training organizes for the caretakers, peer educators and duty bearers and community mechanics to build capacity on WASH technique.
- Mobile messaging will be used after developing a scalable mHealth module by icddr'b (In-depth interviews held on child eating, safe feces disposal, and food hygiene with individuals at households' level).

## Audiences

The audiences reached through the group discussions are the community people, caretakers, peer educators, duty bearers, and community mechanics.

The audience for the local level campaigns are the community people in general and at the educational institutions are the students and teachers.

## Communication Channels

Group discussions are the main communication channels being used. However, a mHealth module is being developed for mobile messaging.

## Use of social media

There is no mention about use of social media for promotion of messages on WASH.

## Coverage/reach

Activity of WaterAid cover their intervention area nationwide where as icddr'b works at Dhaka city.

## Resource Utilization

Resource utilization through different media:

SBCC Activity/ Event	Cost
IPC (one to one and group discussion session etc.)	9.62 lacs
Local level campaign	9.88 lacs
Community level advocacy events	28.50 lacs
Group orientation and training	15.88 lacs

\*Please see Annex-B – Table 3 for details.



## Outcome

The overall expected outcome of SBCC activities related to WASH is to improve the WASH situation in the communities all over Bangladesh.

The outcome of group discussions campaigns at health care facilities is that people's hygiene situation improved at health care facilities.

The outcome of the capacity building group discussions in the community is that Human Resource is developed on WASH issues, and the knowledge of the community people, caretakers, peer educators, duty bearers, community mechanics is improved on WASH issues.

The outcome of the advocacy sessions is that the importance of WASH is stressed.

## Thematic Area: Tuberculosis (TB)

In Bangladesh, Tuberculosis is a leading public health problem. In spite of significant achievements, TB is still the most important communicable disease in terms of incidence, prevalence and mortality in the country.

SBCC activities proposed in 4th HPNSP PIP include counseling, community participation, mass awareness among general population through mass media, folk media, BCC/ IEC material development, etc.





## Key Points

### *Issues covered*

Sign & symptoms on TB, screening for TB having cough more than two weeks, how TB spread, pulmonary and extra pulmonary TB, MDR TB and XDR TB, importance of TB screening, diagnosis and treatment availability/ availability of diagnostic facilities, TB treatment duration and compliance, referral knowledge, TB epidemiology in Bangladesh, building awareness on sputum testing for GXP, factor influence TB at workplace, TB diagnostics and treatment facilities operating under Social Enterprise Model (SEM), knowledge about cough etiquette, TB and co-morbidities like hypertension, diabetes mellitus, TB and smoking association.

### *Audiences reached*

General population, community people, slum dwellers, opinion leader/ religious leader, ward councilors/community leader, pharmacy (Chemist Shop) owners and chemist/pharmacist, graduate private practitioners, medical representatives, village doctors, patients of Non-Communicable Disease including diabetic patients, garments owners, management and workers, and partners/stakeholders of NTP/TB (NGOs, BGMEA and BKMEA).

### *Media channels*

Orientation programs and group discussions, newspaper ads, outreach programs including enter-educative dramas, outdoor display including billboard, digital display boards, advocacy meeting at policy and community level, miking, print materials like brochure, posters, stickers and leaflets, and mobile IEC center (motor launch) used for dissemination of TB messages. eLearning course on TB is on use for SBCC capacity building of the field workers.

### *Comments*

- NTP's SBCC activities has nationwide coverage, however range of SBCC activity on TB is not substantial.
- Use of mass media for TB awareness is limited.
- Mobile IEC center (motor launch) is use by a project for TB awareness at hard to reach community.

## Issue and specific SBCC Activity

Messages and information related to Tuberculosis (TB) are disseminated through various SBCC activities mainly by NTP, BRAC, Challenge TB, icddr'b and SMC, besides Ujjiban project also produce mass media product on TB and provide support in building capacity of the field workers on TB SBCC activity. All the SBCC activities on TB are implemented through aligning with National Tuberculosis Prevention Program.



TB SBCC activities by:

### **NTP**

- Orientation of Pharmacy (Chemist Shop) owners and chemist/pharmacist (Known as Pharmacy Info Mela) on Basic TB messages and referral knowledge
- Orientation programs with Physicians/Doctors on TB epidemiology in the world and in Bangladesh
- Distribution of Leaflets with Basic TB information, TB screening, diagnosis and treatment availability for mass people
- For raising community awareness miking on basic sign & symptoms on TB and availability of diagnostic facilities and distribute leaflet (9,900 leaflet distributed during miking)
- Advertisement in Daily Newspaper with Information on TB diagnostics and treatment facilities operating under Social Enterprise Model (SEM) .

### **ICDDR'B**

- Outreach programs (reaching out to the people at risk of TB in slum areas) for building awareness on TB
- Develop and distribute SBCC materials (brochure with focused messages ) for the private practitioners
- Mosque announcement: Basic message on TB screening & testing by the Imam (leaflets also distributed after prayer).

### **Challenge TB**

- Displaying TB pictorial messages on four Digital boards in Dhaka South City Corporation (DSCC)
- Advocacy with the opinion leaders
  - o Policy level advocacy meeting
  - o Community level advocacy meetings on TB referral for Ward Councilors and community leaders
- Enter-educative drama for workplace (Chumkir Din) and for address TB and Diabetes Mellitus co-morbidity
- Develop SBCC materials: poster and leaflets on TB and smoking associations, TB and Hypertension co-morbidity, TB and diabetic co-morbidity
- TB information toolkit for the Community Health Care Providers (CHCPs).





### **BRAC**

- Displaying TB messages on 2641 sign boards in all districts and urban areas to create Awareness about basic TB messages like: Basic TB message about two weeks cough; Diagnosis and treatment is available and free of cost
- Displaying TB messages on 75 billboards throughout the country with Basic TB message about two weeks cough; Diagnosis and treatment is available and free of cost; List of places where we can get TB treatment; and TB is preventable to promote the importance of preventing TB and seeking timely treatment
- Leaflets, poster and stickers distributed with focused message on TB association with sign/symptoms
- Orientations at district level of the pharmacists, medical representatives, and village doctors on TB with Basic of TB information, TB screening, diagnosis and treatment of TB
- Orientations (46 with 20 in each meeting) at district level of the graduate private practitioner on TB with Basic of TB information, TB screening, diagnosis and treatment of TB
- Orientations at district level of the opinion leader/ religious leader on TB with Basic of TB information, TB screening, diagnosis and treatment of TB.

### **SMC**

- Organize Floating IEC center (motor launch) and awareness building group meeting on TB.

### **USAID Ujjiban SBCC project**

- Ujjiban project produce mass media product Drama ( 3 episodes of Roudro Chayar Khela), radio program (FM and community radio), PSA (1) and Travel show (3 episodes) on TB identification and treatment compliance , besides' has facebook post on TB. Ujjiban project also produce eLearning course on TB for SBCC capacity strengthening of the field workers.

### **AUHC**

- Counseling in clinic through 45 static clinics about TB signs and symptoms, TB treatment process and facilities.

## **Audiences**

The audiences for TB SBCC interventions included community and general people throughout the country, Pharmacy (Chemist Shop) owners and chemist/pharmacist, physicians, graduate private practitioners, medical representatives, village doctors, opinion leader/ religious leader, and people at risk of TB in slum areas.

The audiences reached through the Digital boards and Billboard with TB pictorial messages are the general people in urban Dhaka City Corporation.

The audiences for the policy and community level advocacy meetings are the City Corporation management, ward councilors and community leaders in Dhaka South City Corporation.

The audiences for the enter-educative drama to address TB and Diabetes Mellitus co-morbidity are the diabetic patients or the outdoor patients who are getting services for non-communicable diseases.

The Enter-educative drama for workplace (*Chumkir Din*) and the posters with necessary TB information is for the garments owners, management and workers.

The audiences for the Group meetings in Floating IEC center (motor launch) on TB by SMC are the general population.



## Communication Channels

Orientation programs and group discussions, advocacy meeting at policy and community level; newspaper ads, outreach programs including enter-educative dramas, outdoor display including digital display boards, sign board, billboards; print materials like brochure, posters, stickers and leaflets, and mobile IEC center (motor launch) are being used for dissemination of TB messages. eLearning course is use for SBCC capacity building of the field workers.

*Use of Mass Media for TB awareness is limited.*

## Use of social media

Ujjiban project use facebook post for promotion of messages on TB.

## Coverage/reach

NTP interventions cover the country as a whole. SBCC activity implemented by BRAC also covers the entire country. Challenge TB works in Dhaka city. However, the enter-educative dramas, posters and leaflets have been distributed to Bangladesh Diabetic Association Services (BADAS) and their 93 affiliated centers all over Bangladesh, and to NCDC program in the Upazila Health Complexes throughout the country. SMC works in 62 upazilas in 16 districts. Mass media product of Ujjiban project has national coverage.

## Resource Utilization

SBCC Activity/ Event	Cost
IPC (orientation, meeting, group session etc.)	5.48 lacs
Mass Media (drama, TV spot, radio program etc.)	25.43 lacs
Outdoor Media ( Digital Display, poster)	2.31 lacs
Outreach Event (Drama )	18.16 lacs
Materials development ( eLearning course, TB Information kit, print materials)	6.82 lacs

\*Please see Annex-B – Table 3 for details.

\*\* Financial expenses on Challenge TB, SMC and Ujjiban is calculated here, rest information is not available.

## Outcome

The overall expected outcome of SBCC activities related to TB is to raise awareness about TB among the general population, and in the workplace, to increase symptomatic referrals and improve the TB situation in Bangladesh.



The outcome of NTP SBCC activities was that pharmacy (Chemist Shop) owners and chemist/pharmacist have been sensitized about current TB situation in the country; physicians/ doctors obtained information on ongoing TB control program led by NTP, current TB epidemiology; graduate private practitioners, medical representatives, village doctors, opinion leader/ religious leaders have been sensitized about basic of TB information, TB screening, diagnosis and treatment of TB; people at risk of TB in slum areas were screened and informed on TB disease, Mosque attendees and large number of people received basic information on TB signs/ symptoms, diagnosis & treatment availability.

Through orientations, the City Corporation management, ward councilors and community leaders have been sensitized about basic TB information, TB screening, diagnosis and treatment procedure, role of field workers in TB services, TB situation of Bangladesh etc. The outcome is that the ward councilors will follow up the TB case referral activities.

The outcome of the SBCC materials, signboards, billboards and digital boards with pictorial TB messages is that people will get the basic TB message about two weeks' cough, treatment availability, free treatment, TB is preventable and will know about cough etiquette.

The outcome of the enter-educative dram for workplace is that the NGOs working under the leadership of NTP are using this drama during their orientation session in workplace; and during their advocacy session with the factory owners. BGMEA and BKMEA are the partners of NTP and they are also using this drama in their advocacy and orientation sessions.

The Enter-educative drama to address TB and Diabetes Mellitus co-morbidity is the awareness raising activity under BADAS project. The diabetic patients and the people receiving services from the outdoor at BIRDEM will see the drama.

The Leaflets addressing TB and smoking associations, Posters addressing TB and Hypertension co-morbidity, and the Leaflets addressing TB and diabetic co-morbidity have been distributed to NCDC program in the Upazila Health Complexes to sensitize about the co-morbidity of TB with smoking, hypertension and diabetes.



## Thematic Area: Occupational & Environmental Health

The 4th HPNSP proposes orientation, seminars and communication programs for Occupational & Environmental Health. The aim is to prevent occupational hazards and make people aware about environmental calamities like earthquakes, fire, etc. and how they can protect themselves and others.

### Key Points

Only three reports mentioned about SBCC activity on occupational and environmental health.

#### *Issues covered*

Earthquake and Fire: preparation, role during and post disaster, how to stay safe and save others during earthquake and fire. Health Awareness training on work place, occupational health hazard, prevention measure, safety of women and child, ergonomics accidents prevention, stress and psychological factors for occupational health.

#### *Audiences reached*

Urban community and general people, Senior and Junior Health Education Officers (HEOs), Local Government persons.

#### *Media channels*

Awareness sessions, Health Awareness training, Sensitization meetings etc.

#### *Comments*

HEOs of all 64 districts received the training.

However, main focus is on earthquake and fire and targets urban population in Dhaka and selected districts.

### Issue and specific SBCC Activity

Messages and information related to Occupational & Environmental Health are disseminated through different SBCC activities by BHE, PSTC and CBHC.

#### **PSTC**

- Awareness sessions on Earthquake and Fire: Preparation, Role during disaster and post disaster by PSTC
- Mock Drill in the community on how to stay safe and save others during earthquake and fire
- Volunteer training among urban population on Earthquake and Fire by PSTC
- Meetings at the community focusing on Ward Disaster Management Committee (WDMC) formation, role and activity
- Sensitization sessions of local government on earthquake and fire: preparation, role during event, and post event by PSTC.



- Health Awareness training on Occupational & Environmental Health by **BHE**.
- Develop BCC materials sticker, poster and video on medical waste management by **CBHC** for Upazila Health Complex staffs.

## Audiences

The Health Awareness training on Work place hazard, occupational health, prevention measure, safety on women and child, ergonomics accidents prevention, stress and psychological factors, occupational health by BHE is targeted towards the Senior and Junior Health Education Officers (HEOs).

The audiences reached through the Awareness sessions, Mock Drills, Volunteer training are the urban community. The Sensitization meetings and WDMC meetings are for the Local Government persons.

## Communication Channels

The communication channels are interpersonal communication through group discussions and use of SBCC materials.

## Use of social media

There is no mention about use of social media for promotion of messages on Occupational & Environmental Health.

## Coverage/reach

The health awareness trainings by BHE and distribution of sensitization materials on Medical Waste Management by CBHC are nationwide, while the awareness sessions, mock drills, volunteer training, sensitization meetings and WDMC meetings are conducted by PSTC working in Dhaka, Gazipur, Kushtia, Jashore, Chattogram, Cox's Bazar, Dinajpur, Kishoreganj, Narsingdi, Munshiganj, Noakhali and Lakshmipur.

## Resource Utilization

SBCC Activity/ Event	Cost
IPC (discussion, meeting, group session etc.)	3.78 lacs
Training	13.02 lacs
Materials development (poster, sticker, audio & video film)	9.98 lacs

\*Please see Annex-B – Table 7 for details.

## Outcome

The expected outcome of the Health Awareness training by BHE is to raise awareness about Occupational & Environmental Health Issues among the HEOs who can then create awareness among the general population.



The outcome of the awareness sessions, mock drills, volunteer training, sensitization meetings and WDMC meetings is improved resilience against disaster among urban population.

The proper management of medical waste is to prevent environmental pollution and occupational hazards.

## ICT and Innovation

To align with government's commitment towards a digital Bangladesh, IEM-DGFP, BHE & IPHN of DGHS, Bangladesh Television (BTV) of MoI along with other non-government stakeholders like Ujjiban SBCC Project, INCA project of Caritas Bangladesh, BOT project of Plan International and BRAC was conducted ICT Innovation and Social Media Promotion activities within the reporting period. They bring innovation by adopting state-of-the-art information and communication technology (ICT) and social media in their SBCC initiatives which include SBCC digital archive, eToolkit, eLearning course, mobile technology, website, YouTube and Facebook.

During 2017-18 FY **IEM unit of DGFP** maintained website and digital archive for maintenance of SBCC material repository and disseminating FP-MCH messages. In order to interact with the 18-45 years old pragmatic FP-MCH service recipients the unit also established a mobile voice Call Center.

**IPHN** and **BHE** both the Units maintained Digital Archive of SBCC materials developed by the Units to store updated information.

In order to keep people aware about the ongoing activities of BHE and also use this as a platform to discuss with mass population regarding public health issues BHE has designed & developed *facebook page* with the support from A2i project.

Bangladesh Television under Ministry of Information maintained website, official Facebook page and YouTube channel in order to disseminate messages through entertainment to build awareness towards health seeking behavior covers around 100,000; 120,000 & 100,000 audiences respectively.

**USAID Ujjiban SBCC Project** has a number of SBCC activities related to ICT innovation and Social Media Promotion planned. Ujjiban project provided a unique opportunity for the SBCC Program Managers, Planners and field level workers working in the Health, Population and Nutrition field to bring SBCC resources in digital form at their fingertips and update their knowledge on the latest technical information related to their work with the use of ICT. These include 2 software applications, one on Online submission software for IEC Technical Committee approval & another one on Modification of eToolkit (SD card version of FW eToolkit). Ujjiban also organized a series of training for the field workers (CHCP, HAs and FWAs) on use of Field Worker's eToolkit. In order to facilitate strengthening capacity of the field workers the project developed Field Worker's eLearning Course on TB. Also the project has a strong role in Social Media specially through Facebook, posts on maternal & neo-natal health targeted males and females between 15 years to 55 years nationally, posts on adolescent health, on nutrition & on TB targeted towards males and females nationally.



The *Mobile Apps and dashboard* is being developed for real time monitoring and video show by **Caritas Bangladesh** in order to reach the community nutrition promoter, pregnant mother and lactating mother through IPC and mass media to strengthen monitoring system; BRAC also do conduct counseling with pregnant & lactating mothers, and mothers of children under five using mobile application in selected intervention areas.

**Born On Time (BOT) Project, Plan International Bangladesh** has implemented counseling sessions & courtyard sessions using Tabs in their working area to influence adolescents, fathers groups, and young married couples regarding risk factor of preterm birth, early marriage, safe mother hood and male engagement.

## Resource Utilization

SBCC Activity/ Event	Cost	Population reached	Organization
Develop online submission software for IEC Technical Committee approval	BDT 3.07 Lac	HPN stakeholders	Ujjiban
Modification of eToolkit (SD card version)	BDT 3.00 Lac	Field Workers	Ujjiban
Health & Nutrition counseling by using mobile apps	Not mentioned	Pregnant & lactating mothers, mothers of children under 5	BRAC
Mobile Voice Call	BDT 99.50 Lac	Mobile user aged 18-45 yrs	IEM
Development and maintenance of IEM website and Digital Archive	BDT 5.00 Lac	Mass people	IEM
Mobile app and dashboard	BDT 54.95 Lac	340190 Pregnant mother and lactating mother	INCA, Caritas
Use Facebook and website	BDT 20 Lac	120,000 general population	BTV, Mol
YouTube for promotion	BDT 312 Lac	1 00000	BTV, Mol
Use of Tabs for Counseling sessions	Not mentioned	Adolescents, Fathers groups, young married couples	BoT project, Plan International Bangladesh



## Community Engagement

The 4th HPNSP describes Community engagement (CE) as the process of engaging a broad range of stakeholders, communities, and audience representatives to participate and build ownership of SBCC programs by identifying and working towards a collective vision. It proposes to provide need based SBCC support in order to increase awareness and community participation and mentions different methods that may be used for CE including community dialogue, round table, workshop etc.

### Key Points

#### *Issues covered*

ANC, PNC, and Birth spacing, nutrition service delivery, information on primary health care service availability, risk factors on pre-term birth, safe motherhood, facility delivery, maternal and child health; immunization, child marriage; male engagement, violence against women.

#### *Audiences reached*

Community people, Elite people of the community (teacher, religious leader, political leader, ward commissioner etc.), community leaders, Community Group (CG) and Community Support Groups (CSG), slum leaders, pregnant mother, adolescent, poor & ultra poor etc.

#### *Media channels*

IPC: One to one and group discussion, courtyard meeting, community interactive meetings, advocacy meeting; use of community media; health fair, community radio, folk events; use of support group; community support group, nutrition support group, user forum committee.

#### *Comments*

Community engagement mentioned in the report is mostly SBCC activities for linking with service delivery. However, a comprehensive community engagement model to bring sustainable change by involving the community is not mentioned by any program.

### Issue and specific SBCC Activity

Messages and information related to Community Engagement are disseminated through various SBCC activities mainly by BHE, Ujjiban project, INCA project of Caritas Bangladesh, BoT project of Plan International, ICHW project of Save the Children, SMC, BRAC, UPHCSDP, BTV and AUHC.

- Outdoor event for community awareness is organized by BTV, BHE and ICHW project of Save the Children specially to celebrate the Day Observations.
- Community Interactive meetings conducted through Strategic Partners focusing on ANC, PNC, and Birth spacing by Ujjiban project, and Court Yard meeting on Maternal and child health; Child marriage; Violence against women by AUHC.
- Organize one to one and group discussion with community influential by SMC and UPHCSDP; and motivational meeting with change maker group and UH&FWC management committee at the intervention areas by BOT project.



- Meeting with CC Support Group and Community Nutrition Support group for Community engagement are organized respectively by ICHW project and INCA project.
- User Forum Committee Meeting to promote Service Delivery and overall Clinic Management by UPHCSDP.
- Social mobilizations activities (meetings/forums on different issues with community people) to engage the community and make them supportive to the vulnerable group by BRAC.

## **Audiences**

The audiences reached through the SBCC community engagement activities of BHE, BTV, SMC, AUHC are the Community people, Influential people of the community (teacher, religious leader, political leader, ward commissioner etc.), Community Leaders etc.

ICHW project and INCA project address Community Group (CG) and Community Support Groups (CSG).

BOT project of Plan International address the Change Maker Group and UH&FWC management committee.

The audience for the Community Interactive meetings conducted by Ujjiban project through Strategic Partners focusing are the MWRA, pregnant women, lactating mother (with children below 2 years) and adolescent.

The User Forum Committee Meetings are targeted towards Community Leader, Slum Leader, Red Card Holders (Poor & Ultra Poor), Service Receivers of UPHCSDP.

## **Communication Channels**

IPC, verbal communication and group discussions, use of community forum and media in the community are the main communication channels being used.

## **Coverage/reach**

The SBCC community engagement activities by the organizations are conducted in their respective working areas.

## **Resource Utilization**

The financial resource utilization reported under Community Engagement activities is BDT 384.29 lacs ( please see Annex B -Table 8 for details).

## **Outcome**

The overall expected outcome of SBCC activities related to Community Engagement is to involve the community to promote community services and support them in taking health services.

The outcome of the Community Interactive meetings by Ujjiban and strategic partners is that the quality and quantity of community-based and interpersonal SBCC activities is increased.

The outcome of the Community Nutrition Support Groups by Caritas is increased interest on nutrition and access of community people at Health facilities.



The expected outcome of social mobilization meetings/forums by BRAC is to create awareness among the community and engage the community to make them support the vulnerable group.

The expected outcome of the user forum committee meeting by UPHCSDP is to promote service delivery of PHCC, and overall clinic management advice.

The expected outcome of AUHC yard meetings is to improve maternal and child nutrition; reduce child marriage; reduce VAW in the community.

## School HPN Program

### Key Points

#### *Issues covered*

The school health education is covering - elementary issues on Health, Population and Nutrition following a uniform curriculum, physical and mental changes during adolescent age, life skill, prevention of dowry and child marriage, counseling on risk of child marriage; benefit of late pregnancy and healthy timing and spacing from pregnancy; menstrual hygiene management, practice healthy lifestyle, tobacco abuse and awareness on Nipah Virus.

#### *Audiences reached*

School students from class five to class ten as primary audience while school teachers and members of the community as the secondary audience.

#### *Media channels*

Health sessions in the school following a set curriculum conducted by the SACMOs and workshops with community interactive meetings conducted following guidelines with the strategic partners, community support groups, using different forums/committees and courtyard meetings in the form of interpersonal communication. Mass media also use to disseminate message to prevent dowry and child marriage focusing to school going student.

#### *Comments*

Nationwide coverage.

There is no mention about linking the community with school health program.

### Issue and specific SBCC Activity

Information related to school HPN Education Curriculum is mainly disseminated through:

- Revitalization of school health education covering elementary issues on Health, Population and Nutrition following a uniform curriculum implemented by the IEM unit of DGFP with technical support from Ujjiban SBCC project followed by TOT for the DDFP and ADFP/CC to act as Master Trainer. This health education will be provided to the high school students by FSD and IEM Units. The DGFP has 1900 SACMOs posted in 1900 UP will provide this health education for the students of class five to class ten after they are trained by the Master Trainer comprised by the officials of IEM unit of DGFP.



- Develop SBCC materials- Folder, Leaflet, Poster, Festoon , Booklet to provide Health Education about personal Hygiene, Safe water, Sanitation, Hand washing, etc. for Primary School students (5-12 years) by MNC&AH, DGHS.
- Organize workshops with school student on promoting healthy lifestyle, prevention of Tobacco abuse and awareness on Nipah virus by BHE.
- “Voice of Youth” interpersonal communication activity, outdoor event and radio documentary on prevention of dowry and child marriage by Bangladesh Betar, Mol.
- Sessions on Menstrual Hygiene Management for the High School Girls within and outside the school by WaterAid.
- School Campaign of Ujjiban project covering different adolescent health issues organize for adolescents, teachers and school management committees of selected school in Sylhet and Chattogram division.
- School meeting on health education session; counseling on risk of child marriage; benefit of late pregnancy; healthy timing and spacing from pregnancy by Advancing Universal Health Coverage (AUHC).

## Audiences

School students both boys and girls from class five to class ten as primary audience while school teachers and members of the community as the secondary audience. Menstrual Hygiene Management sessions of WaterAid specifically focus to High School Girls. Besides’ the revitalization of school health program by IEM through TOTs was for Program Managers who will in turn provide training to the SACMO as service providers for this intervention.

## Communication Channels

The Communication channels used for dissemination of messages on school health included IPC/verbal communication, workshop, and trainings.

## Coverage/reach

The workshops by BHE and the School Health Program by IEM are nationwide; the awareness program of Bangladesh Betar also has national coverage. AUHC and WaterAid cover all 64 districts and rest of the projects implement activities at their intervention areas.

## Resource Utilization

SBCC Activity/ Event	Cost
Sessions for School going boys and girls on HPN issues	116.67 lacs
School Campaign and outdoor events for School going boys and girls	63.9 lacs
Materials development	2.84 lacs

\*Please see Annex-B – Table 3 for details.



## Outcome

The overall expected outcome of SBCC activities related to School HPN program and campaign is to increase awareness, knowledge and improve health of students.

The TOTs and training of SACMOs by IEM resulted in capacity development. The outcome of developing School HPN Education Curriculum on healthy lifestyle is that students are informed about healthy lifestyle. The expected outcome of other programs are- prevent child marriage and dowry; improve child nutrition; reduce child marriage and reduce VAW and to improve menstrual hygiene management.





## SBCC Capacity Strengthening Activities

The capacity strengthening activities of Social and Behavior Change Communication (SBCC) and Knowledge Management (KM) is to ensure coordinated, integrated and high-quality SBCC programs for HPN sectors using multiple techniques including introduction of SBCC tools and process at organizational level, workshops, hand-on mentoring, ICT and advocacy.

### Issue and Activity

Capacity development for SBCC was conducted by a number of organizations, namely BHE, IEM, IPHN, Unicef, Ujjiban project, SMC,UPHCSDP, and Plan International,. IEM has also conducted strategic SBCC training for BTV and Betar. The HPN SBCC eToolkit and eLearning course for the field workers is getting underway in its use at the field level by the field workers is brought under mainstream training program to provide through NIPORT. UPHCSDP staff have attended skills development training conducted by others as well as in-house training.

#### **BHE**

- Training (3 batches) on Communication Approaches and Risk, Culture Influence, Role of Media, and Nutrition for Sr. and Jr. HEOs
- Basic Training on L&HEP focusing on Health Education, IPC, Message Development, etc. for Health Educators
- Workshop on: Prevention of communicable and non-communicable diseases (22 batches); Healthy lifestyle and Dengue & Chikungunya (40 batches); Physical exercise; Healthy lifestyle and Dietary salt; Tobacco and Drug abuse; Drowning and Injury prevention; importance of swimming (440 batches)etc. for the district and upazila level health personnel/managers
- Advocacy meeting (179 batches) focusing on Prevention of Nipah virus, cancer, Dengue and Chikungoniya for the health personnel.

#### **IEM**

- Training on use of e-Toolkit and e-Learning course to the frontline service providers (FWAs, FWVs,) to equip them with ICT knowledge and skills
- Strategic SBCC training for DGFP, Betar and BTV Pop Cell officials
- Skill development training on IPC for service providers (FWA, FPI, FWV, SACMO etc.)
- Training of Audio-Visual Zone Manager and technical Staffs focusing on effective AV show
- Training on strategic communication in country and abroad to IEM and DGFP officials for improvement of communications skills on SBCC.

#### **IPHN**

- Skill development training on IPC for NNS program staff
- Training on using Capacity Assessment Tool (CAT) on SBCC, identifying gaps and prepare actions plan to improve capacity of Program staff of National Nutrition Services (NNS).



### **Ujjiban project**

- Facilitate SBCC Capacity Assessment & CS plan for IEM, BHE & IPHN unit staff (Two- days workshop) to Identify SBCC capacity gaps
- Develop a eLearning course for the field workers on TB, and update HPN SBCC eToolkit for the field workers
- Training on use of e-Toolkit & eLearning focusing on integrated messaging and knowledge management for Field Workers (CHCP, HA, FWA)
- Both of the eToolkit and eLearning course has been introduced in the NIPORT's training curriculum and necessary ToT for the NIPORT faculties was conducted in phases
- Training for IEM, BHE & IPHN Units staff to manage the digital resource (e-Toolkit & Digital archive)
- IPC trainings for government and NGO personnel focusing on Maternal, Neonatal and Child Health (MNCH); adolescent health; TB; family planning; and nutrition issues
- TOT on IPC, Counseling, ANC, PNC, Birth spacing for the Trainers from local NGOs.

### **Unicef**

- Imam Training to 2000 Imams on SBCC through Islamic Foundation Bangladesh on key household behaviors
- Training of SBCC for 500 frontline workers on system strengthening on key household behaviors.

### **SMC**

- Two-days long training on knowledge and SBCC skills development for Community Sales Agents (CSA) for knowledge on health, FP & MNP products and selling skills
- SBCC training for field staff of Notun Din program on knowledge of SBCC and its application
- Staff development training of Notun Din program staff to impart knowledge on health, FP & MNP products, MISHD program
- Training of LARC for the community counselors.

### **Plan International**

#### **BOT project**

- Training to Community Health Worker and Facility Based Staff on how to facilitate courtyard session and individual counseling focusing on Risk factors of preterm birth, early marriage, safe motherhood, and male engagement
- Training to Community Support groups on how to mobilize the community
- Training to UH&FWC Management committee on Risk factors of preterm birth, early marriage, safe motherhood, and male engagement.

#### **SHOW project**

- SBCC capacity building training for the female and male Community Health Worker (CHW) on conduction of courtyard session and group discussion
- SBCC capacity building training for the Change Maker group on use of SBCC materials (flipchart).



### UPHCSDP

- UPHCSDP staff attended Trainings:
  - On different issues like Maternal & Child Nutrition, Safe Motherhood, EPI, Emergency Management of Maternal and newborn care, Effective Vaccine Management (EVM), Health Management Information System, Chikungunya and Dengue.

## Participants

The participants of the SBCC trainings were health program persons from the government units of BHE, IEM and NNS program staff of IPHN, field staff, community health workers, UH&FWC Management committee and Community Support Groups. The Ward Primary Health Coordination Committee Meetings were attended by Ward Commissioner, Community Leader, Slum Leader, Respected Teachers Imams of the Community, local working NGO representatives.

## Communication Channels

Communication channels used for the training included informative and practical training through verbal and audiovisual communication, group discussions, group work and group planning. Training for the e-toolkit included orientation on use of online platform.

## Coverage/reach

The SBCC related capacity development by BHE, IEM and IPHN had nationwide coverage. Chattogram and Sylhet are the key areas for the Ujjiban capacity development programs. The training program of Plan International was in Pathargata upazila of Barguna district and 6 upazila of Rangpur district. SMC's capacity development was in 62 upazilas of 16 districts and the Imam training of Unicef was in 8 selected districts of Bangladesh.

## Resource Utilization

The financial resource utilization reported under Capacity Strengthening activities

SBCC Activity/ Event	Cost
SBCC trainings for the program managers, field workers and Imams	391.33 lacs
Training on use of Digital Resources for the program managers and field workers	48.99 lacs
Training on IPC for the program managers, field workers	97.94 lacs
Workshops on SBCC with the different group of stakeholders	669.85 lacs

\*please see Annex-B -Table 10 for detail information.



## Outcome

The overall expected outcome of SBCC capacity development is to impart knowledge and enhance skills of health officials and program staff to implement SBCC interventions following the process. The TOTs are to equip trainers to facilitate sessions on the use of e-Toolkit and e-Learning course by field workers. The outcome of TOTs on IPC is increased quality and quantity of community-based and interpersonal SBCC activities.

The expected outcome of training of the Audio-Visual Zone Manager and technical staff is to improve knowledge about how to implement an effective AV show.

The outcome of groupwork and discussions on using Capacity Assessment Tool (CAT) was that IEM, BHE & IPHN unit staff identified SBCC gaps and developed CS plans for taking necessary actions.

## SBCC Program Coordination

### Program Coordination

The program coordination becomes an essential and integral part of the program implementation, monitoring and evaluation. Coordination is important as it is critical element for the successful implementation of SBCC programs. Good coordination can reduce duplication, cost and time, amplify effects, leverage resources and create efficiencies. Coordination is needed to ensure that SBCC interventions align their messages and activities with national policies and guidelines. At the national level, coordination creates an environment where all stakeholders are aware of SBCC needs, trends and best practices. Ultimately, beneficiaries benefit from improved coordination when they receive consistent and accurate HPN information from multiple sources.

**SBCC OP coordination:** In order to ensure better coordination and attaining synergistic program impact of the SBCC activities of Operational Plans between the units are implementing it, a workshop was held in December 2017 with the participation of nine units under the DGFP and DGHS to find out common areas of coordination following their respective OP activities. The Additional Secretary, MoHFW inaugurated this workshop which has come up with four key domains of inter-unit coordination as; School HPN programs, Community Outreach SBCC, National/Mass Media Campaigns and integrated SBCC message and materials. They also developed a plan with indicators and means of verification for the activities in the coordinated plan.

**HPN Coordination Committee:** Meeting of the HPN Coordination Committee on quarterly basis is being held. Participated by the program implementing units of the DGFP and DGHS including IEM, BHE and IPHN, these meetings anticipated for a better knowledge management and communication programs with the improved coordination mechanism as being paved through the comprehensive SBCC strategy.

**BCC working group:** BCCWG meetings held at central level by the three Units (IEM, BHE and IPHN) in rotation under leadership of PH & WH wing of MoHFW. BCCWG is a forum for networking, sharing, learning and coordination around SBCC for health, family planning and nutrition. Members include government, non-government organizations, development partners and private sector stakeholders. BCCWG meeting were held on a regular interval. A total of 36 units /organizations/projects including 5 Units (IEM, MCH&A, CCSDP, FSD, MIS) of DGFP and 5 Units (BHE, IPHN, CBHC, NTP, MNCAH) of DGHS regularly participated in the meetings.



Date of BCCWG meeting	Hosted by	Number of attendees	Number of organizations share activity update
Aug, 2017	BHE	50 participants from 20 organizations	Activity shared by :8 nit/organizations Units (3) : BHE, IPHN, IEM NGO/Projects (5): Ujjiban Project , NHSDP, Springboard, IFPRI, UNICEF
Jan, 2018	IEM	50 participants from 29 organizations	Activity shared by :9 nit/organizations Units (5): IPHN, BHE, IEM, CBHC, NNHP NGO/Projects(4): SMC, Challenge TB, BNNRC, USAID INCA Project.
March, 2018	IPHN	40 participants from 21 organizations	Activity shared by :9 nit/organizations Units(5): BHE, NNHP, CBHC, IPHN, IEM NGO/Projects(4): WFP, Challenge TB, Plan International , Ujjiban Project.
Sept, 2018	BHE	43 participants from 20 organization	Activity shared by :8 nit/organizations. Units(4): BHE, CBHC, IPHN & IEM NGO/Projects(4): SMC, USAID INCA Projects, Plan International, University of Chicago.

## Leadership

Considering leadership is a process of social influence which maximizes efforts of others towards achievement of a goal. Leadership is the ability of an individual or a group of individuals to influence and guide followers or other members of an organization. Leadership involves making sound and sometimes difficult decisions, creating and articulating a clear vision, establishing achievable goals and providing followers with the knowledge and tools necessary to achieve those goals.

### Observations over the reports: addressed to program coordination and leadership

While reviewing the implementation status of the HPN SBCC program activities, coordination has addressed several issues like; sharing and pooling of resources, harmonizing messages; conducting joint strategic planning; adapting and re-purposing SBCC materials fitting in to programmatic gaps were found been incorporated in the program implementation. In addition, designing complementary and reinforcing approaches; seeking opportunities for synergy; sharing research data and program learning widely so that other may benefit; promoting linkages with other programs and services; ensuring that local and national-level activities are complementary and reinforcing and working collaboratively GoB with the NGO sector were the part and good display of leadership in the program.

### Findings of the annual report over the implementation of the program activities

The annual HPN SBCC report founds the program coordination and leadership part planned and implemented through several interventions. It encompassed the national level with divisional, district and the community level actions. At national level it has worked through the meetings of BCC Working group, HPN SBCC Coordination Committee, national level nutrition communication plan for IYCF and elderly people,



involving media for nutrition campaign, GoB SBCC OP coordination workshop and having workshop on detailing out of the activities of national SBCC strategy. At the division and district level, sensitization workshop and community dialogues were undertaken and implemented. At the community level several sensitization meetings were undertaken and implemented.

The following chart shows the implementation status by numbers and the resources that have been utilized in implementation of the programs.

Activity/intervention	Occurrence	Resource utilized
Detailing SBCC Strategy action plan (workshop/meetings)	1	BDT 4.00 lacs
OP SBCC Coordination	4	BDT.54 lacs
BCCWG meeting	3	BDT.72 lacs
HPN coordination meeting	4	BDT.38 lacs
Divisional level meeting to sensitize on Ujjiban project & SBCC activity.	2	BDT.50 lacs
District level meeting to sensitize SBCC activity.	12	BDT 4.00 lacs
Upazila level meeting to sensitize SBCC activity.	3	BDT .50 lacs
Organize community sensitization workshops	33	BDT 39.00 lacs
Organize Community Dialogue at divisional HQs	8	BDT 40.00 lacs
Workshop on update National communication plan for IYCF.	8	-
Workshop on nutrition for elderly people.	1	-
Involve media on nutrition related campaign	3	-



### 3. SBCC Monitoring and Evaluation

According to the comprehensive SBCC strategy: 'Monitoring and evaluation (M&E) is a necessary component of a successful SBCC program, as it allows for an in-depth understanding of the impact of a specific program on people's attitudes, other ideational factors, and behaviors, which ultimately affect behavioral and health outcomes.'

SBCC efforts focus on producing positive behavioral outcomes for health, family planning, nutrition and other issues. Therefore, research should be designed to gauge increases in audience knowledge, approval and adoption of healthy behaviors.

A basic M&E framework for SBCC has three major elements; inputs, outputs and outcomes. Inputs are the resources that are put into SBCC programs. Outputs are things like audience coverage, household coverage, activities completed, knowledge, couple/household communication, and attitudes. The outcomes to be achieved as a result of SBCC programs are positive changes in people's health behaviors and social norms. Knowledge management (KM) is the process of creating, sharing, using and managing knowledge and information of SBCC programs for coordination, sharing of ideas and lessons learned, capacity strengthening, improved performance, and innovation for effective programs and better outcomes.

During the fiscal year 2017-18, Monitoring, Evaluation, and Research for SBCC activities was conducted through:

- 'Baseline survey: Assessing the knowledge and practice of mass people, their understanding and maintaining Healthy Lifestyle' by BHE
- 'Formative research for Assessing Exposure and Effectiveness of IEC/SBCC Interventions Implemented by IEM Unit of DGFP'

The respondents for Baseline survey by BHE were the general population, and the objectives were to assess changes in behavior, understanding the practice level of good behavior, and changes in the level of knowledge.

The Formative research by IEM aimed to provide a comprehensive understanding on the exposure and effectiveness of SBCC interventions through exploring the causes and potential remedies of relatively lower exposure of SBCC interventions among people. The study was a cross-sectional survey design with mixed quantitative and qualitative methods. Quantitative data was collected from newlywed women or women aged 15-24 years with one or more children and their husbands. Focus Group Discussion were held with newlywed women or women aged 15-24 years with one or more children and their husbands as well as adolescent girls aged 13-19 years. In-depth interviews were conducted among program managers (divisional director, deputy director-FP, UFPO & MO-MCH-FP); service providers (FWVs, FPI, and FWA); elected representatives (UP Chairman, and women members); community and religious leaders; and school and madrasah teachers. KIIs were conducted at national level among policy makers, development partners working in HPN sector, media people, and NGO representatives.

Results of the Formative research showed that FP/Health Field workers are most effective communication channel due to easier accessibility, fruitful discussions, better ecology and follow-up visits. NGO workers are moderately effective because of payment for receiving services and lack of them in different areas. Bangladesh Television was moderately effective due to inappropriate timing, huge availability of cable channels, and traditional pattern of program. Billboards and posters, AV vans, newspaper/magazines and Mobile messages were all found to be moderately effective.



Policy recommendations include:

- More emphasis on coverage of FP/Health Field workers
- Change current broadcasting timing of BTV and diversify programs
- License agreement with private TV channels to broadcast health and FP messages as part of their CSR
- Increase AV Van coverage and have vehicle tracking system
- Increase/improve numbers and visibility of posters and billboards, especially where people gather.

## Incorporation of SBCC Monitoring Indicators

- The DGHS MIS system principally runs through the District Health Information System 2 (DHIS2) software. till 2017, BHE was not involved with the DHIS2 but in this reporting period BHE designed five performance indicators under three categories i.e. hospital session, school health session and courtyard session those included in the DHIS2 form. After incorporating the SBCC activity monitoring tools in DHIS2 platform of DGHS, regular follow-up has been continuing by BHE for data insertion from District and Upazila level.
- To strengthen the Monitoring system of the field activities, Ujjiban project assisted BHE in developing a set of monitoring tools with a clear reporting flow considering the supervision flow. Later, a detail guideline of the formats had been developed for easy understanding.
- Integration of SBCC M&E Indicators in DGFP MIS: Following a workshop held on August 2017, a set of SBCC M&E indicators were identified and then fine-tuned by IEM team, and finally submitted them to MIS Unit on October 17, 2017 for review and integration in national MIS. MIS Unit of DGFP principally agreed to include eight SBCC M&E indicators in national MIS.

## Resource Utilization

SBCC Activity/ Event	Cost	Population reached	Organization
Baseline survey: Assessing KAP of mass people on Healthy Lifestyle	BDT 1.00 (in lac)	Mass people	BHE
Operational research, formative research to assess impact of SBCC	BDT 30.00 (in lac)	Policymakers and stakeholders	IEM

## Outcome

The overall outcome of Monitoring, Evaluation and Research of SBCC activities is to measure KAP of mass people and assess impact of SBCC activities to disseminate results and findings among Policymakers and stakeholders.

The outcome of Knowledge Management activities in Bangladesh have resulted in Digital archives, a community of practice (BCC Working Group), sharing of best practices (Safollo Gatha event), eToolkits and eLearning courses that contribute to stronger, more coordinated and effective SBCC programs in the country.



## 4. Comprehensive SBCC Strategy Implementation Status

Public Health & World Health (PH&WH) wing of MoHFW is playing the role of stewardship in HPN SBCC to maximize the benefits of coordination and collaboration under the 4th HPN Sector Development Programme. It was mentioned in the para 2.2.8.1 of strategic objective 8, component 3, chapter-II of 'Programme Implementation Plan (PIP)' that 'Capacities of PH & WH Wing at MOHFW will be strengthened for multi-sectoral coordination including with the line agencies, NGOs and the DPs to avoid duplication in SBCC initiatives and promote the practice of sharing best practices related to SBCC planning, design, coordination, implementation, monitoring and evaluation.' As such to provide systematic approaches & guidance to the implementing agencies of HPN sector on SBCC, PH & WH wing of MoHFW developed the 'Comprehensive SBCC Strategy' with the technical assistance of USAID supported BKMI project.

USAID Ujjiban SBCC project is providing technical assistance to PH & WH wing in implementing the 'Comprehensive SBCC Strategy' under leadership of Additional Secretary (PH&WH) wing of MoHFW. In order to strengthen capacity of HPN SBCC sector, Ujjiban project uses a well-planned and systematic approach which includes technical assistance in organizing meetings and workshops; establishing system for knowledge management; advocacy for SBCC; and a constant emphasis on coordination and SBCC leadership at MoHFW.

### Key Activities:

- **Discussion on SBCC Strategy implementation plan**- A discussion meeting was held on 17 October, 2017 chaired by the Additional Secretary (PH&WH). The discussion meeting was focused on implementation of the action plan as per the guiding principle of the strategy. So far, five decisions were taken, including detailing out of action plan & setting indicators for SBCC strategy with the technical support from Ujjiban; reorganizing different SBCC committees; reviewing OP budget on SBCC activities; create linkage of digital archives and other related digital resources with ministry website; use of supply chain management system on distributing SBCC materials etc.
- **The action plan was detailed out**- with monitoring indicators following a two-day workshop **with relevant GO-NGO stakeholders held on December 13 & 14, 2017**. The action plan was detailed out by- activity, timeframe, responsibilities, and setting the indicators, means of verification and targets for appropriate monitoring to put it in course of right headway towards effective implementation of the SBCC Strategy.
- **SBCC OP coordination**- in order to ensure better coordination and attaining synergistic program impact of the Operational Plans between the units are implementing it, a workshop was held in December 2017 with the participation of all relevant units under the DGFP and DGHS to find out common areas of coordination following their respective OP activities. The Additional Secretary, MoHFW inaugurated this workshop which has come up with 4 key domains of inter-unit coordination as; School HPN programs, Community Outreach SBCC, National/Mass Media Campaigns and SBCC print materials.
- **MoHFW level approval on the detailed action plan**- A meeting on approval of detailed action plan and set indicators for effective implementation of Comprehensive SBCC Strategy was held on February 28, 2018 at the conference room of MoHFW. Mr. Md. Serajul Huq Khan, Secretary, Health Services Division, MoHFW was in chair of the meeting while Mr. Faiz Ahmmed, Secretary in Charge, Health Education and Family Welfare Division, MoHFW was attended the meeting as co-chair. The meeting was attended by representatives of different related ministries, senior officials of both the division of MoHFW, DGHS, DGFP, DG-NIPORT, DG-BNNC, Mass Communication, TV, Bangladesh Betar and representatives from development partners, supporting strategic communication organization.



- **Decision** was taken by the Secretaries of Health Service Division and Medical Education & Family Welfare Division on the formation of SBCC Steering Committee at National level; formation of HPN SBCC coordination committees from division to upazila level; formation of SBCC unit or cell at PH&WH wing; limit the IEC technical sub-committee to the 3 prior SBCC units of DGHS and DGFP, and establish an online submission process for IEC technical committee approval.
- **Dissemination** of Action plan & indicators of Comprehensive SBCC Strategy organized at Sylhet and Chattogram Division on July 1, 2018 and September 20, 2018.

**Way forward:** As a result of the approved detail action plan, a number of activities came out as the next steps for the MoHFW to pledge. These are-

- Initiate circular for formation of HPN SBCC committees at divisional, district and upazila level and establishing a follow up system
- Develop implementation plan of SBCC OP Coordination activities
- Expedition of the digitization of SBCC material review/approval by the IEC Technical and Sub-committees and the establishment of SBCC material archives.
- Initialization of SBCC tools and process at unit level/within the system.
- Ensure periodical evaluation and tracking the progress of SBCC strategy implementation
- Documentation and showcasing of SBCC success stories
- Continue advocacy for adequate fund allocation to the respective OPs to initiate reasonable SBCC activities to promote healthy behaviors at the household and community levels; to encourage social norms that support positive health seeking behaviors and improved health outcomes; and to drive demand for services.

## 5. Discussion and Recommendations

In line with the 4th HPNSP Operational Plan, significant number of SBCC activities were conducted during 2017-2018 by MOHFW units like IEM, MCH Services unit of DGFP, BHE, IPHN, MNC&AH and NTP of DGHS. The Ministry of Information disseminated FP, nutrition and other messages through Bangladesh Television and Bangladesh Betar. NGOs also contributed to many HPN SBCC programs and activities.

The government SBCC interventions and those by few NGOs were nationwide, while most NGOs focused on their program-related activities working in many districts or conducted intensive SBCC activities that were limited to only few districts.

### ***SBCC Activities and Approaches***

SBCC approaches included IPC & Counseling, community media/ outdoor media (including traditional media), mass media and social media.

**IPC & Counseling** (home-based and facility-based) was the main SBCC approach used by most program implementers. This approach was found most suitable especially for women and girls, and for sensitive topics whereby interactive discussions could be held and questions could be asked and answered in a comfortable environment. The IEM Impact survey also showed that Health and FP workers were most effective communication channel. However, this was labor-intensive requiring many skilled health, nutrition and family planning workers. Also, many organizations counseled women only for maternal and child health, ANC, PNC, PFP but husband/father were not usually included in these sessions. Materials like flipchart, guidelines, brochure, desk calendars and Tabs were used during these sessions, often complemented by short videos in health facilities.



**Community-based group discussions**, health sessions, school-based sessions, were used to convey important messages to considerably large gatherings of women (separately through courtyard meetings or in mixed groups for general issues), adolescents (separately for girls and for boys) and for the general community. Printed materials like posters, leaflets, stickers, nutrition calendars, birth planning cards, pictorial food plate and food bowl, ASRH brochure and Nijeke Jano booklets were distributed at these events. Wherever possible, video shows were used for education & entertainment.

**Community-level outdoor activities** reached wide audiences; such as Observance of Special Day and Week, Audio Visual mobile units, Health Travel shows, FP-SBCC and Nutrition Fairs, Digital displays, Billboards, Signboards, Posters, Festoons, Banners, Wall paintings, Miking, Mosque announcements and floating TB IEC center on a motor launch. Traditional media like street theatre and folk songs which can attract large crowds, have been used by few NGOs but their number, topic and geographic coverage were very limited. Additionally, these traditional media were not used for disseminating messages on maternal, child and adolescent nutrition.

**Advocacy events and orientations** for GO and NGO stakeholders and specific audiences at community, district and divisional levels were conducted to sensitize, inform, increase community/general awareness and create an enabling environment. Action Folders were developed for policymakers and program implementers. An Enter-educative drama on TB was developed for workplace and is used by NGOs, BGMEA and BKMEA who are partners of NTP during their advocacy and orientation sessions. Orientations were held with Gatekeepers of adolescents (Parents, School Management Committee (SMC) members, teachers, UP members, and FWC & CC members) and with religious leaders, school and madrasah teachers. Adolescent Forum meetings were held at upazila and district levels to inform about delaying age at marriage and consequences of early pregnancy.

**Community Engagement** meetings were held to mobilize the community and promote services. Examples are the Community Group (CG) and Community Support Group (CSG) meetings; the Ward Primary Health Coordination Committee Meetings, User Forum Committee Meetings with Community Leaders, Slum Leaders, Red Card Holders (Poor & Ultra Poor), Service Receivers to promote Service Delivery of PHCC by UPHCSDP. Community support was also achieved through orienting Peer Educators (for WASH) and Volunteer training related to Occupational & Environmental Health.

However, there is no mention of using **Peer groups and networks** which can be very useful for disseminating messages, encouraging discussions, promoting Positive Deviance and Role Models in the community especially among women and adolescents.

**Mass media** was utilized for disseminating messages nationwide through Television (BTV and Private channels, Cable network), radio and newspaper advertisements. There were TV dramas, documentaries, commercials/spots, interviews, Talk shows, and Theme songs for National Days on BTV. However, the IEM Impact survey showed that below 10% of respondents had watched a FP program on BTV within last 30 days and another survey mentions that messages on BTV reached only 20% of the population. Private TV channels were only used for disseminating FP messages, and the IEM Impact survey showed that viewership of the most popular private TV channels ranges between 23% for Hard to Reach areas to 48% in slums and rural areas, and 56 % in urban areas, but only 2-8 % of respondents had watched a FP program on private TV within last 30 days. Also, respondents mentioned that TV scrolls move very fast and so are difficult to read on Cable TV.



Radio programs included dramas, interviews, discussions, talks, theme songs for Special Days, cartoons, and songs for adolescents (solo, duet and group). Although 63 – 76% of the IEM Impact survey respondents had ever listened to Bangladesh Betar, the proportion who listened to FP messages within last 30 days was very low at below 5%. The use of FM radio which can be accessed through mobile phones could be explored for dissemination of health, nutrition and FP messages.

Social media was least utilized although it can reach large numbers of people especially adolescents and literate populations. Facebook posts and multi-episode web series with health, FP and nutrition messages were disseminated on social media, and PSAs were developed to disseminate messages through social media, TV and other AV outlets only by Ujjiban project. However, with the Digital Bangladesh initiative and availability of internet, computer and mobile phones almost all over the country, it is important to design and implement programs through the increased use of social media for disseminating messages.

### ***ICT and Innovation***

The area of ICT and Innovation saw some useful activities during 2017-18. SBCC digital archives were maintained by IEM, BHE and IPHN to be a depository of all SBCC materials related to HPN. BHE and IEM developed and maintained Facebook page. Also, the Ministry of Information (MOI) maintained website, official Facebook page and YouTube channel. Field/ community level innovations include: Use of Field worker's eToolkits, eLearning course and mobile technology. Mobile Apps and dashboard developed for real time monitoring and video shows and use of Tabs for counseling and courtyard sessions to influence adolescents, fathers' groups, and young married couples used by few programs in a limited scale.

### ***Capacity Strengthening***

Applying the ICT in HPN SBCC Capacity Strengthening activities, building capacity on use of Digital Resource included development of modules and training on e-Toolkit and e-Learning course for the Field Workers /frontline service provider (CHCPs, HAs, FWAs, FWVs, and Projectionists) to equip them with ICT knowledge and skills. Trainings on Basic and Strategic SBCC were conducted within the country and abroad for the IEM unit, and Betar and BTV Pop Cell officials. There was Skill development training on IPC for IPHN, BHE and IEM program staff and field level service providers (FWA, FPI, FWV, SACMO etc.). Also, training of Audio-Visual Zone Manager and Technical Staff focusing on effective AV show at the community. The TB information toolkit was developed for the Community Health Care Providers (CHCPs).

### ***Identified Gaps & Areas for Improvement***

#### **Geographic coverage**

- Selective topic and geographic coverage by most NGOs; effective SBCC program of the NGOs needs to be shared/disseminated for scaling up through other programs for greater coverage.
- Community level SBCC activities should be more comprehensive based on community need and expanded in order to reach larger number of audiences.
- Only a few projects focus for people living in urban slums. A slum-focused comprehensive HPN SBCC program is needed.

#### **Audience**

- Although pregnant women, lactating mother, husbands, MWRA, adolescent are targeted in HPN SBCC program, other family members who are very influential like the mother-in-law, elderly family members, care takers are covered inadequately.



- Less participation of husbands/fathers in IPC/Counseling sessions. The role of the parents especially the father is not fully stressed in many programs.
- Male participation should be increased to support positive behaviors related to birth spacing, healthy pregnancy, birth preparedness, safe delivery, newborn care, PPF and child health care and nutrition.
- Majority of SBCC activities targeting adolescents' gatekeepers and religious leaders are only in Rangpur district; programs for adolescents in other districts also need to consider the gatekeepers.
- Comprehensive Sexuality Education, Information dissemination for Vulnerable Young Key People is done only by one NGO in selected districts; it is recommended to plan for more coverage for them.

### **Approach and Media**

- Theatre shows, which are entertaining for the general population, and especially adolescents, are in limited use.
- No mention of Peer groups or Peer networks especially for women and adolescents, though many SBCC interventions proved Peer Approach an effective approach.
- Use of Social Media for HPN SBCC program is very limited, only one project reported using Facebook posts, multi-episode web series and PSAs on social media, while another uses interactive computer games. With the increase of internet use, social media can prove to be an important channel of communication to reach countrywide audiences.
- Messages on National TV reached about 20% of total people; use of private TV channels are very limited except for FP. Selecting private TV channels for disseminating message is also a challenge as media study showed viewership of satellite TV varied widely.
- No mention of use of mobile messaging/voice calls, although number of mobile phone users is quite high in Bangladesh, except there is Mobile Voice Call center for FP-MCH. Mobile messaging/voice calls could be an important channel of communication especially considering its popularity among adolescents and its reach in rural areas too.
- The use of FM radio which can be accessed through mobile phones should be explored for dissemination of health, nutrition and FP messages.

### **Coordination**

- Many NGOs/ DPs focus on achieving the objectives of their respective projects. As a result, BCC activities of NGOs tend to be project-focused. This is a missed opportunity to create a more comprehensive, strategic and synergistic SBCC approach.
- Capacity for coordination is limited, in both government and NGOs. While it is easy to agree that it is important, coordination does not happen easily or naturally. Coordination requires dedicated, sustained effort; resource allocation (including extra time); diplomacy, facilitation, and knowledge management skills; and a lot of patience.

### **Recommendations**

- Community level SBCC activities by NGOs need to be expanded to more districts to reach wider audiences.
- Comprehensive SBCC programs focusing on audience-specific needs should be developed to resonate with the audiences and promote behavior change.



- A slum-focused comprehensive HPN SBCC program is needed to address the diverse issues faced by these populations;
- Male participation should be increased to support positive behaviors;
- Other decision-makers in the family such as mothers-in-law, elderly relatives should be included in IPC/Counseling sessions and community meetings ;
- Programs for adolescents should consider their gatekeepers for sustainable positive practices;
- Peer groups or Peer networks especially for women and adolescents can be an important approach;
- Community influential persons such as elected representatives, religious leaders, school/college teachers should be involved in disseminating messages and motivating for beneficial behavior change;
- Synergistic mix of different media channels should be employed to reach people with varying media habits and to create impact among the audiences;
- Street theatre shows and folk songs are good enter-educate approaches especially for low-literate and hard to reach populations as well as for general audiences;
- With the increase of internet use, social media can prove to be an important channel of communication to reach countrywide audiences especially adolescents;
- Mobile messaging/voice calls could be an important channel of communication especially considering its popularity among adolescents and its reach in general audiences and in rural areas too;
- The use of FM radio which can be accessed through mobile phones should be explored for dissemination of health, nutrition and FP messages;
- Expanding NGO activities, seeking opportunities for synergy and reinforcement, promoting linkages within programs and services are essential to create a more comprehensive, strategic and synergistic SBCC approach;
- Applying Knowledge Management (KM) principles of creating, sharing, using and managing knowledge and information of SBCC programs is vital for coordination, sharing of ideas and lessons learned, capacity strengthening, improved performance, and innovation for effective programs and better outcomes.

# Program Brief





## Information Education & Motivation (IEM) Unit, DGFP

**Goal:** The goal of IEC Operational Plan is to create demand for FP-MNCH information and services as well as raise awareness about the negative consequences of child marriage and teenage pregnancy including benefits of delaying marriage and first pregnancy, ANC & PNC, birth planning, spacing between pregnancies, small family etc.

**Location and Area Covered:**  
All over the country.

### Key Objectives:

1. Create demand for FP-MNCH information and services through massive SBCC activities with special focus in low performing regions and pockets.
2. Design and implementation of SBCC campaigns to address child marriage, teenage pregnancy, unmet need and FP dropout rate as well as massive promotion of PFP and LARC/PM.
3. Engage and mobilize community leaders, gatekeepers, religious leaders, youth representatives, media (print, electronic and folk media) from planning to implementation of SBCC initiatives.
4. Undertake high level advocacy initiative through organizing policy dialogue/roundtable discussion to draw policy attention towards pressing FP-MNCH and population issues.
5. Engage and collaborate with print and electronic media including folk media.
6. Promote and encourage partnership with NGOs, INGOs and private sectors for greater coverage.

### Key SBCC Interventions:

- Community mobilization, sensitization and advocacy
- Media campaign, ICT and social media
- Capacity building for different service providers, supervisors and managers
- Production, distribution and display of SBCC materials
- Monitoring, research and documentation of best practices
- Coordination, collaboration and partnerships.

### Audiences:

- Eligible couples
- Married women at reproductive age
- Adolescents
- Pregnant women
- Mothers of children under five.



### Notable Program:

During 2017-2018, a 40-episode drama serial titled “Gramer Nam Shemul Pur” was aired on Bangladesh Television. It was a slice of life story, focusing on the community members of a village and their experience with handling a pregnancy-related complication. The audiences could relate to setting and story and the serial became very popular.

Through the serial, audiences were provided with FP and MNCH-related information, including teenage pregnancy, danger signs during pregnancy, newborn care, ANC and PNC check-up, adolescent health, and family planning.



**Outcome:** The drama serial was well accepted because of the real-life story, and the responses was assessed from anecdotal information.

**Funded by:** 4th Health, Population & Nutrition Sector Program of MoHFW.  
**Website:** <http://www.dgfpbd.org>

**Digital Archive:**  
<http://www.dgfpbd.org/digitalarchive>



Participants at Family Planning Fair-2018



Adolescent Campaign



Opening of World Population Day 2018



Rally of World Population Day 2018



ToT on School Health Curriculum



World Population Day Stall



## Bureau of Health Education (BHE), DGHS

**Goal:** The Bureau of Health Education envisages a nation of healthy people where quality of life for all is ensured, throughout all life stages, through health education and promotion.

**Key Objective:** To influence the healthy behavior of individuals and community, and living conditions that influence health by improving their knowledge, attitude, practices and skills by creating a health literate society.

**Location and Area Covered:**

All over the country.

### Key SBCC Interventions:

- Communication campaign through different media for behavior change, and observe health days
- Community engagement and mobilization
- Capacity development for SBCC
- Use of ICT, maintain and update website and digital archive
- Production, distribution and dissemination of SBCC materials
- Facilitate HPN SBCC coordination and inter-sectoral advocacy on lifestyle.

### Audiences:

- General people with special focus on hard-to-reach
- Mother under five children
- Adolescent
- Male and female vulnerable to non-communicable diseases
- Elderly people

### Notable Program:

NCDs now impose the largest health burden in Bangladesh. In NCD country profile Bangladesh 2011, more than 50% of NCD deaths are due to Cardiovascular Disease and rest of deaths from Cancer, Respiratory Diseases, Diabetes Mellitus and other NCDs. These diseases are driven by forces that include rapid unplanned urbanization, globalization of unhealthy





### ডেঙ্গু ও চিকুনগুনিয়া প্রতিরোধে স্বাস্থ্য বার্তা



ডেঙ্গু মশার ডিম পাতিল ও বংশবিস্তারের স্থান

ডেঙ্গু ডিম

লার্ভা

পিউপা

ডেঙ্গু মশা

ডেঙ্গু ও চিকুনগুনিয়া আইরাসজনিত জ্বর যা এডিস মশার মাধ্যমে ছড়ায়। সাধারণ চিকিৎসাতেই ডেঙ্গু ও চিকুনগুনিয়া সেরে যায়, তবে হেমোরাজিক ডেঙ্গু জ্বর মারাত্মক হতে পারে। এডিস মশার বেশ বৃদ্ধি রোধের মাধ্যমে ডেঙ্গু ও চিকুনগুনিয়া রোগ প্রতিরোধ করা যায়।

**বর্ষার সময় এ রোগের প্রকোপ বাড়তে পারে। তাই এ সময় অধিক সতর্ক থাকা প্রয়োজন।**

**ডেঙ্গু ও চিকুনগুনিয়া প্রতিরোধে করণীয় :**

- আপনার ঘরে এবং আশেপাশে যে কোন পাতিল বা জায়গায় জমে থাকা পানি তিন দিন পরপর ফেলে দিলে এডিস মশার লার্ভা মরে যাবে।
- ব্যবহৃত পাতিলে গায়ে কেন্দ্রে মশার ডিম অপসারণ পাঠাও। ঘরে ঘরে পরিষ্কার করতে হবে।
- ফুলের টম, ব্রাসিটিকের পাত, পরিষ্কার ডাম্প, স্ট্রাটিকের ড্রাম, মাটির পাত, কাগজ, টিনের বোটা, ভাতের খোলা/নোরিকেলের মালা, কংকটনর, মটকা, ব্যাটারী শেল ইত্যাদিতে এডিস মশা ডিম পাড়ে।
- অব্যবহৃত পানির পাত্র প্লাসে অথবা উল্টে রাখতে হবে যাতে পানি না জমে।
- দিনে অথবা রাতে ঘুমামের সময় অবশ্যই মশারি ব্যবহার করতে হবে।

সেবা দিন, সুস্থ থাকুন  
ডেঙ্গু ও চিকুনগুনিয়া হতে  
মিকটুই স্বাস্থ্য কেন্দ্রে যোগাযোগ করুন



স্বাস্থ্য শিক্ষা বুরো, স্বাস্থ্য অধিদপ্তর  
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

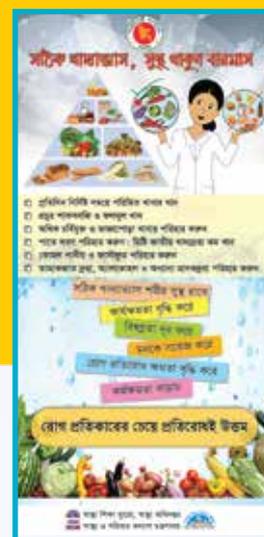
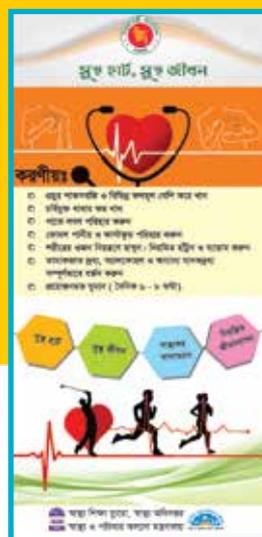


lifestyles and population ageing. Taking consideration the importance of promoting healthy life style for better productive life, Bureau of Health Education (BHE) conducted and facilitated health promotion and education on healthy eating, physical activities, weight management, and stress management with special focus. The activities included awareness building training, workshop, seminar and production SBCC materials like poster, brochure, leaflet and TVC on Diabetic, Cancer, Hypertension, Healthy Food and Healthy Environment for general mass.

**Funded by:** 4th Health, Population & Nutrition Sector Program of MoHFW.

**Website:** <http://bhe.dghs.gov.bd>

**Digital Archive:**  
<http://bhe.dghs.gov.bd/digitalarchive/>





## National Nutrition Service (NNS), Institute of Public Health Nutrition (IPHN), DGHS

**Goal:** To improve nutritional status of the people of Bangladesh with special emphasis to the children, adolescents, pregnant and lactating women, elderly and underserved population of both rural and urban areas in line with National Nutrition Policy 2015.

### Location and Area Covered:

All over the country.

**Key Objective:** To strengthen the mainstreaming of nutrition issues into relevant sectoral policies, plans and programs.

### Key SBCC Interventions:

- Develop nutrition-related messages and IEC materials, and disseminate those in the appropriate media;
- Observe nutrition-related days and national nutrition week;
- Distribute iron, folic acid and vitamin A supplements;
- Organize HPN coordination meeting and implement accordingly;
- Maintain and update website and digital archive;
- HPN SBCC Coordination;
- Newspaper and TV campaign on National Vitamin A plus campaign;
- Boat Campaign on nutrition in hard-to-reach areas;
- Digital bill board on GMP, IYCF, EBF etc.

### Audiences:

- Pregnant and lactating women
- Mother of children under five
- Caregiver
- Adolescent girl
- Elderly population
- People with disabilities
- Underserved urban and rural people.

### Notable Program:

#### *Observe National Nutrition Week 2018:*

Under leadership of Ministry of Health and Family Welfare (MoHFW), IPHN and Bangladesh National Nutrition Council (BNNC) observed National Nutrition Week on 23-29 April 2018. The objective of this nutrition week was “to improve overall nutrition by increasing nationwide awareness about nutrition, improving nutrition services and inter sectoral coordination”. A nationwide campaign activities were carried out to celebrate the week that included entertaining elements like; drama, discussion, and expert interviews, nutrition fair to mark the day. The MIS data showed nutrition-related services have been increased immediately after celebration of this week.





*Real time monitoring in the Vitamin A campaign, 2018:*

Paper less real time monitoring has been done with digital app. As a result, the total monitoring process has been completed with android mobile set and monitoring process has been recorded in digital system. Number of picture as well as real situation in the service delivery center also documented in the system. This assisted to follow up the implementation status of the Vitamin A campaign nationwide.



**Funded by:** 4th Health, Population & Nutrition Sector Program of MoHFW.

**Website:** <http://iphn.dghs.portal.gov.bd/>

**Digital Archive:** [http://archive.dghs.gov.bd/iphn\\_digitalarchive](http://archive.dghs.gov.bd/iphn_digitalarchive)



## Family Planning Field Services Delivery, DGFP

**Pilot Study:** Delaying child bearing of newly married couples.

**Location and Area Covered:**  
Brahmanbaria district.

**Key Intervention:**

- Orientation workshop of marriage registers
- Coordination meeting among managerial level and local government
- Training program of field level worker
- Gift box handed over among newlywed couples.

**Audience:**  
Newlywed couple.



**Gift box handed over among newlywed couples**



**Success Story:**

- Capacity development of field level workers.
- 505 newlywed couple were addressed by the intervention.  
Gift box handed over to 505 newlywed couples.
- Knowledge sharing among newlywed couples about family planning and reproductive health.
- Community engagement.

**Implementing Partners:** Family Planning Field Services Delivery of DGFP and ICDDR,B

**Funded By:** UNFPA



## USAID's Advancing Universal Health Coverage (AUHC)

**Goal:** To support USAID's development objective to improve health and human capital in Bangladesh, this activity will develop a sustainable, gender-sensitive, and pro-poor social enterprise the "Surjer Hashi Network" to advance progress towards universal health coverage.

### Location and Area Covered:

1. Districts covered: 63
2. Static clinics: 399
3. Satellite spots: 10,754

### Key Objectives:

1. Develop and implement a program to transform the Surjer Hashi Network into a centrally managed, sustainable private social enterprise
2. Adopt proven innovative approaches to create new strategies to expand access to and uptake of essential service packages
3. Develop and implement sustainable financial systems to facilitate expanded coverage and ensure equitable access to health services
4. Improve the quality of care
5. Improve program strategies drawn from lessons learned (crosscutting).

### Audiences:

- Women aged 14-49 years
- Pregnant women
- Mothers of under five children
- Adolescent boys and girls
- Detected TB clients.

### Key SBCC Interventions:

One-to-one counseling by Community Service Provider (CSP); growth monitoring campaign; counseling at static clinics; SBCC materials distribution in outreach campaign.

### Notable Program:

One of the priority activities of AUHC in its first year of project implementation was facilitating the transition of Surjer Hashi clinics from 25 NGOs to the Surjer Hashi Network. The network, a centrally managed, sustainable private social enterprise was set-up to manage business operations of the clinics and expand access to and uptake of health services.



Following the transition under the Surjer Hashi Network, the total service contacts at Surjer Hashi clinics increased to 49.20 million in 2017-2018, outstripping the performance of the network in the last year of NHSDP (FY2016-2017) by 30 percent. Among these service contacts 55 percent qualify as poor. The facility-based births at Surjer Hashi clinics increased by 10 percent; 37,153 compared to a target of 33,896.

**Implementing partner:** Chemonics International Inc.

**Funded by:** USAID



## USAID-Advancing Adolescent Health (A2H)

**Goal:** To improve adolescent sexual and reproductive health and well-being.

**Location and Area Covered:**  
All eight upazilas in Rangpur district.

### Key Objectives:

1. To increase delivery of ASRH, FP, nutrition, and life skills knowledge to married and unmarried adolescents aged 10-19 years;
2. To strengthen adolescent friendly SRH, FP and nutrition services in government and non-government health facilities; and
3. To engage key community gatekeepers to support and advocate for the prevention of child marriage, delayed age at first birth, healthy birth spacing, and increase the utilization of improved health, SRH, and FP services by adolescents.

### Key SBCC Interventions:

- Adolescents life skills sessions
- Community meetings with parents and gatekeepers
- Advocacy meetings at district, upazilas, union parishads
- Household visits by community facilitators
- Theater for development (street drama)
- Orientation sessions on FP for married adolescents
- Debate competitions
- Community Sales Agents (CSA)
- Community fairs
- Referral linkages
- Issue-based campaigns and observation of international days such as hand washing day, women's day, youth day, health day, population day, etc.

### Audiences:

#### *Adolescents:*

- Married and unmarried adolescent girls and boys (10-14 and 15-19 years of age)
- Husbands of married adolescent girls

#### *Family/community (Gatekeepers):*

- Parents and in-laws
- Community elders
- Religious leaders
- Teachers



### Best Practice Model:

A2H has established 185 adolescent corners across eight upazilas in Rangpur district. Adolescents usually get counseling and services in these facilities where complete privacy and confidentiality are maintained. Adolescents also come to the facilities to share experiences and issues that they have in mind and learn from each other. They feel included and recognized



for having facilities that provide them safe spaces to discuss issues and seek information that are important to them. Utilization of health services by adolescents has significantly increased over the past three years with the introduction of adolescent corners.

**Impact:** A KAP study conducted to see the impact. Report will be available in December 2018.

**Implementing Partners:** Eco-Social Development Organization (ESDO) and World Mission Prayer League (LAMB Hospital)

**Implementing Organization:** Plan International Bangladesh

**Funded by:** USAID

পরিবর্তনের  
গল্প

## উদ্যোক্তা উন্নয়ন কার্যক্রম 'রিনা'র মত মেয়েদের ক্ষমতায়ন করছে

মাত্র ১৬ বছর বয়সে তার মা-বাবা দারিদ্র্যের কারণে তাকে বিয়ে দিয়ে দেন। বিয়ের পর সে জানতে পারে, তার স্বামীর আরেকজন স্ত্রী এবং দুইজন সন্তান আছে। প্রথম প্রথম সে তার স্বামীর অন্য স্ত্রীর সাথে সংসারে মানিয়ে নিতে চেষ্টা করে, কিন্তু তা সম্ভব হয় না। হেলেন আখতার রিনা এরপর তার মা-বাবার কাছে ফিরে আসে, কিন্তু সেখানেও সে সাদরে গৃহীত হয়নি যেহেতু সে তার মা-বাবার উপর নির্ভরশীল ছিল। রিনা তার মা-বাবার বড় সন্তান এবং তার একটি ছোট বোন আছে। সে প্রচণ্ডভাবে অনুভব করে, তার উপার্জনের জন্য কিছু একটা করা প্রয়োজন, যেন সে তার নিজের পছন্দমতো সিদ্ধান্ত নিতে পারে এবং তার মা-বাবার উপর আর বোঝা হয়ে না থাকতে হয়।



## Mayer Hashi-II Project

**Goal:** Increased use of effective family planning and reproductive health services, with a focus on the informed and voluntary use of long acting reversible contraceptives (LARCs) and permanent methods (PMs).

**Key Objectives:**

1. Delay first birth;
2. Space between the first and second birth; and
3. Limit births through high-quality services delivered to better-informed clients in an enhanced policy environment.

**Location and Area Covered:**  
64 districts.

**Audiences:**  
FP eligible couples.

**Key SBCC Interventions:**

- Equip facilities with SBCC materials and distribute those in the community
- Courtyard meetings through partner NGO's volunteers.

**Best Practice Model:**

*Engaging Volunteers to Generate Awareness of FP services:* Over the past three years, the MH-II project has been working to increase awareness of FP throughout Bangladesh, especially of long-acting reversible contraception (LARC) and permanent methods (PM) services using volunteers from its partner NGOs working on social and behavior change communication (SBCC) (BRAC, Young Power in Social Action, PSTC, VPKA Foundation, Shushilan, and Mukti). These volunteers were recruited from their communities and trained by their respective NGOs with technical assistance from MH-II on how to create demand for LARC and PM services. For demand generation, volunteers conducted one-on-one sessions, household visits, and courtyard meetings, as well as referred prospective clients to the nearest FP service delivery facilities. The volunteer intervention



encountered by three challenges: limited retention of volunteers' knowledge about FP methods, paying communication costs to volunteers, and monitoring volunteers' performance. The following measures were taken to mitigate these challenges: MH-II SBCC partner NGOs briefly discuss FP methods, the advantages and disadvantages of each FP method, informed choice and volunteerism during each monthly meeting; Communication costs are paid to each volunteer through their bKash (a mobile banking company) accounts on a



monthly basis: paying communication cost through bKash is easy and quick as well as it helps volunteers to have control over their own fund; and In many cases, volunteers are attached with local DGFP field staff who monitor volunteer's performance and provide support as required. As a result of this intervention, volunteers referred approximately 141,495 prospective clients from October 2015 to September 2016 to their nearest FP service delivery facility and out which 111,424 chose an injectable, LARC and PM.

### Implementing Partners:

DGFP and DGHS

### Local Partners:

BRAC, Young Power in Social Action (YPSA), Shushilan, Population Service and Training Center (PSTC), Mukti- Nari O Shishu Unnayan Sangstha, Voluntary Paribar Kallayon Association (VPKA).

### International Partners:

Population Council, Meridian Group International and Avenir Health Inc.

### Implementing Organization:

EngenderHealth Bangladesh

Funded by: USAID



# USAID Ujjiban Social and Behavior Change Communication Project

**Goal:** Generate demand for and increase the use of high quality, maternal, neonatal, child and adolescent health, family planning, nutrition and tuberculosis services and adoption of healthy behaviors in Bangladesh through the use of SBCC.

## Location and Area Covered:

Chattogram and Sylhet division.

## Key Objectives:

1. Increase exposure to and coverage of quality SBCC on key health behaviors, services, and health products, with a focus on Chattogram and Sylhet divisions; and
2. Strengthen the Government of Bangladesh Ministry of Health and Family Welfare's (MoHFW) ability to plan, develop, implement and evaluate SBCC at the central level and in Chattogram and Sylhet divisions.

## Key SBCC Interventions:

- Engaging audience through media interventions with weekly radio programs on FM radio stations and community radio stations; drama series; travel show; web series; public service announcements; and social media posts.
- Operationalization of Comprehensive SBCC Strategy in Sylhet and Chattogram divisions.
- Establishing coordination between SBCC activities undertaken by different DGFP and DGHS units through a coordination plan. Formation and functioning of divisional and district level SBCC coordination committee.
- Training on use of eToolkit and eLearning course (maternal and neonatal health and IYCF) to 900 field workers.
- Operationalization of the online submission system of SBCC materials for IEC Technical Committee.
- Supporting IEM unit to develop and train SACMOs and UFPOs on School HPN Curriculum.
- Implementation of school campaign.
- Training on interpersonal communication.
- Develop field worker's eLearning course on TB.

## Audiences:

- Unmarried and married adolescents
- Women, husbands and fathers
- Mothers-in-law
- Community leaders.

## Success story:

*Introduction of Online SBCC Material Approval (OSMA):* OSMA is an automated system for online submission and approval of SBCC materials. The application has been developed to enable IEC Technical Committee to receive, review and approve SBCC materials in a systematic digital process. Due to this application, IEC Technical Committee as well





as the applicants, such as the directorates and units under the Ministry of Health and Family Welfare (MoHFW) and NGOs, will be able to save time and resources that is spent on getting a material approved. Through OSMA, it will be easier to ensure that the highest quality materials are approved and avoid duplication of materials. The application preserves the approved SBCC materials in digital form and develops regular updating of information on HPN SBCC materials production and dissemination.



**Implementing Partners:**  
DGHS and DGFP

**Implementing Organizations:**  
Johns Hopkins Center for Communication Programs (JHU.CCP)  
Bangladesh Center for Communication Programs (BCCP)  
Save the Children

**Funded by: USAID**



## Nutrition Interventions in BRAC (NIB)

**Goal:** To work as an integral part of the national health financing strategy to achieve universal health and nutrition coverage in Bangladesh.

**Key Objective:**

1. to improve reproductive, maternal, neonatal, and child health and nutritional status
2. reduce vulnerability to communicable diseases
3. combat non-communicable diseases and enhance the quality of life.

**Location and Area Covered:**

Nutrition: 62 districts.

Health: Around 50 districts all over the country.

**Key SBCC Interventions:**

**Health:** Health forum (maternal health, IYCF, women's health), adolescent forum (healthy life style, menstrual hygiene, and nutrition messages), adult health camp (screening: hypertension, diabetes).

**Nutrition:** Child nutrition and cognitive development sessions, conditional cash transfer against GMP and ANC, Mother's and adolescent forum, Food demonstration for children who started complementary feeding age.

**Audiences:**

- Children under five
- Adolescents
- Pregnant and lactating women and adults.

**Success Story:**

Farzana Khatun became pregnant for the first time at 22. During the birth of her child, there were no health workers or facilities which offered pre and post-natal care in a remote village such as Bishompur of Amtoil union in Mymensingh district. Fortunately, Farzana gave birth to a healthy daughter with the help of her husband Md. Alamin Shekh.

Community health workers, Kamrunnahar and Hamida Begum, carefully monitored Farzana and suggested her to attend the CNCD sessions regularly to get information on nutrition and hygiene and to know how to improve her child's nutritional status and cognitive development. They also suggested her to visit community clinics to measure height and weight for growth monitoring of her child. Community facilitators provided the essential care needed for the child.





“I was completely unaware about the nutrition and hygiene-related issues that I have learned from the CNCD sessions. This has helped me to make healthy choice for my child,” said Farzana. Her daughter is now two years and four months old. Farzana also got conditional cash from BRAC and has bought a goat, 16 hens and six ducks with it.

**Impact:** 120 million people reached through our service delivery programme, 2 million adolescent girls and pregnant women counselled on exclusive breastfeeding or minimal expectable diet, 714,770 pregnant women accessed 4+ antenatal care visits.

**Implementing Partners:** DGHS, Local Government Division, MoFP, BRAC, Concern, GAIN, IFPRI

**Implementing Organization:** BRAC

**Funded by:** Strategic Partnership Arrangement (SPA), USAID, DFID, UNICEF, CIFF, World Bank, European Union, Bill & Melinda Gates Foundation.



## Strengthening Urban Resilience Project

**Goal:** To strengthen urban resilience through enhanced preparedness and evidence-based advocacy for improved multi-level coordination mechanisms.

**Key Objective:** To further develop national and ward level systems, plans and coordination mechanisms to strengthen preparedness and response capacities for key urban disaster risks.

### Location and Area Covered:

Dhaka South City Corporation; Ward No. 33, 38, 47, 49

### Key SBCC Interventions:

- Supporting activation/reactivation of four Ward Disaster Management Committees (WDMCs) and enabling them to create Risk Reduction Action Plans (RRAPs) and mobilize resources.
- Reinforcing response and disaster preparedness capacity of Urban Community Volunteers (UCVs).
- Enabling schools to operationalize School Level Improvement Plan (SLIP) and take initiatives that will increase resilience against urban disasters, creating better preparedness in schools.
- Facilitating hospitals to understand their vulnerability and to cope with hazards, especially earthquake and fire
- Promotion of MoDMR/information management system/web portal system, drafting of UCV guidelines, development and review of CC contingency plan.

### Audiences:

Target audience include children, both boys and girls, youth, and women and men. At the school level, beneficiaries include school management committees, staff, teachers, students (both boys and girls) and parents (both women and men).

This project also works with the Disaster Management authorities, Ministry of Health authorities, government education authorities, City Corporation authorities and Department of Fire and Civil Defense.

### Notable Program:

The project developed contingency plans for wards 33, 38, 47 and 49, for the Mugda 500 Bed General Hospital and Monowara Hospital, and for different schools. The plans were developed with active participation of local community members, ward councilors and hospital authorities.





As the authorities were involved in the planning process, the plans were quickly adapted by the relevant institutes. Moreover, the project developed capacity for the Disaster Management Committees members through and School Management Committees.

**Impact:**

Developed contingency plan for the wards 33, 38, 47, 49 of Dhaka South City Corporation with the participation of community members, which has been incorporated by the city corporation and hospital authority with their disaster management plan.

**Implementing Organization:**

Population Services and Training Center (PSTC)

**Technical Partner:**

Plan International Bangladesh

**Funded by:**

European Commission





## Challenge TB

**Goal:** To reduce TB related mortality and morbidity.

**Key Objective:**

1. Improved access to high-quality patient-centered TB, DR-TB & TB/HIV services;
2. Prevention of transmission and disease progression;
3. Strengthen TB service delivery platforms.

**Audiences:**

- Mass population
- TB patients
- Health care providers
- Government officials at policy level
- Private sectors
- Donors and other related stakeholders.

**Key SBCC Interventions:**

1. Dissemination of TB awareness raising messages on Search, Treat and Prevent (STP). These messages focused on early diagnosis, treatment adherence and prevention by cutting the transmission chain.
2. Specific intervention for TB infection prevention.

**Treating more than just the disease: Social support for TB patients in Bangladesh**

In 2015, approximately 210,000 Bangladeshis were diagnosed with Tuberculosis (TB) and nearly 900 of those were found to have multidrug-resistant TB (MDR-TB). Mohammad Rasel was among those 900, who had left his village to work in a Dhaka garment factory after his father died. At just 14 years of age, Rasel was proud of being able to support his family, but in 2014, he began to feel weak, lost his appetite, and developed a bad cough that only seemed to get worse.

Bangladeshi garment factories—with cramped working conditions and poor ventilation—provide ideal conditions for the spread of TB. With support from the USAID-funded Challenge TB (CTB) Project, the National Tuberculosis Control Program in Bangladesh organized TB clinics near clusters of clothing factories and reached out to workers with TB education and screening programs. Outreach workers are also being contacted supervisors to explain that, according to national law, no one should lose their job while being treated for TB.

Rasel was diagnosed with TB through a sputum test (2015) and received six months of directly observed treatment (DOT) from the upazilla health complex, after which he was pronounced cured. Three months later the symptoms came back, and he was diagnosed with a form of TB that is resistant to first-line drugs (2015). He spent seven months in the MDR-TB ward of the Pabna Chest Disease Hospital for seven months. His treatment was free, but he worried about supporting his family while he was unable to work.

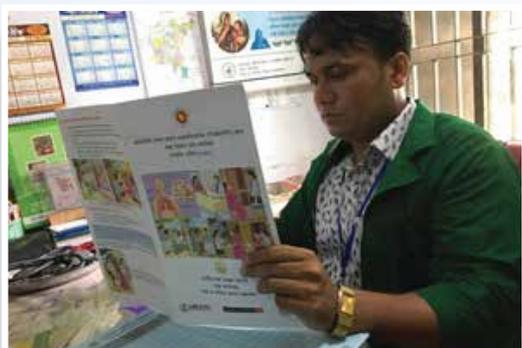




To ease the financial burden on patients like Rasel who cannot work during treatment and are therefore less likely to complete their full course of treatment, CTB provides social support. The most tangible part of this support is a stipend that is sent by mobile money to the patient's phone. Rasel received at least 13 more months of MDR-TB treatment at home provided by a community DOT provider. If a patient is receiving DOT in their community, their DOT provider also receives a small financial incentive to visit each day. This way this deadly disease's cycle of transmission is being gradually broken.

After a few months of treatment, Rasel was able to go back to work. He was grateful for both the free treatment and the stipend. "It would not have been possible for me to have continued the treatment without the financial support" he says. With the help of his DOT provider, Rasel talked to his co-workers and explained his disease. He assured them that they were not at risk, and understanding the situation they were very supportive to him.

**Funded by:**  
USAID



TB information toolkit used by the CHCP



Entrance of specialized Child TB center



Ward Councilors orientation on TB



Psychosocial support & vocational training to the MDR-TB patients at NIDCH

*Photo credit: CTB Staff*



## WASH in Health

**Goal:** WaterAid's vision is of a world where everyone, everywhere has safe water, sanitation and hygiene.

**Key Objective:**

To transform the lives of the poorest and most marginalized people by improving access to safe water, sanitation and hygiene.

**Location and Area Covered:**

Main office is based in Dhaka and currently we are working in 17 districts.

**Key SBCC Interventions:**

- Sessions conducted in the community
- Hygiene session conducted in schools
- MHM sessions conducted at community
- Campaigns organized
- Capacity building events / trainings
- Advocacy events

**Audiences:**

- Mothers of under five children
- Adolescent girls, and their mothers
- High school girls at school
- High school girls at community
- Duty bearers / caretakers
- School Management committee
- Peer educators
- For community mechanics
- Academicians, researchers

**Best Practice Model:**

- Integrating WASH in the community clinics: a story of change in the health care service delivery system in a hard-to-reach context.
- Dacope upazila health complex: the oasis for the poor in need of health care, safe drinking water and sanitation.

**SBCC Materials:**

Keya'r Golpo - on Menstrual Hygiene management-(MHM) and Hand washing videos.

Flipcharts on Hand washing, MHM, child feces management, water safety protocol etc.





**Implementing Organization:**

WaterAid Bangladesh

**Implementing Partners:**

Bangladesh Association for Social Advancement (BASA); Nabalok; Dhaka Ahsania Mission (DAM); Dushtha Shasthya Kendra (DSK); Sajida Foundation; SKS Foundation; Rupantar; Eco-Social Development Organization (ESDO); Efforts for Rural Advancement (ERA); Mahideb Jubo Somaj Kallayan Somity (MJSKS); Village Education Resource Center (VERC), Institute of Development Affairs (IDEA), Impact Foundation Bangladesh (IFB)



**Funded by:**

DFID/Plan; HSBC; H&M Foundation; Lancaster University; SIMAVI; Swedish International Development Cooperation Agency (SIDA); Kimberly-Clark; Levi Strauss & Co.; Bill and Melinda Gates Foundation; UNICEF; Latter Day, Saints Charities (LDSC); Coca-Cola



## The USAID Marketing Innovations for Sustainable Health Development (MISHD) Project

**Goal:** To contribute to sustained improvements in the health status of women, children and families in Bangladesh by increasing access to and demand for essential health products and services using social marketing tools and concepts through the private sector.

**Key Objective:** Improved adoption of healthy behavior and practices by families and communities through effective BCC and media reach.

### Location and Area Covered:

Total 65 upazilas of 16 districts partnering with 3 local level NGOs.

- CWFD covers- 19 upazilas of 6 districts
- PSTC covers- 17 upazilas of 5 districts
- Shimantik covers- 29 upazilas of 5 districts

### Key SBCC Interventions:

- Conduct Group Meetings with MWRA and Care Givers of Children <5.
- Conduct Advocacy Meeting at upazila & union levels
- Conduct School Health sessions with Adolescents
- Conduct IPC with Newlyweds
- Observe Special Days and Events.
- Organize Folksong/Palagaan on health and FP issues
- Organize Mobile Film Program & Floating IEC on HTSP, First 1000 Days, TB

### Audiences:

- Married women of reproductive age and caregivers of children <5 yrs
- Newlyweds
- School/college attending Adolescents
- Community influential persons
- School Management Committee Members

### Success story:

*This is a success story of a village woman who is involved in Notun Din Community Mobilization program as women entrepreneurs named CSA.*

A village woman, Murshaida Begum was in lots of burden with her ailing husband and their three children. She had to work part time jobs from here to there. In January 2017, she got acquainted with Asia Khatun, Community Mobilizer of Notun Din Shibpur Office and start working as a CSA with only Taka 300.00.

Within few months, she felt confident enough to increase her income to ease her burden and was developing herself to serve the community for earning means for family. She was then getting well respect for her work and income. Murshida is now selling products to the community worth about taka five thousands and increasing. The





financial burden of her family reduces and that makes her very relieved. But she still desires to serve the community, to get respect from the community. Once a poor neglected hopeless woman with sick husband Murshida is going for the union council member of the upcoming Putia Union Council election.

She expresses her gratification towards Notun Din project and the staff for guiding her to become a successful, respectful person in the society.

**Implementing Partners:** SMC is prime and partnering with CWFD, PSTC and Shimantik for implementing Notun Din community mobilization activities.

**Funded by:** USAID





## Bloomberg Initiative to Reduce Tobacco Use

**Goal:** Bangladesh Center for Communication Programs (BCCP) and Institute for Global Tobacco Control (IGTC) based at the Johns Hopkins Bloomberg School of Public Health build institutional capacity of the organizations/institutes working on tobacco control in Bangladesh.

### Location and Area Covered:

All over the country.

### Key Objectives:

1. Enhance research capacity as well as create local evidence base on tobacco control to develop and implement effective SBCC programs in Bangladesh.
2. Increase leadership capacity of the relevant staff members of different organizations working on tobacco control including Government of Bangladesh.
3. Develop and maintain a one-stop virtual center for tobacco control.

### Audiences:

- Researchers of different organizations and institutions
- Post graduate students
- Relevant Government officials
- Program Directors and Managers of different NGOs

### Key SBCC Interventions:

BCCP with input and support from IGTC undertake following activities to develop and implement effective SBCC programs on tobacco control:

- Provide seed research grants to researchers especially the young researchers of different organization and institutions to create local evidence-base.
- Enhance research capacity by providing mentorship to the research grantees in different steps in implementing their research activities.
- Disseminate research findings among the relevant stakeholders including policy makers, academia, tobacco control activists and the media.
- Provide support to the research grantees to prepare manuscript for journal publications nationally and internationally.
- Develop IEC materials for the Ministry of Health and Family Welfare to observe World No Tobacco Day.





- Extend support to Non-communicable Diseases Control Program and National Tobacco Control Cell of the Government of Bangladesh to design and implement programs related to SBCC.
- Organize Bangladesh Tobacco Control Leadership Program.
- Maintain a one-stop virtual center for tobacco control.

**Success Story:** Due to innovative nature of the Research Grants Program, the program has been selected with full scholarship to make a presentation at the World Conference on Tobacco or Health held in Cape Town, South Africa in 2018. A presentation titled 'Systematic research capacity building program makes a big difference' was presented at the conference which was appreciated by the attendees. A number of participants expressed opinions that they would try to undertake similar programs in their respective countries.

**Outcome:** Government and non-government organizations, and other stakeholders working in tobacco control in Bangladesh are expected to consider the research findings to develop and implement effective SBCC programs.

**Funded by:**  
Bloomberg Initiative (BI)

**Implementing partner:**  
Bangladesh Center for Communication Programs (BCCP)  
[www.bangladesh-ccp.org](http://www.bangladesh-ccp.org); [www.btcrcn.org](http://www.btcrcn.org)



# Improving Community Health Worker (ICHW) Program

**Goal:** High effective coverage of maternal, newborn, child health, family planning, and nutrition interventions achieved and health status improved.

## Key SBCC Objectives:

- Institutionalization: Efficient and effective linkages between communities and health and local systems established inclusive of change in behavior that reduce gender barriers in system and social norms
- Measurement: To influence systems and policies: Evidence and data for decision making to promote scale, equity and mutual accountability generated and used at all levels.
- Inclusive and effective Partnerships: Coordination and collaboration.

## Location and Area Covered:

Barisal Sadar, Banaripara, Babugonj, Bakergonj, Gournadi, Wazirpur upazilas in Barisal District.

## Audiences:

- Community group
- Support group members
- Community people

## Key SBCC Interventions:

1. TA in Facilitation of CG meetings;
2. TA in Facilitation of CSG meeting;
3. National day observation with GoB.

## Implementing Organization:

Save the Children

## Implementing Partners:

- Partners in Health & Development (PHD)
- BRAC

## Strategic Partners:

- UNICEF
- Obstetrics and Gynecological Society of Bangladesh (OGSB) - Bangladesh Pediatric Association (BPA)
- Bangladesh Private Medical Practitioners' Association (BPMPA)
- Ministry of Health and Family Welfare
- Ministry of Local Government and Cooperation

## CSG Meeting



**Funded by:** USAID

# Annexure





# Annex A: SBCC Activity Reporting Format





**Government of the People's Republic of Bangladesh**  
**Ministry of Health and Family Welfare**  
**Health Services Division**  
**Public Health-2**  
[www.hsd.gov.bd](http://www.hsd.gov.bd)

**Name of the Unit/Organization:**

**Yearly SBCC Activity Reporting Format**

Period: July 2017-June 2018

**Coverage area:**

Activity Domains (1)	Specific SBCC activity (2)	Achievement (3)		Focused issue (4)	Target Audience (5)	Form of communication (IPC/Community Media/Mass Media) (6)	Output (People Attended/ Est. viewer/No. Distributed) (7)	Means of verification (8)	Outcome/ Expected Outcome (9)
		Physical (no. of events/ frequency/ insertion) (A)	Financial/ Expenses (B)						
Maternal, Neonatal and Child Health									
Adolescent Health									
Family planning									
Nutrition									





Explanations for each of the nine columns by numbers:

1. Name of the broad level activity clusters/domains under which number of specific activities might have performed
2. Specific activity such as; Observation of World Population Day or National Nutrition Week, Broadcasting of TVC/RDC, Newspaper ad, Use of Print materials, TV/Radio Drama Serial etc.
3. Achievements under Physical (3-A) sub-column has been referred to mention total numbers of event under a big campaign took place in several places/locations. It is also referred as community level meetings with different group of people occurred throughout the coverage area at a given time. It also referred as no. of times or frequency displayed through a media or no. of insertion for newspaper advertisement and no. of copies for poster/ sticker/brochure/flip chart etc. While the Financial/ Expenses (3-B) sub-column has been referred the total expenses under certain activity during the given time period.
4. Focused issue is the theme of the day in case of observation of special days and the particular health issue has been promoted in the mass media or in any communication mediums like; ANC care for pregnant women or menstrual hygiene for the adolescent girls etc.
5. Mention specific target audience group has been covered by the certain activity such as; pregnant women or the girls of adolescent age group
6. All communication is fallen under any of the forms as; IPC, Mass Media or community media. The community media are formed and gathers large number of people around it such as; Stage/street drama, puppet show, folk song/band show etc. However, the Social Media in this format has been planned to include under the community media form
7. Mention the no. of people attended the community meeting, viewed the mass media piece or print materials have been distributed
8. Means of verification means the monthly report, guidelines, transmission report (In case of mass media) curriculum etc.
9. Expected outcome is what was expected to get achieve or program impact out of the implementation of the planned activity.

Other clarifications:

- Please insert additional columns as much as needed to accommodate the entire numbers of specific activities
- Please make additional spaces in each of the cell, however, use key words to keep it short as far as possible
- Please use extra pages to cover your entire activities
- Please attach graphs, pictures of different days/ events/ activities and/or videos using hyperlink
- Please attach brief activity report mentioning key interventions and key words in one page using poster theme.

# Annex B: Tables with Details





## Tables with Details

**Table 1: Maternal Health**

SBCC Activity/Event	Cost	Population reached
<b>IEM, DGFP</b>		
Awareness building Campaign for elected Representatives (34)	BDT 40.00 lacs	1360
Orientation workshop for stakeholders (26)	BDT 31.00 lacs	1040
Organize family event – (Poribar Sammelon) (54)	BDT 79.00 lacs	10,800
Observance of Campaign and Service week	BDT 110.00 lacs	Mass people
<b>Bangladesh Television (BTV), Ministry of Information (MOI)</b>		
TV Drama (3) on ANC, PNC, ENC, Safe Delivery	BDT 2.10 lacs	About 20% of total people
TV Documentary (10) on ANC, PNC, ENC, Safe Delivery	BDT 4.50 lacs	About 20% of total people
TV Spots (4) on ANC, PNC, ENC, Safe Delivery	BDT 2.00 lacs	About 20% of total people
<b>Bangladesh Betar, MOI</b>		
Radio Interviews (52) on pregnant mother healthcare	BDT 11.44 lacs	Majority listeners of Bangladesh Betar
Radio Discussions (105) on Reducing child & mother mortality rate	BDT 5.04 lacs	Majority listeners of Bangladesh Betar
Radio Talks (156) on Neonatal care	BDT 12.48 lacs	Majority listeners of Bangladesh Betar
<b>PSTC</b>		
ANC Counseling,	BDT 0.41 lacs	2,014 Pregnant Mother
PNC Counseling	BDT 0.33 lacs	1,582 PNC Mother
Child Health Counseling	BDT 0.22 lacs	1,072 Parents
Maternal Health Counseling, Day Observation	BDT 0.38 lacs	3792 ANC



<b>MCH-Services unit, DGFP</b>		
Orientation for awareness building on 24/7 normal delivery at UH&FWC (89)	BDT 400.46 lacs	16,012 GO & NGO stakeholders
Orientation Meeting on Maternal and Child Death Prevention	BDT 5.68 lacs	100 GO & NGO stakeholders
Mayer (Mother's) Bank to ensure safe delivery (Birth Preparedness)	BDT 125.00 lacs	1,25,000 pregnant mother
<b>CBHC, DGHS</b>		
Flash Card (Sonali Alo) to conduct health education session	BDT 56.00 lacs	Community people of 13707 CC clinics
<b>MNC &amp; AH, DGHS</b>		
Poster on Safe Motherhood observation day	Not mentioned	100000 posters
One theme song		Aired through BTB
Poster on ENC		25000 piece
Billboard		40
Wall printing		50
Flayer		50000 piece
Sonali Alo		2500 piece
Birth Planning Card		2500 piece
NNHP Workshop		64 districts
Newborn campaign		National level
<b>UNICEF</b>		
Community based Interventions : IPC, Community dialogue, Use of Folk Media, SBCC materials	BDT 246.00 lacs	2 million community people
<b>USAID Ujjiban SBCC Project</b>		
TV drama (11 episodes)	BDT 65.40 lacs	Yet to be broadcast
Radio program (25 Episodes)	BDT 4.56 lacs	Estimated 5,000,000 people



PSA (3)	BDT 17.78 lacs	More than 87,000 on social media. However, yet to be broadcasted on TV and distribution through AV vans
Web series (2)	BDT 13.66 lacs	Yet to be broadcast
Facebook posts (3)	No cost	More than 26,000 people
Health Travel show (7 episodes)	BDT 5.05 lacs	Yet to be broadcast
<b>SMC</b>		
Community Group meetings (33,203) on First 1000 Days Care, Healthy Pregnancy	BDT 41.00 lacs	407,238 MWRA, 191,149 Caregivers
Wall paintings (412) & Folk song- Palagaan (378) on MNP, ORS, Zinc	BDT 10.56 lacs (Wall painting) BDT 9.84 lacs (folk song)	Palagaan reached 107,934 mass people
Mobile Film shows on HTSP, First 1000 Days Care (802)	Cost not mentioned	521,070 mass people
<b>Mamoni, HSS Project, Save the Children</b>		
Printed 80,000 posters for Safe Motherhood Day	BDT 8.00 lacs	Mass people
Printed 50,000 posters for World Population Day	BDT 4.00 lacs	Mass people
Street Theaters (49)	BDT 9.00 lacs (approx.)	10,000 people
<b>Marie Stopes Bangladesh</b> Safe Motherhood Day IPC, IEC materials	BDT 4.50 lacs (approx.)	500 pregnant mother and mother of neonate
House to House visit	BDT 302.58 Lac	
<b>UPHCSDP</b> Health sessions (57,023)	BDT 9.68 lacs	Poor and Ultra poor slum dwellers.
<b>WaterAid, Bangladesh</b> Group sessions on Safe water, 1000 days of baby, hand washing (683)	BDT 0.68 lacs	9,604 Mothers of under five children



<b>BRAC</b> Health forum and IYCF counseling	Not mentioned	Pregnant and lactating mother, and mother of under-five children
<b>AUHC</b> Counseling in clinic; One to one counseling and group meeting	Not mentioned	688,361 women (aged 14 – 49 yr)
<b>Born On Time (BOT) project, Plan International Bangladesh</b>		
counselling of pregnant women at the facility and at household level	Not mentioned	Pregnant women and their male counterpart and caregivers
Theatre show	Not mentioned	-
<b>SHOW Project, Plan International Bangladesh</b>		
Courtyard session with female	Voluntary session	121,588 sessions
Courtyard session with male	Voluntary session	5,540 sessions
Change Maker Session	Voluntary session	320 sessions

**Table 2 : Adolescent Health**

SBCC Activity/Event	Cost	Population reached
<b>IEM Unit, DGFP</b>		
Country wide awareness building campaign (50 workshops)	BDT 36.00 lacs	2000 School/Madrasa teachers
Campaign (4 workshops) in collaboration with FSDP	BDT 18.50 lacs	400 Urban Slum Poor
Production and distribution of SBCC materials	BDT 25.00 lacs	200 Centers (FWC)
Media campaign on ARH through TV program	BDT 100.00 lacs	Mass people
<b>BHE, DGHS</b> Workshop on Reproductive Health, Menstrual Hygiene and Nutrition (50)	BDT 23.87 lacs	2000 students



### MNC&AH, DGHS

SBCC materials:

Posters

Leaflets

Festoons

Folders

BDT 0.72 lacs

BDT 0.87 lacs

BDT 0.66 lacs

BDT 5.46 lacs

All students of  
selected secondary  
schools

### Bangladesh Television (BTV), Ministry of Information (MOI)

TV Drama (4) on personal hygiene, reproductive health, child marriage

BDT 3.0 lacs

About 20% of total  
people

TV Documentary (4) on personal hygiene, reproductive health, child marriage

BDT 2.60 lacs

About 20% of total  
people

TV Spots (6) on personal hygiene, reproductive health, child marriage

BDT 1.20 lacs

About 20% of total  
people

### Bangladesh Betar, MOI

Radio Dramas (104 weekly and serial) on reproductive health

BDT 52.00 lacs

Listeners of  
Bangladesh Betar

Radio cartoons (56) on reducing gender discrimination.

BDT 4.48 lacs

Listeners of  
Bangladesh Betar

Radio songs (96) on Health corner services, reproductive health, FP

BDT 7.68 lacs

Listeners of  
Bangladesh Betar

### MCH-Services unit, DGFP

Orientation Meetings (5) on Adolescent Friendly Health Services

Cost not  
mentioned

478 GO & NGO  
stakeholders

IEC materials - Poster (2,500), Festoon (1,500), Brochure (9,000), Booklet (3,000), Class Routine (3,200)

Cost not  
mentioned

Distributed in  
Gazipur, Tangail,  
Jamalpur,  
Nilphamary, Khulna,  
Bhola and Cox's  
Bazar

### UNICEF

ADOHEARTS (Adolescent Health and Right's Enhancement)- Community dialogue, Folk Media, SBCC materials & Adolescent Club

BDT 164.00 lacs

500,000 population  
in 4 districts



<b>UNFPA</b> Facebook page (Hello Check! Ebar Bolo) - Facebook campaign for young people.	Cost not mentioned	29k followers.
<b>USAID Ujjiban SBCC project</b>		
TV drama (1 episode)	BDT 5.94 lacs	Yet to be broadcast
Radio program (30 Episodes)	BDT 12.12 lacs	5,000,000 people
Facebook posts (26)	No cost	5,000,000 people
Health Travel show (2 episodes)	BDT 1.44 lacs	Yet to be broadcast
<b>SMC</b>		
School Health sessions (1,489)	BDT 34.44 lacs	70,297 school/college adolescents. (13-19 yrs.)
<b>USAID A2H Project, Plan International, Rangpur district</b>		
Life Skills sessions (60,479)	BDT 113.17 lacs	762739 adolescents (10-19 year)
Gatekeepers' meetings (324)	BDT 32.99 lacs	11024 Parents, SMC, teachers, UP, FWC & CC members
Issue specific meetings (946)	BDT 50.52 lacs	17999 Parents and adolescents in community
Religious Leaders orientation (44)	BDT 2.96 lacs	118 religious leaders
Orientations of Married adolescents (133)	BDT 10.26 lacs	2910 married adolescents
Orientations of Newlywed couples (50)	BDT 4.08 lacs	488 Married Adolescents and their Husband



Positive deviant couple orientation (24)	BDT 1.55 lacs	469 married adolescents
Exposure visit to facilities (883)	BDT 11.89 lacs	8869 adolescents
Courtyard meetings with parents (555)	BDT 27.95 lacs	12508 parents
Sessions conducted by Guest Speaker (UHFP representatives) (171)	BDT 1.84 lacs	5789 adolescents
School-based sessions (150)	BDT 0.71 lacs	4356 adolescents
Meeting with SMC members and teachers (38)	BDT 0.59 lacs	772 SMC members and teachers
Home visited by Community Facilitators (140,378)	No expenses	140378 Adolescents, Husband and family members
Adolescent Forum Meetings at Upazila and District levels (10)	BDT 0.52 lacs	124 adolescents
Theatre For Development (TFD) (58)	BDT 2.44 lacs	13694 community people
Distribution of ASRH Brochure (50,000)	BDT 1.50 lacs	150,000 parents and adolescents
Distribution of Nijeke Jano Book (383,750)	BDT 98.21 lacs	300,000 adolescents
Print materials like posters, festoons, leaflets	BDT 7.25 lacs	Community people
Pocket Card with Helpline number (300,000)	BDT 6.00 lacs	150,000 parents and adolescents

**ASRHR project( Patharhgata Upazila, Borguna District), BOT project (six upazila of Rangpur district), SHOW project (Nilphamari, Borguna, Khagrachari districts) and Generation Breakthrough project (Dhaka, Barishal, Barguna & Patuakhali) of Plan Int.**

Weekly ASRHR sessions at schools (1,374 sessions)	Cost not mentioned	46152 students in schools and madrasas
Theatre for Development (138)	Cost not mentioned	33,436 community people



Courtyard session with adolescent girls group	Cost not mentioned	11-19 years age of girls at the community
Courtyard session with adolescent boys group	Cost not mentioned	11-19 years age of boy
Peer Education Session with adolescent boys and girls of 15-19 years	Cost not mentioned	1392 (boys and girls) peer educator group formed
Adolescent group meeting on adolescent health	Cost not mentioned	4176 adolescent group formed
Gender mainstreaming education for the boys & girls at schools/ madrasha	BDT 428.01lacs	66,208 adolescents attended 26 GEMS session
Edutainment activity at adolescent corners for the 10-19 years boys & girls		88,173 attended the corner activities
Street drama shows on GBV issue at community level	BDT 1.205 lacs	3018 adolescence attended the events
Coach the 10-19 years adolescent athletes on GBV	Cost not mentioned	900 adolescent athletes attended.
<b>PSTC</b> SBCC activities on Sexual and Reproductive Health and Rights (SRHR) and STIs, HIV/AIDS (180 sessions)	BDT 45.00 lacs	25,200 Vulnerable Young Key People
<b>Marie Stopes Bangladesh</b> Day observations, rallies, Theatre for Development (TfD) shows (2)	BDT 3.5 lacs (approx.)	275 Adolescent girls, boys, parents and gatekeepers
<b>WaterAid, Bangladesh</b> Group discussions at community level on MHM (742)	BDT 0.74 lacs	11,759 Adolescent girls, mothers
School Hygiene Sessions (5)	BDT 0.41 lacs	143 high school girls
<b>BRAC</b> Adolescent forum : IPC on Healthy life style, menstrual hygiene, and Nutrition massage	Cost not mentioned	41 districts
<b>UPHCPSD</b>		
Health Session on RTI, STI, ASRH issues using Flipchart, leaflet, Brochure	BDT 2.68 lacs	17810 sessions with Poor , Ultra poor
House to House visit	BDT 90.77 lacs	303195 HH visits at the slum



**Table: 3 Family Planning**

SBCC Activity/Event	Cost	Population reached
<b>IEM Unit, DGFP</b>		
Production of TV spots (5) on child marriage prevention & promote facility delivery, and telecasting through Private TV Channels	BDT 48.00 lacs	Mass people nationwide
Production TV Spot/TVC (5) on FP methods and MCH and telecasting in Private TV Channels	BDT 50.00 lacs	Mass people nationwide
TV Scroll on FP-MCH issues through private TV Channel	BDT 200.00	Mass people nationwide
Message dissemination on FP-MCH through cable TV network and Cinema Hall	BDT 99.00	Mass people nationwide
Media Campaign on LARC&PM through TV channels	BDT 100.00	Mass people nationwide
Campaign on LAPM through advertisement in newspaper (50)	BDT 38.00 lacs	Nationwide
Orientation for newlywed and 'low-parity couples' (30)	BDT 35.00 lacs	1200 newlywed and 'low-parity couples'
SBCC Fairs (Mela) at divisional and districts levels (63)	BDT 218.00 lacs	Mass people nationwide
World Population Day	BDT 100.00 lacs	Nationwide
<b>USAID Ujjiban SBCC project</b>		
Radio program (one episode)	BDT 0.24 lacs	Estimated 5,000,000 people
Develop one PSA . Yet to be broadcast on TV and distribution through AV vans	BDT 5.93 lacs	More than 41,000 viewer on social media.
Health Travel show (4 episodes)	BDT 2.89 lacs	Yet to be broadcast
FP-SBCC Fairs (5)	BDT 0.41 lacs	1000 community people (approx..)



<b>SMC</b>		
Group meetings and IPC at community level on HTSP	BDT 0.29 lacs	407,238 MWRA 2,724 Newlywed couples
Develop and airing TVC, RDC and distribution of SBCC materials	BDT 328.33 lacs	Mass people
<b>UPHCSDP</b>		
Health sessions (36,777)	BDT 5.82 lacs	Community people and the Poor and Ultra poor slum dwellers
House to House visits	BDT 102.87 lacs	700,485 HH of slum dwellers
<b>Marie Stopes Bangladesh</b> World Population Day IPC, IEC materials	BDT 6.00 lacs (approx.)	People in 38 districts
<b>EngenderHealth</b> World Population Day	Cost not mentioned	12,610 numbers of materials distributed
<b>PSTC</b> World Population Day (428 FP counseling sessions)	BDT 0.71	5488 eligible and newlywed couples
<b>SHOW project, PLAN International</b> Courtyard session (Male and Female group)	Voluntary session	Community People
<b>Bangladesh Television, MOI</b>		
Drama (19 episodes)	BDT 13.85 lac	General people (about 20% of total people)
Documentary	BDT 81.20 lac	
TV Spots (4)	BDT 02.80 lac	
Courtyard session	BDT 10.00 lac	
<b>Bangladesh Betar, MOI</b>		
Radio Magazine (884)	BDT 13.26 lac	Listener of Bangladesh Betar
Jingle to promote FP service center	BDT 03.36 lac	



Outdoor counselling sessions (9)	BDT 13.50 lac	Listener of Bangladesh Betar
Discussion with married couple (368)	BDT 21.48 lac	

BoT projects of Plan International has IPC and counselling sessions on FP at their intervention areas.

**Table 4 : Nutrition**

SBCC Activity/Event	Cost	Population reached
<b>IPHN, DGHS</b>		
Observation of special days National Vitamin- A Campaign (Theme song, Documentary, Poster, Digital display, TV scroll, News Paper Ad).	Not mentioned	Mass people
World Breastfeeding week (Poster, TV Scroll, News ad., Souvenir, Documentary, Theme song) National Nutrition Week (Fair, TV scroll, Theme song, Documentary, News Paper Ad., Poster)		Mass people
Workshop on nutrition for elderly people.		Relevant stakeholders
Media Campaign on Nutrition		3 campaign organized for the mass people
<b>Bangladesh Betar, Ministry of Information</b>		
Radio Interviews (104) on Maternal and child nutrition Radio cartoons (56) for awareness building Radio Talk shows (52) on Government initiatives	BDT 2.50 lacs BDT 4.16 lacs BDT 3.92 lacs	Majority listeners of Bangladesh Betar
<b>Bangladesh Television, Ministry of Information</b>		
Courtyard meetings(12) TV Documentary (25) TV Spots (7) on Breast feeding, Child nutrition, Nutrition during pregnancy	BDT 6.00 lacs BDT 12.25 lacs BDT 3.50 lacs	About 20% of total people
<b>UNICEF</b> Awareness session on breastfeeding with the Working mothers in Readymade Garment Industries	BDT 82.00 lacs	50000 Female workers and Managers



<b>USAID Ujjiban SBCC project</b>		
TV drama (one episode)	BDT 5.95 lacs	Not yet broadcast
Radio program (21 Episodes)	BDT 5.84 lacs	Estimated 5,000,000 people
PSA (one)	BDT 5.93 lacs	Not yet broadcast
Facebook posts (6)	No cost	Nearly 45,000 people
Health Travel show (21 episodes)	BDT 1.44 lacs	Not yet broadcast
<b>SMC</b>		
2,270 Group meetings and IPC to promote MNP (MoniMix) & Zinc	BDT 139.60 lacs	Parents and caregivers of U5 children in 62 upazilas of 16 districts
Airing TVC and developing SBCC materials on MNP	BDT 85.19 lacs	Parents and caregivers of U5 children in 62 upazilas of 16 districts
<b>UPHCSDP</b>		
Health sessions (22,386)	BDT 3.50 lacs	Community people and the Poor and Ultra poor slum dwellers of the Partnership Areas
House to House visits (348,582)	BDT 108.93 lacs	Community people and the Poor and Ultra poor slum dwellers in Partnership Areas
<b>PSTC</b>		
Maternal Nutrition & Child Nutrition counseling	.49 lacs	2585 Underweight mother and mother of under 5 children
<b>BoT Project, Plan International Bangladsh</b>		
One to one nutritional counselling at facility and HH level with pregnant woman and their caregivers Courtyard session on nutrition with adolescent girls and boys group	Not mentioned	Pregnant women and their counterpart 15-25 years married couples 15-49 years man and women



### Alive & Thrive

Workshops to revised “National Communication Framework Plan for IYCF in Bangladesh”	Not mentioned	40 -50 GO-NGO Stakeholders
Talk show on Maternal nutrition		Mass people
Seminar on “Maternal Nutrition “during Nutrition week		60 GO-NGO Stakeholders
<b>AUHC</b> One to one counseling on maternal nutrition	Not mentioned	688,361 Pregnant women; and Mother with under five children;
<b>FHI 360</b> National Nutrition Week Action Folders (5000), banners, posters	BDT 0.48 lacs	5000 Nutrition policymakers and program implementers
Observation of World Breast feeding Week 2018	BDT 0.48 lacs	
<b>INCA project, Caritas Bangladesh</b>		
National Nutrition Week (1,525 IPC events)	BDT 1.00 lacs	100,637 mass people
Global Hand washing day (231 IPC activities)	BDT 7.26 lacs	16,447 general people
World Breastfeeding Week (106 IPC sessions)	BDT 7.26 lacs	3,566 people
World Health Day (13 IPC events)	BDT 0.55 lacs	649 people
Counseling sessions for pregnant and lactating mothers	BDT 154.38 lacs	340,190 women
Courtyard sessions (48,113 sessions)	BDT 66.16 lacs	577,365 audience (PW, LM, husbands, mothers- in- law, and adolescent girls)
Food Plate (55,000)	BDT 44.00 lacs	31,980 pregnant women
Maternal Nutrition Calendars (55,000)	BDT 16.50 lacs	19,262 pregnant mothers
Billboards (40) on IYCF	BDT 1.00 lacs	Viewed by about 200,000 people
Production of 7,600 SBCC materials (Food bowl, job aid, flip chart, Ludu games for adolescent girls, upazila level manual on IYCF, CNP guideline	BDT 8.09 lacs	340,190 target audience



<b>BRAC</b> Child Nutrition and Cognitive Development sessions, Conditional cash transfer against GMP and ANC at community clinics	Not mentioned	Pregnant & Lactating mothers, mothers of children under 5 from BRAC's target population
Court yard session with Mother's and IYCF counseling		Pregnant & Lactating mothers, mothers of children under 5 from BRAC's target population

**Table 5: WASH**

SBCC Activity/Event	Cost	Population reached
<b>WaterAid, Bangladesh</b>		
Campaigns at community level for promotion of WASH (196 events)	BDT .29 lacs	28,762 community people
Campaigns in educational institutions for promotion of WASH (137)	BDT 9.59 lacs	32,046 students and teachers
Group discussion sessions at Healthcare facilities to disseminate messages on hygiene (4)	BDT .43 lacs	69 healthcare persons
Community group discussions on hygiene promotion (36)	BDT 1.84 lacs	933 participants
Advocacy community events (100)	BDT 28.50 lacs	5,282 community persons
Group discussions to build community capacity on WASH (154)	BDT 8.31 lacs	2,822 community people
Group discussions for caretakers on WASH issues (29)	BDT 0.90 lacs	170 caretakers
Group discussions trainings for community Peer educators on WASH sessions (6)	BDT 31 lacs	298 peer educators
Group discussion trainings for community Duty bearers to build capacity on WASH (125)	BDT 13.50 lacs	3,350 duty bearers
Group discussion trainings for Community mechanics on WASH techniques and hardware (3)	BDT .15 lacs	59 Community mechanics



<b>INCA project, Caritas</b> Global Handwashing day 231 IPC session	BDT 7.26 lacs	16447 community people attended
<b>Icddr'b</b> mHealth module is being developed for mobile messaging .		Individual at HH level; intervention area in Dhaka City

**Table 6: TB**

SBCC Activity/Event	Cost	Population reached
<b>National Tuberculosis Control Program (NTP), DGHS</b>		
Orientation (11) (Pharmacy Info Mela)	Not mentioned	236 Pharmacy owners and chemist/pharmacist
Medical College orientation programs with		200 Physicians/Doctors
Distribution of Leaflets		73,400 mass people
Miking on basic sign & symptoms on TB and availability of diagnostic facilities in the vicinity		9,900 leaflets distributed during miking
Advertisement in Daily Newspaper with Information on TB diagnostics and treatment facilities operating under Social Enterprise Model (SEM) by NTP		Mass people
<b>icddr'b</b>		
Outreach programs (people at risk of TB in slum areas)		750 presumptive cases for Sputum for GXP (48,200 leaflets also distributed during campaigns)
Doctors brochure with Focused messages on TB diagnostics		1100 private practitioners
Mosque Announcement: Basic message on TB & diagnostics by the Imam		97,200 leaflets also distributed after prayer



<b>BRAC</b>		
Displaying TB messages on sign boards		2641 sign boards in all districts and urban areas
Displaying TB messages on billboards		75 billboards throughout the country
Leaflets, poster and stickers with focused message on TB association with sign/symptoms by NTP		110,000 distributed
Orientations at district level of the pharmacists, medical representatives, and village doctors		69 orientations with 27 in each meeting
Orientations at district level of the graduate private practitioner		46 orientations with 20 in each meeting
Orientations at district level of the opinion leader/religious leader on TB		42 orientations with 22 persons in each meeting
<b>Challenge TB</b>		
Displaying TB pictorial messages on four Digital boards in Dhaka South City Corporation (DSCC)	BDT 1.80 lacs	2641 sign boards in all districts and urban areas
Advocacy orientations of the ward councilors of DSCC - Policy level (1) - Community level (2)	BDT 0.56 lacs BDT 0.12 lacs	50 persons of DSCC Management authority and ward councilors 20 Ward Councilors and community leaders
TB information toolkit for CHCPs (20,000)	BDT 4.93 lacs	19,500 distributed to CHCP and people getting service from CHCPs
Enter-educative drama to address TB and Diabetes Mellitus co-morbidity	BDT 8.27 lacs	Patients at BIRDEM and BADAS 93 affiliated centers
Enter-educative drama for workplace (Chumkir Din)	BDT 7.73 lacs	NTP distributed 40 copies to all the stakeholders of TB (NGOs, BGMEA and BKMEA)



Poster for workplace	BDT 0.51 lacs	1000 posters distributed to NTP stakeholders
Leaflets addressing TB and smoking associations	BDT 0.04 lacs	250 copies given to NCDC in UHCs
Posters addressing TB and Hypertension co-morbidity	BDT 1.80 lacs	250 copies given to NCDC in UHCs
Leaflets addressing TB and diabetic co-morbidity	BDT 0.05 lacs	250 copies given to NCDC in UHCs
<b>SMC</b> Group meetings in Floating IEC center (motor launch) on TB (454)	BDT 12.30 lacs	18,945 general people
<b>USAID Ujjiban SBCC project</b>		
Drama (Roudro Chayar Khela) 3 episodes	BDT 17.84 lacs	Yet to be broadcasted
Radio programs 5 episodes in FM and community radio	BDT 1.67 lacs	Approximately 5,000,000 listners
PSA on TB identification and treatment ( one )	BDT 5.93 lacs	Yet to be broadcasted on TV, social media
Travel show 3 episodes on different issues of TB	BDT 2.16 lacs	Yet to be broadcasted
Social media (Facebook posts)	No cost	Nearly 22,000 people reached
Field Worker's eLearning course on TB (6 modules)	BDT 4.58 lacs	500 Field workers ( FWA,HA, CHCP)
<b>AUHC</b> Counseling in 45 Static clinics clinic on TB signs and symptoms and screening		4,840 TB clients



**Table 7 : Occupational & Environmental Health**

SBCC Activity/Event	Cost	Population reached
<b>BHE,DGHS</b> Health Awareness trainings (2 batches)	BDT 10.52 Lacs	34 Sr. HEO and Jr. HEO
<b>PSTC</b>		
Awareness sessions (24)	BDT 0.48 lacs	904 community people
Mock Drill (1)	BDT 0.50 lacs	100 community people
Volunteer training (4)	BDT 2.00 lacs	200 community people
WDMC meetings (8)	BDT 1.28 lacs	132 Local Government
Sensitization meetings (4)	BDT 2.00 lacs	200 Local Government
<b>CBHC, DGHS</b>		
Develop Sticker on Medical Waste Management (17760)	BDT 2.66 lacs	Distributed in Upazila Health Complex (UHC)
Develop Poster on Medical Waste Management (16575)	BDT 2.32 lacs	Distributed in Upazila Health Complex
Audio & video Film on Medical Waste Management	BDT 5.00 lacs	Viewed by Hospital and UHC staff

**Table 8: Community Engagement**

SBCC Activity/Event	Cost	Population reached
<b>BHE, DGHS</b> material Community events to observe World Health Day includes – Discussion session , Rally, Health Exhibition, Essay competition, IEC Distribution.	BDT 22.20 Lac	General people of 490 Upazila



<b>CBHC</b> Brochure Desk Calender with message	BDT 2.00 lacs BDT 17.00 lacs	Brochure for distribution. Desk calendar using for health education at CC
<b>Bangladesh Betar, Mol</b> Outdoor events - Community media show, group meeting & Interpersonal Communication. Social Media	BDT 3.20 lacs BDT 1.20 lacs	Reached 25000 community people To reach majority listeners of Bangladesh Betar
<b>USAID Ujjiban SBCC project</b> Community Interactive meetings (5) focusing on IPC, Counseling, ANC, PNC, and Birth spacing.	Conducted through Strategic Partners	100 (approx.) MWRA, PW, RDW & LM (with children below 2 years)
<b>INCA, Caritas Bangladesh</b> Community Nutrition Support group for Community engagement in nutrition service delivery	BDT 28.83 lac	4,832 Community Group and Community Support Group
<b>UPHCSDP</b> Ward Primary Health Coordination Committee Meetings.	BDT 0.65 lacs	394 meetings with the community leaders, teachers, imams
User Forum Committee Meeting to promote Service Delivery of PHCC, and overall Clinic Management advice	BDT 1.23 lac	738 meetings with Community Leader, Slum Leader, Red Card Holders (Poor & Ultra Poor), Service Receivers
Advocacy Meeting	BDT 0.82 lac	492 meetings with Service Receivers
<b>SMC</b> Advocacy Meeting in the community level	BDT 5.74 lacs	6,105 Community Influential reached through 347 meetings
<b>ICHW, Save the Children</b>		
Facilitation of CG and CSG meetings	BDT 8.89 lacs	18153 Community group members reached through 1616 meetings
Rally, discussion meeting on celebration of World Health Day	BDT .34 lacs	Community people
<b>BRAC</b> Social Mobilization (meetings/forums on different issues with community people)	Not mentioned	Achieved as per BRAC's target population



<b>AUHC</b> Community Yard meetings on Maternal and Child health; Child marriage; Violence against women	Not mentioned	Communities in 399 static clinic areas
<b>BoT project, Plan International, Bangladesh</b> Monthly meeting session with decision maker group, Change maker group, UH&FWC management committee.	Not mentioned	Discussion on Risk factor of preterm birth, early marriage, safe mother hood, male engagement

**Table 9: School Health Program**

SBCC Activity/Event	Cost	Population reached
<b>IEM, DGFP</b> Revitalization of school health program on ARH, personal hygiene.	BDT 39.0 lacs	675 SACMOs and field level officials oriented through 27 batches on School Health Program curriculum.
<b>FSD, DGFP</b> Organize School Health Education sessions		Students of class V to X
<b>MNC&amp;AH, DGHS</b> Developed SBCC materials for the school students : Folder, Leaflet, Poster, Festoon, Booklet	BDT 2.84 lacs	Primary School students (5-12 years) in selected schools
<b>BHE, DGHS</b> Workshop on Tobacco, Nipah Virus, Healthy Lifestyle with the school teacher	BDT 70.21 lacs	2500 teachers oriented through 71 workshops
<b>Bangladesh Betar, Mol</b>		
Voice of youth (Tarunner Kantha) on prevention of child marriage and dowry	BDT 26.00 lacs	26 thousand School going students
Outdoor events for School going students on prevention of child marriage and dowry	BDT 15.00 lacs	25 thousand School going students
Documentary for the school students	BDT 6.24 lacs	Listener of Bangladesh Betar
<b>USAID Ujjiban SBCC project</b>		
School Campaign (20) covering different adolescent health issues	BDT 5.86 lac	Around 2000 students
Developing School HPN Curriculum on healthy lifestyle followed by TOT for the Master Trainers	NA (IEM OP activity)	SACMOs nationwide, 60 School students informed about healthy lifestyle



<b>AUHC</b> School meetings on health education session; counseling on risk of child marriage; benefit of late pregnancy; healthy timing and spacing from pregnancy	Not recorded separately	People in 399 static clinic areas
<b>WaterAid, Bangladesh</b>		
Sessions conducted Menstrual Hygiene Management (MHM) at school	BDT .19 lacs	13,003 High school girls at school
Sessions conducted Menstrual Hygiene Management (MHM) at community	BDT 1.03 lacs	16,333 High school girls at community
Sessions conducted Menstrual Hygiene Management (MHM) at the institute	BDT .38 lacs	22,670 staff at educational institute

**Table 10 : SBCC Capacity Strengthening**

<b>BHE, DGHS</b>		
Effective health communication training on Culture Influence, Barrier, Strategy, Rules of Media, Risk Communication, and Nutrition	BDT 15.77 lacs	3 batches, total 60 Sr. and Jr. HEOs
Basic Training on L&HEP focusing on Health Education, Communication, IPC, Media, Message Development, etc.	BDT 10.90 lacs	Health Educators
Workshop on Prevention of communicable and non-communicable diseases	BDT 98.00 lacs	22 batches, total 700 Health personnel
Workshop on Healthy lifestyle and Dengue & Chikungunya	BDT 73.00 lacs	40 batches, total 2,018 Health personnel
Workshop on Healthy lifestyle and Dietary salt, Tobacco and Drug abuse, Drowning and Injury prevention	BDT 424.50 lacs	440 batches, total 16,160 Health personnel
Advocacy meetings focusing on Prevention of Nipah virus, cancer, Dengue and Chikungoniya	BDT 70.50 lacs	179 batches, total 5,370 Health personnel
<b>IEM, DGFP</b>		
Training on e-Toolkit and e-Learning course to equip with ICT knowledge and skills	BDT 40.00 lacs	Frontline service providers (FWAs, FWVs, Projectionists) 36 batches with 40 per batch



Strategic SBCC training	BDT 5.00 lacs	DGFP, Betar and BTW Pop Cell officials (30)
Skill development training on IPC	BDT 79.00 lacs	Service providers (FWA, FPI, FWV, SACMO etc.) 65 batches with 25 per batch
Training focusing on effective AV show	BDT 8.50 lacs	60 Audio-Visual Zone Manager and technical staff
Capacity Building for improvement of communications skills on SBCC within country	BDT 8.00 lacs	IEM and DGFP officials 50 batches with 30 per batch
Capacity Building abroad for improving knowledge on SBCC	BDT 124.60 lacs	30 IEM and DGFP officials
<b>IPHN, DGHS</b>		
Groupwork and discussions on using Capacity Assessment Tool (CAT), identifying gaps and taking necessary actions	Not mentioned	Program staff of National Nutrition Services (NNS)
Group discussions on maintaining and updating IPHN Website & e-tool kits	Not mentioned	Website users
IPC training	Not mentioned	NNS program staff
<b>UNICEF</b>		
Imam Training on SBCC for key HH behavior	BDT 82.00 lac	2000 Imams in 8 districts
Training for frontline workers on SBCC for key HH behavior	BDT 123.00 lac	500 frontline workers of 15 districts
<b>USAID Ujjiban SBCC project</b>		
Training on e-Toolkit & eLearning focusing on Integrated messaging and knowledge management	BDT 7.88 lac	Field Workers (CHCP, HA, FWA) 30 batches, total 900
SBCC Capacity Assessment & CS plan	BDT 3.19 lacs	IEM, BHE & IPHN unit staff (35)



TOT on digital resources focusing on benefits and use of HPN SBCC e-Toolkit and e-Learning course	BDT 0.65 lacs	NIPORT trainers and faculty (11)
Training to manage the digital resource (e-Toolkit & Digital archive)	BDT 0.47 lacs	IEM, BHE & IPHN Units staff (10)
IPC trainings for focusing on MNCH; adolescent health; TB; FP; and nutrition issues	BDT 16.40 lacs	Government and NGO personnel (200)
TOT on IPC, Counseling, ANC, PNC, Birth spacing	BDT 2.57 lacs	53 Trainers from local NGOs
<b>SMC</b>		
Training on knowledge and SBCC skills development	BDT 26.24 lacs	Community Sales Agents (CSA) (51 batches of total 1690)
Staff development training to impart knowledge on health, FP & MNP products, MISHD program	BDT 4.51 lacs	Notun Din program staff (172)
SBCC training on knowledge of SBCC and its application (1 ToT & 8 Field level training)	BDT 8.20 lacs	Field staff of Notun Din program (220)
Training on LARC	Not mentioned	LARC community counselors
<b>Plan International, Bangladesh</b>		
Training on how to facilitate courtyard session and individual counseling	Not mentioned	Community Health Workers and Facility Based Staff
Training on how to mobilize the community	Not mentioned	Community Support groups
Training on Risk factors of preterm birth, early marriage, safe motherhood, male engagement	Not mentioned	UH&FWC management committee
SBCC Capacity Building training for the CHW and Change Maker group.	Not mentioned	696 female & 160 male CHW and 80 Change Maker groups oriented,
<b>UPHCSDP</b>		
Trainings for project staff on SBCC	BDT 12.23 lac	Project staff

# Annex C:

## HPN SBCC Coordination Committees





## HPN SBCC Coordination Committees

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়  
স্বাস্থ্য সেবা বিভাগ  
জনস্বাস্থ্য-২  
[www.hsd.gov.bd](http://www.hsd.gov.bd)

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২৮.৪.১৪২৫ বঙ্গাব্দ  
তারিখঃ-----  
১২.০৮.২০১৮ খ্রিঃ

### প্রজ্ঞাপন

স্বাস্থ্য, জনসংখ্যা ও পুষ্টি খাতে কার্যকর এসবিসিসি কার্যক্রম বাস্তবায়নের লক্ষ্যে প্রণীত 'Comprehensive Social and Behaviour Change Communication (SBCC) Strategy' ২০১৬ প্রণীত হয়। এই কৌশলপত্রের আলোকে সারাদেশে সমন্বিত ও সুসংহত সামাজিক ও আচরণ পরিবর্তন যোগাযোগ (এসবিসিসি) কার্যক্রম পরিকল্পনা, বাস্তবায়ন, পরিবীক্ষণ ও সমন্বয়ের নিমিত্ত জাতীয় পর্যায়ে হতে মাঠ পর্যায় পর্যন্ত নিম্নরূপ কমিটিসমূহ গঠন করা হলোঃ

#### ২। এইচপিএন এসবিসিসি কৌশল সংক্রান্ত জাতীয় স্টিয়ারিং কমিটি

##### ক) গঠনঃ-

(১)	সচিব, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়	চেয়ারম্যান
(২)	সচিব, স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়	কো-চেয়ারম্যান
(৩)	অতিরিক্ত সচিব (বিশ্বস্বাস্থ্য ও জনস্বাস্থ্য), স্বাস্থ্য সেবা বিভাগ	সদস্য
(৪)	অতিরিক্ত সচিব (পরিবার কল্যাণ), স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ	সদস্য
(৫)	মহাপরিচালক, স্বাস্থ্য অধিদপ্তর/ মহাপরিচালক, বি এন এন সি	সদস্য
(৬)	মহাপরিচালক, পরিবার পরিকল্পনা অধিদপ্তর	সদস্য
(৭)	মহাপরিচালক, ঔষধ প্রশাসন অধিদপ্তর	সদস্য
(৮)	মহাপরিচালক, নিপোর্ট	সদস্য
(৯)	মহাপরিচালক, গণযোগাযোগ অধিদপ্তর	সদস্য
(১০)	প্রতিনিধি, স্থানীয় সরকার বিভাগ, স্থানীয় সরকার, পল্লী উন্নয়ন ও সমবায় মন্ত্রণালয়(যুগ্মসচিবের নীচে নহে)	সদস্য
(১১)	প্রতিনিধি, তথ্য মন্ত্রণালয় (যুগ্মসচিবের নীচে নহে)	সদস্য
(১২)	যুগ্ম প্রধান, পরিকল্পনা কোষ, স্বাস্থ্য সেবা বিভাগ	সদস্য
(১৩)	উপ প্রধান, পরিকল্পনা কোষ, স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ	সদস্য
(১৪)	পরিচালক, জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান ও লাইন ডিরেক্টর, জাতীয় পুষ্টি সেবা (এনএনএস), স্বাস্থ্য অধিদপ্তর	সদস্য
(১৫)	পরিচালক, আইইএম ও লাইন ডিরেক্টর, আইইসি, পরিবার পরিকল্পনা অধিদপ্তর	সদস্য
(১৬)	চীফ, স্বাস্থ্য শিক্ষা ব্যুরো ও লাইন ডিরেক্টর, এলএসএইচইপি, স্বাস্থ্য অধিদপ্তর	সদস্য
(১৭)	প্রকল্প পরিচালক/ ফোকাল পয়েন্ট (এইচপিএনএসপি প্রকল্প), বাংলাদেশ টেলিভিশন	সদস্য
(১৮)	পরিচালক, জনসংখ্যা, স্বাস্থ্য ও পুষ্টি সেল, বাংলাদেশ বেতার	সদস্য
(১৯)	প্রতিনিধি, ইউএসএআইডি, ঢাকা	সদস্য
(২০)	প্রতিনিধি, ইউএনএফপিএ, ঢাকা	সদস্য
(২১)	প্রতিনিধি, বিশ্বস্বাস্থ্য সংস্থা, ঢাকা	সদস্য
(২২)	প্রতিনিধি, ডিএফআইডি, ঢাকা	সদস্য
(২৩)	প্রতিনিধি, ইউনিসেফ, ঢাকা	সদস্য
(২৪)	প্রতিনিধি, এফএও, ঢাকা	সদস্য
(২৫)	প্রতিনিধি, এইচপিএন এসবিসিসি কার্যক্রমে সম্পৃক্ত বেসরকারি সংস্থা (কমিটি কর্তৃক মনোনীত)	সদস্য
(২৬)	প্রতিনিধি, বিসিসিপি, ঢাকা (দেশীয় বেসরকারি স্ট্র্যাটেজিক কমিউনিকেশন সংগঠন)	সদস্য
(২৭)	যুগ্মসচিব (জনস্বাস্থ্য-২), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়	সদস্য-সচিব

##### খ) কার্যপরিধি:

১. স্বাস্থ্য, জনসংখ্যা ও পুষ্টি নীতির আলোকে এসবিসিসি বিষয়ক নীতি/ কৌশল/ কর্মপরিকল্পনা অনুমোদন;
২. এইচপিএন এসবিসিসি কার্যক্রম বাস্তবায়ন ও সমন্বয় সাধনের দিকনির্দেশনা প্রদান;
৩. এইচপিএন এসবিসিসি সংক্রান্ত জাতীয় প্রতিবেদন পর্যালোচনা এবং তার আলোকে প্রয়োজনীয় সিদ্ধান্ত গ্রহণ;
৪. এসবিসিসি কার্যক্রমের অগ্রগতি এবং ফলাফল পর্যালোচনা ও মূল্যায়ন; এবং
৫. কমিটি বছরে কমপক্ষে দুইবার সভায় মিলিত হবেন এবং ন্যূনতম এক-তৃতীয়াংশ সদস্য সমন্বয়ে সভার কোরাম গঠিত হবে। কমিটি প্রয়োজনে নতুন সদস্য কো-অপ্ট করতে পারবে।



৩। এইচপিএন এসবিসিসি কৌশল বাস্তবায়ন ও পরিবীক্ষণ সংক্রান্ত জাতীয় কমিটি

ক) গঠন :

(১)	অতিরিক্ত সচিব (বিশ্বস্বাস্থ্য ও জনস্বাস্থ্য), স্বাস্থ্য সেবা বিভাগ	চেয়ারম্যান
(২)	অতিরিক্ত সচিব (পরিবার কল্যাণ), স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ	কো-চেয়ারম্যান
(৩)	যুগ্ম প্রধান, পরিকল্পনা কোষ, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়	সদস্য
(৪)	পরিচালক, আইপিএইচএন ও লাইন ডিরেক্টর, ন্যাশনাল নিউট্রিশন সার্ভিসেস (এনএনএস), স্বাস্থ্য অধিদপ্তর	সদস্য
(৫)	পরিচালক, আইইএম ও লাইন ডিরেক্টর, আইইসি, পরিবার পরিকল্পনা অধিদপ্তর	সদস্য
(৬)	চীফ, স্বাস্থ্য শিক্ষা ব্যুরো, ও লাইন ডিরেক্টর, এলএসএইচইপি, স্বাস্থ্য অধিদপ্তর	সদস্য
(৭)	পরিচালক, এমআইএস ও লাইন ডিরেক্টর, এইচআইএসএন্ড ই-হেলথ, স্বাস্থ্য অধিদপ্তর	সদস্য
(৮)	পরিচালক, এমআইএস ও লাইন ডিরেক্টর, এমআইএস, পরিবার পরিকল্পনা অধিদপ্তর	সদস্য
(৯)	পরিচালক, প্রাথমিক স্বাস্থ্য পরিচর্যা, স্বাস্থ্য অধিদপ্তর	সদস্য
(১০)	লাইন ডিরেক্টর, এমএনসিএন্ডএইচ, স্বাস্থ্য অধিদপ্তর	সদস্য
(১১)	লাইন ডিরেক্টর, টিবি-লেপ্রোসিস এন্ড এইডস/এসটিডি প্রোগ্রাম (টিবিএলএন্ডএএসপি), স্বাস্থ্য অধিদপ্তর	সদস্য
(১২)	লাইন ডিরেক্টর, কমিউনিটি বেইসড হেলথ কেয়ার (সিবিএইসসি), স্বাস্থ্য অধিদপ্তর	সদস্য
(১৩)	লাইন ডিরেক্টর, এমসিআরএইচএফপি, পরিবার পরিকল্পনা অধিদপ্তর	সদস্য
(১৪)	লাইন ডিরেক্টর, সিসিএসডিপি, পরিবার পরিকল্পনা অধিদপ্তর	সদস্য
(১৫)	লাইন ডিরেক্টর, এফপিএফএসডি, পরিবার পরিকল্পনা অধিদপ্তর	সদস্য
(১৬)	উপ প্রধান, পরিকল্পনা কোষ, স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ	সদস্য
(১৭)	প্রধান স্বাস্থ্য কর্মকর্তা, ঢাকা উত্তর/দক্ষিণ সিটি কর্পোরেশন	সদস্য
(১৮)	প্রতিনিধি, মহাপরিচালক, নিপোর্ট	সদস্য
(১৯)	প্রতিনিধি, তথ্য মন্ত্রণালয়	সদস্য
(২০)	প্রতিনিধি, ঔষধ প্রশাসন অধিদপ্তর	সদস্য
(২১)	প্রতিনিধি, গণযোগাযোগ অধিদপ্তর	সদস্য
(২২)	প্রকল্প পরিচালক/ ফোকাল পয়েন্ট (এইচপিএনএসপি প্রকল্প), বাংলাদেশ টেলিভিশন	সদস্য
(২৩)	পরিচালক, জনসংখ্যা, স্বাস্থ্য ও পুষ্টি সেল, বাংলাদেশ বেতার	সদস্য
(২৪)	প্রতিনিধি, ইউএসএআইডি, ঢাকা	সদস্য
(২৫)	প্রতিনিধি, ইউএনএফপিএ, ঢাকা	সদস্য
(২৬)	প্রতিনিধি, বিশ্বস্বাস্থ্য সংস্থা, ঢাকা	সদস্য
(২৭)	প্রতিনিধি, ডিএফআইডি, ঢাকা	সদস্য
(২৮)	প্রতিনিধি, ইউনিসেফ, ঢাকা	সদস্য
(২৯)	প্রতিনিধি, এফএও, ঢাকা	সদস্য
(৩০)	প্রতিনিধি, এইচপিএন এসবিসিসি কার্যক্রমে সম্পৃক্ত বেসরকারি সংস্থা (কমিটি কর্তৃক মনোনীত)	সদস্য
(৩১)	পরিচালক, বিসিসিপি, ঢাকা (দেশীয় বেসরকারি স্ট্র্যাটেজিক কমিউনিকেশন সংগঠন)	সদস্য
(৩২)	যুগ্মসচিব (জনস্বাস্থ্য-২), স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবারকল্যাণমন্ত্রণালয়	সদস্য-সচিব

খ) এইচপিএন এসবিসিসি কৌশল বাস্তবায়ন ও পরিবীক্ষণ সংক্রান্ত জাতীয় কমিটির কার্যপরিধি:

১. স্বাস্থ্য, জনসংখ্যা ও পুষ্টি নীতির আলোকে এসবিসিসি সংক্রান্ত জাতীয় কর্মকৌশল/কর্মপরিকল্পনা প্রণয়ন;
২. এইচপিএনএসপি-এর এসবিসিসি কার্যক্রম বাস্তবায়নে প্রয়োজনীয় দিকনির্দেশনা, পরিবীক্ষণ ও মূল্যায়ন;
৩. এসবিসিসি কার্যক্রমের জন্য বিনিয়োগ বৃদ্ধি এবং কার্যকর সমন্বয়ের মাধ্যমে সম্পদের সর্বোত্তম ব্যবহার তদারকি;
৪. এইচপিএন এসবিসিসি-তে আইসিটি'র ব্যবহারকে উৎসাহিত করা;
৫. এইচপিএন এসবিসিসি জাতীয় স্টিয়ারিং কমিটিতে প্রতিবেদন উপস্থাপন;
৬. কমিটি প্রতি ০৩ মাসে কমপক্ষে একবার সভায় মিলিত হবেন এবং ন্যূনতম এক-তৃতীয়াংশ সদস্য সমন্বয়ে সভার কোরাম গঠিত হবে। কমিটি প্রয়োজনে নতুন সদস্য কো-অপ্ট করতে পারবে।

৪। ওপি পর্যায়ে এইচপিএন এসবিসিসি সমন্বয় কমিটি

ক) গঠনঃ

(১)	পরিচালক, আইইএম ইউনিট, পরিবার পরিকল্পনা অধিদপ্তর/ পরিচালক, আইপিএইচএন, স্বাস্থ্য অধিদপ্তর/ চীফ, স্বাস্থ্য শিক্ষা ব্যুরো, স্বাস্থ্য অধিদপ্তর (আবর্তন প্রক্রিয়ায় সভাপতির দায়িত্ব পালন করবেন)	সভাপতি
(২)	লাইন ডিরেক্টর, টিবি-লেপ্রোসিস এন্ড এইডস/এসটিডি প্রোগ্রাম (টিবিএলএন্ডএএসপি), স্বাস্থ্য অধিদপ্তর	সদস্য
(৩)	লাইন ডিরেক্টর, কমিউনিটি বেইসড হেলথ কেয়ার (সিবিএইসসি), স্বাস্থ্য অধিদপ্তর	সদস্য

*(Signature)*



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|------|---|-------|
| (৪)  | পরিচালক, প্রাথমিক স্বাস্থ্য পরিচর্যা, স্বাস্থ্য অধিদপ্তর  | সদস্য |
| (৫)  | লাইন ডিরেক্টর, এমএনসিএসএইচ, স্বাস্থ্য অধিদপ্তর  | সদস্য |
| (৬)  | লাইন ডিরেক্টর, এমসিআরএইচএফপি, পরিবার পরিকল্পনা অধিদপ্তর   | সদস্য |
| (৭)  | লাইন ডিরেক্টর, ক্লিনিক্যাল কন্ট্রাসেপশন সার্ভিসেস ডেলিভারী (সিসিএসডিপি), পরিবার পরিকল্পনা অধিদপ্তর  | সদস্য |
| (৮)  | লাইন ডিরেক্টর, ফ্যামিলি প্ল্যানিং ফিল্ড সার্ভিসেস ডেলিভারী (এফপি-এফএসডি), পরিবার পরিকল্পনা অধিদপ্তর | সদস্য |
| (৯)  | প্রতিনিধি, বিসিসিপি (জাতীয় পর্যায়ের স্ট্র্যাটেজিক কমিউনিকেশন সংগঠন হিসাবে)                        | সদস্য |
| (১০) | প্রতিনিধি, এইচপিএন এসবিসিসি কার্যক্রমে সম্পৃক্ত বেসরকারি সংস্থা (কমিটি কর্তৃক মনোনীত)               | সদস্য |

#### খ) কার্যপরিধিঃ

- এইচপিএন এসবিসিসি কার্যক্রম সমন্বয় ও সুসংহত করা এবং পুষ্টি ও টিবি বিষয়ক বার্তা মূলধারায় আনয়ন;
- কমিউনিটির সকল স্তরে সমন্বিত এইচপিএন বিষয়ক বার্তা ও উপকরণ প্রস্তুতে সহযোগিতা প্রদান;
- বিএইচই, আইপিএইচএন ও আইইএম ইউনিটের কৌশলপত্র ও কর্মপরিকল্পনার সাথে অন্যান্য ওপিসমূহের বিসিসি কম্পোনেন্টের সমন্বয়ের মাধ্যমে এসবিসিসি কার্যক্রমে বিনিয়োগ বৃদ্ধি ও সম্পদের সর্বোত্তম ব্যবহার;
- অগ্রাধিকারপ্রাপ্ত উদ্দিষ্ট জনগোষ্ঠীর কাছে পৌঁছানোর লক্ষ্যে চিহ্নিত টুলস/ প্রযুক্তির সুবিধা গ্রহণের কৌশলপত্র প্রণয়ন;
- এইচপিএন এসবিসিসি সেবা প্রদানে আইসিটি'র ব্যবহার উৎসাহিত করা;
- বিএইচই, আইপিএইচএন ও আইইএম ইউনিট আবর্তন প্রক্রিয়ায় কমিটির সাচিবিক কার্যক্রম পরিচালনা করবেন। প্রয়োজনে স্বাস্থ্য অধিদপ্তর ও পরিবার পরিকল্পনা অধিদপ্তরের বিসিসি কার্যক্রমের সাথে সম্পৃক্ত অন্যান্য আগ্রহী ইউনিটের প্রতিনিধিকেও কো-অপ্ট করতে বা সভায় যোগদানের আমন্ত্রণ জানাতে পারবেন। কমিটি কমপক্ষে প্রতি ২ মাস অন্তর সভা অনুষ্ঠান করবেন।

#### ৫। জেলা এইচপিএন এসবিসিসি সমন্বয় কমিটি

##### ক) গঠনঃ

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|-----|---|----------------|
| (১) | সিভিল সার্জন, স্বাস্থ্য অধিদপ্তর  | চেয়ারম্যান    |
| (২) | উপপরিচালক, পরিবার পরিকল্পনা   | কো-চেয়ারম্যান |
| (৩) | সহকারি পরিচালক (পরিবার পরিকল্পনা)   | সদস্য          |
| (৪) | ডেপুটি সিভিল সার্জন/ মেডিক্যাল অফিসার (সিভিল সার্জন)                                  | সদস্য          |
| (৫) | সিনিয়র/ জুনিয়র স্বাস্থ্য শিক্ষা কর্মকর্তা, সিভিল সার্জন কার্যালয়                   | সদস্য          |
| (৬) | জেলা তথ্য কর্মকর্তা, গণযোগাযোগ অধিদপ্তর   | সদস্য          |
| (৭) | উপজেলা স্বাস্থ্য ও পরিবার পরিকল্পনা কর্মকর্তা (সকল)                                   | সদস্য          |
| (৮) | উপজেলা পরিবার পরিকল্পনা কর্মকর্তা (সকল)   | সদস্য          |
| (৯) | প্রতিনিধি, এইচপিএন এসবিসিসি কার্যক্রমে সম্পৃক্ত বেসরকারি সংস্থা (কমিটি কর্তৃক মনোনীত) | সদস্য          |

##### খ) কার্যপরিধিঃ

- জেলা পর্যায়ে এইচপিএন এসবিসিসি কার্যক্রমের পরিকল্পনা, বাস্তবায়ন, সমন্বয় ও পরিবীক্ষণ;
- এইচপিএন এসবিসিসি কার্যক্রমের সাথে পুষ্টি ও টিবি বিষয়ক কার্যাবলী ও বার্তার সমন্বয় সাধন;
- এইচপিএন এসবিসিসি সেবা প্রদানে আইসিটি ব্যবহার উৎসাহিত করা;
- সিভিল সার্জন ও উপপরিচালক, পরিবার পরিকল্পনা আবর্তন প্রক্রিয়ায় সাচিবিক কার্যক্রম পরিচালনা করবেন; এবং
- কমিটি কমপক্ষে প্রতি ২ মাস অন্তর সভা অনুষ্ঠান করবে। কমিটি প্রয়োজনে সদস্য কো-অপ্ট করতে পারবে;

#### ৬। উপজেলা এইচপিএন এসবিসিসি সমন্বয় কমিটি

##### ক) গঠনঃ

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| (১) | উপজেলা স্বাস্থ্য ও পরিবার পরিকল্পনা কর্মকর্তা   | চেয়ারম্যান    |
| (২) | উপজেলা পরিবার পরিকল্পনা কর্মকর্তা   | কো-চেয়ারম্যান |
| (৩) | মেডিক্যাল অফিসার (সার্ভিল্যান্স/ ইপিআই)   | সদস্য          |
| (৪) | সহকারি উপজেলা পরিবার পরিকল্পনা কর্মকর্তা  | সদস্য          |
| (৫) | উপজেলা তথ্য কর্মকর্তা, গণযোগাযোগ অধিদপ্তর   | সদস্য          |
| (৬) | স্বাস্থ্য পরিদর্শক (সকল)  | সদস্য          |
| (৭) | পরিবার পরিকল্পনা পরিদর্শক (সকল)   | সদস্য          |
| (৮) | প্রতিনিধি, এইচপিএন এসবিসিসি কার্যক্রমে সম্পৃক্ত বেসরকারি সংস্থা (কমিটি কর্তৃক মনোনীত) | সদস্য          |
| (৯) | ইউনিয়ন পরিষদের চেয়ারম্যান (সকল)   | সদস্য          |



**খ) কার্যপরিধি**

১. উপজেলা পর্যায়ে এইচপিএন এসবিসিসি কার্যক্রমের পরিকল্পনা, বাস্তবায়ন, সমন্বয় ও পরিবীক্ষণ;
২. এইচপিএন এসবিসিসি কার্যক্রমের সাথে পুষ্টি ও টিবি বিষয়ক কার্যাবলী ও বার্তার সমন্বয় সাধন;
৩. এইচপিএন এসবিসিসি সেবা প্রদানে আইসিটি ব্যবহার উৎসাহিত করা;
৪. উপজেলা স্বাস্থ্য ও পরিবার পরিকল্পনা কর্মকর্তা এবং উপজেলা পরিবার পরিকল্পনা কর্মকর্তার কার্যালয় আবর্তন প্রক্রিয়ায় সাচিবিক কার্যক্রম পরিচালনা করবেন; এবং
৫. কমিটি প্রতিমাসে কমপক্ষে একবার সভা অনুষ্ঠান করবে। কমিটি প্রয়োজনে সদস্য কো-অপ্ট করতে পারবে;

**৭। কেন্দ্রীয় বিসিসি ওয়ার্কিং গ্রুপ**

**ক) গঠনঃ**

- (১) অতিরিক্ত সচিব (জনস্বাস্থ্য ও বিশ্বস্বাস্থ্য), স্বাস্থ্য সেবা বিভাগ সভাপতি
- (২) অতিরিক্ত সচিব (জনসংখ্যা, পরিবার কল্যাণ ও আইন), স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ কো-চেয়ার
- (৩) পরিচালক, আইইএম ইউনিট, পরিবার পরিকল্পনা অধিদপ্তর সদস্য
- (৪) পরিচালক, আইপিএইচএন, স্বাস্থ্য অধিদপ্তর সদস্য
- (৫) চীফ, স্বাস্থ্য শিক্ষা বুরো, স্বাস্থ্য অধিদপ্তর সদস্য
- (৬) লাইন ডিরেক্টর, টিবি-লেপ্রোসিস এন্ড এইডস/এসটিডি প্রোগ্রাম (টিবিএলএন্ডএএসপি), স্বাস্থ্য অধিদপ্তর সদস্য
- (৭) লাইন ডিরেক্টর, কমিউনিটি বেইসড হেলথ কেয়ার (সিবিএইসসি), স্বাস্থ্য অধিদপ্তর সদস্য
- (৮) পরিচালক, প্রাথমিক স্বাস্থ্য পরিচর্যা, স্বাস্থ্য অধিদপ্তর সদস্য
- (৯) লাইনডিরেক্টর, এমএনসিএন্ডএইচ, স্বাস্থ্য অধিদপ্তর সদস্য
- (১০) লাইন ডিরেক্টর, এমসিআরএইচ-এফপি, পরিবার পরিকল্পনা অধিদপ্তর সদস্য
- (১১) লাইন ডিরেক্টর, ক্লিনিক্যাল কন্ট্রাসেপশন সার্ভিসেস ডেলিভারী (সিসিএসডিপি), পরিবার পরিকল্পনা অধিদপ্তর সদস্য
- (১২) লাইন ডিরেক্টর, এফপি-এফএসডি, পরিবার পরিকল্পনা অধিদপ্তর সদস্য
- (১৩) প্রতিনিধি, এইচপিএন এসবিসিসি কার্যক্রমে সম্পৃক্ত ও আগ্রহী বেসরকারি সংস্থা, আন্তর্জাতিক সংস্থা, উন্নয়ন সহযোগী ও ব্যক্তিমালিকানাধীন প্রতিষ্ঠান (কমিটি কর্তৃক মনোনীত) সদস্য

**খ) কার্য পরিধিঃ**

১. এইচপিএন এসবিসিসি কার্যক্রমে সরকারি-বেসরকারি সমন্বয় সাধন এবং বিশেষজ্ঞ মতামত/ অভিজ্ঞতা বিনিময়;
২. সরকারি নীতি/ কৌশল/ কর্মপরিকল্পনার আলোকে নন-স্টেট এ্যাক্টরদের পরিপূরক কার্যক্রম গ্রহণে উদ্বুদ্ধ/সহায়তা করা;
৩. এসবিসিসি সংক্রান্ত প্রশিক্ষণ, গবেষণা, ওয়ার্কশপ/ সেমিনার আয়োজন;
৪. বিসিসি ওয়ার্কিং গ্রুপ ওয়েব সাইট সংরক্ষণ ও সামাজিক যোগাযোগ মাধ্যম ব্যবহারের পদ্ধতিগত দিক-নির্দেশনা;
৫. এসবিসিসি কার্যক্রম সম্প্রসারণের জন্য বিনিয়োগ বৃদ্ধির প্রক্রিয়া পর্যালোচনা ও পরিকল্পনা প্রণয়ন;
৬. দ্বি-মাসিক ভিত্তিতে সভা অনুষ্ঠান এবং প্রয়োজনে সাব-গ্রুপ গঠন;
৭. বিএইচই, আইপিএইচএন ও আইইএম ইউনিট আবর্তন প্রক্রিয়ায় ওয়ার্কিং গ্রুপের সাচিবিক কার্যক্রম পরিচালনা করবেন;
৮. কমিটি প্রয়োজনে সদস্য/প্রতিনিধি কো-অপ্ট করতে পারবে।

**৮। বিভাগীয় বিসিসি ওয়ার্কিং গ্রুপ**

**ক) গঠনঃ**

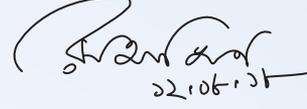
- (১) বিভাগীয় পরিচালক, স্বাস্থ্য অধিদপ্তর সভাপতি
- (২) বিভাগীয় পরিচালক, পরিবার পরিকল্পনা অধিদপ্তর কো-চেয়ার
- (৩) বিভাগীয় তথ্য কর্মকর্তা সদস্য
- (৪) সিভিল সার্জন (বিভাগস্থ সদর জেলা) সদস্য
- (৫) উপ পরিচালক, পরিবার পরিকল্পনা (বিভাগস্থ সদর জেলা) সদস্য
- (৬) সিনিয়র/ জুনিয়র স্বাস্থ্য শিক্ষা কর্মকর্তা, স্বাস্থ্য অধিদপ্তর (বিভাগস্থ সদর জেলা) সদস্য
- (৭) সহকারী পরিচালক, পরিবার পরিকল্পনা (বিভাগস্থ সদর জেলা) সদস্য
- (৮) প্রতিনিধি, বিভাগীয় পর্যায়ে এইচপিএন কার্যক্রমে নিয়োজিত প্রজেক্ট/ বেসরকারী সংস্থা (কমিটি মনোনীত) সদস্য
- (৯) বিভাগীয় স্বাস্থ্য শিক্ষা কর্মকর্তা, স্বাস্থ্য অধিদপ্তর সদস্য সচিব

**খ) কার্যপরিধিঃ**

১. বিভাগীয় পর্যায়ে সরকারি-বেসরকারি এইচপিএন এসবিসিসি কার্যক্রমের সমন্বয় সাধন ও বিশেষজ্ঞ মতামত/ অভিজ্ঞতা বিনিময়;



২. সরকারি নীতি/ কৌশল/ কর্মপরিকল্পনার আলোকে নন-স্টেট এ্যাক্টরদের পরিপূরক কার্যক্রম গ্রহণে উদ্বুদ্ধ/ সহায়তা;
৩. এসবিসিসি সংক্রান্ত প্রশিক্ষণ, গবেষণা, ওয়ার্কশপ/ সেমিনার আয়োজন করা;
৪. এসবিসিসি কার্যক্রম সম্প্রসারণের জন্য বিনিয়োগ বৃদ্ধির প্রক্রিয়া পর্যালোচনা ও পরিকল্পনা প্রণয়ন;
৫. দ্বি-মাসিক ভিত্তিতে সভা অনুষ্ঠান এবং প্রয়োজনে সাব-গ্রুপ গঠন;
৬. বিভাগীয় পরিচালক (স্বাস্থ্য) ও বিভাগীয় পরিচালক (পরিবার পরিকল্পনা) এর কার্যালয় আবর্তন প্রক্রিয়ায় বিসিসি ওয়ার্কিং গ্রুপের সাচিবিক কার্যক্রম পরিচালনা করবেন।
- ৯। যথাযথ কর্তৃপক্ষের অনুমোদনক্রমে এই প্রজ্ঞাপন জারী করা হলো।

  
১২.০৬.১৮

(মোঃ রুহুল আমিন তালুকদার)

যুগ্মসচিব

ফোনঃ ৮৮০-২- ৯৫১৫৫৩১

[ph2@hds.gov.bd](mailto:ph2@hds.gov.bd)

উপপরিচালক

বাংলাদেশ সরকারি মুদ্রণালয়

তেজগাঁও, ঢাকা (বাংলাদেশ গেজেটের পরবর্তী সংখ্যায় প্রজ্ঞাপনটি

প্রকাশ করার অনুরোধ জানানো হলো।)

নং- ৪৫.০০.০০০০.১৬১.১৩৭.১৪.১৭-৩১০

২৮.৪.১৪২৫ বঙ্গাব্দ

তারিখঃ-----

১২.০৮.২০১৮ খ্রিঃ

অনুলিপিঃ সদয় জ্ঞাতার্থে ও কার্যার্থে ( জ্যেষ্ঠতার ক্রমানুসারে নয়)

- ১) সিনিয়র সচিব/ সচিব, স্থানীয় সরকার বিভাগ, স্থানীয় সরকার, পল্লী উন্নয়ন ও সমবায় মন্ত্রণালয়
- ২) সিনিয়র সচিব/ সচিব, তথ্য মন্ত্রণালয়
- ৩) অতিরিক্ত সচিব (পরিবার কল্যাণ), স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
- ৪) মহাপরিচালক, স্বাস্থ্য অধিদপ্তর
- ৫) মহাপরিচালক, পরিবার পরিকল্পনা অধিদপ্তর
- ৬) মহাপরিচালক, ঔষধ প্রশাসন অধিদপ্তর
- ৭) মহাপরিচালক, নিপোর্ট
- ৮) মহাপরিচালক, গণযোগাযোগ অধিদপ্তর
- ৯) যুগ্ম প্রধান, পরিকল্পনা উইং, স্বাস্থ্য সেবা বিভাগ
- ১০) পরিচালক, জনস্বাস্থ্য পুষ্টি প্রতিষ্ঠান ও লাইন ডিরেক্টর, জাতীয় পুষ্টি সেবা (এনএনএস), স্বাস্থ্য অধিদপ্তর
- ১১) পরিচালক, আইইএম ও লাইন ডিরেক্টর, ইনফরমেশন, এডুকেশন এন্ড কমিউনিকেশন, পরিবার পরিকল্পনা অধিদপ্তর
- ১২) চীফ, স্বাস্থ্য শিক্ষা ব্যুরো, ও লাইন ডিরেক্টর, লাইফ স্টাইল এন্ড হেলথ এডুকেশন এন্ড প্রমোশন, স্বাস্থ্য অধিদপ্তর
- ১৩) পরিচালক, এমআইএস ও লাইন ডিরেক্টর, হেলথ ইনফরমেশন সিস্টেম এন্ড ই-হেলথ, স্বাস্থ্য অধিদপ্তর
- ১৪) পরিচালক, এমআইএস ও লাইন ডিরেক্টর, ম্যানেজমেন্ট ইনফরমেশন সিস্টেম (এমআইএস), পরিবার পরিকল্পনা অধিদপ্তর
- ১৫) পরিচালক, প্রাথমিক স্বাস্থ্য পরিচর্যা, স্বাস্থ্য অধিদপ্তর
- ১৬) লাইন ডিরেক্টর, এমএনসিএন্ডএইচ, স্বাস্থ্য অধিদপ্তর
- ১৭) লাইন ডিরেক্টর, টিবি-লেপ্রোসিস এন্ড এইডস/এসটিডি প্রোগ্রাম (টিবিএলএন্ডএসপি), স্বাস্থ্য অধিদপ্তর
- ১৮) লাইন ডিরেক্টর, কমিউনিটি বেইসড হেলথ কেয়ার (সিবিএইসসি), স্বাস্থ্য অধিদপ্তর
- ১৯) লাইন ডিরেক্টর, এমসিআরএএইচএফপি, পরিবার পরিকল্পনা অধিদপ্তর
- ২০) লাইন ডিরেক্টর, ক্লিনিক্যাল কন্ট্রাসেপশন সার্ভিসেস ডেলিভারী (সিসিএসডিপি), পরিবার পরিকল্পনা অধিদপ্তর
- ২১) লাইন ডিরেক্টর, ফ্যামিলি প্ল্যানিং ফিল্ড সার্ভিসেস ডেলিভারী (এফপি-এফএসডি), পরিবার পরিকল্পনা অধিদপ্তর
- ২২) উপ প্রধান, পরিকল্পনা কোষ, স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ
- ২৩) প্রধান স্বাস্থ্য কর্মকর্তা, ঢাকা উত্তর/দক্ষিণ সিটি কর্পোরেশন
- ২৪) বিভাগীয় পরিচালক, স্বাস্থ্য/ পরিবার পরিকল্পনা (সকল বিভাগ)
- ২৫) প্রকল্প পরিচালক/ ফোকাল পয়েন্ট (এইচপিএনএসপি প্রকল্প), বাংলাদেশ টেলিভিশন
- ২৬) পরিচালক, স্বাস্থ্য, জনসংখ্যা ও পুষ্টি সেল, বাংলাদেশ বেতার
- ২৭) বিভাগীয় তথ্য কর্মকর্তা, গণযোগাযোগ অধিদপ্তর (সকল)
- ২৮) বিভাগীয় স্বাস্থ্য শিক্ষা কর্মকর্তা, স্বাস্থ্য অধিদপ্তর (সকল)



- ২৯) সিভিল সার্জন, (সকল)
- ৩০) উপপরিচালক, পরিবার পরিকল্পনা (সকল)
- ৩১) উপজেলা স্বাস্থ্য ও পরিবার পরিকল্পনা কর্মকর্তা (সকল)
- ৩২) উপজেলা পরিবার পরিকল্পনা কর্মকর্তা (সকল)
- ৩৩) কান্ট্রি পরিচালক, ইউএসএআইডি, ঢাকা
- ৩৪) কান্ট্রি প্রতিনিধি, ইউএনএফপিএ, ঢাকা
- ৩৫) কান্ট্রি প্রতিনিধি, বিশ্ব স্বাস্থ্য সংস্থা, ঢাকা
- ৩৬) কান্ট্রি প্রতিনিধি, এফএও, ঢাকা
- ৩৭) কান্ট্রি প্রতিনিধি, ডিএফআইডি, ঢাকা
- ৩৮) কান্ট্রি প্রতিনিধি, ইউনিসেফ, ঢাকা
- ৩৯) চীফ অফ পার্টি, ইউএসএআইডি উজ্জীবন এসবিসিসি প্রজেক্ট, ঢাকা
- ৪০) পরিচালক, বিসিসিপি, ঢাকা
- ৪১) সিনিয়র সিস্টেমস এনালিস্ট, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় (ওয়েব সাইটে প্রকাশের অনুরোধসহ)

  
২২.০৬.১৮

(মোঃ রুহুল আমিন তালুকদার)  
যুগ্মসচিব

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অনুলিপি সদয় অবগতির জন্য-

- ১) মাননীয় মন্ত্রীর একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
- ২) মাননীয় প্রতিমন্ত্রীর একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
- ৩) সচিব মহোদয়ের একান্ত সচিব, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
- ৪) সচিব মহোদয়ের একান্ত সচিব, স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
- ৫) অতিরিক্ত সচিব (বিশ্বস্বাস্থ্য ও জনস্বাস্থ্য) মহোদয়ের ব্যক্তিগত কর্মকর্তা, স্বাস্থ্য সেবা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

  
২২.০৬.১৮

(মোঃ রুহুল আমিন তালুকদার)  
যুগ্মসচিব



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