







The
1. A
Total
K
•
•

Total of 18 o

- Audiences for Nutrition SBCC included Pregnant and Lactating mothers (and MWBA): Mothers and

- 
- Audiences for Nutrition SBCC included Pregnant and Lactating mothers (and MWRA), Mothers and Fathers of Newborn, 6-23 months aged and Under 5 children; Mothers of malnourished children; Adolescents and Youth; Eligible couples, and Female family members.
 - IPC Counseling and Group meetings were main communication channels but outreach (Nutrition Fairs & Special Days/Week observation, Child health promotion ambassador, distribution of IEC materials such as Nutrition Calendar, Food plate, Food bowl, Ludo game, Book on Homemade Complementary Food), mass media (radio, TV, Newspaper), Digital and social media (Digital Voice Message, Interactive Voice Record, Digital device based SBCC session, Mobile app) were widely used.
 - Community and Hard-to-reach people were reached through Community Awareness and Radio Magazine programs and meetings; organizing Community Nutrition Day involving Community group and Community support group members; collecting Case story-Towards Enlightened Life; distributing Food plate and Nutrition Calendars to pregnant women; and disseminating Infographics on best learning and practices through Community Nutrition Promoter and at Women information center.
 - Nutrition stakeholders, Girls Guide and Boy Scouts, and Volunteers were involved through Advocacy meetings, Observation of National Nutrition Week, Breastfeeding and Nutrition fair to celebrate World Food Day, Vitamin A plus campaign (VAC).
 - National Nutrition Week was celebrated through Nutrition Theme/Radio song, Interview, Talk, Discussion, Phone in program aired on Bangladesh Betar; and Theme song, Infographics, TV Drama, TV Spot, TV Scroll, Documentary on BTV, private TV channels, social media and newspaper.
 - *Nutrichamps* competition on Mass media and YouTube and Nutrition Matters Robi 10 minutes nutrition were broadcast on Mass media and YouTube and school apps.
 - World Breastfeeding Week 2020 broadcast Theme song, TVC, Infographics, Radio Song, TV Scroll, and on social media (Facebook, YouTube).
 - IEC material development on COVID-19 and child feeding, adult nutrition during COVID-19 and disseminated during National Nutrition Week 2020.
 - Nutrition SBCC activities included Macro & Micro-Nutrients (Campaigns/Meetings), Golden 1000 days for a baby, GMP Card, food supplement, safe and hygienic food, Malnutrition of Mother & Child, Promotion of EIBF, EBF and age-specific complementary feeding.
 - Adolescent nutrition forum promoted dietary diversity, supplementation, and deworming.
 - Training through eToolkit and e-Learning course and on SAM & MAM were provided for SACMO, HI, AHI, HA, FWV & FWA.

2. Audience and Issue

Audience	
 Individual	<p>Mother: Pregnant mothers, Lactating mothers, Mother of 6-23 months aged children, Mother of Under 5 children, Mother of children suffering from malnutrition</p> <p>Father: Father of Newborn baby, Father of 6-23 months aged children, Father of Under 5 children</p> <p>Adolescents and Youth : Adolescent girls, Adolescent boys, teenagers, School students, Youth of college going age</p> <p>Eligible couples, Married Women of Reproductive Age, Husband</p>
 Family and Peer	<p>Caregivers, Grandmother, Female member of the family, Mother-in-laws, Family member, Girls Guide and Boy Scouts</p>
 Community and Society	<p>Community people, Hard-to-reach people, Mass people, Nutrition stakeholders, Volunteers</p>
 Organization and Institute	<p>Health professionals, Frontline Health and FP service providers, Field Workers (HA, FWA, CHCP)</p> <p>Officials of different ministries, member of professional societies</p> <p>Officials of UN agencies, other development partners, NGOs</p>

Issues	
<p>Maternal Nutrition:</p> <ul style="list-style-type: none"> Nutritional requirement during pregnancy, lactation period, antenatal and post-natal period Counseling and demonstration of food for maternal nutrition, dietary diversity and balanced diet Importance of birth spacing for proper nutrition of the children. 	<p>Breastfeeding and IYCF:</p> <ul style="list-style-type: none"> Breastfeeding and IYCF: Information on breast feeding Importance of early and exclusive breastfeeding Counseling and demonstration to support practicing exclusive breastfeeding The 1000 days care Information on infant and young child feeding (IYCF) practice.



Issues

Personal Hygiene and Food Supplement:

- Increase knowledge of food safety
- Personal hygiene promotion
- Importance of handwashing for nutrition
- Safe water and sanitation practice
- Deworming
- Importance of Vitamin A supplementation
- Importance of nutrition in COVID-19

Complementary Feeding:

- Importance of complementary feeding and good weaning practices
- Age-specific complementary feeding including promotion of micronutrient supplementation
- Different cooking recipes which are appropriate for 7-23 months aged children, feeding method and quantity, etc.

Nutrition Education:

- Nutrition information on healthy food, food habit, and food diversity
- Importance of nutrition, balanced diet, the food pyramid, and food diversity
- Importance of nutrition during different age group
- Nutrition awareness and consequences of malnutrition and its impact on life
- Nutrition supplementation for mal-nourished child

- Importance of nutrition for different age groups
- Counseling on child nutrition and adolescent nutrition
- Consequences of malnutrition and its impact on life
- Nutritious and balanced food habits among the people in hard-to-reach areas
- Increase community awareness on nutrition

Advocacy:

- Advocacy for the protection, promotion, and support of breastfeeding,
- Diversified diet and engagement of multi-sectoral stakeholders for nutrition actions
- Information on Breastmilk Substitutes (BMS) Act
- Disseminate harmful effects of BMS and BMS monitoring
- Advocacy on multi-sectoral approaches to improve nutrition and healthy aging






Demonstration and Growth Monitoring:

- Information on Growth Monitoring and Promotion (GMP) Card, and Food supplement
- Awareness session on nutrition food plate, food card, seasonal vegetable calendar, Video clips
- Importance of measuring Body Mass Index (BMI) and Growth Monitoring and Promotion (GMP)

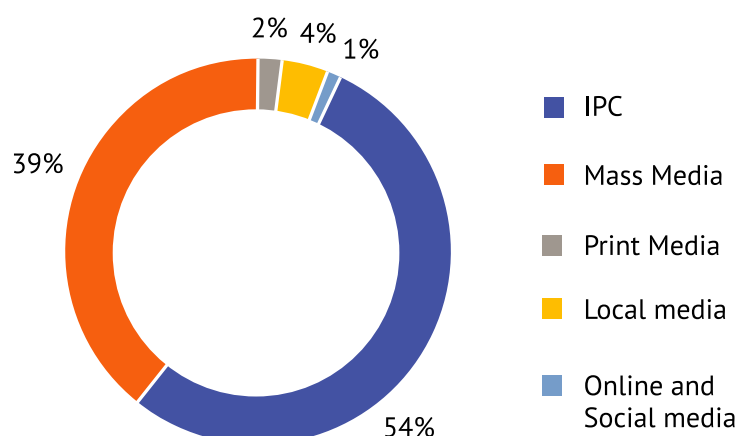
3. Communication Channels and Resource Utilization

During this reporting period SBCC activities on Nutrition issues are reported by the following eighteen organizations/projects: NNS-IPHN, Bangladesh Betar, BNNRC, UPHCSDP-II Dhaka North and Dhaka South, WHO, BRAC, Nutrition International, USAID Ujjiban SBCC Project, Marie Stopes Bangladesh, INCA, Nari Maitree, BAPSA, DAM, PSTC, Bangladesh Breastfeeding Foundation (BBF), BCCP and SMC .

These organizations reported that SBCC activities on Nutrition were held through the following Media:

 IPC	Counseling session, Courtyard meeting, Group sessions, Interactive Discussion, Household visit, Education session, Advocacy meeting, workshop, Orientation.	BDT 47587255
 Local Media	Breastfeeding camp, Community interactive event, Nutrition fair, Video show, Folk song, Magazine program in Community Radio.	BDT 3856958
 Mass Media	Magazine Program, TV Scroll, Short Drama (TV and Radio), Talk Show, TV Spot, Song, Newspaper Supplementation.	BDT 34350002
 Print and Outdoor Media	Flipchart, Food plate, Food bowl, Ludo game, Nutrition Calendar, Leaflet, Poster, GMP Card, Infographic, Case story, Book on Homemade Complementary Food, Handout.	BDT 1570929
 Digital and Social Media	Nutrition in 10 minutes school, Promotion on Breast Feeding in Facebook and YouTube, Phone in Live, Digital Voice Message, Interactive Voice Record, Digital device based SBCC session, Mobile app, eLearning, eToolkit.	BDT 500500

Nutrition: SBCC Activity Resource utilization



Most of the organizations commonly using IPC as communication channel. Mass Media activities were mostly implemented by NNS-IPHN.

4. Geographical Coverage

The number of programs on Nutrition issues implemented in districts by organizations/projects is as follows:

Coverage	Organizations Projects
National coverage (has programs all over the country)	5
Noakhali	5
Cox's Bazar, Laxmipur, Chandpur, Moulvibazar (4)	4
Natore, Sylhet, Sunamganj, Habiganj, Brahmanbaria, Feni, Chattogram, Gaibandha, Pirojpur, Jhalokathi, Bhola, Bogura, Kishoreganj, Madaripur (14)	3
Munshiganj, Narsingdi, Faridpur, Khulna, Chuadanga, Khustia, Meherpur, Jessore, Narail, Jhenaidah, Satkhira, Barishal, Cumilla (13)	2
Dhaka City Corporation	5

The report mentioned that Khagrachari and Bandarban districts have no other programs than national coverage; and rest 29 districts are having one project on Nutrition along with national coverage.









Thematic Area: WASH

1. Activity Summary

Key Points

- WASH program was mostly addressing students and low income communities of City Corporation areas;
- Only WaterAid Bangladesh implemented WASH program nationwide with schools and at community level;
- Discussion on Menstrual Hygiene Management (MHM) was held as priority;
- Orientation sessions on pure drinking water & healthy sanitation, healthy food habit held with the students.
- Demonstration sessions on hand washing sessions with discussion reaching duty bearers and community people at the slum.
- Promotion of WASH practice reported more in compare to previous years.

2. Audience and Issue

Audience		
	Individual	Mother of Under 5 children School student, Youth of college going age, Teacher
	Family and Peer	Parent and Family member of under 5 children
	Community and Society	Community people, National Level Stakeholders, Mass people
	Organization and Institute	Health professionals including general practitioners, Frontline Health Workers

Issues	
<ul style="list-style-type: none"> • Promotion of safe water and sanitation • Promotion of personal hygiene • Promotion Hand washing (knowledge, protection from communicable diseases, behavior change and use of handwashing agents) 	<ul style="list-style-type: none"> • Demonstration on Hand washing • Demonstration on management of safe water • Demonstration on management of proper sanitation. • Demonstration on food safety • Orientation on Primary Health & Hygiene
<ul style="list-style-type: none"> • Menstrual Hygiene (knowledge, behavior, use of safe and hygienic material during menstruation and washing or disposal of materials) • Advocacy for Menstrual Hygiene Management (MHM) 	



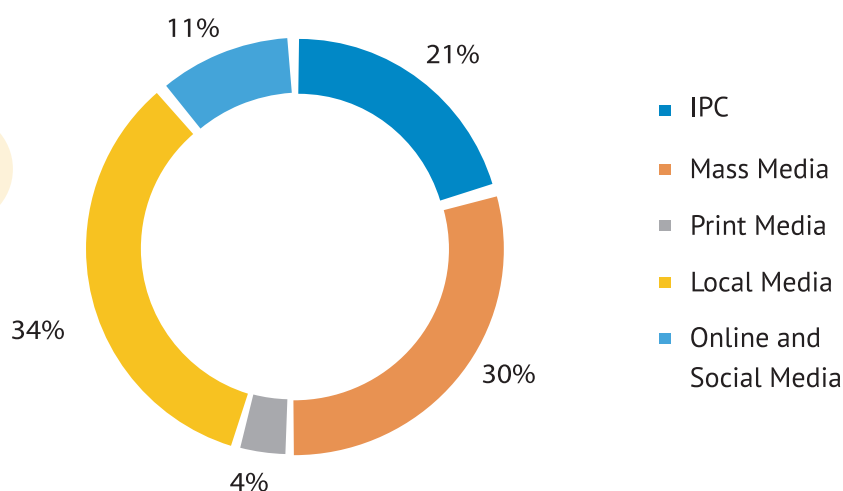
3. Communication Channels and Resource Utilization

During this reporting period, SBCC activities on WASH issues were reported by the following nine organizations/projects: WaterAid, NNS-IPHN, Bureau of Health Education, USAID Ujjiban SBCC Project, INCA, Sesame Workshop, Nari Maitree, BAPSA, and BCCP. These organizations reported that SBCC activities on WASH were held through the following Media:

 IPC	One to One, Group discussion, Orientation, Community stakeholder sensitization meeting, Advocacy meeting.	BDT 926000
 Local Media	Demonstration on Water Safety Protocol & Hand Washing, audio-visual show, Advocacy Session.	BDT 1548270
 Mass Media	Radio Program, TV Magazine show, TV Scroll, Cartoon/Puppet Show.	BDT 1350000
 Print and Outdoor Media	Leaflet, Handout.	BDT 170929
 Digital and Social Media	Digital billboards, 'Public Toilet Bangladesh' app for information dissemination, eLearning, eToolkit.	BDT 500500



WASH: SBCC Activity Resource Utilization



4. Geographical Coverage

The number of programs on WASH issues implemented in districts by organizations/projects is as follows:

Coverage	Organizations Projects
National coverage (programs all over the country)	4
Cox's Bazar, Laxmipur, Noakhali (14)	2
Sylhet, Sunamganj, Habiganj, Moulvibazar, Chattogram, Chandpur, Brahmanbaria, Feni, Bhola, Cumilla (10)	1
Dhaka City Corporation	2
Rest districts were covered under national level program	

Thematic Area: Tuberculosis (TB)





1. Activity Summary

Total six organizations/projects conducted TB related SBCC activities with nationwide coverage by three of them. SBCC messages focused mainly on raising awareness about Basic information on TB, signs and symptoms, Availability of free cough test, Importance of TB screening, TB prevention and seeking timely treatment.

Key Points

- Yearlong 'pledge to end TB in Bangladesh' campaign under leadership of National Tuberculosis Program (NTP) with the event activities like discussion session, sharing of success story by TB survivors, interactive quiz contests, concert and stage drama.
- Observance on World TB Day through Live open air concert (by *Joler Gaan*), Rally, PSA on TB symptoms.
- IPC included Orientation, group session, education session, Counseling.
- Outreach programs reached people at risk of TB in slums and Hard to Reach areas with Folk song for Slum dwellers on TB, Orientation of Cured TB Patients.
- Orientation of the opinion leaders and religious leaders on TB; Miking and Mosque Announcements.
- Leaflets, poster and sticker developed with Focused message on TB sign/symptom, places where treatment is available.
- Dissemination of TB messages in 75 billboards throughout 45 districts in Bangladesh (Awareness about basic TB messages).
- Displaying TB messages on sign boards in all districts and urban areas.
- Leaflet distribution in Newspapers and Ad in Daily Newspaper with Basic sign and symptoms of TB and availability of diagnostic facilities in the vicinity.
- Local media promotion through Advertisement, Short Film clips and Scroll message for local cable TV (To promote the importance of preventing TB, seeking timely treatment where it also focused on treatment available at jails).
- Folk song and Magazine program in Community radio.
- Campaign in School/College/Madrassa; orientation of Teachers & Students on Basic signs/symptoms of TB, availability of diagnostic facilities in their vicinity.
- Pharmacy Info Mela (Orientation of Pharmacy/Chemist Shop owners and chemist/pharmacist on Basic TB messages and referral knowledge).
- Orientation of the graduate private practitioners, pharmacists, medical representatives, and village doctors on Basic of TB information, TB screening, diagnosis and treatment of TB.
- Orientation of Doctors of different Medical Colleges/Hospitals on TB epidemiology in the world and in Bangladesh. Specificity and efficacy of different diagnostic tools, updates in treatment protocol, MDR TB and XDR TB (Information about Gene Xpert test - a new test for tuberculosis).
- TB information on Digital and Social Media: Facebook, YouTube, SD card with TB materials, Interactive Voice Record, eLearning, eToolkit.
- Doctors' brochure developed with Focused messages on TB diagnostics and facilities available.

2. Audience and Issue

Audience	
 Individual	Cured Patients, Students (School, College, Madrassa) Teachers (School, College, Madrassa)
 Family and Peer	Girls Guide and Boy Scouts
 Community and Society	Community people, Hard-to-reach people, People living in Slum, Opinion leader & Religious leader, Mass people
 Organization and Institute	Health professionals (Doctor, private practitioners, graduate private practitioners) Pharmacy owners, Chemist, Pharmacists, medical representatives, village doctors Field Workers (HA, FWA, CHCP) , NGOs staff

Issues	
Basic Information on TB: <ul style="list-style-type: none"> • Awareness on sign and symptom of TB • Importance of TB screening • Availability of free cough test • Importance of TB prevention • Importance of seeking timely treatment • Information on MDR TB and XDR TB. 	TB Screening: <ul style="list-style-type: none"> • Information on TB screening, diagnosis • Information on availability of TB treatment • Promotion of TB referral knowledge • Awareness on TB epidemiology in Bangladesh and Globe.
Advocacy: <ul style="list-style-type: none"> • Advocacy to disseminate information that TB is curable disease • Advocacy to disseminate basic information on TB and importance of screening for diagnosis by the Imam of the mosque. • Monitoring of TB performance by internal and external experts • Monitoring of TB prevention program by the community leaders at their community. 	TB Diagnosis : <ul style="list-style-type: none"> • Importance of TB Screening for suspect TB cases • Information on availability of diagnostic facilities at their vicinity • Information about Gene Xpert test (a new test for tuberculosis) and availability of diagnostic facilities for TB screening. • Specificity and efficacy of different diagnostic tools, updates in treatment protocol.

3. Communication Channels and Resource Utilization

During this reporting period, SBCC activities on TB issues are reported by the following six organizations/projects: National Tuberculosis Control Programme, MBDC, icddr,b, WHO, BRAC, USAID Ujjiban SBCC Project, and BAPSA .

These organizations reported that SBCC activities on TB were held through following Media:

 IPC	Orientation, group session, education session, Counseling
 Local Media	Open air event, Khuthba at Mosque, Scroll message in Cable TV, Miking, Folk song, Magazine program in Community Radio, Rally, Short Film clips
 Mass Media	Newspaper Advertisement, Billboard, Signboard, TV spot
 Print and Outdoor Media	Leaflet, Brochure, Poster, Sticker
 Digital and Social Media	Facebook, YouTube, SD card with TB materials, Interactive Voice Record, eLearning, eToolkit

4. Geographical Coverage

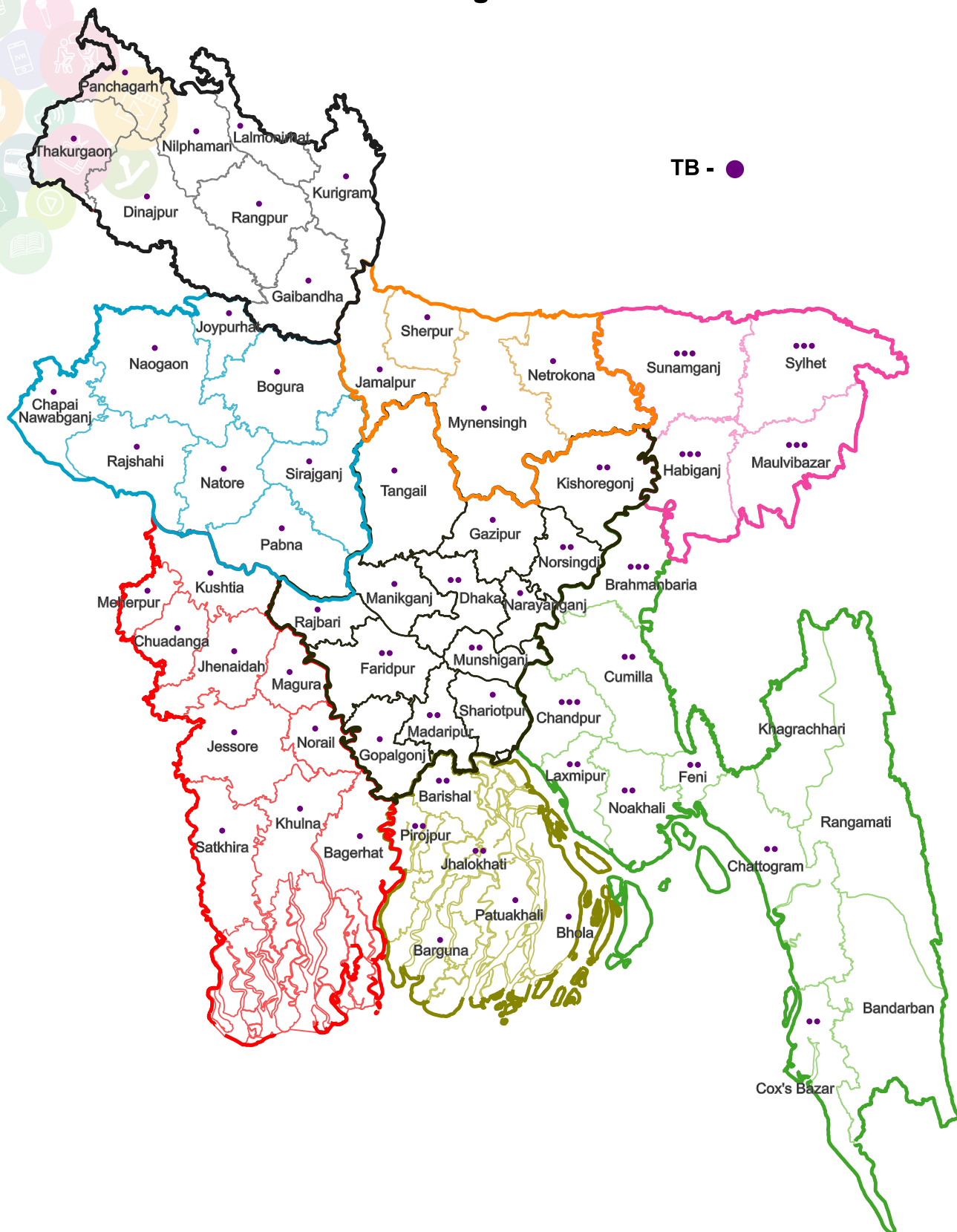
The number of programs on TB issues implemented in districts by organizations/projects is as follows:

Coverage	Organizations Projects
National coverage (programs all over the country)	3
Chandpur, Brahmanbaria, Sylhet, Sunamganj, Habiganj, Moulvibazar (6)	3
Chattogram, Cox's Bazar, Laxmipur, Noakhali, Feni, Cumilla, Barishal, Jhalokathi, Pirojpur, Madaripur, Faridpur, Munshiganj, Narsingdi, Kishoreganj (14)	2
Dhaka City Corporation	1
The report mentioned that Khagrachari and Bandarban districts have no other programs than national coverage; and rest 40 districts are having one project on TB along with national coverage.	



Coverage/reach

TB - ●





নিয়মিত ওষুধ সেবনে যক্ষ্মা সম্পূর্ণ ভাল হয়

Thematic Area: Non-Communicable Disease Control

1. Activity Summary

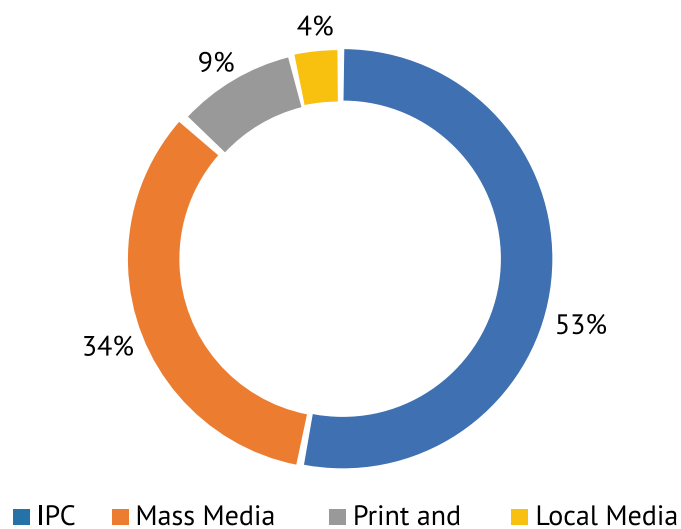
Few reports were received on SBCC activities focusing on non-communicable diseases control. Non-Communicable Disease Control (NCDC) unit and Bureau of Health Education of DGHS and the World Health Organization (WHO) addressed Non-Communicable Disease Control (NCDC) related issues widely through a number of community and mass media promotional activities nationwide. Rest of the organizations namely Bangladesh Center for Communication Programs (BCCP) and UPHCSDP-II were implementing SBCC activities on selective issues. Besides, few organizations specifically reported SBCC activities on occupational health hazards.

Audiences and Issues: SBCC activities for Non-Communicable Disease Control mostly focused to general population, community people and youth and adolescent. The message disseminated through SBCC activities were on - importance of physical exercise to prevent NCD, reduction of dietary salt intake, food and care for the diabetic people, harmful effect of tobacco use on health, and awareness on factors causing cancer including mouth and throat cancer. Besides, mental health issue specifically coping with stress during the COVID-19 outbreak was also addressed through different SBCC activities. PSTC specifically reported on SBCC activities with the Garment Workers to create awareness on occupational health hazards and UPHCSDP-II reported awareness meetings and screening at the urban slum focusing to poor women mostly on occupational health hazards. BCCP conducted research programs to generate local evidence on tobacco control and organized dissemination sessions at national level to feed the program with local evidence.

Communication Channels: SBCC activities reported on CDC were held through the following different Media:

 IPC	One to One, Advocacy meeting, Seminars, Workshop
 Local Media	Folk song, Street Drama, Film Show, Community orientation
 Mass Media	Video, TV spot, TV Documentary, Digital Billboard, Docu-drama in TV and Radio, TV Scrolling, Newspaper Advertisement
 Print and Outdoor Media	Poster, Leaflet
 Digital and Social Media	Facebook post, Online call center (Shastho Batayon).

NCDC: SBCC Activity Resource Utilization



SBCC activities on NCDC mostly expenses resource on interpersonal communication followed by mass media communication.

Geographical Coverage

The SBCC activities on NCDC have nationwide coverage mostly. However, UPHCSDP-II and PSTC reported activities only at Dhaka City Corporation area.



Thematic Area: Communicable Disease Control

1. Activity Summary

Few reports were received on SBCC activities focusing on Communicable Disease Control. Communicable Disease Control (CDC) Unit and Bureau of Health Education of DGHS, and the World Health Organization (WHO) were widely implemented the SBCC activities to create awareness on communicable diseases. Besides, Bangladesh Betar and Bangladesh Television also aired information on Dengue prevention.

The Community Drive for Source reduction of Aedes mosquito involved Dhaka City Corporation, Local leaders, School teachers, Scouts, Girls Guide and BNCC. Five sites from DNCC & DSCC were selected on the basis of the areas with high case incidence of Dengue.

Audiences and Issues: The mass population and community people were mostly addressed through SBCC activities to create awareness on different communicable diseases with special focus on prevention of Dengue. The issues covered messages on prevention of different vector born communicable diseases, including management and control of the breeding sources of the vectors. CDC Program staff and different stakeholders at different levels were sensitized on relevant issues through workshop and meetings. The programs also worked on mobilizing the frontline workers to implement the SBCC activities in a coordinated manner to bring synergy, and increase reach and coverage.

Communication Channels: SBCC activities reported on CDC were held through following different Media:

 IPC	One to One, Community meeting, Discussion session, Round Table, ACSM Workshop
 Local Media	Folk song, Street Drama, Film Show, Community orientation, Day Observation at community level
 Mass Media	TV Spot, Documentary, Docu-drama in TV and Radio, Signboard, Newspaper Advertisement, TV Scrolling
 Print and Outdoor Media	Leaflet, Poster, Banner, Wall Painting
 Digital and Social Media	Online call center (Shastho Batayon)

Geographical Coverage

The program implemented by the Units have nationwide coverage. However, along with national level support, WHO also implemented focused awareness raising program at the Urban Slums of Dhaka City Corporation about breeding sources of dengue vector.

Coronavirus Awareness Program

1. Activity Summary





Awareness activities on Coronavirus infection and prevention were specifically reported by different organizations. Bureau of Health Education, National Nutrition Service-IPHN, and Communicable Disease Control (CDC) Units of DGHS, IEM unit of DGFP, World Health Organization (WHO), Breakthrough Action program of JHU.CCP, Bangladesh NGOs Network for Radio and Communication (BNNRC) and BRAC reported SBCC activities on Covid-19 related issues widely through a number of mass, social and community media promotional activities nationwide.

Key Points

- Messages on Covid-19, explaining rumors and misinformation, were broadcast through PSAs, Radio spots, Phone-in Live Program “Hello Doctor”, jingles, Radio Magazine Program through community radio and streaming on Facebook.
- Awareness building on Covid-19 through TV Talkshows, TVC and TV scroll reached out to mass people through national and private TV channels as well as social media campaign with posts on Facebook.
- Online courses (Muktopath) were organized for doctors, nurses and journalists.
- Technical ‘How To’ videos about Personal Protective Equipment, Handwashing, Biohazard bag tying, and Triage were put on JHU official website and on social media.
- Public awareness was created on lockdown situation through Magazine program and messages on risk communication to reinforce health worker skills were aired through videos (animated) on social media, YouTube.
- Leaflets on Covid-19, home quarantine, vaccination, and how to cope with stress, were distributed nationwide.
- Message scripts were developed for dissemination by religious leaders in mosques through miking.
- Covid-19 related messages were incorporated with the routine information package into existing programs on FP, MNCH, Adolescent health, Nutrition.

2. Audience and Issue

SBCC activities on Covid-19 awareness and prevention mostly focused to general population, community people and health professionals.

Audience		
	Individual	Youth, Adolescents (Boys and Girls), Corona survivor, Teachers
	Family and Peer	Parents of children and adolescents
	Community and Society	Mass People, Community People, Public representatives (UP Chairman/member), Imam, Journalists
	Organization and Institute	Health Professionals, Program Manager, Field Workers (HA, FWA, CHCP)

The message disseminated through SBCC activities were on –

Preventative measures for COVID-19:

Information on maintaining a safe distance from others, importance of wearing mask in public, hand washing, covering coughs and sneezes, disposing the used tissues immediately and clean hands, and ventilation of indoor spaces.

Promoting the role of community leaders to facilitate community in taking relevant measure to prevent spread of infection.

Address misconception:

Explaining the way of transmission of Coronavirus, role of community leaders to address the misinformation and stigma related to Coronavirus infection.

Care for Mental Health:

Coping with stress during COVID-19 outbreak, lockdown and home quarantine period with special focus to children, adolescent and elderly people.

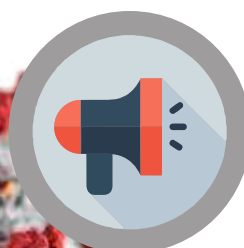
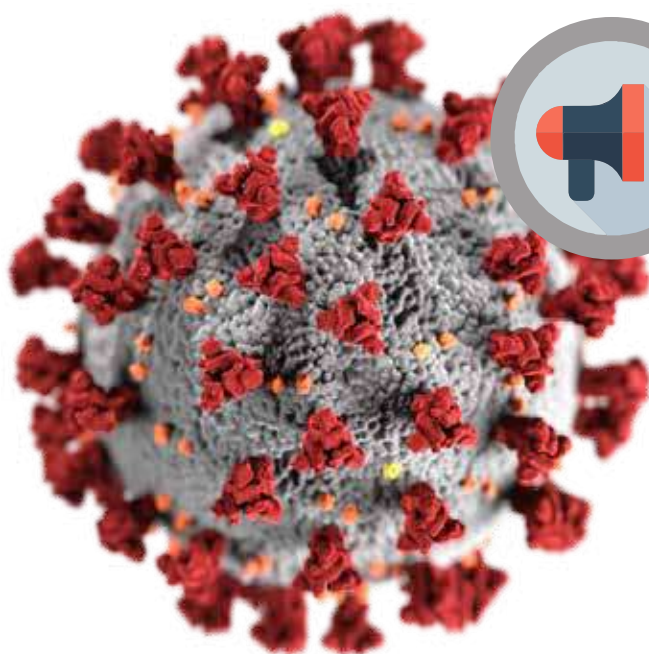
Continue FP & MNCH Service:

Continue seeking family planning services by the acceptors, and seeking maternal and other health services during Covid-19 pandemic.

3. Communication Channels

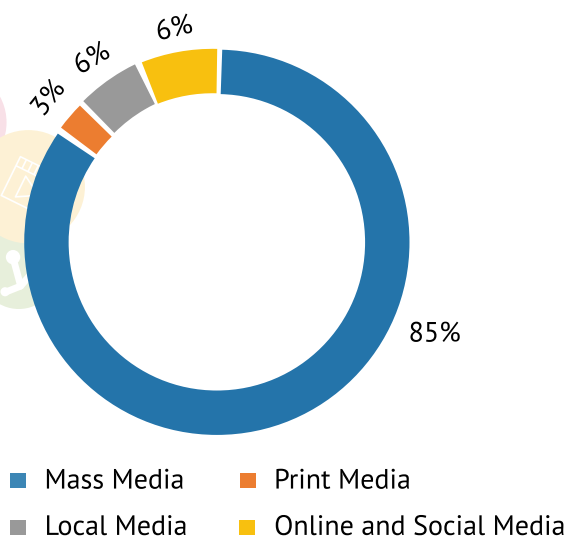
SBCC activities reported on Covid-19 awareness and prevention were held through following different Media:

 Mass Media	TV Scrolling, Talkshow, TV drama (mini), TV Magazine, Public Service Announcements (PSA), Jingles, Radio magazines and Radio Spot	BDT 49516000
 Local Media	Phone-in Live program “ Hello Doctor “ in Community Radio, Miking, video show	BDT 3300000
 Print and Outdoor Media	Leaflet, Poster, Banner	BDT 1548000
 Digital and Social Media	Streaming of phone-in live through Facebook Post, Online Courses in Muktopath	BDT 3798000



**Coronavirus
Awareness Program**

Covid 19: SBCC Activity Resource Utilization



SBCC Activities on awareness and prevention of Covid-19 infection mostly held at mass media through different national TV and Community Radio channels.

”

4. Geographical Coverage

The SBCC activities on Covid-19 were mostly had nationwide coverage.









School HPN Education Program

Key Points

- The School Health Program mainly disseminated SBCC messages through IPC, Outreach and Educational sessions. There is no report on use of television channel programs.
- Few programs had national coverage, but rest were project specific.
- The nationwide School Health program conducted training for primary school teachers (51 batches), so that they can improve knowledge of primary school level students on personal hygiene, First Aid management, and promote healthy school environment.
- Trainings were conducted with Secondary School & College Teachers, Peer Adolescent Group and frontline HPN service providers on Adolescent Health issues, SRHR, mental health, and nutrition.
- Bangladesh Betar aired documentary and conducted outdoor meetings on child marriage, dowry, eve teasing, gender equity for school and college students.
- School Health sessions were held on ASRH, personal hygiene, nutrition, negative consequences of child marriage and teenage pregnancy, and substance abuse.
- Hand Washing and Menstrual hygiene management (MHM) events were organized in educational institutes for Improved hand hygiene practice in the schools and healthy MHM of schoolgirls.
- Seminars and Workshops were organized with Teachers & Students on NCD, Tobacco Control, Healthy Lifestyle, Nipah Virus, Dengue and chikungunya fever, Safe food, Drowning, Road traffic injury prevention, different health issues, arsenic, and personal hygiene.
- School health education forum (5084) were organized for School going adolescent girls & boys (grade VI – IX) on Lifestyle modification education for healthy adulthood (including topics on personal hygiene & hand washing, healthy diet and snacking, importance of adequate sleep, rest & physical exercise, ill-effects of drug abuse & smoking, measures for generating self-confidence and mental well-being, avoidance of digital dependence, importance of vaccination and periodic health checkups for adolescents, and personal safety measures in day to day life, etc.).
- Adolescent girls' orientation was conducted to increase knowledge on nutrition, health, and WASH.
- Awareness meetings were held in the community mainly on Handwashing, personal hygiene and WASH.
- MHM was discussed at community meetings with girls and their guardians.



2. Audiences Issue covered

Audience		
	Individual	Students (School, College, Madrassa), Adolescents (Boys and Girls), Teachers (School, College, Madrassa)
	Family and Peer	Parents and Guardian of children and adolescents, Girls' Guide, Boy Scouts
	Community and Society	Mass People, Community People, Public representatives (UP Chairman/member), Imam, Journalists
	Organization and Institute	Program Manager, Field Workers (HA, FWA, CHCP)

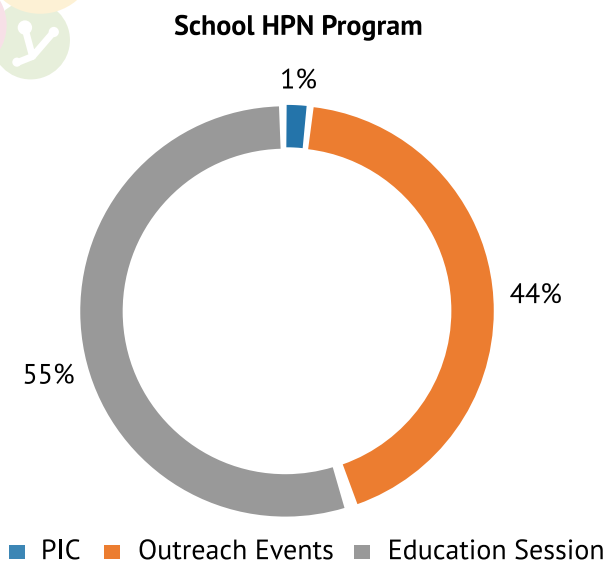
Issue covered

They received messages on:

Personal Hygiene, Hand Washing, Water and Sanitation, Menstrual hygiene	Consequence of Child Marriage, Adolescent Pregnancy, Gender Equity, Dowry, Eve-Teasing
Primary Health Care, Adolescent Nutrition, Healthy Diet and Food Safety	Mental Health, Generating self-confidence, Prevention of Tobacco use, Consequence of Substance abuse
Adolescents Sexual and Reproductive Health, TT Vaccination for the Adolescents	Healthy Lifestyle, Importance of adequate Sleep, Rest & Physical Exercise
Drowning, Road Traffic Injury prevention, Dengue and Chikungunya, Nipah Virus, First Aid management.	

3. Communication Channels

Activities Conducted under the School Health Population and Nutrition program included: School based session, Orientation session, Awareness meeting, Group discussion, Seminar, Workshop, Training for the Teachers, Peer Educators and frontline HPN service providers. The program also broadcasted documentaries on healthy lifestyle and child marriage issues in different event.



The reports received show that School HPN Program spent 7465213 BDT for education sessions, 201881 BDT for IPC, and 5926515 BDT for Outreach events.

4. Geographical Coverage

The School HPN Programs conducted by MNCA&H unit and BHE of DGHS, and FP-FSD and IEM Units of DGFP, Bangladesh Betar, WaterAid and Marie Stopes Bangladesh had nationwide coverage. The broadcasts of Documentary and Outdoor meetings by Bangladesh Betar also had national coverage.

The programs of BRAC cover all 61 districts (except three Hill Tract districts), while those by Social Marketing Company (SMC) are in 77 upazilas of 20 districts, UPHCSDP-II, LGD works in 25 PA (10 CCs & 4 Municipalities) and USAID Ujjiban SBCC Project works in 9 districts of Chattogram division and 4 districts of Sylhet Division. Rest of the projects implement activities at their intervention areas.

Observation of Special Day and Week

Different government and non-government programs reported on SBCC activities for Observation of National and International Days and Week. However, in compared to previous years less programs were reported; the organizations were commonly using social, mass and print media for celebration whereas outreach events like street drama, video show were not mentioned widely.

Observation of World Population Day, Safe Motherhood Day, World Breast Feeding week, World Health Day, World TB Day, World AIDS Day, Global Handwashing Day were reported by the relevant units and programs; and service week like FP-MCH Service week and National Nutrition week was mostly mentioned by the respective Units only.

The events included Campaigns through National events like virtual inauguration, workshop, advocacy meeting, press release, fair, road shows, etc.; Social media campaign like posting photos and feature stories in webpage, Facebook, YouTube; campaign through mass media like broadcasting theme song, TVC, TV Scroll, radio song, newsletter articles etc.; as well as limited outreach events like group discussion and orientation. Besides, there was distribution of T-Shirts, Cap, banner, festoon, Infographics, leaflet, and poster during these events.

The audiences for observation of the national days were ranging from stakeholders of different category like professional societies, development partners including UN agencies, NGOs, service providers, students, volunteers like girls guide & scouts to community people including pregnant, lactating mother, women of reproductive age, father and husband, eligible couple and adolescent boys and girls.

The day observation activities reported spending of 165,627,852 BDT in total.



Community Engagement

Community mobilization and engagement activities reported by different organization focuses on influencing norms and behaviors at the community level, and also using the existing infrastructure of government agencies, local influential, and the NGO and CBO networks for disseminating message /information on different HPN issues. Hence the community-based activities included both direct implementation and implementation that builds on existing networks.

Key Points

- Ujjiban project provided training on IPC, counselling, community mobilization and SBCC to the partners and to government and NGO community health workers.
- Engaged the member of the adolescents clubs, community clinic support groups, community leaders who were being developed as change agents and peer educators. They carry forwarded messages on the priority health behaviors in their communities.
- The Community Radio networks implemented activities like radio drama, magazine program , radio spots to reach the target audiences and community people with information on MNCAH, FP, TB, nutrition, gender, prevention of child marriage etc., and streaming through social media (FB).
- Conducted health education sessions organized in schools and clubs, through online training and outreach screening sessions etc.
- Conducted courtyard demonstration session on complementary feeding including hand washing practice
- Conducted Door to door (regular) visit by the Community Based Mobilizer (CBM), organized group meeting and orientation sessions for Gate keeper on adolescent issues and benefit of family planning, healthy timing and spacing between pregnancies etc. (interrupted due to movement restriction during Covid lockdown).
- Conducted advocacy meeting with the opinion leaders including religious leaders on prevention of child marriage, stop domestic violence, benefit of small family etc.
- Walk-around appearances of Sisimpur characters in child-facing events at the community and fair.



Audiences: Community Engagement reached out to diverse audiences. Audiences reached at individual level to promote positive health behavior were women, men, adolescents' boys and girls, pregnant mothers, newlyweds, students, youth, women of reproductive age, slum dwellers/urban poor.

Influential audiences were targeted for advocacy and support for creating enabling environment included opinion leaders and decision makers (local government representatives, community and religious leaders, teachers), Change Maker groups, Community Support Groups (CSG), Volunteer and Social activist.

Geographical Coverage: HPN SBCC community engagement activities implemented by the relevant Units of DGHS and DGFP were mostly held nationwide; however, the SBCC activities for community engagement conducted by the rest of the organizations were held at the community of their respective intervening districts and upazillas.

Resource Utilization: The community engagement activities reported spending of 38,206,106 BDT in total. The resource utilization for community engagement was less in compared to previous year due to limited mobility for lockdown imposed for Covid-19.

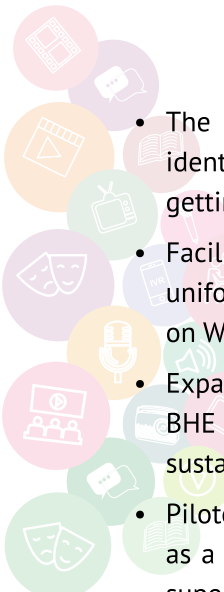
The overall expected outcome of SBCC activities related to Community Engagement is to promote health, FP and nutrition services in the community, make these services accessible to all, empower them and support the community to use these services.

SBCC Capacity Strengthening

A planned and systematic approaches for SBCC capacity and system strengthening efforts of the MoHFW, its HPN units and NGOs aimed to bring considerable change by strengthening capacity and system with improved planning, development and implementation of the SBCC activities.



USAID Ujjiban SBCC Project: Ujjiban project works closely with the relevant governmental units to improve their systems for providing the SBCC tools including instructional videos to operate the tools and products, training, and supportive supervision needed to ensure sustainable impact in each of the technical health areas; these tools not only facilitated implementation of MoHFW's SBCC activities but would also institutionalized for use in future SBCC efforts.

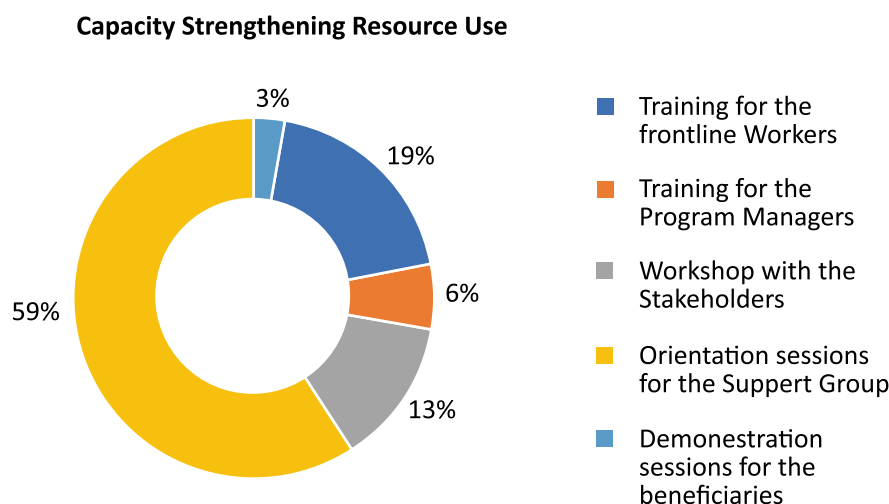
- 
- The annual SBCC Capacity Strengthening (CS) plan of IEM, IPHN and BHE units was developed by identifying their current capacity through a capacity assessment tool (CAT) exercise and planned for getting it further strengthened.
 - Facilitated Service Providers (SP) to receive eLearning courses for increasing their proficiency to provide uniform HPN messages to the clients and also for their own SBCC knowledges. Also included a new course on WASH in the eLearning course platform.
 - Expanded the use of digital resources, i.e., eToolkit and eLearning course, through the IEM unit, NNS and BHE and provided training of trainers (ToT) on digital resources and created a resource pool for sustainable use.
 - Piloted the SBCC Monitoring Apps in the GoB health and family planning program areas, for introduction as a part of their regular program. This apps are expected to increase health and family planning field supervisor's efficiency in better SBCC program planning and monitoring.
 - Online SBCC Materials Approval (OSMA) software became fully functional in this reporting period. Introduction of OSMA improved IEC Technical Committee's efficiency in approving and providing feedback on SBCC materials submitted by the government organizations (GO) and departments, non-governmental organizations (NGOs) and private sector organizations.
 - Supported the units through technical assistance to implement quality campaigns and programs by following a standard process, i.e., planning and preparing ahead of time, designing messages and materials based on target audience and utilizing resources effectively.
 - Provided technical assistance to develop a **Pre-Marital Counselling (PMC) Guidebook** for the IEM unit and conducted training of trainers (ToT) for the program managers.
 - Coaching and mentoring frontline service providers, i.e., family welfare assistants (FWA), health assistants (HA), community health care providers (CHCP) and the NGO volunteers of the intervention areas on interpersonal communication (IPC)/counseling.

A range of capacity strengthening interventions were planned and implemented under the MoHFW and HPN Operational Plans (OP).

- IEM Unit of DGFP conducted SBCC capacity strengthening training for the frontline service providers on use of eToolkit and eLearning course and IPC, and for the FP program managers on strategic communication. Organized sensitization workshops with the Print and Electronic Media Journalist on FP-MCH issues.
- Maternal Neonatal Child & Adolescent Health (MNC&AH) of DGHS organized orientation on Adolescent Health issues for the Secondary School and College Teachers, Field-level Health Workers and Peer Adolescent Group to play role in disseminating right information on adolescent health issues and promote positive health behavior for the adolescent.
- With UNFPA's technical support, the existing training and SBCC materials were reviewed by a disability-focused working group of DGFP.

Bangladesh Breastfeeding Foundation (BBF) conducted training to build capacity of the Mother Support Group members on maternal, child and adolescent nutrition and organized demonstration sessions on Complementary feeding recipe at community level for the mothers and caregivers of under 5 children.

Shukhi Jibon conducted orientation on Adolescent and Youth Friendly Services for the selected frontline service providers of their intervention areas; Marie Stopes Bangladesh trained their Community Based Mobilizer (CBM) on Communication skill and IPC; and BRAC conducted sessions on counseling and demonstration on IYCF practice for the Mothers of under five children at the community level to improve feeding habit of under five children at household level.



Audiences: SBCC Capacity strengthening activities were focused to different category of audiences - including Frontline Service Providers i.e. Family welfare assistants (FWA), health assistants (HA), community health care providers (CHCP), FWV, SACMO, Community Mobilizer, field volunteers for digital resource use and IPC training; units, district and upazila level FP and Health Program Managers on strategic communication, communication planning, management of digital resources etc., the Social Elite and Community Decision Maker like Journalist, community leaders, UP members and teachers for creating enabling environment; and Change Makers like peer educators, mother support groups, etc. to create awareness and household level knowledge enhancement to practice positive health behavior.

Resource Utilization: The SBCC Capacity Strengthening activities during this reporting period spending of 92,520,311 BDT in total.

Outcome: The expected outcome of SBCC capacity strengthening was to develop and strengthen the knowledge and skills of program managers, frontline service providers, volunteers, social elites, and community-based support groups to play appropriate role in SBCC program implementation.

ICT and Innovation

SBCC program currently using a range of ICT based tools and resources for promotion of health population nutrition messages, as a job aids for the service providers, and also for the SBCC capacity strengthening and knowledge management. Digital tools promoting accessibility of health information to the underserved and the unreached people. Different organizations and projects are profusely using ICT to reach critical target audience group with HPN message; use of Facebook mentioned commonly for social media campaign and the specific approaches reported by different GO-NGO include:



Different units under Directorate General on Health Services (DGHS) and Directorate General of Family Planning (DGFP), national NGOs and local NGOs working in the HPN fields mentioned about use of digital technology in their program to reach their critical target groups in particular and community people as a whole. The use of digital technology increased specially during Covid pandemic period.

As part of GoB effort, the IEM unit, and NNS-IPHN were scaling up the use of eToolkit a digital job aid for counselling, as well as HPN SBCC eLearning courses for knowledge management. IEM unit also maintained their departmental website and Facebook. Bangladesh Betar is using Facebook and YouTube and they are regularly posting HPN related messages and upload videos.

As part of SBCC capacity strengthening support Ujjiban SBCC Project has been successfully introduced a set of SBCC tools within the Ministry of Health and Family Welfare (MoHFW) system for knowledge management, client counseling, monitoring and documentation. In this context, the eToolkit, eLearning course, digital achieves for SBCC materials and software application on the Online Material Submission and Approval (OSMA), and SBCC activity monitoring checklist for the supervisor (SAMCS) are in use by the relevant units. Besides Ujjiban formed resource pool to manage and maintain the tools regularly. During Covid pandemic Ujjiban also introduced distance-based training to build capacity of the frontline workers.

USAID'S MaMoni Maternal and Newborn Care Strengthening Project introduced Electronic Management Information System (eMIS) based reminder service to follow up pregnant women to ensure that they attended ANC and PNC checkups regularly as per schedule. Also provided Facebook post on importance of Kangaroo Mother Care Method and importance of KMC, and Prematurity issue.

Marie Stopes Bangladesh run a toll free 24/7 call center, promoted messages through Facebook page and had a post boost on Family Planning, had online newspaper promotion of different SRHR messages and services. **Sesame Workshop Bangladesh** promotional activities had wide scale social media reach through YouTube channel and Facebook page. And Breastfeeding Foundation were making promotions through interactive posts in Facebook and upload videos in the YouTube and have eLearning course on IYCF.

SBCC Leadership and Coordination

A good leadership brings better coordination at all stages including different programs which helps in bringing synergistic impact with the collective effort of the stakeholders.

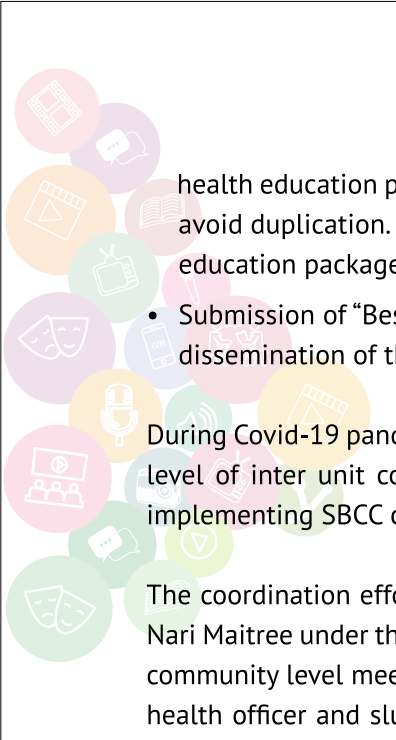
In 4th HPNSP the role of leadership and coordination has been categorically emphasized on the program priorities that strategized as:

- Building capacities in leadership, management and regulation with stronger governance and stewardship role of the MoHFW for better quality services;
- Rolling out an upgraded SBCC programs with greater functional coordination of services at the field level and functional referral system.



To harness the program benefits of leadership and coordination, various efforts were undertaken by the GoB HPN units under the MoHFW and NGOs. With the technical support from Ujjiban project, a number of efforts were undertaken by the MoHFW and HPN units that improved coordination at the system level through coordination committee meetings, annual review of Comprehensive SBCC Strategy implementation status and annual Inter-Operational Plan (OP) Coordination workshops. Facilitated by Ujjiban, the MoHFW -

- Issued a circular for the formation of coordination committees at divisional, district and upazila levels to streamline SBCC activities across all levels.
- A National SBCC Steering Committee and an SBCC Strategy Implementation Committee have been formed to review the implementation status of the Comprehensive SBCC Strategy. From the meetings conducted, units received guidance on capacity development on SBCC activity monitoring, sharing of SBCC best practices, and strengthening SBCC leadership and coordination at different levels.
- Successfully made the HPN SBCC Coordination Committee at unit level and Behavior Change Communication Working Group (BCCWG) at the national and divisional levels functional. These coordination activities are included in the activity plans of the Information Education and Motivation (IEM) unit, National Nutrition Services (NNS) and Bureau of Health Education (BHE) and the meetings are held at regular intervals.
- Organized an annual Inter-OP Coordination workshop, where the school health education program was identified as one of the areas of coordination for the MoHFW units. Facilitated by Ujjiban, a unified school



health education package is being developed for the units to reach schools with the same information and avoid duplication. Ujjiban is in the committee formed by the MoHFW to develop the unified school health education package.

- Submission of “Best Practice” report have been made by 14 GoB units and NGOs. It is decided to organize dissemination of the reports immediate after the MoHFW level approval.

During Covid-19 pandemic the Units also continued to organize the meetings in online platform. A significant level of inter unit coordination became visible specially in case of SBCC material development and use, implementing SBCC campaign, observation of special days and service weeks.

The coordination efforts reported by the other organizations/projects included Dhaka Ahsania Mission and Nari Maitree under the UPHCSDP of DNCC and DSCC to hold ward level Coordination Committee meeting and community level meeting for gender issue coordination with the elected counselor, community leader, zonal health officer and slum leader. In addition, Inter OP Coordination Workshop of the HPN units, OP planning workshop of the IEM unit were also held to attain better program impact.

Other areas of the coordination and collaboration was made on the HPN SBCC programs and was also made through sharing of SBCC materials to avoid duplication and bring those for use by other organizations, attaining replication of Best Practice program interventions implemented into the interested organizations etc.

The leadership and Coordination activities reported spending of 89,872,981 BDT in total.

SBCC Monitoring and Evaluation

Monitoring and Evaluation (M&E) are necessary components of a successful SBCC program, as it provides critical information about context, audiences, and intervention impact, and feedback for continuous quality improvement. Following SBCC Monitoring and Evaluation activities were reported during this reporting period-

Annual HPN SBCC Monitoring Report: Ujjiban in association with Public Health wing, HSD of MoHFW developed the Annual SBCC Monitoring reports for 2018-2019. The reports provided information on reach, coverage, resource allocation, types of activities, and communication channels through which health, population and nutrition (HPN) SBCC activities were implemented by government and non-government organizations. Key findings of the report were shared with the BCCWG members and with HPN SBCC Strategy Implementation and Monitoring committee members. The findings with key recommendations were widely disseminated for the HPN SBCC stakeholders to consider for SBCC program implementation.

SBCC Activity Monitoring Checklist for the Supervisor (SAMCS): to strengthened monitoring mechanisms the SAMCS app developed with technical support of Ujjiban project for real time monitoring of field level SBCC activities by the supervisors. The SAMCS App assisted to effectively monitor the SBCC activities conducted by the frontline health workers; during this reporting period SAMCS piloted at the 6 upazilas of Sylhet and Chattogram divisions and following the feedback received from piloting the app modified for scale-up by the Units.

Providing support to the Units (IEM, BHE, NNS) to use the Capacity Assessment Tool to describe existing capacity and track progress in capacity strengthening, compare the progress of the program against the key milestones and prioritize issues for action.

IEM Unit of DGFP conducted formative research to design FP-MCH program, and also followed up and monitored the regular activity as well as special events of service week and World Population Day and review the findings to assess outcome. **Bangladesh Betar** reported about feedback mechanism for their program monitoring through letter/email/Facebook comments. **Marie Stopes Bangladesh** conducted regular client experience study and program data analysis for monitoring of SBCC activities outcome. **Sesame Workshop Bangladesh** conducted formative research studies through FGDs and Interviews with Children and teachers for Early Child Development (ECD) focused Storybooks. **Bangladesh Center for Communication Programs (BCCP)** organized dissemination conference on findings of the research findings of the research grantees on different issues of Tobacco Control with the relevant stakeholders.

UPHCSDP-II introduced a set of monitoring tools, record keeping & reporting formats for SBCC activities follow-up and monitoring; **Nari Maitree** and **BAPSA** orientated the field supervisor on program monitoring tools and mechanism, and conducted exit interview for quality assurance of services.

To contribute to the program objectives, efforts need to be taken by the Units and NGOs for regular monitoring of their SBCC activities, and strengthen existing coordinating mechanisms to feed this information back on a regular basis to achieving the results.

Comprehensive HPN SBCC Strategy Implementation Status

To create a healthy and safe living environment by 2022, the 4th Health, Population and Nutrition Sector Program (4th HPNSP) is rolled out with its goal to ensure health and well-being of all citizens of Bangladesh by expanding access to quality and equitable health care. As such to take necessary actions for ensuring positive health behaviour the Comprehensive SBCC Strategy is designed to serve as a guiding document for the effective implementation of high-quality SBCC activities under the Ministry of Health & Family Welfare (MoHFW) HPNSP Sector Plan. SBCC is implicated in several of the Strategic objectives detailed in the HPNSP, particularly to promote healthy behaviours at the household and community levels; to encourage social norms that support positive health behaviours and improved health outcomes; and to drive demand for services. It creates a supportive social and policy environment through changes in norms, roles (including gender roles), and policies.

The Public Health (PH) wing of MoHFW is leading the implementation of Comprehensive HPN SBCC Strategy and is playing the role of stewardship to maximize the benefits of coordination and collaboration of HPN SBCC program following the systematic approaches. In providing guidance for implementation of 'Comprehensive HPN SBCC Strategy' USAID Ujjiban SBCC Project is providing technical assistance since 2017. The MoHFW with support from the HPN units has developed a detail SBCC action plan to follow by different OPs. This action plan has been officially adopted by the MoHFW and circulated to the HPN units to design and plan for SBCC activities following the detailed action plan.

The strategy has four major components, as per the detailed action plan of these components the following foremost activities were implemented till June 2020:

SBCC Leadership & Coordination: comprised of 10 key activities out of which implementation of 9 activities are initiated by the PH wing, relevant Units and NGOs. These includes:

- Formation & activation of different level SBCC Coordination Committees including National Steering Committee for HPN SBCC Strategy and drafted a SBCC Coordination Committee Operation guidebook.
- Inclusion of BCC working group activities in the appropriate OPs for institutionalization.
- Inclusion of HPN SBCC Coordination Committee activities in the appropriate OPs for OP level Coordination.
- Initiate the process for formation of SBCC Cell under MoHFW.
- Revised OPs of the relevant Units included some SBCC activities as per strategy and allocated resources accordingly.
- Initiate process to document the SBCC Best Practices, and organizing a sharing workshop.
- Continue to promote the use of the MoHFW-approved Framework for Effective HPN SBCC by GO-NGO programs.
- Issuance of a government circular to the HPN OPs for necessary budget revision to allocate necessary and appropriate resources/funds for SBCC activities.
- Conducted a Leadership Workshop with the high-level GoB officials on role to play for effective program planning and operation.

As per detailed action plan of the SBCC strategy activities related to coordination like National HPN SBCC Strategy Implementation and Monitoring Committee meeting, HPN Coordination Committee meeting, Central BCC Working Group and Divisional Working group meeting and OP coordination meeting were held in due course excepting the National Steering Committee for HPN SBCC Strategy meeting, which was held in late. Creation of a cell for HPN SBCC under Health Services Division (HSD) were initiated but deferred for further review.



An annual inter OP Coordination workshop identified four common areas of coordination as: School Health Education Curriculum, National Level Campaigns, Community Outreach Activities and Integrated Messaging. MoHFW has formed the School Health Education Package Development & Implementation Coordination Committee to develop a uniform and integrated curriculum to cover all aspects of Health, Population and Nutrition targeted to the school students for comprehensive knowledge and uniform messaging on HPN issues.

Capacity Development: comprised of 11 key activities out of which implementation of 9 activities are initiated by the PH-WH wing, relevant Units and NGOs. These includes:


- Strengthening IEC Technical Committee through digitized the process for approval of HPN SBCC Materials; An Online Submission of Material and Approval (OSMA), an automated SBCC material submission process, have been formally launched (OSMA web panel including digital archive) and facilitated use of OSMA by the relevant stakeholders.
- Regularized conduction of annual exercise on Capacity Assessment Tool (CAT) by the Units (IEM, LS&HEP, NNS-IPHN). Through this exercise the Units have been identifying their current capacity and plan for getting it further strengthened is profusely contributing capacity of the individual staff.
- Use of digital tools/eResources, mobile application on HPN SBCC by the relevant Units of DGHS & DGFP, and NGOs in SBCC program implementation.
- Capacitate the Unit's staff to manage and maintain the digital resources including digital archive, and updating eToolkit and eLearning courses in regular interval.
- The respective Units (IEM, LS&HEP and NNS-IPHN) develop message & material following a standard procedure.
- The units introduce as a part of OP activity IPC & Counselling training to strengthen field worker's skill for effective communication.
- Introduce training on Strategic Communication for the program managers and planners for designing and planning program efficiently.
- Follow Standard Distribution & Dissemination procedure by the respective OPs



Community Engagement: comprised of 8 key activities and implementation of all these activities initiated through HPN SBCC program of relevant Units and NGO programs. USAID Ujjiban SBCC project drafted a Community Mobilization guidebook for the units to support designing community mobilization and outreach activities effectively by resource mapping, identifying community need and involving the relevant stakeholders effectively.

Crosscutting including Monitoring & Evaluation: comprised of 10 key activities out of which implementation of 5-6 activities has been initiated by the PH wing, relevant Units and NGOs. These includes:

- Publishing Annual SBCC Monitoring Reports: These comprehensive reports covering the activities of HPN units and national level NGOs becomes a good source of health, population and nutritional activity reach, coverage, extent of resource allocation, types of activities, preferred communication types with channels and mediums.

- 
- Identifying SBCC indicators for introducing in national MIS of DGFP and DGHS
 - Developing digital tool (SAMCS app) for real time monitoring of the SBCC activities at the field level. This apps are expected to increase health and family planning field supervisor's efficiency in better SBCC program planning and monitoring.
 - Establish mechanism for use of event like service week specific monitoring tools and document SBCC program success by the Units
 - Conduct periodic assessment of SBCC program outputs and outcomes by the Units
 - Introducing SBCC Monitoring and Evaluation eLearning course for capacity building of the program managers and planners.

HPN SBCC in 4th Health, Population and Nutrition Sector Program

To attain the goal and development objective of the 4th HPNSP, eight strategic objectives have been formulated of which the strategic objective 8: "to promote healthy lifestyle choices and a healthy environment" is focused to HPN SBCC program. SBCC activities are aimed at fostering behavioral changes among the people towards increase in health seeking behavior, promoting family welfare, healthy lifestyle, and safe nutrition practices.


4th HPNSP identified i) SBCC Planning and Management, ii) Regional Variation, iii) Weak Coordination, iv) Capacity Issues, and v) Lack of Innovation **as challenges** for SBCC program and recommended **a list of key activities** pursued for overcoming these challenges and for improving the desired public health and lifestyle changes.

Key activities pursued for overcoming the SBCC program challenges and implementation status:

Key activities	Status (till June 2020)
i) A comprehensive lifestyle and environment strategy	<p>Disseminated the Detailed Action Plan with the national and divisional level stakeholders.</p> <p>Unit OPs (IEC, L&HEP, NNS) initiated revision of OPs as per office circular issued by PH wing, HSD, MoHFW advised to allocate necessary funds for undertaking SBCC activities following the detailed action plan.</p>
ii) Innovative use of mobile technology, other ICT platforms and social media to disseminate SBCC messages.	<p>Initiative taken by IEM, BHEL-HEP and NNS to increase use of eToolkit a digital library & eLearning courses of HPN SBCC materials (online and offline) by the field workers.</p> <p>'SBCC Activity Monitoring Checklist Apps' SAMCS has been field tested in 6 upazilas.</p> <p>Developed 'Online SBCC Materials Approval-OSMA' web panel as part of Strengthening IEC Technical Committee</p> <p>Social media (mostly Facebook) campaign initiated by different programs.</p>

Key activities	Status (till June 2020)
iii) Strengthen capacities of PH & WH wing at MOHFW for multi-sectoral coordination (Units, NGOs, and the DPs) to avoid duplication in SBCC initiatives and promote sharing of best practices.	<p>USAID Ujjiban SBCC Project facilitate activation of HPN SBCC Coordination committees from the national to upazila level.</p> <p>Drafted a HPN-SBCC Committee Operation Guidebook</p> <p>HPN SBCC Best Practices are collected for sharing.</p>
iv) Strengthen capacity of units under MOHFW like IEM and BHE to adopt data driven, theory-based and audience-focused strategic communication	<p>Since 2017 Ujjiban project is providing hands on technical support to the relevant Units to adopt tools and process for strategic communication.</p> <p>Regular use of Capacity Assessment Tool (CAT) in by IEM, BHE and NNS units to for effective planning.</p>
v) Enhance accuracy and depth of interpersonal health counseling of frontline fieldworkers (FWAs, HAs, FWVs, and CHCPs) by providing them access to smart phone or tabs loaded with all needed SBCC information.	<p>Make eToolkit a digital library of HPN SBCC materials (online and offline) available.</p> <p>Make SD card available with SBCC materials developed by Ujjiban at their program area and IEM conducting training as part of their OP activity.</p>
vi) There will be promotion around healthy diet, the hazards of overdose of salt, oil, and sugar, and need for adequate fruit and vegetable intake. There will also be promotions on stopping smoking and substance abuse.	<p>BHE, NNS and few other NGO programs report SBCC activities on healthy food habit.</p> <p>BHE, and few other NGO programs report SBCC activities on stopping tobacco and substance use.</p>
vii) Extensive public education campaigns about the benefits of physical exercise and healthy lifestyle.	BHE reported campaign package.





Key activities	Status (till June 2020)
viii) Campaigns on road and waterway safety are promoting in co-operation with all stakeholders to reduce death and disability from traffic accidents.	No specific report received.
ix) Appropriate campaigns designed and implemented to increase awareness of food and water safety at community level, urban slums, and other relevant areas of the country.	NNS, L-HEP, UPHCSDP-II and some NGO reported campaign programs on food safety and WASH. Limited program report on Urban slums programs
x) The need for green space and space for sports and games for the communities, with special focus on urban populations would be advocated, building common platform with city planners and relevant civil advocacy organizations.	No activity reported.
xi) Gender based violence and female empowerment are addressing as part of a comprehensive and multi-sectoral response (e.g., collaboration with MOWCA, MOHA, MOSW and other stakeholders).	Prevention of Child Marriage is key focus in several SBCC program of the GO-NGO on Adolescent and Maternal Health. Gender considered as mainstream issues by most of the GO-NGO SBCC programs.

Gaps and Recommendations

Based on the program reports received by the Government organizations and departments, NGOs and development partners working in the areas of SBCC, the following gaps and areas for improvement have been identified.

Gaps and Areas for Improvement

- Fewer organizations reported SBCC activities at the community than the previous years.
- Messages on measure to prevent spread of Coronavirus was incorporated with the routine information package in existing programs on FP, MNCH, Adolescent health, Nutrition from middle of March 2020. However, except for national coverage, Digital technology and messaging were not optimally used by specific programs during Covid pandemic.
- Most resources were utilized by MNCH (42%) and FP (20%). However, only 8%, 9% and 12% of total resources were spent for AH, Covid-19, and Nutrition information respectively and even lesser for other thematic areas.
- For SBCC approaches, 68% of resources was used for SBCC campaigns while only 4% was spent on community engagement.
- For communication channel 47% resources was used for mass media activities, 6% of resources was spent on outdoor and print media and only 2% on social and digital media.
- Within MNCH thematic area, the first 1000 days and Child Health were addressed by only few organizations.
- There is no mention of specific communication for male involvement in MNCH issues except by one organization on role of husbands during pregnancy.
- Few HPN SBCC activities were reported addressing the slum dwellers and people in Hard-to-Reach areas.
- Orientation for the gatekeepers on Adolescent issues is mentioned by only one organization.
- The School Health Program mainly disseminated SBCC messages through IPC, Outreach and Educational sessions. There is no report on use of social media, television channel programs and few programs had national coverage.
- Communicable Disease Control (CDC) and Non-Communicable Disease Control (NCDC) SBCC activities were reported by few organizations.
- The Community Drive for Source reduction of Aedes mosquito involved five sites from only Dhaka City Corporation focused on areas with high case incidence of Dengue.
- NCDC SBCC activities focused on selective issues like lifestyle factors and tobacco research. Besides few organizations specifically reported SBCC activities on occupational health hazards with the Garment workers and at the urban slum focusing to poor women.
- Different government and non-government programs reported on SBCC activities for Observation of National and International Day and Week. However, compared to previous years less programs were reported; the organizations were commonly using social, mass and print media for celebration whereas outreach events like street drama, video show were not mentioned widely.




Recommendations

1. SBCC programs need to be comprehensive with uniform distribution of thematic areas and addressing diverse audiences to obtain maximum health benefit and impact.
2. Formative assessments of audiences' needs, their barriers and facilitators to adopting healthy behaviors, and challenges of program implementation should be the basis of all SBCC programs.
3. Thematic areas such as mental health, occupational and environmental health, youth lifestyle factors, and old age (geriatric) health and diet issues should be given more focus to achieve 'Health for All'.
4. The health of Slum dwellers, People living below the Poverty line, Ethnic, Hard-to-Reach and disadvantaged populations should be addressed through need-based and culturally appropriate interventions.
5. The active engagement of men and boys in SBCC programs will give impetus to gender transformative interventions.
6. Adolescents and Youth as 'Change Agents' are making a real difference globally, and we need to tap their potential in bringing about social and behavioral change in Bangladesh.
7. Capacity strengthening is essential to increase SBCC skills for program planning, implementation, monitoring and scaling up.
8. Capacity and systems strengthening for leadership, coordination and infusing quality throughout the system.
9. To contribute to the program objectives, efforts need to be taken by the Units and NGOs for regular monitoring of their SBCC activities and strengthen existing coordinating mechanisms to feed this information back on a regular basis to achieving the results.
10. SBCC activities to address mental health issues, drug abuse and inappropriate use of mobile phone technology by the youth and adolescent.

List of Acronyms

ACSM	Advocacy, Communication and Social Mobilization
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
CPR	Contraceptive Prevalence Rate
CSA	Community Sales Agent
CSW	Commercial Sex Worker
CYP	Couple Year Protection
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DOTS	Directly Observed Treatment, Short course
EPI	Expanded Program 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
HPNSDP	Health, Population and Nutrition Sector Development Program
HSS	Health Systems Strengthening
HTSP	Healthy Timing and Spacing of Pregnancy
icddr, b	International Centre for Diarrhoeal Disease Research, Bangladesh
ICT	Information and Communication Technology
IDU	Injectable Drug User
IEC	Information, Education and Communication
IEDCR	Institute of Epidemiology, Disease Control and Research





IEM	Information, Education & Motivation
IPC	Inter-personal Communication
IPHN	Institute of Public Health Nutrition
IYCF	Infant and Young Child Feeding
LARC	Long-acting Reversible Contraceptives
MARA	Most at Risk Adolescents
MARPs	Most at Risk Populations
MBDC	Mycobacterial Disease Control
MCH	Maternal and Child Health
MCRAH	Maternal Child Reproductive and 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
MSM	Men who have Sex with Men
NASP	National AIDS and STD Programme
NGO	Non-Governmental Organization
NHSDP	NGO Health Service Delivery Project
NNS	National Nutrition Service
NSV	Non-scalpel Vasectomy
NTP	National Tuberculosis Control Programme
ORT	Oral Rehydration Therapy
PAC	Post-abortion Care
PM	Permanent Methods of Family Planning
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
UP	Union Parishad
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
স্বাস্থ্য সেবা বিভাগ
জনস্বাস্থ্য-২ অধিশাখা
www.hsd.gov.bd

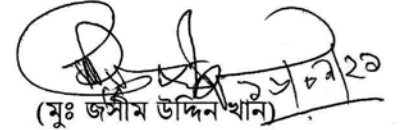
নং-৪৫.০০.০০০০.১৭১.০৬.০১২.২১(অংশ-১)-৫৪৩

তারিখঃ ১৬ সেপ্টেম্বর ২০২১ খ্রিষ্টাব্দ
০১ আশ্বিন ১৪২৮ বঙ্গাব্দ

অফিস আদেশ

স্বাস্থ্য, জনসংখ্যা ও পুষ্টি সেক্টর কর্মসূচির আওতায় বাস্তবায়িত এসবিসিসি কার্যক্রমের বার্ষিক মনিটরিং রিপোর্ট ২০১৯-২০ প্রকাশের লক্ষ্যে নির্দেশক্রমে নিম্নবর্ণিত কর্মকর্তা/ব্যক্তিবর্গের সমন্বয়ে একটি সম্পাদনা কমিটি গঠন করা হলঃ

১.	উপসচিব (জনস্বাস্থ্য-২), স্বাস্থ্য সেবা বিভাগ	আহবায়ক
২.	পরিচালক (আইইএম) পরিবার পরিকল্পনা অধিদপ্তর এর প্রতিনিধি	সদস্য
৩.	লাইন ডিরেক্টর, এলএন্ডএইচইপি, স্বাস্থ্য অধিদপ্তর, ঢাকা এর প্রতিনিধি	সদস্য
৪.	লাইন ডিরেক্টর, এনএনএস, স্বাস্থ্য অধিদপ্তর, ঢাকা এর প্রতিনিধি	সদস্য
৫.	লাইন ডিরেক্টর, এমএনসিএন্ডএইচ, স্বাস্থ্য অধিদপ্তর, ঢাকা এর প্রতিনিধি	সদস্য
৬.	লাইন ডিরেক্টর, এনসিডিসি, স্বাস্থ্য অধিদপ্তর, ঢাকা এর প্রতিনিধি	সদস্য
৭.	লাইন ডিরেক্টর, সিডিসি, স্বাস্থ্য অধিদপ্তর, ঢাকা এর প্রতিনিধি	সদস্য
৮.	লাইন ডিরেক্টর, টিবি-লেপ্রোসিস এন্ড এইডস/ এসটিডি প্রোগ্রাম (টিবিএলএন্ডএএসপি) এর প্রতিনিধি	সদস্য
৯.	লাইন ডিরেক্টর, কমিউনিটি বেইসড হেলথ কেয়ার (সিবিএইসসি), স্বাস্থ্য অধিদপ্তর, ঢাকা এর প্রতিনিধি	সদস্য
১০.	সিনিয়র কমিউনিকেশন স্পেশালিষ্ট, ইউএসএআইডি উজ্জীবন এসবিসিসি প্রজেক্ট, বনানী, ঢাকা	সদস্য
১১.	ডা. জিনাত সুলতানা, সিএসএস এ্যাডভাইজার, ইউএসএআইডি উজ্জীবন এসবিসিসি প্রজেক্ট, বনানী, ঢাকা	সদস্য
১২.	বিসিসিপি, মিরপুর, ঢাকা	সদস্য
১৩.	প্রধান, স্বাস্থ্য শিক্ষা বুরো, স্বাস্থ্য অধিদপ্তর, ঢাকা	সদস্য সচিব


(মুঃ জামিল উদ্দিন খান)

উপসচিব

ফোনঃ ৯৫১৫৫০১

ph2@hsd.gov.bd

বিতরণ (জ্যেষ্ঠতা অনুযায়ী নয়) :

- ১। পরিচালক (আইইএম) পরিবার পরিকল্পনা অধিদপ্তর, কারওয়ান বাজার, ঢাকা
- ২। লাইন ডিরেক্টর, এলএন্ডএইচইপি, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা
- ৩। লাইন ডিরেক্টর, এনএনএস, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা
- ৪। লাইন ডিরেক্টর, এমএনসিএন্ডএইচ, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা
- ৫। লাইন ডিরেক্টর, এনসিডিসি, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা
- ৬। লাইন ডিরেক্টর, সিডিসি, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা
- ৭। লাইন ডিরেক্টর, টিবি-লেপ্রোসিস এন্ড এইডস/ এসটিডি প্রোগ্রাম (টিবিএলএন্ডএএসপি)
- ৮। লাইন ডিরেক্টর, কমিউনিটি বেইসড হেলথ কেয়ার (সিবিএইসসি), স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা
- ৯। সিনিয়র কমিউনিকেশন স্পেশালিষ্ট, ইউএসএআইডি উজ্জীবন এসবিসিসি প্রজেক্ট, বনানী, ঢাকা
- ১০। ডা. জিনাত সুলতানা, সিএসএস এ্যাডভাইজার, ইউএসএআইডি উজ্জীবন এসবিসিসি প্রজেক্ট, বনানী, ঢাকা
- ১১। বিসিসিপি, মিরপুর, ঢাকা
- ১২। প্রধান, স্বাস্থ্য শিক্ষা বুরো, স্বাস্থ্য অধিদপ্তর, মহাখালী, ঢাকা।

উক্ত কমিটিতে জরুরি
ভিত্তিতে একজন
উপযুক্ত কর্মকর্তা
মনোনয়ন দেয়ার
অনুরোধসহ।

অনুলিপি সদয় অবগতির জন্য :

- ১। সিনিয়র সচিব মহোদয়ের একান্ত সচিব, স্বাস্থ্য সেবা বিভাগ।

This document is developed by the Ministry of Health and Family Welfare (MoHFW) with technical assistance from the Ujjiban project and is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this document do not necessarily reflect the views of USAID or the United States Government.

Ujjiban project is jointly implemented by Johns Hopkins Center for Communication Programs (CCP), Bangladesh Center for Communication Programs (BCCP) and Save the Children.

