



Monitoring and evaluation (M&E) is a necessary component of a successful SBCC program, as it provides critical information about context, audiences, and intervention impact, and feedback for continuous quality improvement. An important aspect of M&E is to identify opportunities to celebrate success and share with the broader community to motivate those involved and reinforce institutionalization of SBCC best practices.

The comprehensive SBCC Strategy is designed aligning with 4th HPNSP having four key components with detailed action plan and indicators. Public Health & World Health (PH&WH) wing of MoHFW is playing the role of stewardship in implementing this strategy and for periodic follow up to mentor and facilitate the progress of implementation through GO-NGO programs.

During this reporting period as a part of monitoring, PH-WH wing, MoHFW organized the first meeting of the “National Steering Committee on the HPN SBCC Strategy implementation” held on May 05, 2019 chaired by Mr. Asadul Islam, Secretary, Health Service Division, MoHFW. The objectives were to review the progress of strategy implementation; endorse and publish the first ever Annual SBCC Activity Monitoring Report 2017-2018; and a sub-committee was formed with the Additional Secretary-HSD, MoHFW as chairperson to review the findings and assess different SBCC interventions in the HPN fields; disseminate the Detailed Action plan of SBCC Strategy at divisional level to facilitate the managers at divisional and district level to monitor coordinated plan for effective SBCC programs; form HPN SBCC Coordination committees from national to upazila level with the aim to strengthen SBCC coordination among the stakeholders and the Additional Secretary-HSD, MoHFW chaired the BCCWG meetings held at Central level to review the SBCC activities of GO-NGO stakeholders.

The reports received on SBCC Monitoring and Evaluation are as follows:

#### **IEM Unit, DGFP**

- Follow up and monitor the regular activity as well as special events of service week and World Population Day and review the findings to assess outcome.
- Developed Mobile app for Community Media to establish a timely and sustainable monitoring system targeting Zonal Managers, DDFP, UFPO, Projectionist, AV van driver to monitor the AV van show.

#### **NNS-IPHN and BHE DGHS**

- Monitors regularly the SBCC activities chalked out in the OP/Annual Work plan on quarterly basis; specially monitors the dissemination of BCC materials developed, as well as the feedback and outcome of development workshop and seminar, share SBCC program outcome in BCCWG meeting and HPN Coordination meeting.

#### **UPHCSDP-II, LGD**

- Conducted orientation for the Field Supervisors on Quality Assurance & Exit interview, and review satellite & field performance.

#### **Bangladesh Betar**

- Broadcast 52 sessions of Listeners’ feedback through letter/email/Facebook comments.

#### **Bangladesh Center for Communication Programs (BCCP)**

- Provided 9 Research Grants to generate local evidence on Tobacco Control to Researchers of different universities and organizations, Postgraduate students, relevant government officials, Researchers of different NGOs to enhance SBCC research capacity building on different issues of Tobacco Control.

- Dissemination Conference on findings of Tobacco Control Research Grants to 300 Researchers of different universities and organizations, Postgraduate students, Relevant government officials, Researchers of different NGOs.
- Formative Research on nutrition beliefs and practice of Pregnant and Lactating Mothers, Children under five at Thakurgaon District with ICDDR,B to develop a Behavior Change Intervention (BCI) Strategy.

## **BRAC**

- Monitoring on: Informed decision making and choice among women for family planning; Status of adolescent/child marriage; Service qualities of ANC and PNC provided by BRAC Shasthya Kormi (SK); Service quality of IYCF; and Routine monitoring on indicators for Nutrition Program.
- Assess client perceptions regarding Ante-natal care (ANC), Adolescent health, Infant and Young Child Feeding (IYCF) and Adult health service package for Reproductive, Maternal, neonatal and child health, Adolescent/child marriage, Quality of Infant and Young Child Feeding (IYCF) Counseling provided by BRAC Pushti Kormi (PK), Maternal, Adolescent Girls and Child Nutrition, Clients' satisfaction on counselling and health services provided by BRAC CHWs.
- Sharing monitoring findings with the respective personnel, Program implementers, Donors and other stakeholders through individual contact, group meeting, oral presentation, and documentation and report dissemination.

## **Marie Stopes Bangladesh**

- Training need assessment for RMG to identify FP needs and gaps in RMG with 200 RMG workers, Mid-level managers, service providers.
- Operational Research with 1616 RMG workers and community people on Success of project interventions.

## **USAID Ujjiban SBCC project**

- Providing support to the Units (IEM, BHE, NNS) to have a functional well-planned monitoring system to capture data and other insights on the process and impact of the activities when the implementation rolls out.
- 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 establish a feedback mechanism to identify and prioritize issues for action.
- Developed Online SBCC activity Monitoring Application software for Monitoring on HPN SBCC field activity for the Field Supervisors and trained 162 Frontline Supervisors (FPI, AHI, HI) for pretesting for scaling up. This App supports the field supervisors and managers collecting information on SBCC activities for proper monitoring and planning at local level.
- Facilitated Health and FP managers to attain the eLearning course on SBCC Monitoring and evaluation to strengthen their capacity for monitoring of the SBCC program implementation. During this reporting period more than 300 Health and FP managers attended the course.
- Provided technical assistance to PH-WH wing in developing and disseminating the "Annual SBCC Activity Monitoring Report 2017-2018".



### **Sesame Workshop Bangladesh**

- Formative research studies through FGDs and Interviews with Children and teachers for Early Child Development (ECD) focused Storybooks development targeting Children aged 3-8 years.
- Curriculum Research through FGDs and Interviews with Teachers, Parents, Children for ECD focused Curriculum revision targeting Children aged 3-8 years.

### **NariMaitree**

- Monitoring training for the relevant staff on Quality assurance and Exit interview, review performance and client satisfaction.

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

- Success stories and Learning briefs on Maternal and Child Health for 8 SHN, Donors.

### **Shimantik**

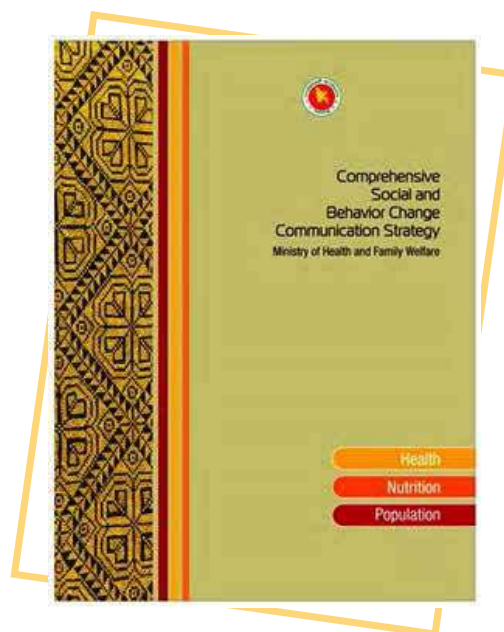
- Provide training to the relevant staff (Program Manager, MIS & Quality Assurance Officer ) on use of monitoring tools, report formats, record keeping format, qualitative & quantitative data collection and analysis for strengthening monitoring & supervision

The resource utilization reported for M&E activities is 25,014,119 BDT.

To contribute to the program objectives set for 4th HPNSP, the Units of MoHFW need to have timely monitoring of their SBCC activities for making necessary decision to ensure proper implementation of the program and thus achieve the objectives. Efforts need to be taken by the Units for regular monitoring of their SBCC activities, particularly keeping conformity with the indicators and results framework; and strengthen existing coordinating mechanisms to feed this information back on a regular basis to assess whether progress is being made towards achieving the results.

## Comprehensive HPN SBCC Strategy Implementation Status

The 4th Health, Population and Nutrition Sector Program (4th HPNSP) is rolled out with its goal "To ensure that all citizens of Bangladesh enjoy health and well-being by expanding access to quality and equitable health care in a healthy and safe living environment" to be achieved by 2022. The Comprehensive HPN SBCC Strategy was developed as a guiding document for the effective implementation of high quality SBCC activities under Health, Population and Nutrition Sector Program (HPNSP) that would play an important role in attaining the goal of 4th HPNSP.



The Public Health & World Health (PH&WH) 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. The PH&WH wing of MoHFW follows systematic approaches in providing guidance for implementation of 'Comprehensive HPN SBCC Strategy' where USAID Ujjiban SBCC Project is providing technical assistance since 2017. In continuation to the activities of August 2017- July 2018, the foremost activities implemented during August 2018- July 2019 as per detailed action plan of the strategy are as follows:

**Publish Annual SBCC Monitoring Report 2017-2018:** PH&WH wing published the first ever Annual SBCC Activity Monitoring Report in Bangladesh. This report provided comprehensive information of all the SBCC activities that were undertaken by the different stakeholders involved in HPN SBCC and the investment behind those activities for the period of July 2017 to June 2018. USAID Ujjiban SBCC Project provided technical assistance in order to prepare this Report. As a part of that activity, the overview of the Annual SBCC Activity Monitoring Report was shared with the relevant GO-NGO stakeholders on January 17, 2019 and the final report was shared with the MoHFW in National SBCC Steering Committee Meeting on May 05, 2019. The report was disseminated among the relevant stakeholders.

The MoHFW also formed a sub-committee to monitor the HPN SBCC work and provide direction in addressing the gaps identified from the Annual SBCC Monitoring Report.

**Divisional level Dissemination workshop:** Divisional level workshop on Dissemination of Comprehensive SBCC Strategy action plan for Chattogram and Barisal division was held on 20 September 2018 and 18 March 2019 respectively. SBCC stakeholders of the division, from government organizations and NGOs, attended the workshop. Additional Secretary (PH&WH), Health Services Division, Additional Secretary (Family Welfare & Law), Medical Education and Family Welfare Division attended these workshops. Following dissemination of the action plan, an interactive open discussion was held with recommendations in each division.





**Letter for OP revision along with proper budget allocation:** A letter was issued on 'revision of OP and proper budget allocation' for SBCC activities considering the action plan of Comprehensive SBCC Strategy of MoHFW. The letter was circulated on March 24, 2019, which brought a good impact over the increased amount SBCC activity planning and implementation through Units OP.

**Formation of the SBCC committees:** MoHFW issued a circular on 12 August 2018 on **formation of HPN SBCC Coordination committees** from the national to upazila level with the aim to strengthen SBCC coordination among the stakeholders and formalizing BCC Working Group (BCCWG). Following this circular, the first meeting of the National SBCC Steering Committee was held on May 05, 2019 to review the implementation and monitoring status of the Comprehensive SBCC Strategy and the inter-unit/inter-NGO SBCC coordination were getting priorities at the national, divisional and district level; the BCC Working group meetings at central and divisional level, HPN SBCC coordination committee meetings at Unit's and district level were held on a regular interval.

**Workshop on HPN SBCC OP-Coordination:** With the aim to have **inter-HPN unit OP** coordination, 7 units of DGFP and DGHS attended a workshop on January 17, 2019. Units agreed to coordinate on these areas to attain synergistic impact, maximize resources and avoid duplication. The units were utilizing the HPN Coordination Committee meetings as primary platform for sharing.

**OSMA an effective platform for SBCC material submission and approval:** Online SBCC Materials Approval (OSMA) an software application (<http://osma.mohfw.gov.bd>) has been developed to simplify the activities of the IEC Technical Committee constituted under the MoHFW for approval of quality HPN SBCC materials. OSMA becomes an effective platform for SBCC material submission and approval both for GoB and NGO, is operationalized from December 18, being used frequently by the HPN Units and NGOs for approval of SBCC materials. Ujjiban also conducted hands-on training on use of this application for the officials of HPN Units, members of IEC Technical Committee and BCC Working Group.

**Strategic Leadership workshop for the high-level GoB officials' enhanced capacity:** A 3-day leadership workshop for 26 high-level GoB officials was held on leadership role in Strategic Leadership Mindset, Advocacy and Policy Change, Power of Coordination and Operational Effectiveness for contributing in HPN SBCC program.

The detailed action plan of HPN SBCC Comprehensive Strategy has four key components;

- 1) SBCC Leadership & Coordination:** comprised of 10 key activities out of which implementation of 7 activities are initiated by the PH-WH wing and relevant Units.
- 2) Capacity Development:** comprised of 11 key activities out of which implementation of 7 activities are initiated by the PH-WH wing, relevant Units and NGOs.
- 3) Community Engagement:** comprised of 8 key activities and implementation of all these activities initiated through HPN SBCC program of relevant Units and NGO programs.
- 4) Cross-Cutting including Monitoring & Evaluation:** comprised of 10 key activities out of which implementation of 5-6 activities are initiated by the PH-WH wing, relevant Units and NGOs.

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

"To ensure that all citizens of Bangladesh enjoy health and well-being by expanding access to quality and equitable health care in a healthy and safe living environment" by 2020 is the Goal setting for 4th Health, Population and Nutrition Sector Program (4th HPNSP).

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. These activities are managed primarily through two OPs under HPNSP - Lifestyle and Health Education & Promotion (L&HEP) within DGHS and Information, Education & Communication (IEC) within DGFP. Apart from that NNS, CBHC, MNCAH, NCDC, CDC, MBDC of DGHS and CCSDP, MCRAH & FP-FSD of DGFP also have numbers of SBCC activities to sensitize the intended audiences, and create awareness and demand for services.

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 July 2019)
i) A comprehensive lifestyle and environment strategy	<p>Developed the Detailed Action Plan with Indicators for HPN SBCC Comprehensive Strategy.</p> <p>Disseminated the Detailed Action Plan with the national and divisional level stakeholders.</p> <p>Unit OPs (IEC, L&amp;HEP, NNS) initiated incorporation of activities to implement the Detailed Action Plan.</p> <p>MoHFW issued an office circular for OP revision to allocate necessary funds for undertaking appropriate activities following the detailed action plan.</p>
ii) Innovative use of mobile technology, other ICT platforms and social media to disseminate SBCC messages.	<p>eToolkit a digital library of HPN SBCC materials (online and offline).</p> <p>A series of HPN SBCC eLearning courses for capacity buildings (online and offline).</p> <p>SBCC materials available in SD cards.</p> <p>Social media (mostly Facebook) campaign initiated by different programs.</p>



Key activities	Status (till July 2019)
<p>iii) Strengthen capacities of PH&amp;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>	<p>MoHFW issued a circular on the formation of HPN SBCC Coordination committees from the national to upazila level .</p> <p>Process initiated for sharing of Best Practices for HPN SBCC programs.</p>
<p>iv) Strengthen capacity of units under MOHFW like IEM and BHE to adopt data driven, theory-based and audience-focused strategic communication</p>	<p>Since 2017 Ujjiban project is providing hands on technical support to IEM, BHE and NNS to adopt tools and process for strategic communication</p>
<p>v) Enhance accuracy and depth of interpersonal health counseling of frontline fieldworkers (FWAs, HAs, FWVs, CHCPs) by providing them access to smart phone or tabs loaded with all needed SBCC information.</p>	<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.</p>
<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>	<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>
<p>vii) Extensive public education campaigns about the benefits of physical exercise and healthy lifestyle.</p>	<p>BHE reported campaign package.</p>
<p>viii) Campaigns on road and waterway safety are promoting in co-operation with all stakeholders to reduce death and disability from traffic accidents.</p>	<p>No specific report received.</p>
<p>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.</p>	<p>NNS, BHE, UPHCSDP-II and some NGO reported campaign programs on food safety and WASH.</p> <p>Limited program report on Urban slums programs</p>

Key activities	Status (till July 2019)
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 a number of SBCC program of the GO-NGO on Adolescent and Maternal Health.  Gender considered as mainstream issues by most of the GO-NGO SBCC programs.

### The Result Framework

In the Results Framework for the 4th HPNSP (2017-2022), SBCC Capacity Development has supported Component 2: Health systems strengthened to increase performance and efficiency through building capacity of the Health and FP managers, service providers and frontline workers with training on planning, implementing and monitoring for effective SBCC program; training on IPC and Counselling for promoting right information effectively and creating awareness; introducing SBCC tools ( eToolkit, eLearning course, SBCC Capacity Assessment tool, Apps for online submission and approval of SBCC materials, SBCC activity Monitoring Apps) and process within the system.

SBCC activities have contributed immensely towards Component 3: Quality basic services reach the disadvantaged population to progress towards UHC and the Result 3.1 Public health services strengthened and Result: 3.2 Equitable coverage of ESP ensured to promote healthy behavior through the MNCH, Adolescent Health, FP, Nutrition and School Health programs and Urban Health programs, etc.

Mass as well as focused Awareness activities have promoted essential newborn care (ENC) (3.1.1); informed mothers, parents and caregivers about the importance of nutrition and minimum acceptable diet for infants age 6-23 months (3.1.2); advocated for community support for prevention of early marriage and early pregnancy among women age 15-19 years, informed adolescents and guardians of consequences of early childbearing (3.1.3); and conducted school health programs and community-based programs for prevention/reduction/cessation of tobacco use (3.1.4).

There were promotions of FP methods nationwide and conducting free camps for performing LAPM/LARC FP methods for increasing Contraceptive Prevalence Rate (CPR) (3.2.1 ) and CPR (modern methods) in lagging regions (3.2.2).

MNCH programs raised awareness and motivated practices for Antenatal care coverage (at least 4 visits) (3.2.3); for safe delivery at home or in institutions and provided mothers with postnatal care and advice on PPF (3.2.4); receiving postnatal care from a medically trained provider within 2 days of delivery for non-institutional deliveries (3.2.5).

The program on TB covered issues of Basic signs and symptoms of TB and availability of free diagnostic and treatment facilities reaching out to the general population as well as slum dwellers and community people; screening thereby contributing to TB case detection rate( 3.2.8).

SBCC program contributed considerably in achieving the target of Result Framework especially for most of the indicators set under component 3.

Indicator	BDHS 2017-2018	Target 2022	SBCC activity 2018-2019 key findings
<b>Result: 3.1 PH services strengthened to promote healthy behavior</b>			
3.1.1 % of newborn received ENC	7% of newborns delivered outside institutions received ENC	25%	A number of SBCC program addressing ENC issue. But to achieve the target by 2022 a focused SBCC campaign need to be implemented.
3.1.2 % of infants' age 6-23 months diet are fed with minimum acceptable.	34% of children age 6–23 months are fed appropriately according to IYCF practices.	45%	A number of SBCC program addressing IYCF issue. But to achieve the target by 2022 more focused SBCC program need to be implemented.
3.1.3 % of women age 15-19 who have begun childbearing	28% of teenagers have initiated child bearing	25%	A number of SBCC program addressing prevention of child marriage and delaying first pregnancy issues. These program need to be continued to a greater extent to increase reach and coverage.
3.1.4 % of population age 25 years/above use tobacco	51% NCD-RF 2011	45%	To reduce Tobacco use extensive SBCC program need to be implemented among the youth.
<b>Result: 3.2 Equitable coverage of ESP ensured</b>			
3.2.1 Contraceptive Prevalence Rate	62% of currently married Bangladeshi women age 15–49 are using a contraceptive method.	75%	SBCC Programs are mostly implementing from years. But to make a notable change much focused program need to be implemented. SBCC program specially for the young married couple would be needed.

Indicator	BDHS 2017-2018	Target 2022	SBCC activity 2018-2019 key findings
3.2.2 CPR (modern methods) in lagging regions	45% Women use modern methods of contraception in Chattogram and Sylhet.	60%	A number of organizations have program in low performing regions.
3.2.3 Ante-natal care coverage (at least 4 visits)	47% receiving four or more visits during pregnancy	50%	Importance of at least 4 ANC visits is addressed widely through a number of programs.
3.2.4 % delivery by SBA	53% deliveries attended by Medical personnel; & facility deliveries 50%	65%	Delivery by the trained providers is promoted widely by different SBCC programs.
3.2.5 % mothers with non-institutional deliveries receiving PNC from a medically trained provider in 2 days of delivery	For deliveries outside of institutions, only 7% of mothers and children received care within 2 days	10%	Need reach and coverage of existing program with special focus to pregnant mother and her family.
3.2.8 Tuberculosis case detection rate	GTBR	75%	Need wider reach and coverage of SBCC program for TB awareness.
3.2.9 % Measles-Rubella immunization coverage among children under 12 months	88% coverage of measles vaccination among children under age 12 months.	90%	The SBCC programs effectively creating awareness on vaccination among children under age 12 months.

However, programs in hard-to-reach area/low performing area and urban slums were not adequate, and there is no mention of Operational research undertaken on pilot basis to identify the causes behind the low performance of FP-MNC indicators in Low performing Divisions as well as other hard-to-reach areas.

Male engagement was mentioned by only few programs. There was very less use of social media across all the thematic areas, and no mention of Mobile Voice Message by the Units as proposed in the OP. There is no mention about development of gender specific SBCC interventions proposed in the OP, although gender issues are mainstreamed in most SBCC programs.

In line with OP activities to reduce neonatal deaths, ENC was promoted through Community engagement by orientations of community group (CG), community support groups (CSG), and large number of stakeholders but considering the low level of practice for creating general awareness mass media promotion was limited. There is no comprehensive SBCC approach mentioned for promotion of birth preparedness, newborn care preparedness and proper care seeking.

There is urgent need to implement more focused SBCC programs to achieve the 2022 HPN targets of the Results Framework.





## 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. The Analysis focused on: Thematic areas in terms of - geographical coverage, audience reached with issues and information, media approach and channels used, innovation and issues regarding monitoring and knowledge management.

### Identified Gaps and Areas for Improvement

#### Geographic coverage

- NGOs activities are focused in selected areas only with limited geographic coverage;
- Currently 60% of the urban population in the country is slum dwellers but there are limited SBCC programs for the Urban slum area; and
- Very limited number of SBCC activities are reported by GO-NGO programs for the people living in Hard to Reach areas (char, haor, costal belt, Chittagong Hill Tract areas).

#### Audience

- Though wider category of audiences are addressed in different thematic areas but still there are some groups who are specifically playing critical role in behavior change that have low coverage like :
  - Husband and mother-in-law are mentioned by very few programs;
  - Male engagement/participation activities are very less;
  - Mother of malnourished children mentioned by one project only;
  - Use of satisfied Family Planning acceptors as advocate not mentioned;
  - Involving the Marriage Resister (Kazi) at community level for promoting FP-MCH not mentioned;
  - Vulnerable youth in selected cities mentioned by one project only;
  - Adolescent from Slum are addressed in selected project area of Dhaka, Chattogram and Rangpur city only.
- Family members can play a vital role in TB case screening, detection and for treatment compliance. But the report received on TB program not mentioned about Family members as audience.
- Community awareness for social support for ENC, Community preparedness for MNCH not specifically mentioned.
- Slum dwellers and audiences in Hard to Reach areas are addressed the least.

#### Theme

- In recent past a transition has taken place in the disease pattern in Bangladesh from communicable to non-communicable diseases (NCDs), but there is no significant SBCC intervention to create awareness on prevention of NCDs, like:
  - Specific SBCC intervention on lifestyle choice
  - Implement public education campaigns about the benefits of exercise
  - Healthy diet, hazards of extra salt, sugar and oil intake and benefit of high intake of fruits and vegetable; etc.
- WASH SBCC program is limited mostly covered the school and madrasa students and have limited scale of promotion on menstrual hygiene management; need wider awareness and education campaign for general awareness.
- SBCC project to create general awareness on Occupational & Environmental health is very limited /No significant SBCC program on Environmental and Occupational health issues.

- No significant SBCC program on Environmental and Occupational health issues .
- No comprehensive campaign on TB prevention; TB related SBCC activities has limited reach and intensity.
- SBCC programs on nutrition have not specifically addressed obesity and geriatric nutrition.

### **Approach and Media**


- Though utilization is better than last year but still digital tools, mHealth and social media have not been extensively utilized as message dissemination platforms for HPN SBCC program.
- Local level outreach activities are not well connected or coordinated; implemented by different projects sporadically.

### **Innovation**

- Few of the reports highlight innovative approaches for SBCC activities, most of the SBCC activities are implemented from previous years in the same manner without much change.  
Monitoring and Knowledge Management
- Monitoring mechanism of SBCC activities implementation are not practiced and documented widely for tracking, reviewing effectiveness, and for planning to improve efficiency in program management
- Best Practices in SBCC programs are seldom shared.

### **Recommendations**

1. Implementation of SBCC programs needs to be streamlined among the NGOs so that the geographic coverage is evenly distributed throughout the country based on need and not focused in selected areas only.
2. SBCC programs require a 'holistic approach' so that each Thematic area could be implemented widely considering the existing situation and the indicators set to achieve for HPNSP.
3. All HPN SBCC program need to allocate and utilize resources in a planned manner considering the program gap, and immediate and long term outcome of the intervention to have the desired change.
4. Resource allocation for Capacity Strengthening of the program planner and implementers to have the skills for efficient implementation of SBCC program; resource allocation to plan and implement effective Community Engagement through well-planned intervention that would play a critical role in sustainable community support.
5. Keep the HPN SBCC Coordination committees at different levels (national to upazila level) functional under leadership of MoHFW.
6. Incorporate SBCC Leadership building efforts at system level to mentor appropriate planning and resource allocation for strategic communication.
7. GO-NGOs need to promote sharing of their Best Practices in SBCC programs with evidence for scaling up and for greater coverage of these result driven programs.
8. Design and implement specific comprehensive SBCC programs for the Urban slum dwellers and Implement specialized service package to access people living in Hard to Reach areas; give special emphasis to allocate adequate resource by the GO-NGOs for this focused intervention.
9. Male engagement should be increased to support positive behaviors related to birth spacing, healthy pregnancy, birth preparedness, safe delivery, newborn care, PFP and child health care and nutrition.
10. The Premarital Counseling program is an important endeavor and should be increased to cover more College & University level students and similar age groups in the community.

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11. A comprehensive campaign within general people is essential for basic TB messages about – TB screening for two weeks' cough, TB diagnosis and treatment is available and free of cost, places where they can get TB screening and treatment, and that TB is preventable.
  12. Implementation of more focused SBCC program to promote healthy lifestyle that contributing to reduce NCD burden, e.g. diabetes, cerebro-and cardio-vascular diseases, cancers, etc.
  13. Implementation of more focused SBCC program on Environmental and Occupational health throughout the country with the relevant stakeholders and also widen the coverage and intensity of the SBCC program on WASH.
  14. Youth emerging issues like tobacco, drug abuse, healthy lifestyle should be addressed comprehensively and develop youth leaders to promote social change.
  15. All thematic program should be audience centered and give more emphasis to bring change among the youth and adolescent as change makers.
  16. Considering the rapid change in media landscape promote use of Social media like Facebook, Youtube etc. more to reach the intended audiences specially the youth.
  17. Continue use of Mobile messaging/voice calls /Apps/game as an important channel of communication especially considering mobile phone popularity among adolescents and its reach in rural areas too.
  18. Expand the use of FM radio which can be accessed through mobile phones should be explored for dissemination of health, nutrition and FP messages.
  19. Strengthen SBCC program follow up and monitoring at all level and promote utilization of findings for local level planning.
  20. All the SBCC programs should be gender responsive.
  21. Explore innovative approaches, all the SBCC programs should be based on formative research and local evidence that should include Situational assessment, Audience needs, and identification of Barriers and Facilitators of Behavior Change.



**SNAPSHOT**



### Goal

Envisages a nation of healthy people where quality of life for all is ensured, throughout all life stages, through health education and promotion.



### Key Objectives

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 on Communicable and Non-Communicable Diseases
- Create awareness on emerging health issues and observe Service Week
- Develop and disseminate IEC/BCC materials
- Community engagement and mobilization
- Capacity development for SBCC
- Organize HPN coordination meetings and SBCC coordination meetings and inter-sectoral advocacy on lifestyle
- Use of ICT, maintain and update website and digital archive



### Audiences

- General people
- People vulnerable to NCD
- Youth and Adolescent
- The Mother of under five children
- Community people and elites
- Health Education Officer & Health Educator



Opening Ceremony:  
World Health Day 2019



Annual SBCC Capacity Assessment Exercise



eResource Training for the Senior and Junior Health Education Officers

## Notable Activity



BHE celebrated observance of World Health Day-2019 with a theme “Universal Health Coverage (UHC) for Primary Care (PHC) with a focus on equity and solidarity” at National, District and Upazila Level; successfully organized a series of promotional and advocacy events including Rally, Seminar, Health Exhibition, Essay competition, IEC material like poster, leaflet and folder

and sticker containing messages on theme of the day printed and distributed throughout country. BHE developed a day observation guideline that assisted uniform dissemination of the message countrywide. The program monitoring report shown that World Health Day observance created buzz among the relevant stakeholders.

*Funded by: 4th HPNSP, MoHFW.*

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

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





## 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.



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



## Audiences

- Eligible Couples
- Married Women at Reproductive Age (MWRA)
- Adolescents
- Pregnant women
- Mothers of children under five
- Community Leaders



## Key SBCC Interventions

- Create demand for FP-MNCH information and services through SBCC activities with special focus in low performing regions and pockets.
- Community mobilization, sensitization and advocacy
- Media campaign, use of ICT and social media
- Production, distribution & display of SBCC materials
- Capacity building for different service providers, supervisors and managers
- Monitoring, research & documentation of best practices
- Coordination, collaboration and partnerships.





## Notable Activity

Campaign for urban poor, slum in five City Corporations was organized in collaboration with FP-FSD unit and development partners. Adolescent boys and girls living in City Corporation slum areas were the key participants of the campaign where journalist, local representatives and key influential were also present. It was a day long program with different activities i.e. cultural events (drama, song, recitation etc.) performed by adolescent boys & girls, sharing of experience, audio-visual show, quiz competition, motivational speech by local elites, and dissemination of SBCC materials.

Through interactive discussion and entertainment audience were provided information related to adolescent reproductive health, consequence of early marriage and pregnancy, gender discrimination, violence against women, substance abuse and other risky behavior.



## Outcome

Post event feedback reflected that the campaign created a buzz, was well-acknowledged by adolescents as it was informative and entertaining.

Local and national media covered the campaign news widely.

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

*Website: <http://www.dgfpbd.org>;*

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

## 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.

## Key Objectives



To strengthen the mainstreaming of nutrition issues into relevant sectoral policies, plans and program.



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

## Audiences



- Pregnant & Lactating women
- Mother of children under two and five
- Caregiver
- Adolescent girl
- Community people
- People of Hard to Reach area.

## Key SBCC Interventions



- Promote, Protect and Support Infant and Young Child Feeding (IYCF) Practices;
- Promote Maternal Nutrition and Adolescent Nutrition, & Food Safety Program;
- Awareness on Micronutrient Deficiencies;
- Promotion of Growth Monitoring;
- Promotion of Good Hygiene Practices including WASH;
- Develop nutrition-related messages, materials, and disseminate those in the appropriate media;
- Observe nutrition-related days & nutrition week;
- Promote HPN SBCC coordination meeting;
- Maintain & update website, and SBCC digital tools.



Message Development Workshop





Event at Hard to Reach Area



Opening Ceremony:  
Nutrition Week, April 2019

### Notable Activity: BOAT Campaign



NNS organized BOAT Campaign to reach people living in Hard-to-Reach areas of 5 upazilas of Kishorgonj district. The Campaign held in different HAOR areas, a boat decorated with nutrition information travelled through the HAOR areas and organized folk song and short drama show with information on proper breastfeeding, IYCF, nutrition for pregnant, lactating mothers, & adolescent. The event were followed by interactive discussion and question answer session for further clarification of the message and also distributed SBCC materials on nutrition. More than 4000 community people including women and adolescent were reached through this enter-education event. The participants considered this an effective way of receiving information on nutrition.

*Funded by: 4th HPNSP, MoHFW.*

### Goal



To accelerate the reduction of maternal and neonatal mortality and to reduce the burden of maternal and neonatal morbidity.

### Key Objectives



To improve the Maternal, Infant, Child and Adolescent health services throughout the whole span of reproductive life by skilled service providers from home to health facilities.



**Location Covered:**  
Countrywide

### Key SBCC Interventions



- Orientation for strengthening 24/7 Normal delivery at UH&FWC;
- Distribution of "MAYER BANK" to pregnant mothers for personal saving for emergency situation.

### Audiences



- Pregnant mothers especially from low income community;
- Family members of pregnant mothers;
- Community stakeholders;
- Local leaders;
- Health service providers;
- GO- NGO frontline workers;
- Media representatives.





## Notable Activity

MCH Services unit of the DGFP is organizing different types of promotional activities and events to raise awareness on birth preparedness and planning. One of the key promotional activities is to organize upazila level sensitization meeting where Member of Parliament is present as the Chief Guest and other guests include Mayor, Upazila & Union parishad chairman, Deputy Commissioner

and other district and upazila level officials. The upazila officials invite participants from the family having a pregnant woman and able to gather 120-200 participants in each meeting. A total of 110 such sensitization meetings were organized last year. The meeting created a buzz and increased safe motherhood practice.



## “MAYER BANK”

MCH Unit also distributed “MAYER BANK” to the pregnant woman and encourage family members to save money for emergency period during delivery and post-delivery . The “MAYER BANK” started distribution from the upazila level sensitization meeting. The “MAYER BANK” also works as a symbol of safe motherhood practice. The MCH services unit distributed 165,000 mother’s bank last year.



*Funded by: 4th HPNSP, MOHFW*



# Family Planning-Field Services Delivery, DGFP



## Goal

Contribute to achieve Total Fertility Rate (TFR) 2 by 2022 by improving family planning services delivery.



## Audiences

- Couple of reproductive age
- Garment Workers
- Community leaders
- Service providers



**Location and Area Covered:**  
Nationwide coverage



## Key SBCC Interventions

- Orientation sessions for the local government representatives, local elites and journalists, religious leaders, cultural activists, women groups and community group members (CG,C-STGs).
- Orientation sessions for the Program Managers & Service Providers of garments factories on contraception and reproductive rights;
- Community sensitization workshops on FP-MCH interventions.

## Notable Activity



Around 5.4 million population works in Ready Made Garments industries where 60% of them are women and they usually are of reproductive age and a good number of them are married and young couple. Field Service Delivery unit of the Directorate General of Family Planning took initiatives to make family planning services available within the premises of RMGs along with capacity building of the service providers to provide quality services. The unit in collaboration with BGMEA, BKMEA and development partners strengthened the supply of FP commodities including planning, reporting and monitoring system at RMGs

as well as provided skill building training to improve the capacity of SRH/FP service providers.

Till to date, the unit trained 418 service providers (doctors, nurse & paramedics) and 201 mid-level managers at 278 RMG factories. This is a unique initiative as the Population Policy 2012 has given emphasis to provide services in the underserved areas and/or population dense areas such as the labor-intensive factories like RMG factories. This activity is implemented in partnership with BGMEA, BKMEA, UNFPA, Embassy of Netherland, Marie Stopes, SNV Netherland.

Funded by: 4th HPNSP, MOHFW

# Clinical Contraception Services Delivery Programme (CCSDP), DGFP

## Service Components



- Component-1: Strengthening LARC & PM Services
- Component-2: Ensuring availability of LARC and PM contraceptives & MSR
- Component-3: Strengthening LARC&PM services in hard-to-reach, low performing and urban areas through Regional Service Package
- Component-4: Quality of Care on Family Planning- LARC & PM services
- Component-5: Build capacity of the service providers



**Location Covered:**  
Nationwide

## Audiences



- Eligible Couple of Reproductive age
- Young Married Couple
- Pregnant Women
- Husband and Family Members
- Satisfied PM Client
- Community Leaders Service Providers

## Key SBCC Interventions



- Promote LARC & PM Services;
- Domiciliary visits specially in hard-to-reach, low-performing areas and urban slums by the field workers;
- Peer activities including counseling, motivation and group discussions targeting the Young Married Couple ;
- Peer activities including counseling, motivation and group discussion with the eligible couple;
- Sensitization workshops involving satisfied NSV clients as advocate;
- Community mobilization against child marriage and delaying first pregnancy among adolescents;
- Sensitization workshop at community with the community leaders on LARC & PM;
- Introduce E-toolkit & e-learning course for frontline service providers on LARC & PM;
- Improve functional coordination with DGHS and other ministries.

## Notable Action



CCSDP taken a special initiatives to increase LARC&PM uptake as postpartum family planning (PPFP) method of those who are taking service from public & private hospital. To support this initiative develop Bangladesh National Action Plan for Post-partum, post-menstrual regulation and post-abortion care family planning; increase availability of PPFP service in the DGHS health facilities and trained 1320 physicians and paramedics/ FWVs on PPFP; issued a circular jointly signed by both the Director General of the DGFP and DGHS instructing how to implement the PPFP services ; develop social and behavior change communication plan to promote PPFP and implement SBCC activities at mass and community media. This special intervention is implemented in partnership with Shukhi Jibon, Ipas, Jhpiego, Wish2Action.

*Funded by: 4th HPNSP, MoHFW*

# Strengthening Health Outcomes for Women and Children (SHOW) Project, Plan International Bangladesh



## Goal

Contribute to the reduction of maternal and child mortality in targeted regions.



## Location Covered:

1. Nilphamari district: 6 upazilas (Sadar, Saidpur, Kishoreganj, Jalika, Domer and Dimla)
2. Barguna district: 1 upazila (Barguna Sadar)
3. Khagrachari district: 1 upazila (Panchari)



## Key Objectives

1. Improved utilization of essential health services by women of child bearing age (WCBA), adolescent girls, newborns & children under 5 living in poverty, with high vulnerability.
2. Improved delivery of quality essential health services to WCBA, adolescent girls, newborns and children under 5 living in poverty, with high vulnerability.
3. Increased dissemination & use of data by project, communities, health committees, service providers, planners & decision makers.



## Audiences

- 15-49 years WRA
- Under 5 years Children.
- Adolescent Boys and girls
- Distress women and male families



## Key SBCC Interventions

- ICT based SBCC session for male and female members
- IPC session with the male and female members
- Peer Education Session with the Boys and Girls group
- Theater for Development at community level
- Awareness program in Community Radio
- Village Savings Group (VSG) meeting



Theater for Development (TfD)

ICT based SBCC session



Funded by: **Global Affairs Canada (GAC)**

# USAID'S Improving Nutrition through Community based Approaches (INCA)

## Key Objectives



To improve nutritional practices during the first thousand days of life. The objective will be achieved through two intermediate results (IR) which are:

**IR 1:** Improved knowledge of communities on proper nutritional requirements during the first thousand days of life.

**IR 2:** Increase, access to, and use of health and nutrition services at targeted health facilities.

## Goal



Improved nutritional status of women and children in targeted vulnerable areas.



**Location Covered:**  
Selected Upazillas (11) of Bhola, Lakshmipur & Noakhali.

## Key SBCC Interventions



- Counselling on IYCF at Household level
- Courtyard session with mothers, fathers/husbands, mother-in-laws and adolescent on health and MIYCN
- Community engagement through Community Nutrition Support Group (CNSG)
- Organize Community Nutrition Day
- Materials development, orientation and distribution
- Promotion of hand washing

## Notable Activity



Lucky Begum lives in Chagla village, Kutuba union under Borhanuddin upazila, Bhola. Lucky is a housewife and her husband Md. Nur Nabi works in a private company. Lucky got married at the age of 20. She was very nervous in her first pregnancy although she studied up to higher secondary level. She was confused with various myths related to pregnancy and seeking someone for getting support. At that time

Tahmina Begum a Community Nutrition Promoter (CNP) of INCA registered her and counselled her once in a month on proper requirement of food, necessary care and institutional delivery. Lucky received a food plate and nutrition calendar from the CNP and participated in courtyard sessions. She tried to intake foods as guided by CNP and took Iron Folic Acid and Calcium tablet regularly and received ANC services more than four times from health center. She gave birth to a son with birth weight of 2.9 Kg. She initiated breastfeeding within one hour after delivery, took two PNC services and continued exclusive breastfeeding to her child.



Lucky Begum received counselling from CNP, USAID's INCA, Caritas.

## Audiences



- Pregnant & Lactating mother
- Mother of under 2 children
- Father of children
- Mother-in-law
- Adolescent girl
- Service Provider and
- Community Gatekeeper.

## Implementing Partners



Caritas Bangladesh & United Purpose

Funded by:  
**USAID**



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



## 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 toward universal health coverage.



## Location and Area Covered:

Districts covered: 63  
(Static clinic: 387 & Satellite spot: 10063)



## Audiences

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



## Key Objectives

1. Develop and implement a program to transform the Smiling Sun 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.



## Key SBCC Interventions

- One-to-one counseling by Community Service Provider (CSP);
- Growth monitoring campaign;
- Counseling at static clinics;
- Distribution of SBCC materials.



## Notable Activity

Mahinur Begum, a 27-year-old woman new to the Bashabo area in Dhaka, was nervous about the recurring fever of her two-year-old daughter Elma. Mahinur knew that going to a private clinic would be out of her financial ability, and she was not familiar with other clinics being new to the area. She had recently moved from Jatrabari, and there her family had



frequented a Surjer Hashi Clinic. Finding a Surjer Hashi Clinic in Bashabo, she immediately took Elma to the clinic.

The doctor carefully examined Elma and performed pathological test that was readily available at the clinic and after analyzing the reports, the doctor diagnosed Elma's condition as a viral infection and treated her with proper medication and reassured Mahinur that Elma would be okay. The Surjer Hashi Clinic in Bashabo is one of 369 clinics managed by pro-poor social enterprise Surjer Hashi Network (SHN), which is supported by AUHC activity.

"I have a special bond with the Surjer Hashi Clinic network as I have received healthcare services during my three pregnancies and delivered all three children at the Surjer Hashi clinics," said Mahinur. She added, "they gave me complete guidance during the toughest and scariest point in my life. They also offered every possible healthcare service needed for my children. Whenever I came here, I noticed that they treated my child with a smile, treating them like family. I am really grateful to the Surjer Hashi Bashabo clinic for everything they did for my child."

USAID's AUHC will continue to advance progress towards universal health coverage through pro-poor social enterprise Surjer Hashi Network (SHN) and serve many more individuals in need like Mahinur and Elma.

## Implementing Partner

Chemonics International Inc



*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.

## 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.



**Location and Area Covered:**  
Chattogram, Sylhet & Dhaka

## Key SBCC Interventions



- Surround the target audience with health messages through radio and TV programs, social media content, and online series.
- Reach the target audience with Ujjiban's audiovisual content and health messages through outreach screenings, school-based activities and health sessions in adolescent/youth clubs.
- Develop the capacity of field workers and local community institutions on interpersonal communication, community mobilization
- Equip field workers with eToolkit, eLearning course and Ujjiban audiovisual materials to facilitate effective counselling, information sharing and discussion.
- Develop the capacity of MoHFW in leadership, coordination and monitoring through workshop, mentoring and distribution of tools to implement SBCC activities across all levels effectively.

## Audiences



- Adolescent boys and girls
- Women of reproductive age, husbands and fathers
- Parents, in-laws
- Community leaders
- Program managers and field workers
- Policymakers.





## Implementing Partners:

- Johns Hopkins Center for Communication Programs;
- Bangladesh Center for Communication Programs;
- Save the Children



## Notable Action: 1

**Leadership workshop** for the high-level GoB officials enhanced capacity: A 3-day leadership workshop for the 26 high-level GoB officials contributed to increased capacity and enthusiasm amongst the Additional Secretary, Joint Secretary, Unit Director and Deputy Secretaries of different ministries and units to find their leadership role in Strategic Leadership Mindset, Advocacy and Policy Change, Power of Coordination and Operational Effectiveness for contributing in HPN SBCC program. A follow-up meeting with the workshop participant was held in order to continue their active role for better inter-department/ministry coordination to maximize the utilization of existing resource and structure effectively for HPN SBCC program.



## Notable Action: 2

Ujjiban has provided orientation and training to health workers and distributed the eToolkit and Ujjiban Mobile Bondhu SD Cards at the community clinics. The training and resources become very helpful for them to counsel clients. They are regularly using the eToolkit, which hosts a multitude of SBCC resources on health, family planning and nutrition, and Ujjiban Mobile Bondhu SD Cards, which stores all audiovisual products by Ujjiban, to provide information and to address clients' concerns.

Selina Akter, an FWA of Jobra Community Clinic in Chattogram, said that she finds this digital tools useful for one-to-one counselling and SBCC sessions mainly because people like to watch the videos and, therefore, concentrate more and find it easier to recall the messages.

Funded by: **USAID**

# USAID'S Early Childhood Development Mass Media Activity, Sisimpur

## Goal



To help children grow smarter, stronger, and kinder.

## Audiences



- Children aged from 3 to 8 years
- Parents and caregivers of the children aged from 3 to 8 years



## Location covered:

- Entire country through television and digital media
- Kutubdia & Ukhiya Upajilas of Cox's Bazar for print-content distribution

## Key Objectives



1. To produce and facilitate the broadcast of educational television programs for children.
2. To produce e-contents for children 3-8 years
3. To produce and distribute print-materials

## Media Broadcasting partners:



- Bangladesh Television
- RTV & Duronto TV

## Amar Ekushe Gronthomela 2019



## Key SBCC Interventions



- Production and distribution of TV episodes on Early Childhood Development and Education;
- Production and distribution of digital contents;
- Production and distribution of print contents including storybooks for primary school children.

## Notable Action



Sisimpur distributed storybooks featuring the brand characters of Halum, Tuktuki, Shiku and Ikri-Mikri in the government primary schools where it was found that children are regularly reading the books, sharing the stories with friends and doing different creative activities they have learned from the storybooks. Among the 20 new Storybooks we distributed, there is one story about reusing the junks, we have found that students created new stuff and displayed in their classrooms. The study finding states almost 70% of the students has created innovative play materials out of junks.

## Outcome



- Sisimpur television program is the most popular program among children and parents which is well accepted throughout the country;
- Sisimpur Facebook page and YouTube channel became popular among parents and children featuring innovative contents on ECD;
- Sisimpur print-materials are highly demanded materials among young children.

Funded by: **USAID**





## Goal

The aim of 'Notun Din' health communication program is to increase knowledge and awareness, and to improve healthy behaviors among the targeted populations in the intervention areas.



## Audiences

- Married women of reproductive age (MWRA) and caregivers of under 5 children;
- Newlywed couples
- Adolescent girls, boys and children;
- Community influential.



**Location Covered:**  
69 upazilas of  
20 districts



## Bridging Healthcare Gaps in Rural Bangladesh:

Moriom Begum has been a trained Traditional Birth Attendant (TBA) serving the community for the last 40 years. Hailing from a small remote village under Chokroda union of Shibpur Upazila, Narshingdi, she was married at the age of 15 to a low-paid worker (office messenger).



## Key SBCC Interventions

The community mobilization activities are for increasing the awareness and demands of public health products and services.

- Courtyard meeting with married women of reproductive age and caregivers of under five children;
- IPC with newlywed couples; mobile film shows
- Health and hygiene sessions with adolescent girls and boys at schools and madrasaha;
- Engage rural women entrepreneurs branded as gold star members (GSM) for creating health awareness, selling SMC public health and FP products at the doorsteps of the community;
- Advocacy meetings with community influential to solicit their support to MISHD programs;

She has been active in compassion from a very young age, ministering the poor pregnant and childbearing women in her community who are deprived of primary healthcare services.

It is of no surprise that concepts of economic freedom, empowerment and self-reliance were almost unheard phenomena in her locality. Being inspired by one of the Community Mobilizers of SMC in 2016, she participated in a training organized for Community Sales Agents (CSAs) currently branded as Gold Star Members (GSMs) network. She initiated her new business buying healthcare products with BDT 2,000 from SMC and started selling them within her catchment area, and currently her sales stand at BDT 10,500 with a profit margin of BDT 2,500.

She continues to disseminate health messages focusing on healthy timing and spacing of pregnancy, family planning

methods, first 1,000 days care, personal hygiene of adolescent girls including referral of potential Long-Acting and Reversible Contraceptive - LARC clients and suspected TB patients to the nearby health facilities. Moriom, capitalizing on her positive image, is now well accepted in her community popularly known as 'doctor apa' (sister) among adolescent girls and young women.

Talking about her position at family and community, she says, "I really enjoy my work and I receive cordial support from my husband and in-laws to continue my business." Moriom has proved that no boundaries can stop if someone aspires to dream and turn that into reality.

*Funded by: USAID*



# Born On Time project

## Goal



Reduction in neonatal mortality in targeted communities of Bangladesh

## Audiences



- Women of Reproductive Age
- Adolescent girls and boys
- Young Married Couple
- Pregnant Women's household members
- Husband, Mother-in-laws, Elderly Women and Father-in-laws
- Religious leader/ Community leader/ Health Committees.



### Location Covered:

Rangpur district:  
6 upazilla  
(Gangachara, Kaunia,  
Mithapukur, Pirgacha,  
Pirgonj and Taraganj)

## Key Objectives



1. Improved availability of quality, gender responsive/ adolescent-friendly maternal, newborn and sexual and reproductive health services to prevent and care for preterm births among adolescent girls and women of reproductive age (WRA) in underserved areas.
2. Increased utilization of quality, gender responsive/ adolescent-friendly maternal, newborn and sexual and reproductive health services to prevent and care for preterm births among adolescent girls and WRA in underserved areas
3. Enhanced utilization of evidence-based, gender-specific information on preterm birth data for decision making at various levels of the health system

## Key SBCC Interventions



- Organized community people into different groups: 'Family Decision-maker Group,' 'Change-makers Group,' 'Father's Club,' 'Adolescent Groups' and 'Young Married Couple Groups.'
- Organize Community Dialogues and awareness sessions.
- Organize Advocacy Meeting with community leaders.
- Facilitate different group activities.
- Create a Community Network with members of Community Support Group, elected & non-elected community members.

## Implementing Partners



Plan International and LAMB Hospital.

Funded by: **Global Affairs Canada**



### Adolescent Girls Group:

<https://www.youtube.com/watch?v=6BklupqGLPc&feature=youtu.be>

### Fathers Clubs:

<https://www.youtube.com/watch?v=6ntp6AecfL8&feature=youtu.be>

# Integrated Behavior Change Intervention (BCI) Bangladesh Center for Communication Programs (BCCP)

## Goal



To reduce maternal and under-five child mortality through direct interventions that include both nutrition-specific and nutrition-sensitive efforts to reduce malnutrition in the first 1,000 days from conception.

## Audiences



- Pregnant and Lactating Mother
- Children under five
- Husband and in-laws of pregnant and lactating mother
- Caregiver of children under five



**Location Covered:**  
Thakurgaon District

## Key Objectives



1. Improve knowledge and practice of good nutrition, including dietary diversity, IFA supplementation, during pregnancy and lactation.
2. Increase knowledge and practice regarding minimum four antenatal care (ANC) visits from skilled provider.
3. Increase knowledge and practice regarding postnatal care (PNC) for mother and newborn.
4. Improve knowledge and practices related to good infant and young child nutrition, including early initiation of BF, EBF, complementary feeding, minimum acceptable diet, dietary diversity, consumption of iron-rich foods, and MNP supplementation (wherever required).
5. Increase access to MIYCF information through accessible channels of communication among mothers of children aged 0-59.9 months.

## Key SBCC Interventions



BCCP through a subcontract from ICDDR,B had undertaken the following activities:

- BCCP developed a Behavioral Change Communication Intervention with Implementation Plan. It is also noteworthy that this BCI strategy has been developed based on the findings of formative research conducted by ICDDR,B in Takugaon district.
- BCCP also designed, developed and adopted 7 sets of selected communication materials in line with overall strategic approach and key messages identified.

## Implementing Partners



Bangladesh Center for Communication Programs (BCCP)



Funded by: **Nutrition International (NI)**

# Hello I Am, Population Services and Training Center (PSTC)

## Goal



Adolescent girls enjoy their sexual reproductive health and right and achieve their full potential, from all forms of teenage pregnancies, child marriages, and will remain in schools.

## Audiences



- Young people & their parents;
- Community members,
- Religious & community leaders.



## Location covered:

6 Upazillas of Bangladesh: Gazipur Sadar, Chattogram Sadar, Durgapur, Savar Moddhyanagar and Mymensingh Sadar.

## Key Objectives



1. To increase availability of information and support in preventing child marriage at a national level
2. To empower adolescent girls and boys to take action to address social norms contributing to child marriage
3. To change attitude of parents and family members to take action to prevent child marriage, unwanted adolescent pregnancy and school dropout

## Key SBCC Interventions



- Life skill education - courtyard sessions for the adolescents and parents group,
- Edutainment through video clips, radio and TV shows, community fair, community screening, and drama shows
- Distribute print materials - Good parenting guideline, pocket networking map, brochure, leaflet, etc

## Implementing Partners



Population Services and Training Center (PSTC), Dustha Shastha Kendra, RHSTEP





## Notable Action



- Interactive Webpage 'uCon' Connecting Young People to Stop Child Marriage
- Through a multi-component approach involving Digital Media (interactive webpage) edutainment and community engagement, Hello, I Am project seeks to address the socio-cultural norms underlying the continued practice of child marriage in Bangladesh. Through a series of media and face-to-face programs, and providing information through interactive webpage Hello I Am has empowered young men and women to take action against child marriage and encourage parents and community leaders to become more supportive of girls' aspirations.

- uCon is an interactive website which aims to improve access of information in the arena of sexual and reproductive health and rights (SRHR). Most of the adolescents don't get proper information and guidance about their growing up, future planning, rights and sexuality. In working to end youth's problems, we believe that accessibility of information must be ensured.
- uCon has connected 60,000 of youth and has an effect on them to learn about their SRHR issues. It has created mass awareness, to answer the questions of young people regarding their life and reality.

As a result of the program, thousands of young people eventually become able to make their own decisions about their education, bodies, marriage and motherhood.

*Funded by: IKEA Foundation through Rutgers Netherlands*



# Bangladesh Breastfeeding Foundation (BBF)

## Goal



Ensure the highest level of protection, promotion & support of breastfeeding and optimal IYCF practices and optimum maternal nutrition in Bangladesh.

## Audiences



- Pregnant & Lactating mothers and Care Givers
- Service Providers
- Civil Society Members
- Policymakers



**Location Covered:**  
Nationwide coverage

## Notable Action



BBF is the most prominent organization that promoting breastfeeding (including all components of IYCF) and prohibits formula feeding by raising awareness through orientation, training, seminar, workshop, advocacy and day observation. The organization is forming mothers support group (MGS). The purpose of MGS is to support mothers/caregivers at the community level about appropriate IYCF practices, pregnant and lactating mother diet practices through formation of MSG at community clinic, aware local representative and other stake holders on maternal and child health- nutrition as well as MSG activities. Till to date 253 MGS has been formed and 1771 members were trained to facilitate courtyard meeting with demonstration technics of breastfeeding and complementary feeding. About 7590 pregnant and lactating mothers, mothers of less than 5 years old children and their caregivers participated in 253 courtyard meetings.

## Key Objectives



1. Early initiation of breastfeeding within 1 hour of birth
2. Achieve and sustain universal exclusive breastfeeding for the first 6 months (180 days).
3. Continuation of breastfeeding at least up to 2 years.
4. Appropriate and adequate locally available homemade complementary food after completion of 6 months.
5. Improve the nutritional status of pregnant women and lactating mothers.



*Funded by:* **NNS, IPHN, DGHS, DGFP, MOHFW; Unicef, WHO, FAO, WFP, EU, USAID, World Vision, BRAC, Max Foundation, Water Aid, Care, HKI, Concern Worldwide, Irish Aid, FHI 360, Alive & Thrive, CSA for Sun**



# USAID's Strengthening Multisectoral Nutrition Programming through Implementation Science Activity

## Goal

Nutrition policy making and implementation in Bangladesh is informed by high quality local evidence



### Location and area covered:

*Perojpur Districts:* Mothbaria, Pirojpur Sadar, Nesarabad, Nazirpur Upazila

*Chuadanga District:* Alamdanga upazila

*Jhenaidah District:* Moheshpur, Kaliganj, Shailkupa, Jhenaidah Sadar upazila

*Barisal District:* Barisal Sadar, Mehendiganj, Bakerganj, Uzirpur upazila

*Jessore District:* Jessore Sadar, Sharsha, Monirampur, Jhikargacha, Chowgacha

*Kushtia District:* Daulatpur, Kumarkhali, Mirpur, Kushtia Sadar upazila

## Audiences

Poor and extreme poor pregnant and lactating women with children of under two years of age (primary) and their households (secondary).



## Key Objectives

**Intermediate Result 1:** Increased availability of evidence to guide multisectoral nutrition programming implementation.

**Intermediate Result 2:** Improved capacity to use evidence to inform policy and programmatic decision-making



## Key SBCC Interventions

- Conducted nutrition sessions for PLW and caregivers of under-2 children
- Conducted household visits to identify barriers to optimal nutrition practices; counseled families to overcome barriers and promote optimal behaviors
- Held cooking demonstrations to celebrate initiation of complementary feeding
- Delivered voice messages to PLW and their family members
- Offered live counseling support through 24/7 call center
- Held upazila mothers' assemblies
- Supported community meetings with PLW and influential community leaders.



## Implementing Partners

FHI360, CARE, Partners in Health and Development (PHD), Agro-inputs Retailer Network (AIRN), Social Marketing Company (SMC), LifeChord Ltd.



Funded by: **USAID**

## Vision



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

## Key Objectives



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

## Key SBCC Interventions



- Sessions conducted in the community
- Hygiene session and events conducted in schools
- MHM sessions and events conducted at community
- Organize local level Campaigns
- Capacity building events/ trainings
- Advocacy event organize on safe Water Sanitation Practice and Hand Washing.

## Notable Activity



Publication and dissemination of the WASH guideline for CCs  
Integrating WASH in the Community Clinics  
A story of change in the health care service delivery system in a hard to reach context  
Training communities and care givers on WASH issues  
Videos and Flipcharts on Hand Washing.

## Audiences



- High school girls at school and community
- Adolescent girls, mothers at the community
- School Management Committee
- Peer Educators
- Duty bearers, caretakers
- Community people
- Community Leaders



**Location Covered:**  
Dhaka and 15 selected districts



## Implementing Partners



The WASH program implemented through 23 Non-Government Organizations and Networks of the country.

*Funded by:*

**Multiple donors are funding this project.**

**H&M Foundation, DFID, Bill and Melinda Gates Foundation, Swedish International Development Agency, AUXILIUM, UNICEF, Kimberly-Clark, HSBC, Lindex, Dutch Wash Alliance/Simavi, Water Industry - Severn Trent Water, HSBC Bangladesh, PC Lottery, New Venture Fund, LDSC, European Commission, Coca-Cola, DFAT, Water.org**

# Bloomberg Initiative to Reduce Tobacco Use Bangladesh Center for Communication Programs (BCCP)

## Goal



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

## Audiences



- Researchers of different universities and organizations
- Post graduate students
- Relevant government officials
- Researchers of different NGOs.



**Location covered:**  
All over the country.

## Key Objectives



1. Enhance research capacity as well as create local evidence base on tobacco control to develop effective SBCC programs in Bangladesh.
2. Develop and maintain a one-stop virtual center for tobacco control.
3. Provide technical assistance to the Ministry of Health and Family Welfare to observe World No Tobacco Day and develop SBCC materials on tobacco control.

## Key SBCC Interventions



BCCP with input and support from the Institute for Global Tobacco Control based at the Johns Hopkins Bloomberg School of Public Health has undertaken the following activities:

- Provide seed research grants to the post graduate students and researchers of different organizations and institutions to create local evidence.
- Organize research capacity building mentoring programs for the research grantees.
- Disseminate research findings with the relevant stakeholders including media.
- Provide technical assistance to make sustainable the Bangladesh Tobacco Control Research Network.
- Extend support to the research grantees to prepare manuscripts for scientific journal publication.
- Develop BCC materials to observe the World No Tobacco Day 2019.
- Provide support to the Non-communicable Diseases Control Program to facilitate sessions at the Message and Material Development Training and review IEC materials on tobacco control.

## Implementing Partners



Bangladesh Center for Communication Programs (BCCP)

## Notable Action



There was no platform in Bangladesh where tobacco control researchers could get support and guidance. Bangladesh Tobacco Control Research Network (BTCRN) was formed in 2013 by a group of enthusiastic researchers to promote and nurture tobacco control research in Bangladesh under the auspices of the "Bloomberg Initiative to Reduce Tobacco Use" project. BTCRN provides technical assistance to BCCP in implementing a competitive Tobacco Control Research Grant Program for researcher especially the young researchers. Dissemination Conferences are also being organized to share the findings of the research studies

bringing together different stakeholders. BTCRN has developed a virtual resource center ([www.btcn.org](http://www.btcn.org)) to act as a research hub for tobacco control in Bangladesh. BTCRN also nurtures a Journal Club to facilitate the review of specific journal articles and to discuss its implications for new policy development or to develop tobacco control advocacy programs in Bangladesh. The senior members of the network provide mentorships to the young researchers for journal publication. The network has already established itself as a specialized forum to promote tobacco control research in Bangladesh.

Success story/Best Practice model:



## Outcome



- Government of Bangladesh and non-government organizations working in tobacco control are expected to consider the research to develop and implement effective SBCC programs.
- The Government of Bangladesh and different universities have come forward to collaborate with BTCRN in implementing the systematic research capacity building program in Bangladesh.

*Funded by:* **Bloomberg Initiative through Johns Hopkins Bloomberg School of Public Health**

# Bangladesh NGOs Network for Radio & Communication (BNNRC)

## Goal

To improve and increase women access to safe Family Planning (FP), Menstruation Regulations (MR) and Post Abortion Care (PAC) services by increasing Knowledge and creating supporting environment.



## Location Covered:

Rajshahi (9 upazilas); Barguna (12 Upazilas); Moulvibazar (4 Upazilas); Chapainawbganj (6 Upazilas); Kurigram (5 Upazilas); Cox's Bazar (2 Upazilas); Nagaon (6 Upazilas); Bhola (3 Upazilas) and Gaibandha (6 Upazilas)



## Audiences

- Community women & men
- Adolescent
- Newlywed couples
- Service providers.

## Key Objectives

1. To build the capacity of community radio broadcasters for preparing community driven radio programs and have to communicate correct information among listeners both online and offline programs.
2. To improve and increase community awareness of women and men including adolescents and newlyweds on family planning services through community radio programs.
3. To provide right information to the general people combating myths and misconceptions about modern contraceptive and long-acting permanent methods (LAPM), MR, PAC and postpartum family planning (PPFP).



## Key SBCC Interventions

Courtyard Meeting, Social Dialogue, Radio Talks & Magazine, Public Service Announcement and Features on SRHR & LAPM.



Radio Talks at Radio Meghna, Charfession, Bhola

## Implementing Partners:

Radio Lokobetar (Barguna), Radio Meghna (Char Fasson, Bhola), Radio NAF (Teknaf, Cox's Bazaar), Radio Pollikontha (Moulvibazar), Radio Padma (Rajshahi), Radio Mahananda (Chapainawabgonj), Radio Borendra (Naogaon), Radio Chilmari (Chilmari, Kurigram), Radio Sarabela (Gaibandha), Radio Krishi (Amtali, Barguna), Radio Borai (Bagha, Rajshahi).



Funded by: UKAID - DFID through Ipas Bangladesh





# ANNEX

## ANNEX

### Geographic Coverage by Organization and Thematic area

SL	Organization	Geographical Coverage	Thematic Coverage
1.	IEM Unit, DGFP	Nationwide coverage	MNCH, AH, FP
2.	Family Planning-Field Services Delivery, DGFP	Nationwide coverage	FP
3.	CCSDP, DGFP	Nationwide coverage	FP
4.	MCH- Services Unit, DGFP	Nationwide coverage	MNCH, AH
5.	National Nutrition Service (NNS), IPHN, DGHS	Nationwide coverage	Nutrition
6.	Bureau of Health Education, DGHS	Nationwide coverage	WASH, NCDC, E&O
7.	MNC & AH, DGHS	Nationwide coverage	MNCH
8.	CBHC	Nationwide coverage	MNCH, AH, FP, Nutrition, WASH, E&O
9.	MBDC, DGHS	Nationwide coverage	TB
10.	Bangladesh Betar	Nationwide coverage	MNCH, AH, FP, Nutrition
11.	Bangladesh Television (BTV)	Nationwide coverage	MNCH, AH, FP, Nutrition
12.	UPHCSDP-II, LGD	10 City Corporations: Dhaka North, Dhaka South, Barishal, Khulna, Rajshahi, Sylhet, Rangpur, Narayanganj, Gazipur, Comilla 4 Municipalities: Sirajganj, Hatia, Gopalganj, Kishoreganj (14 % of total urban population)	MNCH, AH, FP, Nutrition, WASH, TB, E&O

SL	Organization	Geographical Coverage	Thematic Coverage
13.	WHO	Joypurhat, Pabna, Natore, Naogaon, Chapainawabganj, Rajshahi, Meherpur, Chuadanga, Jhenaidah, Magura, Narail, Jashore, Satkhira, Pirojpur, Jhalokati, Bhola, Shariatpur, Gopalganj, Rajbari, Dhaka, Munshiganj, Narayanganj, Narsingdi, Gazipur, Kishoreganj, Cumilla, Chattogram, Mymensingh and 200 upazillas, * Dhaka City Corporation	<b>MNCH, Nutrition, TB, NCD, AH*</b>
14.	UNFPA	Nationwide coverage	<b>MNCH, AH, FP</b>
15.	USAID Ujjiban SBCC project	Chattogram Division: Chattogram, Noakhali, Feni, Laxmipur, Chandpur, B. Baria, Comilla, Cox's Bazar, Khagrachari, Bandarban (10 districts) Sylhet Division: Sylhet, Moulvibazar, Habiganj, Sunamganj (4 districts)	<b>MNCH, AH, FP, Nutrition, TB</b>
16.	Shukhi Jibon, Pathfinder International	Dhaka, Sylhet, Chattogram, Mymensingh	<b>MNCH, AH, FP</b>
17.	USAID MaMoni (MNCSP)	Habiganj, Manikganj, Brahmanbaria, Kushtia, Faridpur, Madaripur, Chandpur, Lakshmipur, Feni, Noakhali	<b>MNCH</b>
18.	AUHC, Chemonics	63 Districts (except Patuakhali)	<b>MNCH, AH, FP, Nutrition, TB</b>
19.	INCA, Caritas Bangladesh	Bhola, Lakshmipur and Noakhali (11 upazilas: Bhola Sadar, Daulatkhan, Burhanuddin, Tazumuddin, Lalmoahan, Charfasson & Manpura; Kamalnagar and Ramgati; Subarnachar and Hatiya)	<b>Nutrition, WASH</b>

SL	Organization	Geographical Coverage	Thematic Coverage
20.	SMNP, FHI360	Perojpur, Chuadanga, Jhenaidah, Barisal, Jessore, Kushtia District (Selected Upazila)	Nutrition
21.	Nutrition International (NI)	Khulna City Corporation, Joypurhat, Natore, Jhalokathi, Madaripur, Kushtia, Chuadanga, Meherpur, Jashore, Narail, Barguna, Feni, Kishoreganj, Gaibandha, Habiganj, Tangail, Bagerhat, Cumilla, Dinajpur, Pabna, Bhola, Gazipur, Rangamati, Rajshahi, Rajshahi City Corporation, Chandpur, Pirojpur, Munshiganj.	MNCH, Nutrition
22.	Sesame Workshop Bangladesh	Nationwide coverage	MNCH
23.	BRAC	61 districts (other than 3 CHT)	MNCH, AH, FP, Nutrition, TB
24.	MIHSD, SMC	Barisal, Jhalokati, Pirojpur, Madaripur, Fardipur, Chandpur, Kishoreganj, Narsingdi, Munshiganj, Noakhali, Laxmipur, Sylhet, Sunamgonj, Moulvibazar, Hobigonj, Brahman Baria, Cox's Bazar, Natore, Bogura, Habiganj (20 districts)	MNCH, AH, FP, Nutrition, TB
25.	Marie Stopes Bangladesh	Nationwide coverage	MNCH, AH, FP, Nutrition, WASH
26.	Plan International Bangladesh – BOT	Rangpur (6 upazilas)	MNCH, AH, FP, Nutrition,
27.	Plan International Bangladesh – SHOW	Nilphamari, Barguna, Khagrachari (8 upazilas)	MNCH, AH, FP, Nutrition, E&O
28.	WaterAid Bangladesh	Nationwide Coverage	AH, WASH



SL	Organization	Geographical Coverage	Thematic Coverage
29.	Water and Sanitation for the Urban Poor (WSUP)	Dhaka North , Dhaka South, Chattogram and Rangpur City	AH, WASH
30.	Bangladesh Breastfeeding Foundation (BBF)	Chattogram, Sylhet, Dhaka, Barishal, Khulna, Rajshahi, Rangpur, Mymensingh divisions	MNCH, AH, Nutrition
31.	CWFD (MISHD project)	Faridpur, Madaripur, Barishal, Jhalokati, Pirojpur, Chandpur	MNCH, AH, FP, Nutrition
32.	CWFD: Generation Breakthrough project	Jamalpur, Moulvibazar, Patuakhali, Rangamati and Sirajgonj	AH
33.	CWFD (ICTIHDBPH project)	Dhaka North and South City Corporation	WASH, TB
34.	Bangladesh Center for Communication Programs (BCCP)	National coverage	Nutrition, NCD
35.	Population Services and Training Center (PSTC)	Dhaka South City Corporation; Gazipur, Kushtia, Jashore, Chattogram, Cox's Bazar, Dinajpur, Kishoreganj, Narsingdi, Munshiganj, Noakhali and Lakshmpur	AH, FP
36.	Nari Maitree	Rajshahi City Corporation	MNCH, AH, FP, Nutrition, WASH, E&O
37.	Shimantik	Dhaka South City Corporation	MNCH, AH, FP, Nutrition, TB, E&O
38.	DINA Foundation	Cox's Bazar	MNCH, AH, Nutrition, WASH, E&O
39.	BAPSA	Dhaka South City Corporation	MNCH, FP



SL	Organization	Geographical Coverage	Thematic Coverage
40.	BNNRC	Dhaka, Chattogram, Sylhet, Khulna, Barishal, Rajshahi & Rangpur division	AH, FP
41.	HALOW + project, CARE Bangladesh	Selected area of Gazipur, Savar and Bhaluka	MNCH, AH, FP, Nutrition, TB, NCD, E&O
42.	UNICEF	Patuakhali, Sirajganj, Rangamati, Moulvibazar and Sirajganj. * Jamalpur, Tangail, Khulna and Gajipur ** Dhaka, Savar, Gazipur, Chattogram	MNCH, *AH, ** Nutrition,

# 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 Contraception 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 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
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 Tuberculosis
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 Services
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

