

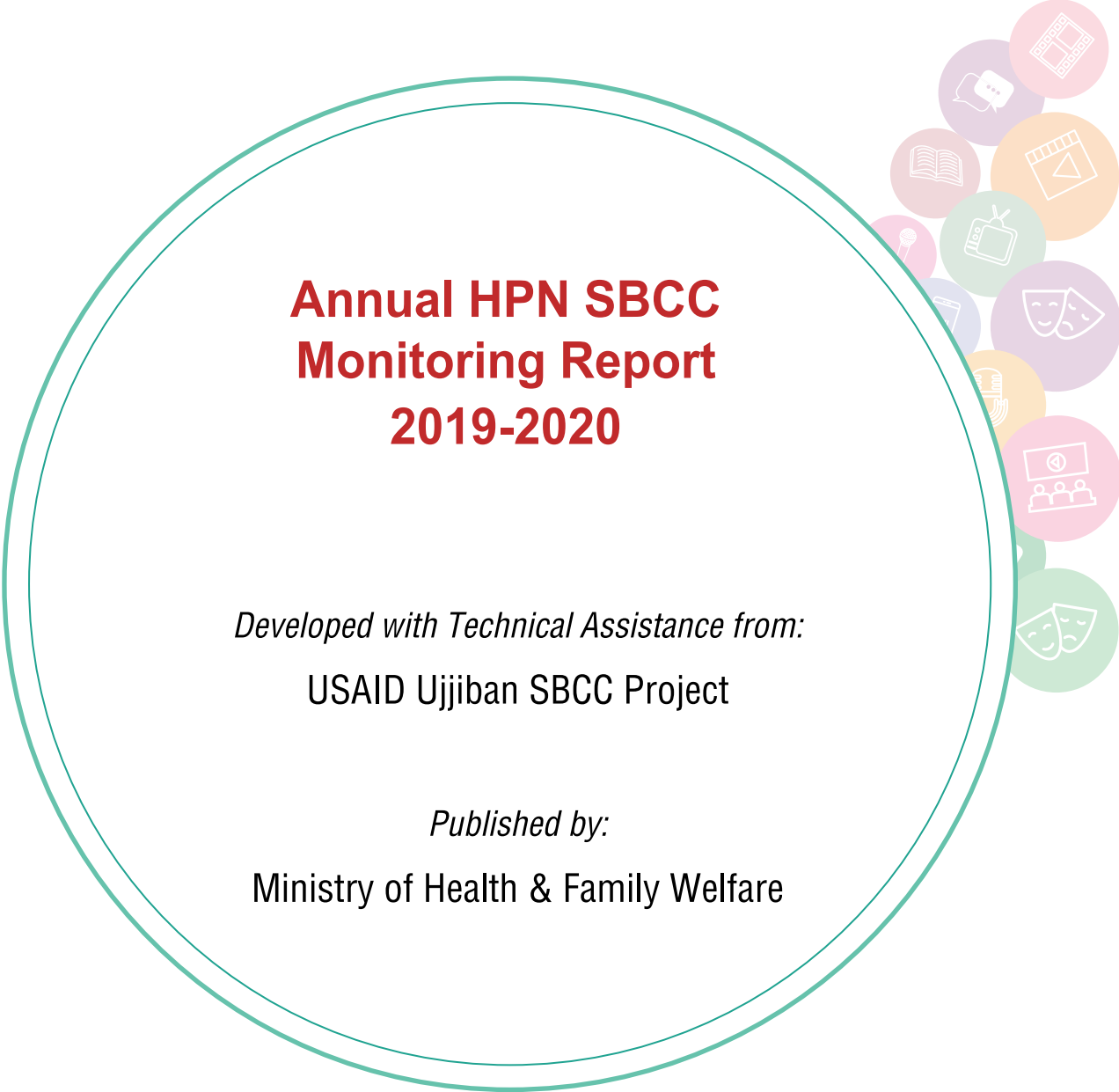


Annual HPN SBCC Monitoring Report 2019-2020



Ministry of Health and Family Welfare





Annual HPN SBCC Monitoring Report 2019-2020

Developed with Technical Assistance from:
USAID Ujjiban SBCC Project

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Minister
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh



MESSAGE

I am happy to know that the Ministry of Health & Family Welfare is publishing the Annual HPN SBCC Monitoring Report 2019-20 for the third time of this kind to impulse the grade of implementation of SBCC interventions in Bangladesh as steered by the Comprehensive Social and Behavior Change Communication (SBCC) Strategy.

It is admirable to mention that in last one-decade Bangladesh has achieved significant success in the health sector due to the dedicated efforts and contributions of the stakeholders engaged in this sector. Underlying public health activities of 4th HPN Sector Program in Bangladesh are mostly comprised of health promotion, awareness building, community participation, surveillance, and research.

MoHFW has taken various SBCC activities in Bangladesh to foster the behavioral changes among the people to increase in health seeking behavior, promoting family welfare, healthy lifestyle, and safe nutrition practices. Due to limitations of resources, we need to work strategically and with a common vision for high-quality & effective SBCC. Thus, our current implementation of SBCC activities is very much in line with coordinated and synergistic approaches following integrated messaging, standard criteria and avoiding duplication, the report reflects.

I am amazed to understand that a good number of stakeholders from Government, NGO, INGO and Development Partners have taken part in this report by providing their information on SBCC intervention throughout the year. I believe this sort of cooperation and support from all stakeholders will help us to attain our goal and I sincerely thankful to all who were involved in preparing this report.

I anticipate this report will help to provide standard for synergistic impact of HPN SBCC involvements avoiding duplication and incomplete messaging and allocate appropriate resources in implementing future HPN SBCC activities splendidly.

Joy Bangla, Joy Bangabandhu.
Long Live Bangladesh.

Zahid Maleque, MP



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

MESSAGE

It is incredibly my pleasure that to outline the evaluation of the SBCC contributions implemented over the period of July 2019-June 2020, Ministry of Health & Family Welfare is publishing the 'Annual HPN SBCC Monitoring Report 2019- '20 is the third of its kind.

All concerns are aware that Bangladesh has achieved a substantial progress in HPN sector in achieving vision 2021 and SDG goals. Many of the SDG indicators will reach at least in part by introducing healthy behaviors at the community and household levels, and by shifting social norms to support the health and well-being of all Bangladeshis. However, many challenges remain existed like; lack of adequate awareness of healthy lifestyle and structural/environmental factors, inadequate awareness of healthy and balanced food contributes to under-nutrition as well as to over-nutrition from increased consumption of junk food and excessive consumption of carbohydrate, salt, sugar, etc. Also, food adulteration in recent years has become a major public health concern. In addition, emerging diseases over time are creating havoc for the whole country.

To address these emerging challenges, 4th Health Population Nutrition Sector Program (HPNSP) has prioritized the change in healthy lifestyle choices and healthy environment through coordinated and integrated efforts by all relevant stakeholders.

I strongly believe that with the factual information obtaining from this report, HPN sector will be able to ensure integrated efforts in changing the health seeking behavior of the community, which in turn will help attain the goals of 'Vision-2021' and SDGs.

I am grateful to all the professionals involved in the compilation of this report and hope that, it will be very much useful for the program managers and planners.

My earnest appreciation goes to the USAID-Ujjiban SBCC project for their technical support for the consecutive years of compilation, development, and publication of this Annual HPN SBCC Monitoring Report.

Lokman Hossain Miah



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



MESSAGE

I am pleased to see that the Ministry of Health & Family Welfare is going to publish the 'Annual HPN SBCC Activity Monitoring Report 2019-20' like previous years to measure the degree of SBCC activities implemented in HPN sector. Thus, it provides the status of health friendly environment as aimed in 4th sector program in the Program Implementation Plan (PIP)'.

Health programs in Bangladesh are credited with many notable achievements with many challenges. Many of the SDG indicators will be reached at least in part by motivating healthy behaviors at the community and household levels, and by shifting social norms to support the health and wellbeing of all the Bangladeshis.

To achieve the targets of SDG over the next ten years, I guess this report will facilitate us and will give us direction for the maximum utilization of our knowledge, expertise, technology, tools, and resources. I believe this report will focus realistically for adjusting the health seeking behavior in the community. I am very much optimistic that it would lead for doing SBCC activities in a planned, coordinated, and strategic way.

I would appreciate the hard work of the professionals involved in the preparation of the report and anticipating that revealed facts and findings will contribute to the broader spectrum in attaining the 4th HPNSP goals by 2022.

Md. Saiful Hasan Badal



Additional Secretary (PH)
Health Services Division
Ministry of Health and Family Welfare
Govt. of the People's Republic of Bangladesh

PREFACE

The 3rd Annual HPN SBCC Monitoring Report 2019-20 is a notable effort of Ministry of Health & Family Welfare (MoHFW) to evaluate the extent of SBCC involvements are being implemented throughout the year to increase the health seeking behaviour, promoting family welfare, healthy lifestyle choices and health environment, and safe nutrition practices.

After reviewing the first and 2nd Annual HPN SBCC Monitoring Report on its impact on the HPNSP result framework, Line Directors of respective OPs of DGHS & DGFP has taken initiative to ensure appropriate SBCC activities in their work plan/budget during revision of the OPs.

Annual HPN SBCC Monitoring report mainly reflects the SBCC activities focuses on Maternal, Neonatal and Child Health, Adolescent Health, Family Planning, Nutrition, Wash and hygiene, Tuberculosis, Community Based Health Care, Occupational & Environmental Health, and School HPN program in respect to audiences, SBCC approaches, media channels and geographical coverage.

This report is an outcome of National Implementation & Monitoring Committee for HPN SBCC Strategy as per detail action plan on SBCC Leadership and Coordination. And initiated to assess the status of the SBCC activities in the HPN sector implemented by the GoB, Development Partners and NGO sector and identify the duplication and gaps as well as the extent of SBCC activities implemented in HPN sector in line with the 'Comprehensive SBCC Strategy.

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

I also gratefully acknowledge the contributions of Deputy Secretary (PH-2), HSD, MoHFW, the technical team and USAID Ujjiban SBCC Project for technical support for providing the final shape of the report.

Syed Mojibul Huq



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



PREFACE

This Annual HPN SBCC Monitoring Report 2019-20 is the third of its kind developed in compilation with the SBCC interventions by the GOB, Development Partners, and NGOs during the fiscal year (2019-20) implemented in this 4th sector HPNSP, to establish effective SBCC through comprehensive approaches followed by the Comprehensive HPN SBCC Strategy.

Public Health (PH) wing of Health Services Division (HSD) is steering in HPN SBCC along with Population, FW & Law wing of Medical Education & Family Welfare Division (MEFWD) of MoHFW to maximize the benefits of coordination and collaboration under the 4th HPN Sector Program.

As a result, to avoid duplication in SBCC messages & materials and ensure maximum utilization of resources, the PH wing of HSD is endeavouring the coordinated and collaborative, systematic approaches, and guidance to the implementing agencies of HPN sector on SBCC in accordance with approved detailed action plan of 'Comprehensive HPN SBCC Strategy'.

It was reviewed that the 4th HPNSP Operational Plan, significant number of SBCC activities were conducted during 2019-2020 by the MoHFW units like; IEM, MCH Services unit of DGFP and BHE IPHN, CBHC, MNC&AH and NTP of DGHS. The Ministry of Information disseminated FP, nutrition and other messages through Bangladesh Television and Bangladesh Betar. NGOs also contributed to many HPN SBCC programs and activities.

To examine and monitor the last year activities and performance, Public Health wing of Health Services Division prompted the process of publishing the 'Annual HPN SBCC Monitoring Report 2019-20' with the technical support from USAID Ujjiban SBCC project.

I am very gratified to recognize the ingenuity of PH wing of HSD of MoHFW in publishing this report regularly.

I also sincerely acknowledge the technical support of USAID Ujjiban SBCC Project in formulating this report.

Nitish Chandra Sarkar



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

ACKNOWLEDGEMENT

To determine the extent of HPN SBCC contributions in the country for the period of 2019-20, Ministry of Health & Family Welfare has taken 3rd endeavor of publishing the 'Annual HPN SBCC Monitoring Report 2019-20'. This report has been developed with the information on HPN SBCC interventions contributed by the related OPs, CSOs and DPs in an unique format, aimed to facilitate the stakeholders and SBCC functionaries in the evidence-based planning and implementation.

This report has been conceptualised and finalized by Dr. Zeenat Sultana, Deputy Chief of Party & CSS Adviser, Mr. A K Shafiqur Rahman, Project Integration Adviser and Mr. Dipak Kanti Mazumder, Senior Communication Specialist of USAID Ujjiban SBCC Project.

Guidance from Mr. Lokman Hossain Miah, senior Secretary, Health Services Division and Mr. Md. Saiful Hassan Badal, Secretary, Medical Education and Family Welfare Division during discussions of the draft report is gratefully acknowledged.

The guidance, comments and suggestions from Syed Mojibul Huq, Additional Secretary (PH), Health Services Division and Mr. Nitish Chandra Sarker, Additional Secretary (Population, FW & Law), Medical Education and Family Welfare Division during preparation and review are also acknowledged with gratitude.

Special thanks go to the related Line Directors and Program Managers of OPs, CSOs and DP representatives for giving valuable inputs during the preparation of the draft.

I expect that this report will generously contribute and certainly help the Program Planners, Accademia, Managers and Service Providers in planning, organizing and execution of HPN SBCC interventions in the coming year.

M. Jashim Uddin Khan



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Contents



Executive Summary

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

This SBCC Monitoring Report follows the sequence and format of the first SBCC Monitoring Report 2017-18 and those in subsequent years. It is a compilation of all the SBCC activities conducted for the HPN sector in line with the Programme Implementation Plan (PIP) for the 4th HPNSP in Bangladesh by the GoB, Development Partners, and NGOs with identified gaps and recommendations for more effective SBCC interventions.

The purpose of formulating this monitoring report of annual SBCC activities is the same as that for the previous reports and is as follows:

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


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

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

Total of 33 organizations/departments reported on SBCC activities covering different themes. All 23 organizations/departments covered the Maternal, Neonatal and Child Health (MNCH) theme, 20 covered Adolescent Health (AH), 19 covered Family Planning (FP), 18 covered Nutrition, 17 covered Water, Sanitation and Hygiene (WASH), and 15 covered School Health Education. Other themes of Communicable Disease Control (CDC), Tuberculosis (TB), Non-Communicable Disease (NCD), and Environmental & Occupational Health were covered by 7, 5, and 4 organizations/departments respectively. However, mostly SBCC was project area-specific and less than 10 of the total organizations had nationwide coverage.

The majority categories of audiences were addressed through FP programs (26) followed by MNCH and Nutrition (19) and AH (12) and NCDC (10). Rest of the programs addressed between 3 to 9 different audiences.

Communication channels used were mainly IPC and Group counseling, but outdoor and community media and mass media were also used extensively by many organizations. The use of social and digital media also increased. Digital and social media like Interactive Voice Recording (IVR) in SD card, web dramas and online cartoon serials were used by a few more organizations than the previous years. Messages on Covid precautions were incorporated with the routine information package from the middle of March 2020 in many programs. However, Digital technology and messaging were not optimally used during the Covid pandemic.



Most resources were utilized by MNCH (43%) and FP (20%). However, only 8%, 9% and 11% of total resources were spent on AH, Covid-19, and Nutrition information respectively and even lesser for other thematic areas. Most resources (45%) were spent on Mass media while about 25% and 22% were used on local media and IPC. Only 6% was spent on outdoor and print media and only 2% on social and digital media. Considering utilization of resources by SBCC approaches, 68% were used for SBCC campaigns while 9% and 10% were used for capacity building and Leadership and Coordination activities respectively. However, only 4% of resources were spent on community engagement.

Thematic Areas

The SBCC interventions on **Maternal, Neonatal, and Child Health (MNCH)** mostly targeted pregnant mothers with messages on ANC, Five Danger Signs and Safe Delivery, while mothers of newborns received information about the benefits of breastfeeding. Messages on the Prevention of Early Marriage were disseminated through community and mass media. Awareness was raised on Prematurity and low birth weight which are two major causes of death for newborns in Bangladesh. Awareness Creation on the risk of Carcinoma Cervix and Breast Cancer and the importance of screening was done through Women's Health camps.

There is no mention of specific communication for male involvement in MNCH issues except by one organization on the role of husbands during pregnancy. The most common channel of communication was IPC through group/community meetings and home visits. Digital and social media like Interactive Voice Recording (IVR) in SD card, web dramas, and online cartoon serials were used by a few more organizations than the previous years.

Adolescent Health (AH) issues targeting mainly adolescent boys and girls and newlyweds were reported by twenty organizations and nine of them had national coverage. Topics included adolescent and reproductive health, nutrition (and IFA supplementation for adolescent girls), physical and mental changes during puberty, personal hygiene and menstrual hygiene management for girls, life skills, and prevention of early marriage/pregnancy. A framework has been developed for a National Curriculum on Life Skills.

Mostly there were Adolescent Health/Hygiene and Life Skills sessions in school/college and Adolescent centers, Awareness programs in the community and slums, and through radio, television, and social media. Interactive discussion/enter-educative video sessions on Reproductive health, gender discrimination, and prevention of child marriage were organized at Adolescent Club and Adolescent Friendly centers.

Digital and Social media activities included Facebook campaign, messages and videos on YouTube, Interactive Voice Recording (IVR) in SD card, Cartoon Show, and Helpline. The capacity building used eLearning, and eToolkits. Drama and cartoons on Family Planning, Reproductive health, Nutrition services, gender discrimination, prevention of child marriage, and health service corner were aired on Bangladesh Betar, Bangladesh Television, Community radio, Private TV channel and social media, and Implementation Partners (IPs).

Orientation for Gatekeepers on Adolescent issues is mentioned by only one organization. Group discussions, video sessions, and free health camps were arranged for slum dwellers on hygiene and life skills in only Dhaka City Corporation.

Family Planning (FP) SBCC information focused on short-term, long-term, long-acting reversible contraceptives (LARC), and permanent FP methods targeting mainly the Eligible couples and MWRA, but also the Newlywed and young married couples or those in need of FP for spacing or limiting family.

Information was also disseminated at the National and Program levels through outdoor and mass media on Benefits of FP, Healthy Timing and Spacing including Child marriage prevention and delaying first pregnancy, Male engagement, and Gender roles in FP.

Promotion of FP Call Centers and FP service campaign was done to generate demand for FP. College & University students and Youth of similar age groups; Family decision-makers and Guardians; community people; and slum dwellers were also addressed.

IPC and group meetings were the main channels of communication although outreach, mass media, and social/digital media were used by many programs. Counseling, Client Fair, Social Dialogue, and Advocacy meetings with community influential and gatekeepers were conducted to increase demand and support.

Nutrition SBCC targeted mainly Pregnant and Lactating mothers (and MWRA); Mothers and Fathers of Newborn, 6-23 month aged and Under 5 children; Mothers of malnourished children; Adolescent and Youth; Eligible couples, and Female family members.

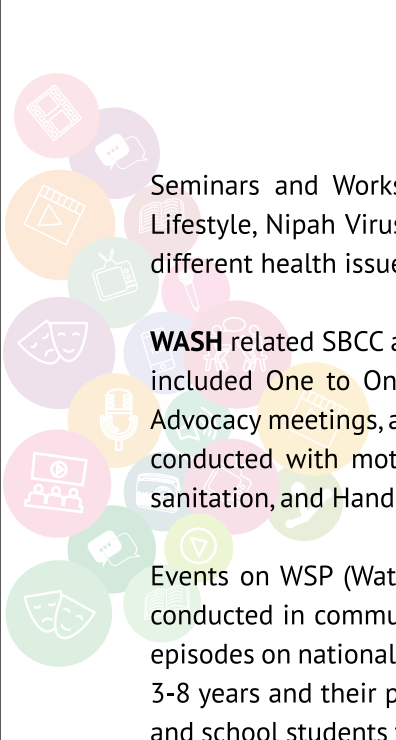
IPC Counseling and Group meetings were main communication channels but outreach (Nutrition Fairs & Special Days/Week observation, Child health promotion ambassador, distribution of IEC materials such as Nutrition Calendar, Food plate, Food bowl, Ludo game, Book on Homemade Complementary Foods, etc.), 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; organizing Community Nutrition Day; collecting Case story-Towards Enlightened Life; distributing Food plates and Nutrition Calendars among pregnant women; and disseminating Infographics on best learning and practices through Community Nutrition Promoter and at Women information center.

National Nutrition Week was celebrated through Nutrition Theme/Radio song, Interview, Talk, Discussion, and Phone in program aired on Bangladesh Betar; and Theme song, Infographics, TV Drama, TV Spot, TV Scroll, and Documentary on BTV, private TV channels, social media, and newspaper. *Nutrichamps competition* on Mass media and YouTube, and Nutrition Matters "Robi 10 minutes school" was broadcast on Mass media and YouTube and school apps.

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 like the nationwide School Health program conducted training for primary school teachers on personal hygiene, First Aid management, and promoting healthy school environment. Trainings were conducted with Secondary School & College Teachers, Peer Adolescent Groups, and frontline HPN service providers on Adolescent Health issues, SRHR, mental health, and nutrition.

Bangladesh Betar aired documentaries and conducted outdoor meetings on child marriage, dowry, eve-teasing, and gender equity for school, and college students. Hand Washing and Menstrual hygiene management (MHM) events were organized in educational institutes for improved hand hygiene practice in the schools and healthy MHM for school girls.



Seminars and Workshops were organized with Teacher & Students on NCD, Tobacco Control, Healthy Lifestyle, Nipah Virus, Dengue and chikunguniya fever, Safe food, Drowning, Road traffic injury prevention, different health issues and arsenic, and personal hygiene.

WASH related SBCC activities were reported by 9 organizations and 4 had national coverage. SBCC activities included One to One and Group discussions, Orientation, Community stakeholder sensitization meeting, Advocacy meetings, and Campaigns through different media – local, mass, print, digital and social media. IPC conducted with mothers of under 5 children on Water and sanitation, pure drinking water and healthy sanitation, and Hand washing for germ-free food.

Events on WSP (Water Safety Protocol) were organized for Safe water and general WASH promotion was conducted in community, educational institutions, and Health Care Facilities. Weekly Broadcast of Sisimpur episodes on national and private TV channels facilitated from July 2019 to June 2020 targeting children aged 3-8 years and their parents and caregivers. Global Handwashing Day observed involving community people and school students to increase knowledge on WASH and practice of personal hygiene. TV Magazine /TV talk show/TV scroll on WASH and Nutrition were broadcast on national BTV and private channels and Radio programs were aired on WASH promotion.

Capacity building and orientation was organized on WASH for Duty bearers, community, and caretakers, Peer educators; and eLearning course on WASH was developed for Field Workers. BCC materials were developed on WASH and Handwashing for Rohingya and displaced community in Cox's Bazar.

Tuberculosis (TB) related SBCC activities were conducted by 6 organizations 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.

Observance on World TB Day was organized through a Live open-air concert (by *Joler Gaan*), Rally, and PSA on TB symptoms. TB information on Digital and social media: Facebook, YouTube; SD card with TB materials, Interactive Voice Record, eLearning, and eToolkit. Outreach programs reached people at risk of TB in slums and Hard to Reach areas with Folk song and orientation of cured TB Patients. TB messages were disseminated on 75 billboards throughout 45 districts in Bangladesh; and on signboards in all districts and urban areas. Local media promotion was through Advertisements, Short Film clips, and Scroll messages for local cable TV (also focused on treatment available at jails); Folk song and Magazine program on Community radio; Leaflet distribution in Newspapers, and Ad in Daily Newspaper.

There was Campaign in School/College/Madrassa; and orientation of Teachers & Students on Basic signs/symptoms of TB, availability of diagnostic facilities in their vicinity. *Pharmacy Info Mela* was organized (Orientation of Pharmacy/Chemist Shop owners and chemist/pharmacist on Basic TB messages and referral knowledge). Opinion leaders and religious leaders were oriented on TB, with Miking and Mosque Announcements.

Orientation of the graduate private practitioners, pharmacists, medical representatives, and village doctors on Basic TB information, TB screening, diagnosis and treatment of TB; and Orientation of Doctors of different Medical Colleges/Hospitals on TB epidemiology in the world and 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).

Communicable Disease Control (CDC) SBCC activities were reported by a few organizations. The Communicable Disease Control (CDC) Unit and Bureau of Health Education of DGHS, and the World Health Organization (WHO) widely implemented the SBCC activities to create awareness on communicable diseases. Besides Bangladesh Betar and Bangladesh Television also aired information on Dengue prevention.

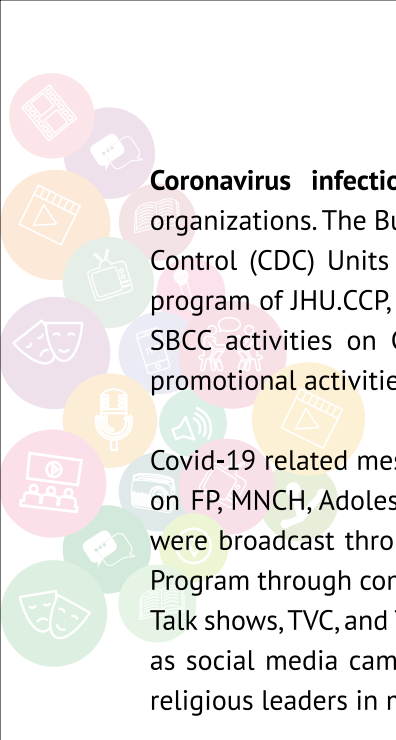
The Community Drive for Source reduction of Aedes mosquito involved Dhaka City Corporation, Local leaders, School teachers, Scouts, Girls Guide, and BNCC. Five sites from DNCC & DSCC were selected based on the areas with high case incidence of Dengue. The mass population and community people were mostly 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-borne communicable diseases, including management and control of the breeding sources of the vectors. CDC Program staff and different stakeholders at different levels were sensitized to relevant issues through workshops and meetings. The programs also worked on mobilizing the frontline workers to implement the SBCC activities.

Communication channels included IPC (One to One, Community meeting, Discussion session, Round Table, ACSM Workshop); Local media (Folk song, Street Drama, Film Show, Community orientation, Days Observation at the community level; Mass media (TV Spot, Documentary, Docu-drama in TV and Radio, Signboard, Newspaper Advertisement, TV Scrolling; and Digital media (Online call center - Shastho Batayon).

Few reports were received on **Non-Communicable Diseases (NCD)** SBCC activities. The Non-Communicable Disease Control (NCD) unit and Bureau of Health Education of DGHS and the World Health Organization (WHO) addressed NCD control related issues widely through several communities and mass media promotional activities nationwide. Rest of the organizations namely the Bangladesh Center for Communication Programs (BCCP), PSTC and UPHCSDP-II were implementing SBCC activities on selective issues. Besides few organizations specifically reported SBCC activities on occupational health hazards with the Garment Workers, awareness meetings, and screening at the urban slum focusing to poor women mostly on occupational health hazards.

SBCC activities for Non-Communicable Disease Control mostly focused to general population, community people, youth and adolescents. The message disseminated through SBCC activities were on - the 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 the factors causing cancer including mouth and throat cancer. Besides, mental health issues specifically coping with stress during COVID-19 outbreak was also addressed through different SBCC activities. BCCP conducted research programs to generate local evidence on tobacco control and organized dissemination sessions at the national level to feed the program with local evidence.

There were IPC, Seminars, workshops, and Advocacy meetings. Local media included Folk song, Street Drama, Film Show, and Community orientation. Mass media included TV and video Spot, Documentary, Digital Billboard, Docu-drama in TV and Radio, TV Scrolling and Newspaper Advertisements. Digital media used Facebook posts and promoted the Online call center - *Shastho Batayon*. 50 audio drama campaigns and 15 Theatre for development among Rohingya refugees, and host population were held to generate awareness on NCDs.



Coronavirus infection and prevention Awareness activities were specifically reported by different organizations. The 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 several mass, social and community media promotional activities nationwide.

Covid-19 related messages were incorporated with the routine information package into existing programs on FP, MNCH, Adolescent Health, Nutrition. 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 Talk shows, TVC, and TV scrolls reached out to mass people through national and private TV channels as well as social media campaign with posts on Facebook. Message scripts were developed for dissemination by religious leaders in mosques through miking.

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 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, including YouTube. Leaflets on Covid-19, home quarantine, vaccination, and how to cope with stress, were distributed nationwide.

Community mobilization and engagement activities reported by different organizations focus on influencing norms and behaviors at the community level, and also using the existing infrastructure of government agencies, local influential persons, and the NGO and CBO networks for disseminating messages/information on different HPN issues.

SBCC activities included training on IPC, counselling, community mobilization, and SBCC to the partners and government and NGO community health workers; and Engagement of the members of the adolescents’ clubs, community clinic support groups, community leaders who were being developed as change agents and peer educators. The Community Radio networks implemented activities like radio drama, magazine program, and 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). Health education sessions organized in schools and clubs, through online training and outreach screening sessions, etc. Conducted advocacy meeting with the opinion leaders including religious leaders on prevention of child marriage, stop domestic violence, the benefit of a small family, etc. Walk-around appearances of *Sisimpur* characters in child-facing events at the community and fair.

Observation of National and International Days and Week was reported by different government and non-government programs. However, compared to previous years, fewer programs were reported; the organizations were commonly using social, mass, and print media for celebration whereas outreach events like street drama, and video shows were not mentioned widely.

The events included Campaigns through National events like virtual inauguration, workshop, advocacy meeting, press release, fair, road shows, etc.; social media campaigns like posting photos and feature stories in a webpage, Facebook, and 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, poster during these events.

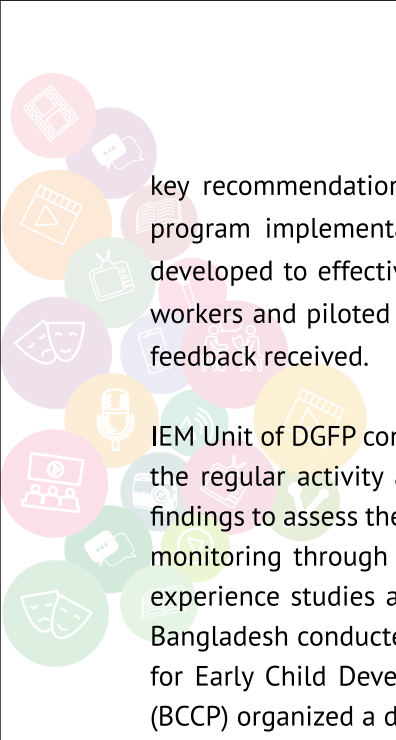
SBCC capacity and system strengthening efforts of the MoHFW, its HPN units and NGOs aimed to bring considerable change with improved planning, development and implementation of the SBCC activities.

IEM Unit of DGFP conducted SBCC capacity strengthening training for the frontline service providers on the use of eToolkit and eLearning course and IPC; and for the FP program managers on strategic communication; and 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 the right information on adolescent health issues and promote positive health behavior for the adolescents. With UNFPA's technical support, the existing training and SBCC materials were reviewed by a disability-focused working group of DGFP.

USAID Ujjiban SBCC project works closely with the relevant governmental units to improve their SBCC capacity and systems to ensure sustainable impact. The annual SBCC Capacity Strengthening (CS) plan of IEM, IPHN and BHE units was developed through a capacity assessment tool (CAT) exercise and planned for getting it further strengthened. The use of digital resources, i.e., eToolkit and eLearning course was expanded through the IEM unit, NNS and BHE and provided training of trainers (ToT). The SBCC Activity Monitoring Checklists for the Supervisors (SAMCS) Apps were piloted in the GoB health and family planning program areas. The Online SBCC Materials Approval (OSMA) software became fully functional for approving and providing feedback on SBCC materials submitted by the government organizations (GO) and departments, non-governmental organizations (NGOs) and private sector organizations.

BBF conducted training to build the capacity of the Mother Support Group members on maternal, child, and adolescent nutrition and organized demonstration sessions on Complementary feeding recipes 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 the household level.

Monitoring and evaluation (M&E) is a necessary component of all successful SBCC programs. The Annual HPN SBCC Monitoring Report 2018-2019 was published by the Public Health wing, HSD of MoHFW with the technical assistance from USAID Ujjiban SBCC Project. The report provided information on HPN SBCC intervention reach, coverage, resource allocation, types of activities, and communication channels through which programs were implemented by the government, NGOs and development partners. The findings with



key recommendations were widely disseminated for the HPN SBCC stakeholders to consider for SBCC program implementation. The SBCC Activity Monitoring Checklist for the Supervisor (SAMCS) app was developed to effectively monitor the SBCC activities conducted by the frontline health & family planning workers and piloted in 6 upazilas of Sylhet and Chattogram divisions and modified for scale-up following feedback received.

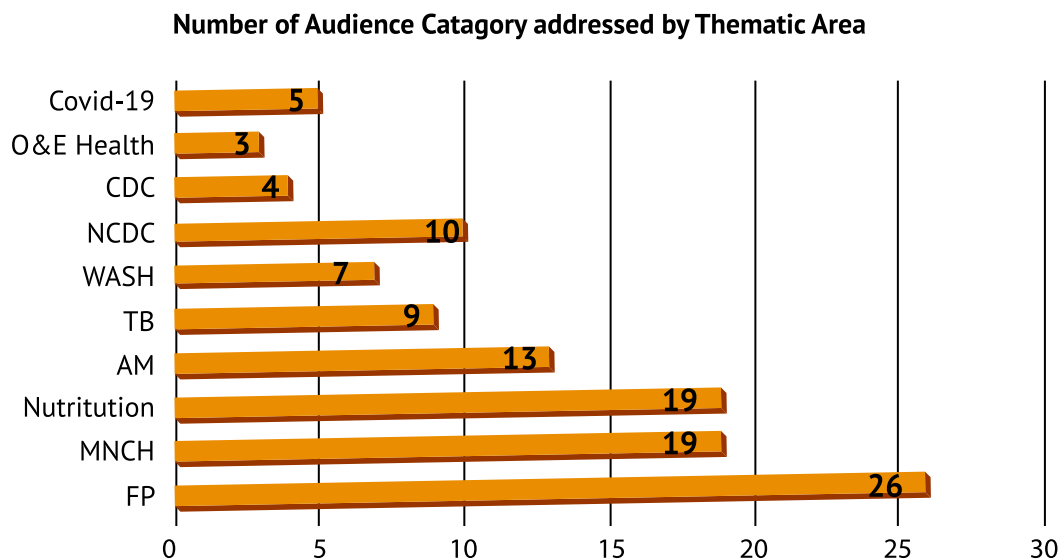
IEM Unit of DGFP conducted formative research to design FP-MCH program, and followed up and monitored the regular activity as well as special events of service week and World Population Day and review the findings to assess the outcome. Bangladesh Betar reported about the feedback mechanism for their program monitoring through letter/email/Facebook comments. Marie Stopes Bangladesh conducted regular client experience studies and program data analysis for monitoring 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 a dissemination conference on 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 interviews for quality assurance of services.

SBCC Leadership and Coordination efforts were undertaken by the stewardship of the Public Health wing of Health Services Division and respective HPN units of DGHS & DGFP under the MoHFW and NGOs & DPs with the technical support from Ujjiban project, 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.

National Steering Committee for HPN SBCC Strategy has been formed to guide, instruct and approve the policy, while National Implementation & Monitoring Committee for HPN SBCC Strategy formed to implement & monitor the implementation status of the Comprehensive SBCC Strategy. From the meetings conducted, the units received guidance on capacity development on SBCC activity monitoring, sharing of SBCC best practices, and strengthening SBCC leadership and coordination at different levels.

The HPN SBCC Coordination Committee at unit level and Behavior Change Communication Working Group (BCCWG) at the national and divisional levels were successfully made 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 were taken place in regular intervals. An annual Inter-OP Coordination workshop was organized, where the school health education program was identified as one of the areas of coordination for the MoHFW units. As such a committee was formed by MoHFW named 'School Health Education Package Development & Implementation Coordination Committee'. Facilitated by Ujjiban, this committee has developed a unified school health, population & nutrition education package for the units to reach schools with the integrated information, and messages avoiding duplication. Submission of "Best Practice" report have been made by 14 GoB units and NGOs. During Covid-19 pandemic, the Units also continued to organize the meetings in the online platform. A significant level of inter unit coordination became visible specially in case of SBCC material development and use, implementing SBCC campaign, and observation of special days and service weeks.

Audience Categories addressed by Thematic Area

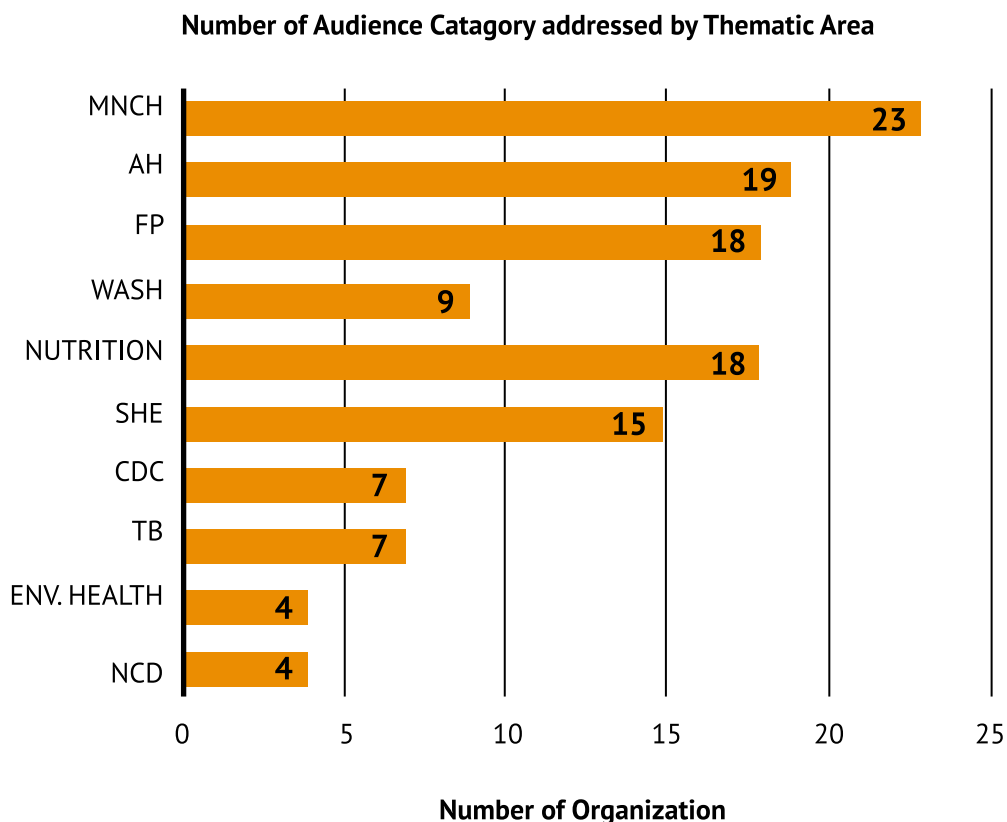


Comments:

1. Extensive category of audiences were addressed by FP program (26), that followed by MNCH and Nutrition (19).

2. Community people and General people were the audiences covered by most of the Thematic Areas.

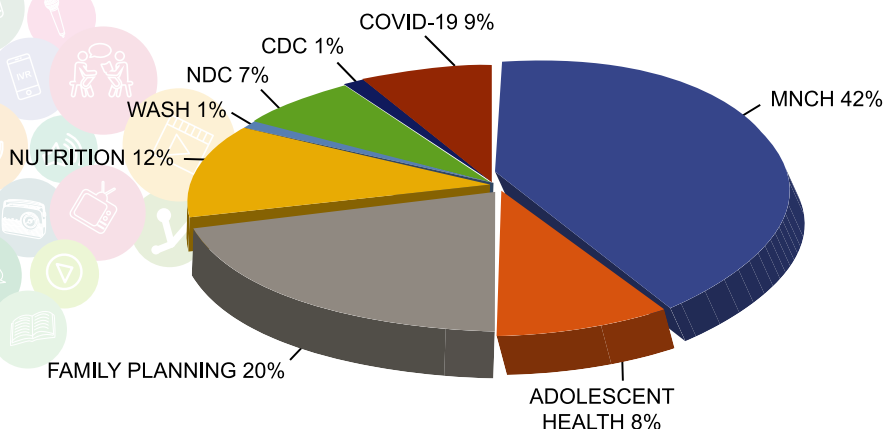
Thematic area covered by different organizations



Comments:

MNCH, Adolescent Health, Family Planning and Nutrition are common thematic areas mentioned by most of the organizations.

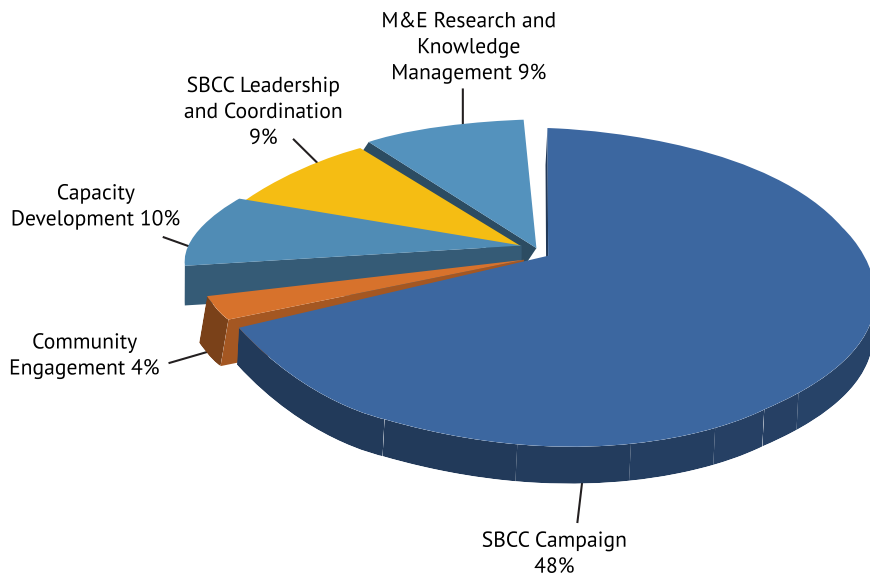
Utilization of Resources by Thematic Area



Comments:

About half of total resources (42%) was spent for MNCH followed by FP (20%). Minimal resources (1-4%) were spent for CDC and NCDC.

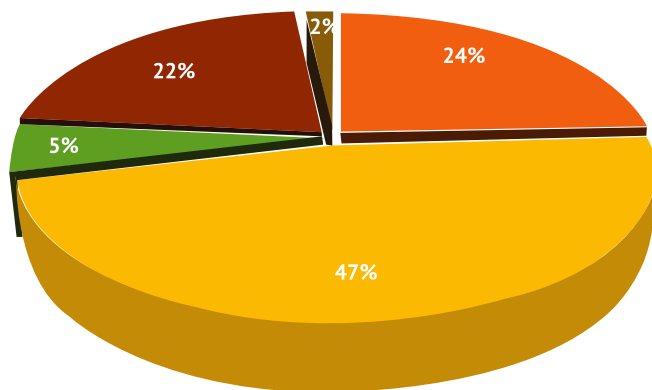
Utilization of Resources by SBCC Approaches



Comments:

Maximum resources (63%) were utilized for SBCC campaigns in mass media and local media. Very less amount was spent for community engagement (4%). Utilization of resources for Leadership & Coordination increased in compare to previous years.

Utilization of Resources by Communication Channels



- IPC
- Print and Outdoor Media
- Social & Digital Media
- Mass Media
- Local Media

Comments:

The most resources were used for mass media channels (47%) followed by IPC (24%) and local media (22%). Resource utilization for digital media increased in compare to previous years.



Geographical Coverage of SBCC activities by Thematic Area





Gaps and Areas for Improvement

- Fewer organizations reported SBCC activities at the community than in the previous years.
- Messages on the measure to prevent the spread of Coronavirus was incorporated with the routine information package in existing programs on FP, MNCH, Adolescent health, and Nutrition from the 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 were used for SBCC campaigns while only 4% was spent on community engagement.
- For communication channel 47% resources were 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, first 1000 days and Child Health were addressed by only a few organizations.
- There is no mention of specific communication for male involvement in MNCH issues except by one organization on the 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 the use of social media, television channel programs, and a few programs had national coverage.
- Communicable Disease Control (CDC) and Non-Communicable Disease Control (NCDC) SBCC activities were reported by a few organizations.
- The Community Drive for Source reduction of Aedes mosquito involved five sites from only Dhaka City Corporation focused on areas with a 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 in the urban slum focusing on poor women.
- Different government and non-government programs reported on SBCC activities for Observation of National and International Days and Week. However, compared to previous years fewer programs were reported; the organizations were commonly using social, mass and print media for celebration whereas outreach events like street drama, and 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 of 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 to strengthen existing coordinating mechanisms to feed this information back regularly to achieve the results.
10. SBCC activities to address mental health issues, drug abuse and misappropriate use of mobile phone technology by the youth and adolescent.



Use of Communication Channels by different Thematic Areas

Mass media	IPC	Local /outreach media	Printed and outdoor materials	Digital Media	
				Social media	e-Media/ web based media
Thematic Area : MNCH, Adolescent Health, FP, Nutrition, TB, WASH, CDC, NCDC, Occupation & Environment Health					
TV Drama, TV spot, TV Documentary Discussion session, TV Talkshow, TV magazine show, TV Scroll message. Radio talkshow. Radio Magazine, Audio Docu-drama, Radio Spot, Radio Phone-in live program. Video Show: Video on Cartoon serials, Song, Puppet Show. Newspaper Advertisement, Newspaper supplementation.	Household visit, One to One, Face to Face Counselling Session. Interactive Meeting/ Discussion, Group Meeting, Courtyard Meeting, Advocacy Meeting, Community Sensitization Meeting, Orientation. Life Skill Session, Discussion Forum, Class Room Session, Education Session, Peer Session. Seminar, Workshop, Interview, Conference.	Video Show Mobile Film Show, Audio-visual van Show, Rally, Open Air Event, Short Film Show, Folk Song, Pot Song, Jingle, Miking. Family Fair (Game, quiz, discussion), Client Fair, Health Camp, Demonstration sessions Community Radio magazine show, Scroll message in Cable TV, Club based Event, Community Interactive Event/ Orientation, Social Dialogue Session, Khuthba at Mosque.	Leaflet, Poster, Sticker, Calendar, Flip chart, Brochure, Booklet Birth planning card, GMP Card, Infographic. Food Plate, Food Bowl, Ludo Game, Case story, Theme song. Banner, Signboard, Digital Billboard, Wall Painting, Press release.	Facebook Campaign, YouTube (Micro-films, PSA) Nutrition session in 10 minutes school, Phone in Live, Digital Voice Message, Digital device based SBCC session, Distance Based Training.	eToolkit, eLearning, Mobile app, Interactive Voice Recording (IVR) in SD card, Shahana Cartoon Show, Website. Online call center (Shastho Batayon) Online Newspaper.

Thematic Area : Covid 19

Phone-in Live program in Community Radio, Radio magazines, Radio Spot, Public Service Announcements(PSA), Jingles, TV Scrolling, Talk Show, TV drama (mini), video show, TV Magazine.	Miking	Leaflet, Poster, Banner,	streaming of phone-in live through Facebook, FB Post,	Online Courses in Muktopath
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Interpretation:

The report shows that different mass media channels were commonly used to disseminate information on Covid-19.

Use of social and digital media for SBCC information sharing, interactive virtual discussion, and distance based training for SBCC capacity building reported more in compared to previous year.

SBCC activities for Maternal and Neonatal Health, Adolescent Health, Family Planning, and Nutrition are the thematic areas using multiple channels for wider coverage of information.

Use of multiple channels (trans-media) not reported for Communicable diseases and Non-Communicable diseases; there are very limited reports on SBCC program/activities on Occupational and Environmental Health.

The report shows courtyard session and household visit decreased.

Bangladesh Television (BTV) and Bangladesh Betar have different promotional programs like drama, documentary, TV and Radio commercials, Talkshow on Maternal and Neonatal Health, Adolescent Health, Family Planning, and Nutrition issues that have nationwide coverage.



SBCC Activities as per Thematic Areas

Thematic Area: Maternal, Neonatal and Child Health (MNCH)

1. Activity Summary

The ultimate goal of the SBCC activities under the Theme of Maternal, Neonatal and Child Health (MNCH) is to reduce Maternal & Neonatal Death through increasing awareness and practice about MNCH issues and positive health-seeking behaviors.

MNCH issues were the most addressed theme by the government and NGOs, targeting the second highest number of audience categories which included pregnant and lactating women, mothers of under 5 child, fathers/husbands, newlyweds, adolescent girls, female family members like mothers-in-law, grandmother; as well as service providers, local government and NGO representatives, and members from the civil society.

Maternal health activities focused on ANC, safe/institutional delivery, PNC, FP-MNCH, nutrition, Early Marriage, Adolescent Reproductive Health & Rights, Menstrual Hygiene, Gender Equality, Violence against Women (VAW).

Neonatal and Child Health topics included Essential & Kangaroo Newborn Care, Child health, Nutrition and growth monitoring, Breastfeeding and hazards of breastmilk substitutes, Immunization and Early Childhood Development and Education.

Key Points

- The SBCC interventions mostly targeted Pregnant mothers with messages on ANC, Five Danger Signs and Safe Delivery, while mothers of newborns received information about benefits of breastfeeding.
- Messages on Prevention of Early Marriage were disseminated through community and mass media.
- There is no mention of specific communication for male involvement in MNCH issues except by one organization on role of husbands during pregnancy.
- The most common channel of communication was IPC through group/community meetings and home visits.
- Awareness Creation on the risk of Carcinoma Cervix and Breast Cancer and the importance of screening through Women's Health camps.
- Awareness raised on Prematurity and low birth weight which are two major causes of death for newborns in Bangladesh.
- Digital and social media like Interactive Voice Recording (IVR) in SD card, web dramas and online cartoon serials were used by few more organizations than the previous years.
- Messages on Covid precautions were incorporated with the routine information package from the middle of March 2020 in many programs.
- However, use of Digital technology and messaging were more during Covid pandemic.
- Capacity Building of Service providers through eToolkit and eLearning increased.
- IPC and Community/group meetings were the usual form of communication.
- Mass media like TV and Radio Programs (Government and Private channels), Newspaper advertisement were used to raise awareness and disseminate service-related information.
- Local Outreach activities like Audiovisual van shows, Family fair (Game, quiz, discussion), and use of Community Radio were popular reaching large audiences.
- Total 23 organizations are working on MNCH issues, with 6 nationwide programs while rest are project-area specific.

2. Audience and Issue

Audience	
 Individual	Pregnant women, Lactating mothers, Postnatal mothers, Mothers of > 2 children, Mothers of > 5 child, Married Women of Reproductive Age, Newly-wed couples, Young couples, Husband, Adolescent girls /School Girls
 Family and Peer	Caregivers of under 5 children, Family members, Parents of adolescent girls and boys,
 Community and Society	Community People, General/Mass people, Elected representatives of Local Government (Upazila Parishad Chairmen/Member), Civil Society Members, Local Elites
 Organization and Institute	Health professionals, Field Workers (HA, FWA, CHCP)

Issues	
<p>Maternal Care:</p> <ul style="list-style-type: none"> • Antenatal Care (ANC), Ensure routine health checkup,, importance 4 clinical checkup, Special follow-up in the third trimester of pregnancy, • Benefits of IFA on fetus development and developmental stages of the fetus • 5 danger signs and birth preparedness • Benefit of delivery in health facility /importance of facility delivery • Nutrition during pregnancy - Nutrition food plate, food card & seasonal vegetable calendar • Maternal nutrition, TT vaccination. • Postnatal Care (PNC) • Birth spacing, Healthy Timing and Spacing, PFP 	<p>Neonatal and Child Care:</p> <ul style="list-style-type: none"> • Benefit /importance of breastfeeding, hazard of BMS product • Essential Neonatal Care (ENC), • Kangaroo Mother Care • The 1000 day care • Immunization, Growth Monitoring • Complementary feeding, hazard of artificial feeding • Child immunization, and Nutrition • Early Childhood Development related issues <p>Reproductive Health:</p> <ul style="list-style-type: none"> • Adolescent Reproductive Health • Prevention of Early Marriage • Family Planning, Maternal health, • Menstrual hygiene and related services • Awareness Building on Safe motherhood








Issues	
<p>Gender :</p> <ul style="list-style-type: none"> • Male engagement on SRHR /MNCH services, gender equality • Sexual and reproductive health rights • Gender issues • Violence against women 	<ul style="list-style-type: none"> • Infection Prevention Control • Screening of cervix through VIA method to prevent cervical cancer and • Prevent Breast cancer by CBE method.

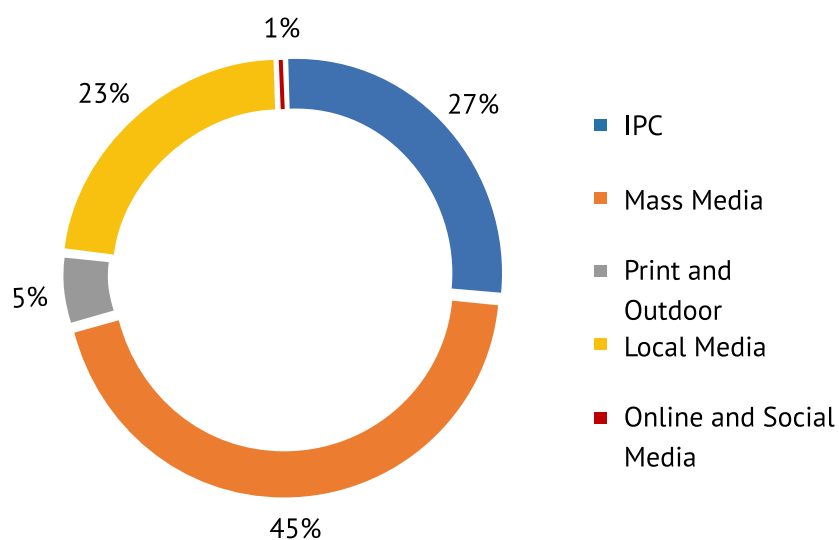
3. Communication Channels and Resource Utilization

During this reporting period SBCC activities on MNCH issues are reported by following twenty-three organizations/projects: IEM Unit, FP-FSD unit, MNC& AH unit, MCH unit, UPHCSDP-II Dhaka North and Dhaka South, Bangladesh Betar, WHO, UNFPA, BRAC, USAID's MaMoni Maternal and Newborn Care Strengthening Project, Bangladesh Breastfeeding Foundation (BBF), Shukhi Jibon, USAID Ujjiban SBCC Project, Marie Stopes Bangladesh, Social Marketing Company (SMC), Nutrition International, Nari Maitree, BAPSA, DAM, PSTC, BCCP, BNNRC.

These organizations reported that MNCH SBCC activities were held through following Medias:

 <p>IPC</p>	<p>One to One, Face to Face, Group Meeting, Discussion, Interactive meetings, counselling session</p>	<p>BDT 79,260,250</p>
 <p>Local Media</p>	<p>Video Show, Family fair (Game, quiz, discussion), audio-visual van show, folk song, Pot Song, Rally, Community Radio magazine show etc.</p>	<p>BDT 68,839,200</p>
 <p>Mass Media</p>	<p>Leaflet, Birth planning card, Poster, Banner, billboard, Sticker, Food plate, Flip chart etc.</p>	<p>BDT 135,552,000</p>
 <p>Print and Outdoor Media</p>	<p>Leaflet, Birth planning card, Poster, Banner, billboard, Sticker, Food plate, Flip chart etc.</p>	<p>BDT 15,679,467</p>
 <p>Digital and Social Media</p>	<p>Facebook Campaign, You Tube. eToolkit, eLearning, Interactive Voice Recording (IVR) in SD card etc.</p>	<p>BDT 859,500</p>

MNCH SBCC Activity Resource allocation by media



About half of the total resource used for SBCC activities on MNCH issues reported on Mass Media activities.



4. Geographical Coverage

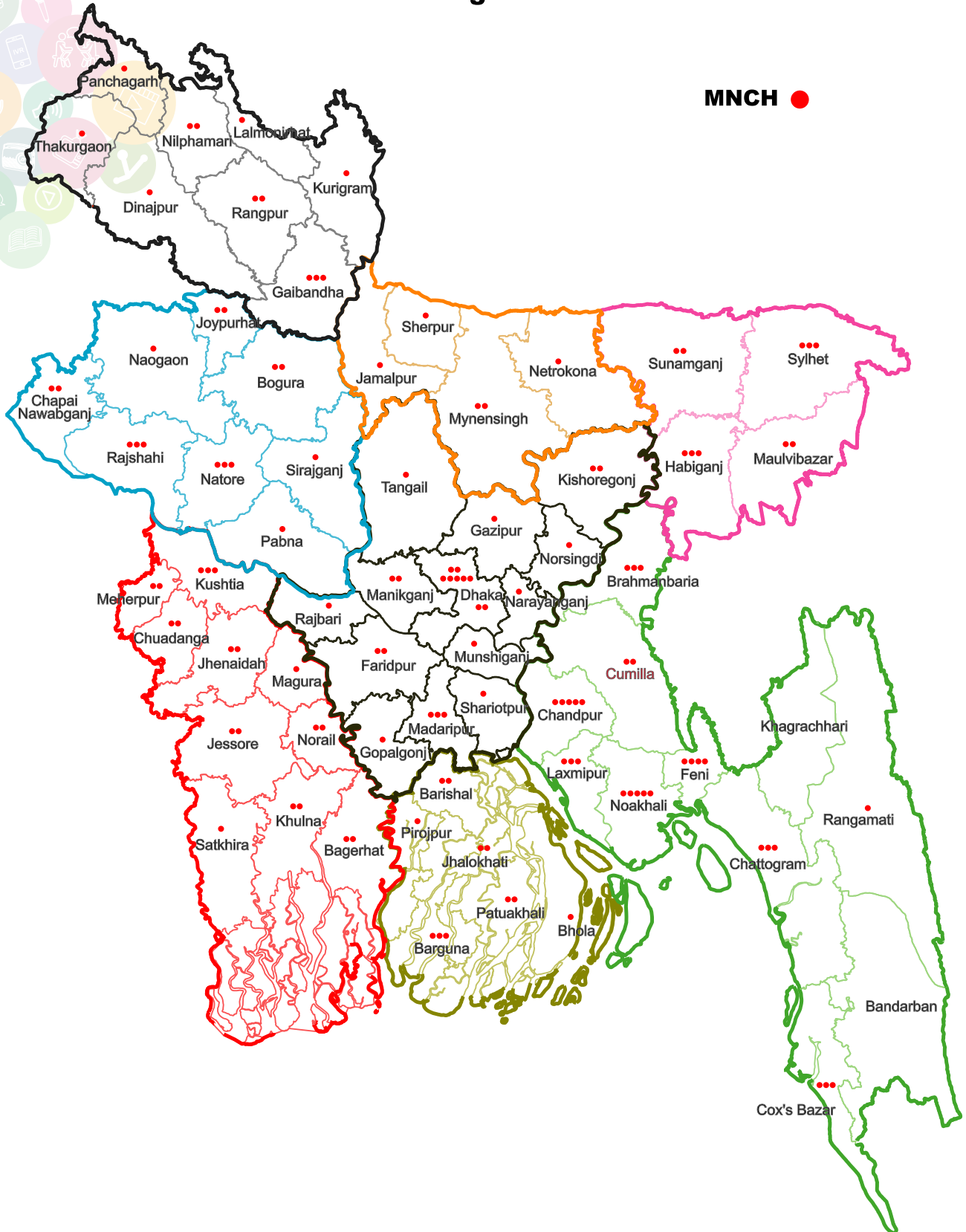
The number of programs on MNCH issues implemented by the different organizations/projects by districts is as follows:

Coverage	Organizations Projects
National coverage (programs all over the country)	6
Chandpur, Noakhali (2)	5
Feni	4
Madaripur, Kushtia, Barguna, Gaibandha, Chattogram, Laxmipur, Brahmanbaria, Cox's Bazar, Sylhet, Habiganj, Rajshahi, Natore (12)	3
Dhaka, Faridpur, Manikganj, Mymensingh, Kishoreganj, Khulna, Chuadanga, Meherpur, Jessore, Narail, Bagerhat, Jhenaidah, Barishal, Jhalokathi, Patuakhali, Rangpur, Nilphamari, Cumilla, Moulvibazar, Sunamganj, Joypurhat, Bogura, Chapai Nawabganj (24)	2
Dhaka City Corporation	7
Rest 25 districts other than national coverage also have one project on MNCH.	



Coverage/reach

MNCH ●





Thematic Area: Adolescent Health





1. Activity Summary

Adolescent Health issues targeting mainly adolescent boys and girls and newlyweds were reported by twenty organizations and nine of them had national coverage. Topics included adolescent and reproductive health, nutrition (and IFA supplementation for adolescent girls), physical and mental changes during puberty, personal hygiene and menstrual hygiene management for girls, life skills and prevention of early marriage/pregnancy. A framework has been developed for a National Curriculum on Life Skills.

Key Points

- Mostly there were Adolescent Health/Hygiene and Life Skills sessions in school/college and Adolescent centers, Awareness programs in the community and slums, and through radio, television and social media.
- Interactive discussion/enter-educative video sessions on Reproductive health, gender discrimination, prevention of child marriage was organized at Adolescent Club and Adolescent Friendly centers.
- IPC and group meetings were the most common channel of communication.
- Digital and Social media activities included Facebook campaign, messages and videos on YouTube, Interactive Voice Recording (IVR) in SD card, Cartoon Show, Helpline. Capacity building used eLearning, eToolkits.
- Adolescent Health Forum on Adolescent nutrition, intermittent IFA supplementation, menstrual hygiene management, healthy timing and spacing for pregnancy including adolescent friendly services is mentioned by one NGO.
- Group discussions, video sessions and free health camps were arranged for slum dwellers on hygiene and life skills in only Dhaka City Corporation.
- Orientation for Gatekeepers on Adolescent issues is mentioned by only one organization.
- Drama and cartoons on Reproductive health, gender discrimination, and prevention of child marriage, were aired on Bangladesh Betar, Bangladesh Television and social media, IPs.
- There were Orientations on delaying Pregnancy up to 20 Years and for prevention of early marriage.
- Program on Awareness and practice of safe water among young people had national coverage.
- 50 audio drama campaigns and 15 Theatre for Rohingya refugees, and host population were held to generate awareness.
- Covid preventive messages were incorporated by few organizations with the routine information package from the middle March 2020.



2. Audience and Issue

Audience		
	Individual	Youth, Adolescents (Boys and Girls), School Students, Adolescents from the forcibly displaced community, Newlywed young couples
	Family and Peer	Mothers of adolescent girls, Parents of adolescent boys and girls
	Community and Society	Community People, Slum dwellers, Teachers
	Organization and Institute	Program Manager, Field Workers (HA, FWA, CHCP)

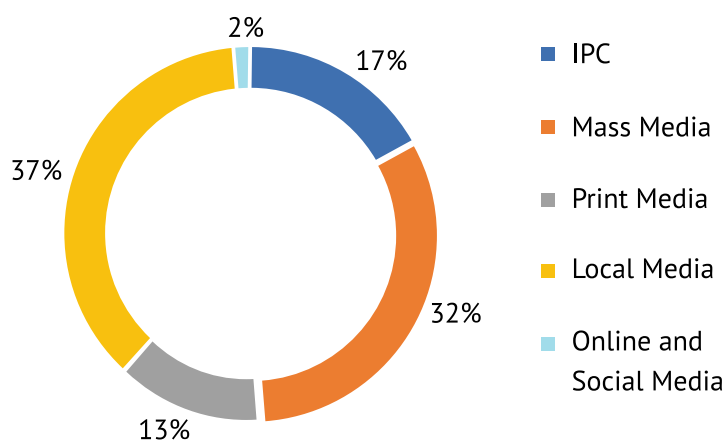
Issues	
<p>Adolescent Period:</p> <ul style="list-style-type: none"> • Physical change during adolescent age • mental change during adolescent age • Personal hygiene • Life Skill 	<p>Child Marriage and adolescent pregnancy:</p> <ul style="list-style-type: none"> • Prevention of early marriage • Consequence of adolescent pregnancy • Delay first pregnancy • Healthy timing and spacing for pregnancy
<p>Adolescent Nutrition:</p> <ul style="list-style-type: none"> • Safe Water and Sanitation practice • Healthy and balanced diet and exercise • Intermittent IFA supplementation • Avoid junk food 	<p>Gender:</p> <ul style="list-style-type: none"> • Gender diversity • Gender mainstreaming
<p>Menstrual Hygiene:</p> <ul style="list-style-type: none"> • Menstrual Hygiene Management • Puberty period and personal cleanliness 	<p>Gender:</p> <ul style="list-style-type: none"> • Covid 19 preventive messages • Consequence of smoking • Drug addiction

3. Communication Channels and Resource Utilization

During this reporting period, SBCC activities on Adolescent Health issues are reported by the following twenty organizations/projects: IEM Unit, FP-FSD unit, MNC& AH unit, MCH-service, Bangladesh Betar, UPHCSDP-II Dhaka North and Dhaka South, WHO, UNFPA, BRAC, USAID Ujjiban SBCC project, WaterAid, Marie Stopes Bangladesh, NariMaitree, BAPSA, DAM, PSTC, SMC, BCCP . These organizations reported that Adolescent Health SBCC activities were held through the following Medias:

 IPC	One to One, Counseling, Orientation, Life Skill Session, Discussion forum, Group discussion, class room session, Peer session.	BDT 4,869,309
 Local Media	Video Show, Club-based event.	BDT 10,515,750
 Mass Media	TV Drama, TV spot, Radio Magazine, Audio docu-drama, Cartoon serials, Video Show.	BDT 9,296,000
 Print and Outdoor Media	Banner, Brochure, Booklet.	BDT 3,600,000
 Digital and Social Media	Facebook campaign, You Tube, Interactive Voice Recording (IVR) in SD card, Cartoon Show, Helpline, eLearning, eToolkit.	BDT 500,500

Adolescent Health: SBCC Activity Resource utilization



Resource Utilization for Adolescent Health related SBCC activities in Local Media reported highest.

4. Geographical Coverage

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

Coverage	Organizations Projects
National coverage (programs all over the country)	9
Sylhet	4
Moulvibazar, Sunamganj, Habiganj, Cox's Bazar, Laxmipur, Brahmanbaria, Chandpur, Noakhali (8)	3
Cumilla, Feni, Chattogram, Rangpur, Pirojpur, Barishal, Jhalokathi, Kishoreganj, Narsingdi, Faridpur, Munshiganj, Madaripur (12)	2
Dhaka City Corporation	6
Three Hill Tract Districts are only mentioned under the national coverage reports, and other than national coverage rest 39 districts also have one project on Adolescent Health.	





Coverage/reach

Adolescent Health (AH) - ●







Thematic Area: Family Planning (FP)





1. Activity Summary

Family Planning SBCC information focused on short-term, long-term, LARC, and permanent FP methods targeting different categories of audience. Information was also disseminated at National and Program levels on Benefits of FP, Healthy Timing and Spacing including Child marriage prevention and delaying first pregnancy, Male engagement and Gender role in FP, FP Call Centers and FP service campaign to generate demand for FP.

Key Points

- Family Planning SBCC activities targeted mainly the Eligible couples and MWRA, but also the Newlywed and young married couples or those in need of FP for spacing or limiting family.
- College & University students and Youth of similar age group; Family decision-makers and Guardians; community people; and slum dwellers.
- IPC and group meetings were the main channels of communication although outreach, mass media, and social/digital media were used by many organizations/programs.
- Counseling, Client Fair, Social Dialogue, and Advocacy meetings with community influential and gatekeepers were conducted to increase demand and support.
- Family planning week (special camp) organized to increase IUD, Implant, and NSV & Tubectomy Clients.
- Interview Discussions, Talkshows, Drama, Radio Cartoon Songs and Jingle were aired on national radio; while PSA, Live Radio Talks (with Phone-in & SMS), and Radio Magazines were aired on Community Radio.
- SRH episodes were designed for FM Radio Today at National level and community radio targeting Adolescents and Youth.
- Media Campaign on FP-MCH through TV channels and newspaper advertisements specially LARC & PM.
- TV Spot/TV Commercial /TV scroll telecasting in Private TV Channels on LAPM, MNH, Breastfeeding, 5 danger signs, 3 delays, birth planning.
- Micro-films (10 episodes) on FP were broadcast on TV and YouTube channel.
- TVC and Pop-Up Airing on Nutrition, Family Planning, and LAPM at National Level to increase awareness about FP and FP products.
- Observance on World Population Day (Rally, Group meeting, IPC).
- Orientation and Training about contraceptives to the field staff of health and family planning.
- National Youth Conference on FP for development partners and the government to discuss the challenges COVID-19 poses in ensuring young people's access to FP with over 500 youth from all over Bangladesh.

2. Audience and Issue

Audience	
 Individual	<p>Couple: Newlywed Couples, Young Married Couples, Eligible Couples of Reproductive Age (age of wife 15-49 years), Couples in need of spacing or limiting pregnancy.</p> <p>Women: Married Women of Reproductive Age (MWRA), Pregnant women, Lactating mothers, PNC mothers.</p> <p>Youth: College & University students and Youth of similar age group.</p>
 Family and Peer	Family member, Caregivers, Guardian, Mother-in-Law.
 Community and Society	Community Support Group members, Low to middle income community people (slum), General people.
 Organization and Institute	Program Manager, Field Worker (HA, FWA, CHCP), Frontline Family Planning service providers, NGO staff.

Issues	
<p>Family Planning Methods:</p> <ul style="list-style-type: none"> • Information of short term FP methods • Information of Long Term Reversible Contraceptive (LARC) methods • Information on Permanent method of FP for limiting pregnancy. • FP method migration by the FP method users • Benefits of FP and Maternal Neonatal Child Health (MNCH) services for healthy family 	<p>Safe motherhood:</p> <ul style="list-style-type: none"> • Safe motherhood including Antenatal Care, Postnatal Care & birth planning • Nutrition for pregnant and lactating mother • Role of planned family for maternal, neonatal and child health (MNCH) care • Benefits of family planning, encouraging small family • Small family norms in the light of Islam • Risk of pregnancy for women after 35 years • Promotion of facility delivery.

Issues

Healthy Timing and Spacing:

- Use of FP methods to delay first pregnancy
- Counseling on Birth spacing
- Information and benefits of Postpartum Family Planning (PPFP) for birth spacing
- Advantage of LARC for birth spacing

Male engagement and Gender:

- Male engagement on MNCH, FP, and Sexual and Reproductive Health Right
- Gender role in using FP methods.
- Role of gender in FP-MNCH services
- Child marriage prevention and consequence of early pregnancy






FP Services:

- Information on available service centers
- Information on Helpline numbers for FP service
- Community engagement skills and methods to promote FP services.
- Benefit of increasing LARC & PM users
- IPC, Counseling skill to deliver information on family planning related issues i.e. FP methods including LARC & PM, PPFP, and Birth spacing.



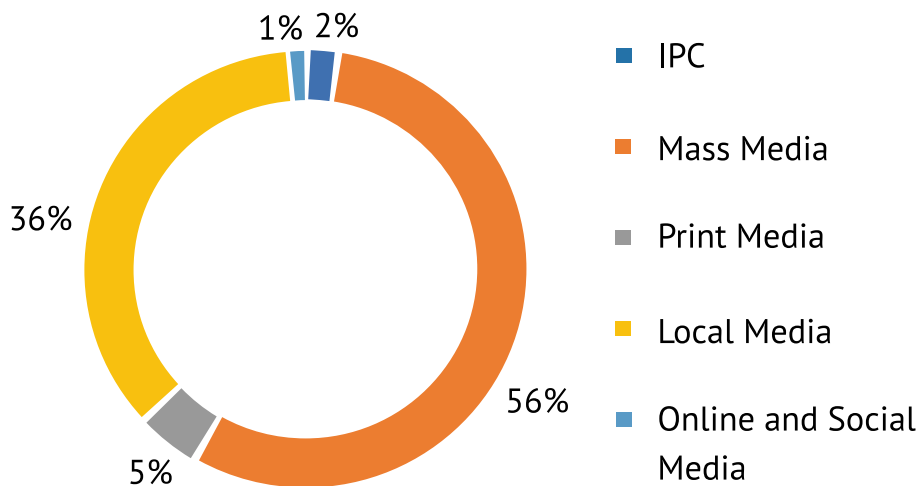
3. Communication Channels and Resource Utilization

During this reporting period SBCC activities on Family Planning issues are reported by following eighteen organizations/projects: IEM unit, FP-FSD unit, CCSDP unit, Bangladesh Betar, BNNRC, UPHCSDP-II Dhaka North and Dhaka South, WHO, UNFPA, BRAC, USAID Ujjiban SBCC project, Shukhi Jibon, Marie Stopes Bangladesh, Nari Maitree, BAPSA, DAM, PSTC and SMC. These organizations reported that SBCC activities on FP were held through the following Media:

 IPC	One to One, Counseling session, Seminar, Workshop, Interview, group session, Advocacy meeting, Conference session.	BDT 3,004,800
 Local Media	Client Fair, Video Show, Mobile Film Show, Rally, Live Radio Magazine, Jingle, Social Dialogue, Folk song.	BDT 45,622,700
 Mass Media	TV Drama, TV Spot or PSA, Talk Show, Radio Phone-in Program, Radio Drama, Song, Radio Magazine, Radio Spot, Newspaper Advertisement, TV Scroll .	BDT 71,951,000
 Print and Outdoor Media	FP Brochures, Leaflet, Billboard, Poster, Press release, Flip chart, Wall painting.	BDT 6,081,500
 Digital and Social Media	Facebook, You Tube (Micro-films, PSA), Online newspaper, Interactive Voice Recording (IVR), website, Live in Phone, Distance Based Training, eLearning, eToolkit.	BDT 171,6750



Family Planning: SBCC Activity Resource utilization



Resource utilization reported mostly for Mass Media and Local Media activities. Utilization of resource for social media activities reported more compared to previous year.

4. Geographical Coverage

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

Coverage	Organizations Projects
National coverage (program all over the country)	7
Sylhet, Moulvibazar, Cox's Bazar, Chattogram, Noakhali (5)	4
Laxmipur, Brahmanbaria, Chandpur, Munshiganj, Bogura, Sunamganj, Habiganj (7)	3
Cumilla, Feni, Kurigram, Gaibandha, Pirojpur, Jhalokathi, Bhola, Barishal, Jhenaidah, Satkhira, Kishoreganj, Mymensingh, Narsingdi, Madaripur, Faridpur, Dhaka, Rangpur, Rajshahi, Joypurhat, Natore, Pabna, Chapai Nawabganj, Naogaon (23)	2
Dhaka City Corporation	6

The report mentioned about Three Hill Tract Districts under national coverage only; and other than national coverage rest 26 districts are also have one project on Family Planning.





Thematic Area: Nutrition

1. Activity Summary

Total of 18 organizations reported Nutrition SBCC activities and 5 had national coverage.

Key Points

- 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.