- *SWOT Analysis*

Strengths	Weaknesses
• Current programs have some emphasis on male participation • Focus on couples counseling and spousal • Availability of male contraceptives • Simplicity of male contraceptive methods	• Female-focused SBCC programs • Males are not aware of FP benefits • Lack of advocacy and family planning materials targeting men • Insufficient male counseling
Opportunities	**Threats**
• Global attention for male participation in FP • Tools for social marketing of male contraceptives	• Male-dominated society • Limited male contraceptive methods • High illiteracy rates among married couples • Incorrect and inconsistence use of condoms • NSV takes 3 months to be effective • Stigma for male contraceptives • Low motivation for male contraceptive use

Step 2: Strategic Design

- *Coordination Strategy*
  - o Incorporate more male-targeted messaging into existing FP materials
  - o Coordinate increased male involvement in other aspects of health (e.g. nutrition, pregnancy care)
  - o Harmonize health provider messages emphasize male responsibility in FP

- *Capacity Development Strategy*
  - o Cultivate high-performing SBCC staff
  - o Conduct sensitization and advocacy workshops for service providers
  - o Train family planning staff on importance of male involvement in FP

- *Community Engagement Strategy*
  - o Take a bottom-up and socio-culturally sensitive approach
  - o Focus on client satisfaction
  - o Advocacy and sensitization of religious/public/local leaders
  - o Youth involvement

Step 3: Designing an Implementation Plan

Strategy	Activity	Output	Step	Timeline	Responsible Party	Partners/ Allies	Documentation Plan
Coordination	Incorporate more male targeted messaging into existing FP materials	Existing FP materials have been updated to include male targeted messaging. Future materials are designed to include male involvement information	Map existing FP materials	3 months	BKMI	GoB, NGOs, CHWs	Documentation team will coordinate monthly updates with responsible parties to document activities, processes, and decisions
			Design male targeted FP messages	2 months	BCC Working Group, FP technical experts	GoB, NGOs, designers, community	
			Disseminate messages to material developers	2 months	BCC Working Group, IEM	GoB, NGOs	
Capacity Development	Conduct sensitization and advocacy workshops for service providers	Service providers offer high quality FP services and inform clients of all options in a supportive manner	Identify relevant service providers	2 months	BKMI	GoB, NGO, health facilities and clinics	
			Develop workshops	3 months	Technical experts	BKMI, BCC Working Group, NGOs	
			Conduct workshops	3 months	IEM, FP subgroup members	GoB, NGOs, service providers	
Community Engagement	Sensitization of religious/ public/local leaders	Community leaders support male involvement in FP and the rights of married and unmarried women and men to use FP	Identify leaders	2 months	BKMI	GoB, NGOs, community members	
			Elicit leaders' input	2 months	BCC Working Group	NGOs, community organizations	
			Promote key messages	2 months	IEM	GoB, NGOs, other ministries	

Institutional Delivery (ID)

Program Description

Disseminate messages about importance and benefits of institutional delivery and encourage women to deliver in a health facility

Step 1: Profile Development

- *Current SBCC situation and context*
  - o Successes: DGFP introduced 24-hour normal delivery services at selected Family Welfare Centers, approximately 27,000 nurse-midwives have been trained in general nursing & midwifery, the Prime Minister has committed to the United Nations General Assembly to train another 3,000 midwives by 2015, delivery by medically-trained attendants doubled between 2004 and 2011 to 32%

- Challenges: Only 32% of deliveries are attended by medically-trained attendants, over 50% of births assisted by untrained traditional birth attendants, only 29% of births are delivered at a health facility [5]
- Available resources: government commitment to encourage institutional delivery among women, donor support, robust NGO clinic network

- *SWOT Analysis*

Strengths	**Weaknesses**
• Understands importance of ID • All promotional activities include ID • Materials and information are available about ID (e.g. 5 danger signs, 3 delays)	• Poor counseling techniques • Inadequate IPC • Negative health provider attitudes
Opportunities	**Threats**
• Have resources, material, and providers • Next sector plan focus on ID	• Cultural barriers and traditions • Poverty and lack of information • Distance from health services • Cost of transport • Women's lack of autonomy in decision-making

Step 2: Strategic Design

- ***Coordination Strategy***
  - Enhance coordination between DGHS, DGFP, and other stakeholders at all levels
  - Institute monthly/quarterly coordination meetings among all stakeholders at national, district and upazila levels
  - Increase sharing of SBCC resources, including any action and implementation plans
  - Include coordination as an integral element of the DGHS and DGFP operational plans

- ***Capacity Development Strategy***
  - Conduct training and counseling for providers on the benefits of institutional deliveries, the five danger signs of pregnancy, the three delays model, and birth planning and preparedness
  - Supervise and monitor providers to ensure good quality of care

- ***Community Engagement Strategy***
  - Hold courtyard meetings with family members, neighbors, community birth attendants, and community leaders
  - Conduct local-level advocacy meetings
  - Use frontline health workers to disseminate messages door-to-door using modern technology (eHealth toolkits, etc.)
  - Form community support groups at the grassroots level to promote institutional delivery

- ***Designing an Implementation Plan***

Strategy	Activity	Output	Step	Timeline	Responsible Party	Partners/ Allies	Documentation Plan
Coordination	Increase sharing of ID-related SBCC resources	All relevant stakeholders actively and regularly share ID related SBCC resources through formal and informal channels	Gather existing materials	4 months	BCC Working Group	GoB, NGO, and other stakeholders	Documentation team will coordinate monthly updates with responsible parties to document activities, processes, and decisions
			Review and harmonize messages	2 months	Maternal and Child Health subgroup	BCC Working Group; technical experts	
			Disseminate materials to relevant stakeholders	2 months	BCC Working Group	Maternal and Child Health stakeholders	
Capacity Development	Conduct training and counseling for providers on the benefits of institutional deliveries	Providers fully understand and can articulate the benefits of ID. They can also effectively communicate these benefits to their clients	Identify health providers	2 months	NGO network	GoB, health facilities, NGOs	
			Develop and test counseling materials	4 months	BCC Working Group, technical experts	GoB, providers, NGOs	
			Train health providers using pretested materials	3 months	Experienced trainers, technical experts	GoB, NGOs, health facilities	
Community Engagement	Form community support groups at the grassroots level to promote ID	Community support groups meet regularly and often to actively promote ID at the grassroots level	Identify key community stakeholders	2 months	NGOs, community groups	Relevant GoB and other stakeholders	
			Establish support group	2 months	NGOs, community groups	Community leaders and members, technical experts	

Key Questions

While designing your SBCC strategy or program plan, check to see if you have answered the following:

- What are the national priorities?
- How have you leveraged your network to create this strategy/program?
- Who is an advocate for this strategy/program? Do the advocates represent differing organizations/ departments/ levels of stakeholders?
- What existing best practices, materials, or evidence were used to develop this strategy/program?
- How does the strategy/program build capacity and at which levels?
- Which community needs are addressed by this strategy/program? How did the community help to identify these needs?
- How does the strategy/program incorporate research, monitoring, and evaluation?
- How does the strategy/program plan to document best practices, processes, decisions, and lessons learned?
- How does the strategy/program make use of internal and external knowledge to increase collaboration and communication?

References

1. *Claquin P Sustainability of EPI: Utopia or Sine Qua Non Condition of Child Survival. Arlington, Va: Resources for Child Health Project; 1989.*
2. *Sustainability of Development Programs: A Compendium of Donor Experience. Washington, DC: US Agency for International Development; 1998.*
3. *https://www.k4health.org/toolkits/km*
4. *Zaman, F. and Underwood, C. (March 2003). The gender guide for health communication programs. Center Publication No. 102. Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.*
5. *Bangladesh Demographic and Health Survey (BDHS) 2011. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International. 2013.*

Appendix A: Sample Worksheet

Topic:

Description:

Step 1: Profile Development

- ***Current SBCC situation and context***
  - Successes:

    ____
    ____
    ____

  - Challenges:

    ____
    ____
    ____

  - Available Resources:

    ____
    ____
    ____

- **SWOT Analysis**

Strengths	**Weaknesses**
Opportunities	**Threats**

Step 2: Strategic Design

- Coordination Strategy

  ____
  ____
  ____

- Capacity Development Strategy

____
____
____
____

- Community Engagement Strategy

____
____
____
____

Step 3: Designing an Implementation Plan

Strategy	Activity	Output	Step	Timeline	Responsible Party	Partners/ Allies	Documentation Plan
Coordination							
Capacity Development							
Community Engagement							

Annex 7

BCC Working Group Steering Committee

BCC Working Group Steering Committee

Background

One of the important approaches acknowledged in the HPNSDP 2011 – 2016 that would contribute to achievements in Health, Population and Nutrition (HPN) is Social and Behavior Change Communication (SBCC). Lack of coordination and harmonization of SBCC activities have been identified across donors, NGOs and government units working in Bangladesh. Coordinated and harmonized SBCC can contribute to further reductions in MMR, IMR, TFR and under-nutrition, and further increases in CPR, health care service utilization, and proper nutrition towards the achievement of MDGs 1, 4 and 5. The forth coming HNPSIP 2016-2021 will focus on these indicators 2021 towards achievement of SDG-3.

The BCC Working Group was started in 2011 as a platform for communication professionals in government, non-government, private, and development agencies to harmonize and coordinate SBCC activities in the HPN sector in Bangladesh. The MoHFW has recognized the Bangladesh BCC Working Group in May 2013 and assigned Additional Secretary (PH & WH) to oversee and coordinate the HPN SBCC activities in Bangladesh through the Bangladesh BCC Working Group. Currently, meetings are held approximately every 2 months.

Objective of creation of BCC WG Steering Committee

Since its inception, the BCC Working Group has been supported by BKMI, a USAID-funded capacity-strengthening project. BKMI would like to ensure that the BCC Working Group continues to thrive beyond the life of the BKMI project.

A Leadership temporary sub-group of the BCC Working Group was formed in 2014 to draft a Terms of Reference (ToR) for a sustainable leadership structure for the BCC Working Group moving forward. The members of the Bangladesh BCC Working Group approved the ToR in April 2015.

Name for the Leadership Group

BCC Working Group Steering Committee

Members of the Steering Committee

- Five (5) permanent members from MoHFW;
    - Additional Secretary (PH & WH) is the Chair
    - Joint Chief (Planning Cell), MoHFW
    - Director, IEM, DGFP
    - Director, IPHN, DGHS
    - Chief, Bureau of Health Education, DGHS
- Six (6) rotating members that represent NGOs, INGOs, development partners and private sector

If a vote is needed, a quorum of at least six members must be present to vote. A simple majority is needed to pass a vote. (If six members are voting, at least four votes are needed to pass a motion.)

Selection criteria of Steering Committee members

Steering Committee member organizations must be active in HPN BCC, and must be active BCC Working Group members. They also must be willing to serve as Member Secretary for one year, if selected to do so by the Steering Committee.

Steering Committee seats will be filled by organizations, which then designate their representatives. If one representative leaves the organization, the organization retains its seat and names a new representative. The organization should also name primary and secondary representatives, for the sake of continuity.

Organizations' representatives must be senior enough to interact with high-level government officials; and must be available, motivated and passionate about strengthening and providing leadership to the BCC WG.

For the first Steering Committee

- Five MoHFW permanent members in consultation with one member each from CCP and BCCP will select the other four members based on expressions of interest that are submitted.
- Thereafter, the entire Steering Committee will select new rotating members.
- Efforts will be made to balance the rotating seats (four for the first Steering Committee, six thereafter) among different types of organizations.

Tenure of members serving on the Steering Committee

- For the first Steering Committee, three of the rotating members will have a two-year seat and three will have a one-year seat. This will help to ensure continuity so that all six members do not rotate off at the same time. Assignments to two-year or one-year seats will be made by the permanent members of the Steering Committee. Subsequently, all rotating seats will be held for two-year terms.
- Organizations may hold a rotating seat for a maximum of two consecutive terms (= four years). Exceptions may be made if seats remain vacant and other suitable organizations are not available to fill the seats.

Roles of the Steering Committee

- Develop Strategic vision for the BCC Working Group:
  - Mission statement
  - Purpose
  - Objectives, etc
- Select Member Secretary
- Meet bi-monthly, or more frequently if necessary
- Call meetings of the BCC Working Group & set agenda for meetings
- Monitor and guide sub-groups of the BCC Working Group; establish new sub-groups as needed
- Advocacy for BCC; inform MoHFW of BCC WG activities, concerns, recommendations, etc
- Coordinate with other ministries that also work on HPN related BCC
- Identify priority activities for BCC WG
  - Events
  - Workshops
  - Communications (website, social media, etc)
  - Training/capacity building

- Create annual work plan and budget, and ask WG member organizations to host, sponsor and fund different meetings and activities
- Define BCC Working Group policies, such as
  - membership criteria
  - which information is posted on website
  - criteria for sending emails on behalf of members
  - how to select/elect new members of Steering Committee when terms are over etc.

Roles within the Steering Committee

- Additional Secretary (PH&WH), MoHFW in charge of BCC WG is Chair. When the Chair is not present, the next senior-most member from MoHFW will chair the Steering Committee meeting.
- Each year, the Steering Committee will select one of its members to serve as Member Secretary for a 1-year term.
- The Member Secretary will have following major tasks:
- Organize Working Group meetings, Steering Committee meetings and other activities
- Keep records (meeting minutes, attendance, etc)
- Send emails/communications
- Maintain BCC Working Group website, Facebook page and Springboard group
- Follow-up work plan
- Update membership list
- Other related activities
- The organization of the incumbent Member Secretary will host and manage the WG secretariat.
- All Steering Committee members will have equal status, and no votes shall be given more weight than others.

Timeline

- With Chair's approval;
- Have nominations of CCP and BCCP
- Invite Expression of Interest from the member organizations
- Identify criteria for selection of members based on EOI
- Select 4 rotating members
- Host introductory meeting of Steering Committee
- Develop/adopt plan for transition

Annex 8

Terms of Reference for HPN Coordination Committee

Terms of Reference for HPN Coordination Committee

HPN SBCC Coordination Committee

In order to facilitate functional coordination around Health, Population and Nutrition (HPN) communication activities within the Ministry of Health and Family Welfare (MoHFW), the HPN Coordination Committee was created in 2012 with technical assistance from the Bangladesh Knowledge Management Initiative (BKMI). Funded by USAID and led by Johns Hopkins Center for Communication Programs, Baltimore, USA, BKMI is implemented by Bangladesh Center for Communication Programs (BCCP).

Since its inception, this committee has met approximately every two months, hosted in turn by the Bureau of Health Education (BHE), Information, Education and Motivation (IEM), and Institute of Public Health Nutrition (IPHN). Although the units mentioned above form the core of this committee, any unit within MoHFW that does SBCC for HPN is welcome to participate.

Terms of Reference

The HPN SBCC Coordination Committee will contribute to reduced MMR, IMR, TFR and under-nutrition, and increased CPR, healthcare service utilization and proper nutrition by:

1. Coordinating, integrating and harmonizing Social and Behavior Change Communication (SBCC) in support of the Health, Population and Nutrition Sector Development Program (HPNSDP) under the MoHFW;
2. Mainstreaming nutrition messages and activities with other health and family planning messages and activities;
3. Providing support for coordinated, harmonized and integrated HPN messages and products to the community at all levels;
4. Creating a platform to exchange HPN SBCC knowledge and share best practices within the MoHFW; and
5. Co-opting members in the committee as and when necessary.

This Committee will work at the functional level to strengthen effective coordination of HPN SBCC within the MoHFW. It will complement to the over-arching high-level role of the 'IEC/BCC Sector Management Task Group' as well as another functional forum, the 'BCC Working Group'. The BCC Working Group was created for multi-sectoral coordination and networking including government, non-government, development partner, private sector organizations and others. The BCC Working Group was formally recognized by the MoHFW in 2013, and has developed a National Framework for Effective HPN SBCC.

HPN Coordination Committee Membership

Core members will be representatives from Bureau of Health Education (BHE) and Institute of Public Health Nutrition (IPHN) of DGHS; and Information, Education and Motivation Unit (IEM) Unit of DGFP, which are primarily responsible for SBCC activities under the HPNSDP. In addition to the government representatives, the BCC focal person or representatives from UNICEF, USAID and DFID will also be core members of this Committee.

Representatives from other interested units from DGHS and DGFP are also encouraged to attend regular meetings.

Chair

Additional Secretary (PH & WH), MoHFW, will Chair the HPN SBCC Coordination Committee.

Secretariat

BHE, IPHN and IEM Units will serve as the secretariat of the HPN SBCC Coordination Committee in turn.

Scope of work:

- Preparing a meeting calendar at the beginning of the year and getting approval from the Chair
- Preparing meeting agendas,
- Sending out meeting notices, and
- Preparing meeting minutes.

Meeting Frequency

The HPN SBCC Coordination Committee meetings will be held bi-monthly. BHE, IPHN and IEM Units will host the meetings by rotation.

Tasks and Deliverables

1. Review BCC components of existing Operational Plans (OPs) of MoHFW, and strategies & work plans of BHE, IPHN & IEM
   a. Identify areas of duplication and over-lapping
   b. Identify opportunities for collaborative and coordinated SBCC interventions for HPN; and develop strategies to leverage those opportunities, ensuring that HPN activities are cross-pollinated with other DGHS and DGFP components, programs and activities that reach priority audiences/participant groups

   Deliverable: A coordinated and consolidated annual SBCC plan for 3 units to maximize the coverage of service recipients.

2. Develop an action plan for the SBCC units of MoHFW to implement National Framework for Effective HPN SBCC to ensure consistent, reinforcing messages are delivered to priority audiences addressing key behaviors outlined in the HPNSDP, communication strategies and Results Framework

   Deliverable: A consolidated SBCC Action Plan across MoHFW

3. Develop plans to integrate technology into HPN SBCC delivery including dissemination of messages through mobile phones, computers, laptops and netbooks

   Deliverable: Plan for SBCC dissemination through the use of technology, and guiding standards/best practices for using technology identified and shared

   Reviewing tasks and deliverables from time to time and adding/subtracting/ modifying as necessary.

Expected Outcomes

- Coordinated, integrated and harmonized messages for HPN delivered to individuals, families and communities that motivate improved health, family planning and nutrition behaviors, and positively impact MMR, IMR, TFR, CPR, and nutrition
- Healthcare service utilization increased
- Duplication & over-lapping reduced in SBCC interventions and service coverage increased reaching more priority audience
- Nutrition messages mainstreamed with health and family planning activities.

Annex 9

Illustrative Monitoring & Evaluation Framework

Illustrative Monitoring & Evaluation Framework

Sample project: Community outreach to promote marriage of girls after 18 years of age

Planned Inputs	Indicators	Expected Outputs	Output Indicators	Expected Outcomes	Outcome Indicators
Train outreach workers	# of workers trained	Outreach workers skilled in facilitating community dialogues/counseling on child marriage	Average score on training post-test Observation checklist completed by trainer during role play; constructive feedback given	Girls not married before age 18 Girls complete secondary education Delay first pregnancy	Increase in average age of marriage Increase in rate of secondary school completion Increase in average age of first pregnancy
Hold group meetings with community members	% of households in upazila that participated in group meetings	Household-level discussion about appropriate age of marriage for girls and importance of girls' education	Baseline/endline surveys		
Hold advocacy meetings with community leaders	# of meetings with community leaders, including notes from meeting discussions	Community leaders publicly discuss appropriate age of marriage and strategies to support girls' education	Baseline/endline surveys		

Annex 10
SBCC Monitoring Checklist

SBCC Monitoring Checklist

Ministry of Health and Family Welfare
Directorate General of Health Services and Directorate General of Family Planning
BCC/IEC Activity Monitoring Checklist

Name of the Monitor :	Designation and Place of posting :

Name of the monitored staff Union : Upazilla :	Date and place of monitoring District : Division :

Sl No.	Indicators	Present Status		Remarks
		Yes/No/ Partial/ Not Applicable*	Number	
A	**Home Visit**			
i.	Is there any plan for regular home visit?			
ii.	Is there any updated register for documenting home visit?			
iii.	How many home visited last month? (a. Planned and b. Visited)			
iv.	Does FWA/HA use BCC materials during home visit?			
v.	Does FWA/HA segregate house hold based on client segmentation form?			
B.	**Counseling**			
i.	Is there any plan for counseling?			
ii.	Is there any provision in existing format "monthly progress report" for documenting counseling activity?			
iii.	Does FWA/HA/CHCP/FWV record and report on counseling?			
iv	Does FWA/HA/CHCP/FWV use any IEC/BCC materials for counseling? (mention name of most used materials)			
v	How many counseling session done last month? (Note down the issues in the remarks column.)			
vi	How many people attend (average) in one group counseling?			

** For Yes (Y), No (N), Partial (P) and Not Applicable (NA)*

Sl No.	Indicators	Present Status		Remarks
		Yes/No/ Partial/ Not Applicable*	Number	
vii	How long each counseling session last on average?			
viii	During counseling session, FWA/HA/CHCP/FWVs promote which positive behaviours? (Note down the issues in the remarks column.)			
C.	**Courtyard Meeting**			
i.	Is there any plan for courtyard meeting?			
ii.	Is there any provision in existing format monthly progress report" for documenting Courtyard meeting?			
iii.	Does FWA/HA report regularly on court yard meeting?			
iv.	Does FWA/HA use any IEC/BCC materials for court yard meeting?			
v	How many court yard meeting done last month? (a. Planned and b. accomplished) (Note down the issues in the remarks column.)			
vi.	How many people attend (average) in one courtyard meeting? (Mention the average number for pregnant women/ lactating mother in the remarks column)			
vii	How long each courtyard meeting last on an average?			
viii	During courtyard meeting, FWA/HA/CHCP/FWVs promote which positive behaviours? (Mention the issues in the comment column.)			
ix	Do participants provide any comments in the court yard meeting? Do FWAs/HAs document it? (If observe during session)			
x	How many participants could recall given messages at the end of the session? (If observe during session)			

** For Yes (Y), No (N), Partial (P) and Not Applicable (NA)*

Sl No.	Indicators		Present Status		Remarks
			Yes/No/ Partial/ Not Applicable*	Number	
D.	**Mass Media Campaign**				
i	How many film-show/ Video show arranged in last three months? (Mention issues in the remark column)				
ii	How many people attended in these film shows/video shows? (Mention the topics of the shows in the remark column)				
iii	How many Health Education Sessions organized at health facilities in last month? (Mention issues in the remark column)				
iv.	How many of local events (Street Drama, Folk show, Jatra etc.) organized in last month? (Mention issues in the remark column)				
E	**Advocacy**				
i.	How many advocacy sessions organized in last three months? Mention the main issues and who participated in the event in the remarks column.				
F.	**Distribution of IEC/BCC Materials**				
i.	How many IEC/BCC materials distributed last three months?	Poster/ Sticker/ Leaflet/ Flipchart/ Others			

** For Yes (Y), No (N), Partial (P) and Not Applicable (NA)*

Signature: Date:

Note: Please specify which areas (Village, Para, and/or Mohalla) require more inputs for improving specific behaviors. For example, Khadimpara is low in maternal health behaviors; or Sultanpur is low in nutrition behaviors; FP method adoption rate among the men of Dighinala is low. So, the maternal heath related BCC activities need to be strengthened in Khadimpara or nutrition related BCC activities need to be increased in Sultanpur. In order to encourage men of Dighinala to use LAPM, separate court yard meeting needs to be held, etc.

Guideline from Superviosr to field worker (FW):

In order to improve work (1) Identify behavioral actions during home visit; (2) Conduct follow up; (3) Select appropriate "non-user" audience for courtyard meeting (4) Repeat behavioral action 3-4 times during home visit and courtyard meeting (5) Encourage FW to ask audience to discuss the visit/courtyard meeting with their spouses, neighbors and family.

The field testing of monitoring checklist is being conducted with the direct participation of BHE and IPHN units of Directorate of Health Services and IEM unit of Directorate of Family Planning. Technical support is being provided by Bangladesh Knowledge Management Initiative (BKMI), financed by USAID, BKMI is implemented by Johns Hopkins Center for Communication Programs in collaboration with Bangladesh Center for Communication Programs (BCCP) as an in-country partner.

Annex 11

Terms of Reference for Expert Working Group and Technical Working Group

Terms of Reference for Expert Working Group and Technical Working Group

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
জনস্বাস্থ্য-২ অধিশাখা

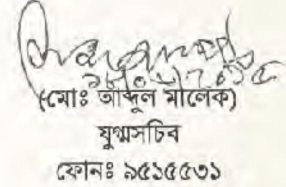
নং: ৪৫.১৬১.০০৪.০০.০০.০০১.২০১৫-৩১০ তারিখ: ১৮/০৫/২০১৫ খ্রি.

বিষয়ঃ Expert Working Group (EWG) এবং Technical Working Group (TWG) এর Composition and ToR প্রেরণ সংক্রান্ত।

গত ৫-৪-২০১৫ তারিখে এ মন্ত্রণালয়ের অতিরিক্ত সচিব (জনস্বাস্থ্য ও বিশ্বস্বাস্থ্য) মহোদয়ের সভাপতিত্বে Implementation of priority action plan of MTR'2014 of HPNSDP on BCC Develope a comprehensive social and behaviour change communication (SBCC) Strategy with implementation plan and monitoring framework including necessary indicators- বিষয়ে এক সভা অনুষ্ঠিত হয়।

২। উক্ত সভার সিদ্ধান্ত মোতাবেক Expert Working Group (EWG) and Technical Working Group (TWG) এর Composition and ToR সদয় অবগতি ও প্রয়োজনীয় কার্যক্রম গ্রহণের নিমিত্ত নির্দেশক্রমে এতদসঙ্গে প্রেরণ করা হলো।

সংযুক্তিঃ ০৩ (তিন) পাতা।



(মোঃ আব্দুল মালেক)
যুগ্মসচিব
ফোনঃ ৯৫১৫৫৩১

বিতরণ (জ্যেষ্ঠতার ক্রমানুসারে নয়):

১. যুগ্ম প্রধান (পরিকল্পনা),স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়। ।
২. পরিচালক, (আইইএম), পরিবার পরিকল্পনা, পরিবার পরিকল্পনা অধিদপ্তর, ঢাকা।
৩. উপ প্রধান, স্বাস্থ্য শিক্ষা ব্যুরো, স্বাস্থ্য অধিদপ্তর মহাখালী, ঢাকা।
৪. পরিচালক, (এমসিএইচ-এফপি), পরিবার পরিকল্পনা, পরিবার পরিকল্পনা অধিদপ্তর, ঢাকা।
৫. পরিচালক, আইপিএইচএন ও লাইন ডাইরেক্টর এনএনএস, মহাখালী, ঢাক।
৬. ডাঃ নাসরিন খান, জনস্বাস্থ্য ও বিশ্বস্বাস্থ্য অনুবিভাগ, স্বাপকম।
৭. প্রজেক্ট ডাইরেক্টর, বিকেএমআই, মিরপুর, ঢাকা।
৮. প্রতিনিধি, ইউএসএআইডি

সদয় অবগতির জন্য অনুলিপি প্রেরণ করা হলোঃ

১। সচিব মহোদয়ের একান্ত সচিব, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
২। অতিরিক্ত সচিব (জ ও বি) মহোদয়ের ব্যক্তিগত কর্মকর্তা, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।
৩। অতিরিক্ত সচিব (জনস্বাস্থ্য) মহোদয়ের ব্যক্তিগত কর্মকর্তা, স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়।

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Composition and ToR of
Expert Working Group (EWG) and
Technical Working Group (TWG) for
development of Comprehensive Social and Behavioural Change Strategy (SBCC)

Expert Working Group (EWG)

I. Composition

1. Additional Secretary (Public Health), Ministry of Health and Family Welfare- **Chair**
2. Director, BHE and Line Director, HEP- **Member Secretary**

Member (s):

3. Joint Chief (Planning), Ministry of Health and Family Welfare
4. Additional Director General Planning and Development, and Director, MIS, DGHS
5. Director, PHC and LD, MNCAH, DGHS
6. Director, CDC and LD, CDC, DGHS
7. Director, IEM, DGFP
8. Director, MCRH and LD MCRAH, DGFP
9. Director, IPHN and LD, NNS, DGHS
10. Director MBDC and LD TB, DGHS
11. LD, NCDC, DGHS
12. LD, NASP, DGHS
13. Two Representatives from BKMI

II. Terms of Reference (ToR)

The Expert Working Group would be responsible to execute the following activities to develop the SBCC strategy to strengthen SBCC activities on Health, Population and Nutrition Activities in Bangladesh:

1. Facilitate development of Comprehensive Social and Behavioural Change Strategy (SBCC) through providing policy directives to TWG
2. Ensure that all existing HPN related BCC strategy (Approved and draft) are taken into consideration to formulate the SBCC startegy

3. Facilitate TWG to arrange stakeholder consultation through three workshop and website
4. Review the draft document for finalization
5. Take necessary steps for final endorsement
6. Take consultation from Additional Secretary (Public Health and WHO) as and when required.
7. If necessary, Request Additional Secretary (Public Health and WHO) to facilitate Technical Assistance from Development Partners/ Technical Agencies
8. The Member Secretary would be responsible for the necessary Secretarial Support.
9. The committee would finalize the strategy through 4 meetings **(Maximum)**
   (It necessary the committee may co-opt any member)

1. **Deliverable**
   Comprehensive Social and Behavioural Change Strategy (SBCC) with Implementation Plan and monitoring Frame-work and necessary indicators for monitoring

Technical Working Group (TWG)

I. **Composition**
   1. Deputy Secretary (Public Health-2), Ministry of Health and Family Welfare- **Chair**
   2. Program Manager, HEP- **Member Secretary**

   Member (s):

   3. Senior Assistant Chief (Planning), Ministry of Health and Family Welfare
   4. Program Manager, IEM, DGFP
   5. Program Manager, MNCAH, DGHS
   6. Program Manager, MCRAH, DGFP
   7. Program Manager, CDC, DGHS
   8. Program Manager, NCDC, DGHS
   9. Program Manager (BCC), NNS
   10. Program Manager, MBDC, DGHS
   11. Program Manager, NASP, DGHS
   12. Program Manager, HIS and E Health, DGHS
   13. Dr. Nasreen Khan, TSN, Public Health and WHO Wing, MoHFW

14. Representative from WHO
15. Representative from UNICEF
16. Representative from UNFPA
17. Representative from DFID
18. Representative from USAID
19. Two Representatives from BKMI

(It necessary the committee may co-opt any member)

II. Terms of Reference (ToR)

The Technical Working Group would be responsible to execute the following activities to develop the SBCC strategy to strengthen SBCC activities on Health, Population and Nutrition Activities in Bangladesh:

1. Prepare a draft Comprehensive Social and Behavioural Change Strategy (SBCC) in the line of policy directives ofEWG
2. Ensure that all existing HPN related BCC strategy (Approved and draft) are taken into consideration to formulate the SBCC strategy through stocktaking of all HPN related BCC strategy (Approved and draft)
3. Provide necessary technical support to TWG to arrange stakeholder consultation through three workshops.
4. Submit the draft document to EWG for finalization
5. Provide technical support to finalize the SBCC strategy till final endorsement
6. Take consultation from EWG as and when required.
7. The Member Secretary would be responsible for the necessary Secretarial Support.
8. The committee would develop the strategy through 6 meetings **(Maximum).**
   (It necessary the committee may co-opt any member)

III. Deliverable

2. Comprehensive Social and Behavioural Change Strategy (SBCC) with Implementation Plan and monitoring Frame-work and necessary indicators for monitoring

Annex 12
List of Sub-Committees

List of Sub-Committees

Member of Health Sub-Committee

SL. No.	Name of the Representative
1.	Dr. Md. Altaf Hossain, Program Manager, MNCAH, DGHS
2.	Dr. Tapan Kr. Biswas, Program Manager, NNS, DGHS
3.	Md. Abdus Salam, Deputy Chief, HEP & Program Manager, BHE, DGHS
4.	Dr. Md. Tanvir Ahmed, Program Manager, NCDC, DGHS
5.	Dr. Md. Jahangir Alam, Program Manager, NTP, DGHS
6.	Dr. Md. Anisur Rahman, Program Manager, NASP, DGHS
7.	Dr. Md. Lokman Hakim, Program Manager, MIS & eHealth, DGHS
8.	Dr. Md. Nasir Ahmed Khan, Deputy Program Manager, CDC, DGHS
9.	Dr. Gita Rani Deby, Deputy Program Manager, RCHCIB, DGHS (Community Clinic)
10.	Dr. Shimul Koli Hossain, Program Manager (ASRH), MCH, DGFP
11.	Ms. Zakia Akter, Deputy Director, IEC, DGFP
12.	Dr. M. Mostafa Zaman, Advisor, Research & Publication, WHO
13.	Ms. Syeda Salina Parveen, BCC Specialist, UNFPA
14.	Dr. Md. Shahidul Alam, Deputy Director, BCCP
15.	Ms. Shirin Hussain, Communication for Development Specialist, UNICEF
16.	Md. Mamunur Rashid, Senior Communication Specialist, BKMI

Member of Population Sub-Committee

SL. No.	Name of the Representative
1.	Director, IEM Unit, Convener
2.	Dr. Shimul Koli Hossain, PM (ASRH), MCH, DGFP
3.	Mr. Humayun Kabir, Planning Unit, DGFP
4.	Dr. Nurun Naher, PM, CCSDP, DGFP
5.	Mr. Mahbubul Alam, DPM, FSDP, DGFP
6.	Mr. Khandaker Mahbubur Rahman, PCO, DGFP
7.	Representative from BHE, DGHS
8.	Representative from IPHN, DGHS
9.	Ms. Syeda Salina Parveen, UNFPA
10.	Ms. Shirin Hussain, Communication for Development Specialist, UNICEF
11.	Representative from Save the Children
12.	Dr. Zeenat Sultana, Senior Deputy Director, BCCP & Deputy Project Director, BKMI
13.	Shahid Hossain, BCC Advisor, EngenderHealth
14.	Mohiuddin Ahmed, Senior Communication Specialist, BKMI
15.	Ms. Zakia Akhter, Deputy Director (PM), IEM Unit

Member of Nutrition Sub-Committee

SL. No.	Name of the Representative
1.	Dr. Md. Moudud Hossain, (Chair of the committee), Deputy Director DGHS & Program Manager , NNS
2.	Mostafa Faruq Al Banna, Associate Research Director, FPMU, MoF&L
3.	Dr. Shimul Koli Hossain, PM (ASRH), MCH, DGFP
4.	Dr. Nasreen Khan, Technical Support on Nutrition, Public Health and WH Wing, MoHFW
5.	Mohammad Aman Ullah, Deputy Program Manager, NNS, DGHS
6.	Md. Mukhlesur Rahman, Assistant Chief (TSD) and Deputy Program Manager, HEP
7.	Dr. Zeba Mahmud, Country Manager, Alive and Thrive
8.	Dr. Mohsin Ali, Nutrition Specialist, UNICEF
9.	Dr. Lalita Bhattacharjee, Nutritionist, FAO
10.	Dr. Zeenat Sultana, Senior Deputy Director, BCCP & Deputy Project Director, BKMI
11.	Ms. Kanta Devi, Deputy Director, BCCP & Project Coordinator, BKMI
12.	Dr. Mohammad Raisul Haque, Deputy Director, HNPP, BRAC
13.	Dr. Foisal Mahmud, Health Specialist, BCC Media Action
14.	Dr. Monira Parveen, Porgram Officer (Nutrition), World Food Program (WFP)
15.	Ms. Saiqa Siraj, MNCH Advisor - Nobo Jibon, Save the Children
16.	Dr. Tofail Md. Alamgir Azad, Senior Communication Specialist, BKMI

ISBN # 984-757-078-7

Developed by the Ministry of Health and Family Welfare with technical assistance from the USAID-funded Bangladesh Knowledge Management Initiative (BKMI), which is jointly implemented by Johns Hopkins Center for Communication Programs (CCP) and Bangladesh Center for Communication Programs (BCCP).