

**Social and Behavior Change Communication Materials:
Guideline for Distribution and Dissemination**

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Introduction

Successful implementation of health SBCC programs depends on the effective distribution, dissemination and use of print, audio-visual and outdoor media. A review of the MoHFW's current system in 2015 revealed the need for a general guideline for distributing and disseminating SBCC materials, so that they reach their intended destination and serve their intended purpose.¹

The purpose of this guideline is to:

- Define the objectives of the distribution and dissemination system;
- Describe need-based decision making;
- Describe effective monitoring, feedback and evaluation;
- Review the BCC focal person's importance, roles and responsibilities; and
- Describe the process and requirements for
 - Distribution – including storage, packaging, handling, disbursement, recordkeeping and reporting; and
 - Dissemination – of print, audio-visual and outdoor media.

Users of the guideline

This guideline is for any personnel involved in the process distributing and/or disseminating SBCC materials. A suggested (but not exhaustive) list of officials in three administrative tiers is as follows,

- National: LD, PM, DPM and Respective Officials;
- District: CS, DDFP, AD (FP/CC), DCS, HEO (Sr. and Jr.); and
- Upazila: UH&FPO, UFPO, MO (MCH-FP), AUFPO

Operational Definitions

- **Distribution-** All the activities related to the process of procuring/collecting SBCC materials at headquarters to making them available to grassroots workers.
- **Dissemination-** All the activities that start after making the SBCC materials available to the grassroots workers, with the aim to inform the content/message of the SBCC materials to the intended audience.
- **Collection-** In this document, this refers to the collection of the SBCC materials from government, NGOs or other sources for distribution and dissemination to the designated audiences. There is no financial involvement in this form of procurement.
- **SBCC material distribution and dissemination system-** This can be defined as the process of performing the activities related to SBCC materials starting from collection at the headquarters to making them available to the grassroots worker, as well as the tasks that start thereafter with the aim to inform the intended audience.

Objectives of the distribution and dissemination system for SBCC materials

The objectives of the distribution and dissemination (D&D) system for SBCC materials are to ensure that the right BCC materials from the right source in the right quantity and right condition reach the right destination at the right time at the right cost and with the right documentation.

Need-Based Decision Making

When making decisions about how to distribute and disseminate SBCC materials to have the best possible impact, consider the following:

- Quantity: Allocate a sufficient quantity of SBCC materials based on the population size of the geographic area, the health or behavioral issue and the target audience.

¹ Bangladesh Knowledge Management Initiative. Understanding the Behavior Change Communication Materials Distribution and Dissemination System in Bangladesh. 2015 (a study report prepared as part of capacity strengthening of GoB Officials in HPN sector)

- **Topic:** Some districts are affected by a certain topic more than others. Use population-based data (eg Demographic & Health Survey) to identify districts that have a higher need for SBCC materials on a certain topic based on the prevalence of a disease or health behavior. You can also use feedback and monitoring data, when upazila- and district-level officers provide feedback on what SBCC materials they need more or fewer of.
- **Time:** The distribution process includes the preparatory work and planning, transporting the materials to the designated districts/upazilas, and orienting the field workers on their tasks and responsibilities regarding the SBCC material. Take into account the time of year, weather patterns, agricultural patterns, migration patterns, elections, the observation of special days or weeks.
- **Audience, including gender:** How will you distribute and disseminate the SBCC materials so that they will reach and/or be visible to your intended audience? Where are the places they are likely to go? If you are trying to reach women, how can you plan your activities (ie the place, timing, etc) so that women can actively participate?

Monitoring and Feedback

Monitoring and collecting feedback on D&D helps decision-makers to know if the activities are achieving the desired result. It is important to monitor activities, staffing, budgets and the response of the audience and other stakeholders to the SBCC materials. Using monitoring data from the field, decision-makers can adjust the program to be more responsive and effective.

Three tools are available for monitoring SBCC activities:

- M&E checklist (See Annex);
- Unit-specific format (see Annex)
- AV Van Reporting Format (Projectionist/ AVO) (See Annex)

SBCC Focal Person

There might be a designated SBCC focal person at each level: national, district, upazila and community (CC, UH&FWC). The list containing the names and phone numbers of all SBCC focal persons should be circulated to all those officials who are related to the D&D system. The SBCC focal person is responsible for coordinating and facilitating all the SBCC activities in his or her administrative jurisdiction.

Guideline for Distribution

Important issues must be considered at every step of the distribution process (shown in Annexes 3 and 4).

- **Storage**

Identify a designated space in the store for SBCC materials. The spaces should be spacious, clean, free from dust, well-ventilated and secure. SBCC materials should be placed on shelves. Stores should be maintained at Headquarters, Districts, Upazilas, FWCs and CCs.

- **Packaging**

SBCC materials should be packaged so that they remain in excellent condition when they reach the destination. A simple material-specific user guide should be included in the packaging for 25% of the materials. Additional guide if necessary can be used after photocopying. The packaging should be labeled so that the type of material, the key message(s), quantity, focal person's name and contact number and destination address are clear. The packaging should contain relevant symbols for proper handling, in accordance with standard practice.

- **Handling and care**

The handling symbols should be clearly printed on the packaging of the SBCC materials. The handling personnel should be trained to understand the instructions for handling and care.

- **Transportation**

Transportation facilities must preserve the condition of the SBCC materials. Vehicles must be covered to protect the materials from sunlight and rain.

- Disbursement

Disbursement will be based on both “push” (allocation of SBCC materials from the central level) as well as “pull” (need for materials by field officers).

Figures 1 and 2 below present the “push” and “pull” relationship between two administrative levels.

Figure 1: Within Central/ Regional Store and Upazila Store

Push	Pull
Upper Level Facility CWH/RWH/CMSD	Upper Level Facility CWH/RWH/CMSD
Lower Level Facility Upazila Store	Lower Level Facility Upazila Store

Figure 2: Within Upazila Store and Service Delivery Point (SDP)

Push	Pull
Upper Level Facility Upazila Store	Upper Level Facility Upazila Store
Lower Level Facility Service Delivery point	Lower Level Facility Service Delivery point

- Recordkeeping

Personnel responsible for D&D will continue to fill out the designated forms.

Computer based: Presently Warehouse Inventory Management System (WIMS) and Upazila Inventory Management System (UIMS) exists under the DGFP. These inventory management systems can also be utilized for the distribution of the SBCC materials. Such a system can be replicated for use by DGHS.

- Reporting

Accurate, regular and timely reporting by the personnel responsible for D&D is mandatory. Supervisors should review all reports before forwarding them to their superior.

Guideline for Dissemination

The success of SBCC interventions depends to a great extent on an adequate, creative and efficient mix of various SBCC materials. There is no single perfect channel of communication. Planning for the use of different IEC materials in a strategic combination gives the health promotion intervention the greatest chance of having a positive impact.

Following are issues to be considered for disseminating print and audio-visual materials and outdoor media.

- Print materials

Table 1: Suggested use of BCC print material

Sl. No.	SBCC Material/ Media	Where to use	How to use
1	News paper Advertisemen	Nationwide for National newspapers	Placement of the message in a easily visible place and in a well circulated

Sl. No.	SBCC Material/ Media	Where to use	How to use
	t		newspaper as listed in the DFP report
2	Poster	Market, pharmacies, bus stand, schools, community buildings, hospital, clinic, counselor's room. Can also be used in meetings, workshops etc. Placement will depend on the content and the intended audience.	Should be mounted at a visible height: 5-6 feet from the lowest edge on the poster to the ground.
3	Leaflet	May be appropriate for both literate and/or illiterate audiences, depending on content and design. Can be used in meetings, counseling, workshops, specially observed days, distribution in bazaar, bus stand, tea stalls, clinics tec.	Can be used as job aids or as take away materials to complement IPC.
4	Flashcard	Clinic-based counseling, group meeting	Care should be taken so that the audience understands the link between the issue and the diagram in the material. Ask the audience to describe what they see in the flashcard. Clarify any points that are misunderstood.
5	Brochure	Individual/group counseling, group meeting	Best for those who can read. During counseling the materials should be displayed properly and information explained in the audience's own dialect/ language. Can be provided as take away. Can be used as job aids.
6	Sticker	Clients showing up at the clinic, transport, clinic, household, door, almirah	Place stickers in conspicuous public places. Also disseminate to intended audience so they can place them in their homes.
7	Flip Chart	Courtyard meeting, individual counseling, small group meeting	The user should be adequately knowledgeable on the issues. Engage the audience in a dialogue, rather than giving a lecture.

- Audio/video materials

Audio-visual (AV) materials are important for delivering informing the intended audience in an entertaining format. The steps for using AV materials are as follows:

A. Before the Show:

1. Prepare a calendar for AV Van shows. Review the calendar quarterly and revise as appropriate.
2. Identify the intended audience and themes and select appropriate videos for the audience and theme. Document your plan.
3. Contact the local Family Planning Inspector (FPI) or Health Inspector (HI)/ Assistant Health Inspector (AHI), as appropriate, at least 1 week before the show. Request the FPI/ HI to:
 - a. Seek permission from local authorities to use the proposed venue

- b. Ensure that the venue is ready for the show on the designated date and time
 - c. Arrange for the participation of the intended audience at the show
 - d. Arrange for the information regarding available services
 - e. Ensure presence of service provider
 - f. Inform community members, local leaders, NGOs, government officials, field workers and other relevant stakeholders of the show well in advance of the show; give reminders as the date approaches.
4. Prepare the content of the show at least 1 week before the show:
 - a. View the selected videos to ensure they are appropriate for the audience and theme, and to plan the sequence
 - b. Prepare answers for probable questions from the audience (include locally offered FP services)
 - c. Prepare questions for the audience to ensure their understanding of the theme; be sure to include open-ended (ie not simply yes/no) questions
 - d. Prepare a brief speech to conclude the show that will reinforce key messages
 - e. Make necessary arrangements for providing simple but useful gifts as quiz reward.
 5. One week before the show: Remind the FPI or HI/ AHI and check to see that arrangements (see #3 above) have been made.
 6. The day of the show: Confirm once again with the FPI. Start early for the event, considering traffic jams, set-up time and unexpected delays.

B. During the Show:

1. After reaching the location:
 - a. Communicate with FPI & HI get updates on venue and audience
 - b. Encourage the attendance of community members, local leaders, NGOs, government officials, field workers and other relevant stakeholders
 - c. Set up the equipment for the show; ensure that audio and video are clear and accessible to the audience
 - d. Set up any signage, posters or other BCC displays that you have brought
2. Extend a hand of cooperation to any official (such as monitoring personnel).
3. Start the event on time. Begin with a warm welcoming message that will create enthusiasm and excitement among the audience.
4. Within 2-3 minutes of starting the video, ask the audience if they can hear and see properly.
5. Take a break midway through the show. Ask the audience if they have any questions. Ask some open-ended questions. Make a quick count of the audience and segregate them into general and intended audience. Take note of these numbers.
6. Take photos of the audience and the venue (AV Van Driver can assist with this).
7. After the videos have finished, facilitate a question and answer session.
 - a. Respond to questions from the audience without judgment.
 - b. Try to encourage a two-way conversation between yourself and the audience.
8. If available, distribute printed SBCC materials that support the themes of the show.
9. If possible, inform the audiences about the locally available services, location of local service delivery points and location of referral centers and the services for which referrals are made.
10. Service providers may provide services if prepared for.
11. To conclude, facilitate a short quiz session. Reward all participants who can answer correctly.
12. End the event by thanking everyone.
13. Wrap up logistics & return to base.

C. After the Show:

1. Complete the Projectionist Reporting Format.
2. Share the report with supervisors & take feedback (including the monitoring findings). Incorporate feedback into plans for future events with documentation.

Table 2: Suggested use of SBCC AV material

Sl. No.	SBCC Material/Media	Where to use	How to use
1	Audio cassette (song/drama/radio program)	Group meeting	Before the group meeting: carefully select the item. The worker should listen to the item carefully. Plan on how it will be used in the meeting. Plan on presenting the item and discussion on the issue. Ensure that all related equipment is working as expected (tape recorder, cassette, battery, etc). During the group meeting: Request the audience to listen to the item carefully. Ask the audience some questions on the issue and initiate a dialogue after playing the item. Use relevant print materials during the discussion, and provide take away print materials, as relevant.
8	Mike	Small community	The mike should remain fixed if a central location to ensure all around spread
2	Video Show		As described above

- Outdoor media

Select locations for disseminating SBCC materials in an outdoor setting based on the following:

- Population density
- Commercial center (hat/bazaar/UP office/post office/community center etc.)
- Community gathering places

Keep in mind the needs and limitations of your intended audience. Are women able to easily attend and view a street drama that is performed at the hat bazaar? What time is most convenient for your audience? Is your audience busy with other activities (eg harvest, elections) during this time of year?

Table 3: Suggested use of SBCC outdoor material/ media

Sl. No.	SBCC Material/Media	Where to use	How to use
1	Street Drama	Places of public gathering	Similar to the audio-visual show discussion session should follow the drama.
2	Folk songs	Courtyard; any open space	Hire locally popular singer and songs when possible
3	Billboard	Places where pedestrians frequently pass	Make sure the billboard is not covered by tree branch, electric posts or should not also cover other materials. If denoted by the project, the site of erection should be accordingly.

Annex 1

SBCC materials that are used

A number of materials are used for SBCC activities undertaken by government, NGOs and other agencies in the health, population and nutrition sector. SBCC materials can be prepared for different media. All the SBCC materials can be classified under these 3 broad types: print, AV (electronic) and outdoor. These are as follows:

a) Print media

1. Newspaper
2. Leaflet
3. Poster, sticker
4. Brochure
5. Flipchart
6. Resource kit
7. Banner
8. Roman banner
9. X stand

b) Electronic media

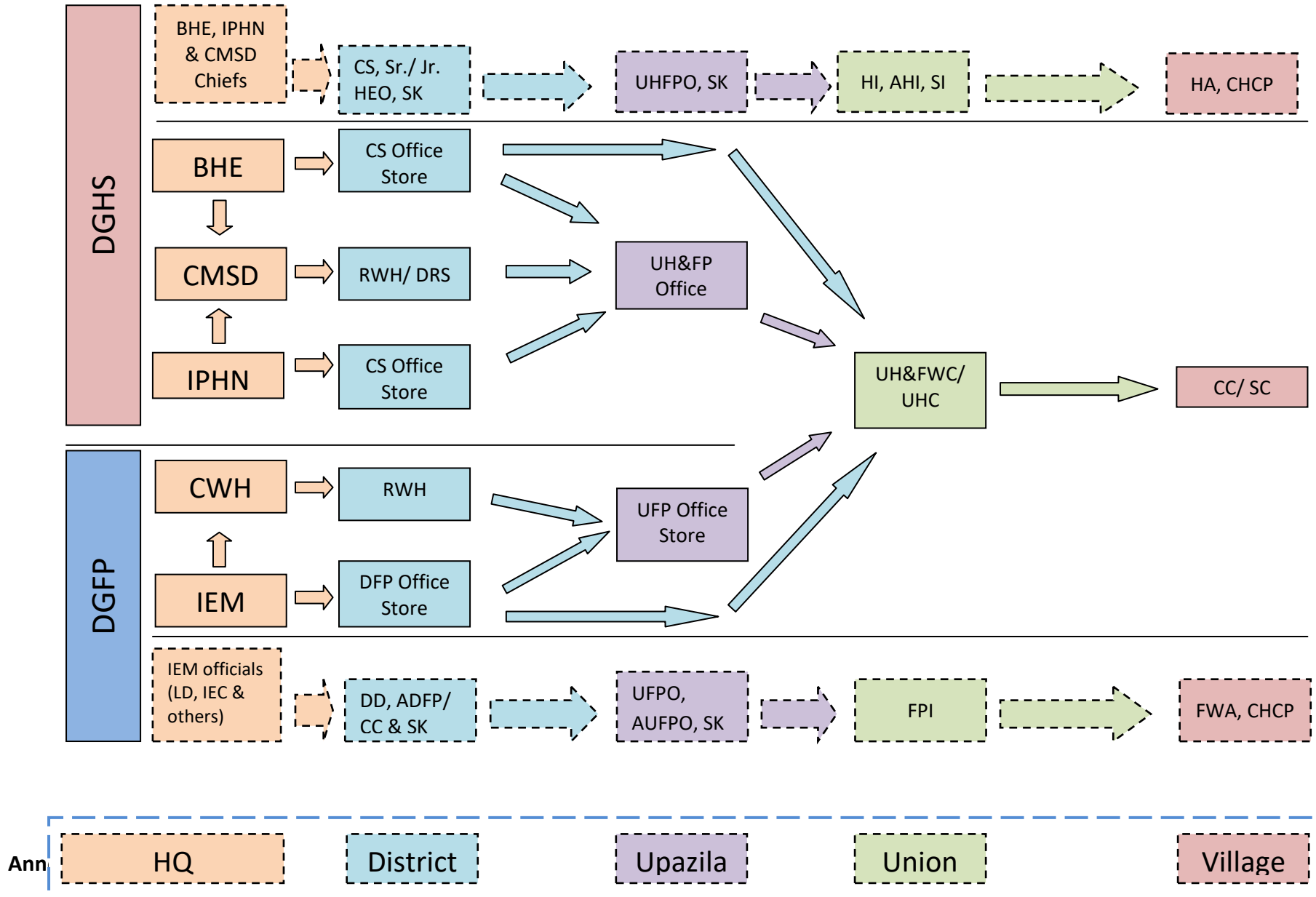
1. TVC/RDC
2. TV drama
3. Short film
4. Listening drama
5. Internet
6. AV van show

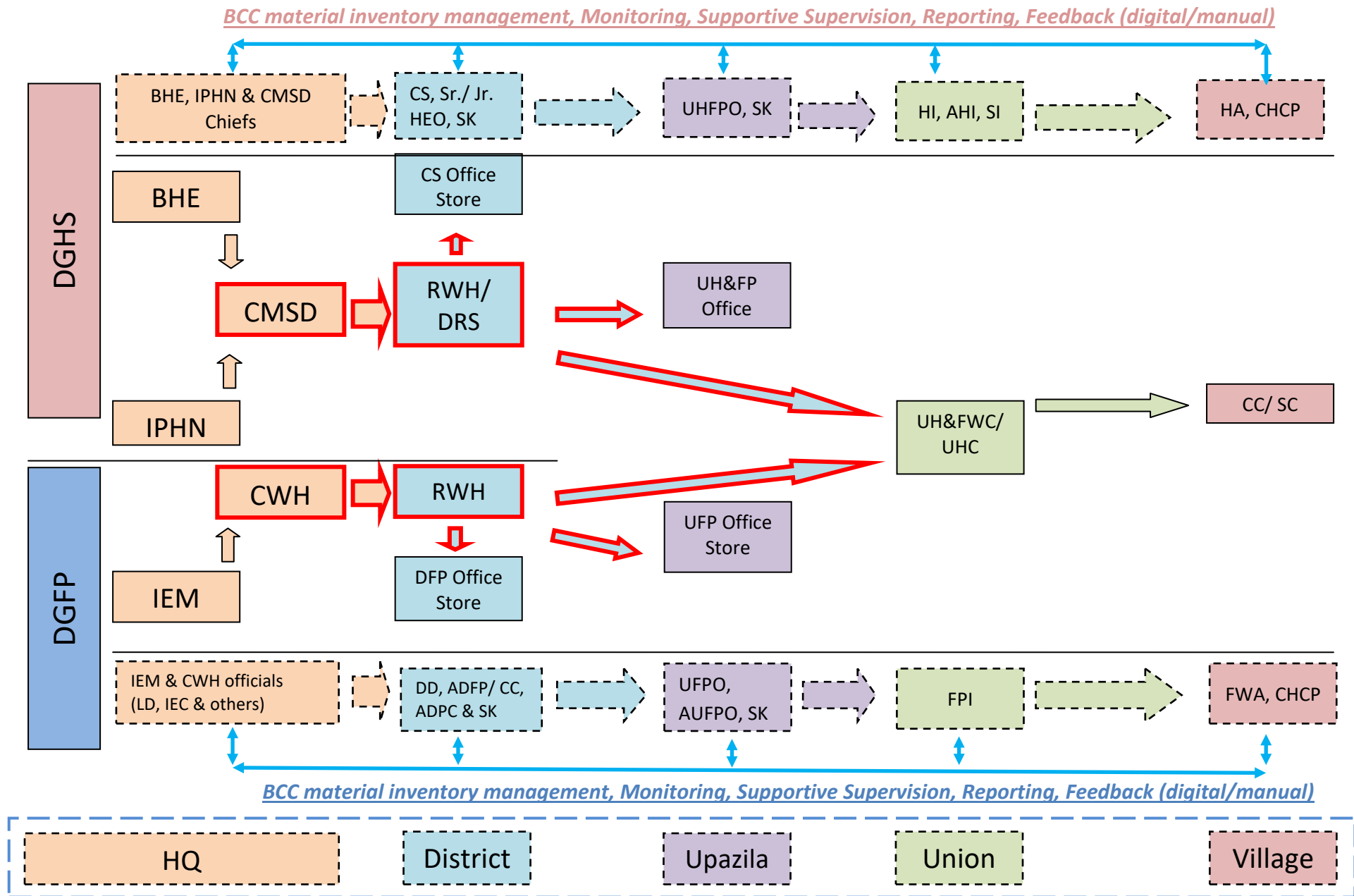
c) Outdoor media

1. Sign board
2. Billboard
3. Neon sign
4. Title board
5. Tri-vision
6. Street drama
7. Musical show/video
8. Folk talents program

Source: Bangladesh Knowledge Management Initiative. Understanding the Behavior Change Communication Materials Distribution and Dissemination System in Bangladesh. 2015 (a study report prepared as part of capacity strengthening of GoB Officials in HPN sector)

Annexure 2 Existing system of distribution





Annex 5

List of Abbreviations

AD (FP/CC)	Assistant Director (Family Planning/ Clinical Contraceptive)
AHI	Assistant Health Inspector
AUFPO	Assistant Upazila Family Planning Officer
AV	Audio Visual
BCC	Behavior Change Communication
BHE	Bureau of Health Education
CC	Community Clinic
CHCP	Community Health Care Provider
CMSD	Central Medical Store Depot
CS	Civil Surgeon
D&D	Distribution and Dissemination
DCS	Deputy Civil Surgeon
DD,FP	Deputy Director, Family Planning
DFP	District Family Planning
DGFP	Directorate General Family Planning
DGHS	Directorate General Health Services
DPM	Deputy Program Manager
DRS	District Reserve Store
FWA	Family Welfare Assistant
HEO	Health Education Officer
HI	Health Inspector
HQ	Head Quarter
IEC	Information, Education and Communication
IEM	Information, Education and Motivation
IPC	Inter Personal Communication
IPHN	Institute of Public Health Nutrition
LD	Line Director
M&E	Monitoring and Evaluation
MO (MCH-FP)	Medical Officer (Maternal Child Health-Family Planning)
MoHFW	Ministry of Health & Family Welfare
PM	Program Manager
RDC	Radio Commercial
RWH	Regional Warehouse
SBCC	Social and Behavior Change Communication
SC	Satellite Clinic
SDP	Service Delivery Point
SI	Sanitary Inspector
SK	Store Keeper
TV	Television
TVC	Television Commercial
UFPO	Upazila Family Planning Officer
UH&FPO	Upazila Health & Family Planning Officer
UH&FWC	Union Health and Family Welfare Center
UHC	Upazila Health Complex
UIMS	Upazila Inventory Management System
WIMS	Warehouse Inventory Management System

Government of the People's Republic of Bangladesh
Ministry of Health and Family Welfare
Monitoring Checklist for BCC/IEC Activities

Name :	Designation and Place of posting:
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Date of Visit:	Place or facility Visited:	
Upazilla:	District:	Division:

	Indicators	Status		Remarks/ Justification and Means of verification
		Partial/ Not Applicable*	Yes/No/	
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? <i>(a. Planned and b. Visited)</i>			
iv.	Does FWA/HA use BCC materials for 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 for documenting & reporting 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? <i>(mention name of most used materials)</i>			
v.	How many counseling session done last month <i>(a. Planned and b. accomplished)</i>			<i>(Put √ on topics covered last month)</i> IYCF/Vit-A/ IFA/IDD/ Anaemia/ MNP/ ANC/Delivery/PNC/Neonatal/FP /Newly Wed /LA/PM/NCD/ Emerging & re-emerging disease
vi.	How many person attended (average) in one group counseling?			
vii.	How long each counseling session last on average?			
viii.	During counseling session, do FWA/HA/CHCP/FWVs promote behaviours? (Provide supervisors and field workers with a list of behaviours on the above mentioned topics in v.)			

	Indicators	Status		Remarks/ Justification and Means of verification
		Partial/ Not Applicable*	Yes/No/	
C.	Courtyard meeting			
i.	Is there any plan for courtyard meeting?			
ii.	Is there any provision in existing format for documenting & reporting 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)			(Put \sqrt on topics covered last month) IYCF/Vit-A/ IFA/IDD/ Anaemia/ MNP/ ANC/Delivery/PNC/Neonatal/FP /Newly Wed /LA/PM/NCD/ Emerging & re-emerging disease
vi.	How many person attended (average) in one courtyard meeting?			(Specify for pregnant women/ lactating mother)
vii.	How long each courtyard meeting last on an average?			
viii.	During courtyard meeting, do FWA/HA/CHCP/FWVs promote behaviours? (Provide supervisors and field workers with a list of behaviours on the above mentioned topics in v.)			
ix.	Does FWAs/HAs receive feedbacks from participants in the session and documented it? (If observe during session)			
x.	How many women could recall behaviours at the end of the session? (If observe during session)			

D.	Mass Media Campaign			
i.	How many film-show/ Video show arranged in last three months? (a. Planned and b. Visited)			(Mention issue here)
ii.	How many people attended in these film shows/video shows?			(Mention topics here)
iii.	How many Health Education Sessions organized at health facilities in last month?			(Mention topics here)
iv.	How many of local events (Street Drama, Folk show, Jatra etc.) organized in last month? (a. Planned and b. Visited)			(Mention events/types here)
E.	Advocacy			
i.	How many advocacy sessions organized in last three months?			(Mention topic here)

	Audience:			
	Audience:			
	Audience:			
F.	Distribution of IEC/BCC Materials			
i.	How many IEC/BCC materials distributed last three months?			
	<i>Poster/ Sticker/ Leaflet/ Flipchart/ Flyer</i>			
	<i>Others</i>			

Note :

Guideline :

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

Not more than two,
one child is better

Government of People's Republic of
Bangladesh
Directorate General of Family Planning

MIS Form-1
Page-1



**Monthly progress report for family planning, maternal and child health program
(To be completed by Family Welfare Assistant)**

Month:..... Year:.....

Unit No.:..... Ward No.:.....Union:.....Upazilla/ Thana:..... District:.....

A) Family Planning Method:

		Method Acceptor							
		Oral pills	Condom	Injectable	IUD	Implant	Permanent Method		Total
							Male	Female	
Old									
New									
Total of Current month									
Total of Previous month									
Total of Unit									
Dropped in current month	Did not adopt any method								
	Adopted another method								
Referred for method									
Referred for side-effects									

Number of eligible couple visited in current month		Number of eligible couple in the unit	
Number of eligible couple visited in previous month		Number of newly married couple in current month	

$$\text{Contraceptive Prevalence Rate (CAR)} : \frac{\text{Total Contraceptive Acceptor in the Unit}}{\text{Total number of eligible couples in the Unit}} \times 100 = \boxed{\quad \% \quad}$$

B) Reproductive Health Care Service:

Types of Services		Information	Services
Number of pregnancy in the current month	New		
	Old		
	Total		
Number of pregnant women in previous month			
Total Number of pregnant women in the unit			
Information on ANC	Visit 1 (within 4 months)		
	Visit 2 (within 6 months)		
	Visit 3 (within 8 months)		
	Visit 4 (during 9 months)		
Information on Delivery	Home	Trained birth attendant	
		Non-trained birth attendant	
	Hospital/ Clinic	Normal	
		C-Section	
	Delivery conducted		
	No. of delivery following AMTSL		
	Misoprostol given in absence of Oxytocin		
Information on PNC Services	Mother	Visit 1 (within 24 hours)	
		Visit 2 (within 2-3 days)	
		Visit 3 (within 7-14 days)	
		Visit 4 (within 42-48 days)	
		Counseling on PFPF	
	New born	Visit 1 (within 24 hours)	
		Visit 2 (within 2-3 days)	
		Visit 3 (within 7-14 days)	
		Visit 4 (within 42-48 days)	

C) Childcare (0 – 5 years) :

Types of Services		Information	Services
Information on New Born	No. of wipe within one minute		
	Use of 7.1% Chlorhexidine after u-cord		
	Breast feeding within 1 hour		
	No. of resuscitate by using bag & mask during birth Asphyxia		
Number of vaccinated children (0 – 18 months)	BCG		
	OPV & Pantavalent (DPT, Hep-B, Hib)	PCV	1
			2
	3		
	PCV-3		
	MR & OPV-4		
Measles			
Number of referred children	Life threatening diseases		
	Pneumonia		
	Diarrhea		

Types of Services		Information	Services
Referred	No. of risky/ complicated pregnancy		
	No. of Complicated ANC/ Delivery/ PNC		
	No. of eclampsia provided inj. MgSO4		
	No. of new born complication		
No. of women having TT	1 st dose		
	2 nd dose		
	3 rd dose		
	4 th dose		
	5 th dose		
No. of ECP Acceptor			
No. of Misoprostol Acceptor			
No. of infertile	Advised		
	Referred		
Adolescent services (10-19yrs.) Counseling	Transition in puberty		
	Demerits of child marriage & child motherhood		
	On Iron & folic acid intake		
	On RTI/ STI		
Presence in satellite clinic			
Presence in EPI session			
Presence in community clinic			

D) Birth-death:

Types of Services		Information	Services
Number of total livebirths			
No. of LBW baby (< 2.5 kg)			
No. of immature (birth before 37 weeks) baby			
Still birth			
Number of death	Number of death among children less 1 year	0-7 days	
		8-28 days	
		29 days – less than 1 year	
		Total	
	Number of death in children aged 1-5 years		
	Number of maternal death		
	Number of other deaths		
Number of total deaths			

E) Nutrition Service:

Pregnant and mother of 0-23 months children

Types of services	Pregnant	Mother of 0-23 months children
Counseling provided on iron, folic acid and supplementary food		
Iron & folic acid distributed		
Counseling provided breast feed and complimentary food		
Counseling provided on micro-nutrient powder (MNP)		

Children aged 0-59 months

Types of services	0-<6 months	6-<24 months	24-<60 months
Breast feeding within 1 hour of birth			
Exclusive breast feeding up to 6 months			
Supplementary feeding after 6 months			
Micro-nutrient powder (MNP) given			
No. of MAM children			
No. of SAM affected referred children			

Account of monthly storage and distribution:

*Issue Voucher no.	Date	Oral pills (Cycle)		Condoms (Nirapad) (piece)	Injectable		ECP (Dose)	Misoprostol (Dose)	MNP (Sachet)	Iron folic acid (No.)
		Shukhi	Apon		Vial	Syringe				
Previous storage										
Received on current month (+)										
Total storage on current month										
Adjusted	(+)									
	(-)									
Grand total										
Distributed on current month (-)										
Balance										
Reasons being out of stock, if any (code)										

Code for out of stock: a Supply not received b Insufficient supply c Sudden increase in demand d Others

Name of Family Planning Assistant:... ..

Signature:... ..

Date:... ..

Unit no.	Reproductive Health services																																			
	No. of pregnant women on current month			Total number of pregnant women	Number of total pregnant in the union	Information on ANC				Information on Delivery				Information on PNC								No. of referref risky/ complicated pregnancy	No. of infertile		Number of women received TT					Number of ECP Acceptors	No. of Misoprostol Acceptor	Adolescent services (10-19yrs.) Counseling				
	New	Previous	Total			Visit 1 (within 4 months)	Visit 1 (within 4 months)	Visit 1 (within 4 months)	Visit 1 (within 4 months)	Trained birth attendant	Non-trained birth attendant	Normal	C-Section	Mother				New Born					Advised	Referred	1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose			Transition in puberty	Demerits of child marriage & child motherhood	On Iron & folic acid intake	On RTI/ STI	
														Visit 1 (within 24 hours)	Visit 1 (within 24 hours)	Visit 1 (within 24 hours)	Visit 1 (within 24 hours)	Visit 1 (within 24 hours)	Visit 1 (within 24 hours)	Visit 1 (within 24 hours)	Visit 1 (within 24 hours)															Visit 1 (within 24 hours)
	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	
Grand Total																																				

Unit No.	Child (0-5 yrs.) care													Birth-Death													
	Information on New Born		Number of vaccinated children (0 – 18 months)					Number of referred children			Number of total livebirths	No. of LBW baby (< 2.5 kg)	No. of immature (birth before 37 weeks) baby	Still Birth	Number of death												
	No. of wipe within one minute	Use of 7.1% Chlorhexidine after u-cord	OPV & Pantavalent (DPT, Hep-B, Hib)			PCV-3	MR & OPV-4	Measles	Life threatening diseases	Pneumonia					Diarrhea	Number dead children aged < 1 year				Number of dead children aged 1-5 years	Number of maternal death	Number of other deaths	Number of total deaths				
			1	2	3						0-7 days	8-28 days	29 days – less than 1 year	Total													
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	

Unit no.	Nutrition Service																	Number of newly married couple in current month	Number of couple motivated to adopt NSV	Number of AV van show organized during the month	Number of days of data verification	Number of couples data verified	Number of frequencies of FWA register verification	Group meeting	Fortnightly meeting	Union Family Planning Committee meeting	Presence in Satellite Clinic	
	Pregnant and mother of 0-23 months children							Children aged 0-59 months																				
	Pregnant	Mother	Pregnant	Mother	Pregnant	Mother	Mother	0-<6 months	0-<6 months	6-<24 months	24-<60 months	Micro-nutrient powder (MNP) given to 6-<24 months children	No. of MAM affected children			No. of SAM affected referred children												
100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	
Total																												

Unit no.	Information regarding Service rendered by CSBA (Reproductive Health)																										
	Information on ANC				Information on Delivery			Information on PNC Services														Referred			No. of referred Children		
	Visit 1 (within 4 months)	Visit 2 (within 6 months)	Visit 3 (within 8 months)	Visit 4 (during 9 months)	Delivery conducted	No. of delivery following AMTSL	Misoprostol given in absence of Oxytocin	Mother					New Born									No. of Complicated ANC/ Delivery/ PNC	No. of eclampsia provided inj. MgSO4	No. of new born complication	Life threatening diseases	Pneumonia	Diarrhea
								Visit 1 (within 24 hours)	Visit 2 (within 2-3 days)	Visit 3 (within 7-14 days)	Visit 4 (within 42-48 days)	Counseling on PPFPP	Visit 1 (within 24 hours)	Visit 2 (within 2-3 days)	Visit 3 (within 7-14 days)	Visit 4 (within 42-48 days)	No. of wipe within one minute	Use of 7.1% Chlorhexidine after u-cord	Breast feeding within 1 hour	No. of resuscitate by using bag & mask during birth Asphyxia							
	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	
Total																											

Monthly compiled report of Contraceptives and other Logistics

Number of workers:

Number of workers submitted report:

Unit No.	Name of the Family Welfare Assistant	Oral pills (Shukhi) (cycle)									Oral pills (Apon) (cycle)									Condom (Safe) (Piece)								
		Opening Balance	Current month received (+)	Total Balance	Adjusted		Grand Total	Distributed in current month (-)	Balance	no. of stock out if any	Opening Balance	Current month received (+)	Total Balance	Adjusted		Grand Total	Distributed in current month (-)	Balance	no. of stock out if any	Opening Balance	Current month received (+)	Total Balance	Adjusted		Grand Total	Distributed in current month (-)	Balance	no. of stock out if any
					(+)	(-)								(+)	(-)								(+)	(-)				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Total																												

Note: don't record the account of monthly storage and distribution of any non-government organization in this form.

Code for Stock out:

- A Supply not received
 B Insufficient supply
 C Sudden increase in demand
 D Others

Unit No.	Name of the Family Welfare Assistant	Injectables (Vials)									Injectables (Syringe)									ECP (Dose)									
		Opening Balance	Current month received (+)	Total Balance	Adjusted		Grand Total	Distributed in current month (-)	Balance	no. of stock out if any	Opening Balance	Current month received (+)	Total Balance	Adjusted		Grand Total	Distributed in current month (-)	Balance	no. of stock out if any	Opening Balance	Current month received (+)	Total Balance	Adjusted		Grand Total	Distributed in current month (-)	Balance	no. of stock out if any	
					(+)	(-)								(+)	(-)								(+)	(-)					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Total																													

Note: don't record the account of monthly storage and distribution of any non-government organization in this form.

Code for Stock out: A Supply not received B Insufficient supply C Sudden increase in demand D Others

Unit No.	Name of the Family Welfare Assistant	Misoprostol (Dose)									MNP (Sauchet)									Tab. Iron folic acid (Nos.)									
		Opening Balance	Current month received (+)	Total Balance	Adjusted		Grand Total	Distributed in current month (-)	Balance	no. of stock out if any	Opening Balance	Current month received (+)	Total Balance	Adjusted		Grand Total	Distributed in current month (-)	Balance	no. of stock out if any	Opening Balance	Current month received (+)	Total Balance	Adjusted		Grand Total	Distributed in current month (-)	Balance	no. of stock out if any	
					(+)	(-)								(+)	(-)								(+)	(-)					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Total																													

Note: don't record the account of monthly storage and distribution of any non-government organization in this form.

Code for Stock out: A Supply not received B Insufficient supply C Sudden increase in demand D Others

Name of Family Planning Inspector:

Signature:

Date:

Projectionist/AVO/ AVO Reporting Format

1. Date of show: DD / MM / YYYY
2. Venue & address of show:

3. Officials associated with AV van show:

Sl. No.	Name	Designation*	Arrival Time	Departure Time	Signature
1.					
2.					
3.					
4.					

*Designation: write as appropriate - Projectionist/ AVO/ AV van driver/ AVE mechanic/ FPI/ HI/ AHI/ HA/ FWA

4. List of government /NGO/ local authorities who were present (if attended):

Sl. No.	Name	Designation	Arrival Time am/pm	Departure Time am/pm	Comment	Remarks
1.						
2.						
3.						
4.						
5.						

5. Target audience: _____
6. Number of target audience: _____
7. Number of general audience(except target audience): _____

8. Information on video show:

Sl. No.	Title of video shown	Type of video	Main Issue/ Theme	Duration (minutes)
1.				
2.				
3.				

9. Audience questions:

Sl. No.	Questions
1	
2	

3	
4	
5	
6	
7	
8	

10. Service providers provided information (if available):
 What services were mentioned?

Was the location of these local service delivery points mentioned?

What were the services for which referral is advised?

What service delivery centers were mentioned as referral centers?

11. Quiz questions:

Sl. No.	Quiz questions	Number of correct responders	Number of incorrect responders	Provided rewards (Yes / No)	Remarks
1.					
2.					
3.					
4.					
5.					

12. Attach 4-6 pictures with captions so that the holding of the AV Van show is evidenced. (*Optional field, depends on availability of digital camera*):

“IMAGE” Picture 1.Caption.....	“IMAGE” Picture 4.Caption.....
“IMAGE” Picture 2.Caption.....	“IMAGE” Picture 5.Caption.....
“IMAGE” Picture 3.Caption.....	“IMAGE” Picture 6.Caption.....

13. AV Van Driver performance:

Sl. No.	Activity	Yes	No	Remarks
		<i>(Tick as appropriate)</i>		
Before show				
1.	Safe and efficient driving			
2.	Loading & unloading of equipment properly			
3.	Careful setup of equipment			

During show				
4.	Taking photographic & video evidence appropriately			
5.	Readily available when needed			

After show				
6.	Participated in equipment uninstalling cautiously			
7.	Loading & unloading of equipment properly			
8.	Safe and efficient driving			

Grand Total (<i>number of ticks counted</i>)			
Final Grading (<i>circle as appropriate</i>) standard	Excellent / Good / Below		
Scoring Guide:			
<ul style="list-style-type: none"> ▪ 7 or more ‘Yes’=Excellent (≥90% score) ▪ 5-6 ‘Yes’=Good (≥70%) ▪ 4 or below ‘Yes’=Below standard (≤69%) 			

14. Problems encountered (if any):
a. Technical

AV Van: Working/ Defective/ Not working (*circle as appropriate*)

Equipment: : Working/ Defective/ Not working (*circle as appropriate*)

b. Management/Administrative

c. Any other issues:

Suggestions for improvement:

Name: _____ Signature: _____

Submitted to (Name & Designation): _____

Date of submission: DD / MM / YYYY