



Youth Engagement Strategy

Improving SRHR in Dhaka Project



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The Youth Engagement Strategy for the Improving SRHR in Dhaka Project was developed through a participatory process involving diverse stakeholders committed to advancing Sexual and Reproductive Health and Rights (SRHR) among adolescents and young people in urban Bangladesh.

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We also acknowledge the valuable contributions of our partner organizations—SERAC Bangladesh, BAPSA, OGSB, and RHSTEP. Their technical expertise and field experiences significantly enriched the strategy development process.

We gratefully recognize the technical support of HealthBridge Foundation of Canada and the generous funding support of Global Affairs Canada. Their partnership has enabled the development of innovative, youth-centered approaches that promote meaningful participation, leadership, advocacy, and access to quality SRHR information and services.

This strategy reflects our shared commitment to empowering young people as leaders and agents of positive social change in Bangladesh.



Dr. Ziaul Ahsan
Project Director

List of Acronyms

BAPSA	Bangladesh Association for Prevention of Septic Abortion
BHE	Bureau of Health Education
BBS	Bangladesh Bureau of Statistics
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DNCC	Dhaka North City Corporation
DSCC	Dhaka South City Corporation
FGD	Focus Group Discussion
GBV	Gender-Based Violence
ICPD	International Conference on Population and Development
IEM	Information, Education and Motivation
MOHFW	Ministry of Health and Family Welfare
MOLGRDC	Ministry of Local Government, Rural Development and Co-operatives
MR	Menstrual Regulation
NGO	Non-Governmental Organization
OGSB	Obstetrical and Gynaecological Society of Bangladesh
PAC	Post-Abortion Care
SBCC	Social and Behavior Change Communication
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
SGBV	Sexual and Gender-Based Violence
SERAC	SERAC Bangladesh
RHSTEP	Reproductive Health Services Training and Education Program
UPHCSDP	Urban Primary Health Care Services Delivery Project
UNFPA	United Nations Population Fund

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Users of the Youth Engagement Strategy

The Youth Engagement Strategy serves as a practical guide for planning, implementing, monitoring, and strengthening youth-centered interventions under the Improving SRHR in Dhaka Project. It provides a common framework for engaging adolescents and young people as advocates, educators, leaders, and change agents to improve Sexual and Reproductive Health and Rights (SRHR) outcomes in urban low socio-economic communities of Dhaka.

The strategy promotes meaningful youth participation through peer education, leadership development, community mobilization, advocacy, digital engagement, edutainment, photovoice, and social behavior change interventions. It also supports coordination among stakeholders to ensure that youth engagement efforts are evidence-based, inclusive, sustainable, and aligned with project objectives.

The primary users of this strategy include:

- Health Bridge Foundation of Canada and Ipas Bangladesh teams involved in urban SRHR project design, implementation, monitoring, evaluation, and learning.
- Project staff of implementing partner organizations responsible for youth engagement, community mobilization, and SRHR programming.
- Government and non-governmental organizations working on youth development, SRHR, gender equality, and community health initiatives.
- Youth leaders, mentors, volunteers, and Community Action Group members engaged in the Improving SRHR in Dhaka Project.

The strategy is intended to guide coordinated action, strengthen partnerships, and ensure meaningful youth engagement in improving SRHR outcomes in urban Bangladesh.

1.

Background

There are more young people than at any other time in history, and most of them are in South Asia. Nearly one-fifth of Bangladesh's population is aged 15–24, underscoring the potential for transformative impact if empowered (BBS, Population & Housing Census 2022). Appropriate and targeted strategies need to be developed and implemented that address the unique requirements of the younger generation such as SRHR issues, mental health, skills development etc. within the larger framework of sustainable development. Despite challenges, evidence shows youth-led interventions increase SRHR service uptake and norm change.

The five-year long "Improving SRHR in Dhaka" Project, funded by Global Affairs Canada through HealthBridge Foundation, focuses on enhancing Sexual and Reproductive Health and Rights (SRHR) in Dhaka, Bangladesh. One of the key components of the project is youth engagement, which is very crucial for involving young people in successful health programming. The overall objective of this Youth Engagement Strategy is to empower youths to advocate for and enhance accessing SRHR services through promoting healthy behaviors.

Lessons learned both globally and locally emphasize the importance of inclusive participation, targeted messaging, and utilizing youth-friendly platforms. These insights guide the strategy development, which involves consulting with young people, local health experts, community leaders and linking youths with SRHR service facilities. Key interventions include peer education programs, youth-led workshops, networking with general practitioners and awareness campaigns through social media channels.

Effective implementation relies on strong partnerships with local organizations, government agencies, and youth networks. Monitoring and evaluation tools such as surveys, focus group discussions, and performance indicators will assess progress towards increasing youth engagement, knowledge, and access to SRHR services. Regular data collection and feedback mechanisms will enable continuous improvement and adaptation of the strategy to ensure its impact and sustainability.

2.

Introduction

The total population of Bangladesh is now 16.98 crore and 27.96% of them are aged between 15-29 years. (Bangladesh bureau of Statistics, Population and Housing Census 2022). Yet these young generation remain highly vulnerable regarding SRHR, with limited access to SRHR information and services. This applies to all young people: urban or rural, poor or non-poor. This problem is compounded by the challenges of rapid urbanisation and the accompanying socio-economic transition. In this context, there is limited understanding of what the young people want and how they access services given the stigma which exists on issues related to sexuality, sex education, reproductive health and well-being.

The cultural context of Bangladesh includes strict gendered norms on sexuality. Sexuality is silenced and views on masculinity and femininity remain traditional and patriarchal harming both genders. Child marriages, unintended pregnancies, gender-based violence and unsafe abortions continue to be high. Young people suffer from sexual harassment, violence and trafficking. Thus, there is a mismatch between the lived experiences of young people in Bangladesh.

Addressing vulnerable youth and SRHR, Bangladesh's commitment to adolescents' SRHR is strongly embodied in a number of international commitments including Childs Rights Convention, ICPD (of which Bangladesh was a proponent), the Beijing Platform for Action and SDGs. The country has in place several Laws and Acts which support adolescents' SRHR (e.g. Child Marriage Restraint Act, Women and Children Repression Prevention Act). Adolescent's issues, including SRHR, are strongly recognized in several policies including Bangladesh Population Policy, National Health Policy, Bangladesh National Children Policy, Education Policy and Nutrition Policy. Presently, National Adolescents' Health Strategy (2017-2030) is in place. This strategy follows on the heels of the National Adolescents Sexual and Reproductive Health Strategy 2006, under which adolescent friendly health services were integrated into the national health and family planning program. The

present strategy, broader than its predecessor, aims to create the necessary legal and policy environment required to enable all adolescent boys and girls, especially those who are most vulnerable and underserved, to enjoy a healthy life by 2030. Based on human rights principles and recognizing the rights of all adolescents to attain the highest standards of health, the very first pillar of this strategy is that of adolescents SRHR, and aims to create an enabling environment, integrate and strengthen comprehensive sexuality education and improve SRHR through evidence-based interventions.

At implementation level, adolescents' SRHR is strongly integrated within the on-going five-year national health program with specific financial allocations and defined objectives. Besides government, many NGOs and some private sector enterprises work towards fulfilling the objectives of the national level policies and programs on adolescents.

Ipas Bangladesh with four partner organizations- BAPSA, SERAC Bangladesh, OGSB and RHSTEP has been implementing the Improving SRHR in Dhaka Project funded by Global Affairs Canada through HealthBridge Foundation in Canada. The project aims to improve sexual and reproductive health and rights of adolescents and women living in low socio-economic urban areas of Dhaka. Engaging youth is a focused intervention of Improving SRHR in Dhaka Project.

3.

Situational Analysis

Bangladesh is experiencing a significant demographic transition, with young people constituting a large proportion of the national population. According to the Population and Housing Census 2022 conducted by the Bangladesh Bureau of Statistics (BBS, 2022), nearly one-fifth (19.11%) of the population is aged 15–24 years, highlighting the importance of investing in adolescent and youth health and wellbeing.

Despite progress in health and education, adolescents and young people in urban low socio-economic settings continue to face substantial barriers in accessing accurate Sexual and Reproductive Health and Rights (SRHR) information and services. In Dhaka’s densely populated urban settlements, SRHR services are primarily provided through the Urban Primary Health Care Services Delivery Project (UPHCSDP), government health facilities, private clinics, NGOs, and selected tertiary hospitals. However, access to comprehensive, confidential, and youth-friendly SRHR services remains limited, particularly for adolescents, young women, and marginalized youth (National Adolescent Health Strategy, MOHFW, 2017–2030).

Social stigma, restrictive gender norms, lack of privacy, misinformation, and limited decision-making power discourage many young people from seeking SRHR services. Bangladesh continues to experience high rates of child marriage and adolescent pregnancy, both of which significantly affect young people’s health, education, and future opportunities. According to UNFPA Bangladesh (2024), 47% of women aged 20–24 were married before the age of 18, while 24% of girls aged 15–19 had already begun childbearing. Furthermore, unmet need for family planning among married adolescent girls remains high (UNFPA Bangladesh, 2024). Gender-based violence, sexual harassment, and limited access to comprehensive sexuality education further increase the vulnerability of adolescents and youth, particularly in urban low-income communities (UNICEF Bangladesh, 2024).

Although the Government of Bangladesh has adopted several supportive policies and strategies, including the National Adolescent Health Strategy (2017–2030), implementation gaps remain at community level, especially in underserved urban settings. Therefore, there is a strong need for coordinated, youth-centered, and community-based interventions that strengthen awareness, social support, access to quality SRHR services, and meaningful youth participation in advocacy and behavior change initiatives.

4.

Rational for Youth Engagement and Volunteerism

Young people are not only beneficiaries of SRHR interventions; they are also powerful agents of social and behavioral change within their families, peer groups, and communities. Meaningful youth engagement is therefore essential for improving Sexual and Reproductive Health and Rights (SRHR) outcomes in urban Dhaka, particularly among adolescents and marginalized populations living in low socio-economic settings.

Evidence from global and national health programs demonstrates that youth-led and peer-based approaches significantly improve awareness, service uptake, community acceptance, and positive health-seeking behaviors among adolescents. Young people are often more comfortable discussing sensitive SRHR issues with their peers, making youth volunteers effective communicators, educators, and advocates. Their active participation also helps reduce stigma, misinformation, and harmful social norms related to sexuality, gender, menstrual regulation, contraception, gender-based violence, and post-abortion care.

The “Improving SRHR in Dhaka” Project recognizes that sustainable change cannot be achieved without empowering youth to participate in decision-making processes and community mobilization initiatives. Through volunteerism and leadership development, youth can contribute to creating supportive environments for SRHR awareness, referral linkages, and access to quality services. Engaging youth in creative and participatory approaches—such as peer education, digital storytelling, edutainment drama, photovoice, social media campaigns, and community advocacy—also strengthens their confidence, leadership, communication, and civic participation skills.

In addition, youth engagement contributes to the long-term sustainability of SRHR interventions by building local ownership and developing a network of informed young leaders who can continue promoting positive health behaviors beyond the project period. The strategy therefore prioritizes inclusive and meaningful youth participation to ensure that interventions remain relevant, culturally appropriate, and responsive to the real needs and experiences of adolescents and young people in urban Dhaka.

5.

Global and Local Evidence and Lessons Regarding Engaging Youth in Health Programming

In the process of developing a Youth Engagement Strategy for Improving SRHR in Dhaka Project of Ipas Bangladesh, several valuable global and local lessons have been learned regarding youth engagement in health and community development.

From a global perspective, it is evident that involving youth in decision-making processes related to sexual and reproductive health and rights (SRHR) leads to more effective and sustainable outcomes. Empowering young people to participate in planning and implementing health initiatives not only ensures that their needs and perspectives are considered but also enhances the relevance and impact of the programs.

On a local level, the experience in Bangladesh has emphasized the importance of culturally sensitive approaches to engaging youth in SRHR initiatives. Understanding and respecting the socio-cultural norms and values of the community are crucial for successful youth involvement. Additionally, building partnerships with local organizations and stakeholders is key to ensuring the long-term success and sustainability of youth-led health projects.

Moreover, it has become clear that providing adequate support and resources to young people, including training, mentorship, and access to information, is essential for fostering meaningful youth engagement. By investing in the capacity building of youth leaders and activists, we can create a more inclusive and participatory environment that enables young people to drive positive change in their communities.

Improving SRHR in Dhaka Project has underscored the significance of promoting youth engagement in SRHR by drawing on both global best practices and local insights. By incorporating these lessons into program initiatives, we can empower young people to take an active role in improvement of Sexual and Reproductive Health at the low socio-economic urban areas of Dhaka ultimately leading to healthier and more resilient societies.

6.

Objectives & Target Audience

Objectives

The primary objectives of the strategy are to increase awareness of SRHR issues among urban youth, create social support systems for adolescents and women, and enhance self-efficacy among youth in accessing SRHR services.

The overall objective of engaging the youth is to support achieving the objectives of SBCC strategy by raising social awareness and demand creation of SRHR services and changing attitude and behaviors about sexual and gender-based violence. **Specific objectives are as:**

- Select and build capacity of the volunteers

- Use social media and community-based campaign

- Support youth volunteers becoming change agents and community educators by enhancing different skill sets like photovoice, digital content creation, edutainment theaters, interactive games, public speaking-networking-advocacy etc.

- Mobilize community through community action groups for demand creation of SRHR service and access to quality facilities

- Sustainability of youth activity for SRHR and SGBV issues

Target Audience

The target audience comprises the youth aged 16-24 years, both educated and non-educated, residing in low socio-economic urban areas of Dhaka. These youths have diverse educational backgrounds, ranging from 8th grade to university level. The cultural context is characterized by conservative family and societal norms, with a significant stigma and taboo surrounding SRHR topics such as menstrual regulation, family planning, post-abortion care, and gender-based violence.

7.

Guiding Principles

Guiding principles anchor the Youth Engagement Strategy and ensure interventions are ethical, inclusive, effective, and sustainable. They define how Ipas Bangladesh and partners will engage adolescents and young people in the Improving SRHR in Dhaka Project. Applying these principles consistently shapes program design, implementation, monitoring, and partnerships- from recruitment of youth advisors and co-creation of SBCC materials to safeguarding, service linkages, and advocacy. The principles also guide resource allocation, capacity building, and adaptive learning to ensure activities respond to youth needs and changing contexts. Together they protect young people's rights, maximize program relevance, and strengthen accountability to those the project serves. Below are concise descriptions of each principle with practical emphasis for implementation.

Meaningful participation: Youth are engaged as partners with defined decision-making roles, responsibilities, and compensation. Activities prioritize co-design, youth-led governance bodies, and genuine influence over programming choices, not superficial consultation or token representation.

Equity and inclusion: Proactively reach marginalized groups (girls, LGBTQI+, migrants, slum residents, youth with disabilities) by removing barriers, tailoring outreach, and using targeted channels. Monitor representation and outcomes to ensure equitable access and benefits across all youth segments.

Do no harm & confidentiality: Embed safeguarding policies, informed consent, and confidential service pathways across all activities. Train staff and volunteers on protection protocols, secure data handling, and rapid response procedures to prevent and address harm or breaches of privacy.

Rights-based and gender-transformative approaches: Human rights and gender equity will be in center of our programming to challenge harmful norms and power imbalances. We will promote informed choice, bodily autonomy, and equitable decision-making while addressing structural drivers of SRHR inequities.

Age-appropriate engagement and cultural sensitivity: Tailor content, methods, and participation to developmental stages and cultural contexts. Use language, channels, and facilitation techniques suitable for different age cohorts and respect local norms while advancing accurate SRHR information.

Evidence-driven adaptive management: Use data, youth feedback, and learning reviews to refine interventions. Co-develop indicators with youth, conduct rapid pilots, and make iterative adjustments to scale effective approaches and discontinue those that are ineffective or harmful.

These principles form a cohesive framework for ethical, inclusive, and results-oriented youth engagement. They ensure the project remains accountable to young people and are responsible for evidence and evolving urban realities in Dhaka.

8.

Engagement Channels

Engagement channels for this strategy include social and digital media platforms, community centers, schools, clubs, interpersonal communication, teachers, religious institutions, and NGO workers.

The project has already engaged 1,000 youth volunteers, aged between 16 and 24, who are oriented in SRHR issues, gender-based violence, and communication skills. These volunteers are crucial for the active participation and sustainability of the project's initiatives. Expert recommendations for effectively engaging youth in health programs in the context of urban Dhaka emphasize leveraging these channels to maximize reach and impact. Social media platforms like Facebook, Instagram, and YouTube will be utilized to disseminate information and engage youth through interactive content. Community centers and schools provide an excellent opportunity for face-to-face interactions and group discussions. Clubs and religious institutions can help integrate SRHR education into their regular activities, making it a part of the community fabric.

9.

Strategic Approaches

To increase SRHR awareness and engagement among urban youth, a multifaceted and culturally sensitive approach is required. Considering the urban context of Dhaka and the communication preferences of adolescents and young people, the project will combine interpersonal communication, digital engagement, community mobilization, and interactive mid-media approaches to create meaningful participation and behavior change.

The project will adopt the following strategic approaches:

1. Partnerships with Youth Organizations and Community Platforms

Collaborating with youth-led organizations, associations, clubs, educational institutions, and Community Action Groups will help reach a larger number of young individuals who are already organized and interested in SRHR issues. These partnerships will strengthen community ownership and sustainability of youth engagement initiatives.

2. Digital Platforms and Social Media Engagement

Recognizing the importance of digital communication among urban youth, the strategy will leverage social media platforms such as Facebook, YouTube, Instagram, TikTok, and Messenger to disseminate youth-friendly SRHR messages and information. Interactive digital content including short videos, reels, animations, infographics, quizzes, podcasts, and live discussions will be developed to encourage participation and awareness. Social media campaigns and digital storytelling will amplify youth voices and experiences.

3. Interactive Edutainment and Mid-Media Approaches

Considering the popularity and cultural relevance of drama and entertainment in Bangladesh, the project will use interactive edutainment drama as a transformative communication tool to address SRHR stigma, misconceptions, gender-based violence, menstrual health, early marriage, consent, and access to services. Youth drama teams will perform community-based interactive theater

and role-play sessions using locally relevant stories and language to stimulate dialogue and reflection among adolescents, parents, community leaders, and service providers.

In addition, other mid-media approaches such as interactive games, quiz competitions, folk-based performances, community campaigns, and participatory learning activities will be used to make SRHR education engaging, relatable, and memorable for young audiences in urban low-income settings.

4. Photovoice and Youth-Led Advocacy

The project will build the capacity of youth volunteers on photovoice, a participatory action research and advocacy method through which young people can capture community realities, challenges, and positive stories related to SRHR through photographs and narratives. These visual stories will be shared during advocacy events, exhibitions, stakeholder dialogues, and social media campaigns to promote community reflection, influence local decision-makers, and amplify youth perspectives.

5. Peer Education and Capacity Building

Peer-led initiatives will remain central to the strategy. Selected youth volunteers will receive training on SRHR, communication, facilitation, leadership, safeguarding, advocacy, digital content creation, public speaking, and community mobilization. They will act as peer educators and change agents, conducting group discussions, awareness sessions, school-based activities, drama performers and community campaigners within their localities.

6. Creative Arts, Innovation, and Youth Expression

Creative and participatory methods such as spoken word poetry, storytelling, mural art, poster competitions, short film creation, music, and youth innovation challenges will be integrated into project interventions to encourage youth expression and dialogue on SRHR issues. These approaches will help create safe spaces for adolescents and youth to discuss sensitive topics openly and confidently.

7. Access to Youth-Friendly Services and Referral Linkages

The strategy will strengthen coordination with UPHCSDP facilities, general practitioners, NGO clinics, and relevant service providers to

facilitate youth-friendly SRHR services and referral pathways. Youth volunteers will support awareness creation and referral linkage to confidential, non-judgmental, and quality SRHR services for adolescents and young people.

8. Advocacy and Community Engagement

Youth engagement activities will involve parents, teachers, religious leaders, local influencers, and community leaders to build supportive environments for SRHR awareness and positive social norms. Community dialogues, courtyard meetings, campaigns, and stakeholder engagement sessions will help reduce stigma and strengthen community support for adolescent SRHR.

9. Tailored Communication and Inclusion

Communication materials, messages, and activities will be tailored to suit the socio-cultural realities, literacy levels, and language preferences of urban adolescents and youth. The strategy will prioritize inclusion of young women, marginalized youth, youth with disabilities, and vulnerable groups to ensure equitable participation.

10. Regular Feedback and Adaptive Learning Mechanisms

Establishing regular feedback mechanisms, including youth consultations, surveys, focus group discussions, digital feedback platforms, and reflection meetings, will enable continuous monitoring of youth engagement and allow the project to adapt interventions based on youth experiences, needs, and recommendations.

10.

Stakeholders/Implementers

Ipas Bangladesh, in collaboration with its partner organizations—SERAC Bangladesh, Bangladesh Association for Prevention of Septic Abortion (BAPSA), Obstetrical and Gynecological Society of Bangladesh (OGSB), and Reproductive Health Services Training and Education Program (RHSTEP)—will lead the implementation of this Youth Engagement Strategy under the Improving SRHR in Dhaka Project. The strategy will be implemented with technical support from HealthBridge Foundation of Canada and financial support from Global Affairs Canada throughout the project period.

The successful implementation of the strategy will also involve close collaboration with relevant government agencies, local stakeholders, health service providers, and youth networks. Beyond the project period, Ipas Bangladesh and partner organizations may continue selected interventions through their own resources and future funding opportunities. In addition, empowered youth leaders and volunteers are expected to sustain community-based awareness, advocacy, and engagement initiatives with support from local institutions and communities.

11.

Implementation Plan

The implementation plan involved initial stakeholder meetings, needs assessments, and baseline surveys to gather essential data and insights. The development of materials and training of peer educators was followed, along with the launch of initial awareness campaigns. The implementation of programs will occur with limited strategic approaches during year 2 and year 3. And, following a review year 2 and year 3 implementation, full flagged implementation will occur in year 4 and year 5. Continuous monitoring will be done to ensure progress and address any challenges. Project staff will coordinate and manage the overall efforts, while partner NGOs will focus on community outreach and mobilization. Government agencies will provide policy support and resource allocation, ensuring that the strategy aligns with national health goals.

[Please see the detail implementation plans as Annex-6]

12.

Theory of Change

Pathways to Youth Engagement Strategy for Improving SRHR in Dhaka Project

Overall objective	Support achieving the ISRHRD Project objective by raising social awareness and demand creation of SRHR services and changing attitude and behaviors about sexual and gender-based violence.		
Specific objectives	Strategy	Process	Outcomes
1. Increase SRHR awareness among youth and community	1.1. Peer Education Programs 1.2. Digital Outreach Campaigns	• Train youth as peer educators to deliver SRHR information in Schools, workshops, and online platforms. • Use social media and digital tools to disseminate SRHR information, targeting youth in low socio-economic areas.	• Youth in Dhaka have improved knowledge of SRHR issues and services. • Increased positive attitudes toward SRHR
2. Enhance youth leadership and advocacy skills for SRHR.	2.1. Youth-Led Advocacy Training 2.2. Community Dialogues	• Organize leadership and advocacy workshops to equip youth with skills to influence SRHR policies and initiatives. • Facilitate youth-led forums and discussions on SRHR issues, involving community members and stakeholders.	• Youths are empowered to advocate for SRHR policies and participate in community decisionmaking.
3. Improve youth and community access to SRHR services and resources.	3.1. Partnership with Youth-Friendly Health Services 3.2. Campaigns on Service Availability.	• Collaborate with health centers to ensure they provide youth-friendly SRHR services, including contraception and counseling. • Conduct awareness campaigns to inform youth about available SRHR services in their areas.	• Increased utilization of SRHR services by youth and community. • Reduced barriers to accessing SRHR services, particularly for marginalized women and adolescents

13.

Monitoring and Evaluation

Monitoring and evaluation are critical components of the strategy. Key performance indicators will include the number of youths reached, increased awareness levels, and the utilization rates of SRHR services. Data collection methods will involve surveys, focus group discussions, and monitoring of social media engagement. Regular feedback sessions with youth participants and online feedback forms will provide valuable insights into the effectiveness of the initiatives. This feedback will be used to refine and improve the strategy continuously.

In terms of monitoring and evaluation of youth engagement in the project, it is essential to measure both quantitative and qualitative indicators to assess the impact and effectiveness of the strategies employed. Some key metrics to consider include:

Number of Youth Reached: Tracking the number of youths actively engaged in the project activities.

Level of Participation: Assessing the depth of youth involvement in different project phases and activities.

Knowledge and Skill Acquisition: Evaluating the knowledge and skills gained by youth through project interventions.

Behavioral Changes: Monitoring changes in attitudes, beliefs, and behaviors related to SRHR among youth participants.

Sustainability of Engagement: Gauging the sustainability of youth engagement beyond the project duration.

Qualitative Feedback: Collecting testimonials, stories, and feedback

14.

Sustainability and Scaling Up

Sustainability of this Youth Engagement Strategy will be strengthened through capacity building, institutional partnerships, and evidence-based programming. During implementation, the project will assess the effectiveness of key interventions to identify approaches with the greatest potential for sustainability and scale-up.

Interventions such as digital content development, photovoice, interactive edutainment drama, communication and facilitation skills development, leadership building, and youth networking are expected to continue beyond the project period. As trained youth volunteers remain within their communities and networks, they will continue to promote SRHR awareness, advocacy, and community engagement using the skills and knowledge gained through the project.

Ipas Bangladesh and partner organizations will seek opportunities to sustain and expand successful interventions through their own resources and support from other funding sources. In addition, Ipas Bangladesh will collaborate and advocate with the Ministry of Health and Family Welfare (MOHFW) and other stakeholders to promote the adoption and scale-up of evidence-based youth engagement approaches that contribute to improved SRHR outcomes in Bangladesh.

15.

Conclusion

This comprehensive Youth Engagement Strategy for Improving SRHR in Dhaka Project outlines a multi-faceted approach to engaging urban youth through awareness campaigns, peer education, digital media, mid-media and community-based activities. Collaboration with key stakeholders and continuous monitoring are essential for achieving the desired outcomes of increased awareness, social support, and self-efficacy among youth. All stakeholders are encouraged to actively participate and support the implementation of this strategy, contributing to improved SRHR outcomes for urban youth in Dhaka.

Annex:

- 1. List of Youth Volunteers attended the Youth Engagement Strategy development workshop**
- 2. Summary findings from adolescents and youth consultation workshops**
- 3. Shifting Gear Framework**
- 4. User-Centered Design**
- 5. Strategic Interventions**
- 6. Implementation plan**

Annex-1:

List of Youth Volunteers attended the Youth Engagement Strategy Development Workshop:

1. Shishir Das, Hajaribag, DSCC
2. Rayhan Khondokar, Uttara, DNCC
3. S M Shariful Islam, Pirerbag, DNCC
4. Tayeba Akter Akhi, Ashkona, DNCC
5. Zohra Akter, Madartek, DSCC
6. Sweety Akter, Jatrabari, DSCC
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14. Sadia Islam, South Banosree, DSCC
15. Nadia Sultana, Mirpur-12, DNCC
16. Tonmoy Saha, Madina Chattar, Matuail, DSCC
17. Abdur Rahman Rakib, Mirpur-2, DNCC
18. Arif Ahmed Joy, Dhaka Uddyan, DSCC
19. Sumaiya Akter Usha, Vatara, DNCC
20. Sapna Rani Mondol, Islambag, DSCC
21. Robiul Awal, Khilgaon, DSCC
22. Masuma Akter, Rayerbazar, DSCC
23. Abida Sultana, Shewrapara, Mirpur, DNCC
24. Dalia Akhter, Dholpur, DSCC

Annex-2:

Summary Findings from Adolescent and youths Consultation Workshop

Three consultation workshops were conducted with adolescent boys and girls from low socio-economic urban communities in Mirpur, Jatrabari and Tongi, Dhaka, to explore their knowledge, experiences, information needs, and access to Sexual and Reproductive Health and Rights (SRHR) information and services. Participants demonstrated basic awareness of menstruation, menstrual hygiene, adolescent health, and family planning; however, gaps in comprehensive SRHR knowledge were evident. Family members, teachers, peers, schools, community organizations, and social media emerged as the primary sources of SRHR information. Participants also identified several public, private, and NGO health facilities providing SRHR services within their communities.

The consultation highlighted multiple barriers affecting adolescents' access to SRHR information and services, including financial constraints, social stigma, family restrictions, shyness, limited knowledge, and distance to service facilities. Participants expressed strong interest in receiving SRHR information through digital platforms, awareness videos, edutainment, community discussions, and peer-led approaches. These findings informed the development of the Youth Engagement Strategy and provided guidance for designing youth-centered interventions that are accessible, relevant, and responsive to the needs of urban adolescents. **Key findings in tabular format as below:**

Area	Key Findings	Implications for Youth Engagement Strategy
SRHR Knowledge	Basic awareness of menstruation, hygiene, and family planning; gaps in comprehensive SRHR knowledge	Strengthen SRHR education through youth-friendly approaches
Information Sources	Family members, teachers, peers, schools, NGOs, and social media are major sources	Utilize trusted interpersonal and digital communication channels

Area	Key Findings	Implications for Youth Engagement Strategy
Service Awareness	Participants identified NGO clinics, hospitals, and local service providers	Improve referral pathways and awareness of available SRHR services
Barriers to Access	Financial constraints, social stigma, family restrictions, shyness, and limited knowledge	Address social norms and strengthen supportive environments
Preferred Communication Channels	Facebook, YouTube, WhatsApp, Instagram, videos, drama, and community discussions	Prioritize digital engagement, edutainment, and peer-led communication
Youth Recommendations	Increase awareness, improve access to information, and promote community support	Engage youth as advocates, educators, and change agents

Annex-3:

Strategic Interventions and activities for Youth Engagement in Improving SRHR in Dhaka Project (Workshop summary)

Strategic Interventions	Key activities	Objectives
Capacity building of youth volunteers	Youth volunteers' basic orientation on SRHR	Enhance volunteers' knowledge on SRHR
	Volunteers' refreshers orientation on SRHR	
	Volunteers' exposure visits to other SRHR project areas	
Awareness raising and education	School campaign	Promote GP and health facilities and create demand for SRHR services
	Community sticker campaign at households and pharmacies	
	Community sessions with men, women, adolescents	
	Interactive Edutainment Drama	
	Community photovoice exhibition	
	Day Celebration	
Skill building and leadership development	Skill building training on communication, public speaking and advocacy	Develop youth volunteers' soft skills on different traits to enhance community mobilization and advocacy
	Training in Interactive Theater and Edutainment Drama	
	Training on Photovoice	
	Training in social media content development	
	Training on stigma reduction (VCAT)	
Advocacy and networking development	Volunteers networking meeting	Enhance youth volunteers' network and strengthen advocacy at local and national levels
	GP-Volunteers networking meeting	
	Learning sharing events	
	Networking through social media groups	
	Youth conference and seminars	
	Photovoice exhibition at local and national levels	

Annex-4:

The Shifting Gear Framework

Shifting Gears is an Ipas behavior change framework that systematically helps design behavioral and engagement strategy meaningfully increase access to SRHR services. Behavior change frameworks from other organizations may be less suited for application to the contexts and dynamics most critical to addressing unsafe abortion. For example, supporting changes in norms and behaviors to shift the use of unsafe abortion options to the use of safe abortion options is different from shifting behaviors that are repeated on a daily or frequent basis, such as handwashing. Supporting shifts in norms and behaviors among providers from not providing safe abortion to providing safe abortion and adopting best practices requires addressing the context of the cultural and institutionalized stigma that influences providers’ willingness and ability to provide safe abortion services. Similarly, the factors that influence policymakers to advance safe abortion legislation differ from those that influence policymakers to advance legislation focused on safety-belt wearing.

Components of Framework:

The framework consists of a set of interlocking gears (see Figure 1) that are part of the broader socio-ecological environment that influences individuals’ behavior change. This visual model portrays “current behaviors” in the lower left side of the image and “desired behaviors” in the top right (both in orange). This illustration of the gears does not intend to represent precision or lock-step change— changes in human behavior and social norms are not so linear and predictable. Rather, the model is meant to emphasize the



Fig 1. Shifting Gears Framework

interconnectedness of these influences and to demonstrate that a change in one area can affect change in another area. Suppose a supportive environment to access abortion (MR) service in a community depends on the influence of several gears, including individuals' knowledge and decision-making powers, peer influences, social support, gender, power dynamics, etc.

Internal influences gear: Internal influences relate to a person's own abilities and psychology, both of which are important to the behavior change process. These include: knowledge, attitudes/beliefs/values, skills, self-efficacy, decision making power and habits/biases.

Social influences gear: Social influences relate to relationships, social networks and society. These include: peers and key influencers, social support, religion, social expectations around sex and pregnancy, social norms, stigma and discrimination and culture.

Environmental influences gear: Environmental influences are the material, structural, or institutional resources or physical properties of the environment in which people live. The Elements of environmental influences include: laws/policies/regulations, human rights accountability mechanisms, information, products/services, money/cost, time, geography and technology.

Gender and power dynamics gear: A gender and power dynamics lens allows us to explore how gender and other power dynamics influence the different ways individuals and groups of individuals experience feeling empowered or disempowered, feeling advantaged or disadvantaged, or feeling they have control or are lacking control in the course of a given activity or situation.

Motivation to change gear: While internal, social and environmental influences and gender and power dynamics all have an impact on whether individuals will move from their current to desired behaviors, they also impact an individual's motivation to change. Motivation is a powerful catalyst to behavior change and can be a limiting factor if not considered. The Elements of the motivation to change include-emotions, preferences, past experiences and automatic/rational decision making.

However, the Shifting Gear tool is not intended to suggest that all influences need to be addressed, but rather asks us to consider the interplay of various influences to identify the most strategic levers for change.

Annex-5:

User Centered Design Model

User-centered design, also known as human-centered design, is an approach to project design that has a clear commitment to being responsive to user needs and preferences. This is accomplished by engaging with users and, or user-surrogates early in a project or intervention to gain insights about how they perceive and experience a problem, involving them in prototyping possible solutions, and continuing the engagement as interventions are being developed and refined. At Ipas, UCD triangulates considerations of what the users want or need, what is feasible for us to do to meet that need, and what will have an impact. Ipas will use UCD approach in designing of SBCC tools, workshops, and materials that are catered specifically to the needs of our users and what will be most effective for them in practice.

In UCD, design teams involve users throughout the design process via a variety of research and design techniques to create highly usable and accessible products for them.

UCD is an iterative process that involves four distinct phases:

Identify and Define: The design team decides what challenge to address in their design process and develop a design challenge

Look and Listen: The team collects information to inform their designs (directly from users or indirectly through data review, past experience, or other sources)

Understand: The team synthesizes their learnings, identifies insights about the user group, and comes up with initial ideas

The Make Phase: The team creates prototypes or drafts of their idea and tests it with users as they move towards implementing it

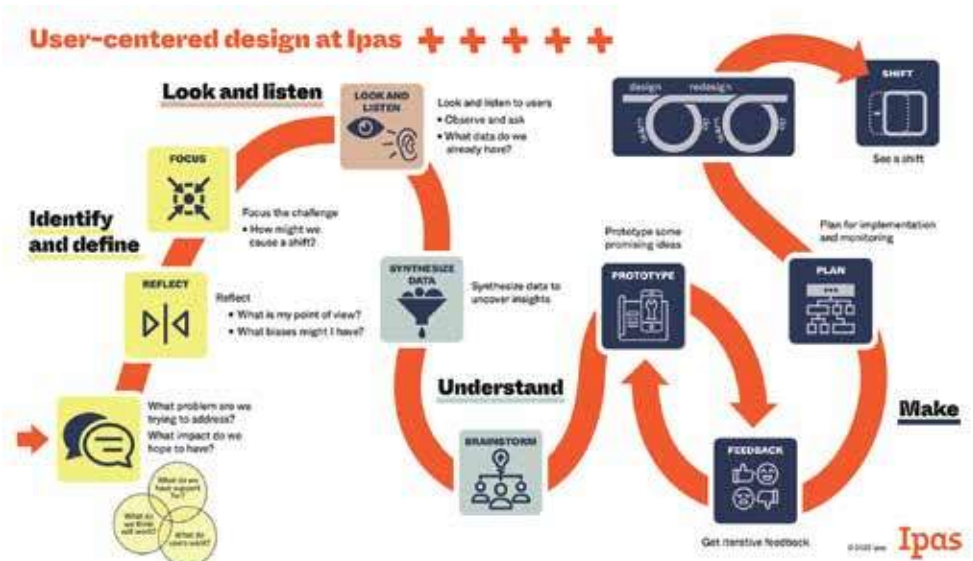


Fig 2. User Centered Design

In developing any innovative interventions and tools of this youth engagement strategy, we will follow the User Centered Design principles and process.

Annex-6:

Implementation Plan for Youth Engagement Strategy

Sl. No.	Strategic Intervention	Key Activities	Responsible Organization(s)	Timeline	Expected Outputs
1	Select youths from low socio economic areas and form community action groups	Mobilize youths to create supportive environment	SERAC Bangladesh, Ipas	Year 1-3 Annual	100 CAG formed in project area engaging 1000 youth volunteers
2	Capacity Building of Youth Volunteers	Orientation and refreshers on SRHR, GBV, safeguarding and project objectives	Ipas, SERAC	Year 2-5	Youth volunteers equipped with SRHR knowledge and skills
3	Facilitate youth championships	Develop champion toolkit, select champions, award champions	Ipas, SERAC	Year 2-4	Developed champion toolkit, community mobilized, champions awarded
4	School and Community Campaigns	School campaigns, community awareness sessions and courtyard meetings	SERAC	Year 2-5	Increased community awareness and demand for SRHR services
5	Digital Engagement and Social Media	Develop and disseminate youth-friendly SRHR content through Facebook, YouTube, Instagram and other platforms	Ipas, SERAC	Quarterly	Increased digital reach and youth engagement
6	Interactive Edutainment	Training youth volunteers on interactive theatre and edutainment drama	Ipas	Year 4-5	Functional youth drama teams established
7	Interactive Edutainment	Community edutainment drama performances on SRHR and GBV	Ipas, SERAC	Year 4-5	Improved community dialogue and stigma reduction
8	Photovoice and Youth Advocacy	Photovoice training for youth volunteers	Ipas, SERAC	Year 3-5	Youth volunteers skilled in visual storytelling and advocacy

Sl. No.	Strategic Intervention	Key Activities	Responsible Organization(s)	Timeline	Expected Outputs
9	Photovoice and Youth Advocacy	Community and national-level photovoice exhibitions	Ipas, SERAC	Annual	Youth perspectives documented and shared with stakeholders
10	Leadership and Advocacy Development	Training on leadership, advocacy, public speaking and facilitation	Ipas	Year 2–4	Youth leaders developed as community advocates
11	Leadership and Advocacy Development	Training on digital content creation and storytelling	Ipas	Year 2–4	Youth-generated SRHR content produced
12	Community Action and Social Norm Change	Community campaigns, day observations and interactive games	SERAC	Year 2–5	Increased social support for SRHR and GBV prevention
13	Networking and Partnership Building	GP–Volunteer networking meetings and referral coordination	Ipas, SERAC	Quarterly	Improved referral linkage between youth and SRHR services
14	Access to Youth-Friendly Services	Collaboration with GPs, NGO clinics and UPHCSDP facilities	Ipas, SERAC	Ongoing	Strengthened youth-friendly service referral system
15	Youth Conference and Learning Events	Organize youth conferences, seminars and learning-sharing events	Ipas, SERAC	Annual	Youth voices elevated in SRHR advocacy and policy discussions
16	Monitoring, Learning and Adaptive Management	Youth consultations, surveys, FGDs and feedback sessions	Ipas	Annual and ongoing	Evidence generated for improving interventions
17	Documentation and Knowledge Management	Documentation of success stories, case studies and lessons learned	Ipas	Ongoing	Knowledge products developed and disseminated
18	Sustainability and Scale-up	Assessment of intervention effectiveness and scale-up opportunities	Ipas	Year 4–5	Evidence-based interventions identified for continuation and scale-up

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