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Adolescents participate in day-long event organized by Shukhi Jibon and GOB, connecting them to the health facility and sharing information about A&Y-friendly services | Photo: Ridwanul Mosrur

# Shukhi Jibon Learning Lab: Adolescent and Youth Sexual and Reproductive Health

## BACKGROUND

In Bangladesh, a strong tradition of early marriage and childbearing, against a backdrop of conservative social and gender norms, means adolescent and youth sexual and reproductive health (AYSRH) has historically been overlooked in national family planning (FP) programs. While most development programs focus on eliminating early marriage, there is a dearth of adolescent-and youth- (A&Y) friendly FP programs; limited knowledge about A&Y sexual behaviors; lack of data on A&Y needs, effective interventions, and service-related data; and policy, logistical, and social barriers that impede A&Y access to sexual and reproductive health (SRH) information and services. As a result, there is low use of AYSRH services, and a high unmet need for FP (15.5%) among married adolescents ages 15 to 19.\* In Bangladesh, unmarried A&Y have limited contact with the formal health care system. Young people's

perceived lack of respect, privacy, and confidentiality, and the fear of stigma, discrimination, and imposition of moral values by health care providers, remain critical barriers. Although the Ministry of Education has added some SRH information to the school curriculum, teachers often skip these chapters, and this information is not included in assessment questions in formal examinations. These are just a few of the many barriers to access that A&Y face in seeking SRH information and services.

## THE SHUKHI JIBON APPROACH TO AYSRH

To increase FP uptake among married A&Y and access to SRH services among unmarried A&Y within public-sector health facilities, Shukhi Jibon aligned with the Government of Bangladesh (GOB) operational plan and Adolescent Health Strategy (2017–2030) to administer a combination of interventions to address demand and supply, and to create an enabling environment for AYSRH at the facility, community, and policy levels. The project takes a multi-pronged approach to prototype cost-effective solutions to improve provider responsiveness, facility readiness, community engagement, and A&Y service-seeking behavior and uptake that can be scaled up throughout the country.

\*National Institute of Population Research and Training (NIPORT), and ICF. 2019. Bangladesh Demographic and Health Survey 2017-18: Key Indicators. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, and ICF.

## DEVELOPING NEW A&Y-FRIENDLY FP COUNSELING CURRICULUM AND AYFS TRAINING FOR PROVIDERS

The GOB has created an adolescent-friendly health services (AFHS) training package for service providers. However, this training package is not comprehensive in developing provider skills and competencies, particularly related to SRH counseling and services, and excludes important topics, like provider bias. To address this gap, Shukhi Jibon developed a supplementary counseling manual and complemented the four-day AFHS training with a three-day training on counseling A&Y on SRH. To develop the curriculum, the project engaged a group of experts in a series of consultative meetings. Recognizing that individuals' views on certain topics are often influenced by their personal context, beliefs, and needs, the project sought to select working group members with expertise in curriculum development. The project was also careful in its selection of trainers, given their influence on the quality and impact of training. Selection criteria included previous experience facilitating AFHS training, although when no candidates met the selection criteria, the project team needed to be flexible.

## CONDUCTING FACILITY READINESS ASSESSMENTS

Shukhi Jibon supported facility readiness assessments, based on criteria modified from the World Health Organization (WHO) and the Directorate General of Family Planning (DGFP), which aided in the development of action plans to ensure facilities met the standards for providing AYFS, including:

- Does the health facility have any service providers trained to provide AYFS?
- Does the health facility provide RH services, including FP, for A&Y clients free of cost?
- Does the health facility maintain both visual and auditory privacy for A&Y clients?
- Does the health facility provide gender-equitable services for A&Y clients?
- Does the health facility have any RH educational materials (pamphlets, booklets), posters, or job aids focusing specifically on A&Y?
- Does the health facility have written guidelines or policies for providing services to A&Y?
- Does the health facility have provisions for sex- and age-disaggregated record keeping and reporting for services to A&Y?
- Does the health facility have an assigned service provider to manage the school health program?
- Is a list of AYSRH services clearly displayed at this health facility?
- Is there a signboard or other indication to identify this health facility as A&Y-friendly?

## A NOTE ABOUT TERMINOLOGY

Shukhi Jibon uses the term adolescent and youth-friendly services (AYFS) to refer to its work in this area. However, the GOB uses the term adolescent-friendly health services (AFHS), so this brief refers to government activities using AFHS.



Joining community sessions, adolescents, like Tarar Mela, learn about their reproductive health and rights, menstrual hygiene management, and more. | Photo: Ridwanul Mosrur



Photo: Ridwanul Mosrur

### PROMOTING A WHOLE-SITE ORIENTATION TO SUPPORT AYFS

A whole-site approach ensures that as many providers and non-clinical staff as possible are trained and oriented to welcome and serve adolescents, reducing barriers to contraceptive provision for married adolescents from the moment they walk in the door. This approach fosters knowledgeable, supportive staff who become the primary advocates for adolescents and who are ready to direct, counsel, and provide AYSRH services appropriately. Shukhi Jibon's whole-site orientation is a two-hour, in-person session, with flexibility to tailor the timing and content to the needs and preferences of the facility. The orientation workshop covers the following topics:

- The status of AYSRH in Bangladesh
- Which SRH services A&Y require and why special adjustments need to be made to ensure these services are A&Y-friendly
- Common values and beliefs that can strengthen communication with A&Y about SRH issues
- Common barriers that prevent A&Y from accessing SRH services
- How the process of improving A&Y-friendly systems can be used to tailor services to the needs and preferences of A&Y clients
- AYFS criteria and why they are important
- Tools and resources available to support AYFS
- Findings of the facility readiness assessment and the resulting improvement plan

### ADVANCING MENTORSHIP AND SUPPORTIVE SUPERVISION (M&SS)

Providers who have undergone AYFS and counseling training, as well as whole-site orientation, receive regular M&SS visits. The purpose of these visits is to troubleshoot with facility staff the best approaches to meet AYFS criteria, provide training or capacity strengthening sessions to address needs identified through the assessments, and introduce new approaches in AYFS delivery. To help facilitate the process, the project team has developed a mentoring checklist; once finalized, the M&SS team will integrate the checklist into its regular M&SS activities.

“Most people think that people under 18 are not supposed to talk about SRH. Now I know it’s a wrong idea. After this training, I will be able to provide the useful information to the adolescents regarding SRH issues confidently.”

—Monira Begum, Family Welfare Visitor,  
Sadar Upazilla, Shariatpur



*Shukhi Jibon reaches out to the urban adolescents and youth, especially those working at the ready-made garment facilities, with the information about FP, reproductive health, and menstrual hygiene management—promoting informed and independent decision making based on their choices | Photo: Ridwanul Mosrur*

### **STRENGTHENING MONITORING, RECORD KEEPING, AND REPORTING**

AYFS aim to improve AYSRH by making it easier for A&Y to obtain the services they need and ensuring the services are acceptable to young clients. Monitoring, record keeping, and reporting systems track AYSRH service patterns using client statistics.

### **HOSTING OF SPECIAL DAYS AT THE FACILITY**

Facilities are encouraged to partner with community organizations, schools, faith-based organizations, community members, and A&Y organizations to identify priorities for advancing A&Y health in the community. These priorities inform special theme days hosted by the facility—for instance, on health and healthy development. The special days allow ample time for discussion between A&Y and guest speakers and experts, and encourage service providers to offer A&Y onsite services or referrals for services not available at the facility.

### **ENSURING GENDER RESPONSIVENESS**

Progressive gender approaches are integrated into Shukhi Jibon's intervention activities. A facility is considered gender responsive if it meets the following criteria:

- A provider has been trained to provide gender-aware SRH services
- A gender balance of service providers is available
- Point of service delivery ensures visual and auditory privacy and confidentiality
- Gender-equal services are offered
- Gender-equal educational materials, posters, and job aids are available onsite
- There is a system for keeping records on gender-based violence

## **A&Y LEARNING LAB**

In 2019, Shukhi Jibon set out to address five common challenges that pervade development assistance and stand in the way of the project's goal—to contribute to improved health and human capital in Bangladesh by increasing use of voluntary FP services. Using a Learning Lab approach, based on USAID's Collaborating, Learning, and Adapting (CLA) framework, and with strong commitments from the GOB and USAID, Shukhi Jibon implemented five innovative interventions in 39 test sites across six learning districts. Today, this robust Learning Lab experience provides a roadmap for continuous learning and demonstrates Shukhi Jibon's progress in rapidly testing, refining, and documenting innovations during a pilot phase before effectively scaling them up to achieve greater impact.

The A&Y Learning Lab sought to understand how a multi-pronged approach improves the health system's responsiveness to the SRH needs of A&Y. Learning Lab activities included implementation of interventions in facilities, communities, and educational institutes with the intention to test, learn, adapt, and scale up.

Between September 2019 and March 2021, Shukhi Jibon implemented its AYSRH intervention in 26 sites—1 training institute (Mohammadpur Fertility Services and Training Center), 4 Maternal and Child Welfare Centers (MCWC), 5 Upazila Health Complexes (UHC), and 16 Union Health and Family Welfare Centers (UH&FWC) in 6 districts (Chattogram, Dhaka, Faridpur, Mymensingh, Rangamati, and Sylhet). UH&FWCs are primary health centers providing outpatient services like FP, maternal and child health (MCH), communicable disease control, clinical care, normal delivery, and adolescent health care. MCWCs are secondary health centers at the district, upazila, and union levels that offer emergency obstetric care and related services. The training institutes are national specialized centers that offer fertility services along with MCH and FP services

## LESSONS LEARNED ON AYFS IMPLEMENTATION FACILITATORS, CHALLENGES, AND RESPONSES

Shukhi Jibon's Learning Lab experience has informed rollout of the A&Y interventions, as the project replicates and scales the approaches, shedding light on both facilitators and challenges of implementation.

### FACILITATORS

Several factors helped facilitate the successful implementation of Shukhi Jibon's activities to improve access to AYSRH information and services in the Learning Lab sites:

- A landscape analysis helped the project align activities with government priorities, address gaps identified by providers themselves, and build on existing activities, including:
  - Revising the service provider guidelines on AFHS to include FP information
  - Updating the accompanying set of tools Shukhi Jibon used to monitor facility readiness and quality of AFHS
  - Updating and developing training modules for providers, teachers, frontline workers, and community gatekeepers
  - Promoting use of national information, education, and communication materials developed in collaboration with the DGFP and other stakeholders, including UNICEF and UNFPA
- The project supported and built on the Adolescent-Friendly Health Service Center (AFHSC) initiative of the DGFP. AFHSCs are set up in existing facilities that provide MCH and FP. A standard AFHSC has a consultation room with two chairs and a table, a designated waiting area for adolescent clients, and a bookshelf displaying SRH social and behavior change materials that A&Y can read onsite or take home.

“This is the 10th year of my professional life and this is the first AFHS orientation for me. I believe this is true for most of the participants. I will regularly follow up the FWAs to ensure the discussion of SRHR issues and information among the adolescents in the community.”

—Family Planning Inspector (FPI)  
Bharadhoba Union, Bhaluka, Mymensingh



*At a health facility, adolescents join in a session focused on adolescent reproductive health and wellbeing as well as services available to meet their needs. These day-long events were organized by Shukhi Jibon to bridge the gap between community- and facility-based services providers with adolescents in the community | Photo: Ridwanul Mosrur*



Adolescents gather at a community session on menstrual hygiene management in Sylhet | Photo: Ridwanul Mosrur

## CHALLENGES AND RESPONSES

The project's Learning Lab activities generated many insights. The following implementation challenges, and the project's responses to these challenges, generated valuable lessons and informed refinement of the interventions.

### COVID-19

**Challenge:** COVID-19 disrupted the flow of activity among health facilities, providers, communities, and the education system. Decreased client flow was a major challenge during the pandemic, as physical visits, follow-up appointments, and other activities were severely curtailed. For example, many Learning Lab sites were unable to organize adolescent health coordination management meetings.

**Response:** Shukhi Jibon managed virtual communication and follow-up activities with providers, conducting virtual trainings on COVID-19 infection prevention and control during counseling. The project oriented staff on digital communication technologies and supported service providers—including family welfare assistants, FP inspectors, family welfare visitors, and sub-assistant community medical officers—to provide structured counseling on antenatal care, postpartum FP, postabortion care and FP, and pregnancy risks related to COVID-19 using a checklist developed by the project. In addition, while in-person access was hindered by the pandemic, the project formed a virtual group of adolescents to disseminate updated AYSRH information digitally.

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### CLIENT AND STAFF SHORTAGES

**Challenge:** During training follow-up activities, participants were enthusiastic and motivated. However, when faced with staffing shortages, they struggled to deliver required services. Shukhi Jibon ensured respective counterparts were aware of this issue, as solutions (beyond advocacy) remain beyond the scope of the project. In addition to health worker shortages, client shortages also pose a challenge for staff's retention of training material, follow-up, and M&SS.

**Response:** The Shukhi Jibon training needs assessment activity highlighted concerns about provider shortages to the appropriate government stakeholders. These stakeholders are aware of the issue but do not, currently, have a long-term plan to address it. To address client shortages, the project held community engagement activities, such as special days to generate demand, and oriented frontline workers to encourage A&Y to visit health facilities during their field visits.



Photo: Ridwanul Mosrur

## CHALLENGES AND RESPONSES (continued)

### COMMUNITY ENGAGEMENT

**Challenge:** Many unions' adolescent committees failed to meet regularly, citing the pandemic and lack of time and resources. Apart from movement restrictions related to COVID-19, lack of time and human resources from both government counterparts and the Shukhi Jibon project team restricted the rollout of community engagement activities as planned.

**Response:** The project commissioned local NGOs to encourage deeper community engagement and involved the UH&FWC management committee in effort to activate the adolescent health coordination and management committees. The team tried several strategies to mobilize the family welfare center management committee to conduct A&Y activities and involve adolescent representatives while maintaining their privacy and comfort by leveraging existing activities. For example, the project conducted activities to engage A&Y at locations they traditionally frequent, such as satellite clinics and courtyard meetings; organized special-day events at facilities to promote facility-based A&Y services; and held events at educational institutes in tandem with school health activities.



Adolescents after a session on reproductive health and personal hygiene & cleanliness at a school in Dhaka |

Photo: Ridwanul Mosrur

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### MONITORING AND RECORD KEEPING

**Challenge:** The lack of available registers for A&Y services hindered record keeping and representation of A&Y service data in the government management information system. Though the DGFP is working to expand their electronic management information system to allow capture of age- and sex-disaggregated data through electronic forms, until this is completed, stronger paper-based record keeping is needed.

**Response:** The project facilitated the availability of an AFHS register by printing and delivering the government-approved register to all facilities.

## CONCLUSION

Addressing AYSRH challenges requires a multi-pronged approach. Cohesive linkages are required for smooth operations, optimization of resources, and the success of the intervention. Coordination and harmonization of AYSRH activities implemented by various government agencies and development organizations may yield better outcomes. Establishing a linkage between educational institutes and the health system—for coordinated SRH activities—can increase A&Y uptake of facility services. The COVID-19 pandemic facilitated the expansion and use of digital technologies for education and dissemination of health information, particularly in urban areas, but more work is needed to diversify and increase points of care for A&Y to make AYSRH information and services more accessible. This includes integrating organized digital AYSRH services into the health system of Bangladesh. Continuous efforts are needed at all levels of the health system to ensure and maintain long-term, equitable access to AYFS.



Adolescents (member of Bangladesh Scouts) gather at the Shukhi Jibon information booth to learn about reproductive health during a World Population Day 2019 celebration. | Photo: Ridwanul Mosrur

#### SUGGESTED CITATION

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