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Distribution of CBT training manual during a training of trainers in Dhaka in 2021 | Photo: Rayan Sharif

Shukhi Jibon Learning Lab: Competency-Based Training

BACKGROUND

Though family planning (FP) service provision is skills-based, service provider training in Bangladesh is typically knowledge-based. Within the Ministry of Health and Family Welfare (MOHFW), the National Institute of Population Research and Training (NIPORT) is responsible for training all FP service providers of the Directorate General of Family Planning (DGFP), the Directorate General of Health Services (DGHS), and the Directorate General of Nursing and Midwifery (DGNM). NIPORT provides clinical and non-clinical trainings for community-based family welfare visitors, family welfare assistants, sub-assistant community medical officers, nurses, and midwives. NIPORT has a limited number of in-house trainers who generally conduct non-clinical trainings and may not have the expertise to train DGFP clinical service providers in the necessary skills. NIPORT often outsources clinical trainings to officials of the DGFP and DGHS, obstetric/gynecological professionals, and other

relevant experts. However, these experts may lack the training skills to systematically conduct interactive, hands-on instruction. Because the outsourced trainers are guests of NIPORT, traditionally, they have not been subject to observation or feedback on their performance. As trainers, they are neither accountable to NIPORT management nor to the DGFP, making it difficult to assess and ensure the quality of trainings.

THE PROJECT

Shukhi Jibon supports the Government of Bangladesh (GOB) to cultivate skilled, responsive, and respectful FP providers and strengthens the delivery of quality FP services. The operational plans of the 4th Health, Population, and Nutrition Sector Program, published in 2017, cited a need to develop the capacity of the FP workforce to provide quality services and achieve national FP goals. Shukhi Jibon conducted a baseline training needs assessment whose findings confirmed this need. The assessment revealed that most providers were trained at the inception of their jobs and had received few practicum or refresher trainings since. Providers received their most recent refresher trainings on counseling and FP methods between 2.9 and 9.5 years prior to the assessment. Furthermore, most providers reported inadequate or ineffective practicum and refreshers; most were theory- and classroom-based lectures without practicum or follow-up.



DGFP training institute participants at a TOT on CBT in Dhaka | Photo: Mahbubur Rashid

SHUKHI JIBON'S APPROACH TO COMPETENCY-BASED TRAINING

In response to these training needs assessment findings, Shukhi Jibon introduced competency-based training (CBT), or *learning by doing*. CBT develops trainers' skills to address performance gaps using practical, hands-on adult learning methodologies. After having the opportunity to develop clinical skills in simulations using role plays or demonstrations on anatomical models, trainees are equipped to deliver higher quality services. CBT checklists— informed by evidence, international guidelines, and national standards—detail the specific actions required to complete each clinical task. This approach prioritizes client safety by ensuring that participants are competent on models before providing services to clients. Once providers are deemed competent, a systematic follow-up mechanism and need-based refresher training ensure consistent quality of services.

Shukhi Jibon introduced CBT into Bangladesh's FP training system by facilitating the development of a CBT trainers' pool for NIPORT, DGFP, and the DGHS and by providing technical support for the development of a trainers' manual on CBT. The project is working with the training institutes to integrate CBT and a system for continuous follow-up.

CBT 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 ultimate 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—including the CBT intervention—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.

LEARNING LAB DISTRICTS

- Mymensingh
- Sylhet
- Faridpur
- Dhaka
- Chattogram
- Rangamati

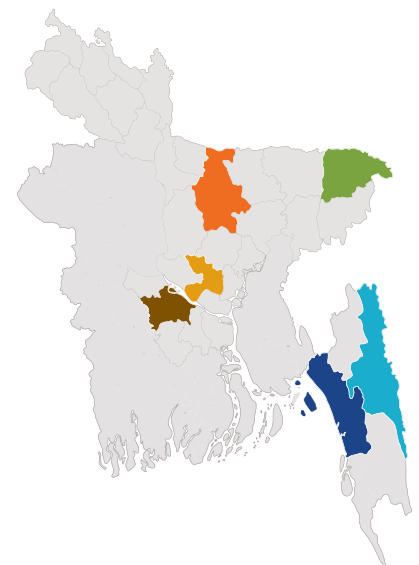
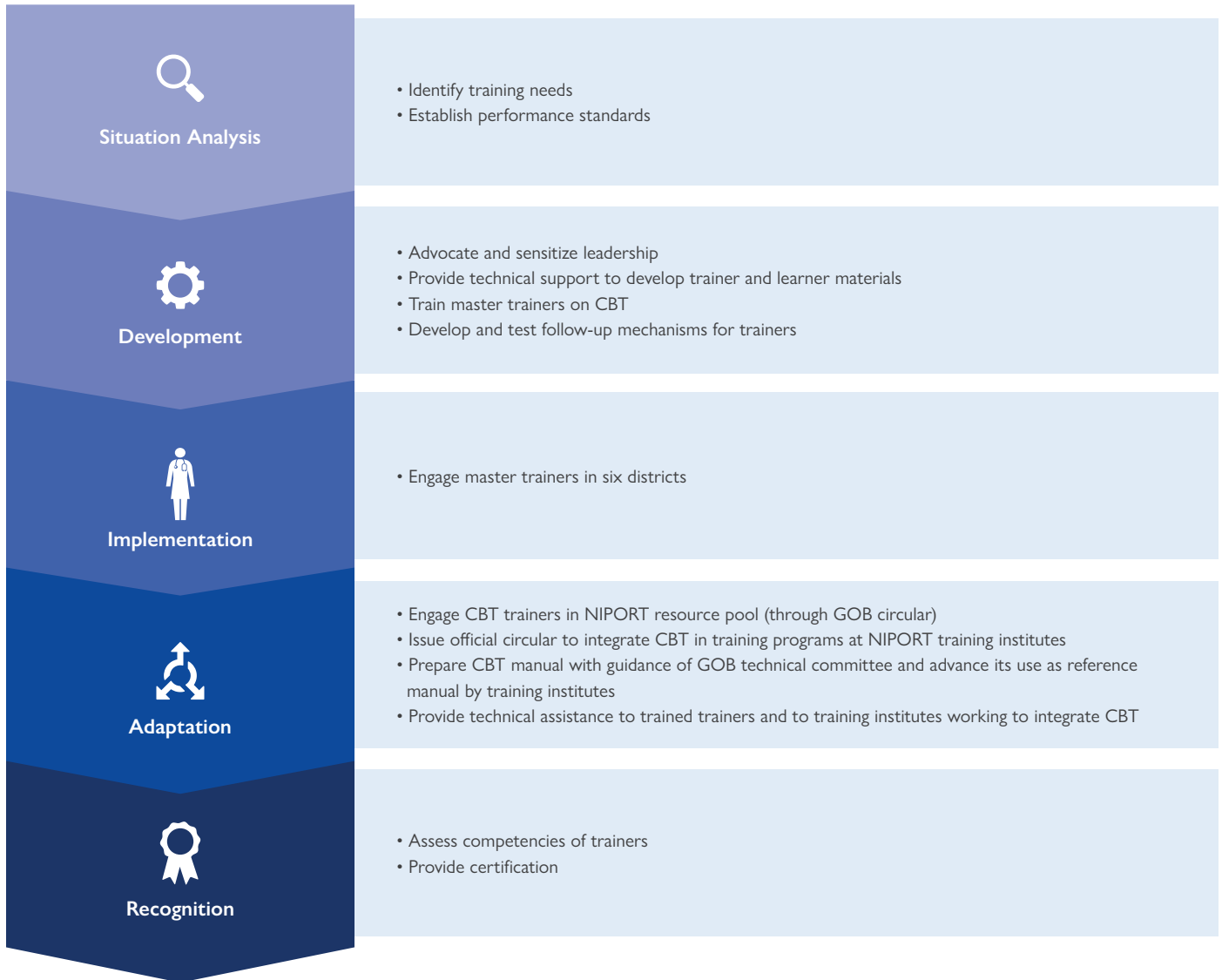


FIGURE 1: CBT IMPLEMENTATION PROCESS IN SHUKHI JIBON LEARNING LABS



To capture learnings from the integration of CBT in Bangladesh, Shukhi Jibon engaged NIPORT, DGFP, and DGHS in a consultative process to develop a learning agenda—to understand the extent to which master trainers (who deliver the trainings of trainers [TOT]) and trainers incorporated CBT into their trainings, and whether providers found it helpful.

The project and government partners worked together to develop objectives and learning questions, activities, and sites. In February 2019, Shukhi Jibon trained 20 master trainers from 10 Learning Lab training institutes (9 NIPORT and 1 DGFP) with high-volume maternal and child welfare centers and upazila health complexes. The master trainers were then engaged to conduct cascade TOT at the district level. The project systematically gathered information from the districts and hosted a series of virtual reflection sessions with the GOB to identify and learn from implementation successes and challenges.

APPLICATION OF LEARNING LAB FINDINGS

This Learning Lab experience has informed several adaptations to CBT integration as the project replicates and scales the approach. For example, based on feedback from trainers at Learning Lab sites, Shukhi Jibon rearranged the sequencing of sessions—to facilitate clearer linkages and better comprehension—and extended the initial two-day TOT to four days.

The project also recognized how important it is to understand who the TOT participants are before training them—to contextualize their sessions with local examples of FP services and experiences and accessible language (for example, simplifying slide presentations that originally used technical English terms to instead use local Bengali terms when needed. This consideration that will be woven into replication and scale-up of CBT in other contexts.

The project also learned how valuable it is to brief visiting dignitaries (for example, divisional directors, deputy director of FP, and civil surgeons) on CBT before replicating the TOT and cascade trainings in new areas. Taking the time to acquaint these critical stakeholders with the approach facilitated strong commitment to CBT integration; in fact, after being briefed, some dignitaries actively participated in the TOT. The presence of senior officials from NIPORT and DGFP headquarters at the TOT encouraged buy-in and ownership among local participants and dignitaries.

Finally, in Learning Lab districts, Shukhi Jibon engaged trainers trained in CBT as resource persons available to those implementing the project's other programs, including adolescent- and youth-friendly services, FP, and mentoring and supportive supervision. This strategy was immensely helpful in ensuring the quality of program implementation that it was adapted and scaled up in non-Learning Lab districts as well.

FACILITATORS OF CBT INTEGRATION

Several factors helped facilitate the successful integration of CBT, including:

Buy-in from partner leadership and trainers. The buy-in of key leaders and stakeholders facilitated the successful integration of CBT into training institutes. Garnering the support of NIPORT leadership required an investment of time and effort early in the project to orient stakeholders to CBT and the project's rationale for using it. The project found it critical to show these officials, who believed that their current training system was strong as it was, that standardized CBT techniques could improve the quality of both training and services. The results of the training needs assessment provided convincing evidence that providers did not feel they had received enough practicum training and were not confident in their skills and abilities to provide certain FP services. While the trainers were content experts, they lacked the techniques to effectively transfer their clinical knowledge and skills to their trainees using interactive methods. Shukhi Jibon invited NIPORT officials to observe CBT trainings, so they could see CBT in action and witness the positive response of the trainers. As a result, NIPORT leaders began to champion CBT.

Monitoring and technical support. To monitor the integration of CBT at its training institutes,* NIPORT formed a technical committee—comprising four NIPORT assistant directors and the Shukhi Jibon manager of capacity building and human resources for health—



Refresher training of the FWVs using CBT approach at Sylhet RPTI | Photo: Ridwanul Mosrur

*Regional Population Training Institutes [RPTIs] and Regional Training Centers [RTCs] of Dhaka, Mymensingh, Sylhet, and Chattogram divisions and NIPORT headquarter in Dhaka.

by issuing a formal office order and circulating it among the training institutes. The committee monitors and provides needed technical support for integration of CBT and ensures engagement of CBT-trained trainers and use of the trainer’s manual on CBT.

MILESTONES IN CBT INTEGRATION

SINCE FEBRUARY 2019: A total of 95 trainers, managers, and senior service providers have been trained on CBT in 6 districts—25 from NIPORT, 57 from DGFP, and 13 from DGHS.

JUNE 2020: An official circular was issued by NIPORT on engaging the trainers who received CBT in the resource pools of the respective NIPORT training institutes.

OCTOBER 2020: CBT trainer’s manual was developed, launched, and disseminated by a technical committee steered by NIPORT and including members from DGFP and DGHS.

NOVEMBER 2020: NIPORT issued official circular that its training institutes use the manual as a reference manual for their in-service training curriculum.

NOVEMBER 2020: After successful advocacy by the project, NIPORT issued an official circular on CBT integration at its training institutes. DGFP and DGHS leadership were also supportive of the integration of CBT into its training system, approving their senior service providers and managers to participate in TOT and to use CBT to train FP service providers.

JUNE 2021: NIPORT issued an official circular on the formation of a technical committee to monitor implementation of CBT at its training institutes.

CHALLENGES OF CBT INTEGRATION

The project encountered several challenges integrating CBT, including:

SPACE CONSTRAINTS

Training venues were designed for classroom learning and not always equipped with staff or space for participatory learning, small group work, or practicum. While return demonstration (in which a trainer demonstrates a skill and then trainees demonstrate the skill) requires a lab setting with an anatomical model or a clinic setting with clients—for example, to practice IUD insertion—role play only requires trainers and trainees to play the roles of, for example, a client, a provider, and an observer. Therefore, role play was widely used in the classroom. However, clinical service providers need to practice new skills on anatomical models so they are prepared to deliver services to clients in health facilities. Inexperience can yield poor care, which can discourage clients from returning to the facility for contraception in the future and lead these clients to dissuade others in whom they confide, such as their sisters, daughters, and friends. Quality service provision is essential. Therefore, a lack of adequate lab space for practicum with anatomical models to build provider competency before they saw clients was a serious issue.

RESISTANCE TO OBSERVATION

Observation was important to Shukhi Jibon’s efforts to help trainers develop their CBT skills. Yet, it is culturally inappropriate to observe respected trainers in the classroom or give feedback that could be perceived as critical or corrective. The outsourced trainers, as guest experts, were particularly sensitive to this practice. NIPORT leadership understood that if these senior experts felt disrespected, they may not continue to serve as trainers and could register



Photo: Tanvir UZ Zaman

As a sign of their commitment to and ownership of the integration of CBT within their training institutes, eight of the ten Learning Lab sites have developed, printed, and displayed posters on the CBT framework and methods, adult learning principles, and roles of effective trainers for displaying in their classrooms at their own cost.

complaints with high-level officials. The project engaged in culturally sensitive advocacy and communication with the trainers to stress that follow-up was not to critique them but rather to determine where technical support might be useful. Over time, trainers agreed to be observed with a checklist and to answer questions.

UNEVEN ENGAGEMENT OF TRAINED TRAINERS

The project expected that all master trainers initially trained on CBT would train other trainers; however, not all were engaged by NIPORT or the DGFP to conduct cascade trainings. Officials gave preferential treatment to older, more experienced trainers who held more powerful positions in the district or with whom they had a good rapport. This resulted in underuse or nonuse of certain trainers, particularly younger ones.

LESSONS AND RECOMMENDATIONS

Advocacy is essential. Shukhi Jibon presented evidence from the training needs assessment to NIPORT, DGFP, and DGHS leadership, and invited high-level dignitaries to attend the TOT sessions to enhance their understanding of CBT and its benefits. The project periodically shared reflections in meetings and workshops. Dignitaries heard from trained trainers about their positive experiences using CBT to train service providers. A technical committee with NIPORT, DGFP, and DGHS representation guided the development and dissemination of the CBT trainers' manual, cultivating a sense of national and regional government ownership of CBT. NIPORT formed another technical committee to monitor CBT integration at its training institutes and developed posters on CBT methods and adult learning principles for display in classrooms within learning lab training institutes at their own cost.

Developing and implementing follow-up mechanisms requires time and stakeholder engagement. Given the sensitivity of observing and providing technical support to outsourced trainers, successful implementation of follow-up procedures required thoughtful diplomacy and sensitization at institutional and individual levels, particularly to ensure strong commitment from NIPORT, DGFP, and DGHS. After these efforts, Shukhi Jibon was able to begin observing the trained trainers using observation checklist.

Quality assurance requires cooperation across DGFP, DGHS, and NIPORT. Though DGFP hosts clinical, practicum-based trainings instead of NIPORT, the facilities are not always prepared to accommodate skills-based practicum training sessions, at times lacking facility readiness or an adequate volume of clients. Differences in the management and supervisory systems of DGFP and NIPORT pose challenges in maintaining accountability and training quality. Collaborative development and implementation of systematic mechanisms (for example, manuals and checklists) is essential to integrate CBT, assess the quality of CBT trainers, and uphold quality by ensuring training sites are appropriately selected and prepared.

The project engaged in culturally sensitive advocacy and communication with the trainers to stress that follow-up was not to critique them but rather to determine where technical support might be useful.



A master trainer conducts a session on cascading the CBT TOT at the district level | Photo: Mahbubur Rashid

SUGGESTED CITATION

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