



Students learn about sexual and reproductive health and rights during a "School Health Session" in Sylhet | Photo: Ridwanul Mosrur

BANGLADESH

Learning Labs in Shukhi Jibon

Program Approach
October 2021

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 family planning (FP) services. Using a Learning Lab approach, based on USAID's Collaborating, Learning, and Adapting (CLA) framework, and with strong commitments from the Government of Bangladesh (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.



Shukhi Jibon

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FIGURE 1: LEARNING LAB ECOSYSTEM AT A GLANCE

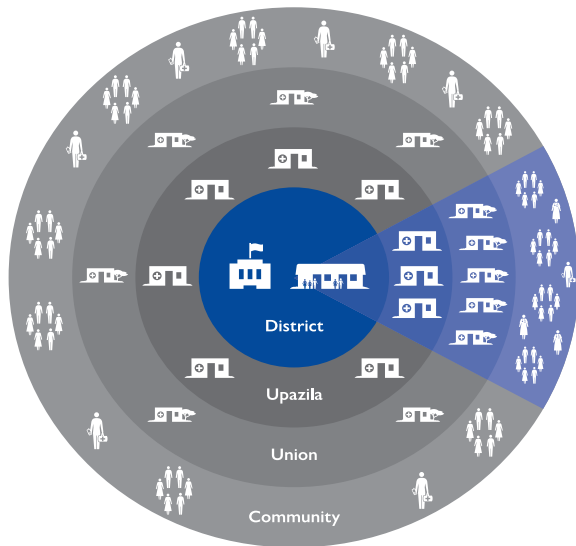
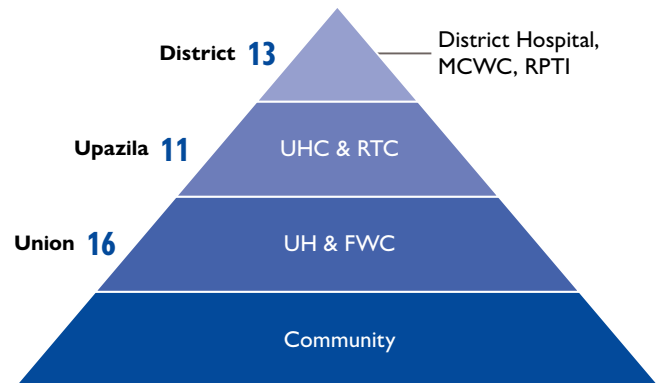


FIGURE 2: LEARNING LAB STRUCTURE IN NATIONAL FP SYSTEM



Each of the six learning districts includes a Regional Population Training Institute (RPTI) or Regional Training Centers (RTC), high-volume Maternal & Child Welfare Centers (MCWC), two to three nearby Upazila Health Complexes (UHCs), Union Health and Family Welfare Centers (UH&FWC), and the surrounding catchment areas.

THE PROJECT

The USAID Accelerating Universal Access to Family Planning Project, popularly known as Shukhi Jibon, partners with the Ministry of Health and Family Welfare (MOHFW) to strengthen national health systems and reduce inequities to ensure more people can access and use quality FP services. Launched in 2018 and led by Pathfinder International, Shukhi Jibon deploys adaptive, needs-driven technical assistance, combined with a systems-strengthening approach at the national, divisional, district, and upazila levels within four focus divisions—Chattogram, Dhaka, Mymensingh, and Sylhet.

Shukhi Jibon’s ambitious monitoring, evaluation, and learning (MEL) agenda focuses on strengthening training institutes and facilities, where project staff, government counterparts, and other key stakeholders work together to diagnose challenges and use evidence to iterate innovative, context-adapted implementation solutions.

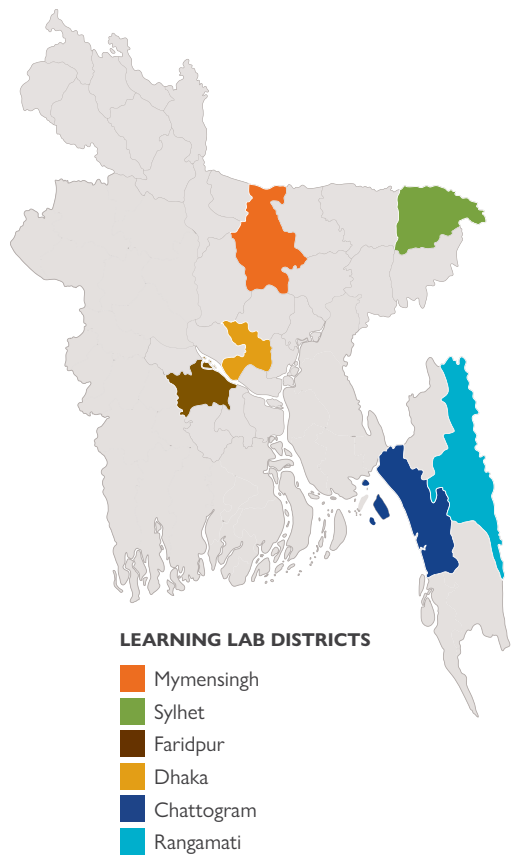
STEPS FOR ESTABLISHING LEARNING LABS

Based on USAID’s CLA framework, Shukhi Jibon used an implementation science and learning (ISL) method to select agendas for its Learning Lab interventions, formulating objectives and learning questions, implementing intervention packages, and capturing learning.

To select its five Learning Lab focus areas, Shukhi Jibon carefully considered priorities of the MOHFW; operational plans of Director General of Family Planning (DGFP), Director General of Health Services (DGHS), and National Institute of Population and Training (NIPORT); and the project’s own stated pathways for accelerating impact. Shukhi Jibon also undertook systematic assessments—in facilities, training institutions, and in the community—and reviewed existing evidence and experiences in Bangladesh to better understand the context of FP services and avoid duplication of interventions at the district level. The project identified learning agendas for each intervention through a consultative process with partners and stakeholders, which has promoted scale-up and expansion to more project areas.



Jayanti Roy, a family welfare assistant (FWA) from Sylhet provides FP counseling to a client during a home visit | Photo: Ridwanul Mosrur



SELECTING LEARNING SITES

Shukhi Jibon completed its selection of Learning Lab sites in distinct stages—(1) selecting the districts and district level facilities, (2) selecting upazila and upazila-level facilities, and (3) selecting union and union-level facilities and communities. The project's Learning Lab structure/framework led to the identification and selection of sites for the deployment of learning interventions.

The presence of RPTI, as well as the District Hospital and MCWC, in Shukhi Jibon operational areas reduced the number of districts to six. Next, the project chose specific RTCs and a nearby UHC (Sadar FP Clinic) to finalize its selection of upazilas. From these upazilas, Shukhi Jibon identified two to three UH&FWCs and adjacent communities for its learning intervention. Additional factors* that influenced selection of UH&FWCs included physical communication facilities, intervention preferences, catchment communities, educational institute availability, and finally, input from local government authorities.

* For each site, not all criteria were considered.

5 LEARNING LAB INNOVATIONS

Shukhi Jibon established Learning Labs that focus on these five innovative intervention strategies:



Photo: Ridwanul Mosrur

1. Advancing a multi-pronged approach to improve the public health system's responsiveness to the needs of young people

To increase FP uptake among married adolescents and youth (A&Y) and access to sexual and reproductive health (SRH) services among unmarried A&Y within public sector health facilities, Shukhi Jibon aligned with the 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 at the facility, community, and policy levels. The project took a multi-pronged approach to prototype cost-effective solutions that could then be scaled up throughout the country. Activities focused on improving provider responsiveness, facility readiness, community engagement, and A&Y service-seeking behavior, as well as increasing service uptake. This 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.

LEARNING QUESTION

What effective mechanisms build providers' responsiveness to strengthen public sector facility-based AYSRH services?

METHODS FOR CAPTURING LEARNING

Qualitative: observation, critical path mapping, client focus group discussions, in-depth interviews

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2. Providing postpartum family planning (PPFP) and postabortion care FP (PAC-FP) to women who deliver at home

In Bangladesh, accessing FP within one year after pregnancy remains a challenge, especially for the 52% of women who deliver at home. Shukhi Jibon's PPFP Learning Lab experience demonstrates that when local field workers and their supervisors can strengthen their coordination, information-sharing, and accountability; enhance pregnancy registration; and ensure quality service provision during antenatal and postnatal care; a community-based PPFP program can provide pregnant women—who deliver at home or in facilities—with a continuum of critical care they need. Such an intervention has the potential to reduce the burden on family welfare assistants (FWA) through task-sharing strategies, in which health field professionals may devote time to exchanging information related to pregnant mothers with FWA and providing PPFP and PAC-FP counseling to clients. Additionally, women who experience miscarriages may benefit from additional care, support, and an enabling atmosphere, so they can make informed decisions about healthy timing and spacing of pregnancies.

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LEARNING QUESTION

What is the most effective process for the MOHFW to reach women who deliver at home with FP?

METHODS FOR CAPTURING LEARNING

Qualitative: In-depth interviews

Quantitative: Data analysis of facility register data and survey (to identify potential PAC-FP clients)

3. Introducing mentorship and supportive supervision (M&SS) in family planning

M&SS is central to achieving Shukhi Jibon's overarching project objectives to increase use of FP services by growing and strengthening the qualified FP workforce to improve the quality of FP service provision in the project region. By bolstering support to providers and strengthening accountability mechanisms, M&SS creates opportunities to identify and address provider bias to ensure respectful care, including the provision of appropriate contraceptive information for all FP clients, including newlyweds, first-time parents, and young clients. Learning lab activities included district orientation on M&SS, training of mentors, pairing of mentors-mentees, facilitation and observation of mentorship sessions, checklist-supported supervision visits, and the development of job aids to support M&SS. From Learning Lab pilot sites, the project offers several insights and recommendations.

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LEARNING QUESTION

What are the effective mechanisms to introduce and integrate mentorship with supportive supervision within MOHFW service networks?

METHODS FOR CAPTURING LEARNING

Qualitative: In-depth interviews

Quantitative: Surveys to collect mentor and mentee information to measure changes within pairs during the intervention

4. Introducing competency-based training (CBT) and follow-up on the quality of clinical and non-clinical trainings to replicate throughout MOHFW training programs

To help develop the capacity of Bangladesh's FP workforce to provide quality services and achieve national FP goals, 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. 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. 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. This Learning Lab experience has informed several adaptations to CBT integration as the project replicates and scales the approach.

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LEARNING QUESTION

What strategies support the successful introduction of CBT and follow-up of clinical and non-clinical trainings in the training management systems for FP providers?

METHODS FOR CAPTURING LEARNING

Qualitative: Observation, in-depth interviews, and key informant interviews

5. Operationalizing the training management-information system (TMS) for decision-making by NIPORT management teams

In Bangladesh, NIPORT is the designated leader for training family planning service providers. An institute like NIPORT requires systematic management information system (MIS) to support the monitoring of training system for public-sector FP providers. The TMS of NIPORT has been developed, with support from the USAID MaMoni Health Systems Strengthening (HSS) project, as a web-based application software for administration, documentation, tracking, and reporting of the instructor-led-training programs of NIPORT HQ and its institutes. Shukhi Jibon assisted in operationalizing this system with the aim of ensuring NIPORT can improve its management of training calendars, training record keeping, participant record keeping, and generation of management reports. Through this Learning Lab, Shukhi Jibon gained valuable insights and experience for how to successfully roll out a TMS in the public sector—to enhance monitoring of training systems and put actionable data in the hands of people who use it to improve overall training planning and management.

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LEARNING QUESTION

What are the best ways to facilitate dashboard for decision-making of NIPORT management to address service providers' training needs?

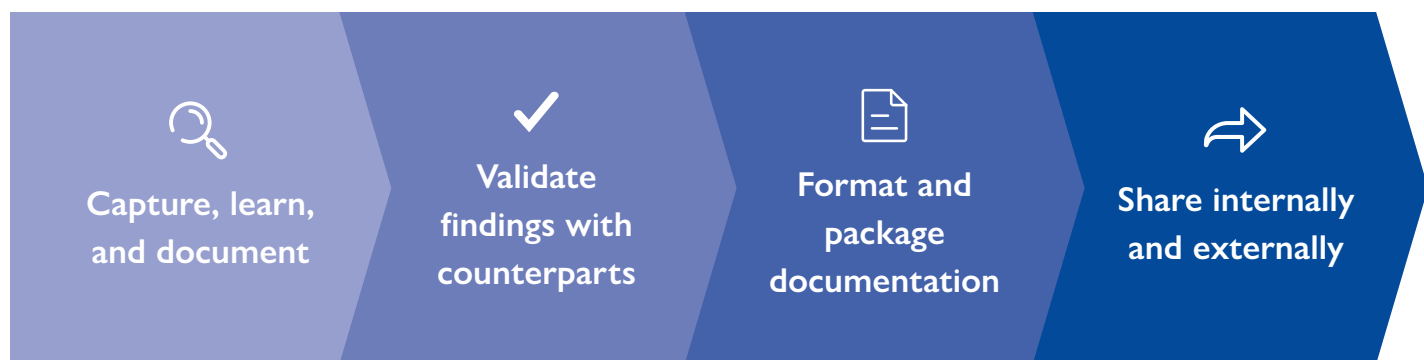
METHODS FOR CAPTURING LEARNING

Qualitative: In-depth interviews

Quantitative: System analytics



A training session by a trained (by Shukhi Jibon) trainer at Dhamrai RPTI, Dhaka in 2019 | Photo: Ridwanul Mosrur



DOCUMENTING LEARNING AND SHARING

Shukhi Jibon is committed to documenting intervention processes before they are scaled and hosting research and learning workshops to disseminate new evidence and learnings.

The project has shared quarterly lessons and insights among the Shukhi Jibon team, as well as GOB and NGO partners. The central process is documentation. The project hosts learning meetings each quarter to share its implementation learnings and plan for the subsequent actions with respective technical and intervention teams. Moreover, bi-annual learning workshops are organized involving USAID and GOB partners. Shukhi Jibon is packaging individual intervention learning for national and global sharing through conferences and journals.



Jayanti Rani (FWV) in front of Jalalabad UH&FWC before joining the regular fortnightly meeting | Photo: Ridwanul Mosrur



A couple from Jalalabad, Sylhet, utilized an FP method after PPPF counseling | Photo: Ridwanul Mosrur

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The USAID-funded Accelerating Universal Access to Family Planning (AUAFP) project, also known as Shukhi Jibon, contributes to improving the health, wellbeing, and human capital of Bangladeshis by improving access to family planning. Since 2018, Pathfinder International has implemented the USAID-funded Shukhi Jibon project in partnership with IntraHealth International, the Obstetrical and Gynaecological Society of Bangladesh, and the University of Dhaka.

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