

POLICY BRIEF
STRENGTHENING
BANGLADESH'S
FAMILY PLANNING
WORKFORCE THROUGH
COMPETENCY-BASED
TRAINING



Following decades of progress in Bangladesh, demand for and access to family planning (FP) services have plateaued. Too many FP providers lack the confidence and skills to meet their clients' needs for providing standard and high-quality family planning services. To close this gap; enhance the knowledge, attitudes, and skills of Bangladesh's FP workforce; and achieve national FP goals, the government of Bangladesh partnered with the USAID Accelerating Universal Access to Family Planning project, popularly known as Shukhi Jibon, to introduce competency-based training (CBT). CBT is a *learn-by-doing* training approach that fortifies Bangladesh's training system by focusing on strengthening the capacity of trainers themselves. Rolled out in four divisions through Shukhi Jibon, CBT now has the potential to build a competent, confident FP workforce countrywide.

Momentum is building. Implementation of and advocacy for CBT has generated growing interest in this evidence-based approach from training institutes and trainers alike. The time is right to integrate CBT throughout the Bangladesh health training system.

Addressing an Urgent Need

Bangladesh's Focus on FP in Health Service Delivery

Improving access to and utilization of quality FP and other health services is a key component in achieving Sustainable Development Goals (SDGs) and the vision of a healthier, happier, and economically productive Bangladesh laid out in the Health Population and Nutrition Sector Program (HPNSP) plan.¹ Ongoing program goals for the FP sector include:

- **Decrease the total fertility rate (TFR) from 2.3 to 2.**
- **Increase the contraceptive prevalence rate (CPR) from 62 percent to 75 percent.**
- **Increase the share of long-acting and permanent methods from 8 percent to 20 percent.**
- **Decrease unmet need for FP from 12 percent to 10 percent.**

To achieve Bangladesh's FP goals, it is critical that FP acceptors have a positive experience engaging with their health system, are satisfied with the quality of care they receive, and increasingly seek out and use FP services, especially at the community level. Recognizing the essential role that well-trained service providers play, Bangladesh's Ministry of Health and Family Welfare (MOHFW) has prioritized the establishment of a high-quality health workforce as one of the key strategic objectives of the HPNSP. This includes a concerted focus on the FP health workforce to ensure successful FP programs and the attainment of MOHFW's goal of accelerating and expanding equitable access to FP services.^{2,3}

Gaps in Quality Service Delivery and Access

Despite Bangladesh's significant achievements in expanding access to and improving the quality of FP services in the past two decades, gaps in quality service delivery remain, creating a ripple effect throughout the country's health system. For example, Bangladesh's TFR, CPR, and unmet need for FP have remained largely unchanged for the past ten years. The percent of contraceptive users who discontinue their method within 12 months of starting has increased—from 30 percent in 2014 to 37 percent in 2017–18.⁴

To reignite progress, competent and confident providers are needed to support clients in meeting their own FP and reproductive health needs and preferences. To this end, the MOHFW is working to expand FP access using a health systems approach that encompasses:

- A strong training system,
- Well-trained and competent service providers,
- Enhanced service delivery,
- Accurate, well-shared information,
- Expanded access for clients, and
- Improved leadership and governance.

In such an approach, the health workforce is central.

Training Ecosystem for FP Providers

The training ecosystem supporting Bangladesh's FP workforce is under the stewardship of the MOHFW. The MOHFW's Directorate General of Family Planning (DGFP), Directorate General

A strong family planning program can build social and economic development and security while also contributing to improved health.

1,2 Ministry of Health and Family Welfare. Population and Nutrition Sector Development Program 2016–2021.

3 National Institute of Population Research and Training (NIPORT) and ICF. 2019. Bangladesh Health Facility Survey 2017. Dhaka, Bangladesh: NIPORT, ACPR, and ICF.

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

The quality of trainings is a major determinant of success for FP providers and for their clients' health and wellbeing.

of Health Services (DGHS), and Directorate General of Nursing and Midwifery (DGNM) are responsible for providing FP services. The MOHFW's National Institute of Population Research and Training (NIPORT) is responsible for training FP service providers. NIPORT provides foundational trainings for community-based family welfare visitors (FWVs), family welfare assistants (FWAs), sub-assistant community medical officers (SACMOs), nurses, and midwives. DGFP, DGHS, and DGNM also conduct trainings for FP service providers based on the directorates' operational plans.

Since 2018, DGFP, DGHS, and NIPORT have collaborated with Shukhi Jibon, a five-year USAID-funded project led by Pathfinder International, in partnership with IntraHealth International, to increase the number of competent health workers providing quality FP services in Dhaka, Mymensingh, Sylhet, and Chattogram divisions.

Findings from the FP Training Needs Assessment

In 2019, Shukhi Jibon conducted a Family Planning Training Needs Assessment (FPTNA),⁵ which revealed that most existing FP trainings were classroom-based, used didactic presentations, and included limited practicum and/or refresher trainings. Findings from this baseline assessment highlighted urgent needs for developing the capacity of Bangladesh's FP workforce and achieving national FP goals:

- **A lack of confidence among providers**
- **A lack of appropriately trained and supported FP trainers**
- **Limitations in training curriculum and training delivery**

One contributing factor to the plateau in Bangladesh's FP progress is that many **FP providers lack essential service delivery skills**, such as FP-specific clinical competencies, confidence in decision-making, effective communication, a positive attitude, and a strong work ethic. The FPTNA⁶ conducted by Shukhi Jibon found the following:

- More than 90 percent of health facilities in Bangladesh provide FP services, yet only 55.5 percent of clinics have staff who have ever been trained in FP. Forty percent of providers are not comfortable with their current skills to counsel clients on FP. Many lack confidence in performing FP method provision tasks and procedures appropriate for their respective cadres.
- While NIPORT is responsible for training FP service providers, which is critical for achieving the institute's overall goal of contributing to improve the health status of families in Bangladesh, it lacks needed resources and capacity to fully achieve this objective. To fill training gaps, NIPORT utilizes many professionals, including part-time or outsourced trainers of variable quality who are difficult to oversee. This results in **inconsistent training quality**.
- Few trainers across the system have been trained on current best practices of training techniques and adult learning methodologies, which leads to the **continued use of theory-based and traditional didactic formats**. Support mechanisms for trainers, such as **supervision, follow-up, and opportunities to build training skills are lacking**, impeding NIPORT's ability to effectively assess and improve the quality of trainings.
- FP services should be skills-based; however, the FPTNA showed that classroom lectures are favored over interactive training. **Practicums are limited**.
- **Supervision is scant, and follow-up by trainers is infrequent**. Even after in-service trainings, providers lacked confidence in providing comprehensive services.
- Opportunities for **new digital learning approaches are inadequately utilized**; the availability and use of mobile phones among providers—and their willingness to engage in e-learning—goes untapped.

In response to these findings from the FPTNA, Shukhi Jibon partnered with NIPORT, DGFP, and DGHS to introduce Competency-based training (CBT), a novel training approach that focuses on strengthening the specific knowledge, skills, and attitudes that Bangladesh's FP providers need.

5 The FPTNA collected data from 493 FP service providers, trainers, and supervisors of the FP service providers, as well as relevant senior government officials at NIPORT, DGFP, and DGHS at the national, district, and upazila levels.

6 USAID Accelerating Universal Access to Family Planning Project. *Family Planning Training Needs Assessment Report* (Dhaka, Bangladesh: 2019).

Shukhi Jibon's Approach to Competency-Based Training

From March–July 2019, Shukhi Jibon introduced CBT—an evidence-based, *learn-by-doing* approach—into Bangladesh's FP training system. Successfully adopted in numerous health training systems around the globe,⁷ CBT develops trainers' skills to address performance gaps using practical, hands-on adult learning methodologies.

Through CBT, clinical skills are developed in the classroom in a simulated setting—using case studies, role plays, demonstrations and return demonstrations, guided skills, and practices on anatomical models—before providers come into contact with clients in a clinical setting for practice. After having the opportunity to develop clinical skills in these simulations or demonstrations, 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 trainees 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's CBT approach strengthens the capacity of trainers through the following activities:

- **Conducting training of trainers on adult learning principles, training techniques, communication, and feedback skills.**
- **Conducting practicums based on the need of the service providers.**
- **Creating opportunities for refresher trainings and continuous professional development of the trainers.**

Trainers of NIPORT, DGFP, and DGHS have been trained on CBT, and training institutes of NIPORT and DGFP are using CBT methods. Shukhi Jibon is focused on strengthening these governmental partners as leaders to train FP providers using state-of-the-art curricula, training methodologies, and certification programs.

To accelerate FP gains, Bangladesh must focus its efforts on strengthening capacity at the center of the training system—on the trainers themselves.

⁷ "The Evolution of Competency Based Training in Healthcare," Lambda Solutions, accessed January 31, www.lambdasolutions.net/blog/the-evolution-of-competency-based-training-in-healthcare.

Achievements

Shukhi Jibon has successfully integrated CBT into Bangladesh's FP training system in NIPORT and select DGFP training institutes, with many members of FP Clinical Service-Quality Improvement Teams (FPCS-QITs)⁸ now trained to use CBT.

To date, 396 trainers, managers, and senior service providers across 23 districts have been trained as trainers in CBT for 24 training institutes of NIPORT and DGFP. These individuals, who are instrumental in translating knowledge into skills for frontline FP service providers, have trained over 11,000 service providers using CBT approaches. Trained trainers are followed-up and offered refresher training based on their needs.

Shukhi Jibon has documented the process of integration of CBT in the training institutes in the project's pilot districts and has contributed to the following achievements:

1. Integration of CBT into Bangladesh's FP Training System

- ✓ Created a CBT trainers' pool for NIPORT, DGFP, and DGHS.
- ✓ Provided technical support for the development of a trainers' manual on CBT, available in English and Bangla.
- ✓ Developed a system for continuous follow-up, observation, and need-based refresher trainings.
- ✓ Integrated CBT into instructional materials of DGFP (Long-Acting Reversible Contraceptives and Permanent Methods Manual),

Project Spotlight: CBT Learning Lab



Shukhi Jibon Learning Lab: Competency-Based Training

BACKGROUND
The health planning FP services in Bangladesh are provided through a network of service providers (SPs) and managers (MGs) who are trained through a series of training courses. The training courses are designed to build the capacity of SPs and MGs to provide FP services. The training courses are designed to build the capacity of SPs and MGs to provide FP services. The training courses are designed to build the capacity of SPs and MGs to provide FP services.

THE PROJECT
Shukhi Jibon supports the Government of Bangladesh (GOB) in strengthening its FP training system. The project aims to improve the quality of FP services by providing technical support to the GOB. The project aims to improve the quality of FP services by providing technical support to the GOB. The project aims to improve the quality of FP services by providing technical support to the GOB.

Using a Learning Lab approach, based on USAID's Collaborating, Learning, and Adapting framework, and with strong commitments from the GOB and USAID, Shukhi Jibon set out to capture learnings from the integration of CBT in Bangladesh. The project engaged NIPORT, DGFP, and DGHS in a consultative Learning Lab process to understand the extent to which master trainers (who deliver the trainings of trainers) and trainers incorporated CBT into the trainings, and whether providers found it helpful. See findings from this robust learning lab experience, which informed several adaptations to CBT integration as the project replicates and scales up the approach.

www.pathfinder.org/BD-LearningLab-CBT



⁸ FPCS-QITs are multidisciplinary teams comprising one regional or district consultant, one senior staff nurse, one computer operator/office assistant, and one electro-medical technician. The mandate of these teams is to ensure supervision and the clinical monitoring of quality of MCH-FP services throughout Bangladesh.

NIPORT (Basic Curriculum for Training of Trainers) and training curriculum for various cadres of service providers (Family Welfare Visitors, Family Welfare Assistants, Sub Assistant Community Medical Officers etc). DGFP is in the process of integrating CBT methods into its Training Manual on Postpartum Family Planning.

- ✓ Integrated CBT into various Shukhi Jibon capacity development initiatives, including trainings on long-acting reversible contraceptives or permanent methods for FP service providers.
- ✓ Provided technical support to other international organizations working in Bangladesh who requested assistance in integrating CBT into their training programs in the country.
- ✓ Mobilized buy-in from training institutes to produce and display educational materials promoting CBT (e.g., posters and festoons) at their own cost. To date, 15 NIPORT training institutes and 7 DGFP training institutes have promoted CBT, and all others have expressed commitment to do so.

This ownership and institutionalization of CBT across the training system by NIPORT and DGFP will help ensure FP service providers continue to receive high quality practicum-oriented training long after Shukhi Jibon has ended in 2023.

2. Government Ownership and Guidance Leading to the Adoption of CBT

- ✓ To date, NIPORT has issued four official circulars directing its officers and institutes to take the following actions:
 - Integrate CBT into NIPORT's training system.
 - Create a resource pool of CBT trained trainers for each of its institutes and engage them in training programs.
 - Use the CBT Trainer's Manual as a reference for its trainers and training institutes.
 - Form a Technical Committee to monitor CBT integration in 16 training institutes.
 - Form a technical working group to develop e-learning courses on CBT.



PHOTO: Dr. Mahbubur Rashid

- Initiate the scaling-up of CBT integration using NIPORT funds in training institutes in Rangpur, Rajshahi, Barisal, and Khulna—all divisions outside of Shukhi Jibon project areas.

3. Widespread Enthusiasm for CBT

Following initial roll out of CBT, stakeholders at every level have noticed and shared the positive changes they have seen in Bangladesh's FP training as a result of this practicum-oriented training that follows adult learning methodology.

- ✓ District FP leaders are observing improvements in their trainers' performance, including trainers' enhanced ability to follow guidelines, provide FP services that satisfy clients, and more effectively coordinate with DGFP, which results in trainings that are better planned and organized.
- ✓ Trainers describe feeling empowered and that service providers they train are more engaged, listen more attentively, interact with each other more, and respond favorably to their trainers.
- ✓ FP service providers say they have more opportunities to learn from each other and actively practice improving their skills, and that they are more confident and ready to provide quality services to their clients.

With significant lessons learned and growing interest from training institutes and trainers, the time is right to expand CBT throughout Bangladesh's health system.

"I enjoyed today's training session very much. I never enjoyed [trainings] before. We did role play and small group work. We saw and practiced [postpartum IUD] on a dummy. We all participated and shared our experiences. It would be great if every training session could be conducted in this participatory way."

—FWW and trainee, Dhaka

Recommended Actions

To seize this momentum, Shukhi Jibon recommends the following strategies to operationalize the expansion of CBT in Bangladesh:

1. Support the push for national integration and scale-up of CBT across the MOHFW's FP health training system involving NIPORT, DGFP, and DGHS.
2. Include CBT integration in the national training system in the next HPNSP with budgetary allocation.
3. Provide budget allocation for CBT integration in the training system at national, division, and district levels.
4. Demonstrate strong national and regional MOHFW support for CBT through circulars and consistent messaging.
5. Enforce the structural readiness of training institutes to integrate CBT approaches in their classrooms.
6. Expand and sustain trainings of trainers.
7. Establish national training standards informed by CBT approaches to update training manuals and session plans, and continue to update training materials to reflect the latest DGFP service provisions.

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