



PROGRAM BRIEF | DECEMBER 2023

Improving Access to Youth-Responsive Services in Bangladesh's Communities

From 2018–2023, USAID’s Accelerating Universal Access to Family Planning Project, also known as Shukhi Jibon in Bangladesh, reached 1.3 million adolescents across four geographic divisions with family planning information and services. Underpinning this work are innovative community-based initiatives implemented by Shukhi Jibon’s six experienced local partners to increase young people’s ability to exercise their right to sexual and reproductive health care. This brief highlights activities and results driven by local partners to improve point-of-care readiness and young people’s access to adolescent- and youth-friendly services. Together with the government of Bangladesh, Shukhi Jibon’s local partners have helped enable young individuals and couples to make informed decisions about their SRH behaviors and care, leading to improved health, well-being, and opportunities for Bangladesh’s youth.



Shukhi Jibon



BACKGROUND

Addressing urgent needs

Bangladesh is home to 36 million adolescents (ages 10–19).¹ This dynamic and growing population of young people has entered a critical life stage, when they are adopting attitudes, values, and behaviors that will guide them for the rest of their lives. By investing in the sexual and reproductive health and rights (SRHR) of young people now, Bangladesh can deliver three times the benefits—to meet young people's immediate needs for adolescent and youth sexual and reproductive health and rights (AYSRHR), to create pathways to become healthy and well-informed adults, and to benefit future generations. Yet young people in Bangladesh face sociocultural and systemic barriers that limit their contact with the formal health system and use of AYSRHR services.

A strong tradition of early marriage and childbearing, set against a backdrop of conservative social and gender norms, means AYSRHR services are often out of reach for many of Bangladesh's young people, despite their urgent unmet needs. According to Bangladesh's 2022 Demographic and Health Survey,² more than 50% of girls marry before age 18, and more than one in four (27%) marry before age 16. Poverty, a lack of education, and gender inequality drive child, early, and forced marriage (CEFM) and contribute to an adolescent fertility rate of 23%—the highest in South Asia. Approximately 1 in 10 girls from the wealthiest households, and 1 in 4 girls from the poorest, have given birth by age 19.³ This early childbearing increases risks of maternal and infant mortality, poverty, school dropout, and gender-based violence. In addition, 33% of Bangladeshi adolescents (and 60% of early married girls) have mental health challenges related to poverty, gender inequality, and limited access to services.⁶

Young people need accurate, unbiased information and high-quality health services free from judgment. Yet only 6% of facilities ensure privacy during family planning counseling.* Young people express a perceived lack of respect, privacy, and confidentiality; fear of stigma and discrimination; and imposition of moral values by health care providers.**

To support the government of Bangladesh's goals of removing barriers to reach young people with high-quality, client-centered, equitable AYSRHR services, USAID's Shukhi Jibon project, led by Pathfinder International, supports local nongovernmental organizations (NGOs) to implement community-driven activities in 15 districts.

Where adolescents and youth have limited contact with the formal health system and low use of AYSRHR services, Shukhi Jibon's local partners strengthen the structures through which young people prefer to access care.

* Among facilities accessed at the start of Shukhi Jibon implementation in project intervention areas.

** In several countries, Pathfinder has worked to address the different types of provider biases and behaviors that translate—advertently or inadvertently—into barriers for youth who want access to contraceptive counseling and services. Learn more at pathfinder.org/projects/beyond-bias.

Local organizations know best how to reach youth in their communities

Recognizing that adolescents and youth have limited contact with the formal health care system, Shukhi Jibon works with local NGO partners to implement solutions that reach young people, connect them with youth-responsive services, and enable them to act on informed decisions about their sexual and reproductive health (SRH) behaviors and care. Shukhi Jibon is committed to working at a systems level—strengthening the delivery of youth-responsive services at facilities and in communities—to ensure young people can access age-appropriate, bias-free, confidential, high-quality AYSRHR services.

Shukhi Jibon supported 1.3 million adolescents (ages 10–19) to receive facility-based family planning and SRHR-related services from October 2018 to September 2023. This result is built upon a constellation of robust activities to strengthen the public sector to deliver high-quality, confidential adolescent- and youth-friendly health services (AYFHS), as well as partnerships with six local NGOs with significant experience, capabilities, and credibility to improve AYSRHR in their communities:

- [Eco-Social Development Organization \(ESDO\)](#)
- [Family Planning Association of Bangladesh \(FPAB\)](#)
- [Light House](#)
- [Partners in Health & Development \(PHD\)](#)
- [SERAC Bangladesh](#)
- [Young Power in Social Action \(YPSA\)](#)

Shukhi Jibon provides focused grants and technical support to these local NGO partners who lead new and innovative initiatives, gender-responsive solutions, technology-based approaches, and ongoing AYSRHR programs in Dhaka, Chattogram, Mymensingh, and Sylhet divisions. This program brief describes community-driven activities conducted in partnership with local NGOs and the Government of Bangladesh (GOB) to expand access to youth-responsive SRH services and enhance point-of-care readiness to better serve diverse populations of adolescents and youth.



Youth-Responsive Access & Point-of-Care Readiness

Collaborate with local NGOs, governments, and other development partners to increase access to high-quality services that enable young people to act on informed decisions about their SRH behaviors and care

STRATEGIES

Enhance the capacity of frontline workers and peer educators

Deliver quality services at the community and household levels

Develop and strengthen referral systems to adolescent- and youth-friendly health services (AYFHS) at public and NGO clinics

Strengthen the capacity of facility managers and providers

Enhance facility readiness and promote a whole-site approach

Improve service quality and social accountability through joint monitoring visits by health officials and community representatives

Use technology to improve AYSRHR

Expand Bangladesh's school health program as a source for AYSRHR

RESULTS

More service providers and outlets are ready to deliver high-quality AYSRHR services

More young people, including the most marginalized adolescents and youth, have greater access to these services

KEY STRATEGIES AND RESULTS

Strengthening the capacity of frontline workers and peer educators

Shukhi Jibon supports local NGO partners to strengthen community services that enable young people to gain knowledge to improve their AYSRH. For example, ESDO has built the skills of community facilitators, trusted local women and men under age 30, who have conducted more than 15,070 sessions with adolescents, young couples, their parents, and other influential gatekeepers to share information on voluntary family planning, menstrual hygiene management, and sexually transmitted infection services and self-care. Light House, PHD, SERAC, and YPSA have trained 238 youth volunteers to reach peers with age-appropriate information on preventing adolescent pregnancy, delaying early marriage, and accessing adolescent- and youth-friendly health services (AYFHS) at the community and facility levels. For example, 40 SERAC-trained youth volunteers have been positioned at 20 DGFP health facilities in four districts to remove barriers for peers, who may be uncomfortable freely discussing their health needs. This activity has contributed to an increase in young clients accessing services.

To advance young people's mental health—one of the GOB four key thematic areas identified in Bangladesh's National Adolescent Strategy 2017-2030—Light House has oriented young volunteers and community health workers on the impact of mental health challenges on adolescents and where young people can access mental health-related services. This information has been shared with adolescents and their parents through union-level health facilities, school sessions, adolescent clubs, and meetings with community gatekeepers meetings.

To support the above activities, Shukhi Jibon's local partners have enhanced logistics and developed job aids for community engagement, peer outreach, and one-on-one counseling on AYSRHR.

183,148 young people, including unmarried adolescents, adolescent students, first-time parents, as newly married adolescents, as well as their parents and gatekeepers have participated in AYSRHR counseling or informational sessions by Shukhi Jibon's local partners between 2021 to 2023.

Bringing AYSRHR services closer to communities

To support the GOB's goal of bringing adolescent- and youth-responsive services closer to hard-to-reach communities, Shukhi Jibon's local NGO partners have made significant progress strengthening essential points of care within communities, including satellite clinics, structured courtyard meetings, and home visits. At the heart of this work are efforts to improve the capacity of frontline providers and outreach workers, who have delivered age-appropriate, needs-based, quality AYSRHR services to the doorsteps of young people, including 1,094 first-time parents and recently married adolescents.

The project's local partners have also reached young people in ethnic communities. For example, YPSA and FPAB recruited youth volunteers in rugged, hard-to-reach Chittagong Hill Tracts districts to routinely conduct SRHR and family planning sessions. Youth volunteers conducted these sessions in household yards and distributed information, education, and communication (IEC) materials in local languages, namely, Chakma, Marma, and Tripura. In addition, ESDO recruited and trained 66 young women as Community Sales Agents to distribute essential commodities, like sanitary napkins and family planning commodities to the doorsteps of families, especially during flood seasons when service outlets are often not accessible to them.

To ensure the supply of services can meet local demand, ESDO also collaborated with the DGFP to arrange satellite clinics, where trained paramedics have delivered primary health care and adolescent- and youth-friendly family planning services, including information about long-acting reversible contraceptives (LARCs).

833 points of care, including approximately 264 satellite clinics, have been supported by Shukhi Jibon's local partners to deliver AYSRHR messages, counseling, community-level services, and referrals for higher-level care.

Bridging gaps between communities and facilities

Shukhi Jibon's local NGO partners regularly collaborate with facility providers, managers, and government representatives to ensure community participation and engagement and strengthen the continuum of care—from young people's homes to nearby health facilities. For example, PHD facilitates bi-monthly meetings with management committees of Bangladesh's Union Health and Family Welfare Clinics (UH&FWCs), and ESDO facilitates joint monitoring visits of district- and upazila-level officials, including the civil surgeon, Deputy Director Family Planning (DDFP), and Upazila Health and Family Planning Officer (UH&FPO). Together, dedicated individuals from the GOB and NGOs identify gaps in the provision of AYFHS, promote a whole-site approach (*see box below*), and take steps to ensure more equitable access to services for all young people. To further strengthen linkages between community- and facility-based services, FPAB and ESDO have enhanced referral systems. Register books and referral slips have been provided to UH&FWCs, and new referral networks have been developed in numerous public and private facilities with NGO clinics.

Promoting a whole-site approach

Shukhi Jibon works to ensure that as many people as possible are ready to direct, counsel, and provide AYSRHR information and services appropriately to young people as soon as they walk in a health facility's door. The project's whole-site orientation is a two-hour, in-person session for clinical and nonclinical facility staff who have contact with young people, including sub assistant community medical officers (SACMOs), family welfare visitors (FWVs), support staff, pharmacists, associated field staff, and NGO-supported volunteers. Shukhi Jibon's whole-site orientation offers flexibility to tailor the timing and content to the needs and preferences of each health facility.

Using technology to improve AYSRH

Local NGO partners have conducted digital health initiatives to increase family planning outreach, expanded health workers' use of age-appropriate communication technology, and strengthened the capacity of health providers to deliver digital AYSRHR services. For example, PHD has collaborated with the DGFP and the Directorate General of Health Services (DGHS) to organize tele-counseling sessions from digital centers at DGFP offices. These tele-counseling sessions have enabled young people, including girls and young women from marginalized tea garden communities,^{***} to gain valuable AYSRHR information and linkages to high-quality AYFHS services from doctors. PHD has provided technical support and ensured mobile phone-based internet connectivity and equipment for video conferencing at both community and district DGFP offices. Reflecting on the success of this approach, DGFP and NGO partners are taking steps to continue to invest in and expand tele-counseling beyond the scope of the Shukhi Jibon project.

3,507 adolescents and young couples have received tele-counseling through a local partner to gain knowledge for improving their AYSRHR as well as referrals for quality AYFHS.



Photos: USAID Shukhi Jibon Project/PHD

^{***} Shukhi Jibon supports rural tea garden communities of Sylhet, where young people often face extreme poverty, are socially isolated, and struggle to access distant health services.

Expanding Bangladesh's school health program as a driver of AYSRHR

Schools provide a valuable platform for reaching adolescents in their early years with the critical AYSRHR information they need to improve their health and futures. Shukhi Jibon brings together and supports partners from local NGOs, DGFP, DGHS, and DSHE to enhance coordination, identify gaps, and strengthen activities to promote adolescent health through school health programs. Shukhi Jibon's local NGO partners have led several activities to capitalize on the vast network of Bangladesh's public education system to expand access to AYSRHR information and services. For example, PHD has provided orientations to more than 820 members of school and college management committees on AYSRHR. YPSA and SERAC have organized school-based outreach and interactive sessions on AYSRHR, such as debates and quiz competitions with students and teachers. Field facilitators and adolescent club members, trained and supported through Shukhi Jibon, answer students' questions, using guidelines, engaging video content, flip charts, flash cards, and handouts that address AYSRHR and family planning issues, including menstrual hygiene management, and connect students to health clinics in surrounding areas for AYFHS.

46,649 young people, including very young adolescents, have participated in school-based outreach activities to gain information on AYSRHR and access to AYFHS at nearby clinics.



Photo: USAID Shukhi Jibon Project/PHD



Photo: USAID Shukhi Jibon Project/ESDO

Shukhi Jibon's local NGO partners are committed to reaching adolescents and youth where they are—in or out of school, at their homes and health facilities, via mobile devices, during tele-counseling sessions, through peer and volunteer outreach, from a Community Sales Agent, and more—to ensure young people can exercise their right to high-quality AYSRHR information and services.

Local partners know what is best for reaching young people in their communities and have taken steps to continue project-supported activities after Shukhi Jibon ends. Dedicated community partners have driven demand for AYFHS services and bridged gaps between communities and facilities, so more young people, including the most marginalized, have the power to exercise their rights, improve their AYSRHR, and fulfill their aspirations for brighter futures.

ABOUT THE PROJECT

The Accelerating Universal Access to Family Planning Project, also known as Shukhi Jibon, is funded by USAID and led by Pathfinder International, in partnership with IntraHealth International and with strategic support from the University of Dhaka, Departments of Population Sciences; the Obstetrical and Gynecological Society of Bangladesh (OGSB); and the World Health Organization (WHO). From 2018–2023, across Dhaka, Chattogram, Mymensingh, and Sylhet divisions of Bangladesh, Shukhi Jibon has worked to improve the health and wellbeing of Bangladeshi people by increasing access to family planning services and strengthening the capacity of health providers to improve the quality of their services. The project's working area covers more than 14.7 million eligible couples and 18 million adolescents in 268 upazilas across 32 districts.

"Before, we did not know there is a service system for teenagers. It feels good to get services and [sanitary] napkins from here today ... I will encourage my friends to accept services here."

—Nupur Akter, an 18-year-old mother who learned about the availability of AYSRHR-related services from a community facilitator supported by ESDO, one of Shukhi Jibon's dedicated local partners

Suggested citation

Accelerating Universal Access to Family Planning/Shukhi Jibon Project, *Improving Access to Youth-Responsive Services in Bangladesh Communities* (Dhaka: Pathfinder International, 2023).

Cover photo: USAID Shukhi Jibon Project/SERAC

This document is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of Pathfinder International and do not necessarily reflect the views of USAID or the United States Government.

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