



JANUARY 2024

Accelerating Universal Access To Family Planning

Celebrating the Legacy of the
Shukhi Jibon Project in Bangladesh



Shukhi Jibon

PATHFINDER

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The Shukhi Jibon project extends deep gratitude to our funder, USAID; our entire team from Pathfinder International and IntraHealth International; and our local implementing partners—Eco-Social Development Organization, Family Planning Association of Bangladesh, Light House, Partners in Health & Development, SERAC Bangladesh, and Young Power in Social Action. We thank our collaborators at the University of Dhaka's Department of Population Sciences, the Obstetrical and Gynecological Society of Bangladesh, and the World Health Organization for your valuable efforts and insights. To our dedicated partners from Bangladesh's Ministry of Health and Family Welfare, Ministry of Education, and Ministry of Women and Children Affairs; Bangladesh's health and family planning workforce; and the vibrant, resilient communities we served—you made *this project possible*. Together, we have advanced sexual and reproductive health and rights and made remarkable progress toward achieving Bangladesh's national family planning goals.”

Md. Mahbub-UI-Alam

Country Director for Pathfinder International Bangladesh

Project Director for Shukhi Jibon

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Overview

From July 2018 to January 2024, USAID's Accelerating Universal Access to Family Planning Project, also known as Shukhi Jibon, partnered with Bangladesh's Ministry of Health and Family Welfare (MOH&FW) and local nongovernmental organizations (NGOs) to bring high-quality family planning services and information to people who face the greatest barriers. Across Dhaka, Chattogram, Mymensingh, and Sylhet—four divisions with modern contraceptive prevalence rates below the national average—Shukhi Jibon provided adaptive, needs-driven technical assistance in line with Bangladesh's National Family Planning Program strategy; strengthened systems; and promoted innovative locally driven solutions that accelerated progress toward the achievement of Bangladesh's national family planning goals.

Led by Pathfinder International, in close partnership with Bangladesh's Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), and National Institute of Population Research and Training (NIPORT), Shukhi Jibon worked at the national, divisional, district, and upazila (sub-district) levels, reaching 60 percent of the country with cost-effective solutions that can be scaled up across Bangladesh. At the foundation of Shukhi Jibon's work was a commitment to promoting inclusive, client-centered, gender-synchronized¹ family planning services, especially for adolescents, who have historically been overlooked in national family planning programs.

As a result, today, more people can make and act on decisions that can transform their health and create a brighter future for themselves, their families, and their communities.



Photo: Hafiz Shishir/USAID Shukhi Jibon Project

1. Cutting across all program activities, Shukhi Jibon's gender-synchronized approach ensured the project reached women and men, girls and boys, and key influencers together or with mutually reinforcing activities.

Who we are

Shukhi Jibon leveraged the extensive experience and expertise of the following organizations:

Core project partners

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As the leading organization for Shukhi Jibon, Pathfinder International brought global experience and nearly half a century of dedicated partnerships in Bangladesh that have driven historic progress in family planning, including more than 30 projects that enabled hundreds of millions of Bangladeshi women and young people to access contraceptive services in facilities and communities. Pathfinder was responsible for overall management of Shukhi Jibon, in addition to technical leadership, family planning, adolescent and youth sexual and reproductive health and rights (AYSRRH), integrated mentorship and supportive supervision (M&SS), training curricula, community mobilization, behavior change, financial and grants management, and monitoring and evaluation.



IntraHealth International brought to Shukhi Jibon more than 35 years of global experience strengthening health workforces and the systems that support them—at all levels of the continuum of care. Leveraging its extensive expertise in providing direct support to pre-service institutions and global best practices to increase the utilization and sustainability of integrated national health services, IntraHealth was responsible for human resources for health, clinical training, continuing medical education, and certification.

Local NGO partners

Complementing the project's activities to bolster the public sector, Shukhi Jibon provided focused grants to NGOs at the district level. The following local partners knew the best ways to foster a healthy social environment in their communities to advance rights-based sexual and reproductive health (SRH) services, especially for young people:

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)



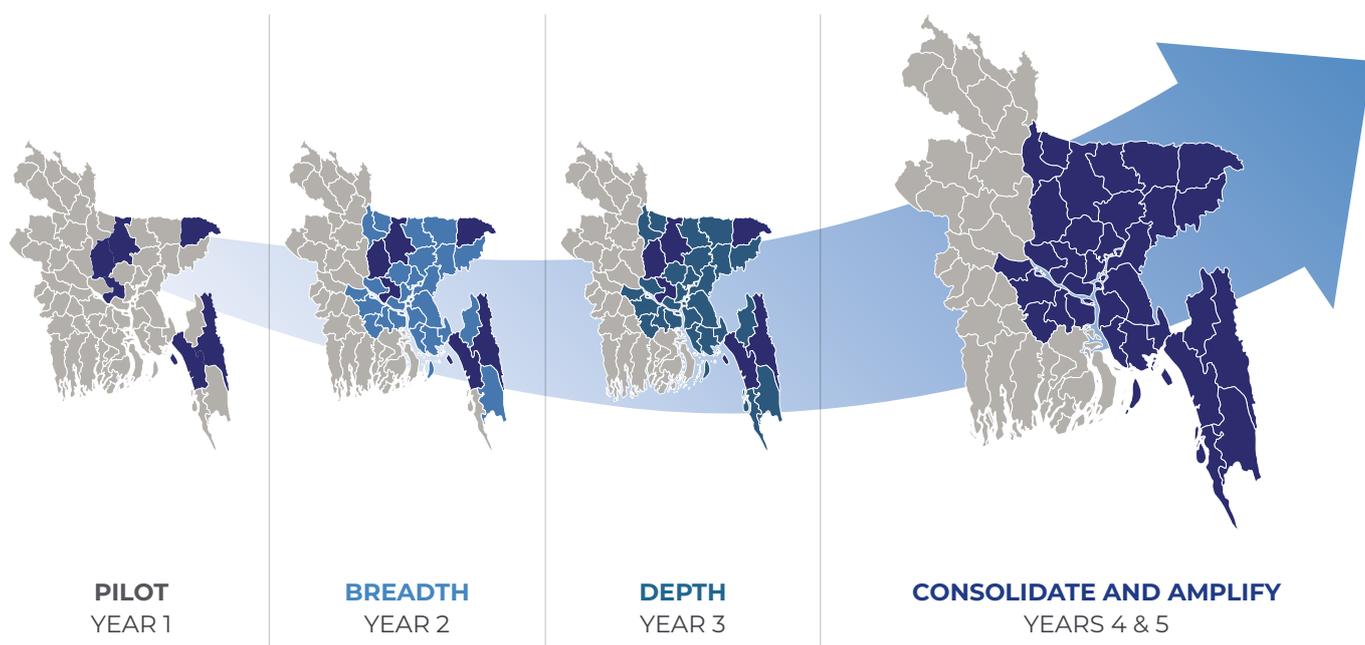
FPAB Family Planning Association of Bangladesh
Protects Sexual and Reproductive Health Rights



Our reach and priorities

Shukhi Jibon worked in 4 divisions, covering 32 districts, 270 upazilas (sub-districts), and a population of more than 100 million people.²

Figure 1: Shukhi Jibon's geographic and scale-up strategy



Shukhi Jibon worked to rapidly achieve results while leveraging lessons learned to inform scale-up and have the greatest impact. Two key objectives underpinned Shukhi Jibon's efforts to increase people's access to and use of voluntary family planning services:

- Increase the quality of Bangladesh's family planning workforce.
- Increase the availability of public sector family planning outreach, contacts, and services, particularly for adolescents and youth.

Shukhi Jibon was driven by a commitment to create sustainable, equitable, and responsive systems that have a lasting impact on the delivery and use of family planning services.

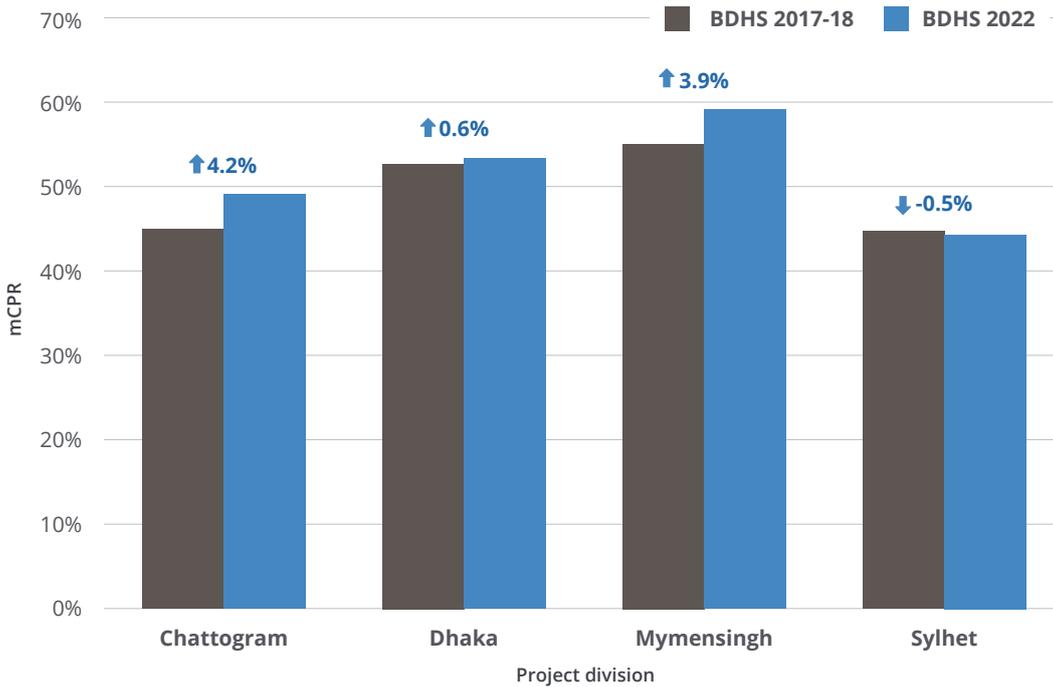
² Bangladesh Bureau of Statistics, "Population & Housing Census 2022 Preliminary Report."



Overarching results

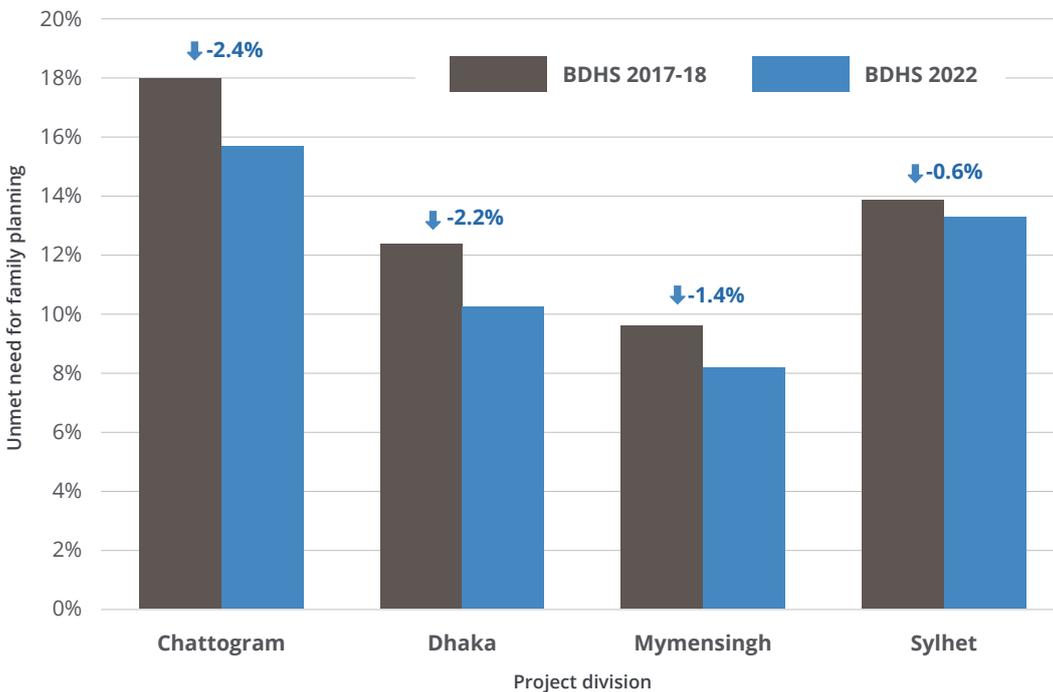
Individuals made more than **32 million** visits for family planning services through Shukhi Jibon,³ resulting in more than **21 million** couple years of protection from family planning methods. Among most Shukhi Jibon implementation divisions, this contributed to an increase in modern contraceptive prevalence rate (mCPR) and a decrease in unmet need for family planning.

Figure 2: mCPR among Shukhi Jibon divisions



A comparison of Bangladesh Demographic and Health Survey (BDHS) results from 2017-18 and 2022 showed the proportion of married women of reproductive age (15 to 49) who reported current use of a modern contraceptive method increased in most Shukhi Jibon intervention divisions. Two project divisions—Chattogram and Mymensingh—saw an increase in mCPR higher than the average increase across Bangladesh nationally.

Figure 3: Unmet need for family planning among Shukhi Jibon divisions



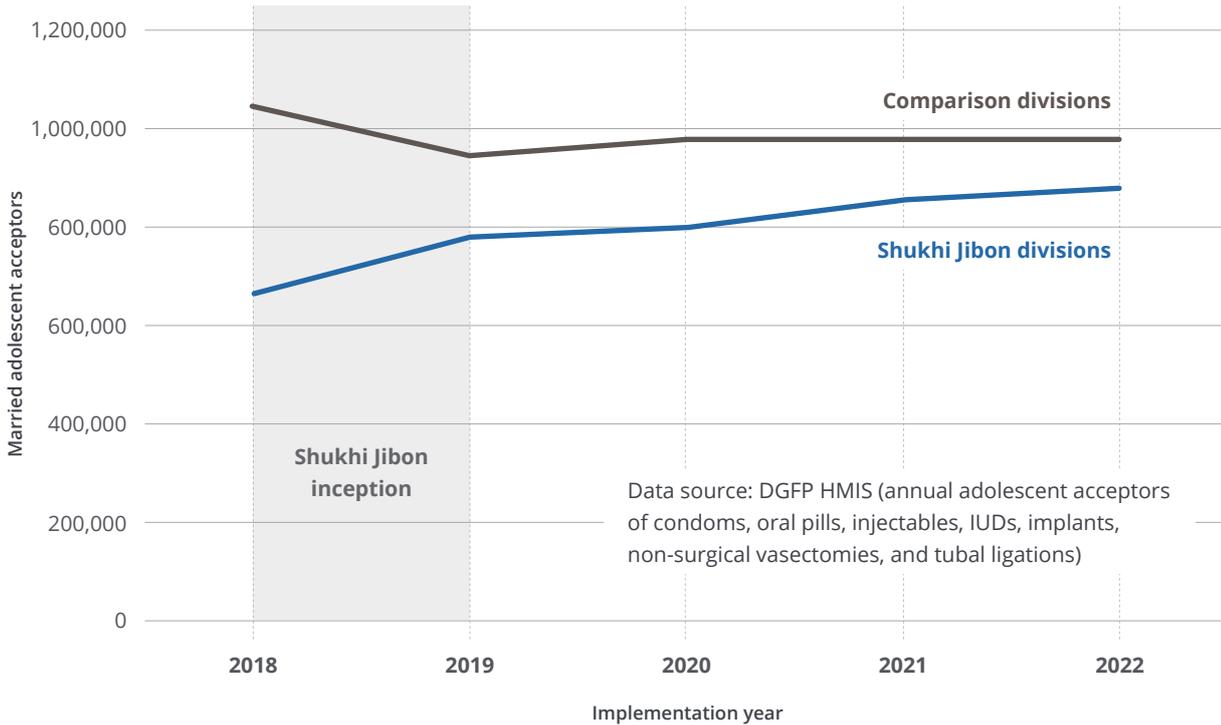
Results from BDHS show that unmet need for family planning among married women of reproductive age (15 to 49) decreased in all four divisions covered by Shukhi Jibon between 2017-18 and 2022. In two divisions—Chattogram and Dhaka—this drop in unmet need surpassed the average decrease across Bangladesh nationally.⁴

³ This includes visits to project-supported health facilities and contacts with project-supported community health workers to receive modern contraceptive methods.

⁴ Division-level measures are influenced by many factors, such as local trends and preferences, activities of the government of Bangladesh and other implementing partners, where clients obtained their methods, and more.

1.3 million married adolescents (ages 15 to 19) were reached with family planning information and services. Nearly all Shukhi Jibon divisions reported significant progress for adolescents and youth, including an increase in mCPR and a decrease unmet need for family planning among young people under age 20.^{5,6} The gap in the number of adolescents reached with modern contraceptive methods in the public sector between divisions supported by Shukhi Jibon and divisions not covered by the project decreased over time.

Figure 4: Number of married adolescents (15 to 19) who accepted a modern contraceptive method from a public health facility, by year and division category



Before the launch of Shukhi Jibon, the number of adolescent family planning acceptors was lower in divisions where the project was ultimately implemented than in non-project areas (referred to as comparison divisions). But over time, this number consistently increased where Shukhi Jibon was implemented.



Photo: Raiwanul Mosrur/USAID Shukhi Jibon Project

5 National Institute of Population Research and Training, Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, “BDHS 2017–2018.”
 6 National Institute of Population Research and Training, Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, “BDHS 2022.”



For more than five years, with support from USAID, Shukhi Jibon partnered with Bangladesh's MOH&FW to increase access to and uptake of voluntary family planning where the need is greatest, including urban slums, communities with growing refugee populations, and regions devastated by natural disasters induced by climate change. Together, Shukhi Jibon and its partners accelerated commitment and momentum for family planning use and uptake, cultivated local leadership, and built the responsiveness of Bangladesh's health system.

The achievements on the following pages represent Shukhi Jibon's dedication to SRH and family planning services that are high-quality, equitable, and sustainable. These results did not come easy. Since Shukhi Jibon launched in 2018, Bangladesh was ravaged by devastating pandemic and life-threatening floods. In the face of historic obstacles, the project delivered results. To have a lasting impact on national systems and family planning use, Shukhi Jibon strengthened Bangladesh's health and family planning workforce, improved service delivery, expanded contraceptive method choice, increased demand for family planning, bolstered local partners, and promoted inclusivity and resilience. These contributions offer a clear path forward—to achieve Bangladesh's national family planning goals.

1

Strengthening Bangladesh's health and family planning workforce

Shukhi Jibon supported the government of Bangladesh (GOB) to deploy skilled, responsive, and respectful providers with the capacity to deliver high-quality family planning and SRH services in facilities and communities. In addition to strengthening Bangladesh's national family planning training institutes and improving coordination among public- and private-sector family planning workforces, Shukhi Jibon ensured family planning service providers and health facility managers have the support they need to become fully competent and comfortable providing client-centered care in their service delivery environments.



“

Now we can offer far better quality services.”

Dr. Pratima Rani Tripura
Assistant Surgeon,
10 Bed Mother and Child Welfare Center,
Purbo Bakalia, Chattogram



Enhancing providers' skills

Everyone should have access to skilled, responsive, and respectful health care providers who can deliver high-quality family planning and SRH services. Yet, despite the GOB's strong commitment,⁷ Bangladesh's public health system faces significant challenges, including a shortage of qualified providers ready to meet people's SRH needs. To close this gap, Shukhi Jibon set out to deepen its understanding of persistent human resources issues, such as inadequate capacity-strengthening activities, placement, and supervision of health care providers. Equipped with findings from formative assessments, the project partnered with the MOH&FW to implement a range of complementary activities to strengthen the capacity of Bangladesh's health and family planning workforce.

Responding to urgent needs⁸

- 44.5% of clinic staff had never been trained on family planning.⁹
- 40% of family planning providers¹⁰ said they felt uncomfortable providing contraceptive counseling.
- Nearly 50% of service providers did not use job aids when counseling people on family planning.
- Only 10% of providers were trained to deliver services to adolescents and youth.

Results

23,000+

providers¹¹ were trained on a range of family planning services and methods, including long-acting reversible contraceptives and permanent methods (LARC-PMs), postpartum family planning (PPFP), postabortion family planning (PAC-FP), and more.

1,118

providers were trained to deliver adolescent- and youth-friendly health services (AYFHS), including high-quality family planning counseling for young newlyweds and first-time parents.

18,496

providers were trained on gender integration in family planning programs, gaining knowledge on key gender concepts and skills to apply in their delivery of family planning services.

1,123

providers were trained on infection prevention and control in family planning, reproductive health, maternal and child health, and AYFHS—an important project adaptation that bolstered Bangladesh's health system in response to the COVID 19 pandemic.

⁷ Bangladesh's 4th Health, Population and Nutrition Sector Program's (HPNSP) Operational Plans and 2015 Bangladesh Health Workforce Strategy demonstrate the government's commitment to strengthening the capacity and retention of family planning service providers as well as supervision systems.

⁸ Results from Shukhi Jibon's 2019 Assessment of Family Planning Service Delivery at Selected Public Health Facilities in Bangladesh and 2019 Training Needs Assessment complemented evidence from other key assessments, such as Bangladesh's Health Facility Survey 2017.

⁹ National Institute of Population Research and Training (NIPORT) and ICF, Bangladesh Health Facility Survey 2017. NIPORT, ACPR, and ICF (Dhaka, Bangladesh: 2019)

¹⁰ Medical Officers (MOs), Sub-assistant Community Medical Officers (SACMOs), Family Welfare Visitors (FWVs), and Family Welfare Assistants (FWAs).

¹¹ Approximately 15,000 unique providers were trained through Shukhi Jibon, with many completing multiple trainings on SRH and FP services to provide more comprehensive care.

Introducing competency-based training

To accelerate family planning gains, Bangladesh must focus its efforts on strengthening capacity at the center of the training system—on trainers themselves. Shukhi Jibon, in partnership with DGFP, DGHS, and NIPORT, introduced competency-based training (CBT)—an evidenced-based, *learn-by-doing* approach—into Bangladesh’s family planning training system. Successfully adopted in numerous health training systems around the globe,¹² CBT develops trainers’ skills to address performance gaps using practical, hands-on adult learning methodologies.

Through Shukhi Jibon, trainers of NIPORT, DGFP, and DGHS were trained on CBT, and training institutes of NIPORT and DGFP are now using CBT methods. The project focused on strengthening these GOB partners as leaders to train family planning providers using state-of-the-art curricula, training methodologies, and certification programs.

CBT prioritized client safety by enabling providers to develop and practice skills in the classroom in a simulated setting—using case studies, role plays, demonstrations and return demonstrations, guided skills, and practices on anatomical models—before encountering clients in a clinical setting. CBT checklists informed by evidence, international guidelines, and national standards detailed the specific actions required to complete each clinical task. Once providers were deemed competent, a systematic follow-up mechanism and need-based refresher training ensured consistent quality of services.

Rolled out in four divisions through Shukhi Jibon, CBT now has the potential to build a competent, confident health workforce countrywide. NIPORT and select DGFP training institutes have integrated CBT into their trainings and operational plans. In addition, many of the GOB’s Family Planning Clinical Service-Quality Improvement Teams (FPCS-QITs)¹³ have been trained to use CBT.

Responding to urgent needs

CBT activities were driven and informed by Shukhi Jibon’s Training Needs Assessment,¹⁴ which revealed many gaps. For example, while providers perceived counseling to be the most critical task in family planning service delivery, more than 80% of community health care providers (CHCPs) were not providing counseling services.



Photo: Mahbubur Rashid/USAID Shukhi Jibon Project

12 “The Evolution of Competency Based Training in Healthcare,” Lambda Solutions, www.lambdasolutions.net/blog/the-evolution-of-competency-based-training-in-healthcare.

13 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 maternal and child health-family planning services throughout Bangladesh.

14 USAID Accelerating Universal Access to Family Planning (Shukhi Jibon), “Training Needs Assessment 2019.”



Results

421+

trainers, managers, and senior service providers across 25 districts were trained as trainers in CBT for 24 training institutes of NIPORT and DGFP.

These trainers conducted

5,174

training sessions for public sector service providers in 32 districts using CBT approaches. Trained trainers were followed-up and offered refresher training based on their needs.

24

training institutions are now practicing CBT and using a CBT manual developed through Shukhi Jibon.

“We have already integrated competency-based training into the LARC-PM manual at DGFP, and CBT methods are being used to train service providers. I am particularly interested in the simulation practices for skill development of service providers.”

Dr. Nurun Nahar Begum

Line Director, Clinical Contraception,
Service Delivery Program, DGFP

Shukhi Jibon assessed 183 master trainers who cascaded their knowledge to other trainers during the project's implementation period. Based on observations of trainings, nearly all trainers assessed (**98%**) achieved a score of **75%** or better in demonstrating competencies related to their retention of knowledge, attitudes, and session moderation skills.

Strengthening Bangladesh's training ecosystem

Increasing data for decision making

High-quality, complete data is essential for increasing the quality and impact of Bangladesh's family planning training programs. To support NIPORT in achieving this goal, Shukhi Jibon provided targeted technical assistance to update and operationalize a training management information system (TMIS) at 16 training institutes. TMIS has enabled NIPORT to track providers who have completed family planning trainings, identify those who have not, and optimize refresher trainings.

With Shukhi Jibon's support, NIPORT rolled out TMIS with a pre-tested user manual, increased staff's familiarity with the system's many functions, and developed strategies for troubleshooting challenges that may arise during the adoption of a new system. Today, TMIS is strengthening in-service training and continuing professional development for Bangladesh's family planning workforce through the following achievements:

- Improved data
- Enhanced monitoring of trainee and trainer selection
- Improved training management
- Increased use of data for decision making
- Advanced collaboration and knowledge sharing

Achieving lasting results through advocacy

At the national level, Shukhi Jibon's advocacy fostered leadership to accelerate the implementation of standardized training practices and enhance equity in training coverage. As a result, NIPORT took ownership of TMIS, scaled it nationally to all 32 of its training institutes—funded through NIPORT's own budget—and prioritized TMIS in operational plans of Bangladesh's next sector program.

“I thank Shukhi Jibon for introducing evidenced-based approaches for improving the quality of training for service providers.”

Mohammad Shahjahan
Former Director General of NIPORT



Photo: USAID Shukhi Jibon Project

Creating clear roadmaps for improving training quality

To further strengthen Bangladesh's training system, Shukhi Jibon, through its implementing partner IntraHealth International, supported NIPORT to develop Training Management Improvement Frameworks (TMIFs) used to enhance the quality of care at training institutes. Developed through a rigorous process that brought together leadership from NIPORT and principals and training officers from regional training institutes and centers, TMIFs provided critical insights for institutional improvement by identifying needs and bottlenecks at each institute. Then, through an analysis of Strengths, Weaknesses, Opportunities, and Threats (SWOT), stakeholders made recommendations and created clear action plans for improvement.

Through Shukhi Jibon, 24 training institutes developed TMIFs with recommendations and action plans. Based on these recommendations, NIPORT allocated its own resources to improve training institutes' capacity for providing quality training programs.

Innovation spotlight: family planning certification

Shukhi Jibon supported the GOB to explore a new approach for improving SRH counseling for adolescents—a pilot family planning certification program that assesses the knowledge, skills, and attitudes of service providers. Designed and tested through a collaboration between the GOB and Shukhi Jibon, certification had many benefits. Certified providers became increasingly motivated to learn, gain skills, and improve their performance. And they were recognized by their peers and clients as responsible, trusted professionals. Evidence from the pilot program has been shared with NIPORT to inform discussions with the MOH&FW on potential adoption and scale-up.

“We faced challenges when trying to strengthen our training system; minimize gaps of management practices; and improve the quality of trainings, resource management, and training data management before Shukhi Jibon's capacity building activities. We have been working together very closely, like family members. We are getting results. Our [training] system is much improved. We are committed to sustaining these interventions.”

Abdul Hamid Moral
Deputy Director of Training, NIPORT

Pioneering integrated mentorship and supportive supervision

Training alone is not enough. To ensure family planning service providers and health facility managers are fully competent and comfortable providing client-centered care in their service delivery environments, they need on-the-job support, including post-training reinforcement and follow-up. In alignment with GOB priorities, Shukhi Jibon leveraged Pathfinder's global experience,¹⁵ and close partnership with the MOH&FW, to pioneer an Integrated Mentorship and Supportive Supervision (M&SS) model that has successfully grown and strengthened Bangladesh's qualified health workforce and improved the quality of family planning services.

Shukhi Jibon is the first project in Bangladesh to support public sector family planning service providers by integrating mentorship into the government's existing service delivery supervision system. Together with the MOH&FW, Shukhi Jibon implemented integrated M&SS activities that promoted a whole-site approach to improving service quality by fostering an enabling work environment, ensuring effective resource mobilization and facility readiness, and strengthening the systematic capability of the health workforce to resolve challenges efficiently.

To ensure sustainability, Shukhi Jibon engaged members of the public sector workforce as mentors in consultation with local stakeholders. The project then worked with MOH&FW agencies to select national and divisional managers, technical supervisors, and experienced service providers from

DGFP, DGHS, and the Directorate General of Nursing and Midwifery (DGNM) to be trained as master mentors. These master mentors subsequently trained mentors at the district and upazila levels. Shukhi Jibon also supported quarterly supportive supervision visits, which increased health facility compliance with protocols and the availability of essential supplies. Supervisors took a SMART approach to problem-solving and action-planning, which improved coordination within facilities and among DGFP and DGHS partners, leading to increased facility readiness and more efficient use of resources. M&SS enabled district and upazila managers to analyze data and review the quality of family planning services by examining contraceptive discontinuation rates, side effects, complications management, and removal trends.

DEFINITIONS

SUPPORTIVE SUPERVISION¹⁶

A process that focuses on the entire health facility and all its health workers, supportive supervision promotes quality at all levels of the health system by strengthening relationships within the system, identifying and resolving problems; optimizing the allocation of resources; and promoting high standards, teamwork, and better two-way communication.

CLINICAL MENTORSHIP¹⁷

Driven by the mentee with the primary aim to increase their capacity and self-reliance, mentorship is a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes. Mentoring should be integrated with and immediately follow initial training as part of the continuum of education required to create competent health care providers.

¹⁵ In Bangladesh, in 2017, Pathfinder piloted a mentorship program under the USAID-funded NGO Health Services Delivery Project. In addition, Pathfinder has conducted mentorship programs in Burkina Faso, Mozambique, Pakistan, and Tanzania.

¹⁶ Pathfinder International, Mentorship: Standard Operating Procedure (Washington: 2022) 27.

¹⁷ Pathfinder International, Supportive Supervision Standard Operating Procedure (Washington: 2021) 8.

Innovation spotlight: Introducing a new digital mentorship application

Shukhi Jibon developed and pilot-tested a new digital mentorship application that enabled users to follow family planning checklists to facilitate clinical mentoring and capture data from their mentorship in a timely manner. The new app promoted data-driven decision-making and assessment of service providers' skills, and made it easier for all parties—mentors, mentees, supervisors, managers, and others—to organize and communicate data effectively, which aids in action-planning and follow-up.

RESULTS

M&SS trainings were conducted in

225

upazilas of 32 districts, with most intensive implementation focused on 16 districts and 84 upazilas—home to more than

4M

eligible couples.¹⁸

700+

supervisors, clinical managers, and service providers were trained and engaged in M&SS activities.

1,407

mentorship sessions were conducted.

1,138

health facilities across all levels of the health system, from community-level satellite clinics to specialized hospitals and national training institutes, received support to implement M&SS activities.

1,716

supportive supervision visits were conducted at

1,009

facilities across community, union, district, and upazila levels.



Photo: Ridwanul Mosrur/USAID Shukhi Jibon Project

¹⁸ "Eligible couple" is defined by the GOB as a currently-married couple in union where the wife is of reproductive age—ages 14 to 45.

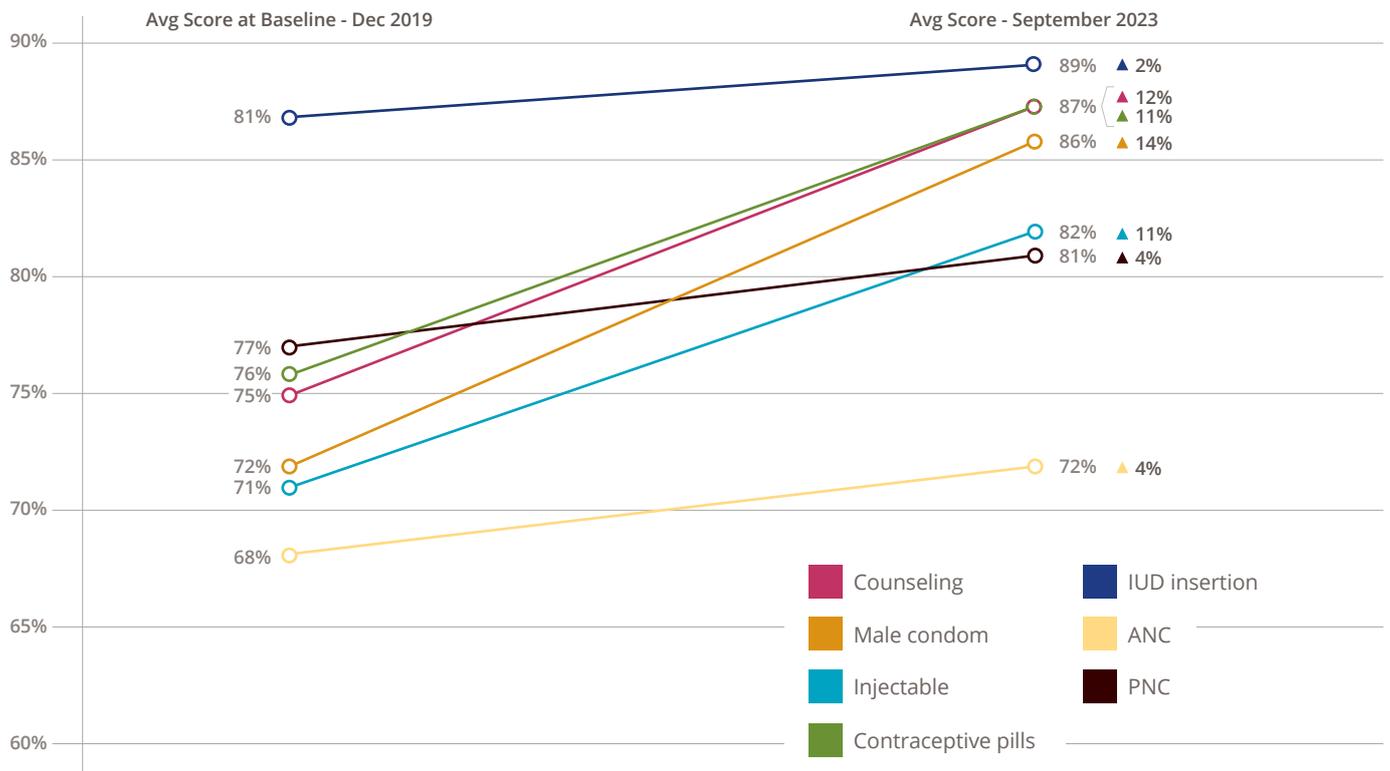
RESULTS

Analysis performed on data generated from M&SS checklists, in conjunction with feedback obtained from mentors, mentees, and supervisors, revealed the following results:

Providers' skills improved

During mentorship sessions, providers demonstrated improved competency in several skills, including family planning counseling, male condom provision, injectable provision, contraceptive pill provision, and IUD insertion.¹⁹

FIGURE 5: CHANGE IN PROVIDER COMPETENCY SCORES AFTER MENTORSHIP



¹⁹ In December 2019 and March 2023, mentees were assessed using a prescribed skill observation checklist from Bangladesh's Planning Manual manual. Average scores of mentees having multiple sessions and analyzable data for individual skill sets were compared between baseline and endline. The following figure shows provides the observed change in average scores in individual skills.

“Previously, no one used a specific checklist at work. In the absence of regular supervision, it was not possible to provide proper guidelines. As a result, providers didn’t have clarity and focus. But when the tasks were explained with specificity, everything could be managed much better.”

Dr. Hosne Ara Begum
 Medical Officer–Clinical Contraception, Mymensingh
 MENTOR

94%

of mentees surveyed reported their service provision skills improved. All attribute this improvement to M&SS.

83%

of mentees reported using checklists more than before.

88%

of mentees reported using the necessary job aid more than before.

88%

of mentees reported maintaining privacy during service provision more than before.

94%

of mentees reported treating their clients with more respect than before.

92%

of the supervisors, mentors, and mentees reported that, as a result of mentorship, they are now providing more gender-responsive care.



Through Shukhi Jibon, more than **30** training manuals and guidelines were developed, approved, and mainstreamed to strengthen the provision of SRH and family planning services.

Generating Evidence

Shukhi Jibon's priorities and adaptive strategies to strengthen Bangladesh's family planning workforce were shaped by a robust learning agenda. The project partnered with the Department of Population Sciences at the University of Dhaka, NIPORT, DGFP, and DGHS to conduct research, including assessments of training needs and family planning service delivery at select public health facilities.



Improving standards of care

By updating and supporting the development of several new manuals and guidelines, Shukhi Jibon helped improve the overall standards of SRH and family planning service delivery. Training materials and curricula were developed by Shukhi Jibon, in partnership with Bangladesh's MOH&FW, to enhance the skills and counseling of providers who deliver family planning, advance AYFHS, and integrate gender and gender-based violence (GBV) response into family planning services.



READ MORE PUBLICATIONS from Shukhi Jibon.
pathfinder.org/shukhi-jibon



"I am now able to receive quick feedback and have increased my knowledge and skills."

Shamim Ara Murad
Family Welfare Visitor,
10 Bed Mother and Child Welfare Center,
Purbo Bakalia, Chattogram
MENTEE

2

Expanding access to quality services

Shukhi Jibon made significant progress supporting the GOB to build a strong and inclusive health system that provides quality SRH and family planning services to people most in need. Working at the national, divisional, district, and upazila levels, Shukhi Jibon helped ready facilities and providers, including the government's massive cadre of frontline health workers, to strengthen service delivery for hard-to-reach populations, especially adolescents and youth.



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কৃষকদের জন্য
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Improving facility readiness

When a person walks into a health facility, they should be able to access a skilled provider trained to deliver family planning counseling and services that meet their needs. The facility should have proper equipment and a reliable supply of contraceptive methods. These criteria are part of facility readiness—the overall capacity of health facilities to deliver family planning services. Facility readiness is an important indicator of quality, and Shukhi Jibon was committed to ensuring and improving it.

Based on findings from the project's rapid facility assessment of 69 health facilities across 6 districts,²⁰ Shukhi Jibon's facility readiness approach comprised several integrated activities to prepare project-supported facilities to improve the quality of their services; ensure functionality; make family planning services more youth-friendly and gender-sensitive; and enable the delivery of PFP and PAC-FP. Shukhi Jibon partnered with GOB stakeholders to develop comprehensive checklists, building upon the World Health Organization's (WHO's) readiness criteria and following national and international guidelines, by which anyone can assess a health facility's structural amenities and human resources. Shukhi Jibon oriented managers on these checklists; conducted facility visits with government supervisors; provided on-site technical assistance; supported the creation of action plans to address identified gaps; distributed family planning manuals to facilities; ensured job aids and information, education, and communication (IEC) materials were present at facilities; convened quarterly meetings with division officers to review facility performance based on data; and activated community forums to strengthen linkages between communities and facilities. As a result, more facilities are now equipped and ready to meet the diverse needs of family planning clients.



Photo: Ridwanul Mosrur/USAID Shukhi Jibon Project

Accelerating Universal Access to Family Planning (AUAFPO/Shukhi Jibon)
 Pathfinder International
 Program: Facility Assessment Tracker Check List

Event Capture:		Event Date:	
Registering Unit/ Facility Name:		Union:	
Upazila:		District:	

Facility / service site delivery information:

Data Element	Value
Site entered into tracking spreadsheet for TA/support provided by Shukhi Jibon?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility readiness to provide family planning services:

1.	BD-425-FC Does this facility provide FP information and/or FP counseling in the context of a visit with a FP service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Facility readiness criteria: At least one service provider on site who has been trained in family planning	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Facility readiness criteria: Blood pressure measurement apparatus available (observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Facility readiness criteria: Contraceptive pills (valid, unexpired) available (observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Facility readiness criteria: Injectable contraceptives (valid, unexpired) available (observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Facility readiness criteria: Male condoms (valid, unexpired) available (observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Facility readiness criteria: National family planning guidelines available (observed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	All 6 criteria for facility readiness to provide FP services met?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A checklist, developed through Shukhi Jibon, to assess a facility's readiness based on WHO's six readiness criteria for providing quality family planning services.

Results

Shukhi Jibon helped enhance the readiness of Bangladesh's public sector facilities responsible for family planning counseling and service delivery.

1,666 facilities supported by Shukhi Jibon now meet WHO's six readiness criteria for providing quality family planning services.

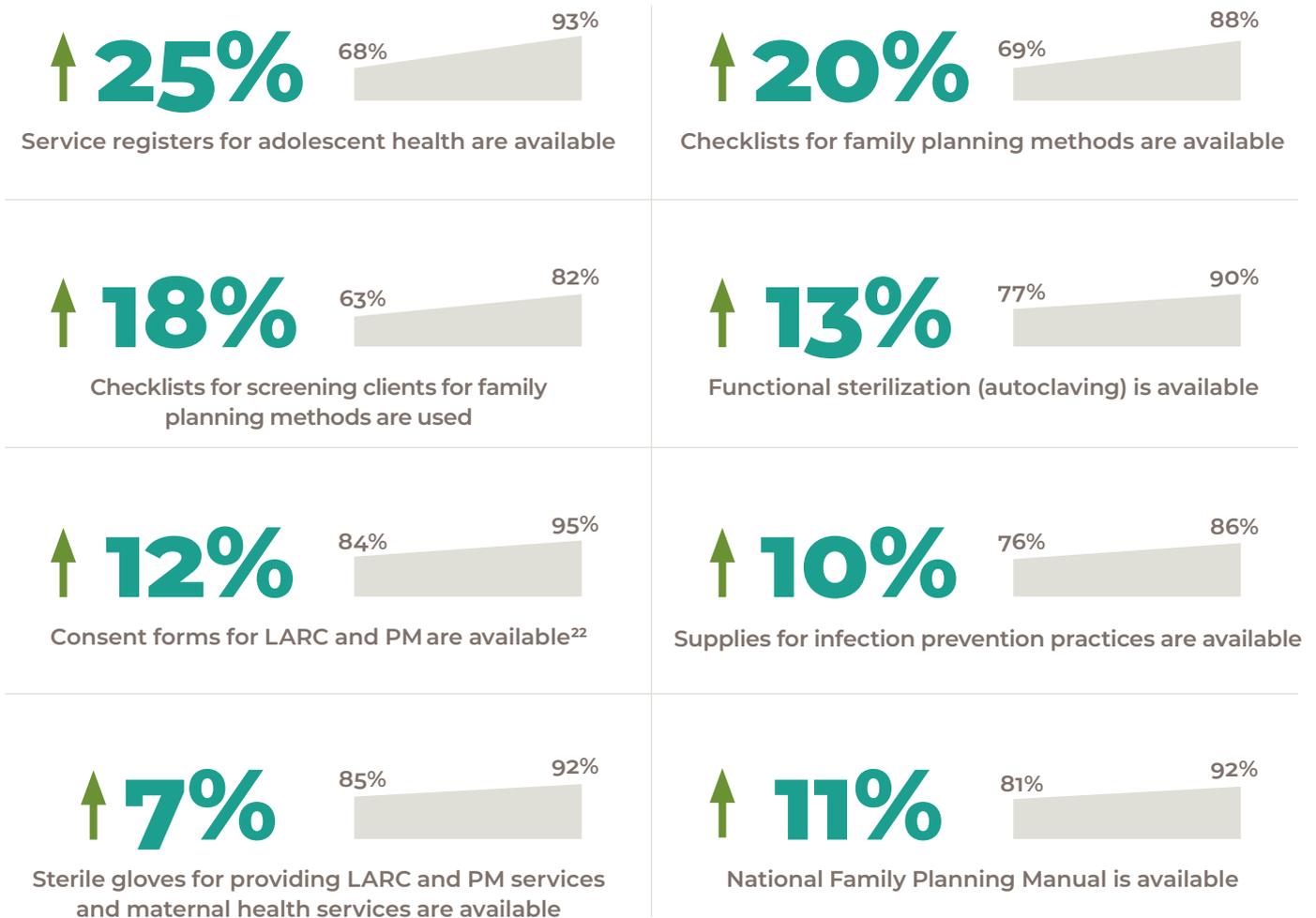
1,043 facilities are ready to provide AYFHS.

1,002 facilities are ready to provide gender-integrated family planning services.

1,609 facility visits were conducted jointly by Shukhi Jibon and GOB representatives through the project's supportive supervision activities.

Regular supportive supervision and enhanced coordination with facilities and among DGFP and DGHS partners have contributed to increased facility readiness. An analysis of family planning quality improvement monitoring data²¹ showed the following results:

FIGURE 6: IMPROVEMENTS IN FACILITY READINESS



²¹ The assessment, which utilized information from Shukhi Jibon's database, measured improvements in family planning quality between October 2019 and June 2023. Note: start and end dates varied between health facilities assessed.

²² Long-acting reversible contraceptives (LARCs) and permanent methods (PMs).

Advancing adolescent- and youth-friendly health services

Bangladesh is home to 36 million adolescents (ages 10 to 19)—more than one-fifth the country’s population.²³ At this stage in their lives, young people are experiencing rapid social, physical, and emotional changes. Shukhi Jibon recognized this period as a critical entry point for promoting healthy attitudes, values, and behaviors that can guide adolescents and youth 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 and varied AYSRHR needs, create pathways toward healthy adulthood, and benefit future generations.

Responding to urgent needs^{24,25}

- When Shukhi Jibon began, the median age at first marriage among women ages 20 to 29 was 16.3 years old.
- 28% of girls ages 15 to 19 had begun childbearing.
- At 108 births per 1,000 women and girls ages 15 to 19, Bangladesh had the highest adolescent fertility rate in South Asia.

Shukhi Jibon implemented a constellation of activities, in collaboration with the GOB and other local partners, to ensure Bangladesh's adolescents and youth can access accurate, unbiased SRHR information and services in public health facilities and communities. The project’s multi-pronged approach improved youth agency and choice, enhanced youth-responsive access and point-of-care readiness, fostered a supportive social environment, and removed barriers to AYSRHR through advocacy.



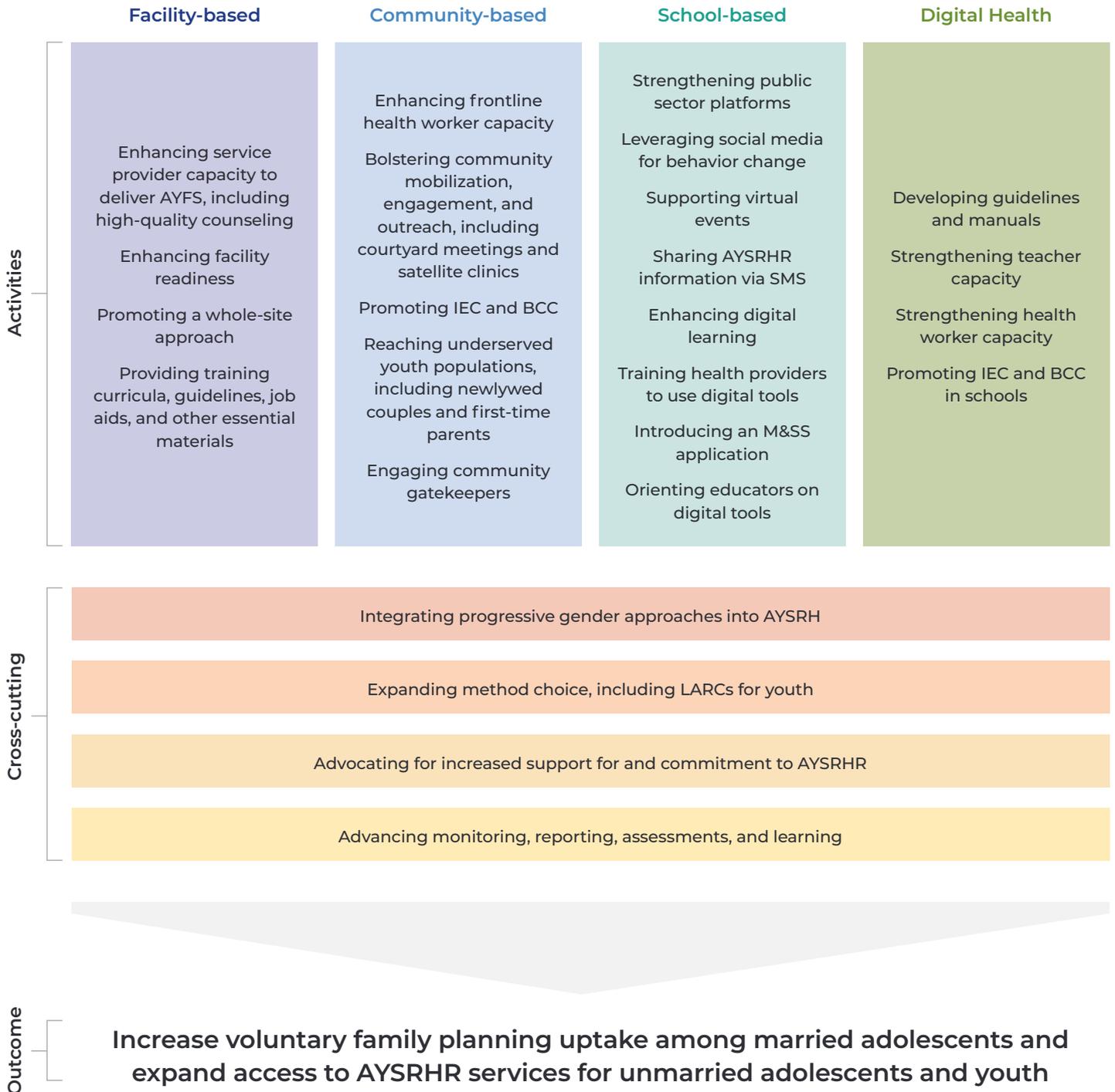
Photo: Ridwanul Mosrur/USAID Shukhi Jibon Project

23 MCH Services Unit Directorate General of Family Planning, National Strategy for Adolescent Health 2017-2030.

24 Bangladesh Demographic and Health Survey 2017-18.

25. United Nations Population Division, World Population Prospects: population.un.org/wpp/

FIGURE 7: SHUKHI JIBON'S ADOLESCENT AND YOUTH STRATEGIC FRAMEWORK



Enhancing the delivery and quality of services

Shukhi Jibon bolstered Bangladesh’s Adolescent-Friendly Health Services (AFHS) Training Package by developing a new, complementary counseling manual that addresses key topics, such as provider bias, that translate—advertently or inadvertently—into obstacles for young people who want to access SRH services. Shukhi Jibon also built upon the GOB’s four-day AFHS training with a three-day training session to enhance providers’ skills in counseling adolescents and youth on SRH and their full range of family planning options, including LARCs.

“I had no idea that adolescents required additional care before this training. Now I can confidently give assistance while maintaining privacy. Additionally, this training will assist me in altering my own behavior and approach to adolescents.”

Taslima Jahan
Family Welfare Assistant,
Shariatpur, Dhaka

Promoting a whole-site approach

Shukhi Jibon worked to ensure as many staff as possible were ready to direct, counsel, and provide AYSRH information and services appropriately to young people as soon as they walked in a health facility’s door. The project’s whole-site orientation was 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, and associated field staff—family planning inspectors (FPIs) and family welfare assistants (FWAs). Shukhi Jibon’s whole-site orientation offered flexibility to tailor the timing and content to the needs and preferences of each health facility.

“I’m also counted! It is a very good feeling. Previously, I was not aware of my behavior towards adolescent clients. From now on, I will receive them with a smile and patience.”

Night guard and office assistant who took part in whole-site orientation
Bara Chatul UH&FWC,
Kanaighat, Sylhet

Learning what works

Using a Learning Lab approach, based on USAID’s Collaborating, Learning, and Adapting (CLA) framework, and with strong commitments from the MOH&FW and USAID, Shukhi Jibon implemented innovative interventions in 39 test sites across six Learning Lab districts. The project’s robust Learning Lab experience provided a road map for continuous learning and demonstrated Shukhi Jibon’s progress in rapidly testing, refining, and documenting interventions during a pilot phase before effectively scaling them up to achieve greater impact. For example, Shukhi Jibon’s AYSRH Learning Lab sought to understand how a multi-pronged approach improves the health system’s responsiveness to the SRHR needs of young people. Learning Lab activities included implementation of interventions in facilities, communities, and educational institutes.



SEE FINDINGS and recommendations from Shukhi Jibon’s Learning Labs focused on AYSRH, M&SS, training management system, CBT, CB-PPFP, and the integration of GBV-response into SRH service delivery.

pathfinder.org/bd-learninglabs

Orienting health providers to use digital tools

Shukhi Jibon advanced numerous cohesive, scalable, and sustainable digital health solutions to strengthen AYSRHR across Bangladesh. For example, the project enhanced the capacity of **1,694** health providers and managers to use android smartphones, social media, and video-sharing sites to access multimedia resources and up-to-date communication materials for counseling and information-sharing, particularly for adolescents and youth.

Results

1,043

public sector health facilities were supported by Shukhi Jibon to ensure young people could access accurate, unbiased AYSRHR information and services.

405

trainers from NIPORT, DGFP, and DGHS were trained on AYFHS. These trainers then trained 4,389 health providers, such as paramedics, medical staff, and others, on AYFHS.

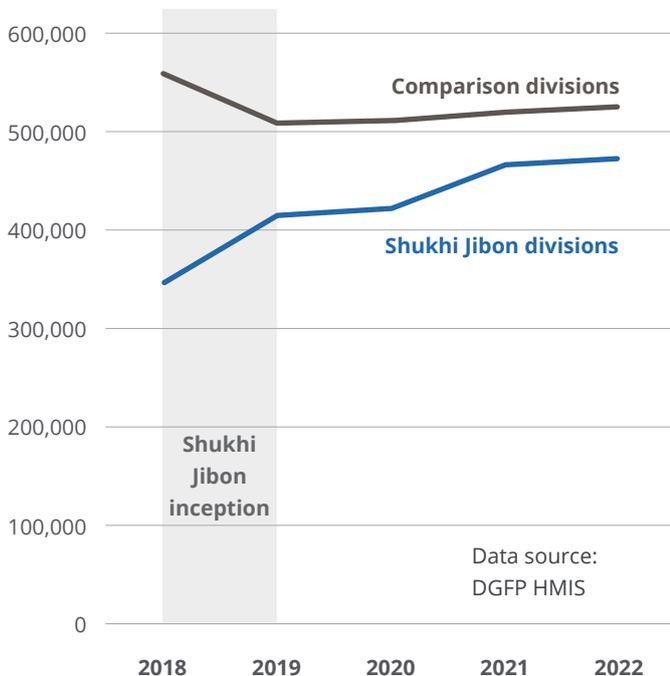
11,527

clinical and nonclinical facility staff participated in 1,214 whole-site orientations supported by Shukhi Jibon.

Shukhi Jibon contributed to an increase in uptake of all modern contraceptive methods among married adolescent, including short-acting and long-acting reversible contraception. The project noted a particularly significant change in acceptors of oral contraceptive pills and implants (see below).

FIGURE 8

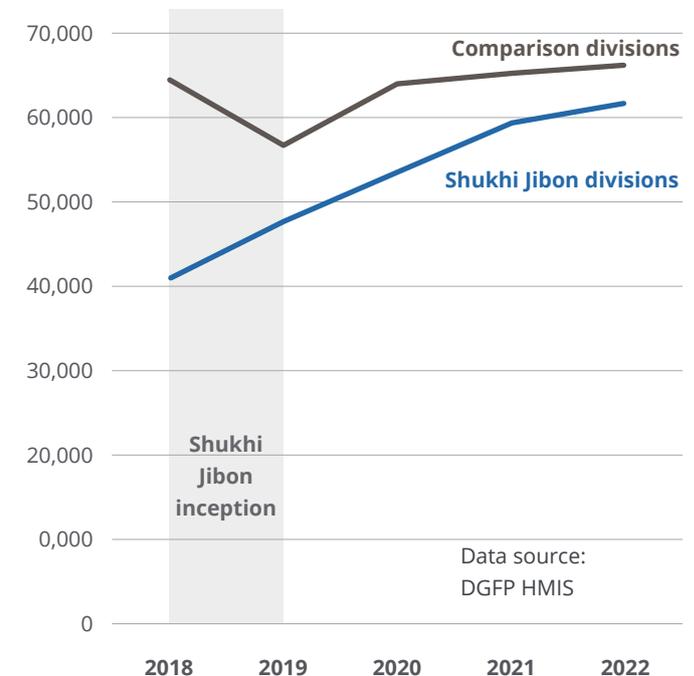
Number of married adolescents (15 to 19) who accepted oral contraceptive pills from a public health facility, by year and division category



Between 2018 and 2022, the number of married adolescents who adopted oral contraceptive pills from public health facilities in Shukhi Jibon divisions grew by 38%. In contrast, the number decreased by 7% in comparison divisions where no Shukhi Jibon activities were directly implemented.

FIGURE 9

Number of married adolescents (15 to 19) who accepted implants from a public health facility, by year and division category



Between 2018 and 2022, the number of married adolescents who adopted a contraceptive implant from public health facilities in Shukhi Jibon divisions grew by 51%. In contrast, the number increased by only 2% in comparison divisions where no Shukhi Jibon activities were directly implemented.

Bringing quality health care to rural communities

Satellite clinics are a cornerstone of Bangladesh’s strategy for bringing SRHR and family planning services closer to hard-to-reach communities who face barriers accessing the health care they need. Shukhi Jibon supported GOB partners at the upazila and union levels to make these essential service delivery points within communities more effective.

Leveraging strong partnerships with the GOB and Pathfinder’s extensive experience advancing community-based distribution of family planning in Bangladesh,²⁵ Shukhi Jibon provided essential support to merge satellite clinics with immunization centers, thereby delivering one-stop services that respond more holistically to people’s needs. This activity was a key component of Shukhi Jibon’s “model satellite clinic” intervention. The project selected, observed, and strengthened satellite clinics in 20 districts across four divisions²⁶ to optimize their performance by achieving the following:

- Ensuring adequate and regular supplies and logistics, including IEC materials, job aids, medicines, and more.
- Using DGFP’s satellite clinic guideline to organize clinics and orient frontline service providers.
- Enhancing supervisory visits from clinic managers.
- Strengthening community engagement by involving local leaders.
- Conducting health education sessions at union-level quarterly performance reviews.
- Improving coordination between DGHS and DGFP.

In tracking and sharing these enhancements, which leveraged existing human resources and logistics, Shukhi Jibon paved the way for higher-performing satellite clinics to serve as models that can be replicated far and wide. This means more hard-to-reach communities will be able to access high-quality, comprehensive health services.

“As long as this [satellite clinic] is running, people in my neglected char region, especially pregnant women and teenagers, will benefit. On behalf of my union, I would like to thank the Shukhi Jibon Project and Family Planning Department for this great initiative. I agree to provide all possible assistance from my council to run these clinics.”

**Honorable Chairman of Islampur Upazila
Sapdhari Union**

“If we didn’t have a satellite clinic, I wouldn’t have this treatment. ...When I see someone like me, I bring them to the satellite clinic. Many are getting better here.”

Monika
18-year-old who received support to improve her menstrual health

²⁵ For nearly half a century, Pathfinder International has worked with dedicated partners in Bangladesh to drive historic progress in family planning. For example, in the 1980s, USAID awarded Pathfinder Bangladesh a grant for a national community-based distribution project—Pathfinder’s first ever country-specific funding agreement.

²⁶ Shukhi Jibon conducted model satellite clinic activities in areas where it implemented its community-based postpartum family planning (CB-PPFP) and postabortion care family planning (PAC-FP) intervention. For more information about CB-PPFP and PAC-FP, see page 35.

Shukhi Jibon’s CB-PPFP intervention began at the community level, where frontline service providers registered newly pregnant women using a DGFP-approved form to ensure these clients receive care throughout their pregnancies. The intervention also reached women who gave birth outside of health facilities with PPFP messages before and after delivery. Frontline service providers visited clients in their homes to discuss PPFP, provide short-acting contraceptive methods, and refer clients for long-acting and permanent methods. More specifically, to strengthen the delivery of high-quality, community-based PPFP, Shukhi Jibon partnered with the GOB to implement the following activities:

FIGURE 10: ACTIVITIES OF SHUKHI JIBON'S CB-PPFP INTERVENTION

STRATEGY	ACTIVITY
<p>Strengthening the health workforce</p>	<p>Strengthening the capacity of frontline service providers CORE ACTIVITY</p> <hr/> <p>Enhancing mentorship and supportive supervision of facility- and community-based providers</p>
<p>Enhancing monitoring and reporting</p>	<p>Enhancing pregnancy registration CORE ACTIVITY</p> <hr/> <p>Providing technical support to advance monitoring systems</p>
<p>Increasing coordination, accountability, and commitment</p>	<p>Supporting Fortnightly Meetings CORE ACTIVITY</p> <hr/> <p>Enhancing coordination through meetings with upazila, district, and NGO stakeholders</p> <hr/> <p>Orienting community-based skilled birth attendants</p>
<p>Increasing awareness and generating demand</p>	<p>Conducting courtyard meetings</p> <hr/> <p>Distributing information, education, and communication (IEC) materials</p>
<p>Expanding service integration in community clinics</p>	<p>Strengthening satellite clinics</p> <hr/> <p>Supporting the GOB to integrate family planning and immunization outreach sessions</p>
<p>Improving record-keeping, facility readiness, and contraceptive commodity security</p>	<p>Assessing family planning facility readiness</p> <hr/> <p>Creating action plans for improvement</p>

Strengthening capacity of frontline service providers

Shukhi Jibon developed a new handbook and conducted trainings of trainers for service providers and regional managers—from both DGFP and DGHS—on the provision of CB-PPFP services, including screening pregnant women, counseling clients, distributing short-acting methods, making referrals for long-acting methods, and engaging husbands and in-laws to build support for PPFP.

Improving pregnancy registration

The project supported DGFP to adapt its pregnancy registration tool, enabling providers to track PPFP services for the first time. With a more accurate accounting of all newly pregnant women, frontline service providers, managers, and supervisors more successfully cross-checked and followed up on their pregnancy lists—to encourage timely ANC, promote facility delivery, and conduct PPFP counseling for pregnant women. As a result, improved tracking, referrals, and follow-up contributed to an increase in facility deliveries and family planning uptake.

Enhancing Fortnightly Coordination Meetings

Shukhi Jibon encouraged key stakeholders from DGFP, DGHS, and local communities to come together for union-level Fortnightly Meetings (held biweekly at UH&FWCs). Considered the nucleus of Shukhi Jibon's CB-PPFP intervention process, these regular gatherings enhanced coordination and joint problem-solving among frontline service providers, facility-level providers, managers, supervisors, and community leaders.

LEARN ABOUT STRATEGIC POLICY ACTIONS

recommended by Shukhi Jibon to effectively engage communities, ensure an enabling environment for service provision, and advance PPFP and PAC-FP across Bangladesh's public and private sectors.

pathfinder.org/bd-policy-ppfp

Photo: Ridwanul Mosrur/USAID Shukhi Jibon Project

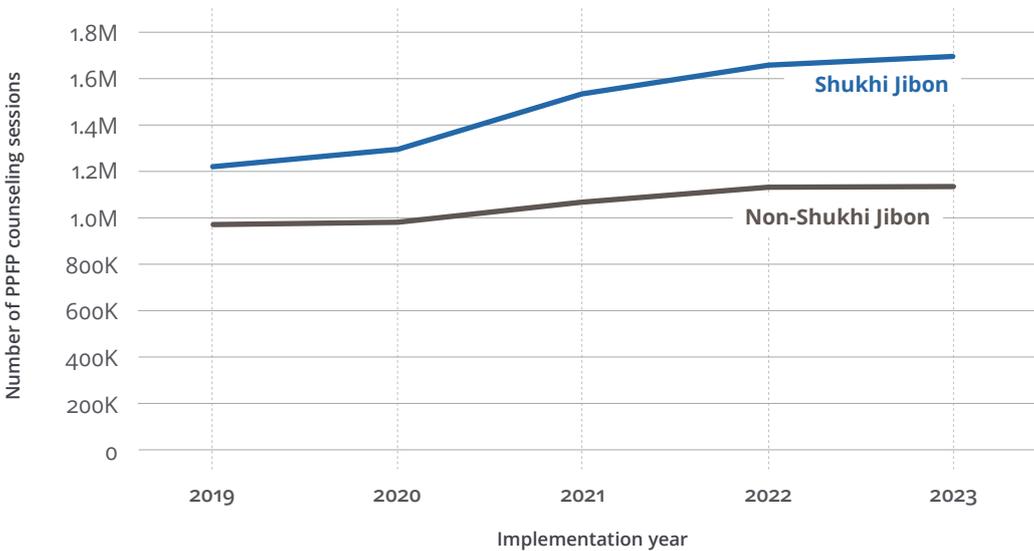


Fortnightly Meeting in Sylhet

Results

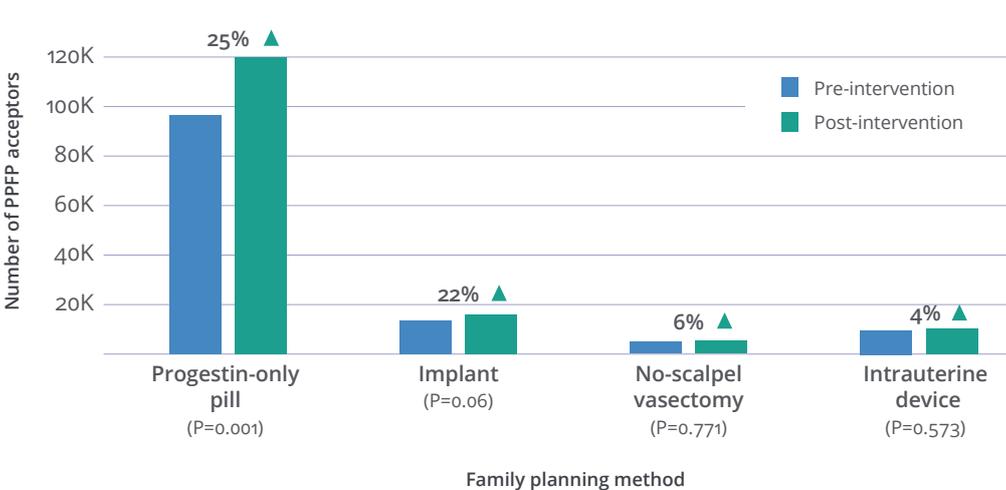
Shukhi Jibon’s CB-PPFP intervention showed that by leveraging existing public sector resources and enhancing coordination among implementers, Bangladesh has the power to drive significant progress on PPFP. An analysis comparing pre- and post-intervention training data, as well as performance and distribution data,³² revealed the following results:

FIGURE 11: PPFP COUNSELING DURING ANTENATAL CARE VISITS



Where Shukhi Jibon was implemented, the number of counseling sessions on PPFP held during ANC visits grew year over year, with a particularly large rise between 2020 and 2021 despite the disruptions to services and lockdowns engendered by the COVID-19 pandemic. In contrast, divisions where Shukhi Jibon was not implemented saw only a gradual increase.

FIGURE 12: INCREASE IN UPTAKE OF FOUR PPFP METHODS



Shukhi Jibon built the capacity of FWAs to enhance their counseling on PPFP and their provision of short-acting contraceptive methods suitable for the postpartum period, including the progestin-only pill (POP), known locally as APON, to clients who delivered at home. This contributed to an increase in POP user share within the method mix in nearly all—94.1 percent—of upazilas supported by Shukhi Jibon.

³² Shukhi Jibon’s Monitoring, Evaluation, and Learning team analyzed family planning and maternal and newborn health service statistics at the facility and community level, compiled from Shukhi Jibon’s DHIS2 system (a data collection and management platform) as well as the DGFP’s health management information system (HMIS). The team analyzed data from each upazila during the three-month pre-intervention period and post-intervention (three months following the 12-month implementation period). As all 40 upazilas did not start the intervention at the same time; performance data was analyzed for each upazila based on the time period corresponding to the appropriate pre- and post-intervention demarcation, beginning in April 2019 for the earliest upazilas and ending in December 2021 for the end of the 12-month period among those upazilas that were last to implement the intervention. The team completed a paired sample t-test to measure the level of significance of the performance change.



167

DGFP and DGHS authorities were trained as trainers on CB-PPFP and community-based PAC-FP.

6,590

frontline service providers completed cascade trainings on CB-PPFP.

2,094

Fortnightly Coordination Meetings were facilitated by Shukhi Jibon.

“Before, we did not know about PPFP & PAC-FP properly—that it helps reduce maternal and neonatal mortality and morbidity. Thanks to Shukhi Jibon, after finishing this training, we will be able to provide these services confidently.”

Rashida Begum
Senior Staff Nurse,
District Hospital, Narsingdi

Expanding method choice

Driven by an unwavering commitment to voluntary, informed method choice, Shukhi Jibon expanded access to a range of family planning options, including LARC-PMs. In addition to supporting the provision of contraceptive methods that will result in more than 21 million couple-years of protection, Shukhi Jibon provided implementation and technical assistance for two research studies:

Hormonal IUD (LNG-IUS): Shukhi Jibon, Pathfinder International, and Population Council supported DGFP's Clinical Contraception Services Delivery Program (CCSDP) to implement a prospective cohort study (24 months) in 7 high-volume facilities under DGFP, DGHS, and the private sector focused on the provision of a new contraceptive method—the hormonal IUD (HIUD).³³ The study assessed the feasibility of introducing the HIUD in public sector facilities for the first time, the acceptability of this method (from the perspective of both providers and clients), and the level of clients' satisfaction with the HIUD.

Findings from the study show acceptance of the HIUD is better than the copper IUD. Satisfaction with the method and with the bleeding pattern is higher overall for the HIUD than the copper IUD; 93% of clients who continued for 12 months were satisfied with HIUD.

Findings and recommendations from both studies have been documented and shared with key stakeholders from DGFP, DGHS, DGNM, Directorate General of Drug Administration (DGDA), NIPORT, and other development agencies to inform future family planning programs.

Copper IUD: Shukhi Jibon supported Population Council and DGFP partners to test a simple intervention—ensuring comprehensive couples' counseling on the IUD as a contraceptive method and offering ibuprofen for pain relief post-insertion—at a total of 41 public facilities intended to increase acceptance, use, and continuation of the copper IUD among married women of reproductive age (18 to 45 years) in Keraniganj, Savar, and Nawabganj upazilas.

A key concern for family planning programs is the rate at which users discontinue use of contraception and the reasons for such discontinuation. Findings from the study show two common reasons for discontinuation include bleeding and a husband's objection, indicating the need for quality counseling, including couple's counseling.

“Training [on IUD provision] increases our motivation. The gap within us knowing and understanding is also filled by training. We can explain more to clients.”

Family Welfare Assistant
Study participant

³³ While the hormonal IUD, a highly effective method of contraception that protects against pregnancy for five years that has the added advantage of treating heavy menstrual bleeding, has been registered in 120 countries, it has not yet been registered in any FP2030 countries, including Bangladesh.

Photo: Haifz Shishir/USAID Shukhi Jibon Project



Photo: Ridwanul Mosnur/USAID Shukhi Jibon Project

Photo: Ridwanul Mosnur/USAID Shukhi Jibon Project



3

Inspiring agency and action in communities

Change starts in communities. Shukhi Jibon recognized the complex interplay between individual, interpersonal, household, and community factors on SRHR and family planning outcomes. The project collaborated with local influencers—youth groups, parents, teachers, religious leaders, and others—to champion positive social and cultural norms that support SRHR, promote informed decision-making, and create a bridge between communities and facilities. As a result, more people were able to demand and use family planning.

উঠান বৈঠক



Raising community awareness

The project strengthened community platforms that promote healthy attitudes, values, and behaviors, enabling people to make informed decisions about their SRHR.

Shukhi Jibon supported Bangladesh’s national family planning program to raise awareness in communities and transform social norms and behaviors around SRHR and family planning. One of Shukhi Jibon’s key contributions to improving community health was its work to revitalize and enhance community dialogues and courtyard meetings.

Held in house yards, fields, and community centers, courtyard meetings have the potential to spread knowledge that improves uptake of SRHR, maternal and child health, and family planning services. However, before Shukhi Jibon, there was no guidance for frontline workers who are responsible for conducting courtyard meetings. As a result, providers seldom created agendas. And meetings were often unfocused, not tailored to the needs of a particular group.

Seizing the opportunity to bolster existing community platforms, Shukhi Jibon partnered with GOB officials and providers to facilitate awareness-raising sessions and develop new a Courtyard Meeting Guideline. This guideline, which was approved by DGFP’s Field Service Delivery Division, enables frontline health workers to more effectively arrange and conduct courtyard meetings. For example, using the guideline, providers can now conduct separate, targeted sessions for each distinct audience—adolescent girls, adolescent boys, newlyweds, first-time parents, pregnant women, couples, men, in-laws, PPF clients, religious and opinion leaders, and others. Session topics are now tailored to the unique needs of participants.

DGFP requested that Shukhi Jibon pilot-test the new guideline at the field level and share its experience to inform national scale-up. The revitalization of this community platform proved so successful that DGFP earmarked funds in its operational plan for more courtyard sessions based on the new guideline.

“Nowadays, we can easily encourage people, especially the men, to learn about family planning methods and other things related to pregnancy through this courtyard session. And all credit goes to Shukhi Jibon who helped us reintroduce this courtyard session in a more organized way than before.”

Md. Selim Mia
Family Planning Inspector, Bhedarganj, Sahriyatpur

Results

89,063

awareness sessions were conducted in communities.³⁴

14,402

religious and opinion leaders were sensitized.

7,126

providers in 118 upazilas were oriented to use the new Courtyard Meeting Guideline.

4,805

participants attended 171 sessions focused on dispelling family planning misconceptions.

³⁴ This number includes sessions facilitated by local partner organizations with support from Shukhi Jibon. For more, see pages 50 and 51.



“Now participants overcome their shyness and feel free to attend the courtyard meeting because it is a separate meeting just for them and their peers. And it helps us to disseminate family planning and health information in the right way.”

Asad Ulah
Family Planning Inspector, Bhedarganj, Sahriyatpur

Innovating for newlyweds

Shukhi Jibon reached newlywed couples on their wedding day with family planning information, so they can plan their families when they are ready.

In 2017, DGFP piloted a small program in the Brahmanbaria district, where information boxes on family planning methods were given to newlywed couples. The pilot project was a success—73% of the young couples who received the information chose to delay their first pregnancy as a result. Building upon these strong results, Shukhi Jibon supported DGFP’s Field Service Delivery Division to scale up the intervention to reach newlywed couples in 15 upazilas across 13 districts.

On the day of their wedding, newlywed couples received a surprise box from a local representative, in the presence of a community health worker known to the couple and/or a local religious leader or government official. The box was filled with information for the newlyweds. It came with a congratulatory letter from DGFP, a booklet on reproductive wellbeing, leaflets on oral contraception and condoms, samples for the couple to use, a wall clock with the National Family Planning Call Center number, and reminder stickers to promote the call center number so couples could seek information and guidance from local health workers.

The box was just one piece of the puzzle. Shukhi Jibon promoted a 360-degree approach to meeting newlyweds where they are, expanding their access to family planning, and ensuring they have support from their families and communities to use it. Additional activities included the following:

- Coordinating with community decision makers, including imams belonging to local Islamic foundations.³⁵
- Cultivating acceptance from family members by engaging a whole family in discussions when handing over the family planning information box.
- Strengthening the capacity of FWAs by providing specific training on AYSRH for newlyweds, interpersonal communication, and discrimination issues many adolescents face.

Spreading knowledge and creating communication channels between service providers, local leaders, families, and young newlyweds themselves, the intervention ensured young couples had choices about delaying and spacing pregnancy—and their futures.

Results

2,988

newlywed couples received family planning information.

1,494

family planning information boxes were distributed.

1,169

opinion leaders participated in project activities to promote delaying marriage and healthy timing and spacing of pregnancy.

59%

of newlyweds who received family planning information are now using a modern family planning method.³⁶

33%

of young married couples reached with family planning information were able to delay pregnancy as planned.

³⁵ These activities were conducted with permission from the National Level Authority of the Islamic Foundation, under the Ministry of Religious Affairs in Bangladesh.

³⁶ 59% of couples (n=264) who received a Family Planning Information Box during or shortly after their marriage were found to be using a contraceptive method (oral pill or condom) within 12 months of their marriage or within 12 months time period. This information is based on FWAs’ monitoring.



“I have come to know new things. I have come to know about the role of family planning more accurately while getting involved with this initiative.”

Hindu religious leader
Lama, Bandarban

“It is a tremendous initiative to provide an information box to our newlywed couples. I advised the new couple to read the information booklet and communicate with the local FWA to develop a better understanding of family planning methods. I am committed to discussing sexual and reproductive health at my mosque, as well as the importance of family planning for adolescents to prevent early pregnancy and maternal death, and to enrich happy families.”

Mohammad Abul Bashar
Imam, Lunapara Jame Mosque, Mymensing

“I want to continue my study, but I am a newlywed. I got a box through my wedding program where I found information about reproductive wellbeing and getting access to a [family planning] method. I met my service provider on my wedding day and, at her suggestion, I decided to take a temporary method to delay my pregnancy until I am 20.”

Joya Rani
Young client, Gouripur, Mymensingh

Using digital technology to promote healthy SRH behaviors

Shukhi Jibon advanced numerous cohesive, scalable, and sustainable digital health solutions to improve SRHR across Bangladesh. The project bridged physical distances to reach more people—especially adolescents and youth—with the knowledge they need to make informed decisions about their health.

To successfully deliver critical health information to adolescents and youth, Shukhi Jibon got creative and moved beyond traditional settings. The project reached young people where they are—on trusted websites and their favorite social media platforms—and supported the government’s digital initiatives to make them more useful, engaging, and accessible to young people and others who influence their health decisions.

Leveraging social media for social and behavior change

Shukhi Jibon provided technical assistance to DGFP’s Information, Education, and Motivation (IEM) Unit to advance its social and behavior change communications by launching a new social media plan for IEM that featured live discussions, in-app ad placement, animation, character-based videos, comic strips, quiz competitions, experience sharing, and more. The Shukhi Jibon team collaborated with the IEM Unit to maximize the reach of the IEM Facebook page by improving engagement and increasing adolescent and youth traffic. Now, through this page, young people can directly engage with call center agents, who are trained to deliver adolescent- and youth-friendly information, and service providers ready to answer AYSRHR-related queries and provide referrals for services.

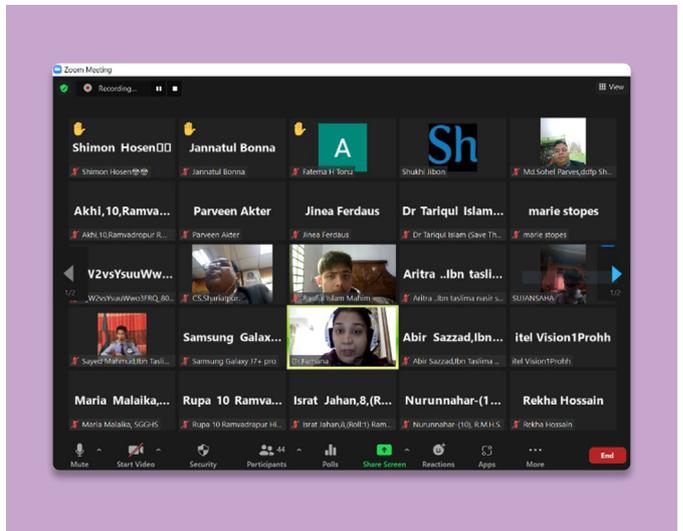
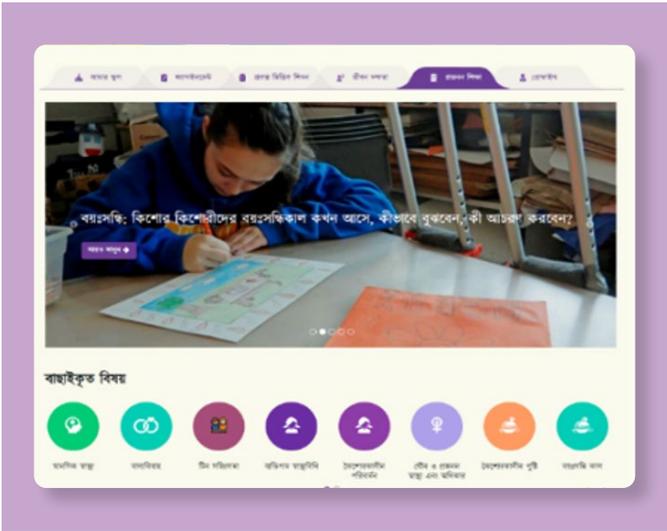


Photo: USAID Shukhi Jibon Project

Increasing real-time interaction

The project supported key stakeholders, including family planning district managers, to organize virtual seminars with young people and their influencers to discuss a range of AYSRHR topics, including family planning and child marriage. These sessions were ultimately recorded and disseminated on YouTube to expand their reach. In addition, Shukhi Jibon supported local partners to harness the power of popular digital tools—that many adolescents and youth already use—to connect young people to accurate information and skilled providers, and to promote healthy AYSRH behaviors. For example, voluntarily enrolled adolescent married couples and first-time parents in project areas received voice messages and short message service (SMS) focused on AYSRHR and family planning issues. These messages, which were developed by one of Shukhi Jibon’s local partners—PHD—in line with MOH&FW guidelines, were displayed in Bangla.

Photo: USAID Shukhi Jibon Project



Bolstering public sector platforms

Shukhi Jibon supported the Aspire to Innovate (azi) program and the Directorate of Secondary and Higher Education (DSHE) to enhance its Kishore Batayan - Konnect platform³⁷ by incorporating a special focus on SRHR and family planning for adolescents. The site's Virtual Adolescent Sexual and Reproductive Health and Rights Corner, launched in April 2022 with support from Shukhi Jibon, promotes two featured resources: (1) a blog with content generated from AYSRHR materials, developed with the DGFP, and (2) a moderated Q&A.³⁸ Both features aim to engage and inspire discussion about AYSRHR among young visitors to the site, as well as the people who influence their decisions and access to services.

On Konnect's Facebook platform, Shukhi Jibon and azi teamed up again to organize "Konnect Café"—a Facebook Live show that brings together young people, experts, gatekeepers, and social influencers to discuss issues, gain a better understanding of each other's perspectives, and foster a supportive environment for AYSRHR. Streamed twice a month, "Konnect Café" stimulated further discussion of AYSRHR issues, such "Social Media for Wellbeing" and "Dreams, Future, and Planning for Life."

Results

8.5 M

people were reached through DGFP's IEM Unit's social medical campaign.

579,000

people were reached through youth-led social media campaigns.

140,000

people were reached during 36 Konnect Café Live Facebook sessions.

72,000

SMS messages were delivered to adolescent couples and their family members.

2,500

people were reached through the Konnect platform's virtual AYSRHR corner.



LEARN MORE about Shukhi Jibon's digital health solutions to strengthen AYSRHR across Bangladesh.

pathfinder.org/bd-digital-youth

³⁷ The Konnect platform is managed by a2i—the flagship program of the Digital Bangladesh agenda.
³⁸ Users can post questions, anonymously if they wish, which are answered by trained counselors. Peers can also respond to share their experiences.

Keeping local partners at the center

From 2018 to 2023, Shukhi Jibon reached 1.3 million adolescents across four geographic divisions with family planning information and services. This result was built upon a range of robust, interconnected activities to strengthen the public sector as well as partnerships with six local NGOs that have significant experience, capabilities, and credibility to improve AYSRHR in their communities.

Shukhi Jibon provided focused grants and technical support to the following local organizations, who led new and innovative initiatives, gender-responsive solutions, technology-based approaches, and ongoing AYSRHR programs in project areas:

- Eco-Social Development Organization (ESDO),
- Family Planning Association of Bangladesh (FPAB),
- Light House,
- Partners in Health & Development (PHD),
- SERAC Bangladesh, and
- Young Power in Social Action (YPSA).

Improving access to youth-responsive services

Shukhi Jibon supported local partners to strengthen the capacity of frontline workers and peer educators, bring AYSRHR services closer to communities, bridge gaps between communities and facilities, leverage technology to improve AYSRH, and expand Bangladesh's school health program as a driver of AYSRHR.

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

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

3,507 adolescents and young couples received tele-counseling to gain knowledge for improving their AYSRHR and referrals for quality AYFHS.

Increasing youth agency and choice

Local partners worked directly with young people to build their skills, knowledge, and social networks; promote youth leadership; advance comprehensive sexuality education; and ensure the inclusion of marginalized youth—unmarried adolescents, ethnic minorities, transgender youth, young people with disabilities, and young people living in areas that geographically isolated or prone to extreme natural disasters—in family planning programs.

122,271 young people, including 30,000+ very young adolescents, participated in sessions to gain knowledge, awareness, and agency to improve AYSRHR.

44,800+ young people, including 7,000 very young adolescents, participated in comprehensive sexuality education sessions supported by Shukhi Jibon.

6,754 youth leaders were trained as peer educators to promote healthy AYSRH practices and increase healthcare-seeking behavior.



Local partners pulled from tradition, incorporating rhythmic Puthi reading that evolving from oral storytelling traditions, into social and behavior change (SBCC) activities targeting young people in rural areas with SRH messages.

Building a supportive social environment

Local partners led initiatives to promote positive social norms and healthy SRH behaviors that support rights-based, gender-transformative SRH services for young people. Adolescents and youth acquired knowledge about contraception and gained support from their communities to use it.

50,917 people, including adolescents and youth, parents, religious leaders, and other community gatekeepers, participated in community dialogue sessions on AYSRHR.

33,394 adolescents attended 3,740 life-skills sessions, conducted by project-supported community facilitators, to learn strategies for making informed decisions about challenges they may face related to SRH, education, and economic opportunities.

4,834 community members attended 44 drama performances featuring local volunteers trained through Shukhi Jibon, who delivered SRHR messages scripted through the project.

Advocating for change

From the community to national level, Shukhi Jibon's youth-serving NGO partners worked to create a policy and resource environment that enables young people to exercise their right to SRH.

389,443 people were reached through a Facebook hashtag campaign highlighting and calling for support for AYSRHR.

1,850 adolescents across 76 unions in 8 districts assembled to advocate and share experiences with their local government (Union Parishad).

Journalists oriented on AYSRHR visited health facilities and met with adolescents to learn about their experiences—and challenges—getting the services they need.

Reaching young people in schools

Schools provide a valuable platform for reaching adolescents in their early years with knowledge, skills, and support that create a foundation for a healthy future. Shukhi Jibon brought together stakeholders from DGFP, DGHS, and DSHE, as well as local partner NGOs, to capitalize on the vast network of Bangladesh’s public education system to improve AYSRHR.

Shukhi Jibon promoted adolescent health in classrooms by training health providers and secondary school teachers to share information with students on a variety of topics, including puberty, gender, rights, nutrition, menstrual hygiene management (MHM), and life skills, and to refer students for services at nearby health facilities. The project helped create several new resources, developed through formal processes led by DGHS, including a guideline for SACMOs to use when conducting adolescent health sessions in schools, a guideline on referral mechanisms between schools and health facilities, fliers for peer leaders, a training manual on adolescent-responsive parenting for students’ parents, and an orientation manual for community gatekeepers.

Through Shukhi Jibon, local NGO partners created new IEC and social and behavior change communication (SBCC) materials customized for young students. These ranged from posters displayed in school hallways to music videos created as part of school- and community-based campaigns.

Innovation spotlight: Launching virtual student groups during COVID-19

When COVID-19 forced schools to close, adolescents could no longer get AYSRH information through school health sessions. For girls in Madrasa, who face significant challenges meeting their AYSRH needs in their communities, Shukhi Jibon helped create adolescent and youth virtual groups. SACMOs in Mymensingh, with the project’s support, established a space online to host interactive sessions where young female students asked questions about a variety of health topics, such as MHM, and got the answers they needed, even during a pandemic.

“This is the first time I have received the information about SRH. If I could get this information earlier, it would have been helpful for my mental health. I request that this type of discussion be conducted at every educational institute.”

Sonia Begum

Student, Hazi Abdul Ahad School and College,
Bagha Union, Golapganj Upazila



4

Increasing equality and resilience

Family planning is a human right. Everyone should have an equal opportunity to improve their SRH and create a brighter future for themselves and their families. Shukhi Jibon supported people who are underserved, marginalized, and socially and geographically isolated to access services and play more active roles in transforming norms and health in their communities. The project collaborated with GOB, private sector, and local partners to deliver more equitable and inclusive services, bridge gaps to reach those most in need, and address vulnerabilities that threaten people's health and the systems they depend on.



Integrating gender across every activity

Gender equality³⁹—a cross-cutting priority for Shukhi Jibon—is critical for ensuring the SRHR of women, men, and adolescent girls and boys, including transgender people. Shukhi Jibon applied a gender lens to all its work.

Shukhi Jibon supported facilities and providers to make AYSRHR, PFP, and PAC-FP services gender-responsive. The project partnered with the GOB to improve facility readiness and train providers to deliver family planning services that integrate gender and respond to gender-based violence (GBV) using checklists, job aids, and new guidelines developed through Shukhi Jibon. To ensure this important work continues after Shukhi Jibon's end, the project team developed an e-Learning course⁴⁰ on gender-integrated family planning services, which has been approved and adopted by DGFP.

To further promote gender equality and intentionally address the underlying causes of GBV, Shukhi Jibon implemented gender-transformative⁴¹ activities, particularly for adolescents. For example, the project supported local partners to engage influential community members, including religious leaders, in discussions about the role they can play in promoting equality for girls and boys and women and men; preventing child marriage; and reducing barriers for adolescents and youth to access SRH services.

“Many issues can be addressed if we work diligently on GBV and SRHR. Using this manual, Bangladesh’s family planning service providers will better be able to provide appropriate, high-complined, gender-sensitive services, which are very crucial for a quality program.”

Shahan Ara Banu, ndc
 Director General (Grade 1)
 Directorate General of Family Planning

Responding to urgent needs

Gender inequality and GBV are structural drivers of poor reproductive health and family planning outcomes. There is a correlation between women experiencing GBV and a decreased ability to use family planning methods, making those who experience GBV more vulnerable to unintended pregnancies.



LEARN MORE about Shukhi Jibon's gender-transformative work. pathfinder.org/shukhi-jibon

39 Gender equality is defined as females and males having equal rights, freedoms, conditions, and opportunities for realizing their full potential.

40 Shukhi Jibon developed fifteen videos for an e-learning course on GIFPS based on the GIFPS manual. Since the course is designed for frontline and mid-level service FP/SRH service providers. Scripts were developed in consultation with the Gender Working Group approved by DGFP's information, education, and communication (IEC) Technical Committee. This eLearning course, like all of Shukhi Jibon's government-approved resources, now live on DGFP's online portal.

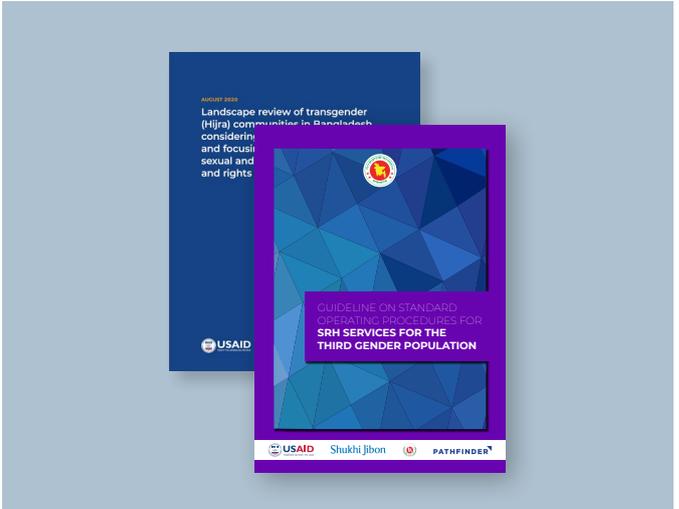
41 Shukhi Jibon's gender-transformative approach examined and strengthened systems and gender norms and dynamics that promote equality.



Top: Across Bangladesh, with Shukhi Jibon's support, people participated in the annual international campaign 16 Days of Activism against Gender-Based Violence. Photo: USAID Shukhi Jibon Project. | Bottom: A young transgender woman receives SRHR services with support from local project partner Light House. Photo: Light House/USAID Shukhi Jibon Project.

Upholding the rights of third gender people

To further promote equality and inclusivity in health care, Shukhi Jibon strengthened service delivery for gender-diverse populations, including hijra⁴² people. The project trained providers and supported the DGHS's AIDS/STD Program, in collaboration with the GOB's HIV/AIDS Technical Working Group, by developing Bangladesh's first Standard Operating Procedure (SOP) for SRH for the Third Gender Population. Complementing these activities, Shukhi Jibon supported local partners to conduct awareness-raising sessions with transgender communities and advocated with local governments to address the SRHR need of hijra and transgender people.



42 In Bangladesh, "hijra," which is often translated to mean "third gender," represents a person whose gender identity and expression differ from their sex identity at birth.

Going where the need is greatest

Affirming its commitment to universal access and upholding the SRHR of all people, Shukhi Jibon reached marginalized communities, including people with disabilities and hard-to-reach adolescents, with information and health care that meets their unique needs.

In collaboration with Bangladesh’s Clinical Contraceptive Service Delivery Program and the United Nations Population Fund (UNFPA), Shukhi Jibon contributed to the development of a new SOP on Disability Inclusive Family Planning and SRH Services and trained providers to deliver quality services tailored to the specific needs of people with disabilities.

The project supported DGFP and local partners to recruit and build the capacity of volunteers from ethnic communities of the Chittagong Hill Tracts to conduct information-sharing sessions in household yards in their own language.

Shukhi Jibon also expanded access to AYSRH information and services for young people in rural tea garden communities of Sylhet—who often face extreme poverty, are socially isolated, and struggle to access distant health services—through tele-counseling visits. Tele-counseling for young, hard-to-reach individuals was so successful that the government committed to continuing these services after Shukhi Jibon ended.

To improve the health and wellbeing of Bangladesh’s ready-made garment (RMG) workers—85% of whom are female—Shukhi Jibon supported DGFP’s program to expand rights-based SRHR and family planning services in factories. The project increased collaboration between the public and private sector, provided technical support to finalize DGFP’s SRHR Curriculum and Trainer’s Manual for RMG workers; strengthened the capacity of factory-based providers; and enhanced services in family planning corners located within factories.

3,507

adolescents and young couples received tele-counseling services through Shukhi Jibon's local partner to gain knowledge for improving their AYSRH referrals for quality AYFHS.



Young woman begins a tele-counseling session.

Photo: USAID Shukhi Jibon Project

Building resilience in the face of crisis

Health does not exist in a vacuum. The future of family planning and SRHR programs in Bangladesh must address people's needs more holistically. This conviction drove Shukhi Jibon's work with local partners to deliver multisectoral solutions, such as addressing the acute vulnerability women and girls experience during natural disasters made worse by climate change.

On riverbank char areas, where communities are isolated for long periods during seasonal floods, Shukhi Jibon teamed up with local partners to deliver family planning information, link clients to services, and ensure the availability of essential SRH commodities. Coordination with existing leadership structures—flood shelter management committees and union disaster management committees—led to the transformation of flood shelters into gender-friendly centers.

Shukhi Jibon also consulted and advocated with representatives from DGFP, DGHS, NIPOORT, the Disaster Management Bureau (DDM), DGNM, Midwifery Society, and other development partners on key strategies, such as of addressing climate vulnerabilities, meeting the needs of adolescents and youth, advancing gender integration, and promoting rights-based approaches. As a result, DGFP introduced new satellite clinics in flood-affected communities, and these issues have been prioritized in operational plans of the government's Clinical Contraceptive Service Delivery Program, Field Service Delivery, Maternal Child Reproductive and Adolescent Health, and Management Information Systems in Bangladesh's next sector program.

Result

27,500

people, including pregnant women, fathers, community health workers, and qualified health professionals received direct technical assistance through the Women-Led Community Resilience to Climate Change project supported by Shukhi Jibon.



SEE STRATEGIC POLICY ACTIONS to develop preventative and adaptive activities that support the MOH&FW's strategic goals, strengthen communities and health systems to become resilient to future disaster-induced shocks, and ensure no woman or girl is left behind.

pathfinder.org/bd-policy-srhr-disasters

“Integration of family planning services into disaster management programs will be very beneficial for both service providers and receivers. The two programs will be able to help each other by delivering each other the messages.”

Upazila Program Officer
Gaibandha



Shukhi Jibon Recommendations

Shukhi Jibon shares the project’s legacy—evidence, insights, resources, and innovative approaches—to inform future family planning and SRH programs. Reflecting on the overarching lessons learned through more than five years of implementation, Shukhi Jibon offers recommendations for program designers, implementers, funders, and dedicated partners in the GOB.

1

Shukhi Jibon’s community-based postpartum family planning (CB-PPFP) approach can be highly beneficial beyond family planning.

Shukhi Jibon deployed its CB-PPFP approach to ensure women and couples can make informed decisions about family planning before, during, and after pregnancy. To deliver CB-PPFP services to clients in the most efficient and effective way, the project strengthened the capacity of the government’s existing workforce and processes, including improving the registration and follow-up of all newly pregnant women, enhancing coordination between DGHS and DGFP for uninterrupted PFP through Fortnightly Meetings at the union level, and integrating PFP counseling with immunization outreach and ANC. These activities contributed to significant uptake of numerous PFP methods and an increase in PFP counseling during ANC (see page 38). Shukhi Jibon’s CB-PPFP approach should be scaled up to effectively engage communities; ensure an enabling environment for service delivery; and advance comprehensive reproductive, maternal, newborn, and child health nationwide. To make this a reality, strategic policy actions and further investment and support from the GOB and development partners are needed now.

2

Fortnightly Coordination Meetings are a critical platform for strengthening local health service delivery.

Considered the nucleus of Shukhi Jibon’s CB-PPFP approach, Fortnightly Meetings—regular union-level gatherings—enhanced coordination and joint problem-solving among frontline health workers, facility-level providers, managers, supervisors, and community leaders. To strengthen and optimize this existing government platform, Shukhi Jibon supported DGFP to revise Fortnightly Meeting guidelines and employ new tools and resource that improved organization, engagement, and the development of follow-up actions. As a result, community- and facility-based providers were re-energized with increased capacity to plan, review activities and performance, and improve record-keeping and data-reporting. Together, participants resolved bottlenecks and closed coordination gaps to improve facility readiness and the quality of care provided to pregnant and postpartum women. To further strengthen this valuable platform, continued investment and support are needed.



Ms. Laily Akter Khanam, a provider supported by Shukhi Jibon, counsels a client on family planning services, Mymensingh.

Photo: Ridwanul Mosrur/USAID Shukhi Jibon Project

43 Gender-transformative approaches seek to transform harmful gender norms; reduce the impact of GBV on SRHR; and change policies, structures, and systems that hold individuals of all genders back.

44 USAID Shukhi Jibon Project, “The Situation of Gender-Based Violence Including a Review of Current Family Planning and Sexual and Reproductive Health and Rights Programs.”



Jayanti Roy, Family Welfare Visitor, provides family planning counseling to a client during a home visit, Jalalabad union, Sylhet, Photo: Ridwanul Mosrur/USAID Shukhi Jibon Project

3

Adopting an “ecosystems approach” leads to better trainings and more sustainable results.

Shukhi Jibon partnered with the MOH&FW to implement a constellation of activities across Bangladesh’s training ecosystem for public sector providers. The project supported NIPORT to introduce and strengthen teaching-learning methodologies, curricula, classroom practices, technology-driven training management, collaborative platforms, and processes for continuous review and improvement. This included CBT—an evidence-based, *learn-by-doing* approach—that transformed the way NIPORT develops trainers’ skills to address performance gaps (see page 16). Shukhi Jibon also supported the roll-out of TMIS that has enhanced monitoring of training systems and put actionable data in the hands of people who use it to improve overall training planning and management (see page 18). TMIFs, supported by the project, have enhanced the quality of training at training institutes by providing critical insights and action plans for institutional improvement (see page 19). All initiatives—CBT, TMIS, and TMIF—have been adopted by NIPORT, institutionalized with NIPORT’s own funding, and expanded beyond Shukhi Jibon’s project areas. The time is right to scale up these activities nationwide.

4

Prioritizing gender equality is critical for sustaining gains in SRHR.

Shukhi Jibon’s commitment to equity and gender equality underpinned project activities at all levels. Based on Pathfinder’s global experience implementing gender-transformative approaches⁴³ and evidence generated through the project,⁴⁴ Shukhi Jibon provided technical support to DGFP and DGHS to develop and roll out provider training on gender-integrated and GBV-responsive family planning; ready facilities; and engage communities—including adolescents, women, and men—to increase demand for these respectful, confidential high-quality services. Strong collaboration made this progress possible. For example, in partnership with local health care providers, local NGOs, and community leaders, Shukhi Jibon integrated GBV awareness campaigns with SRH education, fostering open dialogues on both issues. This increased people’s understanding of profound connection between the gender and SRHR,⁴⁵ and contributed to a boost in family planning uptake. Shukhi Jibon also supported Bangladesh’s Gender Working Group, led by the Line Director of Field Service Delivery, which should continue to play a pivotal role in scaling up and sustaining progress.

⁴⁵ For example, GBV often obstructs women’s access to SRH services and informed reproductive choices. Conversely, comprehensive SRH services can help prevent and address GBV by empowering women with knowledge and control over their reproductive decisions.

5

Take a whole-site, whole-system approach to serving adolescents. Meeting the unique and varied needs of adolescents and youth can be a challenge in Bangladesh, where strong sociocultural beliefs and traditions may limit young people's access to and use of SRHR services. To address pervasive barriers and reach adolescents with respectful, unbiased, age-appropriate AYSRH information and services, Shukhi Jibon partnered with the GOB to implement a powerful package of complementary activities in facilities, communities, schools, and through digital channels (see page 30). An essential part of the project's efforts to scale up AYFHS and increase readiness to provide family planning services to dynamic, underserved population, is Shukhi Jibon's whole-site model (see page 32). Adoption of this whole-site model, which embraces a health-systems perspective and responds to the limitations of an exclusive adolescent corner, requires facilities to undergo comprehensive changes, fostering an environment that is welcoming, confidential, and equipped with suitable materials for adolescent education. These enhancements pay dividends. By incorporating and scaling up Shukhi Jibon's whole-site model, Bangladesh can create a comprehensive and inclusive health care system that prioritizes the unique health needs of adolescents across all levels of care.

6

Strengthen collaborative mechanisms across GOB ministries to promote school-based AYSRHR.

As hundreds and thousands of adolescents and youth meet regularly in schools, school health programs offer a great opportunity for reaching young people with AYSRHR information and services. However, Bangladesh's current strategy for addressing the health needs of students involves multiple governmental ministries, each with their own unique initiatives. For example, MOH&FW expands access to school-based AYSRH services through the provision of clinical and nonclinical services; health education support to primary and secondary schools; training programs for educators and community leaders; capacity strengthening of the service providers, teachers, gatekeepers, and peers; and school health sessions. Meanwhile, the Ministry of Education (MOE), through DSHE, improves young people's health and wellbeing through

Bangladesh's National Curriculum and Textbook Board (NCTB), during classroom sessions through the Aspire to Innovate (A2i) program, and on virtual platforms through which young people receive various resources. While the many initiatives above, and the ministries that oversee them, share similar goals, their program approaches are not fully harmonized. Shukhi Jibon supported the GOB to identify and address this challenge. The project brought together MOH&FW and MOE stakeholders in workshops and strategy sessions to explore collaborative mechanisms and create bridges between schools and health facilities. Continuing this collaboration critical. The success of the school health model—ensuring young people have the knowledge and support they need to make informed decisions about their health—depends on it.

7

Increase provider and facility performance through integrated mentorship and supportive supervision (M&SS).

Shukhi Jibon's M&SS model shows that by seizing opportunities to build an integrated M&SS approach upon Bangladesh's existing supervision structure, the public health sector can take critical steps toward increasing provider and facility performance to deliver higher quality family planning and SRH services. To institutionalize this effective approach, it is important to reiterate to all stakeholders that M&SS promotes collaboration, learning, and adaptation instead of criticism, performance appraisal, or retribution to foster a nonjudgmental and facilitative environment for continuous quality improvement. Furthermore, skilled human resources are critical. Program attrition due to the transfer of a mentor or mentee is a missed opportunity. Consider engaging the mentor at their new workplace with new mentees and train new mentees to fill attrition gaps. Most importantly, Shukhi Jibon recommends the inclusion of the project's integrated M&SS model in Bangladesh's 5th Health, Population, and Nutrition Sector program, with necessary budgetary allocation for scale-up.

8

Create a culture of thinking and acting digitally that contributes to a strong digital ecosystem.

Shukhi Jibon advanced numerous cohesive, scalable, and sustainable digital health solutions to advance SRHR, especially for adolescents and youth. In partnership with various government and NGO partners, the project increased family planning outreach, expanded health workers' use of communication technology, enhanced the knowledge and skills of health providers to support digital services, and increased community mobilization and support for AYFHS. Reflecting on the significant progress made through these activities, Shukhi Jibon set its sight on the future of digital health. While promoting technology in the health care system is crucial, it is time to move beyond merely building digital tools and promoting digitization in silos. In most cases, simply translating existing processes into electronic formats replicates the inefficiencies existing in the analog world. Instead, future programs should embrace full digital transformation. Supporting national health systems, programs should work with government partners, implementers, and other stakeholders to rethink how to help clients become empowered, optimize resources, and build a system that adapts to the ever-changing needs of people today as well as future generations. Transitioning to and working within a digital ecosystem requires strong change management processes among program partners, including implementers and government stakeholders, as well as dedicated, continued support. For example, Shukhi Jibon supported the development of DGFP's Digital Health Working Group to facilitate the public sector's transition towards digital transformation. Achieving this goal requires future programs to support the Digital Health Working Group after Shukhi Jibon ends.

Historically, despite great enthusiasm, many digital health interventions in Bangladesh have been fractured and often unsustainable. To address these issues, Shukhi Jibon focused on strengthening public sector platforms, finding digital means to reduce the distance between a provider and client. Backed by the GOB, these initiatives minimized waste and missed opportunities and can propel Bangladesh's eHealth services forward.

9

Prioritize the effective use of data for enhanced decision making at the local level.

Quality data collection, reporting, and analysis is key to the success of any family planning program. Shukhi Jibon seized opportunities to empower local government staff to enhance the quality of data they collect and report. The project provided technical assistance to DGFP and DGHS by organizing semi-annual meetings in 26 districts to review progress and performance, and to provide hands-on coaching to upazila family planning assistants on indicators and action-planning related to family planning and adolescent services. Participants reviewed a range of service data, from family planning discontinuation rates to rates of PFP counseling during pregnancy. With support from Shukhi Jibon, they discussed how to improve record-keeping and reporting issues within district- and upazila- level health facilities and communities. These activities effectively built participant's skills and increased their capacity to effectively analyze and use performance data for decision making and evidenced-based documentation. This critical technical support, which contributed to a significant decrease in data inconsistency, should be prioritized in future programs.



Photo: Ridwanul Mosrur/USAID Shukhi Jibon Project

ABOUT THE PROJECT

From 2018 to 2023, USAID's Accelerating Universal Access to Family Planning Project, known as Shukhi Jibon in Bangladesh, partnered with Bangladesh's Ministry of Health and Family Welfare to advance innovative, scalable solutions for increasing access to and uptake of voluntary family planning where the need is greatest, including urban slums, communities with growing refugee populations, and regions devastated by climate change-induced floods and natural disasters. Across Dhaka, Chattogram, Mymensingh, and Sylhet divisions of Bangladesh, Shukhi Jibon worked to improve people's health and wellbeing 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 covered more than 14.7 million eligible couples and 18 million adolescents in 268 upazilas (sub-districts) across 32 districts.

Shukhi Jibon was funded by USAID and led by Pathfinder International, in partnership with IntraHealth International and local implementing organizations, Eco-Social Development Organization, Family Planning Association of Bangladesh, Light House, Partners in Health & Development, SERAC Bangladesh, and Young Power in Social Action. Strategic support was provided by the University of Dhaka, Departments of Population Sciences; the Obstetrical and Gynecological Society of Bangladesh; and the World Health Organization.

pathfinder.org/shukhi-jibon

Cover photo: Hafiz Shishir

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“USAID Shukhi Jibon has an impact. We are seeing the changes.”

Md. Abdur Razzak

Deputy Director - Family Planning,
District Family Planning Office,
Moulavibazar, Sylhet



Shukhi Jibon

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