2023 CLA CASE COMPETITION

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Case Title:

Integration of CBT into Bangladesh's Family Planning Public System

Name:

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Organization:

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Summary:

Following decades of progress in Bangladesh, demand for and access to family planning (FP) services have plateaued. While quality family planning services is the key to overcoming the plateau, many FP providers lack the confidence and skills to meet their clients' need by providing standard and high-quality FP services. To close this gap; enhance the knowledge, attitudes, and skills of Bangladesh's FP workforce; and achieve national FP goals, USAID's Shukhi Jibon project has collaborated with the government of Bangladesh to introduce competency-based training (CBT). CBT is a learn-by-doing training approach that fortifies Bangladesh's training system by focusing on strengthening the capacity of the trainers themselves.

To effectively integrate CBT within Bangladesh's national FP training system, Shukhi Jibon engaged in a systematic learning process that leveraged extensive internal and external collaboration—with project sub-team colleagues, implementing partners, and Bangladesh's National Institute of Population Research and Training (NIPORT), Directorate General of Family Planning (DGFP), and Directorate General of Healt

Think of this section as an executive summary or abstract. For best results, write this last. If your case is a winner or finalist, this summary could be featured on a poster or in a USAID Learning Lab blog post, so it needs to make sense on its own and spark interest in reading more about your case. Be sure to spell out all acronyms in this section.

1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

Despite Bangladesh's significant achievements in expanding access to quality FP services in the past two decades, gaps in quality service delivery remain, creating a ripple effect throughout the country's health system. For example, Bangladesh's total fertility rate, contraceptive prevalence rate (54%), contraceptive dropout (30%), and unmet need for FP (12%) have remained largely unchanged for the past ten years. One contributing factor of this plateau is that many FP providers lack essential service delivery skills, such as FP-specific clinical competencies, confidence in decision-making, effective communication, a positive attitude, and a strong work ethic.

A Family Planning Trainings Needs Assessment conducted by USAID's Shukhi Jibon activity in 2019 highlighted the urgent need for developing the capacity of Bangladesh's FP workforce. The assessment revealed that most existing FP training was classroom-based, used didactic presentations, and included limited practicum and/or refresher training.

Bangladesh's National Institute of Population Research and Training (NIPORT) is responsible for training FP service providers from the Directorate General of Family Planning (DGFP) and the Directorate General of Health Services (DGHS), it lacks needed resources and capacity to fully achieve this objective. To fill training gaps, NIPORT utilizes many professionals, including part-time or outsourced trainers of variable quality who are difficult to oversee. This results in inconsistent training quality.

Shukhi Jibon partnered with the government of Bangladesh to introduce competency-based training (CBT), a novel training approach that focuses on strengthening the specific knowledge, skills, and attitudes that Bangladesh's FP providers need.

2. **What two CLA Sub-Components are most clearly reflected in your case?**

External Collaboration

Continuous Learning & Improvement

3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

Tracking evidence base/situation analysis: To identify training needs, Shukhi Jibon first conducted a training needs assessment. The assessment revealed that most providers were trained at the inception of their jobs and received few practicums or refresher training since. Providers received their most recent refresher training on counseling and FP methods between 2.9 and 9.5 years prior to the assessment. Furthermore, most providers reported inadequate or ineffective practicum and refreshers; most were theory- and classroom-based lectures without practicum or follow-up.

Development of intervention through external and internal Collaboration:

In response to these training needs assessment findings, Shukhi Jibon introduced competency-based training (CBT) through external collaboration with NIPORT and the Directorate General of Family Planning (DGFP). CBT develops skills to address performance gaps of DGFP service providers using practical, hands-on adult learning methodologies. The project established internal collaborations with IntraHealth International for developing a CBT theory of change.

Close collaboration with DGFP and NIPORT at the national and district level led to the development of CBT checklists for continuous monitoring informed by evidence, international guidelines, and national standards detailed the specific actions required to complete each clinical tasks. Once providers are deemed competent, a systematic follow-up mechanism and need-based refresher training ensured consistent quality of services.

Implementation of intervention and learning approach using continuous learning and Improvement:

Shukhi Jibon and government partners worked together to develop objectives and learning questions, learning processes, and learning lab sites (intervention areas). In February 2019, Shukhi Jibon trained 20 master trainers from 10 learning lab training institutes (9 NIPORT and 1 DGFP) with high-volume maternal and child welfare centers and upazila (subdistrict) health complexes. The master trainers were then engaged to conduct cascade trainings of trainers at the district level.

Shukhi Jibon engaged NIPORT, DGFP, and Directorate General of Health Services (DGHS) in a consultative process to develop a learning agenda, identify and respond to learning questions like How is CBT and adult learning methodology adapted in the training management context of BD after the training? What type of follow-up is required for the CBT approach? Etc. and capture learnings. This process was driven by a desire to understand the factors that influence how best to implement CBT approaches. Quantitative and qualitative processes were used to allow for robust, mixed methods data collection and triangulation of data to understand each question and their relationships to each other. The project systematically gathered information from the districts and hosted a series of reflection meetings with the GOB to identify and learn from implementation successes and challenges.

This learning lab experience informed several adaptations to CBT integration as the project replicates and scales the approach. For example, based on feedback from trainers like the extension of the ToT duration at learning lab sites, Shukhi Jibon rearranged the sequencing of training sessions and extended the initial two-day training of trainers (TOT) to four days. The project also recognized how important it is to understand whom the TOT participants are before training them, simplifying slide presentations that originally used technical English terms to instead use local Bengali terms when needed. The project also learned how to acquaint critical stakeholders with the approach and facilitated their strong commitment to CBT integration. Finally, in learning lab districts, Shukhi Jibon engaged trainers trained in CBT in the project’s other activities and scaled up to broader areas.

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

B. ORGANIZATIONAL EFFECTIVENESS

While training approach is one of the pivotal factors related to quality training, CBT has led to a major change change within NIPORT in terms of training approach. After successful implementation of the intervention and continued process of reflection, NIPORT, with the help of USAID Shukhi Jibon, has trained 332 trainers on CBT to date. These trainers have conducted a total of 4,730 sessions where 75,212 trainees attended. Most trainees are public sector health and family planning service providers. As an endorsement of successful training approach, In June 2020, NIPORT issued an official circular on engaging the trainers who received CBT in the resource pools of the respective NIPORT training institutes. CBT trainer's manual was developed, approved, and launched by NIPORT and DGFP for all training institutes as a reference manual for their in-service training curriculum. After two years of intervention, NIPORT integrated CBT and officially formed a technical committee to monitor the implementation of CBT at its training institutes.

An external evaluation by Dhaka University shows that upon receiving training from CBT trainers, 58% of doctors agreed that they saw an improvement in their skills related to providing short-acting family planning methods, and 25% of providers mentined an improvement in their skills related to provision of long-acting FP methods; while 83% FWVs/paramedics and 80% midwives reported that their ability of counseling skill has improved.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

Learning lab exercises, based on CLA approaches, was new for Shukhi Jibon staff as well as government counterparts. Engaging the numerous internal and external teams in the learning process was initially difficult. A Memorandum of Understanding (MoU) at the national level effectively started collaboration between various GoB bodies and Shukhi Jibon. The project facilitated to development of a task force, including top-level officials from DGFP, DGHS, and NIPORT, that worked well for introducing/testing the new approaches of the project in the national family planning program.

Continuous consultation and collaboration between monitoring, evaluation, and learning (MEL) staff, Shukhi Jibon's technical staff, and government partners made it possible for developing a learning agenda and questions. The team struggled to identify appropriate learning questions due to delays in the intervention implementation planning. In addition, in the initial stage, it was difficult to convince the government counterpart that it would support improving the CBT approach in the Bangladesh context. The term "learning lab" was confusing and misinterpreted as a literal "laboratory" in many instances. The quarterly reflection sessions were very useful to get all parties on the same page to advance the learning and adaptation process. Active and continued involvement of all sub-teams within implementing partners is critical in developing an appropriate learning agenda, questions, and respective methodologies of data collection to capture learning.
During the adaptation process, the major hurdle was the identification of implementation challenges timely and systematic. The MEL and intervention team needed to collaborate to convince government counterparts to respond to various situations by adapting.