HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Strengthening Health System's Strategies to Digitally Connect Adolescent and Youth for Improved Sexual and Reproductive Health in Bangladesh

USAID Advancing Universal Access to Family Planning (AUAFP) Shukhi Jibon Activity, Pathfinder International (Bangladesh)

Akteruzzaman Bhuiyan

Context

Describe the context in which the activity takes place. What is the health problem that you are trying to solve? What health system challenges contribute to this problem? What behavioral challenges, of actors within or outside of the health system, contribute to the problem? What types of social and behavioral changes/outcomes are sought within the activity? Why did you decide to take a social and behavior change approach to this problem?

Sexual and Reproductive Health (SRH) service delivery for adolescents in Bangladesh is multifaceted and commonly constitutes two components, namely awareness raising and service delivery. Community based models, peer model, and school-based model are common for awareness raising activities and all these models face certain challenges when it comes to reaching out to the adolescents with Family Planning (FP) information. Engaging adolescent and youth, within the societal norms and corresponding policy environment, particularly the unmarried ones, remains a challenge which is further intricated by changes in housing, mobility, pattern of communication, and abundance of media choices in the digital age. In a context where more than 85% adolescent and youth have access to digital devices, and over half of them owning smart devices, digital media as part of transmedia approach is potential for awareness raising and demand generation for SRH services.

Considering recent advances in technology infrastructure and interest in digital technology by this age group, various digital health intervention in Bangladesh tried to address the problem with varying potential but eventually faded out. In a landscape analysis by Shukhi Jibon in 2020, 28 digital health interventions were identified for adolescent SRHR during the preceding 10 years, majority of which were found to be non-functional. Analysis of data also revealed that buy-in by government stakeholders doesn't guarantee sustainability in absence of governance and expert resources to manage digital health intervention. It was also revealed that information based digital health intervention struggles in commercial viability due to lack of adequate business case and requires subsidies.

In light of this, USAID's Shukhi Jibon project actuated Health System Strengthening approaches with government stakeholders which included directorates of the Ministry of Health and Family Welfare (MOHFW), the Ministry of Education (MOE), and wings of the Information and Communication Technology (ICT) division to enhance digital social and behavior change communication (SBCC) activities through changes in the knowledge, attitude, and practices of digital SBCC of the decision makers to commit and sustain the necessary changes required for digital SBCC and thereafter Digital health.

Activity Description

How were SBC methods used in this activity? Which actors within the health system did your activity focus on? What steps did you take to implement this activity? What are the causal pathways by which you expected this activity to impact the health system and/or health outcomes? It may be useful to describe your theory of change.

The activity was grounded on The Transtheoretical Model (TTM) which models behavior change as a process that unfolds over time through a series of stages. The activity focused primarily on program manager or key person within respective government agencies. Keeping them at the center of the intervention, individual from both bottom (i.e., up to respective Officer) and top (i.e., up to Directorate General) were involved at various stages. The agencies themselves were identified based on the finding from the landscape analysis conducted earlier and was prioritized based on their existing activities with adolescents' health and wellbeing as well as their potential to work in this arena. The Transtheoretical Model (TTM) describes changes in 5 stages namely Precontemplation, Contemplation, Preparation, Action, and Maintenance.

- During the **Precontemplation** stage, a series of formal and informal discussion was held with key account manager based on the output of user research and landscape analysis to acknowledge the need for Digital SBCC along with the overarching concept of Digital Health
- Virtual and in-person workshops were also held involving key stakeholders and the target population during transition of precontemplation to **Contemplation** phases where top leaders from the target agencies were involved to recognize the issues towards digital health and to start formulating an action plan for the next stage.
- During the **Preparation** phase key action plan was identified by the agencies themselves and potential sources for funding and resources were also identified
- In the stage of **Action**, the program provided technical inputs to the program manager/key account manager within the government agencies to build necessary platforms and deploy logistics to operationalize digital SBCC activities in a limited scale primarily for learning and as a proof of concepts. Necessary funds have been allocated from the agency's own resources in varying degree.
- The maturity of activities are in varying degree and one of them already transitioned into **maintenance**. However, following collaborating, learning and adapting (CLA) approach adopted by the program, we are working with the agencies to capture the learning and based on that the cycle may start again
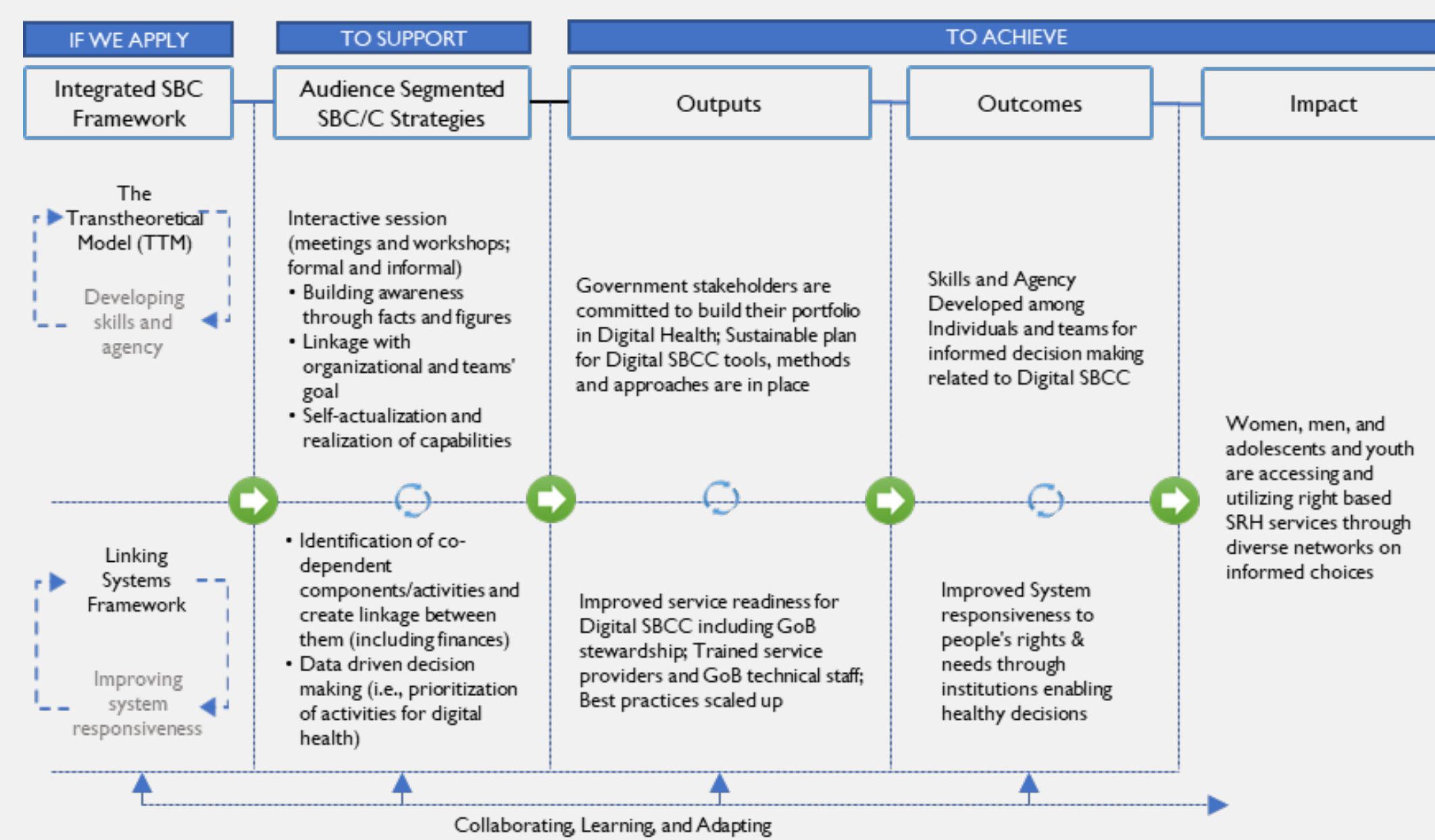
Activity Impact

How did this activity change the behavior of health system actors? Which components of the health system did you impact (for example, did you support improvements in financing, cross-sectoral coordination, governance, local ownership, information, human resources, behavior of health system actors, service delivery, or medical products, vaccines, or technologies)? How did the pieces of your activity come together to impact equity, quality, and/or resource optimization in the health system? How did these improvements in equity, quality, and/or resource optimization lead to better health outcomes?

- Improved service delivery mechanism through Digital Platform by government agencies
- Integration of virtual platform as supplementing health and wellbeing curriculum of education system for adolescent and youth
- Investment into digital health platform by the government agencies
- Systematic operation and maintenance of digital health intervention by the government agencies
- Behavioral intention to excel and expand further utilizing cutting edge technologies to reach the adolescent and youth
- Acknowledgement of interdependencies and coordination of digital health activities through a dedicated team
- Openness for inter- and inter-agency collaboration for digital health
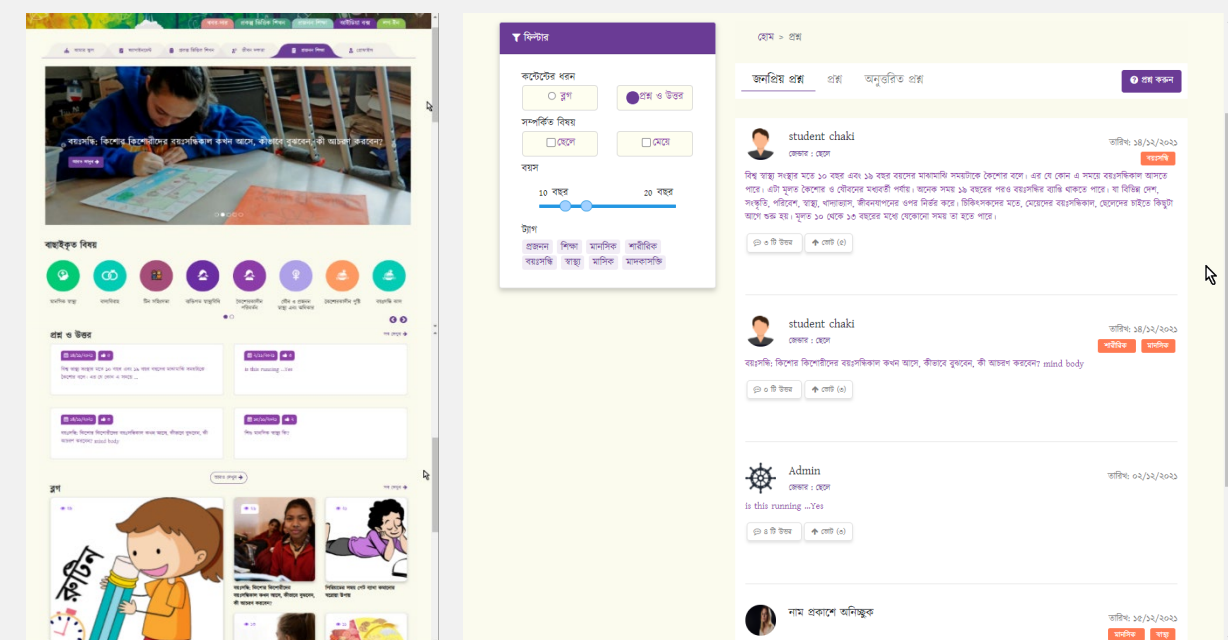- Engagement with specific learning activities to identify the gaps and improve thereafter

Image: [left] Health and Wellbeing corner in Kishore Batayon and [right] Q/A section of Kishore Batayon health and Wellbeing corner
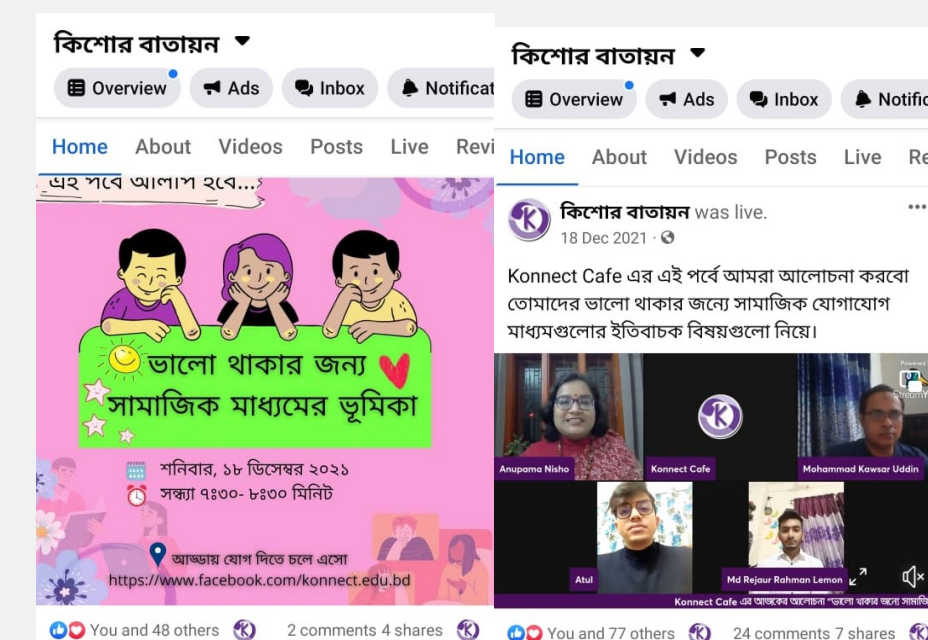

Image: Konnect Cafe a bi-weekly live on adolescent health and wellbeing in collaboration with a2i of ICT Ministry

Photo: Discussion on development of Integrated Management of Digital Resources for DGFP, Ministry of Health in collaboration with USAID IPs

Photo: Quarterly coordination meeting on review and progress of digital health activities with government stakeholders

Evidence

What evidence do you have that SBC methods in this approach was successful? That they improved health equity, quality, resource optimization, or outcomes? How can you best show what your activity accomplished? How do you know that you met your goals? Is the evidence able to be measured? Graphs or charts may be useful here to show this evidence.

- Incorporated reaching out to adolescent and youth with information and services through digital platform into Operational Plan (OP)
- DGFP has allocated funds from OP and is maintaining digital SBCC related operation since October 2022
- Web-based virtual SRHR corner has been developed by a2i and has been integrated into Konnect v2.0 with major changes
- Funds for development of corner allocated by a2i and is in operation plan of Directorate of Secondary and Higher Education (DSHE)
- Instructions to use Konnect platform has been integrated into the textbook under new curriculum in 2023
- DGFP integrated Knowledge Management tools and activities into their Operation plan and has been operating the platform since March 2023 with their own resources.
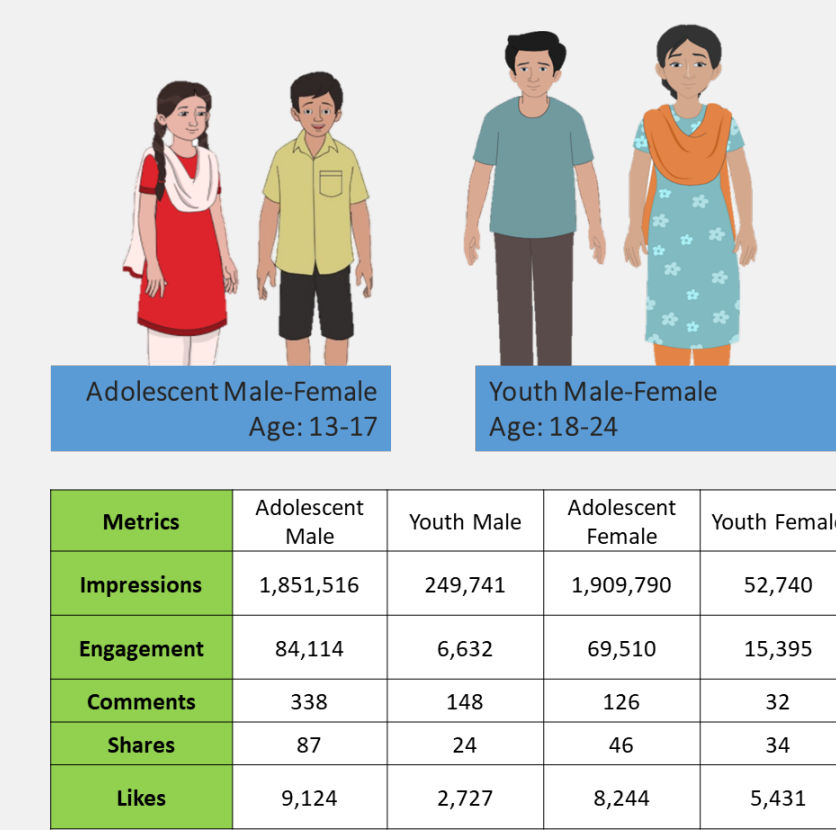

Metrics	Adolescent Male	Youth Male	Adolescent Female	Youth Female
Impressions	1,851,516	249,741	1,909,790	52,740
Engagement	84,114	6,632	69,510	15,395
Comments	338	148	126	32
Shares	87	24	46	34
Likes	9,124	2,727	8,244	5,431

Image: Reach of Digital SBCC activities by government stakeholder

Facilitators

What aspects of the health system, context, or external partner support helped make this successful? For example, were there existing working groups in place that enabled efficient coordination between stakeholders on this activity? Did you use a tool or knowledge resource from a global partner like WHO or UNICEF to help inform your activity?

- Political commitments and emphasis on ICT based Innovation
- Presence of Innovation team within government stakeholders
- Previous experiences of using ICT based tools and their application for population health
- Commitment from top leaderships within and beyond organizations
- USAID digital strategy 2020-2024 facilitated coordination between USAID IPs
- Support from USAID implementing partners in the country to amplify the voice
- Reuse existing components: ICT tools, communication material, and various other Knowledge Material within and beyond organizations and stakeholders like development partners, government agencies, local development organizations, for-profit organizations etc.

Challenges

What are some problems or challenges that you faced during your activity implementation? Did you expect these challenges or were they unanticipated? How did you respond to these challenges?

Challenge	**Experiences of previous failed attempt of digital health tools**
Response	• Formal and informal discussion on why various systems may have failed (based on available data) and what could be done differently • Co-creation of solutions led by the stakeholders based on available resources and linkage to goals in operational plan
Challenge	**Fragmentation of Activities/siloed approach of doing things within the team (of stakeholders)**
Response	• Help identify activities that can be linked together through the lenses of systems approach • Help building relationships within the activities or build around existing ones in place • Help building teams to coordinate digital health activities within the organization
Challenge	**Lack of policies for e-health (including governance mechanism)**
Response	• Steered development of a workgroup to develop Digital Health Services Management plan, capacity building of the relevant personnel, and oversee the activities
Challenge	**Inter-agency collaboration**
Response	• Collaboration at activity level among the key personnel with varying results

Lessons Learned

What lessons have you learned while you implemented this activity? How will this impact future activities or approaches? What advice would you give to other implementers and health systems actors in other countries that might want to adopt your approach? What are lessons learned regarding explicitly incorporating SBC approaches within HSS programs?

- Inter-agency collaboration face challenges both in public and private organizations and requires a great deal of effort to build trust
- Acknowledgment of effort by all is crucial in gaining trust and to initiate effective negotiations
- Delay in systematic approaches hinders and can potentially cause roadblocks for digital SBCC activities in emergency
- In absence of national policy, inter- and intra-agency coordination suffers, but linking the activities with relevant government strategies and guidelines can help overcome the issue
- Focus on digital transformation for organizations (specific organizational change management activities) are required to ensure sustainability for digital health activities as limitation in organization structures and policies are limited to support such activities
- Capacity building activity (training, workshops) works best when contextualized according to the needs of user groups
- Activities that are clearly aligned with organizational goals and strategic objectives are more sustainable.
- Change management of government stakeholders requires specific attention and long term support to ensure capacity building of stakeholders, and to incorporate necessary resources within the structure.
- To keep up with technological advancements for digital health activities, integrating continuous learning and adaptation within the process is crucial and needs special attention for such change management