

NEWSLETTER

IPAS WORKS FOR
A SUSTAINABLE
SRHR ECOSYSTEM
IN BANGLADESH

pas's work began in 1973, with the provision of life-saving reproductive health technologies for health systems in several countries. Ipas started working in Bangladesh in 2011 to reduce deaths and injuries related to unsafe abortion by strengthening postabortion care (treatment for complications of unsafe abortion) and menstrual regulation Since services. inception, **Ipas** Bangladesh works under country's' strategies, supports policy advocacy for promoting evidence-based SRH interventions and to ensure stigma free, nonjudgmental, respectful SRH services for women and girls.

lpas now aims to build sustainable abortion ecosystem through supporting health systems strengthening focusing on sexual and reproductive health and rights interventions.



"Women's reproductive health and rights are human rights. In accordance with the SDGs, focused on health and gender equality we need to work together for advancing sexual-reproductive health, gender equality, and reproductive rights of women and girls. Ipas Bangladesh is committed to work with government, stakeholders and partners with a vision to build a world where all people have right and ability to determine their own sexuality and reproductive health."

Dr. Sayed Rubayet Country Director Ipas Bangladesh

Partners for Reproductive Justice

Family planning services need to be firmly embedded and institutionalized in the DGHS and private facilities. Because

family planning remains one of the top priority indicators to achieve the Sustainable Development Goals (SDG) and FP 2030 Commitment. However, the contraceptive prevalence rate (CPR), total fertility rate(TFR), unmet needs still remain with a concern. These indicators require further support by strengthening the systems and capacity improvement for program monitoring,

monitoring, performance tracking, securing uninterrupted supplies, and ensuring service providers' capacity and competence.

With leadership the MoH&FW, Ipas Bangladesh has assisting through been Institutionalization of Quality Family Planning (IQFP) Project institutionalizing family planning services in **DGHS** health facilities to strengthen the Health Management

Strengthening DHIS2 of DGHS-MIS for FP, MR and PAC Service Data



Link of FP and MR-PAC Dashboard: http://fpdashboard.dghs.gov.bd

Information System (HMIS) for ensuring the availability and use of quality FP and MR-PAC service **IQFP** project data. provided assistance technical in the development of reporting form and dashboard for both FP MR-PAC services in DHIS2 of DGHS, provided training to the 300 service providers and statisticians of 180 DGHS facilities on service

registers, datasets of FP and MR-PAC services since last quarter of 2022.

A dissemination meeting was held on FP and MR & PAC Service Dashboard on 19 December 2022. Dr. Ahmedul Kabir, Add. Director General (Admin.), **DGHS** attended meeting as the chief guest, Md. Abdus Salam Khan, Joint Secretary (Planning), Medical Education Family Welfare Division. MOHFW was the special guest, and Prof. Dr. Md.

Shahadat Hossain,
Director-MIS and Line Director
HIS & e-Health, DGHS chaired
the meeting

Currently, the FP and MR-PAC Dashboard are functional, and data from 163 health facilities' are visualized which is hosted by MIS, DGHS. Facility managers and program managers can visualize the real-time data to monitor the performance and review the data for programmatic decisions.

Improving SRH service provision for female garment workers



More than 2.5 million female workers in urban garment factories are at the peak of their reproductive age. They are susceptible to adverse SRH outcomes and diseases due to lack of awareness of and limited access to SRH services during working hours. Moreover, female workers are highly vulnerable to different forms of Sexual and Gender-Based Violence. As a matter of

convenience, the factory workers rely on factory clinics for their SRH needs, specifically Family Planning (FP), Menstrual Regulations (MR), and Post Abortion Care (PAC) related services.

Given the context, Bangladesh Knitwear Manufactures and Exporters Association (BKMEA), through a joint venture with Ipas Bangladesh and the Improving SRHR in Dhaka project will have an exclusive focus on improving SRH service provision for female garment workers, with awareness initiatives for the workers, capacity building of BKMEA health service providers, upgrading the necessary equipment and logistics supply in the BKMEA health center, Narayanganj and selected BKMEA garment health clinics of Dhaka City, Narayanganj and Gazipur.

To address the huge demand of SRH services, an MoU has been signed between BKMEA and Ipas Bangladesh on Wednesday, December 7th, 2022. On behalf of BKMEA, the Executive President, Md. Hatem and Dr. Sayed Rubayet, Country Director, Ipas Bangladesh, signed the MoU on behalf of the Improving Sexual and Reproductive Health and Rights (SRHR) in Dhaka project, supported by Global Affairs Canada through HealthBridge Foundation of Canada. Under this agreement, ten garment factory health clinics will be supported to provide quality SRH services by strengthening health systems including capacity building of service providers and logistics supply and strengthening SBCC and addressing SGBV, referral.



Mahbuba Akhter is an ideal trainee Midwife like hundreds of others

"I frequently saw critically ill patients admitted in my ward with heavy bleeding and a chance of miscarriage. Although we were providing the basic services, but the client seeking for MR and PAC services had to wait for a long time until a skill provider attended her. In that instance, I felt that if I had the necessary knowledge and skills in this service provision, the client wouldn't have to wait and endure the sufferings and stressful moments. But now. because of the capacity building initiative from Ipas Bangladesh for the midwives on comprehensive FP, MR and PAC services, I can manage the clients very well and seldom go with a tense time as before".

- Mahbuba Akhter

While Mahbuba Akhter started working as a midwife in 2018 at Nababganj Upazila Health Complex, she only had the basic theoretical knowledge about 'Sexual Reproductive Health' with minimum practical a She thought that understanding. services are complicated specially the family planning services. She thought she would never be able to insert IUD and perform Manual Vacuum Aspiration (MVA). However, as per recommendation of her facility manager she received training on MR, PAC and FP from Ipas Bangladesh in March 2022, her role as a midwife was amplified. She also discovered that her facility has all the essential logistics and supplies to ensure the quality services on MR, PAC and FP.

For the last two years, Mahbuba Akhter had been working as a midwife at Srimangal Upazila Health Complex. Every day a good number of women visit the facility for seeking sexual reproductive health services. She realized that SRH field is unique and requires a specific set of skills to provide quality care to patients. Confidentiality is a major concern, and sometimes social stigmas and superstitions create challenge to SRH services, especially for Menstrual Regulation (MR) and FP services. Mehbuba sees that people from the local tea garden still have very negative thoughts about MR and they



often get aggressive in this matter. In spite of all the barriers, midwives like Mahbuba have earned acceptance in the locality with their expertise and empathy. As a result, general people rely on her when SRH service is needed.

In the month of January, Mahbuba provided MR and PAC to eight women, FP services to nine women and even saved a serious client from death's door. Due to a miscarriage, the woman was bleeding alarmingly, and her hemoglobin level went down as low at level four. As a skilled provider she knows when and whom to refer the critical clients. Seeing the patient with life-threatening situation, Mahbuba and the doctors instantly took the necessary steps for post-abortion care and saved the woman's life. This recent memory is a fresh reminder of the competency she achieved through the SRH training provided by Ipas Bangladesh. She feels happy and honored when community people are pleased with her services. Mehbuba believes that every midwife should obtain SRH training especially the comprehensive MR, PAC and FP training to feel as capable as her.

Ipas Bangladesh has several initiatives to upskill midwives across the country. Such as the 'Strengthening MR, PAC, and FP Services and midwifery Pre-service education 'project has trained 127 midwives in 50 Upazila health complex facilities. Mahbuba Akhter is one of the successful trained midwives from this project.



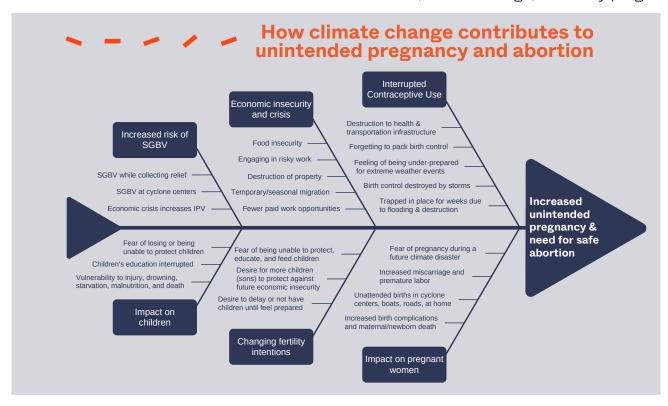
Climate change intensifies economic crisis and sexual and gender-based violence

Climate change has now more or less affects on almost all countries of all continents. It is disrupting national economies and affecting lives - costing people, communities and countries dearly today and even more tomorrow. Bangladesh is among countries of the world experiencing the most climate impacts of exacerbating poverty and poor health outcomes for rural coastal populations.

Ipas conducted a phased, qualitative study from 2020 to 2021 using key informant

interviews with community leaders and local experts, participatory research activities implemented at community dialogue meetings, and in-depth interviews with women of reproductive age. The objective was to understand how women's experiences with climate change impact their sexual and reproductive health (SRH) decision-making, behaviors, and outcomes in cyclone-prone communities in Bangladesh. The study was located in Chalna Bazar, Bajuya, Lawdube, and Tildanga in Dacope upazila of Khulna division due to these communities' experience with Cyclone Bulbul in November 2019.

Climate change disproportionately impacts women by reducing their already limited economic opportunities, worsening existing gender inequities and sexual and (SGBV). gender-based violence and interrupting access to SRH services. The time immediately before, during, and after cyclones is when we the see most compromised for access to care contraception, pregnancy, and menstrual regulation. Pregnant women are particularly at risk, facing increased risk of miscarriage, early labor, and pregnancy complications that lead to morbidities and Adolescent girls experience increased risk of SGBV, child marriage, and early pregnancy.



Partners for Reproductive Justice

Ipas Bangladesh's collaborative work in Bashan Char

n December 2020, the government of Bangladesh began relocating the number of FDMN families to Bhasan Char, an island in the Bay of Bengal. These FDMN families experienced second displacement and at the beginning, the full range of service was not available like Cox's Bazar. To redress that inequity, Ipas Bangladesh extended its program with comprehensive SRH care to the island, with a focus on contraception provision. The purpose was to improve the availability of and access to high-quality sexual and reproductive

for FDMN women and girls in Char, Hatya, Bangladesh.

lpas started Oral Contraceptives, working in 7330, 52% Bhasan Char camp since July 2021, and currently works in six health 20 facilities (One bed Government Hospital and five Primary Health Care unit and Family Planning Service by Method Mix: Sexual and after the health posts) Reproductive Care for FDMN in Bangladesh by Ipas government relocated a big in Bashan Char(Sep'21-Feb'23)(Facility=6) group of FDMN. Ipas is working

at Bashan Char in collaboration with the Directorate General of Health Services (DGHS) 50 40

Directorate General of Family Planning (DGFP) of MOHFW, and with the support of its local partner NGOs named Reproductive Health Services Training Education and Program (RHSTEP) and BAPSA. Ipas started

health (SRH) services, Condoms, 521, 4% With ECP, 80, 1% the facilities, ensuring equipment and logistics. Since the inception of Implant, 332, 2% the project in August 2021 to December 2023, Ipas hired and seconded service providers, continued monitoring support, mentoring to ensure Injectables, 5609, 40% the quality. Ipas also worked with government field workers and other NGOs' community health and nutrition workers (CHWs) in FDMN areas for improving community awareness on

> contraceptive care. As a result, the community mobilization and awareness raising initiatives strengthened that made

FDMN community more engaged to seek family planning services.

IUD, 191, 1%

Facility strengthening and initiation to enhance SRH service

among the urban poor populations

availability and accessibility

Global Affairs Canada team visiting a Community Session

The unmet need for contraception, incidence of unsafe abortions, child marriage, early pregnancy, and SGBV remains public health challenges in low socio-economic areas of urban settings in Bangladesh. Ipas Bangladesh with its partner organizations has been implementing İmproving SRHR in Dhaka Project funded by Global Affairs Canada through HealthBride Foundation to improve the availability of and access to quality SRH services for the urban poor. Improving SRHR in Dhaka project has been providing support to 30 NGO clinics of the Urban Primary Health Care Service Delivery Project (UPHCSDP), 12 tertiary-level public health facilities, and 100 general practitioners (GPs) in provision of facility strengthening, capacity building of service providers awareness raising building of service providers, awareness raising and community mobilization in the low socio-economic areas in Dhaka North and South City Corporations.

Since 2021, Improving SRHR in Dhaka project provided support to NGOs for facility readiness, logistics support, and a unique record-keeping system. Subsequently, four national training centers have been established at Dhaka Medical

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College Hospital (DMCH),OGSB hospital, Mohammadpur Fertility Center, and Lalkuthi Maternal and Childhood Training Institute to strengthen the capacity of service providers on MR, PAC & contraceptive services, and referral linkage.

154 Providers of 28 UPHCSDP clinics and 10 referral facilities received training on comprehensive MR, PAC, FP, and SGBV issues. 68 General Practitioners (GP) received clinical training on FP, MRM, and mPAC during the last one year to increase the access to and availability of SRH services among under served populations that subsequently played vital role in reducing the unmet need for FP services in those geographies. The project introduced the apps-based recording and reporting system for GPs to record and report on FP, MR-PAC, and SGBV cases.

A high official delegate Joseph Sebatu, First Secretary, Global Affairs Canada (GAC) and Dr. Nadira Sultana, Technical Specialist from GAC visited a training center at DMCH and a Primary Health Care Centre in the Khilgaon area under UPHCSDP on 12 December 2022 to observe the implementation progress. The GAC team met with the Director, DMCH, Professors, and other Physicians of Gynae, and Obs. Department, DMCH. The Director of DMCH expressed his gratitude to GAC and Ipas Bangladesh for establishing the training center at DMCH in regard to SRHR training. The visitors also met with a General Practitioner (GP) at Khilgaon area and discussed about the potential of GP's SRH service to the locality. The GAC team was impressed to watch the TAB based e-recording of services and reporting system by GP which was developed by the project. The visitors expressed their satisfaction on the project's contribution of improved SRH service provision for the underserved population in Dhaka.

16 Days against GBV 2022 observed by Ipas Bangladesh



I he campaign of 16 Days of Activism against Gender-Based Violence 2022 was observed widely by Ipas Bangladesh at organizational, local, and national levels. The kick-off of the campaign started with an all-staff- sharing the objective and theme of the campaign of 2022, followed by a refresher on the Policy of Protection from Sexual Exploitation and Abuse (PSEA). A series of events were organized in Ipas working areas of Dhaka, Cox's Bazar, Bhashanchar, Khulna and Barisal by different projects. The Improving SRHR in Dhaka project organized a joint sharing session with the government, including Dhaka South City Corporation (DSCC), Dhaka North City Corporation (DNCC), UPHCSDP and UPHCSDP's 10 Project Areas (PAs), chaired by Chief Health Officer (CHO), DSCC where the Project Director, Urban Primary Health Care Services Delivery Project (UPHCSDP) was the Chief

time. project volunteers in Dhaka organized 38 community events in different Simultaneously, in Coxs Bazar and Bhashanchar, the lpas team, along with stakeholders and the community, observed the campaign at the LARC camping venues of 50 health facilities for FDMN and the host community. Also, in Khulna and Barisal, two (2) discussions were organized in Khulna and Barisal Medical College Hospital's Gynae and Obs department; and community-based events were held in 6 Union Health and Family Welfare Centers engaging the community people. The two-week-long campaign of 16 Days Activism

Sharing Session on 16 Days of Activism against GBV 2022 with Dhaka City Corporation and UPHCSDP II

against GBV 2022 was closed with Ipas all staff pledge to UNiTE to End Gender-Based Violence, echoing to the global theme Unite! Activism to End Violence against Women and Girls; and national theme- স্বার মাঝে ঐক্য গড়ি, নারী ও শিশু নির্যাতন বন্ধ করি।

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