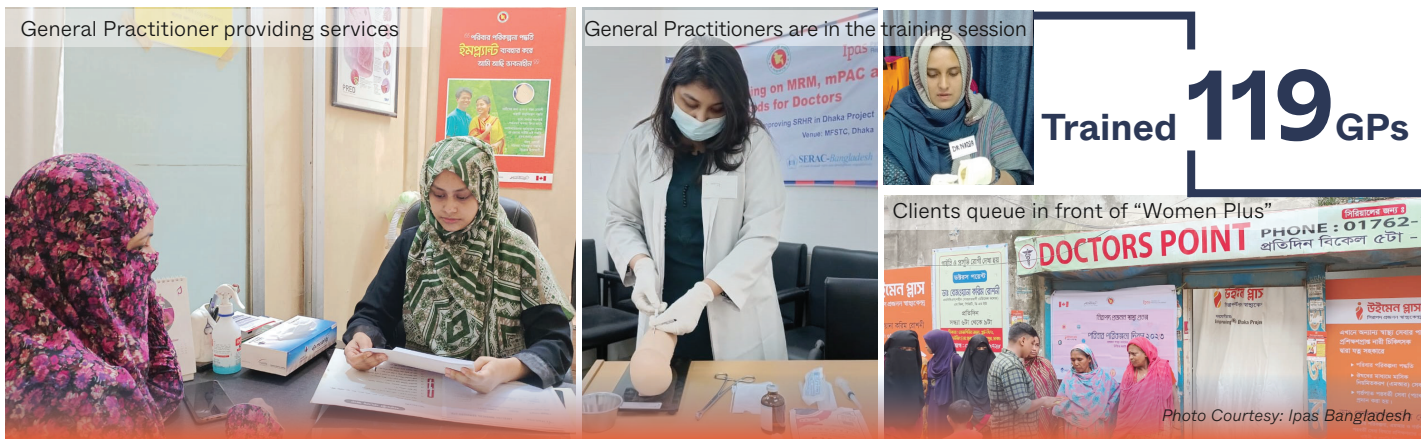


NEWSLETTER



Empowering General Practitioners (GPs) in Bangladesh: A Path to Improved Healthcare Access

Imagine a healthcare system where every woman and adolescent, regardless of where they live, has access to vital sexual and reproductive health services. This vision is becoming a reality in Dhaka through an innovative initiative that’s reshaping the role of General Practitioners (GPs) in the community.

Traditionally, GPs have served as the first point of contact for countless patients across urban, peri-urban, and rural areas of Dhaka. However, when it comes to specialized Sexual and Reproductive Health and Rights (SRHR) services—such as family planning, menstrual regulation, post-abortion care, and support for survivors of sexual and gender-based violence (SGBV)—these GPs often face limitations. Lacking the necessary expertise and resources, they have had to refer patients elsewhere, creating gaps in care and accessibility.

But to change this situation Ipas Bangladesh, in collaboration with the Obstetrical and Gynaecological Society of Bangladesh (OGSB) and with the backing of the Improving SRHR in Dhaka Project,

Message from

COUNTRY DIRECTOR

“Ipas Bangladesh remains committed to ensuring affordable, quality SRHR services for all. Our initiatives, spanning from capacitating facilities and general practitioners (GPs) in the capital city to delivering stigma-free, high-quality sexual and reproductive health care services in the Rohingya refugee camps in Bhasan Char and Cox’s Bazar, simultaneously empower underserved communities by enhancing their knowledge and agency for healthy SRHR practices, leading to long-term improvements in reproductive health and autonomy. Ipas Bangladesh aspires to improve equitable healthcare by working continuously with partners and communities to ensure that no one is left behind in accessing essential SRHR services.”



Dr. Sayed Rubayet
Country Director
Ipas Bangladesh

[Explore the Project](#)

funded by Global Affairs Canada through HealthBridge Foundation is leading a transformative effort. They've trained 119 GPs, equipping them with the skills and knowledge needed to deliver comprehensive SRHR services, particularly in the area of Long-Acting Reversible Contraceptives (LARC).

This initiative doesn't stop at training—it's about reimagining the role of the GP chamber. These chambers are being rebranded as 'Women Plus' SRHR centers, transforming them into dynamic hubs of care where women and adolescents from low socio-economic backgrounds can access essential services, free of cost, right in their own communities.

Rising Healthcare Costs Deepen Poverty Crisis



CSO Forum members are in the roundtable discussion
Photo Courtesy: Ipas Bangladesh

KEY RECOMMENDATIONS

Overhaul the health sector

Secure political commitment

Increase healthcare investments

Improve utilization of allocated budget

Implement health insurance for all

A roundtable discussion in Dhaka on June 11, 2024, highlighted how increasing healthcare costs worsen poverty in Bangladesh. The "Health Expenditure: A Critical Challenge in Ensuring Health Care in Bangladesh" event was organized by the CSO Forum for Strengthening a Sustainable SRHR Ecosystem in Bangladesh and The Daily Star.

troubling fact: Bangladesh has the highest out of pocket health expenses among its neighboring countries, with 73% of healthcare costs being paid directly by individuals. In 2016, these high expenses forced more than 8.61 million people into poverty.

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Dr. Sayed Rubayet, Convener of the CSO Forum and Country Director of Ipas Bangladesh, shared important findings from the World Health Organization's Global Health Expenditure database. He highlighted a

Dr. Syed Abdul Hamid from Dhaka University's Institute of Health Economics emphasized the need for increased healthcare investment. He pointed out that while the country requires a health budget of 12%-15%, it currently receives

only 5%. However, much of this budget goes unused, mostly because of bureaucratic delays, poor administration, and inadequate training among healthcare workers.

Dr. Shams El Arifeen, a Senior Scientist at ICDDR,B called for policy level reforms, stressing the importance of political changes over bureaucratic ones.

The roundtable concluded with a strong call to action, urging immediate implementation of key recommendations. The time for change is now, and the path forward is clear.

New Toolkit Enhances Community Health Workers' Family Planning Efforts

In Cox's Bazar and Bhasan Char, a new initiative is improving family planning services for the Rohingya community. Ipas Bangladesh, with UNFPA funding, has developed an innovative toolkit to assist Community Health Workers (CHWs) and Community Health and Nutrition Workers (CHNWs) in delivering more organized and accessible services.

Many people in Rohingya community hesitate to discuss or use family planning methods due to cultural stigmas. To address this, UNFPA and Ipas have focused on equipping CHWs and CHNWs with necessary tools and training, leveraging their direct access to Rohingya households. Using straightforward language, the semi-pictorial toolkit simplifies the instruction of distributing family planning methods. It aids CHWs during their door-to-door visits, facilitating discussions and increasing basic understanding among Rohingya refugees.

As part of the pilot process, CHWs and CHNWs from 10 Rohingya refugee camps have been oriented on the effective use of this toolkit. Technical experts from Ipas Bangladesh, collaborating with other SRH stakeholders selected by UNFPA, are closely monitoring and evaluating this new Ipas led initiative.



A CHW is distributing family planning methods inside the Rohingya Refugee camp

Photo Courtesy: Ipas Bangladesh

Referral Pathway for SGBV Survivors

Improving SRHR in Dhaka project of Ipas Bangladesh conducted a review of the existing referral system to deal sexual and gender-based violence (SGBV) survivors in Bangladesh, as part of the initiative of developing an effective reference protocol to support SGBV survivors, particularly in urban set-up. Ipas Bangladesh and project partner BAPSA jointly initiated the assessment. Around 57 stakeholders from 48 facilities have been consulted to review and compile the available referral services; and drafted an outline for referral services for emergency health services, psychosocial and mental health support, legal aid and rehabilitation facilities that are largely required for SGBV survivors. The outline of the protocol is ready to share with the urban stakeholders and service providers for inputs to make it more survivor- centered and finalize for piloting.

New Study Kicks Off in Cox's Bazar



Data collection in Rohingya camp
Photo Courtesy: Ipas Bangladesh

A research team has recently been put together to support this important project. The team includes 50 research assistants, split evenly between health facilities and community outreach. Two field supervisors and a coordinator are managing the operations to ensure everything runs smoothly. Thorough preparation preceded the fieldwork. Research assistants underwent comprehensive training on data collection techniques.

RESEARCH

Why do some Rohingya women stop using modern contraceptives? To find out the evidence-based answer of this concerning question, the research team of Ipas Bangladesh is conducting a 6-months long prospective cohort study named “Family Planning Discontinuation Rate and the Underlying Causes of Discontinuation amongst Forcibly Displaced Myanmar National (FDMN) Women in Cox’s Bazar, Bangladesh.

Currently, data collection is in full swing, both at health facilities and within the community. As the study progresses, there is growing anticipation for the insights it may reveal. The study aims to inform strategies for more effective and tailored family planning services, ultimately benefiting Rohingya women in Cox's Bazar’s refugee camps.

Promoting Menstrual Hygiene Among Adolescents



MHM Day 2024 celebration at school in Dhaka North City Corporation
Photo Courtesy: Ipas Bangladesh

OBSERVANCE

In celebration of Menstrual Hygiene Management Day 2024, Ipas Bangladesh's ‘Improving SRHR in Dhaka Project’ launched a series of initiatives to raise awareness about menstrual health and hygiene among adolescents. Embracing the theme 'Together for a #PeriodFriendlyWorld', the project organized events from May 26 to June 6, 2024.

The project organized 10 health campaigns in schools under Dhaka North and South City Corporations; and 12 awareness sessions with the adolescents including madrasa students at 12 Comprehensive Reproductive Health Care Centers (CRHCC) of UPHCSDP II (Urban Primary Health Care Services Delivery Project). These sessions brought together 600 adolescent boys and girls, fostering open discussions about menstrual health basics, hygiene management, and its importance for overall well-being.

Participants did not just listen, they took action. Following the sessions, groups made a collective pledge to become more responsible for menstrual health management and to challenge social taboos surrounding menstruation. Notably, boys committed to being more supportive of female family members in managing menstrual hygiene.

One Encouraging Another for Family Planning



Masuda Bibi (pseudo name) lives in a Rohingya camp in Cox's Bazar. Life in the camp was difficult, but Masuda was determined to make the best of it.

Masuda, mother of three children didn't want to add another member to her family. She had no idea how to take control of her reproductive abilities until she came across the family planning counselling service from a service provider. The counselling services are provided in a form of a morning session at the waiting area of the facility. From the session, she learned about different kinds of family planning methods and even shared her understanding with her husband.

A week later Masuda and her husband went to the health facility to learn more about the services offered. After receiving counselling from the service provider, they decided to go with a Long-Acting Reversible Contraceptive Method (LARC) called an implant. Masuda was thrilled with the quality of the counselling and the service she received, and she promised to refer more people to the health facility.

True to her word, six months later, Masuda referred one of her neighbours to the health facility for MR services. Her neighbour was equally impressed with the service. Later Masuda referred more than 20 people to Ipas-supported health facilities from her block for MR, PAC, and FP services.

“We can trust Apani (Service provider); she is friendly, and she provides quality service by maintaining confidentiality”. -Masuda

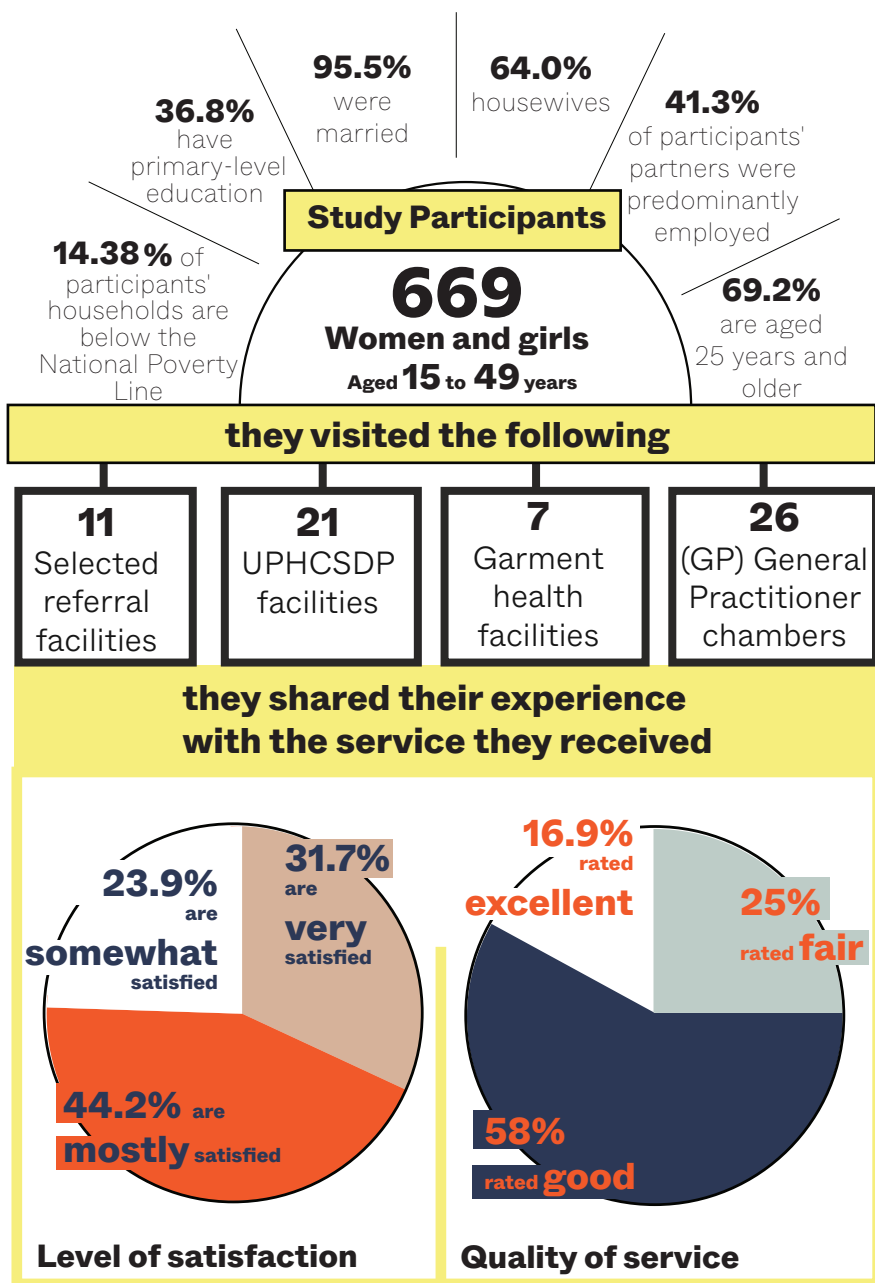
Masuda's story is a powerful reminder that when people receive quality healthcare services, they are more likely to refer others to those services and to continue using them themselves. It also showed that satisfying clients could change the scenarios of health service-seeking behaviour in a community. Masuda Bibi's experience demonstrates the importance of providing accessible and high-quality healthcare services to underserved communities, particularly in the context of family planning.

Assessing the Quality of Service through Client Exit Interviews

RESEARCH FINDINGS

To assess clients' perceptions of Family Planning (FP), Menstrual Regulation (MR), Postabortion Care (PAC), and Sexual and Gender-Based Violence (SGBV) services in the project supported health facilities in Dhaka, the first round of Client Exit Interview (CEI) study was conducted under the Improving SRHR in Dhaka project.

This cross-sectional study helps to understand the client profiles and identify where they learn information about FP, MR, PAC, and SGBV services. It also gathers insights from women and adolescent girls on how acceptable and high-quality they find these services at project-supported health facilities, and how well these services are reaching poor and underserved populations.



Among 118 clients receiving MR or PAC services, 52.5% underwent Manual Vacuum Aspiration (MVA) and 40% had medical abortion/MRM. MVA was common at referral facilities and UPHCSDP, while MRM was used at UPHCSDP, garment health facilities, and GP chambers.

Of 669 exit clients, 91% were using contraceptives, with pills (66.5%), condoms (51.7%), and injectables (39.9%) being the most common methods. Additionally, 72.05% reported receiving quality contraceptive services from the Improving SRHR in Dhaka project supported facilities.

83% of CEI respondents rated the SRH service quality as 'excellent' or 'good,' while 75% expressed being 'very satisfied' or 'mostly satisfied' with the service, regardless of the facility type or services received.

Overcoming Barriers: How the SBCC Program is Transforming Reproductive Health in Cox's Bazar



SBCC officers shared their journey



See How We're Nurturing Change

HIGHLIGHT

Managing a Social and Behavioral Change Communication (SBCC) program poses significant challenges, particularly when engaging with vulnerable populations who speak different languages and encounter cultural barriers related to sexual and reproductive health. Nonetheless, with the support of UNFPA, Ipas Bangladesh is spearheading a major SBCC initiative to enhance sexual reproductive health services for the Rohingya refugee community.

To evaluate the SBCC program's impact since its launch in June 2022, a comprehensive review workshop was held on June 25, 2024, at Hotel Best Western Heritage in Cox's Bazar. The event brought together key figures from government, donor agencies, and development partners. Participants in the group sessions shared their experiences and recommendations to address myths and misconceptions. They emphasized the need to involve male community members, adolescents, and religious leaders in driving behavioral change.

Despite facing challenges and the need for more contextually relevant educational materials, the SBCC program has made significant progress across 34 camps in Cox's Bazar and Bhasan Char. Positive engagement from Rohingya male community members and religious leaders is emerging, which could greatly encourage Rohingya women to access family planning services.

The program will continue to enhance capacity, engage stakeholders, and refine strategies to sustain SRH improvements in Bangladesh's humanitarian settings.

Our Impact for the April to June Quarter

At Ipas-supported
health facilities-

61,913 People
received Family Planning services

1,933 People
received Menstrual Regulation service

2,627 People
received Postabortion Care service

708 People
received support on Sexual and
Gender-Based Violence

Through community
engagement programs,
Ipas Bangladesh
reached-

103,342
Bangladeshi people

15,312
Rohingya refugee people



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