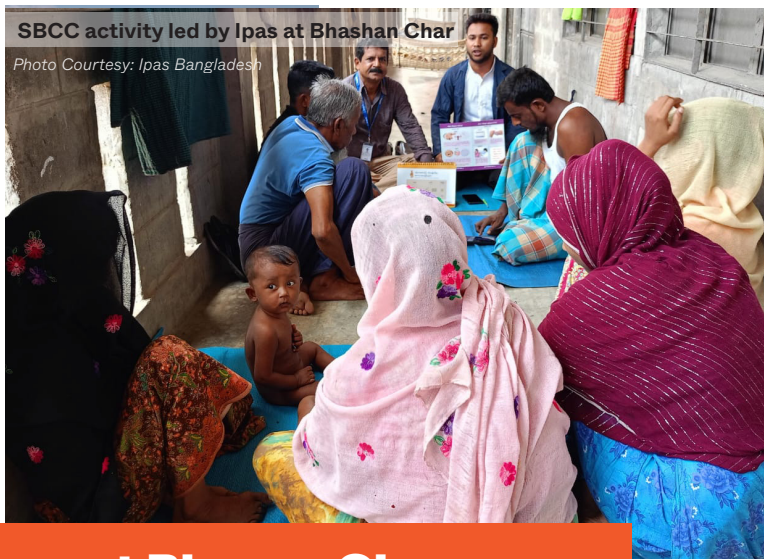


# NEWSLETTER



Image from the Bhasan Char

Photo Courtesy: Ipas Bangladesh



SBCC activity led by Ipas at Bhasan Char

Photo Courtesy: Ipas Bangladesh

## Turning Odds into Resilience at Bhasan Char

On the remote island of Bhasan Char, where thousands of Rohingya people live in a state of diaspora and isolation, what is the state of sexual and reproductive health? From my firsthand unique experience, I know that SRHR remains a daily challenge within nearly every household and community. However, it is heartening to witness the gradual changes taking place.

**I will never forget the day a mother came to our center with two of her eight children. Tears streamed down her face as she spoke about her struggle, explaining she could not bear to have more children. With eight already, she was physically and emotionally exhausted. Her husband, married to two other women, would not allow her to use long term contraception. Desperate, she opted for a short-term injection and left with a slight sense of relief.**

-Sharmin Rahman, program coordination associate, Ipas Bangladesh.

Unfortunately, women here are bound to their husband and community. That’s why we engage community leaders like Majhis and Imams, who are crucial in motivating husbands and male family members of the Rohingya community to be more supportive. To penetrate better, we train community health and nutrition workers and volunteers to share information about family planning (FP), menstrual regulation (MR), and post abortion care (PAC), although it is not the primary focus of CHNWs.

Changing the stigmatized mindset is not easy, and I have witnessed firsthand how important it is for healthcare providers to undergo the Values Clarification for Action and Transformation (VCAT) sessions. These trainings help professionals better understand the significance of SRH services and address any lingering biases that might still exist, making sure that every woman receives unbiased, compassionate care.

Life on Bhasan Char is full of challenges. The heat and humidity are relentless, and frequent power outages make even simple tasks difficult. Nights are often pitch dark, and we rely on our phone flashlights to navigate. The journey to the island is never straightforward; sometimes, we have to cross over several ships to board the navy ship, bracing ourselves for the turbulent sea. Yet, we learn to adjust, embracing the discomfort and finding ways to support one another.

Despite everything, the work is worth it. Every time I see a Rohingya woman make an informed choice about her sexual and reproductive health, or when I notice small shifts in community attitudes, I am reminded of the impact we are making. The environment may be tough, but knowing we are making a difference day by day, person by person, makes it all worthwhile.



Image from the Bhasan Char

Photo Courtesy: Ipas Bangladesh

## SRHR Champion Toolkit Strengthens Youth Advocacy and Service Access

ACHIEVEMENT

**T**he SRHR Champion Toolkit, developed by the Improving SRHR in Dhaka Project, is a comprehensive resource designed to empower youth volunteers from low-income urban areas of Dhaka. This toolkit equips project staff with the tools to effectively engage and empower youth in advocating for critical SRHR issues. Through this resource, youth volunteers enhance community awareness and social support around safe Menstrual Regulation (MR), Post-Abortion Care (PAC), Family Planning (FP), and addressing Sexual and Gender-Based Violence (SGBV).

The Improving SRHR in Dhaka Project, funded by Global Affairs Canada through the HealthBridge Foundation, is implemented by Ipas Bangladesh in collaboration with four partner organizations—BAPSA, OGSB, RHSTEP, and SERAC Bangladesh supporting to health system strengthening, social mobilization and community awareness. This initiative has engaged over 1,000 youth volunteers from low socio-economic urban areas. After receiving capacity-building training, these volunteers form Community Action Groups (CAGs), establish networks with local general practitioners, and serve as vital links



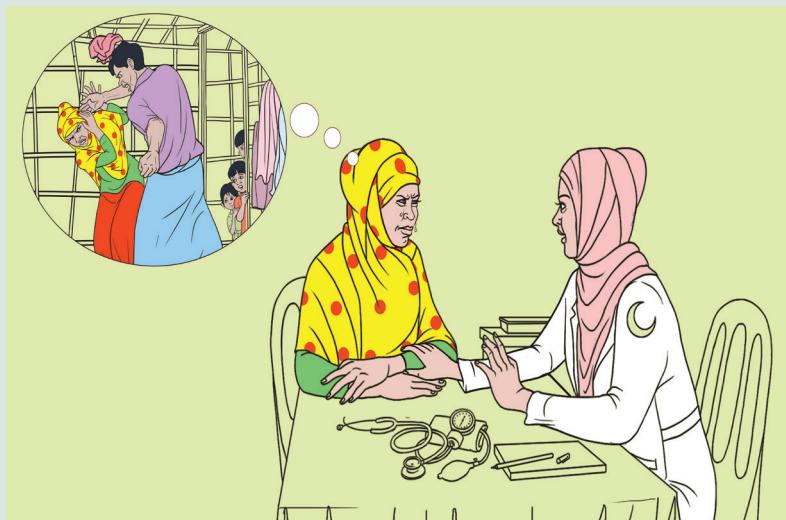
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**SRHR CHAMPION TOOLKIT**

Improving SRHR in Dhaka Project

between their communities and healthcare services, facilitating access to MR, PAC, FP, and SGBV services.

The toolkit has successfully increased awareness and utilization of SRHR services in Dhaka's low-income areas, empowering communities to make informed health decisions. It serves as a valuable resource for professionals implementing SRHR programs in urban settings.

## Helping Women Make Their Own Health Choices



**W**ith funding from Elrha, an important research project is underway to adapt the successful ARCHES (Addressing Reproductive Coercion in Health Settings) model for Rohingya refugee women in Cox’s Bazar. In refugee camps, many women face reproductive coercion, where partners try to control their contraception or pregnancy decisions. The ARCHES model, previously shown to be effective in health clinics, nearly doubled women’s confidence in using family planning methods, even when facing partner opposition, leading to a 92% increase in self-efficacy for contraception use and a 109% improvement in attitudes towards reproductive coercion.

A key learning from earlier research showed that women experiencing severe intimate partner violence often could not reach clinic based services. To address this gap, the current project focuses on adapting ARCHES for community settings, particularly in Rohingya refugee camps. Using a user-centered design (UCD) approach, the project team worked closely with crisis affected Rohingya women, existing community health workers (CHWs), health service providers, and other stakeholders to adapt the model appropriately.

By mid-2024, the adapted model was piloted in camp-7 and camp-10. The project supported existing CHWs and volunteers with training materials and counseling guides, strengthening links between community programs and health facilities. Currently, the research team is evaluating the adapted model's effectiveness through careful data collection, assessments and interviews. Results expected by early 2025 will help guide how ARCHES can support similar humanitarian settings worldwide.

## Working Together to Help Survivors of GBV

**I**pas Bangladesh recently organized two stakeholders’ workshops to review a draft referral protocol, that shows how to connect violence survivors with support services in urban settings. The meetings aimed to gather feedback to make this draft protocol more practical and survivor-friendly before testing it in selected healthcare facilities.

The first round, held on July 3rd, brought together key healthcare workers from urban primary healthcare centres. It included 10 Project Managers, 10 Counselors, and senior officials from the Urban Primary Health Care Services Delivery Project (UPHCSDP), and senior health officials from City Corporations.





ACTIVITY

The second round of sharing on September 12th included around 40 people from organizations who will be providing referral services related to emergency health support including medical and psychosocial/mental health, legal aid and shelter home facilities required for sexual and gender-based violence survivors. These included a one-stop crisis centre (OCC) at Dhaka Medical College Hospital, Legal aid organizations, a National trauma counselling centre, Law enforcement agencies and other relevant authorities.

The recommendations will be adjusted to make the referral protocol practical for service providers and more client-friendly.

## Ipas Bangladesh's New Policy for Gender Equality and Social Inclusion

In 2024, Ipas Bangladesh took a major and important step forward by developing its Gender Equality and Social Inclusion (GESI) Policy. The policy shows how Ipas Bangladesh will integrate equality, diversity and social inclusion in different stages of the program and operations starting from planning of new projects to implementing interventions and daily operations. This reflects an explicit intention to promote gender equality and inclusion in the context of Bangladesh aligning with organizational and programmatic standards. This is also aligned with the principles expressed in the international agreement inspired by feminist principles.

## Empowering Providers with MR and PAC Guideline in Bangla

To enhance learning experiences and build capacity for improved service quality, Ipas Bangladesh has initiated the translation of key national-level SRHR guidelines into more accessible formats.

Under the leadership of the Maternal and Child Health (MCH) Services unit of the Directorate General of Family Planning (DGFP), Ipas Bangladesh has translated the National Guideline for Comprehensive Menstrual Regulation (MR), Post-abortion Care (PAC), and Post-abortion Family Planning (PAFP) services from English to Bangla.

This guideline is an important resource that explains standard practices and policies, rules and regulations, step by step instructions for providing MR and PAC services (both surgical and medical), guidance for family planning after MR and abortion care.

The guidelines are designed to help policymakers, health professionals, programme



managers, service providers. To make sure these guidelines reach everyone who needs them, 5,000 copies have been printed and distributed to officials and service providers of the DGFP and Directorate General of Health Services (DGHS) at district and upazila levels.

ACHIEVEMENT

## From Taboo to Talk



A particularly powerful step has been the inclusion of SRH topics in Friday sermons. Imams are openly discussing family planning, maternal health, and GBV prevention. In the past, many thought SRH services were only for women. But when Imams talk about these topics, men listen. This bold move has not only raised awareness but also encouraged men to support their

A trained Rohingya Imam is disseminating FP message inside of a Rohingya camp Maktab

Photo Courtesy: Ipas Bangladesh

wives in seeking healthcare. Since April 2024, 51 Imams have given such talks, reaching over 3,000 people. This indicates a critical shift in SRH service seeking behavior, laying the foundation for improved reproductive health outcomes in the camps.

This success comes from the joint work of UNFPA and Ipas's SBCC initiative. This initiative is a testament to the power of community leaders in driving positive change.

A remarkable change is happening in the Cox's Bazar Rohingya camps. Imams are now helping their community learn about SRH services that were once rarely discussed. Since July 2022, Ipas Bangladesh and the Islamic Foundation Bangladesh have trained 1,794 Imams about SRH. These Imams are now spreading this knowledge in their communities, especially in mosques and religious schools (Moktobs).

PROGRESS

## Community Health Workers: The Crucial Changemaker in FP Awareness and Health Facility Linkage



Photo Courtesy: Ipas Bangladesh

Morning session with CHWs conducted by a SBCC officer

They are trained on SRHR issues and are conducting community-level awareness sessions and establishing referral linkage between community people and health facilities in Cox's Bazar and Bhasan Char.

2024  
**28,553**  
FP services've been referred by trained CHWs

**1,477** Community Health Workes.  
**189** Community Health Worker Supervisors.

2022

**8,931**  
FP services've been referred by trained CHWs





## World Population Day

World Population Day was observed by the IEM Unit of DGFP on July 11, 2024, in Dhaka. The theme, "Embracing the Power of Inclusive Data Towards a Resilient and Equitable Future for All," highlighted using data for equitable health solutions. Ipas Bangladesh actively participated with an informational stall showcasing its work and knowledge materials. The event brought together health officials, development partners, and other stakeholders, fostering opportunities for meaningful engagement and collaboration.



## World Contraception Day: Health Camps

From September 21–26, 2024, the Improving SRHR in Dhaka project, implemented by Ipas Bangladesh with its partners, observed World Contraception Day under the theme, "The Power of Options". The day was marked through health camps, sticker campaigns, miking campaigns, and community awareness sessions. Youth volunteers actively engaged communities in SRHR education and family planning awareness. Health camps at General Practitioners (GP) chambers provided free SRHR services to around 250 clients. These efforts enhanced community understanding and access to contraception and related health services.



## Supplying Logistics and Commodities to Support Humanitarian Response

In Cox's Bazar, Bangladesh, Ipas provides essential SRH services to both Rohingya refugees and local host communities. Our services include FP, MR, PAC, clinical management of rape (CMR), and supporting GBV survivors. Cox's Bazar is home to the world's largest refugee camp, spread across three main areas: Ukhiya, Teknaf, and the island of Bhasan Char. Our team works in 47 health centers, and across 34 camps, making sure both refugees and local community members can get these important services when they need them.

Getting medical supplies to these camps is like solving a puzzle every day. Weather changes, new government rules, and growing awareness among refugees mean the need for medicines keeps changing. Our team works hard to make sure clinics don't run out of supplies. Every month, each clinic tells us what they need, and we carefully check these requests to make best use of our resources.

Sometimes, we face big challenges. Weather can make it hard to reach Bhasan Char island. Getting enough medicine can be tough when funding is tight. Some medicines run low while others sit on shelves. Despite these difficulties, we keep our commitment to help refugees and host communities get quality healthcare.

## A Digital Approach to Making SRHR More Accessible

The ISRHR'D project has introduced the OGSB Call Center, launched in May 2023, as a step forward in digital health services. Offering free consultations, this initiative aims to bridge the socio-economic divide and ensure equitable access to SRHR services for underserved urban populations. Since its inception, over 330 consultations have been delivered by trained doctors, with the call volume steadily rising over time, highlighting the growing demand for SRHR services.

Notable spikes in the number of calls suggest that awareness of these services is growing, with the most significant increases seen in recent months. This trend may reflect both enhanced outreach efforts and the growing trust that vulnerable communities have in this digital platform.

From family planning and menstrual health to post-abortion care, the variety of concerns are addressed through the call center demonstrates the comprehensive nature of this service. The data reveals a remarkable rise in diagnoses related to family planning, adolescent health, Menstrual Regulation and menstrual abnormalities, underscoring the critical need for accessible reproductive health services.

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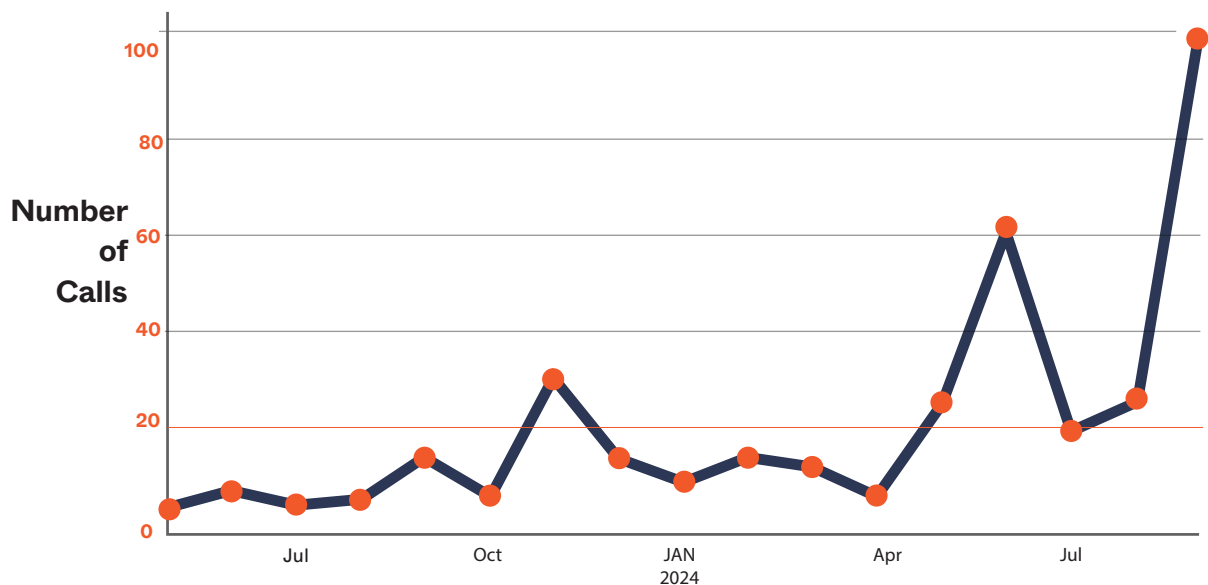
**consultations delivered**

Call Center Number

**09613-656666**



A DATA-DRIVEN SUCCESS ANALYSIS



By connecting patients to trusted medical professionals and ensuring they receive timely care, this Call Center initiative continues to empower individuals, enabling them to make informed decisions about their reproductive health. These trends highlight the transformative potential of digital solutions in addressing healthcare disparities for the most vulnerable populations.

## Our Impact for the July -September Quarter

At Ipas-supported health facilities-

**6,4127** People  
received Family Planning services

**2,040** People  
received Menstrual regulation service

**2,486** People  
received Postabortion Care service

**729** People  
received support on Sexual and gender-based Violence

Through community engagement programs, Ipas Bangladesh reached-

**108,964**  
Bangladeshi people

**10,757**  
Rohingya people



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