NATIONAL STRATEGY
for Scale-up of Comprehensive Menstrual Regulation Care (CMRC)

Ministry of Health and Family Welfare

Directorate General of Family Planning
Directorate General of Health Services
Directorate General of Nursing & Midwifery

পরিবার পরিকল্পনা অধিদপ্তর

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National Strategy for Scale-up of Comprehensive Menstrual Regulation Services (CMRC)

Technical Contribution

Members of Technical Working Group for National Strategy development for Scale-up of Comprehensive Menstrual Regulation (MR) Services

Reviewed By

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The National Strategy for Scale-up of Comprehensive Menstrual Regulation Care (CMRC) has been developed under the leadership of MCH Services Unit, DGFP, Maternal Health, MNC&AH, DGHS with technical support from Ipas Bangladesh.

MESSAGE

The government of Bangladesh has intensified its efforts to improve the effectiveness of the public health sector since couple of decades. Special emphasis has been placed on comprehensive approaches to providing all components of reproductive health (RH) through public health systems. However, further efforts are required to enhance access, availability, and quality of reproductive health services, especially at peripheral levels, to achieve our SDG commitments of ending preventable maternal deaths.

Seven percent of all maternal deaths in the country are caused by complications from unsafe abortions, which can be prevented by providing quality menstrual regulation (MR) and postabortion care (PAC) services. MR services are government approved services and available in union-level and higher public health facilities across Bangladesh. However, due to the unavailability of trained providers and social stigma, approximately 1.2 million women in Bangladesh seek services outside health facilities every year, putting their health at significant risk by undergoing unsafe abortions.

Reducing the incidence of unwanted pregnancies and unsafe abortions in Bangladesh is essential to reduce the maternal mortality. This can be achieved by ensuring access to quality MR, PAC, and family planning services. To meet this goal, a scale-up of comprehensive MR care (CMRC) is necessary to meet the gap by quality service to reduce maternal mortality and morbidity while improving the well-being of women and adolescents across the country. The national scale strategy of CMRC focuses on preventing unsafe abortions and ensuring proper management of postabortion complications, in line with human rights principles.

I would like to express my appreciation to all relevant officials of DGHS, DGFP, and DGNM for their joint initiative to develop the “National Strategy on the Scale-up of Comprehensive Menstrual Regulation (MR) Care.” This strategy provides guidance to policymakers, managers, supervisors, and providers for scaling up of CMRC countrywide to improve the quality of care available to women and adolescents seeking MR and PAC services.

I also acknowledge the valuable contributions of academicians, obstetricians, public health experts, and officials from DGHS, DGFP, DGNM, OGSB, and development partners who worked tirelessly to complete this process. My heartfelt thanks go to Ipas Bangladesh for providing technical support in developing this scale-up strategy.

Prof. Dr. Md. Abu Jafor
Director General
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh.

MESSAGE

Bangladesh has made significant progress in sexual and reproductive health over the past decades and remains firmly committed to achieving the Sustainable Development Goals (SDGs). In particular, we are working toward achieving SDG 3 by 2030, which includes reducing the maternal mortality ratio to less than 70 per 100,000 live births (SDG Target 3.1) and ensuring universal access to sexual and reproductive health care services, including family planning (SDG Target 3.7). Providing quality family planning, menstrual regulation (MR), and postabortion care (PAC) services are critical elements in preventing maternal mortality and morbidity.

Unsafe abortion remains one of the leading causes of maternal mortality, a tragedy that can be prevented by ensuring the availability and accessibility of quality MR, PAC, and family planning services. Menstrual regulation (MR) services were introduced in Bangladesh in 1974 and have been part of the national family planning program since 1979. However, despite decades of integration into the national program, an estimated 27% of women seeking MR services were turned away from service facilities (2014). These women often seek care from untrained providers, undergo unsafe abortions, and face complications that sometimes lead to death or disability.

The risk of unwanted pregnancies and unsafe abortions can only be reduced if women have access to accurate information and comprehensive services for menstrual regulation, postabortion care, and family planning delivered by trained providers.

I would like to express my sincere appreciation to all relevant officials of DGHS, DGFP, and DGNM for their collaborative efforts in developing the "National Strategy on the Scale-up of Comprehensive Menstrual Regulation (MR) Care." This strategy ensures that women and adolescents have access to and can utilize rights-based, high-quality, non-judgmental Comprehensive MR Care (CMRC) services that respect informed choice, empower individuals, uphold human rights, and leave no one behind.

I also extend my heartfelt gratitude to the academicians, clinicians, public health experts, and officials from DGHS, DGFP, DGNM, OGSB, and development partners who worked tirelessly to update this strategy. My deepest thanks go to Ipas Bangladesh for providing technical support in developing this strategy.

I wish for the successful implementation of this National Strategy on the Scale-up of Comprehensive MR Care across the country.

Mohammad Nora Alam Siddique
Director General
Directorate General of Family Planning
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh.

MESSAGE

Bangladesh has made significant progress toward achieving Sustainable Development Goal (SDG) 3, particularly the target of reducing the maternal mortality ratio to fewer than 70 per 100,000 live births by 2030. These achievements reflect the government's strong commitment to strengthening maternal and reproductive health services. However, challenges still remain in fully achieving this target.

Unsafe abortions remain a preventable cause of maternal mortality, contributing to 7% of maternal deaths in Bangladesh. This highlights the urgent need to ensure equitable access to high-quality Menstrual Regulation (MR), Post-Abortion Care (PAC), and family planning services at all levels of healthcare. Strengthening these services is crucial to preventing unnecessary maternal deaths and complications, empowering women and adolescents with reproductive choices, and upholding their fundamental human rights.

The Directorate General of Health Services (DGHS) is at the forefront of implementing reproductive health (SRH) services across the country. As part of this commitment, DGHS, in collaboration with the Directorate General of Family Planning (DGFP), has developed the National Strategy on the Scale-up of Comprehensive Menstrual Regulation (MR) Care. This evidence-based strategy is a critical tool for reducing maternal mortality and morbidity. It aligns with global best practices and national health priorities, ensuring that safe, effective, and accessible MR services are integrated into the broader reproductive health framework. The strategy provides guidance to policymakers, government and non-government health managers, and private healthcare facility managers on prioritizing interventions for effective implementation.

I strongly believe that this National Strategy will serve as a comprehensive roadmap for enhancing Comprehensive Menstrual Regulation (CMR) Care in Bangladesh. By working together, we can strengthen reproductive health services, safeguard women's rights, and create lasting improvements in the health and well-being of women and adolescents across the country. I encourage all stakeholders to collaborate in implementing this strategy and making a meaningful impact on the lives of millions.

Dr. S. M. Abdullah -Al- Murad

Line Director, MNC&AH,
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Acknowledgement

Bangladesh has made noteworthy progress in the reproductive health sector, and the Ministry of Health and Family Welfare has undertaken many initiatives aimed at reducing maternal mortality. The total fertility rate (TFR) has decreased, and the contraceptive prevalence rate (CPR) has increased significantly. However, concerns remain about the progress toward achieving SDG 3, specifically the target of reducing the maternal mortality ratio to less than 70 per 100,000 live births by 2030. In Bangladesh, unsafe abortions, one of the preventable causes of maternal death, still contribute to 7% of maternal fatalities. This can be prevented by ensuring the availability and access to quality MR, PAC, and family planning services.

The Directorate General of Family Planning (DGFP) is at the forefront of implementing sexual and reproductive health services. DGFP envisions the "National Strategy on the Scale-up of Comprehensive Menstrual Regulation (MR) Care" as a suitable and need-based document to reduce maternal mortality and morbidity, while improving the well-being of women and adolescents across the country. This strategy aims to prevent unsafe abortions and ensure proper management of post-abortion complications, in line with human rights principles.

I would like to express our sincere gratitude to all experts from the Obstetrical & Gynecological Society of Bangladesh (OGSB), DGHS, DGFP, DGNM and other relevant stakeholders who contributed their valuable efforts to the development of this National Strategy on the Scale-up of Comprehensive Menstrual Regulation (MR) Care. I also extend my gratitude to WHO, UNFPA, BAPSA, MSB, RHSTEP, and SERAC Bangladesh. A special thanks to Ipas Bangladesh for providing their technical support throughout the development process.

I hope this strategy will guide our efforts to meet the needs of Comprehensive Menstrual Regulation Care for women and adolescents in the country, and that we will work together to bring positive changes to their lives.

Dr. Md. Sultan Ahmed

Director (MCH- Services)
Directorate General of Family Planning
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh.

Ipas Partners for Reproductive Justice
BANGLADESH

MESSAGE

I am pleased to extend my sincere gratitude to the Directorate General of Family Planning (DGFP) and the Directorate General of Health Services for their dedicated efforts in the development of the National Strategy on the Scale-up of Comprehensive Menstrual Regulation (MR) Care. Ipas Bangladesh is both proud and honored to have played a role in providing technical support for this critical initiative.

We deeply appreciate the collaboration between the DGFP, DGHS, DGNM, and key SRHR NGOs in ensuring that this strategy will guide the country toward improving the quality of MR, PAC, and post-abortion care. This action plan is an important step forward in ensuring that women and adolescents in Bangladesh receive care that is both safe and respectful, upholding their dignity and rights.

Ipas Bangladesh remains fully committed to supporting the Ministry of Health and Family Welfare, and its directorates, in the successful implementation of this strategy. We are excited about the opportunity to continue working with all partners to ensure that the essential sexual and reproductive health care are achieved and that every woman and adolescent can access high-quality, person-centered care.

Thank you once again for your continued collaboration. Together, we will make a significant and lasting impact on reproductive health in Bangladesh.

Warm regards,

Dr. Sayed Rubayet
Country Director
Ipas Bangladesh

Table of Content

Abbreviations

AAAQ	Quality, Accessibility, Acceptability, and Availability
AHI	Assistant Health Inspector
BAPSA	Bangladesh Association for Prevention of Septic Abortion
BCC	Behavioral change communication
BMMS	Bangladesh Maternal Mortality Survey
BSc	Bachelor of Science
CCSDP	Clinical Contraceptive Service Development Program
CHCP	Community Health Care Provider
CHWs	Community Health Worker
CG	Community Group
CMRC	Comprehensive Menstrual Regulation Care
CSG	Community Support Group
CSO	Civil society organization
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DGNM	Directorate General of Nursing and Midwifery
DH	District Hospitals
DHIS2	District Health Information System 2
DQA	Data Quality Assurance
DRS	District Reserve Store
eMIS	electronic Management Information System
EmONC	Emergency Obstetric and Neonatal Care
ESP	Essential Service Package
FP	Family Planning
FPCS-QIT	Family Planning Contraceptive Services Quality Improvement Team
FP-DHIS2	Family Planning District Health Information System 2
FPI	Family Planning Inspector
FP-MCRAH	Family Planning Maternal Child Reproductive Adolescent Health
FSD	Field Service Delivery
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FWTI	Family Welfare Training Institute
GA	Gestational Age
GP	General Practitioner
GO	Government Organization
GoB	Government of Bangladesh
HA	Health Assistant
HI	Health Inspector
HoD	Head of the Department
HPNSP	Health, Population and Nutrition Sector Development Program
HSM	Health System Management
INGOs	International Non-governmental Organizations
IPC	Interpersonal Communication
IUCD	Intra Uterine Contraceptive Device
LMIS	Logistics Management Information System
MBBS	Bachelor of Medicine & Bachelor of Surgery
MCH	Maternal & Child Health
MCH-FP	Maternal and Child Health and Family Planning
MCHTI	Maternal and Child Health Training Institute
MCRAH	Maternal Child Reproductive and Adolescent Health

MCWC	Maternal and Child Welfare Centers
MFSTC	Mohammadpur Fertility Services and Training Centre
MIS	Management Information System
MNCA	Maternal Neonatal Child and Adolescent
MNCH	Maternal Neonatal Child Health
MO- Clinic	Medical Officer Clinic
MOH&FW	Ministry of Health & Family Welfare
MoLGRDCo	Ministry of Local Government, Rural Development and Co-operatives
MO(MCH-FP)	Medical Officer (Maternal Child Health & Family Planning)
mPAC	Post Abortion Care with Medicine
MR	Menstrual Regulation
MRM	Menstrual Regulation with Medication
MSB	Marie Stopes Bangladesh
MSRs	Medical Surgical Requisites
MVA	Manual Vacuum Aspiration
NGOs	Non-Government Organization
OBGYN	Obstetrics and Gynecology
OCP	Oral Contraceptive Pill
OP	Operational Plan
PAC	Post Abortion Care
PAFP	Post Abortion Family Planning
QoC	Quality of Care
RHSTEP	Reproductive Health Services Training and Education Program
SACMO	Sub Assistant Community Medical Officer
SRHR	Sexual Reproductive Health Rights
SRH	Sexual Reproductive Health
SSN	Senior Staff Nurse
ToT	Training of Trainers
TWG	Technical Working Group
UFPO	Upazila Family Planning Officer
UHC	Upazila Health Complexes
UH&FPO	Upazila Health & Family Planning Officer
UH&FWC	Upazila Health & Family Welfare Centers
UN	United Nations
VCAT	Values Clarification and action for Transformation
WHO	World Health Organization

1. Introduction

1.1. Background

Between 2015 and 2019, there were approximately 121 million unintended pregnancies annually worldwide, equating to around 64 unintended pregnancies per 1,000 women aged 15–49 years. Of these unintended pregnancies, about 61% ended in abortion, resulting in a global rate of 39 abortions per 1,000 women in this age group.[i]

In Bangladesh, during the same period, there were an estimated 5.33 million pregnancies annually, with 2.63 million being unintended. Of these unintended pregnancies, 1.58 million resulted in Menstrual Regulation (MR) and abortion[ii]. A 2014 survey indicated that approximately 430,000 MR procedures were conducted in health facilities, and there were 1,194,100 cases of induced abortion. 257,000 women were treated for complications arising from induced abortions, corresponding to a rate of six per 1,000 women aged 15–49 years[iii]. The 2016 Bangladesh Maternal Mortality and Health Care Survey (BMMS) revealed that 7% of maternal deaths were due to unsafe abortion[iv]. Ensuring the availability and accessibility of quality MR services, post-abortion care (PAC), and post-abortion family planning services is crucial in preventing these deaths. However, 58% of public and private healthcare facilities in Bangladesh did not provide MR services. One-third (32%) of all MR services in the country were provided by Union Health and Family Welfare Centers (UHFWC) in 2014[v].

It is estimated that 27% of women seeking MR services were turned away from health facilities, some of them due to a duration of amenorrhea over 10/12 weeks. However, the majority were refused due to a lack of trained providers, provider stigma and negative personal beliefs, and unavailability of necessary equipment and supplies[vi]. Women and adolescents also face significant barriers in accessing safe MR and PAC services. According to the 2017-18 Bangladesh Demographic and Health Survey, 71% of ever-married women, and 72% of currently married women, were aware of MR services, while 7% of ever-married women and 8% of currently married women had used MR services[vii].

With this context, the health system in Bangladesh must enhance the coverage of MR, PAC, and FP services by adopting a comprehensive approach that ensures high-quality care. Targeted efforts are also necessary to extend these services to underserved populations, including adolescents, low-income individuals, people with disabilities, and those in urban and hard-to-reach areas. Additionally, technology-driven initiatives are urgently needed to increase community awareness about MR, PAC, and family planning services.

1.2. Policy adaptation

The Bangladesh government introduced Menstrual Regulation services in some facilities in 1974 to improve access and reduce deaths related to complications from unsafe abortions. In 1979, MR services were integrated into the national family planning program under the Ministry of Health & Family Welfare (MoH&FW) to provide the services by trained midlevel providers or doctors to women as per their demand for MR services. Under current policy, trained mid-level midlevel providers can perform MR within 10 weeks of a missed period, while doctors can do so within 12 weeks. In 2014, MR by Medication (MRM) was added to the national program, allowing MRM to be administered up to 10 weeks after a missed period. In 2016, MR and Post-Abortion Care (PAC) services were included in the Essential Service Package (ESP) of Ministry of Health and Family Welfare as vital services available from Union-level facilities and above. Regardless of a woman's gestational age, PAC services are recognized as life-saving interventions.

Key Policy Milestone:

- 1974: Menstrual regulation (MR) services introduced by GoB
- 1979: MR was included in Bangladesh's national FP program
- 2014: Medical MR has introduced in national FP program
- 2016: MOH&FW include MR in the ESP
- PAC is an integral part of EmONC irrespective of GA

These policy adaptations aim to ensure that every woman in Bangladesh has access to safe, timely, and high-quality menstrual regulation (MR) services, post-abortion care (PAC), and informed choice for post-abortion family planning methods. By addressing existing barriers and improving service delivery, the government is committed to reducing maternal mortality, preventing unsafe abortions, and promoting women's reproductive health and rights. The Ministry of Health and Family Welfare, along with its directorates, will collaborate with healthcare providers, community leaders, professionals, NGOs, and other stakeholders to ensure the successful implementation of this policy, ultimately contributing to the achievement of universal health coverage and improved health outcomes for women and adolescents across the country.

2. Comprehensive Menstrual Regulation Care (CMRC)

Comprehensive Menstrual Regulation Care (CMRC) is a holistic approach to menstrual regulation services that encompasses not only the procedure itself but also the essential support and care before, during, and after the service. It aims to ensure that women receive stigma and bias free safe, high-quality, and person-centered care throughout the entire MR process. The key components of Comprehensive MR Care, as aligned with the World Health Organization (WHO) standards, include:

1. **Safe MR Services:** Ensuring that MR procedures are conducted using safe, effective, and evidence-based methods in line with national policies. This includes both surgical (Manual Vacuum Aspiration, MVA) and medical methods (Medication-based Menstrual Regulation, MRM), performed by trained and competent providers in safe, clean, and supportive environments.
2. **Post-Abortion Care (PAC):** Providing comprehensive care following the MR procedure, including the timely treatment of any complications such as infection, incomplete MR, or uterine perforation. PAC should address both physical and emotional needs, ensuring women's well-being and recovery.
3. **Post-Abortion Family Planning (PAFP) Services:** Offering immediate access to a range of contraceptive methods following MR or PAC to prevent unintended pregnancies in the future. This includes providing counseling on available family planning options and ensuring that women can make informed choices based on their health needs, preferences, and life circumstances.
4. **Linkages to Other Sexual and Reproductive Health Services:** Connecting women to other essential sexual and reproductive health services, such as sexually transmitted infection (STI) screening and treatment, and broader reproductive healthcare services. These linkages help to address the full spectrum of women's health needs and ensure comprehensive care.
5. **Addressing Social and Structural Determinants:** Recognizing and addressing the social, cultural, and structural factors that affect women's access to safe MR services. This includes reducing stigma, overcoming barriers to healthcare access (such as distance, cost, and

availability of trained providers), and ensuring that marginalized groups, including adolescents, low-income individuals, and those in rural or hard-to-reach areas, have equitable access to care.

2.1. Rational of National scale up of Comprehensive MR Care (CMRC)

Access for all reproductive aged women and adolescent to Comprehensive MR Care (CMRC) is crucial to achieving Sustainable Development Goals 3 and 5, to ensure health and well-being for all and gender equality, respectively by 2030. Enhancing access and improving reproductive health outcomes through the national scale-up of comprehensive MR Care is a timely initiative. This scale-up will ensure that Counselling, MR services, PAC and PAFP services are accessible to women in rural, urban and underserved population across the country including in remote and hard-to-reach areas.

> "Scale-up denotes deliberate efforts to increase the impact of a successfully tested set of health interventions to benefit more people and to foster policy and program development on a lasting basis." – Source: Nine steps for developing a scaling-up strategy, World Health Organization.

The national scale-up of Comprehensive MR Care will facilitate to ensure that everyone has access to consistent, high-quality, non-judgmental, and evidence-based information and services at before, during, and after an MR or PAC servicess and improve patient outcomes.

3. National Scale-up of Comprehensive MR Care (CMRC)

3.1. Planning of National Scale-up of Comprehensive MR Care:

The national scale-up of Comprehensive MR Care (CMRC) is a critical component of Bangladesh's commitment to ensuring that all women and adolescents have access to quality sexual reproductive health services. The Ministry of Health and Family Welfare, Bangladesh, has decided to scale up comprehensive MR, PAC, and FP services through its national program.

For effective coverage, following the strategic direction of the National Scale-up strategy an action plan will be developed and implemented through different operational plans (OPs) and units of Directorate General of Family Planning (DGFP), Directorate General of Health Service (DGHS) and Directorate General of Nursing and Midwives (DGNM), Directorate General of Medical Education (DGME) under the MoH&FW; through different NGOs and projects including health projects under Local Government, Rural Development and Co-operatives (LGRD&CO); and private health care facilities including general physicians.

Relevant OPs under DGFP:

- Maternal Child, Reproductive and Adolescent Health (MCRAH),
- Field Service Delivery (FSD),
- Clinical Contraceptive and Service Delivery Program (CCSDP),
- Information, Education and Communication (IEC) and
- Management Information System (MIS)

Relevant OPs under DGHS:

- Health Information Management Information System (MIS)
- Maternal Neonatal Child Health (MNCH),
- Hospital Service Management (HSM)
- Upazila Health Care

Relevant OPs under DGNM:

- Nursing and Midwifery Education
- Nursing and Midwifery Services

3.2. Process of development of the of National Scale-up of Comprehensive MR Care (CMRC) Strategy

The strategy has been developed through a consultative process lead by MoH&FW engaging Civil society organizations, the private sector, professional societies, technical experts, UN agencies, and other SRHR stakeholders.

A National Technical Working Group (TWG) and four sub-committees were formed by the Directorate General of Family Planning (DGFP), consisting of representatives from DGFP, Directorate General of Health Services (DGHS), Directorate General of Nursing and Midwifery (DGNM), Obstetrical and Gynecological Society of Bangladesh (OGSB), UN agencies including WHO and UNFPA, International and national NGOs including Ipas Bangladesh, Marie Stopes Bangladesh, BAPSA and RHSTEP; and other SRHR experts. The sub-committees focused on the following thematic areas:

A. Service Delivery and Health Workforce including Capacity building and Facility Readiness.
B. Access to Essential Medicines, Equipment and logistics
C. Quality of Care and Monitoring
D. Health Information Systems

The committee and sub-committees conducted a thorough desk review of evidence-based background papers on the scale-up of MR, PAC, and post-abortion family planning services. They identified strategic approaches and programmatic priorities to ensure that women and adolescents across the country have access to and utilize rights-based, high-quality, non-judgmental Comprehensive MR Care (CMRC), delivered in a way that respects informed choice, empowers women and adolescents, affirms individual human rights, and leaves no one behind. The committees met regularly and organized several consultative workshops with stakeholders. Based on these discussions, the Technical Working Group (TWG) drafted the strategy, which was shared with stakeholders and experts for feedback. The final draft was subsequently submitted for approval by the Ministry of Health and Family Welfare.

4. Goal and Objective of National Scale-up of Comprehensive MR Care (CMRC)

4.1. Goal of National Scale-up of Comprehensive MR Care

To reduce maternal mortality and morbidity, while improving the well-being of women and adolescents across the country by preventing unsafe abortion and ensuring proper management of post-abortion complications, in line with human rights principles.

4.2. General Objective of National Scale-up of Comprehensive MR Care

To ensure that women and adolescents have access to, and are able to utilize, rights-based, high-quality, non-judgmental Comprehensive MR Care (CMRC) that respects informed choice, empowers individuals, affirms human rights, and leaves no one behind.

4.3. Specific Objectives of National Scale-up of Comprehensive MR Care

4.3.1. **Policy Environment and Support (Health System Governance)**:

Ensure a supportive policy framework that promotes evidence-based, rights-based CMRC interventions, allocates adequate resources, and mobilizes social structures to improve availability, access and utilization of services.

4.3.2. **Availability, Accessibility, and Affordability of CMRC:**

Create inclusive health systems that ensures all women and adolescents, regardless of their socioeconomic status or location, have timely access to safe and effective MR services.

4.3.3. **Capacity Building and Motivation of Service Providers (Service Delivery and Workforce)**: Build the capacity and motivation of healthcare providers across all levels, including private sector facilities, to deliver non-judgmental, high-quality, and rights-based MR services, ensuring respect for women's autonomy, dignity, and informed choice.

4.3.4. **Health Facility Readiness and Quality of Care (Health System Infrastructure and Essential Medicines)**:
Ensure health facilities are equipped with appropriate infrastructure, supplies, and infection prevention measures to provide high-quality, safe, and respectful care, including privacy and protection of confidentiality for all women, including those with disabilities and supportive care.

4.3.5. **Data Collection and Use (Health Information Systems)**:

Strengthen the collection and use of disaggregated data through HMIS to monitor service delivery, improve quality, and support effective planning and decision-making.

4.3.6. **Reducing Stigma and Promoting Rights (Social and Cultural Context)**: Promote a stigma-free environment that supports women's reproductive rights, challenges harmful social norms, and ensures equitable access to MR care without discrimination.

4.3.7. **Community Engagement and Empowerment (Community Participation and Agency)**: Empower women and adolescents through community-based awareness and engagement to reduce stigma, build self-esteem, and improve care-seeking behavior for MR services and self care and healthy life style practices.

5. Key Strategies for Achieving the Specific Objectives of the National Scale-Up of CMRC in Bangladesh

5.1. Policy Environment and Support (Health System Governance)

- **Policy Advocacy and Reform:** Advocate for the integration of CMRC into national health policies as a component of universal health care (UHC), ensuring alignment with international human rights frameworks and evidence-based practices for MR, PAC, and PAFP.
- **Resource Allocation:** Mobilize adequate financial resources at both the national and local levels and from development partners and donor agencies to ensure the availability of essential services, for training, supplies, and facility upgrades.
- **Cross-Sectoral Coordination:** Establish strong collaboration between the Ministry of Health and Family Welfare (MOHFW), Ministry of Local Government Rural Development and Cooperatives (MOLG&Co), civil society organizations, OGSB and allied societies NGOs, private sector, and other stakeholders to ensure the coordinated delivery of services.

5.2. Ensuring Service Availability, Accessibility, Affordability and Accountability:

Availability: Ensure that Comprehensive MR Care (CMRC) services are available at all levels of the health system, from pre-primary to tertiary care, across DGHS, DGFP, NGOs, and private sector facilities. These services should be made accessible to all women and adolescents including physical and mental disabled those in rural, urban, and underserved areas.

Affordability: Provide MR, Post-Abortion Care (PAC), and Family Planning (FP) services including drugs and commodities at no or low cost, to remove financial barriers and ensure that all women and adolescents, regardless of their financial situation, can access essential services.

Accessibility: Ensure that health facilities offering Comprehensive MR Care are within reasonable reach for women and adolescents, including those in remote areas. Facilities should also be accessible to individuals with disabilities, ensuring equitable access to care for all.

Accountability: Accountability matters in reproductive health – which promotes trust in health care system, reduces the preventable complications and disparities, ensures every individual to receive respectful and dignified care. Ultimately it upholds reproductive rights and choices by the clients. Accountability entails clients centered care, provides responsibilities, individual and government commitment and implement abilities.

5.2.1 Expand Service Delivery Networks:

- Ensure the availability of Comprehensive MR Services at all levels of the health system, including primary, secondary, and tertiary care facilities across public, private, and NGO sectors.
- Capacitate medical graduates and support them to establish MRM and mPAC service provision in their private chambers ensuring all essential quality measures.
- Strengthen the capacity of health facilities in rural and underserved areas to provide MR services, ensuring that service coverage is nationwide.

5.2.2. Telemedicine Services:

- Telemedicine services to reach women in remote and hard-to-reach areas, providing MR, PAC, and PAFP services directly in communities.

5.2.3. Integrate Services into Existing Health Programs:

- Integrate MR, PAC, and PAFP services into existing family planning and maternal health programs to ensure a seamless continuum of care, improving service availability and reducing fragmentation.

5.2.4. Strengthening Health Infrastructure:

- Upgrade and equip health facilities with necessary infrastructure, medical supplies, and trained personnel, ensuring services are available in both public and private sectors.
- Ensure facilities are accessible to people with disabilities by creating inclusive physical environments (e.g., ramps, accessible signage).

5.2.5. Community Outreach and Awareness Campaigns:

- Raise awareness about the availability of CMRC, reduce stigma, and promote informed decision-making through community health workers and social media.
- Utilize media, local leaders, and peer educators to disseminate information about services, eligibility, and how to access care.

5.3. Capacity Building & Motivation of Service Providers (Service Delivery & Workforce)

5.3.1. Pre-Service Training:

Integrate CMRC into Medical, Midwifery and Nursing Curricula: Ensure that medical, nursing, and midwifery courses integrate comprehensive MR care, including MR procedures, PAC, PAFP, reproductive rights, and non-judgmental care, into their curricula.

Standardized Training Modules: Develop standardized training materials on MR, PAC, PAFP, and reproductive rights, including informed consent, privacy, and stigma reduction. These modules should be evidence-based and adhere to national and international guidelines.

Clinical Skills Development: Provide hands-on clinical training in MR procedures, infection prevention, and emergency care management in collaboration with teaching hospitals and clinical mentors.

5.3.2. In-Service Training and Continuing Medical Education (CME):

- **Ongoing Capacity Building:** Implement in-service training programs for healthcare providers, including doctors, nurses, midwives, and other mid-level healthcare providers including FWV and paramedics. Focus on refreshing technical knowledge and improving service delivery in line with current best practices including selfcare and healthy lifestyle.
- **Mentorship and Supervision:** Establish mentorship programs where experienced healthcare providers guide and supervise less experienced staff, ensuring that all providers follow best practices in MR and PAC services.
- **Rights-Based Care and Sensitization:** Provide regular workshops on reproductive rights, patient-centered care, and the importance of offering non-judgmental, respectful services. This should include training on how to address stigma, bias, and discrimination within the healthcare setting.
- **Competency-Based Training:** Use a competency-based approach to assess healthcare providers' ability to perform MR and PAC procedures, manage complications, and counsel clients. This includes both theoretical and practical assessments.
- **Refresher Courses:** Offer refresher courses regularly to update healthcare providers on the latest guidelines, evidence-based practices, and emerging technologies in reproductive health and MR care.
- **Orientation of Digital Health provider:** Provide training and guidance to the service providers who are working in Tele Medicine services focusing on MR, PAC and PAFP under DGHS and DGFP.

5.3.3. Incorporating VCAT (Values Clarification for Action and Transformation) Tool in Training for Reduction of Stigma and Bias

- By incorporating the VCAT tool in training, the National Scale-up Strategy for CMRC will address not only the technical skills needed for service delivery but also the essential attitudinal shifts required to ensure that all women and adolescents receive care that is respectful, empathetic, and free of stigma and bias.

5.3.4. Collaboration with Professional Societies and NGOs:

- **Professional Partnerships:** Collaborate with professional societies such as the Obstetrical and Gynecological Society of Bangladesh (OGSB), Bangladesh Midwifery Society (BMS) and other medical associations to promote continuous education and share best practices.
- **Partnership with NGOs and International Bodies:** Work with international organizations, NGOs, and development partners to provide additional resources, training, and technical support, particularly in rural and underserved areas.

5.4. Health Facility Readiness and Quality of Care (Health System Infrastructure and Essential Medicines)

5.4.1. Facility Upgrades and Equipment:

Ensure that all public, private, and NGO-run healthcare facilities CMRC are fully equipped with the necessary infrastructure, medical equipment and supplies to meet the technical standards for delivering Menstrual Regulation (MR), Post-Abortion Care (PAC), and Post-Abortion Family Planning (PAFP).

- **Infrastructure Improvements:** Facilities should be equipped with dedicated spaces for counseling, procedure, post-procedure rest, and recovery, ensuring that these spaces are designed to provide auditory and visual privacy, comfort, and dignity to the women and adolescents seeking care.
- **Essential Medicines and Commodities:** Ensure that essential medicines (e.g., misoprostol, antibiotics, pain management medicines) and supplies (e.g., MVA kits, medications, and contraceptive commodities) are readily available at health facilities. Collaborate with local and national procurement systems to ensure the continuous availability and timely distribution of necessary materials.

5.4.2. Infection Prevention and Safety Protocols:

- **Infection Prevention and Control:** Implement strict infection prevention and control (IPC) measures in all health facilities to minimize the risk of infections to both clients and healthcare workers. This includes sterilization protocols, proper disposal of medical waste, and adherence to universal safety precautions.
- **Environmental Standards:** Ensure that healthcare facilities meet appropriate standards for cleanliness, sanitation, and hygiene to provide a safe environment for women and adolescents seeking MR services.

5.4.3. Dedicated Support for Counseling and Post-Procedure Rest:

- **Counseling Facilities**: Ensure healthcare facilities have dedicated rooms for confidential counseling. These spaces should be designed to facilitate conversations about pregnancy options, family planning, and any post-procedure care or follow-up needed. Staff should be trained in non-judgmental counseling that supports informed choice and respects the woman's autonomy.
- **Post-Procedure Recovery Space**: Provide appropriate post-procedure spaces for rest and recovery. This area should be clean, well-equipped, and private, allowing women and adolescents to rest and recover in a safe, comfortable environment. Follow-up care and contraceptive counseling should also be provided to minimize the risk of future unintended pregnancies.

5.4.4. Privacy and Confidentiality:

- **Dedicated Space with Visual and Auditory Privacy**: Provide dedicated, confidential spaces for counseling and MR services where patients can discuss their reproductive health in a secure and non-judgmental environment. This should include private rooms for consultations, procedures, and post-procedure recovery to ensure the dignity of the patient is upheld.
- **Confidentiality Protocols**: Ensure that privacy and confidentiality are central to service delivery, particularly in relation to social stigma and the sensitive nature of MR care. All healthcare workers should be trained to respect the confidentiality of patients and maintain a non-discriminatory attitude. If service provides breaches confidentiality it is a serious violation of ethical and legal obligations. Appropriate steps to be taken if there is breach of confidentiality. There must be specific laws protecting clients' confidentiality.

5.4.5. Logistics Management and Procurement Systems:

- **Logistics and Supply Chain Management**: Strengthen local and national procurement systems to ensure the consistent availability of essential medicines, supplies, and equipment for MR and PAC

services. This includes ensuring a responsive supply chain that can address both routine and emergency needs, particularly in hard-to-reach areas.

- **Timely and Reliable Delivery**: Implement strategies for effective logistics management, ensuring that medicines, equipment, and consumables are stocked, maintained, and available at all levels of care, from primary to tertiary health facilities.

5.5. Data Recording, Reporting & Utilization

5.5.1. Strengthening Health Management Information System (HMIS)

- **Enhanced data recording**: Strengthen the Health Management Information System (HMIS) to ensure that accurate, disaggregated data on Comprehensive MR Care (CMRC) is captured. This data should include information on Menstrual Regulation (MR), Post-Abortion Care (PAC) with methods, and Post-Abortion Family Planning (PAFP) services with methods of contraception using the approved register.

- **Standard Reporting Formats**: Develop and implement standardized reporting formats (registers, checklists, and forms including eMIS) for use by all health facilities, including DGHS, DGFP, NGOs, and the private sector, to capture uniform data on MR, PAC, and PAFP services. This will ensure consistency in reporting, facilitate cross-sectoral comparison, and strengthen the overall national data collection system.

5.5.2. Data-Driven Decision Making

- **Informed Policy and Planning**: Use the data collected through HMIS and other sources to drive data-informed decision-making at all levels of the health system (national, divisional, district, and facility). Regular analysis of data should help to:
    - Identify gaps in service availability, quality, and equity
    - Inform the allocation of resources to areas with the greatest need, ensuring that equitable distribution of services occurs across urban, rural, and underserved areas.
    - Track the effectiveness of strategies to reduce unsafe abortion, improve service delivery, and enhance quality of care. Use data for program testing and redesigning.

- **Service Delivery Improvement**: Data should guide operational decisions to improve service delivery, such as supply chain management to ensure availability of essential medicines, equipment, and supplies

5.5.3. Regular Monitoring and Evaluation

- **Routine Monitoring and Data Review**: Establish a system for regular monitoring and data review of services provided at all levels of the health system. This should include:
    - Periodic facility assessments to ensure that the facility readiness, equipment, infrastructure, and safety standards are being met.
    - Regular quality assurance checks to ensure that MR, PAC, and PAFP services are being provided in line with national guidelines and standards.
    - Monitoring of service data quality by using dashboard (eMIS, FP DHIS2) at all levels (national, division, district, upazila).

- **Periodic National Surveys**: Support and facilitate conducting periodic national surveys (in collaboration with donors, research agencies, and NGOs) to monitor:

- Incidence of induced abortion and trends in MR utilization across the country.
- Complications and mortality related to unsafe abortion and the provision of PAC services.
- The stigma and social attitudes toward MR and reproductive health care.

- **Evaluation of National Strategies**: Periodically evaluate the effectiveness of the National Scale-up of CMRC Strategy, including reviewing progress toward achieving the goal of reducing maternal mortality and morbidity through improved access to and quality of MR services.

5.5.4. Key Indicators for Monitoring CMRC

To ensure the quality and effectiveness of CMRC services, the following key indicators should be regularly monitored and reported:

A. **Service Availability and Utilization:**
   - Total number of MR services provided.
   - Total number of PAC services provided.
   - Total number of PAFP services provided.
   - Number of health facilities offering CMRC services.

B. **Quality of Care:**
   - Percentage of clients satisfied with CMRC services
   - Adherence to clinical guidelines for MR, PAC, and PAFP.
   - Infection rates and complications following MR or PAC procedures.
   - Follow-up rates for women receiving PAC services.

C. **Data Disaggregation and Equity:**
   - Percentage of services provided to underserved populations (gestation age, rural, adolescents, and people with disabilities).
   - Stigma for CMRC services among service providers.

D. **Complications and Mortality:**
   - Number of abortion-related complications reported.
   - Maternal morbidity and mortality related to unsafe abortion or complications post-MR.

E. **Outcomes of Post-Abortion Family Planning (PAFP):**
   - Percentage of women adopting post-MR or PAC contraceptive method.
   - Trends in contraceptive use following MR/PAC services.

F. **Stigma Reduction and Social Norms:**
   - Reduction in reported cases of discrimination and stigma toward women seeking MR services.
   - Social and community awareness levels on reproductive health rights and MR services.

5.5.5. Stakeholder Engagement and Collaboration

- **Donors and Research Agencies**: Collaborate with international donors and research agencies to fund, implement, and analyze national surveys on abortion trends, MR services, and maternal health outcomes. These surveys will inform policy decisions and help track progress toward national reproductive health goals.

- **NGOs and Private Sector**: Engage NGOs and the private sector in data collection, monitoring, and evaluation, ensuring that standardized reporting formats are used across all sectors to provide a consistent, reliable dataset. These collaborations will also help improve service delivery models and contribute to data-driven decision-making.

5.6. Reducing Stigma and Promoting Rights (Social and Cultural Context)

5.6.1. Values Clarification for Action and Transformation (VCAT)

VCAT is a participatory training tool designed to assist healthcare providers and staff in understanding their values and attitudes towards abortion. This tool encourages self-reflection and offers strategies to clarify biases transform biases and stereotypes, ensuring that providers deliver care with respect, dignity, and without judgment.

- **For Healthcare Providers**: Focus on developing awareness about the rights of women and adolescents to make informed decisions, empowering them to provide compassionate care in an unbiased manner.
- **For Managers and Health Facility Leaders**: Ensure that healthcare facilities maintain an organizational culture that supports non-judgmental care. Equip managers with skills to create a safe, respectful work environment where stigma is addressed and reduced.
- **VCAT in Routine Staff Training**: Incorporate VCAT into both pre-service and in-service training programs for healthcare providers, and as part of continuous professional development. This will help to institutionalize stigma reduction in MR services.

5.6.2. Supportive Environment for All Women with special attention to the needs of vulnerable populations:

Strengthen and advocate for protecting women's right to access MR services without fear of stigma or discrimination. This may include policies that:

- Prohibit discrimination against women and adolescent girls seeking MR care.
- Ensure that providers adhere to patient confidentiality and treat all clients with dignity and respect.
- Pay special attention to the needs of vulnerable populations, including adolescent girls, poor women, and those living with disabilities.
- Ensure that services are accessible to all women, particularly those from marginalized communities.

5.7. Community Engagement & Empowerment (Community Participation and Agency)

Social and Behavioral Change Communication (SBCC) for Community awareness, address stigma and bias and create social support engaging Community Health Workers and Peer Educators: Train community health workers to provide accurate information, facilitate access to services, and promote positive attitudes towards MR and reproductive rights in their communities.

5.8. Sustainability and Resource Mobilization

- **Government Budget Allocation:** Advocate for increased government budget allocation through all relevant Operation Plans of Health Sector for CMRC services, ensuring that these services are sustainable within the public healthcare system.
- **Private Sector and NGO Engagement:** Encourage private sector investment and collaboration with NGOs to enhance the availability of services and resources.
- **Donor Support and Partnerships:** Seek donor support for capacity-building, training, and infrastructure improvements, especially in underserved areas.

6. User of National Scale-up of Comprehensive MR Care Strategy

The National Scale-up of Comprehensive MR Care Strategy is the document for the policymakers, managers of DGHS, DGFP and DGNM from the national and subnational level; urban health authorities and managers of health programs under LGRD&Co; humanitarian response actors; NGO managers and private facility managers; to accelerate their actions for improving access to and utilization of rights-based, high-quality, non-judgmental Comprehensive MR Care (CMRC) in their facilities and community intervention..

6.1. Roles and responsibilities of managers for national and local Scale-up of CMRC

The managers of different directorates of MOHFW (DGHS, DGFP and DGNM) from the national to the upazila level, will be engaged in planning, implementing, and monitoring comprehensive MR, PAC, and FP services.

Table: 1- List of users of the strategy of national Scale-up of comprehensive MR, PAC and FP services

User	Purpose of use
National Level: Directors, Line Directors, Program Managers, DPM at the national level	• **Planning**: Use as a strategic guideline for planning and coordinating Comprehensive MR Care (CMRC) at the national level, including for government, NGOs, and the private sector. • **Supportive Environment for Facility Readiness**: Ensure the creation of a supportive environment at health facilities including availability of essential resources, commodities, equipment, and medicines for providing CMRC, including appropriate physical infrastructure and privacy. • **Capacity Building**: Plan and support the capacity-building of health workforce, including training on CMRC, PAC, and post-abortion family planning services. • **Monitoring**: Assign one Program Manager and one Deputy Program Manager at national to monitor the scale up implementation activities. Use as a guideline to monitor CMRC implementation, ensuring consistency and maintaining the quality of services across all sectors.
Divisional level: Divisional Director (Health/Family Planning), Director and Unit Head (Medical College Hospital)	• **Planning**: Use as a strategic guideline for planning and coordinating the implementation of CMRC across the division. • **Awareness Raising**: Facilitate awareness-raising activities on CMRC for district and Upazila level managers. • **Financial Autonomy**: Decentralization of the financial autonomy in the health facilities to improve quality of care and which should be accountable • **Monitoring and Quality Assurance**: Use as a guideline to monitor CMRC implementation, ensuring quality standards are maintained and interventions are consistent.
District level:	• **Planning and Coordination**: Use as a strategic guideline for planning and coordinating the implementation of CMRC at the district level.

User	Purpose of use
Civil Surgeon, DDFP, ADCC, ADFP, Hospital Superintendent	• **Monitoring and Quality Assurance**: Use the strategy to monitor CMRC implementation in district facilities, ensuring quality standards are maintained and interventions are consistent across all levels. • **Supportive Environment for Facility Readiness**: Ensure that district facilities have a supportive environment for CMRC, including adequate infrastructure, privacy, and patient-friendly settings. • **Capacity Building**: Coordinate training and capacity-building programs for the district health workforce to ensure they are equipped to deliver high-quality, non-judgmental, and rights-based CMRC services. • **Supply of Commodities**: Ensure regular and timely supply of necessary commodities, equipment, and medicines to district health facilities and below as outlined in the CMRC strategy. • **Quality of Care**: Ensure that all CMRC services are provided with the highest standards of care, focusing on respect, dignity, infection prevention, privacy, and informed choice, in line with the CMRC quality assurance framework. • **Stigma Reduction**: Implement initiatives to reduce stigma and bias in healthcare settings, ensuring that CMRC services are provided in a non-judgmental, compassionate, and culturally sensitive manner. • **Awareness Raising**: Lead awareness-raising activities on CMRC for Upazila level managers and service providers to ensure alignment and proper understanding of the CMRC approach.
Upazila level: Upazila Health and Family Planning Officer, Upazila Family Planning Officer, Medical Officer-MCHFP	• **Planning and Coordination**: Use the CMRC strategy as a general guideline for planning and organizing CMRC services at the Upazila and below level, ensuring alignment with national policy and objectives of CMRC. • **HMIS, Monitoring and Quality Assurance**: Use the strategy to monitor and ensure the delivery of high-quality CMRC services, maintaining consistency in service delivery and ensuring that services are patient-centered and respectful and reported as per standard HMIS protocol. • **Supportive Environment for Facility Readiness**: Ensure that Upazila-level health facilities are prepared to provide CMRC services, with appropriate infrastructure, privacy measures, and a supportive environment that promotes dignity and confidentiality. • **Capacity Building and Skill Retention**: Facilitate refreshers training and capacity-building programs for health workers at the Upazila level to provide non-judgmental, stigma-free, and high-quality CMRC services. • **Commodities and Logistics**: Ensure the availability and proper management of necessary commodities, medical supplies, and equipment for CMRC services at the Upazila level, as per the CMRC strategy.

User	Purpose of use
	• **Quality of Care**: Ensure that CMRC services are delivered with a focus on high standards of care, including respect, privacy, infection prevention, and informed choice, in alignment with the CMRC quality standards. • **Stigma Reduction**: Promote stigma reduction efforts at the Upazila level, fostering a non-judgmental and supportive approach to care and addressing biases in healthcare delivery. • **Awareness Raising**: Facilitate awareness creation on CMRC for service providers, community level health workforces ensuring they are well-informed and equipped to provide comprehensive MR care information.
NGO manager and private sector, local level policy makers	• **Planning and Implementation**: Use the CMRC strategy as a general guideline for planning and implementing CMRC services in NGO-run, private-sector, and community-based facilities, ensuring alignment with national standards and strategies. • **HMIS, Monitoring and Quality Assurance**: Use the strategy to monitor and ensure the delivery of high-quality CMRC services, maintaining consistency in service delivery and ensuring that services are patient-centered and respectful and reported as per standard HMIS protocol. • **Capacity Building and Training**: Use the strategy to support training and capacity-building initiatives for service providers, ensuring they are equipped to offer stigma-free, respectful, and high-quality CMRC services. • **Commodities and Logistics Management**: Ensure that all required commodities, equipment, and supplies for CMRC services are available, properly managed, and distributed according to the strategy, facilitating uninterrupted service delivery. • **Stigma Reduction**: Implement stigma-reduction efforts in service delivery by promoting non-discriminatory, inclusive, and rights-based care practices among providers, and by addressing negative attitudes towards MR and reproductive health. • **Quality of Care**: Ensure the delivery of high-quality care that adheres to established standards, including respect for privacy, infection prevention, informed choice, and patient-centered care.
Humanitarian Response Actors including SRHR Sub-sector	• **Planning**: Implement immediate planning to ensure that SRH services, including CMRC, are provided in line with national guidelines for Comprehensive MR, PAC, and PAFP services, as well as the Minimum Initial Service Package (MISP) **for SRH in Crisis Situations**. • **HMIS, Monitoring and Quality Assurance**: Use the strategy to monitor and ensure the delivery of high-quality CMRC services, maintaining consistency in service delivery and ensuring that services are patient-centered and respectful and reported as per standard HMIS protocol of the country and humanitarian response protocol.

User	Purpose of use
	• **Logistics and Commodities Management**: Ensure the availability and proper distribution of essential MR service commodities and supplies, in accordance with the national guidelines and strategic documents, including accurate tracking through health management systems. • **Stigma-Free and Rights-Based Care**: Promote the delivery of stigma-free, non-judgmental, and rights-based MR services, ensuring women in humanitarian settings are supported with dignity, respect, and privacy. • **Capacity Building**: Support training and capacity-building initiatives to prepare healthcare providers in crisis settings to deliver high-quality, culturally sensitive, and compassionate CMRC services.

7. Service Principles for Comprehensive MR Care

The Service Principles for Comprehensive MR Care (CMRC) are anchored in a Rights-Based Approach, ensuring that all women and adolescents are entitled to access services that protect and fulfill their human rights in the context of reproductive health. These principles guarantee that women and adolescents receive safe, legal, and respectful services related to Menstrual Regulation (MR), Post-Abortion Care (PAC), and Post-Abortion Family Planning (PAFP), free from discrimination, stigma, coercion, and violence. The key service principles for CMRC are outlined below:

7.1 Access and Availability

Every woman and adolescent has the right to access high-quality CMRC services at the appropriate level of care, including primary, secondary, and tertiary facilities, regardless of their age, socio-economic status, location, or disabilities.

7.2 Integration with Other Health Services

CMRC services should be integrated with other sexual and reproductive health services such as family planning, STI prevention, and counseling to provide a holistic approach to care that addresses the overall reproductive health needs of women and adolescents.

7.3 Respectful Care

CMRC services must be delivered with respect, dignity, and compassion. Providers should be trained to offer care in a non-judgmental, stigma-free, and supportive environment, ensuring privacy, and confidentiality at all times.

7.4 Informed Choice

All women and adolescents seeking CMRC services should be fully informed about the procedures and options available to them, including Post-Abortion Family Planning (PAFP). The provision of information should be unbiased and provided in a way that allows for autonomy and informed decision-making.

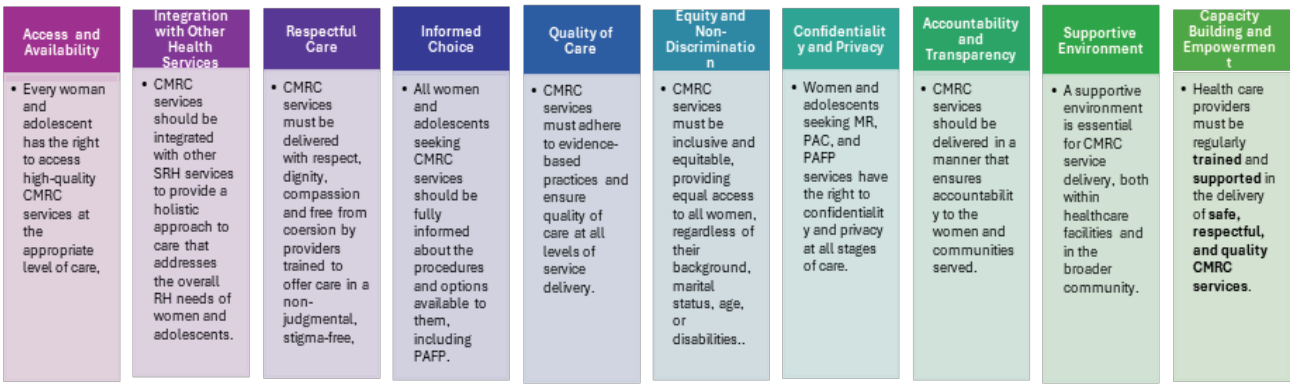

Figure 1. Service Principles for Comprehensive MR Care (CMRC)

7.5 Quality of Care

CMRC services must adhere to evidence-based practices and ensure quality of care at all levels of service delivery. This includes infection prevention, safe clinical procedures, and effective pain management. Post-procedure care and follow-up should be ensured to address any complications or health concerns.

7.6 Equity and Non-Discrimination

CMRC services must be inclusive and equitable, providing equal access to all women, regardless of their background, marital status, age, or disabilities. Special attention should be given to marginalized and vulnerable groups, including adolescents, young women, low-income women, and women with disabilities.

7.7 Confidentiality and Privacy

Women and adolescents seeking MR, PAC, and PAFP services have the right to confidentiality and privacy at all stages of care. Their personal information and decisions must be kept private and protected.

7.8 Accountability and Transparency

CMRC services should be delivered in a manner that ensures accountability to the women and communities served. This includes transparent decision-making, adequate record-keeping, and monitoring and evaluation of service quality.

7.9 Supportive Environment

A supportive environment is essential for CMRC service delivery, both within healthcare facilities and in the broader community. This includes addressing social stigma, gender biases, and cultural barriers that may prevent women from seeking or receiving care.

7.10 Capacity Building and Empowerment

Health care providers must be regularly trained and supported in the delivery of safe, respectful, and quality CMRC services. In addition, women and adolescents should be empowered through community education to make informed decisions regarding their reproductive health and rights.

8. Comprehensive MR Care: National Level Preparedness for Scale-Up

The strategic vision for scaling up Comprehensive Menstrual Regulation (MR) Care in Bangladesh is based on a multi-faceted approach aimed at enhancing the accessibility, quality, and sustainability of MR services across the country by 2030. This vision is aligned with national health goals, particularly those outlined in the 5th Health, Population, and Nutrition Sector Program (HPNSP), and incorporates the active engagement of key stakeholders such as the Ministry of Health and Family Welfare (MoHFW), Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), Directorate General of Nursing and Midwifery (DGNM), and civil society organizations.

The operational plans of MCRAH, FSD, MIS, IEM, CCSDP under DGFP, as well as MNCH, HSM, and MIS under DGHS, and DGNM under the 5th HPNSP, have outlined several key interventions designed to ensure that every woman and adolescent in Bangladesh can access high-quality, rights-based MR care, irrespective of their location or socioeconomic status.

Key Interventions for Scale-up Preparedness

8.1 Costed action plan for implementation of the national scale-up strategy

Development of Costed action plan for implementation of the national scale-up strategy for CMRC by engaging stakeholders. This will ensure that the MOHFW and its directorates can take initiatives for incorporating the interventions including Capacity Building, Procurement, Printing and Monitoring in their OPs and ensure resource allocations. Thes will also provide necessary information to development partners for making their commitment in support of the national scale-up initiatives.

8.2 Focal Point at the national level for the Scale-up of Comprehensive MR Care:

A designated focal point under MCH services unit of DGFP and a focal point under MNCH services unit of DGHS, will oversee the national scale-up of comprehensive menstrual regulation (MR) services. Their role is to coordinate all activities, ensure alignment with national policies, monitoring and facilitate communication among stakeholders.

8.3 Protocols and guidelines for Comprehensive MR Care:

The MCH unit of DGFP, MNCH unit of DGHS, DGNM have developed protocols and guidelines for Comprehensive MR Care (CMRC). Both English and Bangla versions of the National Guidelines on Comprehensive MR Care (CMRC) have been published. The English version is intended for national-level policymakers, program directors and Program management team at national level;' managers and specialists at district and tertiary level facilities while the Bangla version is for managers at the Upazila and service providers at secondary and primary level facilities and up to the union level. This ensures standardized services and optimal coverage across all levels for the MR, PAC and PAFP services. Both guidelines need periodic adaptation to align with the latest policies, technology, knowledge, and program requirements.

8.4 Preparedness for Capacity Building of Service Providers:

National training manual on Comprehensive MR Care (CMRC) has been developed for service providers, ensuring standardized training on comprehensive MR, post-abortion care (PAC) and post abortion FP services. All capacity building initiatives require inclusion of VCAT component in the training to address stigma and bias. Develop pool of training resources at the national and regional level by conducting Training of the Trainers and strengthening capacity of training centers of DGFP and DGHS (Medical College Hospitals) to cascade training on Comprehensive MR Care (CMRC) across the country, ensuring quality for consistent capacity building.

8.5 Strengthening Health Information Systems:

Strengthen record keeping and the Management Information System (MIS), including electronic MIS (eMIS), and DHIS-2 across the health system using standardized variables and indicators is essential. Establishing a system that ensures the availability of service data at the national level from all NGOs, private facilities, and general medical practitioners' private chambers is important. Training data for service providers should also be captured in the MIS and available to utilize for planning purposes. Displaying data through dashboards at DGFP and DHIS-2 of DGHS can aid managers in using service data at the local level for planning and monitoring programs through data-driven decision-making. Ensuring the quality, timeliness, and completeness of reporting is critical for effective data-driven decision-making and high-quality program planning.

8.6 Planning for Strengthening Procurement and Supply and Supply Chain Management:

Appropriate quantification of procurement of logistics, commodities and equipment for ensuring arequete supply for implementation of CMRC is essential. Manual vacuum aspiration (MVA), menstrual regulation medication (MRM), and other necessary logistics and equipment has integrated into the Government procurement plan under the 5th HPNSP managed through MCH unit, DGFP and MNCH, DGHS (concerned OPs) The option of local procurement as per the procurement policy also allow procurement through MSR. For FP commodities DGHS will collaborate with DGFP at the local level to ensure availability of FP commodities. DGFP will ensure supply of FP commodities to DGHS facilities. For MR and PAC commodities and equipment both the directorate will ensure the procurement and supply as per their procurement and supply systems. MVA and MRM drugs and FP commodities will be procured from the 5th sector OPs of MCRACH of DGFP and MNCH of DGHS. The MCRAH OP of 5th HNPSP incorporated training and procurement plan for MVA and MRM and both are incorporated in LMIS of DGFP however, MNCH OP, DGHS incorporated limited procurement of MVA and MRM.

8.7 Develop Mechanism for scale-up in Urban Health Programs and Private Health Facilities:

For ensuring quality comprehensive MR services availability, access and utilization the role of urban health actors, NGOs and private sector cannot be ignored. DGFP will coordinate and facilitate with the urban health programs/ projects including UPHCSDP, NGOs and, private sectors including hospitals, clinics and GP chambers for availability of high quality CMRC in primary level to upper-level health facilities in urban areas and in the private sectors.

8.8 Preparedness for Addressing Stigma and Bias:

Interventions such as Values Clarification and Action for Transformation (VCAT) have been included in the MCRAH OP under 5th HPNSP which has designed to reduce stigma among service providers and managers, community health workers. All Comprehensive MR, PAC FP training curriculum and training manuals have

been updated with VCAT tools. Initiatives need to be taken to reduce stigma in the community, among facility managers and other facility staffs (not assigned for MR services) towards MR Service providers. May include mass media (e.g. Television Commercial, Talk Show), campaign, billboard, signage to create awareness on MR, PAC services to reduce the stigma at the facility level as well as community level.

8.9 Planning and Preparedness for undertaking Initiatives for awareness building:

SBCC activities will focus on availability of Family planning, MR, PAC services and prevention of unintended pregnancy, harmful practices and unsafe abortion. An SBCC plan should be developed jointly with DGHS, DGFP, NGOs and Professional bodies and other SRHR stakeholders under leadership of IEM and BHE. This plan and its implementation include promotion of Family Planning, awareness creation on MR, PAC services and stigma reduction on SRHR issues through (1) developing standard message and materials: (2) mobilizing community health workforces of DGHS, DGFP and NGOs; (3) engaging local public representatives and community leaders; (4) well planned and well monitored social media initiatives and utilizing other digital platform including eHealth initiatives of DGHS and DGFP.

9. Accountability, and Governance

To ensure effective implementation, accountability, and governance of the National Scale-up of Comprehensive MR Care (CMRC), the following structures will be established:

9.1 National Working Committee

A National Working Committee will be formed under the leadership of the Director General (DG) of DGFP in collaboration with the DGHS and DGNM. The committee will include relevant directors and program managers from DGFP, DGHS, DGNM, as well as representatives from NGOs, professional bodies, urban health stakeholders, and other major partners.

Key Roles and Responsibilities:

- **Guidance:** The committee will provide strategic guidance on the implementation of the CMRC strategy, ensuring adherence to the action plan and its alignment with national health priorities.
- **Monitoring and Evaluation:** The committee will periodically monitor the progress of CMRC implementation, identify challenges and opportunities, and recommend necessary adaptations and course corrections.
- **Coordination:** Facilitate coordination among various stakeholders to ensure synergy and efficient resource utilization in the implementation of CMRC across all levels of the health system.

9.2 Stakeholder Forum

A Stakeholder Forum will be led by a high-level official from the Ministry of Health and Family Welfare (MOHFW) to ensure the strategic direction, timely implementation, and quality standards for the CMRC scale-up. The forum will be composed of key representatives from government agencies, NGOs, professional bodies, academic institutions, and civil society organizations.

Key Roles and Responsibilities:

- **Identify Gaps and Recommend Improvements:** The forum will actively identify gaps in service delivery and provide specific, data-driven recommendations to improve the quality and reach of CMRC services.
- **Ensure Accountability:** It will ensure accountability for key actors involved in the implementation process, ensuring that goals and objectives are being met in a timely and efficient manner.

- **Review MR Policies:** The forum will review the implementation of MR policies to ensure they are inclusive, rights-based, and aligned with national and international best practices.
- **Monitoring and Evaluation Framework:** Oversee the establishment of monitoring and evaluation frameworks to track the effectiveness of CMRC at all levels, from the national level to the union level, ensuring that services meet the needs of communities.
- **Digital Feedback Mechanisms:** Guide the introduction of innovative digital mechanisms, such as mobile apps or digital surveys, to collect feedback from service recipients at the facility level. This will enable program managers and policymakers to make informed decisions and continuously improve service quality based on real-time data and feedback.

Outcomes Expected from the Forum:

- **Improved Governance:** Ensure strong oversight and governance to maintain accountability across all levels of implementation.
- **Sustainable Impact:** Foster a collaborative environment that ensures the long-term sustainability of CMRC services in the country.
- **Quality Assurance:** Guarantee that all services provided under CMRC adhere to the highest standards of quality, respect for rights, and inclusivity.

By establishing these governance mechanisms, Bangladesh can ensure that the CMRC strategy is effectively executed, continuously improved, and responsive to the evolving needs of women and adolescents across the country.

10. Comprehensive MR Care: Facility-Level Readiness for Providing Quality Service

Management Team's Responsibility and Accountability:

The management team will play a vital role in the implementation of implantation of CMRC.

Table: 2- The management team's responsibility and accountability of the facility level are given below

Personal	Organization	Responsibility
District		
Hospital Director/ Superintendent	DGHS	Provide space, ensure logistics for implementation, routine monitoring to ensure quality
Civil Surgeon		Ensure quality implementation by routine monitoring
Deputy Director - Family Planning	DGFP	Ensure quality implementation, routine monitoring
District Consultant (FPCS-QIT), ADFP, ADCC		Ensure quality implementation by routine monitoring, ensure quality of comprehensive MR training program
Consultant, District Hospital/ HoD, Medical College Hospital	DGHS	Ensure space, logistics for implementation, routine monitoring to ensure quality, provide management of critical referred cases, ensure quality reporting to monitor progress of the services.
Medical Officer (Clinic) MCWC	DGFP	Ensure space, logistics for implementation, routine monitoring to ensure quality, provide management of critical referred cases, ensure quality reporting to monitor progress of the services.

Personal	Organization	Responsibility
Upazila		
UH&FPO	DGHS	Provide space, ensure logistics for implementation, routine monitoring to ensure quality
Consultant (Obstetrics and Gynecology)		Ensure space, logistics for implementation, routine monitoring to ensure quality, provide management of critical referred cases, ensure quality reporting to monitor progress of the services. Facilitate and manage the training of CMRC.
UFPO	DGFP	Ensure quality implementation of comprehensive MR service, routine monitoring
MO(MCH-FP)/ MO-Clinic		Ensure space, logistics for implementation, routine monitoring to ensure quality, provide management of critical referred cases, ensure quality reporting to monitor progress of the services. Facilitate and manage the training of CMRC

11. Health Service Providers eligible for providing MR, PAC & FP services

11.1 Public Health Facilities:

11.1.1 Union Health & Family Welfare Center (UH&FWC)/Rural Dispensary (RD)/Union Sub-center (USC):

- **Services Provision:**
  - Menstrual Regulation (MR) and Post-Abortion Care (PAC) through MVA (Manual Vacuum Aspiration) or medication.
  - Family Planning (FP) methods: Oral Contraceptive Pills (OCP), Injectable Contraceptives, Condoms, Intrauterine Contraceptive Device (IUCD), as per informed choice of clients.
- **Providers:**
  - Trained Doctors, Midwives, Family Welfare Visitors (FWV), or Sub-Assistant Community Medical Officers (SACMO) (Female).

11.1.2 20-Bedded Hospitals, Upazila Health Complex (UHC), District Hospital, Medical College Hospitals:

- **Services Provision:**
  - MR and PAC through MVA or medication.
  - FP methods: All methods (Short-acting and Long-acting reversible contraceptives - LARCs), Permanent Method (PM) as per informed choice of clients.
- **Providers:**
  - Trained Doctors, Midwives, Nurses, SACMO (Female).

11.1.3 Mother and Child Welfare Center (MCWC):

- **Services Provision:**
  - MR and PAC through MVA or medication.
  - FP methods: All methods (OCP, Injectables, IUD, Implants, etc.), PM as per informed choice of clients.
- **Providers:**
  - Trained Doctors, Nurses, FWV, or SACMO (Female).

11.2 Private Sector Health Facilities:

11.2.1. Private Clinics, Hospitals, and Medical College Hospitals:

- **Services Provision:**
  - MR and PAC through MVA or medication.
  - FP methods: All methods (OCP, Injectables, IUD, Implants, etc.), PM as per informed choice of clients.
- **Providers:**
  - Trained Doctors, Midwives, Nurses.

11.2.2. **Private Chambers:**

- **Services Provision:**
  - MR and Medical Post-Abortion Care (mPAC) through medication.
  - FP methods: Short-acting and Long-acting methods (IUD, Implants, Injectables, etc.), as per informed choice of clients.
- **Providers:**
  - Trained Doctors in MR, PAC, and FP.

11.3 NGO Clinics:

- **Services Provision:**
  - MR and PAC through MVA or medication.
  - FP methods: Short-acting and Long-Acting Reversible Contraceptives (LARCs), as per informed choice of clients.
- **Providers:**
  - Trained Doctors, Midwives, FWV, SACMO (Female), Paramedics.

Key Criteria for Service Providers:

- Trained Personnel: All service providers at these facilities must be trained in MR, PAC, and FP services. This includes technical skills (e.g., MVA, medication protocols) as well as communication skills to ensure non-judgmental and rights-based care.
- Informed Choice: Providers should ensure that all clients are given the full range of options and that decisions are made based on the client's informed choice.
- Confidentiality and Privacy: Facilities must ensure that services are delivered in a way that respects the privacy and confidentiality of clients, with appropriate physical space for counseling, procedures, and recovery.

Additional Requirements:

- **Medical Supplies and Equipment:** All facilities providing MR and PAC services must be equipped with necessary medical supplies (e.g., MVA kits, medications, FP commodities) and have proper facilities for infection prevention and control.
- **Monitoring and Reporting:** All health service providers should use standard reporting formats (e.g., registers, indicators) for documenting and reporting MR, PAC, and FP services.

12. Capacity Building Interventions:

Capacity building of service providers is an essential component for the implementation of CMRC. The table below outlines the providers' training type and criteria.

In-Service Training

Comprehensive Menstrual Regulation Care (CMRC) is a skill-based training program designed to enhance the capabilities of service providers. This is mandatory for ensuring quality services and serves as an integral part of the national CMRC scale-up.

- **Doctors**: Eligible to receive the six-day *Training of Trainers (ToT)* program, which includes MR, PAC, and PAFP. Additionally, the *Basic CMRC Training* for doctors is also six days long.
- **Nurses, Midwives, FWVs, Female SACMOs, and NGO Paramedics**: Will undergo a 14-day *Basic CMRC Training*.
- **Facility level providers, Community Health Workers (CHWs), Managers**: To address stigma, biases, and misconceptions, they will participate in a one-day *VCAT Training*.

Skill Retention

To ensure skill retention:

- All service providers will participate in a three-day *Refresher Training*.
- On-the-job orientation sessions with simulation or skill demonstrations will be conducted, lasting one day.

Pre-Service Education

- **MBBS Course**: The curriculum already includes content on MR and PAC. To ensure practical competency, hands-on training through a seven-day clinical placement should be implemented. Additionally, OSCE stations during examinations should emphasize MR and PAC.
- **Midwifery Curriculum**: MR and PAC are part of the curriculum, and a seven-day clinical placement is recommended for standardized hands-on training.
- **Paramedics (FWVs)**: The curriculum includes MR and PAC. A fourteen-day clinical placement should be incorporated for practical skills.
- **Other Mid-Level Courses (MATS, Nurses)**: Current curricula contain very limited content on MR and PAC, with minimal focus. Greater emphasis and inclusion of these topics are required.

Logistics and supply chain management

Table:3 Key logistics personnel to manage MR & PAC commodities in different tiers of the supply systems

Tier	Person Responsible	
	DGFP	DGHS
District	District Supply Officer/ Supply Officer Administrative Officer Storekeeper/Pharmacist	Civil Surgeon, Medical Officer -DRS Storekeeper/Pharmacist Statistician
Upazila	Upazila Family Planning Officer Upazila Family Planning Assistant (Store)/ Pharmacist MCWC, Family Welfare Visitor (FWV), MCH unit /Sadar Clinic at UHC NGO Clinics	Upazila Health and Family Planning Officer Store in-charge/Pharmacist Sr. Staff Nurse/Midwives
Union Level Facility	Medical Officer- MCWC at Union level Sub Assistant Community Medical Officer (SACMO) Family Welfare Visitor (FWV) Pharmacist	Medical Officer Sub Assistant Community Medical Officer (SACMO) Pharmacist

13. Comprehensive MR Care and Quality of Care (QoC)

CMRC is an approach to menstrual regulation services that addresses women's physical and emotional health needs and circumstances. This model of care ensures that services are provided based on up-to-date clinical standards, including counseling, contraceptive services, and post-abortion care (PAC). In addition, CMRC emphasizes a compassionate, rights-based approach to care with emotional support alongside referral networks and community-provider partnerships.

The Quality of Care (QoC) approach in CMRC is structured around the **AAAQ framework**, which includes:

1. **Quality**
2. **Accessibility**
3. **Acceptability**
4. **Availability**

Each of these pillars represents a core area of focus to ensure that MR services are comprehensive, equitable, and effective. Below are the main intervention areas under each pillar.

Operational definitions of the characteristics of quality of care

1. **Safe** – delivering health care that minimizes risks and harm to service users, including avoiding preventable injuries and reducing medical errors
2. **Effective** – providing services based on scientific knowledge and evidence-based guidelines
3. **Timely** – reducing delays in providing and receiving health care
4. **Efficient** – delivering health care in a manner that maximizes resource use and avoids waste
5. **Equitable** – delivering health care that does not differ in quality according to personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status
6. **Client-centered** – providing care that takes into account the preferences and aspirations of individual service users and the culture of their community

Approaches for Quality of Care (QoC) in CMRC

i. Quality:

Health services must be scientifically appropriate, of good quality, and meet clinical standards. To ensure this, the following approaches should be implemented:

- **Standards and Guidelines:** Ensure up-to-date national standards, clinical protocols, and job aids.
- **Facility Assessments:** Conduct baseline assessments to identify gaps related to privacy, safety, and choice.
- **Facility Renovations:** Upgrade facilities to ensure client privacy and infection prevention.
- **Supplies and Equipment:** Ensure appropriate supplies and equipment for uterine evacuation, infection prevention, and contraceptive provision.
- **Supportive Supervision:** Regular supervision, mentoring, and clinical audits to assess practice and adherence to guidelines.
- **Medical Monitoring:** Set up systems for external clinical audits and serious adverse event reporting.
- **Data Collection:** Implement systems for continuous monitoring of quality indicators.
- **Provider Training:** Hold refresher courses, training, and clinical mentorship to build competencies.
- **Standards Development:** Support updates and revisions of clinical guidelines.

ii. Accessibility:

Healthcare services must be accessible to everyone, without discrimination, both in practice and law. Accessibility has multiple dimensions:

- **Sensitization and VCAT:** Conduct whole-site orientations to minimize stigma and conduct Values Clarification for action and Transformation (VCAT) workshops for providers to foster non-judgmental care.
- **Advocacy:** Advocate for the provision of quality care at national and local levels.
- **Referral Systems:** Establish and support referral mechanisms to ensure that clients can access higher levels of care as needed.
- **Service Delivery Coverage:** Ensure service sites are accessible in underserved areas.

iii. Acceptability:

Healthcare services must be culturally appropriate, respectful of patient dignity, and align with ethical standards:

- **Client Feedback:** Implement client-exit interviews to assess satisfaction, collect feedback, and improve care.
- **Community Engagement:** Strengthen community-facility linkages, including working with community groups, NGOs, and local leaders to improve awareness and acceptance of MR services.
- **Confidentiality:** Ensure all care respects confidentiality and is sensitive to cultural norms and life-cycle needs.

iv. Availability:

Healthcare facilities, supplies, and services must be available in sufficient quantities:

- **Supply Monitoring:** Regularly monitor and support the supply of essential materials for MR services, including medical supplies and contraceptives.
- **Provider Training and Support:** Ensure healthcare providers are well-trained and supported in CMRC practices.

- **Task-shifting and Sharing:** Advocate for task-shifting or sharing to increase the availability of trained providers across all service levels.
- **Service Delivery Points:** Establish service delivery points across both formal and informal sectors to reach underserved populations.

Implementation of Quality of Care in CMRC

To implement these strategies effectively, the following steps are essential:

1. **Training and Capacity Building:** Ensure that providers are competent and confident in delivering MR, PAC, and FP services.
2. **Monitoring and Evaluation:** Continuously assess the quality of care through data collection and regular reviews, with actionable feedback to improve service delivery.
3. **Community Participation:** Actively engage communities to raise awareness and reduce stigma related to MR services.
4. **Stakeholder Collaboration:** Foster partnerships between government bodies, healthcare providers, NGOs, and community organizations to scale up services and ensure alignment with national priorities.
5. **Sustainability:** Develop long-term strategies for resource allocation and program sustainability, ensuring continued access to quality MR services, especially in underserved areas.

Conclusion

By focusing on the four pillars—**Quality, Accessibility, Acceptability and Availability**—the Quality of Care framework for CMRC will ensure that comprehensive menstrual regulation services in Bangladesh are accessible, effective, and compassionate. It will foster a supportive environment for women to make informed choices about their reproductive health and improve maternal health outcomes nationwide. Implementing this framework will contribute to the broader goals of achieving universal health coverage and improving reproductive health equity.

Annex 1

Minimum Standard for Facility Readiness for Comprehensive Menstrual Regulation Care (CMRC)

Key components of CMRC, according to the World Health Organization (WHO): Safe MR, post MR care including complication management, PAFP, offering other SRH services, addressing social, cultural and structural barriers for equitable access to CMRC.

Purpose of this tool: To assess readiness of health facilities to provide CMRC.

Service availability: Services on a regular basis would be available as follows:

Level	Facility Type	Available service
Division and District level	• Medical College & Hospital • Specialized Hospital • District Hospital • Maternal & Child Welfare Center • NGO Hospital/Clinic • Private Hospital/Clinic	• MR • PAC • PAFP (Short Acting Contraceptive, Long Acting Reversible Contraceptive and Permanent Methods)
Upazila Level	• Upazila Health Complex • NGO Hospital/Clinic • Private Hospital/Clinic	• MR • PAC • PAFP (Short Acting Contraceptive, Long Acting Reversible Contraceptive and Permanent Methods)
Union Level	• UH&FWC • NGO Hospital/Clinic • Private Hospital/Clinic	• MR • PAC • PAFP (IUD & all short acting FP method)

For Comprehensive MR, PAC & PAFP facility readiness 8 different components are set to measure this indicator, the components are:

1. **Trained providers' availability**

Facility Level	Provider availability
Medical College and Hospital/Specialized Hospital	**Doctor:** At least one doctor in each unit/shift (Professor/ Associate Prof /Assistant Prof/ Consultant/Registrar/ Assist Registrar/Medical Officer) **Mid-Level Service Provider (MLP)**: At least one Mid-Level Service Provider in each unit/shift (Nurse/Midwife/ FWV) *
District Hospital	**Doctor:** At least one doctor in each unit/shift (Consultant/Medical Officer) **Mid-Level Service Provider (MLP)**: One Mid-Level Service Provider in each unit/shift (Nurse/Midwife/ FWV) *

Facility Level	Provider availability
MCWC	**Doctor:** At least one doctor in each shift (Consultant/Medical Officer-Clinic) **Mid-Level Service Provider (MLP):** One Mid-Level Service Provider in each shift (FWV/Nurse/Midwife) *
UHC	At least one doctor in each shift (Consultant/Medical Officer), one Mid-Level Service Provider in each shift (FWV/Nurse/Midwife) *
UH&FWC	One FWV/ female SACMO*
NGO Hospital/ Urban Hospital/ Private Hospital	**Doctor:** At least one doctor (Consultant/Medical Officer) **Mid-Level Service Provider (MLP):** one Mid-Level Service Provider (Nurse/Midwife/ FWV) *

* Who received training as per national standard on CMRC from GoB affiliated center, have skill and are motivated to provide service

2. MVA instruments, IUD/Implant/TL Instrument set & MRM minimum availability

Minimum Number of Instrument Requirements					
Service	**Average Monthly MR/PAC client-up to 25**	**Average Monthly MR/PAC client-26- 50**	**Average Monthly MR/PAC client-51-80**	**Average Monthly MR/PAC client-81-100**	**Average Monthly MR/PAC client-above 100**
MVA Set	In use – 2	In use – 3	In use – 4	In use – 5	In use – 7
	Buffer- 1	Buffer- 1	Buffer- 2	Buffer- 3	Buffer- 4
Instrument set for MVA	In use – 2	In use - 3	In use – 4	In use – 5	In use – 7
Implant Set (instrument)	In use – 2	In use- 3	In use- 4	In use- 5	In use- 7
IUD Set (instrument)	In use – 2	In use- 3	In use- 4	In use- 5	In use- 7
TL Set (instrument)	In use – 2	In use- 3	In use- 4	In use- 5	In use- 7
MRM Kit	As per client number				
Tab. Misoprostol	As per client number				

* 1 set for 20 clients/month

3. Contraceptives & logistics are availability

Facility	**Pill**	**Injectables**	**IUD**	**Implant**	**Tubal ligation**
DGHS's health facilities					
Medical College Hospital	• **Service Delivery Point:** Functional • **FP methods availability**: a total of three types of FP method have to available. (Minimum two types (any) of Short-acting FP methods and one type of Long-acting FP method.) • **FP commodities/logistics/ medicine stock availability**: Minimum two months – maximum 3 months				
District Hospital					
UHC (Health)					

Facility	Pill	Injectables	IUD	Implant	Tubal ligation
DGFP's health facilities					
MCWC UHC (Sadar/MCH unit)	• **FP methods availability**: a total of three types of FP methods available. (Minimum two types (any) of Short-acting FP methods and one type of Long-acting FP method); • **FP commodities/logistics/ medicine stock availability**: Minimum two months – maximum three months.				
UH&FWC	• **FP methods availability:** a total of three types of FP methods available. (Minimum two types (any) of Short-acting FP methods and one type of Long-acting FP method). • **FP commodities/logistics/ medicine stock availability**: Minimum two months – maximum three months FP commodities/ logistics stock/ appropriate medicine availability				
NGO Hospital/Urban Hospital (CRHCC/PHCC)/ Private Hospital	• SDP: Functional • **FP methods availability:** a total of three types of FP methods available. {Minimum two types (any) of Short-acting FP methods and one type of Long-acting FP method}. • **FP commodities/logistics/ medicine stock availability** -Minimum two months – maximum 3 months FP commodities/logistics stock/ appropriate medicine availability				

4. **Proper infrastructure available:**
    - Procedure room
    - Procedure table
    - Light source
    - Instrument trolly
    - Required instruments
5. **Infection prevention process available:**
    - Hand Hygiene & PPE
    - Instruments processing facility
    - Autoclave/HLD Process
    - Facility for environmental cleaning
    - Leak proof container for sharp disposal
    - Waste disposal process in place with leveling
    - Appropriate Waste Management Process
6. **MR, PAC, FP service documentation:**
    - Consent Form of MR, PAC, IUD, Implant & Permanent Methods
    - Record keeping daily by using appropriate service register (It is different at GoB, private, NGO settings)
    - Reporting: Monthly as per standard platform by DGHS and DGFP
    - Referral form

7. **Privacy & Confidentiality - maintained during service delivery at service delivery site**
    - Visual Privacy
    - Auditory
    - Confidentiality maintained

8. **Guideline/ Job Aid availability**
    - Updated National Guideline for MR, PAC & PAFP services (Bangla version, English version)
    - Updated National Family Planning Manual
    - Job Aid, SBCC material- on MR, PAC & FP related BCC materials

***Readiness for health facilities include: (Adopted from WHO Menstrual Regulation, Post Abortion Care Health Facility Assessment Tool in Bangladesh)**

Readiness to Provide MRM Service

- At least one provider trained in past 2 years in comprehensive MR/PAC for ≤12 weeks of amenorrhea
- Availability of guideline/job-aids for MRM
- Availability of Combi pack of Misoprostol and Mifepristone (at least one not expired)

Readiness of Surgical MR/PAC Service for ≤12 weeks of amenorrhea

- has at least one provider trained in past 2 years in comprehensive MR/PAC for ≤12 weeks of amenorrhea
- has guidelines/job-aids
- available tracer equipment and amenities,
- has availability of medicines

Readiness of Surgical PAC Service for >12 weeks of amenorrhea

- has at least one provider trained in past 2 years in comprehensive PAC for **>**12 weeks of amenorrhea
- has guidelines/job-aids
- available tracer equipment and amenities,
- has availability of medicines

Readiness of Post-abortion Counselling

- has at least one provider trained in past 2 years in comprehensive MR/PAC for ≤12 weeks of gestations, has guideline/job-aids, available tracer equipment and amenities, has availability of medicines

Annex : 2 ACTION PLAN OF NATIONAL SCALE UP OF COMPREHENSIVE MENSTRUAL REGULATION CARE (CMRC)- 2025-2030

Area	Activity	Time Line						Indicator	Means of verification	Key Responsible - Departmnet/ Unit under GoB	Potential Partners	Remarks
		2024-25	2025-26	2026-27	2027-28	2028-29	2029-30					
Service Delivery and Health Workforce	**Strategy 1: Availability, Accessibility, and Affordability of CMRC (Strategy 5.2)**											
	Objective: To create inclusive health systems that ensures all women and adolescents, regardless of their socioeconomic status or location, have timely access to safe and effective MR services by 2030.											
	Strategic priority (A): Expand Service Delivery Networks (Ref. 5.2.1)											
	1. Ensure the availability of Comprehensive MR Services at all levels of the health system, including primary, secondary, and tertiary care facilities across public, private, and NGO sectors											
	1.1.Conduct facility assesment to ensure the availability of Comprehensive MR Services at all levels of the health system.		100% facilities					Number of facility assessed	Facility need assessment report	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA, WHO	
	1.2. Arrangement of space in facility or renovation of the facility for providing Comprehensive MR Care			25% facilities	50% facilities	25% facilities		Number of facility ready for provide service	Reporting of facility renovation	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA	
	1.3. Arrangement of necessary logistics, medicines, commodities for providing Comprehensive MR Care			25% facilities	50% facilities	25% facilities		Number of logistics, medicines and commodities distributed in facilities	Logistics and commodities distribution report/ memo	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA	
	1.4. Arrangement of necessary guidelines, proocols, manuals and job aid for providing Comprehensive MR Care			25% facilities	50% facilities	25% facilities		Number of guidelines, protocols, manuals and joaid in distributed in different facilities	Report/ memo of distribution of guidelines, protocols, manuals & jobaid	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA	
	2. Capacitate medical graduates and support them to establish MRM and mPAC service provision in their private chambers ensuring all essential quality measures											
	2.1. Capacitate medical graduates by training on CMRC to provide MRM and mPAC service in their private chamberswith quality		10% private chambers	30% private chambers	40% private chambers	20% private chambers		Number of medical graduates trained	Training report	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA	
	2.2 Ensure eesential guideline,logistics & equipment to the medical graduates to provide MRM and mPAC service in their private chambers ensuring		10% private chambers	30% private chambers	40% private chambers	20% private chambers		Number of medical graduate receives logistics and equipment in their private chambers	Report/ memo of distribution of guidelines, lgistics, equipment	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA	
	3. Strengthen the capacity of health facilities in uraban, rural and underserved areas to provide MR services, ensuring that service coverage is nationwide											
	3.1 Training of service providers to strengthen the capacity of health facilities in rural and underserved areas to provide MR services, ensuring that service coverage is nationwide		10% of providers receive training	30% of providers receive training	40% of providers receive training	10% of providers receive training		Number of provider trained	Training report	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA	
	3.2 Ensure eesential guideline,logistics & equipment to strengthen the capacity of health facilities in rural and underserved areas to provide MR services.		10% of providers receive logistic	30% of providers need logistics	40% of providers need logistics	10% of providers need logistic		Number of facility received logistics and equipment	Logistics and commodities distribution report/ memo	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA	

Area	Activity	Time Line						Indicator	Means of verification	Key Responsible - Departmnet/ Unit under GoB	Potential Partners	Remarks
		2024-25	2025-26	2026-27	2027-28	2028-29	2029-30					
	Strategic priority (B): Integrate Services into Existing Health Programs (Ref. 5.2.3)											
	1. Integration of MR, PAC, and PAFP services into existing family planning and maternal health programs to ensure a seamless continuum of care, improving service availability and reducing fragmentation		25% facilities	25% facilities	25% facilities	25% facilities		Service data in DHIS2/ SS/ e-MIS	Service Statestics	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, OGSB, BMS, UNFPA, WHO	
	Strategy 2: Capacity Building & Motivation of Service Providers (Service Delivery & Workforce) (Ref: Strategy 5.3)											
	Objective: To build the capacity and enhance motivation of healthcare providers across all levels, including private sector facilities, to deliver non-judgmental, high-quality, and rights-based MR services, ensuring respect for women's autonomy, dignity, and informed choice by 2030.											
	Strategic priority (A): Pre-Service Training (Ref:5.3.1)											
	1. Integrate CMRC into Medical, Midwifery and Nursing pre service Curricula		Integration at National level	Integration at institutional level	Integration at institutional level	Integration at institutional level	Integration at institutional level	CMRC integrated Medical, Midwifery and Nursing Curricula	Medical, Midwifery and Nursing Curricula	DGHS, DGME, DGNM	International/ National NGOs, OGSB, BMS, UNFPA, WHO	
	2. Clinical Skills Development of the Medical, Midwifery and Nursing students on CMRC by practical placement during internship			100% institutes				Number of institute ensure practical placement during internship on CMRC	Records of the clinical cases or procedures that students were involved in during their placement.	DGHS, DGME, DGNM	International/ National NGOs, OGSB, BMS, UNFPA, WHO	
	Strategic priority (B): In-Service Training and Continuing Medical Education (Ref: 5.3.2)											
	1. Conduct rapid training need assessment to know the demand of training on CMRC of the providers	100% facility						Number of providers need training on CMRC	Report of the training need assessment	MCH unit of DGFP, MNCH, DGHS	OGSB,International/ National NGOs, UNFPA, WHO	
	2. Review, Update and Develop of Training guidelines, proocols, manuals and job aid of CMRC	National level	District level					Updated Training Manual, Guidelines, Job Aids	Training Manual, Guidelines, Job Aids available	MCH unit of DGFP, MNCH, DGHS	OGSB,International/ National NGOs, UNFPA, WHO	
	3. Development of Trainers pool (ToT on Comprehensive MR Care) including VCAT for provision of stigma free service		30% trainer	50% trainer	20% trainer			Number of trainer trained	Training report	MCH unit of DGFP, MNCH, DGHS	OGSB,International/ National NGOs, UNFPA,	
	4. Development of training/ resource center at the national/ divisional/ district level with allocation of space, training logistics , model, instrument (MR, PAC medicine, MVA kit, IP logistics) for cascading CMRC training	100% National level	50% Medical college hospital at District level	50% Medical college hospital at District level				Number of training center ready with logistics for conduction of training	Office memo of a functional training center that regularly organizes training	MCH unit of DGFP, MNCH, DGHS	OGSB,International/ National NGOs, UNFPA,	
	5. Conduct Training on CMRC for public facilities including VCAT - Physician (Doctors and OBGYNE) - FWV, Female SACMO, Nurse, Midwifes, Paramedics		25% of providers need training	50% of providers need training	25% of providers need training			Number of provider trained	Training report	MCH unit of DGFP, MNCH, DGHS, DGNM	OGSB,International/ National NGOs, UNFPA, WHO	
	6. Conduct Refresher training on CMRC of service provider		25% of providers need refresher training	25% of providers need refresher training	25% of providers need refresher training	25% of providers need refresher training		Number of service provider received refresher training	Refresher training report	MCH unit of DGFP, MNCH, DGHS, DGNM	OGSB,International/ National NGOs, UNFPA, WHO	
	7. Conduct mentorship and supervisory visit (on Job Mentoring) visits		20% of providers	20% of providers	20% of providers	20% of providers	20% of providers	Number and type of providers received on Job Mentoring	Report of monitoring visit	MCH unit of DGFP, Maternal Health unit of DGHS, DGNM	OGSB,International/ National NGOs	

Area	Activity	Time Line						Indicator	Means of verification	Key Responsible - Departmnet/ Unit under GoB	Potential Partners	Remarks
		2024-25	2025-26	2026-27	2027-28	2028-29	2029-30					
	Strategy 3. Health Facility Readiness and Quality of Care (Health System Infrastructure and Essential Medicines) (Ref: Strategy-5.4)											
	Objective:To ensure health facilities are equipped with appropriate infrastructure, supplies, and infection prevention measures to provide high-quality, safe, and respectful care, including privacy and protection of confidentiality for all women, including those with disabilities by 2030.											
	Strategic priority (A) : Facility Upgrades and Equipment (Ref: 5.4.1)											
	3. Provision of dedicated space for counseling, procedure, post procedure and recovery room of necessary logistics, medicines, commodities for providing Comprehensive MR Care			25% facilities	50% facilities	25% facilities		Number of facility with dedicated space for service delivery	Facility renovation report/ memo	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA, WHO	
	2. Ensure privacy (auditory and visual) at the facility to ensure dignity during providing Comprehensive MR Care			25% facilities	50% facilities	25% facilities		Number of facility ensure privacy for service delivery	Facility monitoring visit report	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA, WHO	
	4. Arrangement of necessary guidelines, logistics, equipment for providing Comprehensive MR Care			25% facilities	50% facilities	25% facilities		Number of logistics, medicines and commodities distributed in facilities	Logistics and commodities distribution report	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA, WHO	
	Strategic priority (B) : Infection Prevention and Safety Protocols (Ref: 5.4.2)											
	1. Ensure infection prevention and control (IPC) measures in all health facilities to minimize the risk of infections to both clients and healthcare workers		20% facilities	50% facilities	80% facilities	100% facilities		Number of facility with provision of IPC	Memo/Report of initiation of IPC at facility	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs,	Cumulative coverages considering it as a continous process
	Strategic priority (C): Dedicated Support for Counseling and Post-Procedure Rest (Ref: 5.4.3.)											
	1.Creat supportive environment and respectful care provide standard care, counselling and motivation by - ensuring availability of citizen charter and proper signage - ensuring availability of waiting space and other support like- sitting arrangement, cleaniness, light, safe driking water, toilet facilities and presence of BCC materials, visual and auditory privacy		20% facilities	30% facilities	30% facilities	20% facilities		Number of facilities ready with available citizen charter, proper signage, waiting space and other support.	Citizen charter, proper signage distribution report/ Memo	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA, WHO	
	2. Provide appropriate post-procedure spaces for rest and recovery		20% facilities	30% facilities	30% facilities	20% facilities		Number of facilities with appropriate post-procedure spaces for rest and recovery	Proper post-procedure spaces for rest and recovery	MCH unit of DGFP, MNCH, DGHS	International/ National NGOs, UNFPA, WHO	
Essestial Medicine and suppilies	**Strategy 4: Health Facility Readiness and Quality of Care (Health System Infrastructure and Essential Medicines) (Ref: Strategy 5.4)**											
	Objective: To ensure health facilities are equipped with appropriate supplies, logistics to provide high-quality, safe and respectful MR care by 2030.											
	Strategic priority (A): Facility Upgrades and Equipment (Ref: Strategy 5.4.1)											
	1. Year-wise quantification and estimation based on the requirements for MR and PAC logistics and medications at SDP level		100%					Year wise quantification will be available in the Operational Plan	MCRAH of DGFP and Upazila Health Care of DGHS Operational Plan	MCH-Services Unit of DGFP and Upazila Health Care of DGHS	International/ National NGOs, UNFPA, WHO	
	Strategic priority (B): Logistics Management and Procurement Systems. (Ref: 5.4.5)											
	1. Develop a costed procurement plan (CPP) for MR and PAC related essential medicines, supplies and equipment for central level procurement for DGFP and local level procurement for DGHS	100%						Costed Procurement Plan (CPP) developed	CPP included in MCRAH of DGFP and Upazila Health Care of DGHS Operationa Plan	MCH-Services Unit of DGFP and Upazila Health Care of DGHS	International/ National NGOs, UNFPA, WHO	

Area	Activity	Time Line						Indicator	Means of verification	Key Responsible - Departmnet/ Unit under GoB	Potential Partners	Remarks
		2024-25	2025-26	2026-27	2027-28	2028-29	2029-30					
	2.Central level procurement of MR and PAC related essential medicines, supplies and equipment for DGFP as per yearly plan by Coordinating with relevent units of DGFP		100% of yearly plan	100% of yearly plan	100% of yearly plan	100% of yearly plan	100% of yearly plan	Procurement completed as per plan.	Procurement report	MCH-Services Unit, DGFP Logistics & Supply unit, DGFP	International/ National NGOs, UNFPA, WHO	
	3. Local level procurement of MR and PAC related essential medicines, supplies and equipment as per yearly plan for DGHS by Coordinating with relevent Directors of DGHS		100% of yearly plan	100% of yearly plan	100% of yearly plan	100% of yearly plan	100% of yearly plan	Procurement completed as per plan.	Procurement report	HSM, DGHS Upazila Health Care of DGHS	International/ National NGOs, UNFPA, WHO	
	4. Develop distribution plan for essential medicines, supplies, and equipment for central,regional level, and upazila store for DGFP and district and upazila level for DGHS		100%					Distribution Plan developed	Monthly review the stock status through Supply Chain Management Portal (SCMP), DGFP and DHIS2 Dashboard, DGHS	MCH-Services Unit of DGFP and Upazila Health Care of DGHS	International/ National NGOs, UNFPA, WHO	
	5. Distribution of essential medicines, supplies, and equipment are consistently supplied and available at the regional, District, upazila and SDP level for DGFP as per plan		100% as per yearly plan	100% as per yearly plan	100% as per yearly plan	100% as per yearly plan	100% as per yearly plan	Number of facilities received ssential medicines, supplies, and equipment	Monthly review the stock status through Supply Chain Management Portal	MCH-Services Unit, DGFP	International/ National NGOs, UNFPA, WHO	
	6. Distribution of essential medicines, supplies, and equipment are consistently available at district and upazila level for DGHS		100% as per yearly plan	100% as per yearly plan	100% as per yearly plan	100% as per yearly plan	100% as per yearly plan	Number of facilities received ssential medicines, supplies, and equipment	Monthly review the stock status in DHIS2 Dash Board for DGHS	Civil Surgeon Office and Upazila Health Complex	International/ National NGOs, UNFPA, WHO	
Community participation and agency	**Strategy 6: Community Engagement & Empowerment (Ref: Strategy-5.7)**											
	Objecive: To empower women and adolescents through community-based awareness and engagement to reduce stigma, build self-esteem, and improve care-seeking behavior for MR services by 2030.											
	Strategic Priority (A): Community Outreach and Awareness Campaigns											
	1. Develop a SBCC plan with the leadership of respective department of DGFP and DGHS	100%						SBCC plan developed	SBCC plan incorporated in OP of IEM unit DGFP	IEM, DGFP and BHE, DGHS	International/ National NGOs, professional bodies	
	2. Develop SBCC message and material for promotion of FP and awareness on MR, PAC and stigma reduction		40% of planned materials	60% of planned materials				SBCC message, materials on FP, MR, PAC developed.	SBCC message, materials on FP, MR, PAC available	IEM, DGFP and BHE, DGHS	International/ National NGOs, professional bodies	
	3. Printing and distribution of SBCC materials for utilization at facilities and community level.		20%	40%	20%	20%		* Number and types of SBCC materials and job aids distributed.	* Distribution records of SBCC materials and job aids.	IEM, DGFP and BHE, DGHS	International/ National NGOs, professional bodies	

Area	Activity	Time Line						Indicator	Means of verification	Key Responsible - Departmnet/ Unit under GoB	Potential Partners	Remarks
		2024-25	2025-26	2026-27	2027-28	2028-29	2029-30					
	4. Training for CHWs including VCAT to provide accurate information, address stigma and bias, create social support to create agency to access safe MR, PAC and PAFP services and to promote informed choices.		25%	50%	25%			* Number of CHWs trained on MR, PAC, and PAFP services and community engagement. * Increase in community members reporting access to accurate information and support from CHWs. (This indicator could be under different activity)	* Training attendance and completion records. * Community feedback surveys on CHW support and accessibility of MR, PAC, and PAFP services.	IEM, DGFP and BHE, DGHS	International/ National NGOs, professional bodies	Total CHW (FWA, HA, CHCP) and their Supervisors (AHI,FPI) = 76,109 (CHWs 67,389+Supervisors 8,720) at rural areas. Approximate 6 batch/upzila with 20-24 participants in each batch. [Ref. National Capacity Building Plan 2018]
	5. Orient local public representative, community leaders for awareness creation on respectful care		25%	50%	25%			Number of community leaders/ public representative oriented on MR, PAC, and PAFP services .	Training Report	DGFP, DGHS,	International/ National NGOs, professional bodies	
	Strategic Priority (B): Reducing stigma and promoting rights (social and cultural context) (Ref: 5.6)											
	1. Organize campaign utilizing digital platform (Shukhi poribar, national call center- Sasthaya Batayon etc.) to access accurate information about services, eligibility, access toCMRC.		20%	40%	30%	10%		*Number of social and digital media campaigns conducted * Reach and engagement metrics (e.g., views, shares, comments) on campaign content. * Percentage of target audience reporting increased awareness of MR, PAC, and FAFP services. (This indicator can be tracked through Periodic Survey)	* Campaign analytics reports from social and digital media platforms. * Content dissemination logs and schedules. * Pre- and post-campaign surveys assessing audience awareness and understanding	IEM, DGFP and BHE, DGHS	International/ National NGOs, professional bodies	
	2. Share messages and posts through social media e.g facebook page (Shukhi poribar, national call center- Sasthaya Batayon etc.) and website for reducing stigma and misconception, promoting service facilities and informed decision making on MR, PAC, PAFP.		20%	20%	20%	20%	20%	# of message posted through social media	Content dissemination logs and schedules.	IEM, DGFP and BHE, DGHS	International/ National NGOs, professional bodies	
	3. Monitoring of social media initiatives to improve care seeking behaviour by reducing stigma and misconception, promoting service facilities and informed decision making on MR, PAC, PAFP.		20%	20%	20%	20%	20%	- Number of like, share, comment, follow (Engagement Rates), - Number of social media post over a period, - Proportion of post reviewed for accuracy, - Increase number of people accessing CMRC linked to social media campaigns.	Social media analytics reports, Social media content calendars or posting schedules, Reports documenting the review process and results for social media posts, Service records indicating that social media was the source of information.			

Area	Activity	Time Line						Indicator	Means of verification	Key Responsible - Departmnet/ Unit under GoB	Potential Partners	Remarks
		2024-25	2025-26	2026-27	2027-28	2028-29	2029-30					
Health system governance	**Strategy 7: Policy environment and support (Ref: Strategy-5.1)**											
	Objecive: To ensure a supportive policy framework that promotes evidence-based, rights-based CMRC interventions, allocates adequate resources, and mobilizes social structures to improve availability, access and utilization of services by 2030.											
	Strategic Priority (A): Policy advocacy and reform											
	1.Endorsement of National strategy on CMRC by MoH&FW	100%						Signed and approved strategy document by the MoH&FW.	Approval memo	MCH unit, DGFP Maternal Health-MNCH, DGHS	International/ National NGOs, professional bodies	
	2. Development of Costed action plan for implementation of the national scale-up strategy for CMRC by engaging stakeholders.	100%						Signed and approved Costed Action Plan document by the MoH&FW.	Approval memo	MCH unit, DGFP Maternal Health-MNCH, DGHS	International/ National NGOs, professional bodies	
	3. Focal Point at the national level for the Scale-up of Comprehensive MR Care (CMRC).	100%						Presence of a designated national focal point ata DGFP and DGHS level	Government order	MCH unit, DGFP Maternal Health-MNCH, DGHS	International/ National NGOs, professional bodies	
	Strategic Priority (B): Resource allocation for sustainability											
	1. Government Budget Allocation through all relevant Operation Plans of Health Sector for CMRC services, ensuring that these services are sustainable within the public healthcare system.	100%						Allocation of budget in the relevent OPs.	Budget included in MCRAH, CCSDP, FSD of DGFP, MNCH, DGHS, HSM, DGHS, and Upazila Health Care of DGHS, MIS,	MCRAH, CCSDP, FSD of DGFP, MNCH, DGHS, HSM, DGHS, and Upazila Health Care of DGHS, MIS, DGHS, DGFP, IEC unit	International/ National NGOs, DPs	
	2. Private Sector and NGO Engagement and donor support for partnership to enhance the availability of services and resources and support for capacity-building, training, and infrastructure improvements, especially in underserved areas.	National level for planning	Support for implementation	Support for implementation	Support for implementation	Support for implementation		Allocation of budget	Partnership Agreements, donor Funding	MCRAH of DGFP, MNCH, DGHS	International/ National NGOs, DPs	
	Strategic Priority (C):Accountability, and Governance											
	1. National Working Committee will be formed under the leadership of the Director General (DG) of DGFP in collaboration with the DGHS and DGNM along with NGOs, professional bodies, urban health stakeholders, and other major partners.	100%						Establishment of the National Working Committee	Office memo/ meeting records	MoHFW, MCRAH of DGFP, MNCH, DGHS, DGNM	International/ National NGOs, professional bodies	
	2. Stakeholder Forum will be led by a high-level official from the Ministry of Health and Family Welfare (MOHFW) to ensure the strategic direction, timely implementation, and quality standards for the CMRC scale-up.	100%						Number and diversity of stakeholders involved in the committee/ Number of coordination meetings	Committee member list, meeting attendance/meeting minutes	MCRAH of DGFP, MNCH, DGHS, DGNM	International/ National NGOs, professional bodies	
HMIS	**Strategy 5: Data collection and use by strengthening Health information system (Ref: 5.5)**											
	Objective: To strengthen the collection and use of disaggregated data through HMIS to monitor service delivery, improve quality, and support effective planning and decision-making by 2030.											
	Strategic priority (A): Strengthening HMIS for data recording, reporting and use (Ref: 5.5.1)											
	1. Develop and piloting of unified MR-PAC and FP registers to record service data- MR, PAC services for all types of service facilities of DGHS, DGFP, NGOs, Private Sectors, including Urban	100%						Unified MR-PAC and FP registers developed and piloted	Unified register approval memo	MIS unit, DGFP and DGHS MCH Services unit, DGFP Maternal Health-MNCH, DGHS	International/ National NGOs, UNFPA	
	2.Prining and distribution of unified MR-PAC and FP registers to record service data- MR, PAC services for all types of service facilities of DGHS, DGFP, NGOs, Private Sectors.		20%	50%	30%			Number of unified register printed and distributed	Distribution memo			
	3. Finalization of standardize reporting forms that align with the unified registers to ensure consistency in reporting.		100%					Availability of Standardized Reporting Forms (both print and web version)	Memo of approval of standard reporting forms	MIS unit, DGFP and DGHS User LD, DGFP and DGHS	International/ National NGOs, UNFPA	

Area	Activity	Time Line						Indicator	Means of verification	Key Responsible - Departmnet/ Unit under GoB	Potential Partners	Remarks
		2024-25	2025-26	2026-27	2027-28	2028-29	2029-30					
	4. Print and use of standardize reporting forms that align with the unified registers to ensure consistency in reporting.		20%	50%	80%	100%		Percentage of service facilities reporting CMRC services	Monthly service report	MCH unit, DGFP Maternal Health-MNCH, DGHS	International/ National NGOs, UNFPA	Cumulative coverages considering it as a continous process
	Strategic priority (B): Data-Driven Decision Making (Ref: 5.5.2)											
	1. Use of HMIS data regular basis (Monthly) for informed decision-making at all levels of the health system (national, divisional, district, and facility) for identifying gaps in service availability, quality and equity.		30%	80%	100%	100%	100%	Number of facilities analize data of service for decision making, service improvement on CMRC.	Facility-wise monthly meeting report	MCH Services unit, DGFP MIS unit, DGFP MIS unit, DGHS Maternal Health-MNCH, DGHS User LD - DGFP and DGHS/ (National/Managers-District/ upazila Facility managers)	INGOs and UN agencies/DP	Cumulative coverages considering it as a continous process
	Strategic priority (C): HMIS for Regular Monitoring and Evaluation (Ref: 5.5.3)											
	1. Develop minimum standard and monitoring checklist for periodic assessment to ensure that MR, PAC, and PAFP services are being provided in line with national guidelines and standards.	100%						Development of minimum standard and monitoring checklist on CMRC	Approval memo of minimum standard and monitoring checklist on CMRC	MCH Services unit, DGFP Maternal Health-MNCHH, DGHS	INGOs and UN agencies/DP	
	2. Periodic monitoring and assessment of all levels of health facilities in terms of readiness, equipment, infrastructure, and safety standards are being met.		20% of total facilites	30% of total facilites	30% of total facilites	20% of total facilites		% of service facilites are met standards in terms of CMRC service provision	Approved monitoring & tracking tools are used	MCH Services unit, DGFP Maternal Health-MNCH, DGHS	INGOs and UN agencies/DP	
	3.Conduct regular quality assurance checks to ensure that MR, PAC, and PAFP services are being provided in line with national guidelines and standards.		25%	50%	75%	100%		% service facilities are met clinical/national guidelines for MR, PAC and PAFP	Approved clinical/National guidelines and standards	MCH Services unit, DGFP Maternal Health, DGHS CCSDP unit, DGFP FP- FSD unit, DGFP	INGOs and UN agencies/DP	
	3. Conduct periodic national survey to explore the MR situation, stigma and social attitudes, practice towards MR.			Survey at the national level				Completioin of periodic national survey	Survey report	Planning unit, DGFP, MCH Services unit, DGFP CCSDP unit, DGFP FP-FSD unit, DGFP Maternal Health-MNCH, DGHS	International/ National NGOs, Research organizations, UNFPA / WHO	
	4. Periodically evaluate the effectiveness of the National Scale-up of CMRC Strategy, including reviewing progress towards reducing maternal mortality and morbidity through improved access to and quality of MR services.	Baseline evaluation		Midterm evaluation			Endline evaluation	Input, process and output indicators (Outlined in the National strategy on CMRC 5.5.4)	Evaluation report	Planning unit, DGFP, MCH Services unit, DGFP CCSDP unit, DGFP FP-FSD unit, DGFP Maternal Health-MNCH, DGHS	International/ National NGOs, Research organizations.	

Annex 3

Technical Working Group for

National Strategy development for Scale-up of Comprehensive Menstrual Regulation Care (CMRC)

(Not according to seniority)

Designation	Organization
Director, MCH Services Unit	DGFP
Director, Logistics & Supplies Unit	DGFP
Director, MIS & Line Director HIS & E-Health	DGHS
Director, MIS Unit	DGFP
Director, IEM Unit	DGFP
Line Director, MCRAH, MCH Services Unit	DGFP
Line Director, CCSDP Unit	DGFP
Line Director, MNC&AH	DGHS
Line Director, FSD Unit	DGFP
Program Manager (A&RH), MCH Services Unit	DGFP
Program Manager, Maternal Health	DGHS
President	OGSB
Secretary General	OGSB
Member (One Member)	OGSB
National Professional Officer, MES	WHO
Country Director	Ipas Bangladesh
Director, Health	Ipas Bangladesh
Executive Director	BAPSA
Advocacy Lead	Marie Stopes Bangladesh
Deputy Director (Program)	RHSTEP
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Annex : 4

Strategy Review group:

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(Not according to seniority)

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