

# NEWSLETTER



**Referral Pathway**

Health Care Support 

Mental Health/  
Psychosocial Support 

Legal Support 

Shelter Support 

**See all Pathways** 

## Dissemination: Referral Pathway for Gender Based Violence Survivors

In Bangladesh, survivors of gender-based violence (GBV) often struggle to access timely and coordinated care. To address this in urban and peri-urban areas, Ipas Bangladesh's Improving SRHR in Dhaka (ISRHRD) project, has proposed a structured referral framework. This framework offers a practical solution to strengthen survivor-centered services through coordinated, multi-sectoral support.

On 24th June, the dissemination event brought together a wide range of policymakers, health service providers, CSOs, SRHR experts to share and discuss the scope of implementation of the pathway in the health facilities. The discussion emphasized the importance of multi-sectoral collaboration in ensuring survivor-centered services.

The proposed framework was presented in the presence of senior government officials from the Ministry of Health and Family Welfare (MOHFW) it's Directorate General of Family Planning (DGFP) and Directorate General of Health Services (DGHS); Ministry of Women and Children Affairs (MOWCA), Ministry of Local Government, Rural Development and Cooperatives (MOLGRD&C), its Urban Primary Health Care Services Delivery Project (UPHCSDP), and the development partner Global Affairs Canada.

To translate the framework to practice, Ipas Bangladesh also organized meetings with management and service providers of selected referral hospitals. Discussions focused on piloting the referral framework, strengthening referral services, and aligning facility systems to better respond to survivors' needs. Selected institutions committed to piloting the pathway, recognizing its urgency. With government and partner engagement, this initiative aims to improve support for GBV survivors in urban and peri-urban settings.



Photo Courtesy: Ipas Bangladesh

## Tea Stall Talks: A Localized Approach to Reducing SRHR Stigma

**A**s part of ongoing efforts to enhance access to Sexual and Reproductive Health (SRH) services among Rohingya people, the Ipas Bangladesh's SBCC team organized 21 informal community awareness sessions between April - June with Rohingya men across various camps in Cox's Bazar. Held at local tea stalls and facilitated by trained community influencers including Imams, Muazzins, and Majhis, these talks reached 209 men.



Rohingya people chat at a tea stall  
Photo Courtesy: Ipas Bangladesh

The sessions focused on encouraging positive health-seeking behaviors and raising awareness about Family Planning (FP), Menstrual Regulation (MR), Post-Abortion Care (PAC), and Gender-Based Violence (GBV). Facilitators emphasized that family planning aligns with Islamic teachings, using Quran and Hadith references to dispel myths and stress its importance for the Rohingya community.

Participants also learned about available services, referral mechanisms, and how men can play a vital role in spreading awareness. Interactive tools like flipcharts, brochures, and visual aids helped engage attendees.

As a direct outcome, 32 of the 209 participants from the tea stall sessions went on to visit health facilities for FP counseling and services, reflecting a positive shift toward proactive health-seeking behavior. Many men committed to sharing SRHR messages within their communities, serving as change agents. These tea stall talks demonstrate the impact of culturally sensitive, community-led interventions in increasing SRHR awareness and service uptake in humanitarian settings.

## Empowering Medical Students for Improved SRHR Settings in Bangladesh

**I**n April, Ipas Bangladesh collaborated with the Bangladesh Medical Students' Society (BMSS) to host two workshops with 60 medical students, aiming to deepen their understanding of essential Sexual and Reproductive Health (SRH) services. The sessions moved beyond classroom theory, offering real-world perspectives on Family Planning (FP), Menstrual Regulation (MR), and Post-Abortion Care (PAC) in Bangladesh, while creating space for open dialogue and critical thinking that encouraged a compassionate, rights-based approach to care. Participants also received practical training in Infection Prevention and Control (IPC), learning its eight key components to strengthen safety and hygiene in clinical practice.



Group activity during the training session  
Photo Courtesy: Ipas Bangladesh



## A Regional Drive for Accessible and Respectful MRM Services

**A** new regional project, Improving the Journey of People Using MRM in South Asia, has officially launched. Designed to dismantle stigma and bridge gaps in access to menstrual regulation with medication (MRM), the initiative aims to make the process smoother for women, girls, and marginalized communities, helping them navigate with fewer barriers and receive the support they need. Supported by the David and Lucile Packard Foundation, Ipas Bangladesh is leading the project through a regional coalition that includes Ipas Nepal, Ipas Development Foundation (IDF), Ibis Reproductive Health, MSI Reproductive Choices, and Agents of Ishq-Parodevi Pictures (AOI), with technical support from the World Health Organization (WHO).



During the inception meeting on 15 May in the conference room of DGFP

Photo Courtesy: Ipas Bangladesh

At its core, the initiative is about person-centered, non-judgmental care. It seeks to empower Community Health Workers (CHWs), strengthen helpline support, and equip service providers with tools and training to deliver compassionate, rights-based services. Alongside this, the project introduces helpful innovations and stigma-reduction approaches so that no one is left behind. For people living in remote or underserved areas, it represents a bold shift toward accessible and respectful reproductive care.

The project was formally launched in Bangladesh through an inception meeting hosted by the Directorate General of Family Planning (DGFP) and Directorate General of Health Services (DGHS). The meeting encouraged active discussions on integrating MRM into local health systems with dignity and effectiveness, and explored collaborative pathways to strengthen services and reduce barriers. This marks a significant step toward SRHR equity in hard-to-reach areas, aligning with national health goals and Ipas's long-standing mission to expand access to safe abortion and reproductive care as self-care.

## Ipas Bangladesh Becomes Secretariat of the SRH Forum for RMGs

**I**n May 2025, the SRH Forum for Ready-Made Garments (RMG) declared Ipas Bangladesh as its Secretariat for the next three years. This role was previously held by Marie Stopes Bangladesh (MSB). The announcement was made by the Director General (DG) of DGFP, during the Bi-Annual Meeting of the SRH forum.

Established in 2017 by the Directorate General of Family Planning (DGFP), the forum brings together government and NGOs to improve sexual and reproductive health and family planning services for female garment workers. The DG-DGFP is the chair of the platform. Currently the 28 members forum is working collectively to strengthen SRHR services in the RMG sector.





## Supporting Organizations: Advancing SRHR for Ethnic Communities and Future Health Professionals

### Ethnic Community Development Organization (ECDO):

**Successfully organized the first SRHR** workshop in Sylhet for adolescent girls from tea garden and Patro communities, reaching 25 participants with interactive sessions on gender, adolescence, child marriage, gender-based violence, nutrition, and self-care.

**Hosted a Sharing Meeting for frontline healthcare providers**, including community health volunteers, family planning assistants, and tea garden midwives, strengthening collaboration and enhancing reproductive health service delivery in remote communities.

**A three-day Reproductive and Sexual Health Training for Community Health Volunteers** was launched with support from Ipas Bangladesh, empowering 25 female volunteer health workers from tea garden and Patro communities. The training introduced a counseling flipchart designed to strengthen provider-client engagement, reduce stigma, and enhance access to quality SRHR services across Bangladesh.



Medical students engaged in discussion during a conference session

Photo Courtesy: Ipas Bangladesh

### Bangladesh Medical Students' Society (BMSS):

**Successfully conducted the 'National Youth Conference on Population and Development' through a highly participatory approach.**

Delivered the "Crafting Advocacy: PRC Content Development Workshop" in collaboration with Ipas Bangladesh, equipping medical students with practical skills in content creation, advocacy messaging, and PRC.

Held an SRHR Orientation for Medical Students in collaboration with Ipas Bangladesh, providing selected participants with hands-on knowledge and skills on sexual and reproductive health and rights.

Rohingya people chat at a tea stall

Photo Courtesy: Ipas Bangladesh



Courtyard session conducted on Sexual and Reproductive Health and Rights

Photo Courtesy: ECDO



## Marking Menstrual Hygiene Day with Impactful Community Campaigns



Over 750 adolescent girls and boys participated in interactive sessions at 25 schools. Led by 250 trained youth SRHR volunteers, the sessions covered menstrual hygiene, adolescent health, gender-based violence, and emergency support services. Quizzes and prize giveaways helped engage participants and reinforce key messages.

**OBSERVANCE** In Bangladesh, menstrual health is still surrounded by stigma and limited access, especially in low-income communities. The 2018 National Hygiene Survey Report by the Bangladesh Bureau of Statistics (BBS) revealed that only 43% of adolescent girls and 29% of adult women use sanitary napkins. Among adolescent girls and women from low socio-economic backgrounds, these numbers drop to 11% and 6 % respectively.

Five health camps staffed by trained General Practitioners (GP) provided free confidential services in five underserved areas of Dhaka North and South City Corporations. Services included menstrual regulation with medication (MRM), contraception and menstrual health hygiene counseling. More than 270 women and 18 adolescent girls accessed these services.



To address stigma and increase services, Ipas Bangladesh's Improving SRHR in Dhaka (ISRHRD) Project, funded by Global Affairs Canada through the HealthBridge Foundation, led a month-long campaign supported by implementing partners in May 2025 to mark the Menstrual Hygiene Day. The campaign followed the global theme "Together for a #PeriodFriendlyWorld" and combined education, services, and community mobilization to break taboos and promote safe menstrual practices.



**"I have never received such respectful care from a doctor in our community"**

stated Munia (30, pseudonym) at the Kalyanpur Pora Bostee slum health camp.

To raise further awareness, youth volunteers organized community meetings, miking, and sticker campaigns alongside the camps. These efforts called for collective action to break the stigma surrounding menstruation and ensure girls and women can access health services and reproductive rights without barriers.



## General Practitioners Step Up as First Responders to Gender-Based Violence

In Dhaka, many survivors of gender-based violence (GBV) first seek health care from General Practitioners (GPs), who are often their nearest point of health service. Recognizing this, Ipas Bangladesh, in collaboration with the Obstetrical and Gynecological Society of Bangladesh (OGSB) trained 20 selected GPs from Dhaka North and South City Corporations on GBV.



During the session

Photo Courtesy: Ipas Bangladesh



During the session

Photo Courtesy: Ipas Bangladesh

The objective was to strengthen the capacity of frontline doctors to respond to GBV with appropriate care and referrals. Participants were trained on the LIVES approach—Listen, Inquire, Validate, Enhance safety, and Support—a practical framework for identifying and supporting survivors.

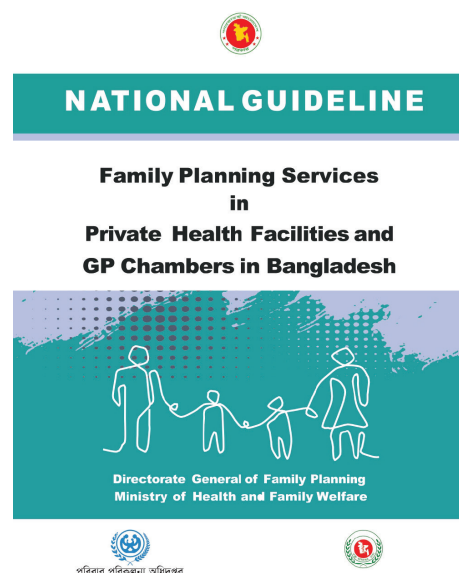
In the sessions a comprehensive GBV referral pathway was shared to help GPs to connect survivors with health, psychosocial/mental, legal, and shelter services. By the conclusion of the training, participating doctors were better equipped to provide both medical care and informed referrals, ensuring survivors receive dignified and holistic support.

## Development of the First National Guideline for Family Planning Services in Private Health Facilities and GP Chambers

Recognizing that family planning (FP) services in Bangladesh have remained heavily concentrated in the public sector—with minimal engagement from private facilities—Ipas Bangladesh led a sustainable policy initiative to bridge this gap. Through sustained advocacy and technical support, Ipas facilitated collaboration between the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), the Bangladesh Private Hospital, Clinic & Diagnostic Owner's Association (BPHCDOA), and the Bangladesh Private Medical Practitioners Association (BPMPPA).

[See the Guideline](#)

This effort culminated in the development of the first National Guideline for Family Planning Services in Private Health Facilities and GP (General Practitioners) Chambers. The guideline provides a



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standardized framework for integrating FP—including post-abortion and postpartum methods—into private medical college hospitals, clinics, nursing homes, and general practitioners' chambers. The guideline sets minimum standards for women-centered, respectful FP care aligned with national policies, ensuring availability of commodities, equipment, and logistics, while establishing uniform service delivery and data management protocols. It also emphasizes capacity building of private providers to improve service quality and strengthen program monitoring.

By institutionalizing FP services within the private health sector, this advocacy success expands access to critical SRHR services, harmonizes standards across public and private systems, and ensures a more sustainable and equitable approach to meeting the reproductive health needs of women in Bangladesh.

## Our Impact for the April to June Quarter

### At Ipas-supported health facilities-

**100,799** people  
received Family Planning services

**3,195** people  
received Menstrual Regulation service

**6,193** people  
received Postabortion Care service

**1,346** people  
received support on  
Sexual and Gender Based Violence

### Through community engagement programs, Ipas Bangladesh reached-

**118,254**  
Bangladeshi people

**16,072**  
Rohingya people



Check out the  
earlier edition

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