

NEWSLETTER



Turning Climate Research into SRHR Action Plans

Ipas Bangladesh implemented a climate-resilient sexual and reproductive health and rights (SRHR) initiative from August 2024 to June 2025, aimed at strengthening evidence and action in Bangladesh's most climate-vulnerable settings. In partnership with Naripokkho, participatory qualitative research was conducted to examine how do women's and girls' experiences with climate change impact their sexual and reproductive health decision-making, behavior, and outcomes in climate-vulnerable communities, including the chars of Sirajganj, the haors of Kishoreganj, and urban slums in Dhaka.

The research found that climate change intensifies existing gender and health inequities by restricting women's and girls' mobility, disrupting access to SRH services, and increasing the risks of unintended pregnancy, unsafe abortion, and maternal mortality. It also documented heightened exposure to gender-based violence, child marriage, and insecurity during climate-related crises, highlighting the urgent need for integrated, women- and girl-friendly, and climate-resilient SRHR interventions.

Drawing on evidence from the current study, as well as previous Ipas research and other relevant studies, Ipas Bangladesh, working jointly with the Climate Change and Health Promotion Unit (CCHPU) of the Ministry of Health and Family

Welfare (MoHFW), developed three climate-resilient SRHR intervention packages: community-based, facility-based, and shelter-based. These packages were designed using a user-centered and participatory co-design approach with communities, local stakeholders, and health-care providers. Collectively, they aim to ensure continuity of SRHR services before, during, and after climate shocks by strengthening community awareness, improving service readiness at health facilities, and ensuring the availability of essential SRHR services in emergency shelters.

The study findings, intervention packages, and policy brief [are available here](#).

The dissemination event was held at the Directorate General of Health Services (DGHS) and brought together policymakers, researchers, SRHR experts, development partners, UN agencies, and donors. The event was graced by Professor Dr. Md. Abu Jafor, Director General of DGHS, as the Chief Guest, and chaired by Professor Dr. Iqbal Kabir, Director, CCHPU, MoHFW. Representatives from DGHS, DGFP, the Ministry of Women and Children Affairs (MoWCA), and the Bangladesh Climate Change Trust also attended.

[The event received coverage from several national media outlets.](#)

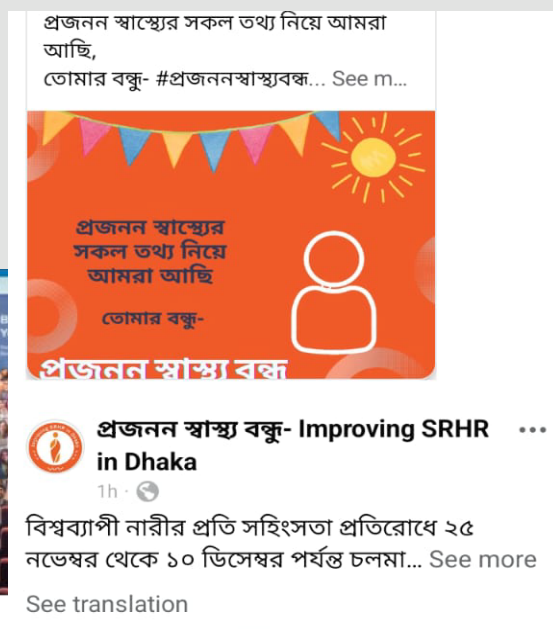
Youth Volunteers of Dhaka Raising SRHR Awareness on Social Media

Recognizing the evolving SRHR information needs of Dhaka's urban communities, Projonon Shasthyo Bondhu — a youth-driven social media platform under the ISRHRD project — shares community-informed SRHR content while connecting people through digital networks.

Established in October 2022 under Ipas Bangladesh's Improving SRHR in Dhaka project, the Facebook page reflects the spirit of youth leadership, creativity, and community engagement. What makes this initiative unique is its core group of young community volunteers, who work at the grassroots level — engaging with women, adolescents, and families to understand their questions, misconceptions, and information gaps.

These firsthand insights are then translated into creative, relatable, and evidence-based content, making Projonon Shasthyo Bondhu a bridge between real-life experiences and digital awareness.

To strengthen this process, the project organized two content development workshops this period — one with its community youth volunteers and another with members of the Bangladesh Medical Students' Society (BMSS). While BMSS members contribute technical and medical perspectives, the youth volunteers lead the creative process by ensuring that every message truly reflects community



প্রজনন স্বাস্থ্য বন্ধু- Improving SRHR in Dhaka

39K followers • 15 following

প্রজনন স্বাস্থ্যের সকল তথ্য নিয়ে আমরা আছি-
তোমার বন্ধু: প্রজনন স্বাস্থ্য বন্ধু

Follow



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realities and voices from the ground.

From April to September 2025, Projonon Shasthyo Bondhu reached over 1.23 million people, engaged more than 53,000 users, and achieved 1.68 million views through 136 contents covering a wide range

of SRHR issues — including family planning, menstrual regulation (MR), post-abortion care (PAC), menstrual health, adolescent wellbeing, and gender-based violence (SGBV). The page now proudly connects with nearly 40,000 followers, continuing to grow as an inclusive and trusted SRHR communication platform.



During a content development workshop with community youth volunteers

Photo Courtesy: Ipas Bangladesh

Misconceptions in Rohingya Camps: How Religious Leaders Helped

SBCC officer Shaheed Aman* was away from Camp-1 East when an urgent call came from the CIC office. Tensions were rising in Block G-1 after the death of Khodeja Begum*, a 33-year-old Rohingya woman. The community was refusing to hold her funeral because she had received a contraceptive implant, a long-acting reversible contraceptive (LARC), the year before. Her family and neighbors insisted the implant be removed before burial, creating unrest in the block.



Symbolic image

Photo Courtesy: Ipas Bangladesh

Attempts by health staff and camp officials to resolve the issue had stalled. Understanding the sensitivity, Shaheed Aman quickly reached out to Imam Mohammad Nur, a local religious leader trained by Ipas Bangladesh on Family Planning and Sexual and Reproductive Health and Rights (SRHR).

Imam Nur, joined by another trained Imam and the block's Majhi, visited Khodeja's family and neighbors. Speaking from an Islamic perspective, they explained that family planning methods—including implants—are permissible under certain circumstances and do not

conflict with religious obligations. The Majhi reinforced the message, highlighting the benefits for the family and the broader community.

The counseling worked. The family and neighbors accepted the guidance, and Khodeja's funeral proceeded peacefully, following Islamic tradition.

The incident highlights a broader learning for SRHR programming in the camps: health advice is most effective when reinforced by trusted community voices. Collaboration with trained religious and community leaders can help dispel misconceptions and ensure that critical health services are understood and accepted.

*Names have been altered to protect individuals' identities.



Symbolic image

Photo Courtesy: Ipas Bangladesh

Youth Champions Learn and Lead: Exposure Visit Strengthens SRHR Advocacy Skills

To deepen the understanding of youth-led SRHR awareness initiative at the grassroots level, particularly at primary and secondary schools, and community clinics, eight brilliant volunteers of ISRHRD project of Ipas Bangladesh recently participated in an exposure visit to VSO (Voluntary Service Overseas) Bangladesh at Chunarughat, Habiganj.

During the visit, the Youth Champions interacted with members of the National Youth Forum of VSO, who shared their experiences in promoting SRHR and addressing social issues through schools and community clinics. The team visited a primary school and a secondary school to observe how youth volunteers are

promoting SRHR messages among students and community members through engaging methods such as peer education, paper presentation, storytelling etc. The team also visited a Community Clinic, where they met the Community Health Care Provider (CHCP) and Community Group to learn how community clinics integrate SRHR messaging and essential health services for local people.



ISRHRD project youth volunteers are interacting with members of the National Youth Forum of VSO

Photo Courtesy: Ipas Bangladesh

From the learning visit, I realised how important it is to build awareness and leaderships on SRHR at the school level. If children and adolescents are taught in such a way from an early age, they will be able to bring positive changes to society in the near future.

**- Arisha Jannat
youth volunteer**

Strengthening MRM Care Through Collaborative Design and Consultation

Recent co-creation sessions held in Narayanganj, Sylhet and Dhaka brought together a mix of community health workers, providers and helpline agents/doctors to reflect on the realities of delivering MA information and services in Bangladesh. The co-design sessions organized under the regional project “Improving the Journey of People Using MRM in South Asia” created a space where

struggle to provide non-judgmental, and quality care in conservative environments. By identifying stigma and challenges, the co-creation aimed to ensure that reproductive health services are addressed by the providers for accessibility, status of confidential, and responsive to community needs.

Sometimes, I don't feel confident supporting clients with MRM services due to limited knowledge and insufficient training.

- A CHW from Rupganj, during the session

frontline voices met policy perspectives according to their practice. 16 Providers and 14 CHWs shared their challenges considering their service spaces, and digital access to the ongoing



During the co-creation session

Photo Courtesy: Ipas Bangladesh

Bridging Gaps Through Collaboration

Additionally, the consultation meetings with key government health authorities began in Dhaka, continued in Sylhet, and concluded in Narayanganj. Each session laid the groundwork for stronger coordination among stakeholders, helping to align project goals and build collective ownership of the initiative.

Through such open discussions, participants identified practical solutions:

- Empowering CHWs as trusted connectors between women and healthcare services.
- Strengthening digital health platforms to guide MR users safely.
- Enhancing provider capacity through targeted sensitization.



The discussion reinforced a simple yet powerful message, where MRM and post-abortion care are not just medical services, they are essential components of women's health, dignity, and reproductive justice for easy access.

Shaheed Suhrawardy Medical College Hospital Sets New Benchmark in CMRC Services

For years, women in-need of post-abortion care (PAC) often endured long waits, extended hospital stays, and high costs. At many tertiary healthcare facilities, the service was only available in inpatient wards. Shaheed Suhrawardy Medical College Hospital is changing that story.

The hospital's Obstetrics and Gynecology department, with support from the Improving SRHR in Dhaka (ISRHRD) project of Ipas Bangladesh, has launched a dedicated outpatient Comprehensive Menstrual Regulation Care (CMRC) corner. This patient centered space allows women to receive timely, comprehensive, and confidential care in a single visit, without the need for hospital admission.

To make this possible, Ipas Bangladesh supported provider capacity building by training doctors and mid level providers (MLP) in comprehensive MR, PAC, and family planning services. Continuous on-the-job mentorship and counseling training further ensure that every patient receives compassionate and respectful care.



The impact has been transformative. Since its launch, the outpatient corner has significantly increased access to services for women, encouraging earlier care seeking, and reducing complications. This has also freed up valuable resources for critical cases in the inpatient wards, improving both client satisfaction and provider workflow.

By moving PAC from wards to outpatient setting, Shaheed Suhrawardy Medical College Hospital has set an example for reproductive healthcare in Bangladesh, one that combines efficiency, dignity and accessibility for women who need it most.

Piloting of Family Planning Program Implementation at Private Health Facilities and GP Chambers



Coordination meeting at Ashulia

Photo Courtesy: Ipas Bangladesh

Pprivate health facilities play a critical role in Bangladesh's healthcare system, as a significant portion of clients seek services from private hospitals and GP chambers. Strengthening family planning (FP) services in this sector is essential for expanding access, ensuring quality, and maintaining continuity of care. To support this, DGFP's CCSDP Unit, with technical assistance from Ipas Bangladesh, launched a pilot (June–November 2025) to implement standardized FP services in seven private hospitals and 12 GP chambers. A baseline assessment identified strengths, gaps, and opportunities for improvement, leading to plans for renovation, logistics support, and capacity-building.

During the pilot, 20 doctors and 12 mid-level providers were trained on FP, MR, and PAC. Additionally, whole-site orientations were conducted across the seven hospitals to ensure readiness and alignment with national standards for client-centered FP services 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.

550 Youth Volunteers Working in SRHR Announced the Dhaka Declaration



The first-ever Bangladesh [Urban Youth Conference 2025](#), themed “Youth Voice for Sustainable Sexual and Reproductive Health Rights (SRHR)”, was successfully held on 30 August 2025 at Krishibid Institute Bangladesh (KIB). Organized by Ipas Bangladesh in collaboration with partners under Improving SRHR in Dhaka Project and supported by Global Affairs Canada through the HealthBridge Foundation of Canada. This event brought together 650 participants, including 550 youth volunteers, alongside policymakers, academics, health professionals, civil society leaders, and development partners.

This landmark conference offered young participants a rare opportunity to directly engage with decision-makers and share their vision for sustainable, equitable urban health systems. The central moment of the event was the public declaration of the Dhaka Declaration 2025, a youth-led policy framework that outlines key priorities for strengthening urban health and SRHR systems in Bangladesh.

Key Recommendations of the Dhaka Declaration 2025:

- Establish a comprehensive urban health management framework ensuring equitable access for all.
- Expand primary healthcare centers with general practitioners under a strong regulatory oversight in every ward with extended hours of services, linked to referral networks.
- Create zonal health offices for effective oversight of both public and private health facilities.
- Ensure affordable access to medicines and diagnostic services, especially for the urban poor.
- Institutionalize call centers and referral mechanisms to support SRHR and respond to gender-based violence.
- Allocate adequate funding in the national health budget for urban health systems.

Young volunteers formally handed over the declaration to Professor Dr. Md. Sayedur Rahman, Special Assistant to the Chief Advisor of the Government of Bangladesh, who assured that the



Photo Courtesy: Ipas Bangladesh



demands would be considered in future urban health planning. Government officials and sector leaders also pledged to expand equitable services, while youth from low-income communities shared experiences, highlighting their role in raising awareness, mobilizing peers, and shaping urban health policies that protect rights.

Our Impact for the July to September Quarter

At Ipas-supported health facilities-

72,807 people
received Family Planning services

1,976 people
received Menstrual Regulation service

2,750 people
received Postabortion Care service

1,327 people
received support on
Sexual and Gender Based Violence

Through community engagement programs, Ipas Bangladesh reached-

120,018
Bangladeshi people

9,038
Rohingya people

Check out the earlier edition



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