



Technical Assistance for Strengthening DGHS and DGFP capacity to Scale Up Comprehensive Menstrual Regulation Care (CMRC)

Ipas
BANGLADESH

DAI



Foreign, Commonwealth
& Development Office



Funding Partner:

Foreign, Commonwealth & Development Office (FCDO) through DAI

Timeline:

From 16 February 2026
To 15 January 2027

Strategic Partners:

Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS)

Implementing Partner:

Ipas Bangladesh

Background

Despite significant progress in maternal health and family planning over the past decades, unsafe abortion and unintended pregnancy continue to pose serious public health challenges in Bangladesh. Nearly half of all pregnancies are unintended, and a considerable proportion end in abortion. While Bangladesh has made notable gains in expanding access to reproductive health services, unmet need for family planning and gaps in contraceptive use continue to contribute to unintended pregnancies, exposing women and girls to increased health risks.

Recognizing the importance of ensuring safe and accessible reproductive healthcare, Bangladesh introduced Menstrual Regulation (MR) into the national family planning programme in 1979. More recently, the Government adopted the National Strategy for the Scale-Up of Comprehensive Menstrual Regulation Care (CMRC) 2025, reaffirming its commitment to ensuring equitable, high-quality, rights-based menstrual regulation, post-abortion care (PAC), and post-abortion family planning (PAFP) services. The strategy seeks to strengthen service integration, improve quality of care, and ensure that women and girls can access timely reproductive health services regardless of their socioeconomic or geographic status.

However, several challenges continue to hinder effective implementation of the strategy. These include shortages of trained providers, inadequate facility readiness, inconsistent availability of equipment and commodities, fragmented information systems, weak coordination mechanisms,

and persistent stigma associated with abortion-related care. In addition, the transition from the Sector-Wide Approach (SWAp) to a project-based financing model has affected established systems for training, procurement, monitoring, and coordination.

To address these gaps, FCDO, through DAI, is supporting Ipas Bangladesh to provide Technical Assistance (TA) to the Ministry of Health and Family Welfare and its respective directorates. The project aims to strengthen health system readiness, improve governance and accountability mechanisms, enhance quality service delivery, strengthen health information systems, and facilitate the nationwide scale-up of Comprehensive Menstrual Regulation Care services.

Objective and Strategic Approach

The overall goal of the project is to strengthen Bangladesh's capacity to deliver high-quality, equitable, and stigma-free Comprehensive Menstrual Regulation Care services through improved health systems, skilled healthcare providers, enhanced monitoring systems, and stronger governance mechanisms.

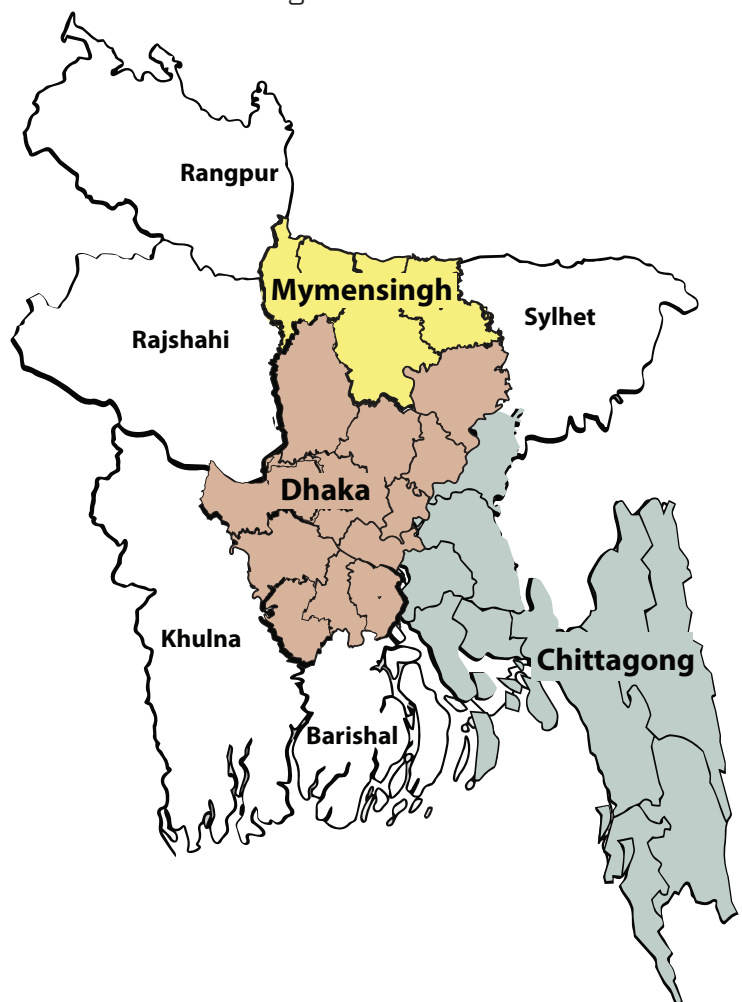
The project is being implemented across four strategically selected national institutions: Mymensingh Medical College Hospital (MMCH), Chittagong Medical College Hospital (CMCH), Maternal and Child Health Training Institute (MCHTI)-Azimpur, and Bangladesh Medical University (BMU). These facilities serve as centers of excellence for training, service delivery, and demonstration of best practices that can be replicated across the country.

The project adopts a systems-strengthening approach that integrates provider training, service readiness, quality assurance, data systems, and governance to ensure sustainability and institutionalization within the national health system and post-abortion family planning (PAFP) services. The strategy seeks to strengthen service integration, improve quality of care, and ensure that women and girls can access timely reproductive health services regardless of their socioeconomic or geographic status.

However, several challenges continue to hinder effective implementation of the strategy. These include shortages of trained providers, inadequate facility readiness, inconsistent availability of equipment and commodities, fragmented information systems, weak coordination mechanisms.

Geographic Areas

The project is being implemented in three (03) districts across three divisions of Bangladesh: **Dhaka, Mymensingh, and Chittagong**.



Areas of Focus

Establishing Four (04) fully functional National Training Hubs (NTHs)



A key component of the project has been the establishment of four fully functional National Training Hubs (NTHs). Following comprehensive baseline assessments, facility-specific improvement plans were developed to address gaps in infrastructure, training capacity, clinical readiness, privacy, documentation, and availability of equipment and commodities. Ipas Bangladesh supported renovation and refurbishment of training spaces, establishment of simulation laboratories, and provision of essential learning equipment, anatomical models, job aids, and standardized training materials.

The project has also invested significantly in capacity building. Through whole-site orientations, **248 healthcare providers and facility staff** have been introduced to the CMRC scale-up strategy, values clarification and attitude transformation (VCAT), HMIS reporting requirements, and facility action planning. Additionally, **79 health managers and senior clinicians** participated in VCAT workshops designed to strengthen leadership for respectful, non-judgmental, and client-centred care. A national pool of **42 CMRC Master Trainers** has been established through Training of Trainers programmes, while competency-based clinical training for doctors, nurses, midwives, and Family Welfare Visitors is underway to ensure quality service delivery across the training hubs.

Quality of Care System



To institutionalize quality standards, the project has worked closely with DGHS and DGFP to strengthen quality assurance systems. Existing national guidelines, manuals, and training resources were reviewed to ensure alignment with the CMRC strategy. Standardized facility monitoring tools, baseline and progress assessment checklists, and clinical competency assessment tools for MVA, IUD, and implant services have been developed and approved. Routine monitoring and supportive supervision are being conducted to assess adherence to quality standards related to privacy, confidentiality, informed consent,

infection prevention, method choice, continuity of care, and client satisfaction.

Health Management Information Systems (HMIS)



Strengthening Health Management Information Systems (HMIS) has been another important focus area. The project supported DGHS and DGFP Management Information System units to harmonize CMRC indicators and standardize registers for menstrual regulation, post-abortion care, and family planning services.

Reporting within DHIS2 has been strengthened to capture detailed information on service provision by procedure type. Furthermore, the development of a national CMRC dashboard has enhanced visibility of service coverage, utilization trends, and performance indicators, enabling evidence-based planning and decision-making. At facility level, providers have been oriented on the use of unified national registers, contributing to improved reporting quality and data utilization.

Governance Oversight

To ensure effective leadership and coordination, the project supported the establishment of a National Technical Oversight Committee (NTOC) chaired by the Director General of DGFP. The committee provides strategic guidance and technical oversight for CMRC implementation across the country. A detailed Terms of Reference has been developed and disseminated among stakeholders, creating a structured platform for coordination, monitoring, quality improvement, and scale-up planning. Through this mechanism, government agencies, professional associations, development partners, and civil society organizations are working together to strengthen implementation and accountability.

Expected Outcomes and Impact

By the end of the project, Bangladesh will have:

- Four fully functional CMRC National Training Hubs.
- A strengthened national pool of CMRC trainers and skilled service providers.
- Improved facility readiness and provision of quality of MR, PAC, and PAFP services.
- Enhanced HMIS systems for CMRC monitoring and reporting in both the DGFP and DGHS facilities.
- Stronger governance and accountability mechanisms.
- Reduced stigma around abortion and improved client experience in reproductive healthcare settings.
- Increased access to quality reproductive health services for women and girls.