HealthBridge

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Improving service delivery

Competent and knowledgeable healthcare providers are essential to the health and well-being of women and girls during their reproductive years.

Unfortunately, they can be hard to find.

In the urban slums of Dhaka, Bangladesh, HealthBridge worked with partners to strengthen the capacity of healthcare providers to deliver a range of reproductive health services. We trained hundreds of medical workers and support staff on topics including:

- contraception;
- MR (early abortion) and post-abortion care;
- gender-based violence;
- infection prevention and control, and waste management;
- referral support;
- data entry and reporting.

We worked with established local urban clinics and hospitals, and expanded our reach to small private doctor's offices (GP chambers), and clinics operated by garment factories, providing the training and supplies necessary to deliver high-quality reproductive health care in **187** facilities.

Healthcare workers trained

- Doctors
- General practitioners (GPs)
- Nurses
- Mid-level providers
- Clinic aids
- Clinic staff
- Primary healthcare workers
- Paramedics
- Outreach workers
- Counselors
- Pharmacy owners
- Pharmacy staff

Garment factories

The ready-made garment industry is at the core of the economy in Bangladesh, employing some 5 million workers. Many of the factories operate small primary health-care clinics on-site for the benefit of their employees, but they do not generally provide family planning services. Women who work all day are unable to access the help they need because outside clinics are closed after working hours.

Our partners in Dhaka included garment factory clinics and their staff in the training on family planning, MR-PAC and gender-based violence so that 15 clinics now offer reproductive health services.

GP Chambers

The term "GP Chambers" refers to a small office in a home or a pharmacy where a general practitioner delivers primary health care. Although they traditionally function independently from the government healthcare system, we identified and trained more than 100 GPs in family planning, MR-PAC and gender-based violence, so they could provide reproductive health services to the women in their communities.

A logo, signage and orange colour scheme was developed to identify the chambers that offer specialized reproductive health care.

Essential healthcare supplies

Among the many challenges faced by women seeking reproductive health services in the urban slums of Dhaka, Bangladesh is the lack of adequate equipment and supplies in local health facilities.

In response, HealthBridge's partners in Dhaka have worked to provide the commodities required for the delivery of reproductive health services by the healthcare professionals they have trained. This includes the materials and medicines necessary to perform MR, provide post abortion care, and offer a range of short-term and long-lasting contraceptive options.

What is MR?

The acronym MR stands for menstrual regulation. MRM means menstrual regulation with medication — early abortion (up to 9 weeks) using a combination of pharmaceuticals. MR-MVA means menstrual regulation using manual vacuum aspiration, up to 12 weeks. In principle, abortion is illegal in Bangladesh, except when the life of the mother is in danger. Provision has been made, however, for the termination of an early pregnancy through MR.

HealthBridge has raised awareness on reproductive options, and trained pharmacy personnel, general practitioners, and urban clinic doctors on safe MR and post-abortion care (PAC).

A problem solved for Shefali

Shefali* had a dilemma. She had been working in a garment factory in Dhaka Bangladesh for four years. She had two children, and did not want any more. She was taking oral contraception, but often forgot to take her pills, so she was looking for a longer-lasting alternative.

Shefali (left) with doctor at factory clinic.

Shefali and the other workers are permitted to visit the garment factory's own clinic for health services during working hours, but unfortunately, the healthcare provider did not have the training to respond to Shefali's need for a long-acting contraceptive method.

So Shefali continued to frequent the clinic to obtain her oral contraceptives, and she continued to fear an unwanted pregnancy.

Meanwhile, HealthBridge partners were training doctors and other health service providers in family planning methods, and providing the equipment and materials necessary to serve the women working in the factories.

One day, when Shefali went to the clinic for her oral contraception pill, she found out to her surprise that there were new services and that implants were now available, thanks to HealthBridge's work.

Shefali had found her solution. "Finally, I got the opportunity for the service I wanted for so long," she says.

**not her real name*

HealthBridge — supported by the Government of Canada and working through partners in Bangladesh — implemented the 5-year "Improving Sexual and Reproductive Health and Rights in Dhaka" project to address the needs of underserved women and adolescent girls.

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