SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Strengthening health systems

HealthBridge champions the sexual and reproductive health and rights of women and girls, especially those in poorer, underserved, or remote communities. To be effective and sustainable, our actions require a health system that is robust and adapted to the needs of the population.

In the urban slums of Dhaka Bangladesh, HealthBridge worked with doctors, nurses and clinic staff to increase their capacity to provide reproductive health services. We collaborated with government agencies and authorities to strengthen service delivery, reporting, supply chains and referral mechanisms.

The *Improving Sexual and Reproductive Health and Rights in Dhaka* project has led to sustainable and expandable improvements:

- urban slum residents are more aware and knowledgeable about reproductive health and rights;
- women and girls know how to access services;
- healthcare workers are trained to deliver quality reproductive health services;
- a network of referral pathways for survivors of abuse has been developed;
- clinics are connected to the government database through a reporting mechanism;
- a call centre has been initiated and is expanding services.

Dr. Anowara is ready and able

After 10 years serving an underprivileged population in Dhaka, Bangladesh, Dr Anowara*, a general practitioner (GP), says she often felt helpless that she could still not offer some of the care required by her patients.

The women and adolescents visiting her clinic from a nearby urban slum often came seeking help with an unwanted pregnancy. Early abortion, known as menstrual regulation (MR), is permitted in Bangladesh, but Dr. Anowara had no formal training and limited knowledge of standard protocol and guidelines.

When she shared her problem with other doctors from clinics in different locations around the city, she learned that HealthBridge, working with partners in Dhaka, had

undertaken training GPs in sexual and reproductive health. Dr. Anowara applied for the training, and was selected as one of 100 GPs in the program.

After taking the course, she was better equipped in a range of family planning methods, MR and post-abortion care, and is now offering those services to her patients.

She says that when the people in the slum area learned she was offering reproductive health care, more women started coming to her office for help. And this time, she's ready.

Formalizing private GP chambers

Throughout underserved neighbourhoods in Dhaka, there are private general practitioner (GP) clinics or "chambers" that conveniently operate in the back of pharmacies or in homes, and beyond normal clinic hours. Although community-based GPs may be accessible and trusted, they are not integrated into the broader health system and lack access to the training and commodities required to provide quality sexual and reproductive health services.

HealthBridge partners in Dhaka worked with GP chambers to increase their visibility in the community, improve the quality of reproductive health services they offered, and strengthen collaboration with other healthcare facilities and relevant government agencies.

- Selected GP chambers were promoted by 10 youth volunteers through community outreach activities;
- GPs received training in MR-PAC (early abortion and post-abortion care), family planning and gender-based violence;
- GPs received the equipment and supplies necessary to provide MR-PAC services and a range of family planning options;
- Participating chambers were branded with orange signage, including a "Women Plus" logo and the tagline Safe Reproductive Health Service Center;
- A recording and reporting mechanism was developed to ensure reliable health service data was captured;
- GP chambers were Integrated into referral pathways for specialized health care and gender-based violence services.

Standardizing reporting

To track data on health service delivery, the government of Bangladesh uses a Health Management Information System. Health facility data are submitted monthly through this system, including the sexual and reproductive health services provided.

In the past, healthcare facilities recorded family planning, MR-PAC, and gender-based violence data in separate registers and reported separately into the government database, which led to certain inconsistencies. Now, in coordination with the Ministry of Health and Family Welfare, HealthBridge partners have supported the development of a unified services register that can be used at health facility level and reported upwards in a standardized way. Practitioners, counselors, and technical support staff have been trained in the use of the reporting system.

Developing referral pathways

For women needing specialized reproductive health care, or requiring a range of services related to gender-based violence, the healthcare provider who is the first point of contact will often refer the patient to a more specialized or appropriate service.

HealthBridge partners have worked to improve and expand existing referral pathways, by including GP chambers, and facilitating collaboration between clinics and hospitals.

A matrix has been developed to guide women and girls facing abuse to the appropriate services to respond to medical, legal, housing, and psychological needs.

Community agents including youth volunteers and outreach workers are connecting people with local healthcare providers, and a call centre has been established to offer private consultations and referrals.

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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