

Innovation on SRHR by Ipas Bangladesh

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Innovation : Sustainability of FP, MR and PAC Services

- 1. Improving facility readiness and health workforces' capacity for improving quality FP service delivery**
- 2. Strengthening health information systems with standard and uniformed SRH indicators**
- 3. Strengthening LMIS for uninterrupted supplies of essential reproductive commodities**
- 4. Improving knowledge, care seeking, and social support related to SRH and rights of women and adolescents.**
- 5. Support for incorporation of evidence based SRH interventions and protocols in programs and policies:**

Capacity Building : In-service Competency-based Training Model



**TRAINEE SELECTION JOINTLY
WITH DGHS AND DGFP**



**COMPETENCY BASED
TRAINING**



FOLLOW UP



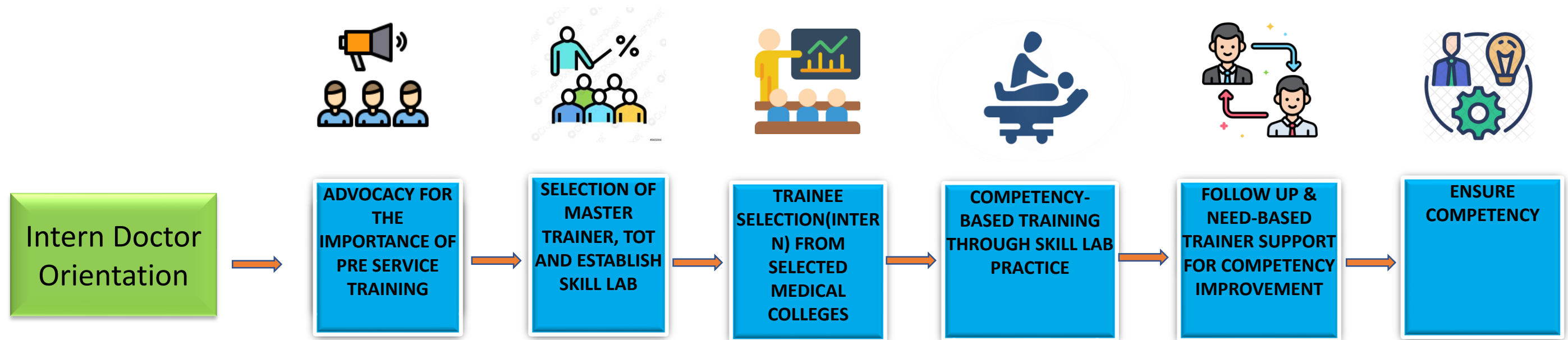
**NEED BASED TRAINER
SUPPORT FOR
COMPETENCY
IMPROVEMENT**



ENSURE COMPETENCY

- Achievement in last 5 years : Built capacity of 3,609 service providers on comprehensive FP, MR & PAC services which includes 1,593 doctors; 1,684 midwives, nurses and paramedics; 237 FWVs and 95 general medical practitioners of Dhaka city
- As a result, 2,071,219 Family Planning services (888,552 PPFP and 259,163 PAFP) , 124,880 MR services, 151,816 PAC services and have been provided through these trained service providers.

Capacity Building : Pre-service Competency-based Training for Intern Doctors



Capacity Building: Pre-service Competency-based Training Model

Midwifery pre Service Education (15 Nursing College & Institute of Midwifery diploma and post-basic BSc)

Nursing Institute

- Establish skill lab
- Establish teaching standards for faculty of midwifery institutes through in-service training and provide Standard Guidelines and Protocols
- Continuous mentoring of the Instructors

Primary Clinical Sites (Medical College/District Hospitals)

- Student Midwives come for Practical learning as per standard protocol from the doctors/nurses
- Improve physical settings of standard service provision for quality services
- Establish linkage between Instructors and Clinicians for clinical attachment

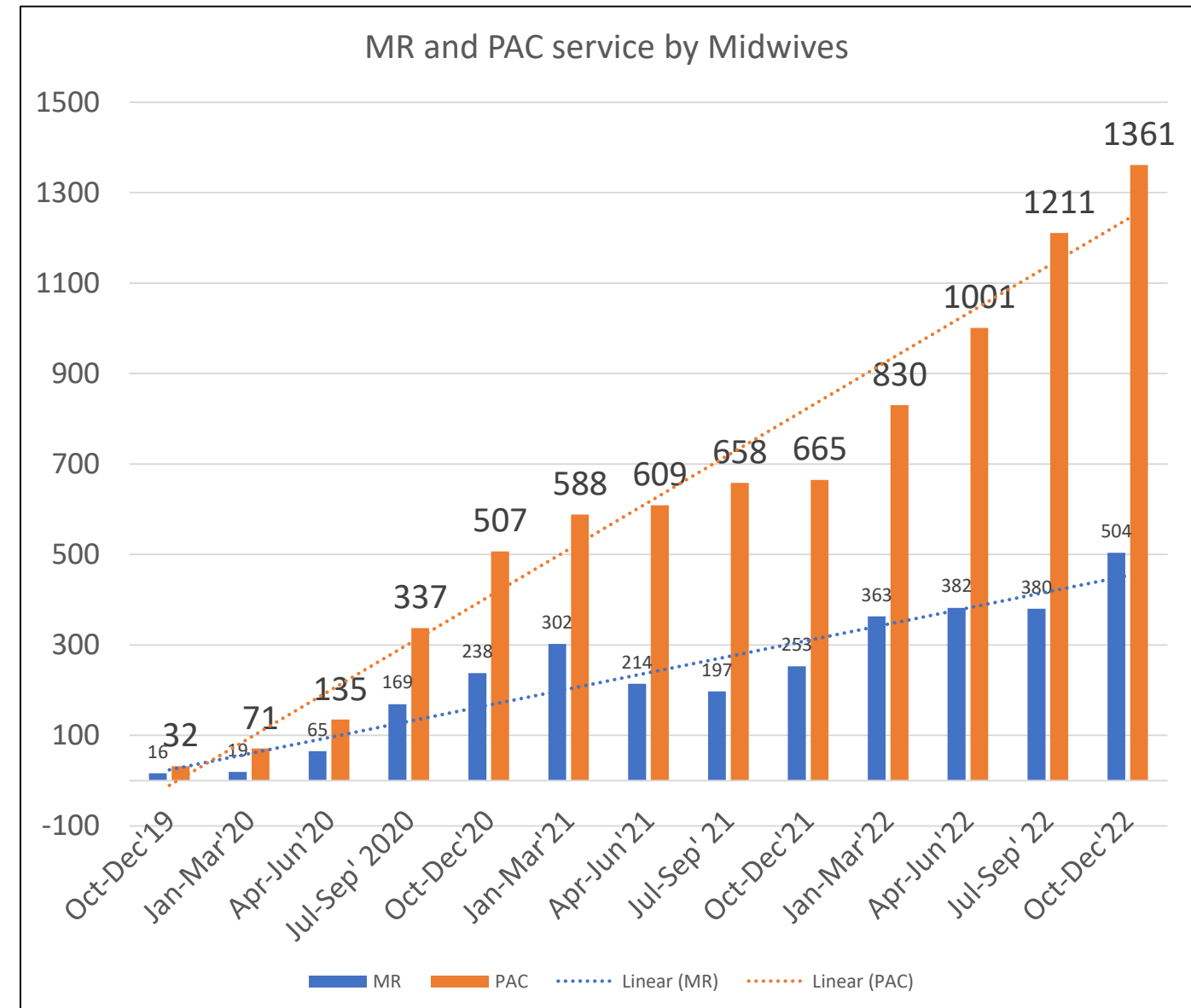
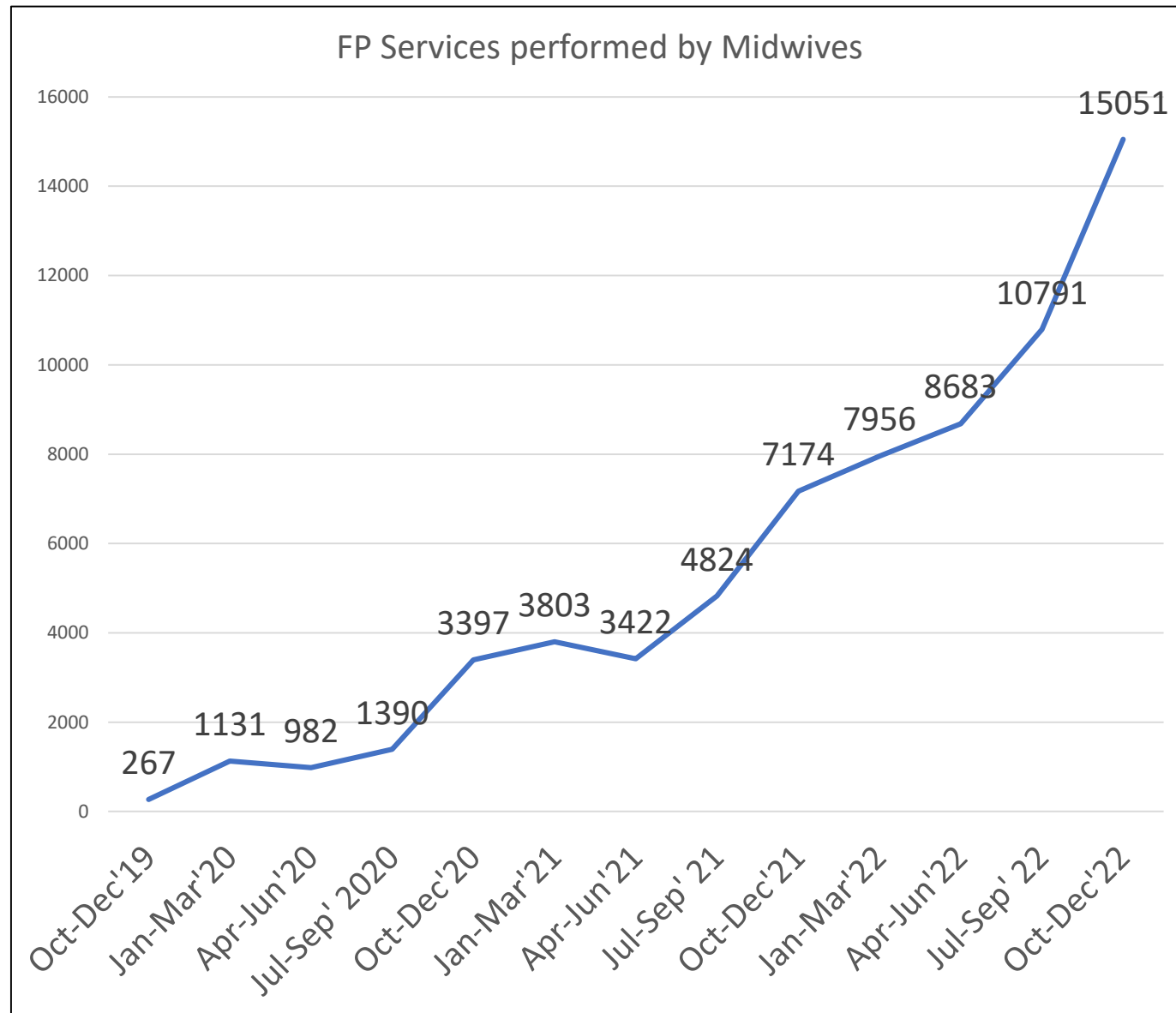
Midwifery Led Care /Clinical Demonstration Sites (UHCs)

- Improve physical settings of standard service provision for quality services
- Support for improved Coordination between Facility (UHC) and Nursing Institutes/Colleges
- Clinical Mentoring


Monitoring

- Onsite training and continuous mentoring, Conduct Service Progress Review (SPR) and share the findings with the authorities
- Conduct monitoring visits in the Nursing Institutes and MLCs by using prescribed monitoring tools and Joint Supervisory visit with Government authorities

Achievement : FP, MR and PAC Service Performed by Midwives



Strengthening HMIS systems to Ensure Quality SRH Services




পরিবার পরিকল্পনা পদ্ধতি রেজিস্টার

কেন্দ্র/হাসপাতালের নাম :

ওয়ার্ড, ইউনিয়ন/পৌরসভা :


উপজেলা/থানা :

জেলা :




মাসিক নিয়মিতকরণ (এমআর) ও গর্ভপাত পরবর্তী
সেবা (প্যাক) রেজিস্টার

মা, শিশু, প্রজনন ও বয়ঃসন্ধি কর্মসূচী
পরিবার পরিকল্পনা অধিদপ্তর
স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়




পরিবার পরিকল্পনা অধিদপ্তর





মাসিক নিয়মিতকরণ (এমআর) ও গর্ভপাত পরবর্তী সেবা (প্যাক) রেজিস্টার
(হাসপাতালে ব্যবহারের জন্য)

মাতৃস্বাস্থ্য কর্মসূচী
স্বাস্থ্য অধিদপ্তর
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়



স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়





DHIS 2 Pivot Tables

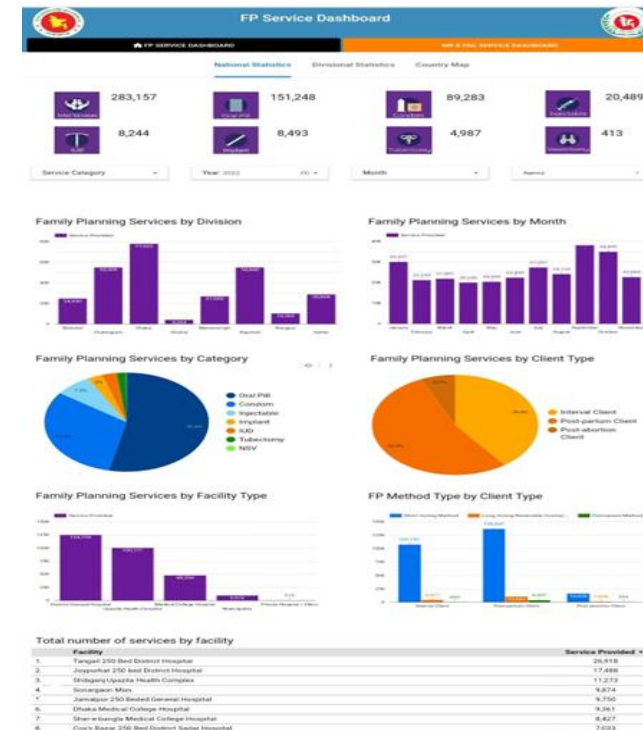
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Table Chart

Bangladesh

Period / Data	Condom users - No Method	Condom users - Switch Over	Condom users - new	Condom users - old	IUD users - No Method	IUD users - Switch Over	IUD users - new	IUD users - old	Implant users - No Method	Implant users - Switch Over	Implant users - new	Implant users - old	Injectable users - No Method	Injectable users - Switch Over	Injectable users - new
June 2022			1,421	1,001			85	26			103	20			
July 2022			2,036	2,999			78	13			126	53			
August 2022			3,595	2,669			94	26			159	76			
2022			15,057	16,061			627	220			1,271	433			



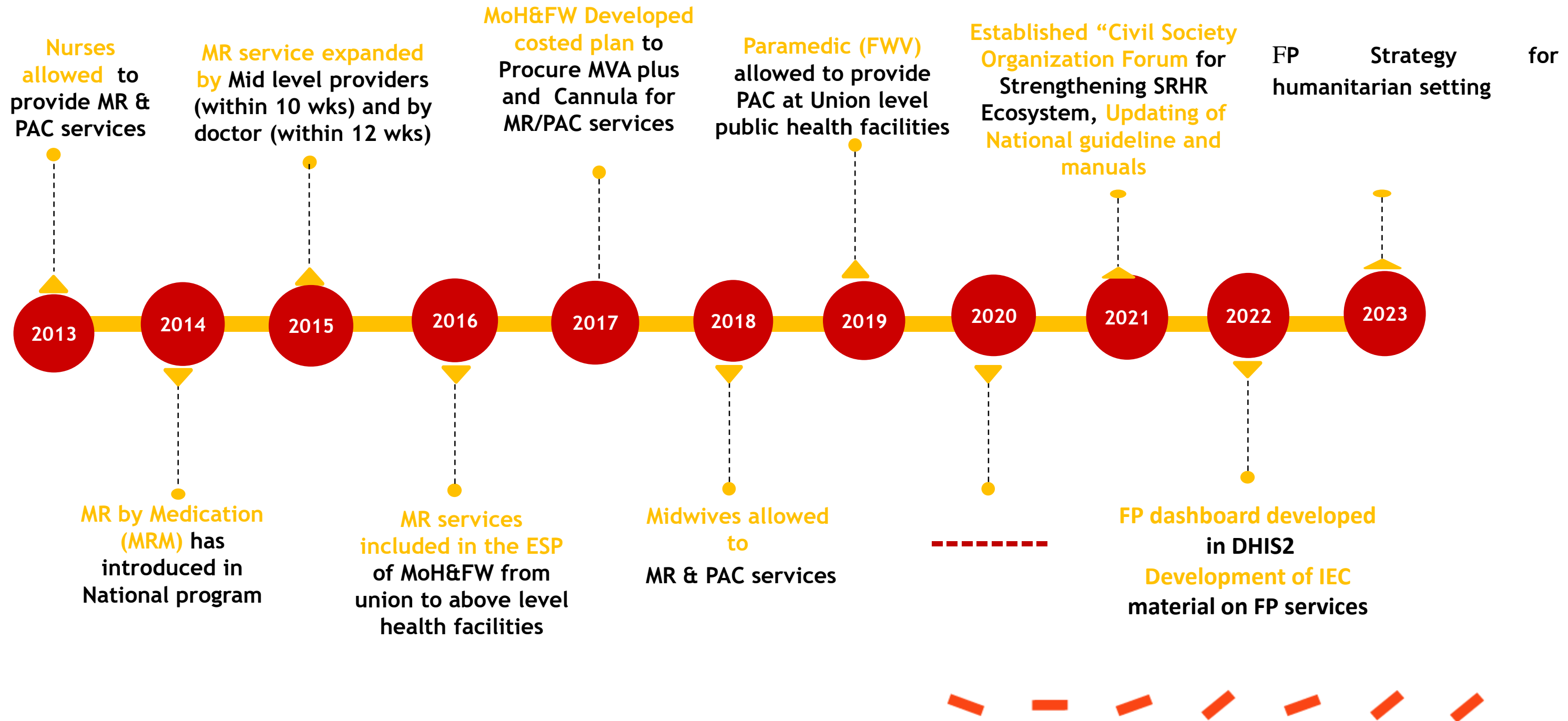
Strengthening LMIS for Uninterrupted Supplies of Essential Reproductive Commodities

- To ensure uninterrupted supplies of essential reproductive commodities across health systems Ipas projects worked with DGFP, DGHS, private and urban health authorities.
- With support of Ipas works a total of 144 DGHS facilities and some private health facilities came under supply chain management portal (SCMP) of DGFP by opening SDP and are receiving family planning commodities including LARC commodities.

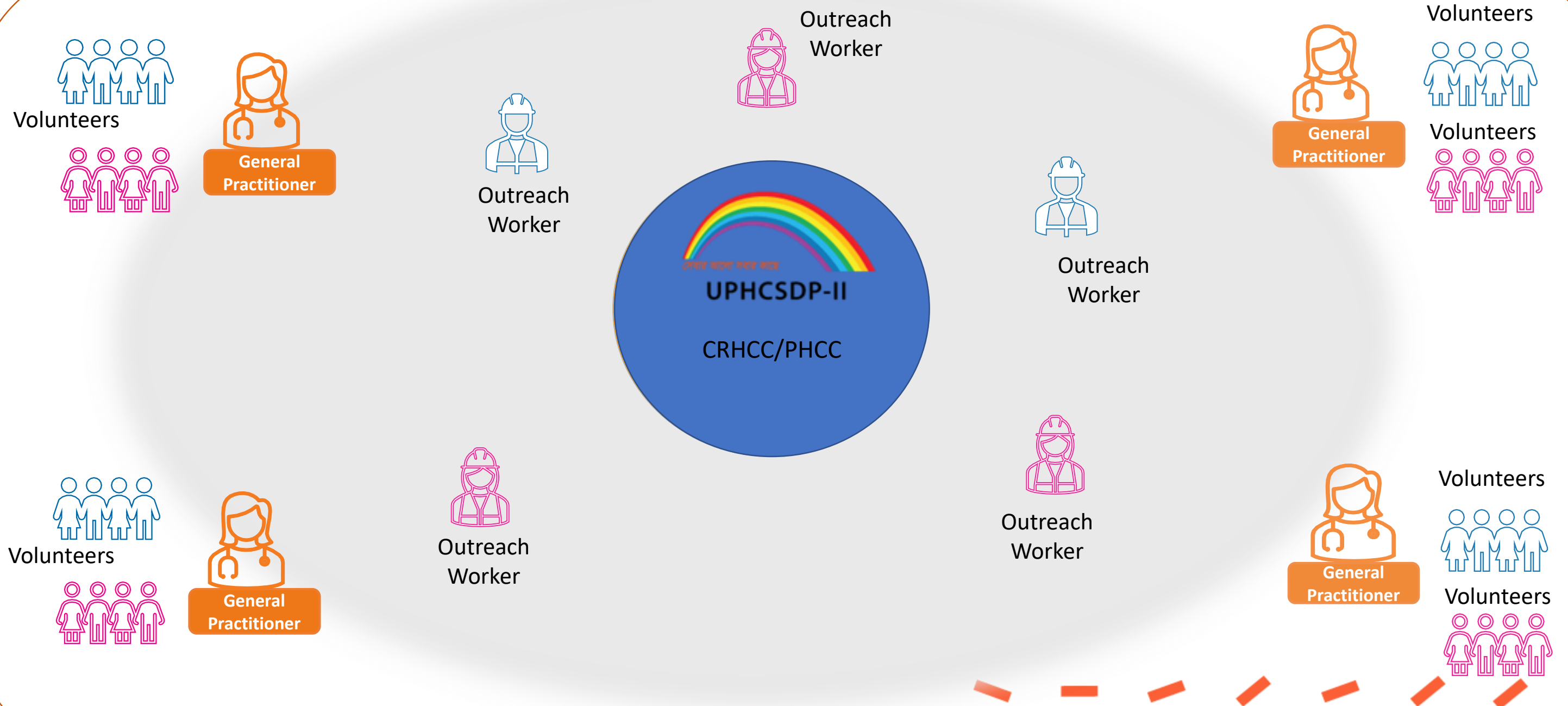
Improving Knowledge, Care Seeking, and Social Support to SRHR

- In rural areas Ipas supported 17 Community Radio Stations (2017 to 2020), provided training and orientation of FWA, HA and CHCPs (2017-2021), organizing street drama programing in limited number of upazillas (2017-19) and developed SBCC materials including method specific posters for improving awareness on FP program.
- In urban areas a total of 57 community action groups (CAG) in slum areas have been formed with youth and adolescents for community mobilization on SRHR (2022- Feb'23).
- Ipas projects is working in 25 out of 34 FDMN camps for social mobilization on FP services with special focus to address religious barriers and misconceptions engaging Imams through Islamic Foundations

Support for National level Policy Changes



Innovation: Ward Model for SRHR Services in Urban

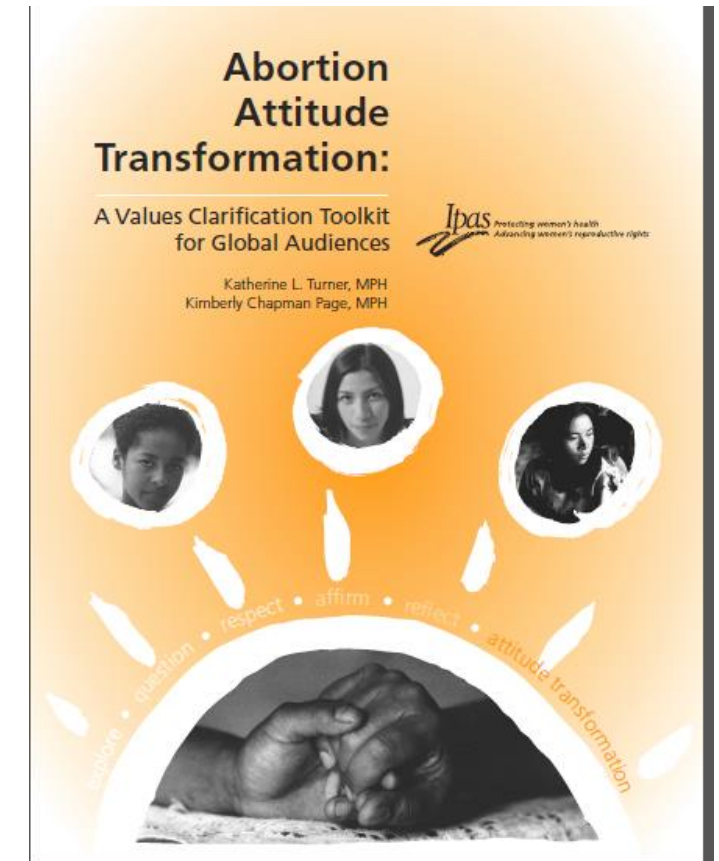


Implementation of Ward Model for SRH services in Dhaka City



Innovation : Stigma Reduction through VCAT

- Values Clarification and Attitude Transformation(VCAT) is a global tool developed by Ipas
- VCAT is **not designed to change people's values**. Once participants have **clarified their values that inform their beliefs** about **unsafe abortion** and understood the **root causes** and consequences of unsafe abortion, they often undergo a **transformation of attitude** on the provision of safe postabortion care and **their role** in assuring **women's access to safe care to prevent women from dying from unsafe abortion**.



VCAT Resources

Ref.: Turner et al. Reproductive Health (2018) 15:40; Values clarification workshops to improve abortion knowledge, attitudes and intentions: a pre-post assessment in 12 countries; Katherine L. Turner, Erin Pearson, Allison George and Kathryn L. Andersen

Implementation of VCAT

National and District level

- Training of Trainers on VCAT
- Stratified VCAT trainings with different stakeholders
 - VCAT activities integrated into SRH stakeholder meetings and clinical trainings
 - VCAT workshops



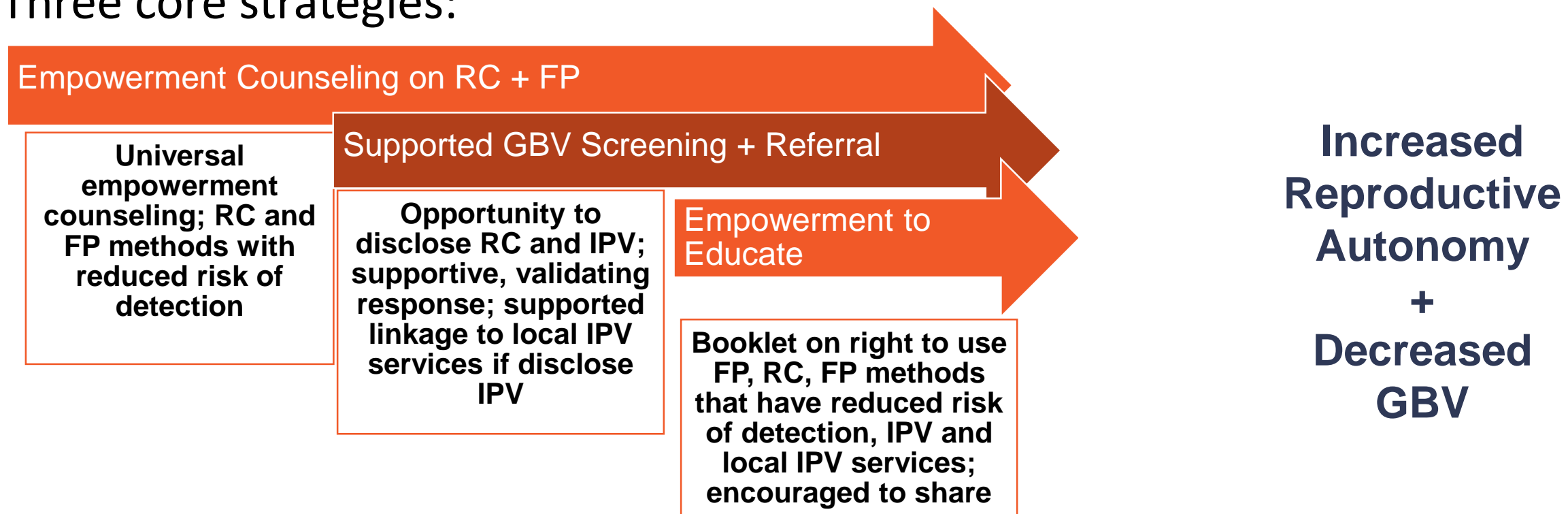
Health facility level

- VCAT activities integrated into Whole Site Orientations (WSO)
 - VCAT activities integrated into SRH Clinical Trainings. (FP, MR, PAC, and, CMR).



Innovation: Evidence Generation to Reduce RC and GBV

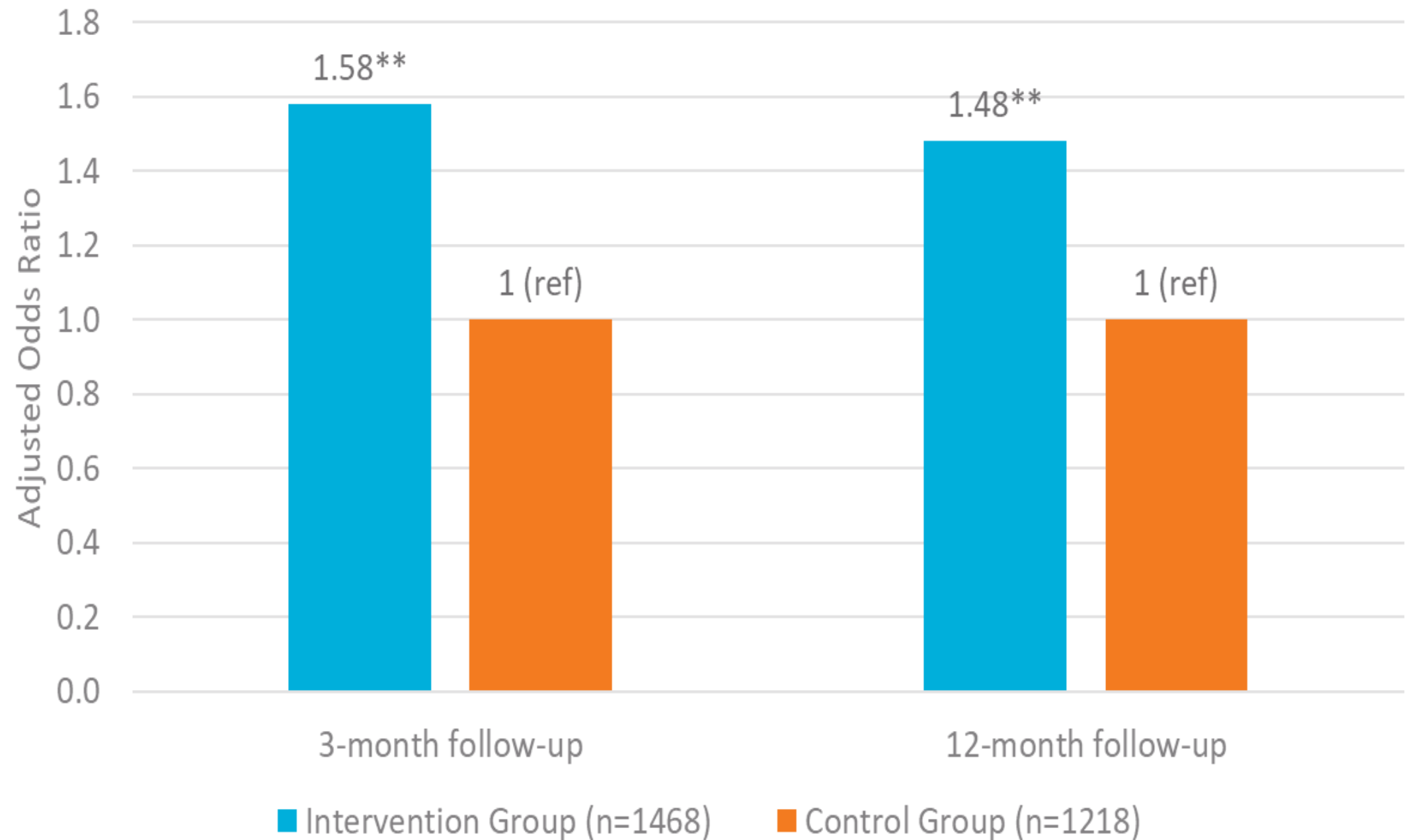
- Adapted and Tested Effectiveness of ARCHES Intervention in both country setting and humanitarian setting through RCT
- Addressing Reproductive Coercion in Health Settings (ARCHES): is a single-session intervention delivered within clinic-based contraceptive counseling session designed to address RC and IPV.
- Three core strategies:



Effectiveness of ARCHES Intervention in Country Settings

Past 3-Month Use of Contraception without Interruption or Interference

In the fully adjusted model women in the intervention facilities had 1.58 times higher odds of modern contraceptive use without interruption or interference at the 3-month follow-up (95% CI: 1.17 – 2.13) and 1.48 times higher odds at the 12-month follow-up (95% CI: 1.15 – 1.90).

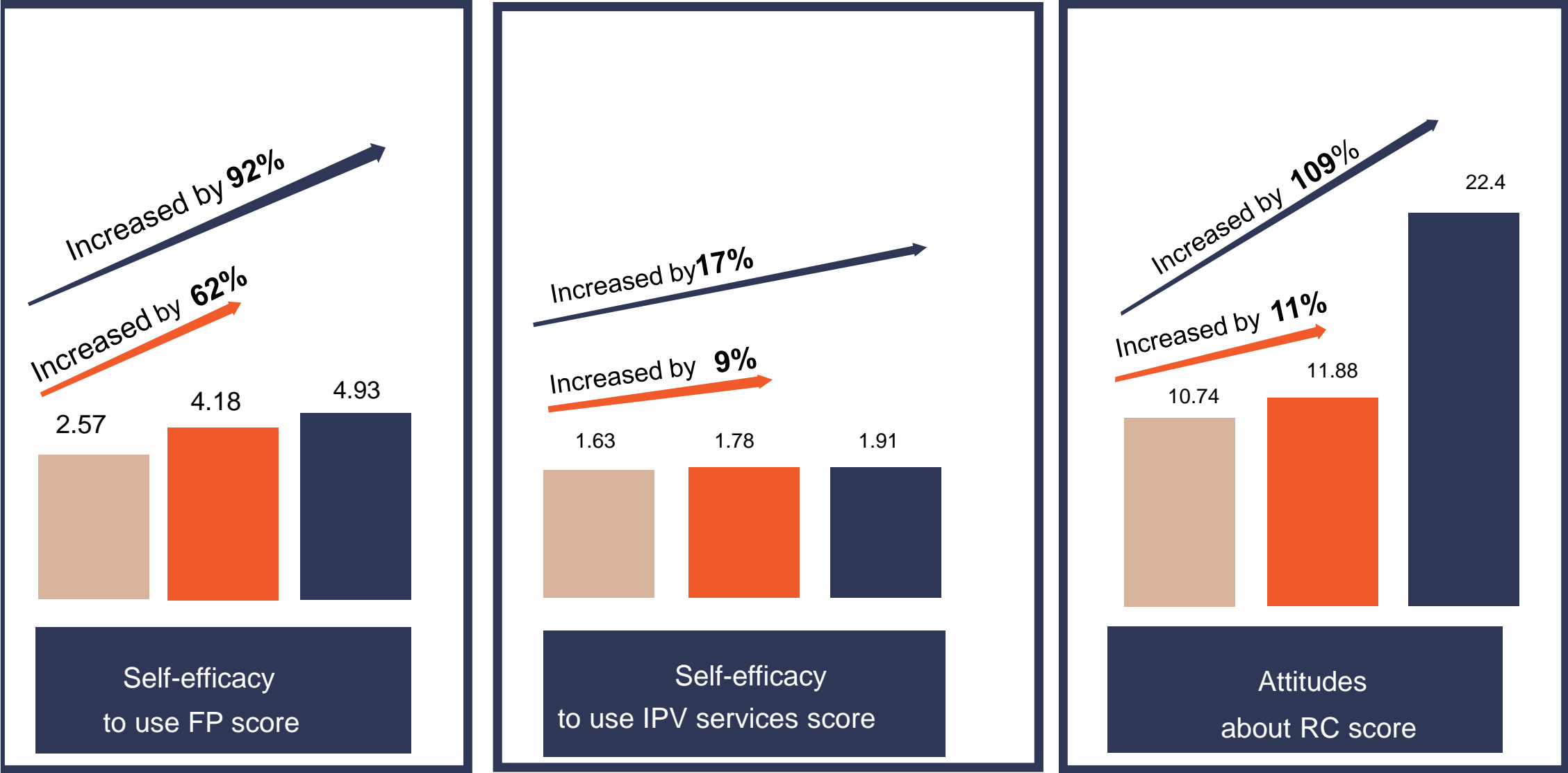


Effectiveness of ARCHES Intervention in Humanitarian Settings

Contraceptive self-efficacy in face of RC increased from a mean score of 2.6 at baseline to 4.2 at exit, a 62% increase and a mean score of 4.9 at 30+ days follow up , a 92% increase

Self-efficacy to use IPV support services increased from a mean score of 1.6 at baseline to 1.8 at exit, a 9% increase and a mean score of 1.91 at 30+ days follow up , a 17% increase

Attitudes about RC improved from a mean score of 10.8 at baseline to 11.9 at exit, a 11% increase and a mean score of 22.39 at 30+ days follow up , a 109% increase.



Baseline Exit 30+ day Follow-up



Thank you

