EXPLORING THE CHALLENGES AND OPPORTUNITIES AROUND REPRODUCTIVE HEALTH IN DISASTERS IN BELKUCHI UPAZILA, BANGLADESH

This policy brief is based on the research project titled Exploring the Challenges and Opportunities Around Reproductive Health in Disasters in Belkuchi Upazila, Bangladesh, which was funded by the International Planned Parenthood Federation’s (IPPF) Innovation Programme and IPPF South Asia Region’s (IPPF-SAR) SPRINT Initiative.

To improve the quality and availability of post-abortion care services during a flood, the University of Leicester and the International Planned Parenthood Federation’s South Asia Region (IPPF-SAR), in collaboration with the Government of Bangladesh, developed an integrated intervention package called RHCC. The RHCC has three components (see Figure 1): i) pre-positioning UNFPA’s Inter-Agency Reproductive Health Kit 8 prior to flooding; ii) Capacity building of health workers; and iii) Community awareness raising. The RHCC was evaluated guided by the following research objectives:

**Objective 1:** To determine whether the RHCC could increase skilled management for post-abortion-related complications at facility level during a flood.

**Objective 2:** To assess the referral pattern for seeking menstrual regulation and post-abortion care services at the facility from the union to sub-district to district levels.

**Objective 3:** To determine the quality of menstrual regulation and post-abortion care services in the Upazila Health Complex of Belkuchi sub-district.

**Objective 4:** To estimate the cost involved for the RHCC in improving the quality of menstrual regulation and post-abortion care services during a flood.

**Objective 5:** To contribute to the body of knowledge on opportunities and challenges in accessing safe post-abortion services in disasters and humanitarian crises.

The RHCC was conceived from the findings of 370 structured interviews, five in-depth interviews and six facility assessments conducted in 2016 in Belkuchi. In 2017, the RHCC was evaluated by conducting 29 semi-structured interviews with the clients of the Reproductive Health Kit 8, five focus group discussions with trained health workers, and key informant interviews with four members of the Upazila Health Complex management team.

**FINDINGS**

**Skilled management (Objective 1):** An orientation programme for 100 health workers and a basic refresher medical training course for 10 health workers were arranged by the Bangladesh Association for Prevention of Septic Abortion (BAPSA) and Ipas under the technical guidance of icddr,b and IPPF-SAR. After completing this course, participants of the medical training course rated their level of knowledge and skill achieved as exceptionally high (5 on the scale of 0–5). This confidence measure was supported by the competence tests arranged by BAPSA where all of the participants scored 84% or higher.

**Referral pattern (Objective 2):** The referral pattern in Belkuchi for seeking menstrual regulation services was 3.8 patients on average per month from each of the five Union Health and Family Welfare Centers to the Upazila Health Complex. There were no referrals from the Upazila Health Complex to the district hospital.

**Quality of menstrual regulation and post-abortion care (Objective 3):** The facility assessments revealed that the Belkuchi Upazila Health Complex was well equipped (84%) in terms of human resources, medical devices, equipment, medicines and sterilization facilities to carry out menstrual regulation and post-abortion care services. However, there was a lack of individual rooms, so privacy was limited. Some untrained health workers continued providing menstrual regulation and post-abortion care services due to unmet demand, need for cheaper services and clients’ preference of receiving services from health workers they personally know/trust.

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OUTCOMES OF THE PROJECT

The Reproductive Health Kits 8 benefited 48 women (20% of the estimated population) directly during the flood of 2017. The use of these Kits is still ongoing and is able to benefit a further 192 women.

The development of behaviour change communication posters/leaflets, context-specific tools for the implementation of the Reproductive Health Kit 8 and policy briefs to inform policy makers.

The project enriched the body of knowledge on the opportunities and challenges in and around the nationwide programme on menstrual regulation and post-abortion care in the context of floods.

RECOMMENDATIONS

It is recommended that the local government should provide public boat services for health workers to reach health care facilities during floods as it is sometimes very challenging to access the facilities (see Figure 2). Without accessible transport during floods, services will continue to be affected and unavailable to the public.

It is recommended that the Ministry of Health and Family Welfare should aim to construct a disaster resilient health infrastructure for the flood-prone primary health care system. This will promote resilience to floods and other disasters.

It is recommended that the Ministry of Health and Family Welfare should train both the old and new family welfare visitors, nurses, aiyas and nursing supervisors, among others. This will increase and diversify services for post-abortion care complications. The training should also focus on value clarification attitude transformation (VCAT) and counselling in order to tackle religious sentiments that hinder menstrual regulation procedures.

It is recommended that the Ministry of Health and Family Welfare and the Department of Management promote coordination and cooperation between sub-district level health protection committees, the emergency preparedness and response programme and Upazila Health Complex’s management team. Coordination and cooperation among these actors will promote governance for disaster resilience.

LESSONS TO TAKE FORWARD

To implement the RHCC, it is vital to seek approval from the Directorate General of Family Planning and the Directorate General of Health Services, as well as collaboration with the Upazila Health Complex management teams, the Department of Disaster Management, the community and health workers.

To raise communities’ awareness on the RHCC, it is important to target pregnant women and their spouses.

Figure 2: The Start of the Monsoon Season at Daulatpur Union Health and Family Welfare Center in July 2016