



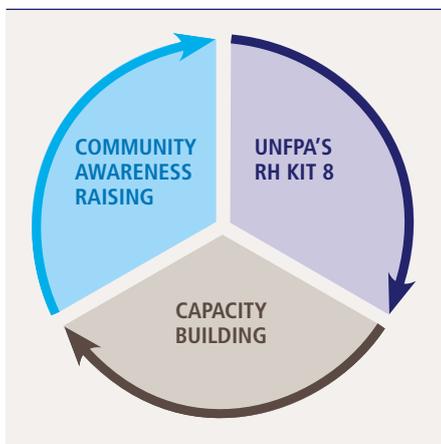
IMPROVING QUALITY OF POST-ABORTION CARE DURING FLOODS IN BELKUCHI, BANGLADESH UTILIZING THE RHCC APPROACH



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 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 8¹ prior to flooding; ii) Capacity building of health workers; and iii) Community awareness raising. The **RHCC** was evaluated guided by the following research objectives:

FIGURE 1: THE RHCC



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

Objective 2: To assess the referral pattern for seeking menstrual regulation² and post-abortion care 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 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 during a flood.

Objective 5: To contribute to the body of knowledge on opportunities and challenges in accessing safe post-abortion care 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 Kits 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 the medical training course, the health workers 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 instrument sterilization facilities to carry out menstrual regulation and post-abortion care. However, there was a lack of individual rooms, so privacy was limited. Some untrained health workers continued providing menstrual regulation and post-abortion care due to unmet demand, need for cheaper services and clients’ preference of receiving services from health workers they personally know and trust.

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Cost involved for implementing the RHCC (Objective 4): Despite the RHCC being an expensive intervention (approximately US\$105.66 per person), the expenses are justifiable when considering the 897 people directly benefiting from it. This intervention was implemented on a small scale. If it were to be implemented on a larger scale, then the cost per number of people benefited would decrease. The second component – capacity building – was the costliest but this component improved the quality of the services the most. It increased skilled management by providing medical training to 10 health workers (over one-quarter of the primary health care staff in Belkuchi) and an orientation programme to 100 health workers. The knowledge and skills that these health workers developed through this intervention can be applied in other areas of their health care provision.

The RHCC has contributed to wider knowledge and practice (Objective 5): This intervention has contributed to the body of knowledge on opportunities and challenges in accessing safe post-abortion during a flood. It has directly contributed to improving the delivery of the national programme on menstrual regulation and post-abortion care and has also facilitated the primary health care system to keep up with international conventions, such as the UN Sustainable Development Goal 3³ and Sendai Framework’s targets on ‘resilient health systems’.⁴

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.

OUTCOMES OF THE PROJECT

The Reproductive Health Kits 8 benefited 48 women 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.

It is recommended that the Ministry of Health and Family Welfare promote interventions, such as the **RHCC** and the Minimum Initial Service Package (MISP), in order to prepare the primary health care for floods, cyclones or other crises.

FIGURE 2: THE START OF THE MONSOON SEASON AT DAULATPUR UNION HEALTH AND FAMILY WELFARE CENTER IN JULY 2016



ENDNOTES

- 1 Reproductive Health Kit 8 relates to the management of miscarriage and complications of abortion. https://www.unfpa.org/sites/default/files/resource-pdf/RH%20kits%20manual_EN_0.pdf
- 2 Bangladesh National Menstrual Regulation Service Guidelines (2014) define menstrual regulation as a “procedure of regulating the menstrual cycle when menstruation is absent for a short duration.”
- 3 UNFPA (2015) *Sustainable Development Goals*. www.unfpa.org/sdg
- 4 United Nations (2015) Clauses 30i, 31e and 33c. *Sendai Framework for Disaster Risk Reduction 2015–2030*. Geneva: UNISDR.

For the full report and citations, please see Ray-Bennett, N.S., Corsel, D. and Goswami, N. (2019) *Exploring the Challenges and Opportunities Around Reproductive Health in Disasters in Belkuchi Upazila, Bangladesh*. London: IPPF.

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The views and opinions expressed in this policy brief are those of the authors and do not necessarily reflect the opinion and position of IPPF and the University of Leicester.

March 2019

