



THE RHCC APPROACH: FACILITATING OPPORTUNITIES FOR REPRODUCTIVE HEALTH CARE DURING A FLOOD IN BANGLADESH



This policy brief introduces the intervention package called RHCC to improve the quality and availability of post-abortion care during a flood in Bangladesh. This 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.

WHAT IS THE RHCC?

Bangladesh is one of the few developing countries to have met its target for the Millennium Development Goal 5 by reducing the nation's maternal mortality ratio from 322 deaths per 100,000 live births in 1998–2001 to 176 deaths per 100,000 live births in 2013.¹ Although this is a remarkable achievement, reducing maternal mortality further is still a challenge, as is improving maternal health from unsafe abortions² and especially during disasters. The UN's Global Strategy for Women's, Children's and Adolescents' Health and the Sustainable Development Goals have both set an ambitious target for all the nation-states of ending preventable maternal deaths by 2030. This means reducing maternal deaths to fewer than 70 per 100,000 live births.³ In order to help meet this target by further reducing maternal mortality and morbidity from miscarriages and unsafe abortions, especially during floods, the University of Leicester and IPPF-SAR, in collaboration with the Government of Bangladesh, developed and implemented an intervention package called **RHCC**.

The **RHCC** has three components: i) positioning medical equipment and supplies, which are packaged together as UNFPA's Inter-Agency **Reproductive Health Kit 8**, prior to seasonal flooding; ii) **Capacity building** of existing health workers; and iii) **Community awareness raising** with the help of family welfare assistants (see **Figure 1**). This intervention introduced the Reproductive Health Kits 8 in three public health care facilities in Belkuchi in Sirajganj District during the 2017 flood. Belkuchi sits on the floodplain of two rivers, the Jamuna and the Hursagar, and gets flooded almost every year. As such, it was an ideal location to conceive and implement the **RHCC**.

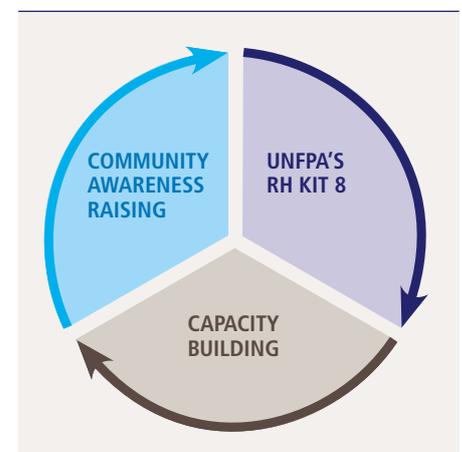
The **RHCC** was conceived from the findings of 370 structured interviews, five in-depth interviews and six facility assessments conducted in 2016 in Belkuchi. In 2017, the **RHCC** was evaluated by conducting: semi-structured interviews with 29 clients of the Reproductive Health Kits; focus group discussions with nine trained health workers and 18 family welfare assistants; and key informant interviews with four members of the Upazila Health Complex management team.

WHAT ARE THE BENEFITS OF THE RHCC?

The **RHCC**, the first intervention of its kind, introduced the Reproductive Health Kit 8 in Bangladesh. The Reproductive Health Kit 8 is used "to treat the complications arising from miscarriage and unsafe induced abortion, including sepsis, incomplete evacuation and bleeding."⁴ The components of the Reproductive Health Kit 8 (except for the manual vacuum aspiration and dilatation and curettage sets) are already available in Bangladesh's Upazila Health Complexes, Mother and Child Welfare Centers, district hospitals, private clinics and pharmacies. The novelty of the Reproductive Health Kit 8 is that all of these components are assembled in one package so that it is ready to be used and administered quickly during emergencies and disasters in order to manage miscarriage and post-abortion complications.⁵ Four Reproductive Health

continued over

FIGURE 1: THE RHCC





Kits 8 were procured by IPPF-SAR from UNFPA and positioned at the Upazila Health Complex and two Union Health and Family Welfare Centers in Belkuchi (see **Figure 2**).

The **RHCC**, through its second component, promoted skilled management for post-abortion related complications at the facility level during floods. An orientation programme for 100 health workers and a basic refresher medical training course for 10 health workers (about one quarter of Belkuchi’s primary health care staff) 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 completion, 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 that BAPSA had asked the participants to complete before and after the course. These trained staff continue to provide quality care to the 173,097 female population of Belkuchi both in wet and dry seasons.

The **RHCC** focused on the primary health care system, which included one Upazila Health Complex and five Union Health and Family Welfare Centers in Belkuchi. This is consistent with the Sendai Framework for Disaster Risk Reduction’s 2015–2030 goal for promoting a ‘disaster resilient health system’. Primary health care is the first point of contact that people have with the health system. As such, developing the capacity of the primary health care facilities is vital to continue with service delivery, including reproductive health, in disaster situations with minimal disruption. The third component of the **RHCC** was three community awareness raising programmes at the Belkuchi Upazila Health Complex and at Bhangabari and Daulatpur Union Health

FIGURE 3: AWARENESS PROGRAMME



and Family Welfare Centers (see **Figure 3**). These community awareness programmes were attended by more than 400 women, men and adolescents and focused on the Reproductive Health Kits 8, service referrals, hygiene and general health issues.

According to interviews with key informants, trained staff and clients, all three components of the **RHCC** contributed to the improved quality and delivery of the Government of Bangladesh’s nationwide family planning programme on menstrual regulation and post-abortion care in the context of a flood.

CAN THE RHCC BE REPLICATED?

The **RHCC** can be replicated in other flood-prone facilities in Bangladesh. To replicate the **RHCC**, it is important that the implementing and research partners seek approval and cooperation from the Directorate General of Family Planning and the Directorate General of Health Services, as well as collaboration with the Upazila Health Complex management team, the Department of Disaster Management, the community and health workers. It is also important that the implementing and research partners identify the key partners, resources and logistics that will be required for each of the **RHCC**’s components.

To replicate the **RHCC**, two tools were developed: a **structured assessment tool** and a **two-step checklist tool**. The structured assessment tool (based on 31 logistics related to menstrual regulation and post-abortion care) can be used to assess the capacity of a facility to host the Reproductive Health Kit 8. The two-step checklist tool is based on UNFPA’s management guidelines and the evidence gathered from Belkuchi. The two-step checklist tool can be applied without conducting the structured assessment of a facility. In an emergency or humanitarian crisis situation, this slimmed-down two-step checklist tool based on ‘**essentials and desirables**’ can expedite the process of assessing whether a facility is suitable for the Reproductive Health Kit 8. In emergencies, where facilities are non-existent or lacking, this two-step checklist tool can also act as guidance for setting up a reproductive health care facility that is fit for the Reproductive Health Kit 8.

FIGURE 2: ADMINISTERING THE REPRODUCTIVE HEALTH KITS 8



REFERENCES

- 1 El Arifeen *et al.* (2014) Maternal mortality in Bangladesh: A Countdown to 2015 country case study. *The Lancet*, 384.
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- 3 UNFPA (2015) *Sustainable Development Goals*. www.unfpa.org/sdg
- 4 UNFPA (2011) *Inter-Agency Reproductive Health Kits for Use in Crisis Situations*. 5th ed. New York: UNFPA.
- 5 UNFPA (2014) *Reproductive Health Kits Management Guidelines for Field Offices*. New York: UNFPA.

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.

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