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Safe Motherhood: Present Scenario

An UNFPA study shows that the health and family planning programme of Bangladesh has made remarkable progress in the last two decades as evident from the decline in fertility rate, infant and child mortality rates. It says, "the reduction in maternal mortality in the past 15 years is 22%, right on target towards Millennium Development Goal (MDG) of a 75% reduction between 1990 and 2015. However, the Maternal Mortality Ratio (MMR) is still high (320 per 100,000). An estimated 600,000 suffer from pregnancy related complications every year.

The infant mortality is 65 per 1,000 live births while neonatal mortality rate is 41 per 1,000 live births. There has not been any significant reduction in infant and neonatal mortality rate in the recent years. Neonatal mortality rate level is inextricably linked to health of the mother during pregnancy.

The findings from the Bangladesh Maternal Health Services and Maternal Mortality Survey (BMMS) indicated that maternal deaths accounted for 20% of all causes of death among women of reproductive age. The estimated lifetime risk of dying from pregnancy and childbirth related causes in Bangladesh is 1 in 42 women which are about 100 times higher than that in the developed countries. The major causes of maternal mortality in Bangladesh includes: hemorrhage, abortion, sepsis, obstructed labour, eclampsia, violence, and other obstetric reasons.

A significant decrease in abortion-related deaths was reported and has been attributed to the improved accessibility to Menstrual Regulation (MR) services. The survey reported that the majority of the deaths occurred in the postpartum period. Complications of unsafe abortion results in the death of every fifth woman in the country.

Though the legal age at marriage is 18 years, more than 50% of women in the 15-19 age groups are married. Adolescent fertility is estimated at 135/1000 where 60% adolescent have their first child before the age of 19. At the age of 16, about 17 percent girls are already mothers and 6.2 percent are currently pregnant. Pregnant adolescents are a very high risk group and more vulnerable to complications (117 births per 1000 women aged 15-19).

The contraceptive prevalence rate is 56% and every year more than thirty lakh women give birth, 85% of the delivery take place at home mostly without the

presence of a trained provider (BDHS 2007, Preliminary Report). Over 60% of these women are anemic and malnourished. Every year there is an estimated 600,000 complicated cases about five percent of which require caesarian section. Knowledge of life-threatening conditions during pregnancy is extremely low and services for the management of complications are inadequate and underutilised. Six million women suffer from maternal morbidities, major causes of which are uterine prolepses, fistula, infection, sterility and cervical and breast cancer. Knowledge of life-threatening conditions during pregnancy is extremely low and births with no ante natal care is 40%. Only 21% of mothers receive postnatal care from a trained provider within six weeks after delivery (BDHS 2007, Preliminary Report).

In this backdrop, to achieve the MDG target and reduce the maternal mortality and morbidity of the country concerted efforts of the government, development partners and other stakeholders are needed. Emphasis is to be given on improving the quality of antenatal services and motivating the mothers to visit the health centers more frequently. Target for improving the antenatal check-up by 2010 has been set at 70% and consistent efforts are needed to achieve it. This is one of the ways of reducing maternal and child mortality and morbidity in the country.



Photo: CIDA/ACDI
Nancy Durell McKenna
Ref: Internet

Dialogue at Stockholm on Successful Strategies for Women's Health and Rights

On May 16, 2008, a dialogue on Successful Strategies for Women's Health and Rights was organised by Swedish International Development Agency (Sida) at Stockholm, Sweden. The new Sexual and Reproductive Health and Rights (SRHR) consortium members of Bangladesh, Reproductive Health Services Training and Education Programme (RHSTEP) and Bangladesh Association for Prevention of Septic Abortion (BAPSA) were invited to attend the dialogue. This forum was organised because half a million women die every year and another 10-20 million women suffer disability due to pregnancy, child birth complications and almost 100% of the deaths occur in the developing countries. The worst sufferer is the marginalised and the poorest of the poor. Despite concerted efforts of the development partners and the national governments of the developing countries, the situation remains almost the same as it was 20 years ago. In the forum it was revealed that this situation represents a wide spectrum of violation of human rights. It also poses a major constraint to social and economic development and is a striking inequality in access to public health. On the occasion, introduction and opening remarks were given by Anders Nordstrom, Director-General, Sida. Keynote paper titled 'Successful Strategies for Women's Health and Rights: Achieving MDG5' was read out by Thoraya Ahmed Obaid, Executive Director, United Nations Population Fund (UNFPA); 'Successful Case Presentation: Early Abortion Services in Bangladesh' was presented by Quazi Suraiya Sultana, Executive Director, RHSTEP; and 'Health Care System in Kenya' was presented by Lawrence Oteba, Director of programmes, Family Health Options in Kenya.

After the presentation a focus group discussion was organised on the following topics: How could your organisation, company or agency contribute to an innovative approach and new ideas that can lead to improve Sexual and Reproductive Health and Rights for all? And, What kind of cooperation and initiatives your agency could develop in order to develop your activities for women's health and rights. Following the focus group discussion, Gunilla Carlsson, Minister for Development Cooperation, Jon O'Brien, President,

Catholics for a Free Choice (USA), Renee Andersson, Ethics and Environment Director, Indiska Magasinet and Thoraya Ahmed Obaid, Executive Director, UNFPA spoke on various issues related to women's sexual and reproductive health and rights. They also answered many questions related to this issue.

Director General and head of Sida gave emphasis on the wide spread violation of human rights. He also spoke on violence against women and said that for combating such situation political support and movement was needed. He also emphasised clinical research on the SRHR issues and Midwifery cadres to be developed for providing better reproductive health care services. Sexuality education was needed to improve the situation, and strong partnership, leadership and political commitment required to play strong role in improving the situation and contributing to the fulfillment of the MDG-5.

The UNFPA executive director informed that last week the organisation like Save the Children in their ninth annual State of the World Mother's Report announced that Sweden is the best place for mothers and children. She mentioned that it was possible for the Swedish government's forward-looking policies, programmes and investments. Currently Sweden tops the list of 146 countries in mother and child health, education and economic status. She quoted

For millions of women and girls, living with widespread gender discrimination and violence, fear is a constant companion. While loving human relationship provides happiness and security for many of us, for too many women and girls, relationships built on love, equity and mutual respect remain out of reach.

the words of the great Swedish leader who died in 1961 and was awarded the Nobel Peace Prize: Freedom from fear could be said to sum up the whole philosophy of human rights. She further elaborated that freedom from fear remains out of reach for too many people. For millions of women and girls, living with widespread gender discrimination and violence, fear is a constant companion. While loving human relationship provides happiness and security

for many of us, for too many women and girls, relationships built on love, equity and mutual respect remain out of reach. Also out of reach is basic information about their bodies, their health and their sexuality, and access to sexual and reproductive health services. As a result, millions of women and girls live in fear, afraid of getting pregnant and if they have an unwanted pregnancy, many are afraid to have an abortion.



Quazi Suraiya Sultana, Executive Director, RHSTEP presented the activities of MR Programme in Bangladesh.

Quazi Suraiya Sultana of RHSTEP presented a brief overview of the MR Services in Bangladesh. In her presentation she mentioned that MR programme in Bangladesh considered a unique one which has been successful in reducing the number of maternal mortality and morbidity caused due to unsafe abortion in the country. She further added that because of socio-cultural and religious norms and beliefs, sexuality and sexual health and rights issues are poorly understood and for the same reason MR is not well publicised. She also mentioned the gaps that exist in the field of advocacy materials. Later she illustrated the uniqueness of RHSTEP's role in promoting MR services in the country and she added that it was the best example of government and non-government collaboration in promoting reproductive health.

Lawrence Oteba, Director programme for the Family Health Options in Kenya (FHOK), presented the overview of the Kenyan health and family planning activities and also the maternal mortality and morbidity in Kenya. With support from Sida/RFSU, FHOK focuses on five areas: reaching young people, reducing HIV/AIDS, protecting the rights of infected/affected, safe abortions, access to SRHR and rights information, family planning, advocacy, promoting strong public, political and financial commitment.

John O'Brien, president of Catholics for a Free Choice, heads this pro-choice organisation that addresses sexual and reproductive rights from a standpoint of culture, faith, and morality. He has more than twenty years experience in the field and has worked with local advocates and activities on policy development advocacy, and communications. He is strongly advocating for contraceptive use and trying to convince the catholic missionaries for advocating contraceptive use among the population. His initial involvement in reproductive rights was sparked by his reaction to the great injustices that women especially face as a result of the Catholic hierarchy's influence over public policy in the country. He is a leader in developing global strategy surrounding reproductive health and right issues. He has worked in five continents with local advocates and activists

on policy development, advocacy and communications.

Renee Andersson is the director of Ethics and Environment at the Swedish fashion and decorating firm, Indiska. Through this company she raises consciousness on women's rights, informs workers on HIV/AIDS and protecting women's right to go back to work after giving birth. In the forum she strongly advocated the corporate sector's role in ensuring women's reproductive health and rights.

Gunila Carlsson is the Minister for International Development Cooperation and one of her top political priorities is women rights. In her presentation the minister put emphasis on human rights and gender equality. She mentioned that for promotion of health and rights in 1933 an organisation on promotion of sexual and reproductive

rights was created in Sweden. She also mentioned that in 1955, SRHR education in school was introduced. This actually accelerated the promotion of understanding of well-being of reproductive health in the Swedish society. Later in 1975, the abortion up to 18 weeks of gestation was made legal. All these decisions provided women with more freedom and made them self-sufficient in decision making. She emphasised the right to information, knowledge and support, their right to decide over their body and to decide when and with whom they will have sex and as well as their right to be free from violence. She also emphasised to combat HIV/AIDS and promote sexual and reproductive health and rights among the marginalised men and women of the developing world.

Karolinska Hospital: Best Place for Mothers and Children

After reaching Stockholm for the dialogue on "Successful Strategies for Women's Health and Rights" we requested Annika Knutsson, Health Advisor, Sida to arrange a hospital visit. Accordingly, Annika arranged the visit at Karolinska Hospital of Stockholm on May 15, 2008. It is quite a big hospital. We expressed our interest to see only the Ward and how maternal health care services were being provided by the hospital.

At the reception of the hospital we were introduced to Ulrika, a mid-wife, working in the ward. We found her well versed in English. We were taken to the emergency ward and informed that this ward was specially designed to meet most of the emergency cases of Stockholm. Due to this

reason the client flow is high. Each year almost 5200 deliveries are conducted here. The Caesarean section is almost 30% of the total deliveries. It is because being a specialised hospital all the complicated cases were referred here. For Ante-Natal Care women can visit the specialists as many times as they want. During visits all the necessary pathological tests are done by the hospital free of cost. The emergency ward is fully equipped with ultra modern system. In the emergency room, other than Caesarean Section, all the other services are available. The room is equipped with ultrasound and other

Each year almost 5200 deliveries are conducted here. The Caesarean section is almost 30% of the total deliveries. It is because being a specialised hospital all the complicated cases are referred here.

born in Sweden and maternal mortality is one in per 100,000 live births. In the Karolinska hospital the last maternal death occurred in 1984. The death did not occur in the hospital. The patient was released six hours after normal delivery and she experienced post-partum hemorrhage at home. The patient was not hospitalised immediately, as

was reported after investigation.

The overall cleanliness of the hospital is very remarkable and we believe this should be the ideal environment in a public hospital of any country of the world. In the emergency room all necessary emergency medicines were available so that in case of emergency doctors or paramedics could use them.

From emergency room we were guided to the normal delivery room, which was equally equipped with modern equipment for delivery. The total hospital cost is borne by the government.

From the normal delivery room, we were guided to the neonatal room. This room was fully equipped to manage all sorts of complications. Generally, all the cases are handled by



Karolinska Hospital, Stockholm, Sweden

the midwives. There is a hot-line between the pediatric consultant and the postnatal ward. In case of emergency the midwives inform the specialists and within 3-5 minutes the specialists appear in the postnatal ward. We were informed that the neonatal death is almost absent in Sweden and in the last twenty years they did not experience any neonatal death in the hospital. All patient-related information are computerised from the entry point to the exit. In every shift eight paramedics are supposed to work. There are other supporting staff members too.

The equipment preparation room is highly mechanised and no manual intervention is

required. The medicine store is located close to the duty station. The delivery unit is managed mainly by the midwives and in case of emergency specialist gynecologists are called for helping the midwives. The midwives are found to be very confident. All of those we met were found to be working for many years as midwives. Every one of them is providing quality health services but in spite of that the quality control system is there, which is being monitored by the senior professionals.

Midwives are highly valued in health care system in Sweden. Our impression is that without the skilled midwives efficient health care system is difficult to establish and

reduction of maternal and child mortality and morbidity is to remain a dream for all the developing countries including Bangladesh. Ulrica bade us farewell and we left Karolinska Hospital.

The visit helped us to understand the maternal and neonatal health care services provided by the hospital. We were impressed by their high professionalism and commitment to their profession and the friendly management system. This is very praiseworthy and it is thought to be the key to success for such efficient state subsidised health care system. Full time employee physicians and midwives are not allowed to do private practices.

Quazi Suraiya Sultana, Executive Director, RHSTEP and Dr. A. Itaf Hossain, Director, BAPSA.

A day-long workshop

Workshop on 'Prospects of MR programme in Bangladesh' held

messages for

on 'Prospects of MR programme in Bangladesh' organised by BAPSA was held on June 24, 2008 at BAPSA Model Reproductive Health Clinic-2, Mirpur, Dhaka. Doctors, paramedics, nurses, counsellors, field supervisors, service promoters and other staff members participated in this workshop. Dr. Altaf Hossain, Director, BAPSA welcomed all the participants at the beginning of his presentation on 'MR Programme in Bangladesh: Policies and Issues'. 'Modern Methods of Menstrual Regulation' was presented by Dr. Nahid Sultana, Medical Officer, Model Reproductive Health Clinic (MRHC-3) while Dr. Nighat Rahman, Clinic Manager, MRHC-1 made her presentation on the topic 'Diagnosis & Management of MR Complications'. Dr. Faria Gaffar, Medical Officer, MRHC-1, focused on the purpose and steps of MR

follow-up and how and what are to be counselled after MR during her presentation on 'MR Follow-Up & Post MR Counselling'. While presenting the topic 'MR BCC'

behaviour change communication. There was active participation of all the participants during the 'Question & Comments' session after each presentation. Along with others, thanking the organisers

and addressing the workshop 'fruitful and helping in real sense', Suraiya Akhter, Office Manager, BAPSA said that frequent arrangement of such workshop on different issues would certainly help to increase knowledge, understanding and skills



Hedayet Ullah Bhuiyan, Training Coordinator, BAPSA, highlighted the background, importance, processes and

of the staff members. Jamil-Bin-Khalil, Programme Coordinator, BAPSA played the role of the anchor.

Orientation on Prevention of Unsafe Abortion held in Chittagong

An Orientation Programme on 'Prevention of Unsafe Abortion' for Family Planning Inspectors (FPIs) and Family Welfare Assistants (FWAs) was held on June 26, 2008 at Upazila Health Complex, Chandanaish, Chittagong jointly organised by Directorate General of Family Planning and Bangladesh Association for Prevention of Septic Abortion (BAPSA).

Dr. Muzaffar Ahmed, Upazila Health & Family Planning Officer

Different issues like Family Planning activities and its progress, maternal death in Bangladesh: causes and the way of prevention, causes of abortion, its consequences and to protect the maternal death due to complication of unsafe abortion, MR activities in Bangladesh, causes for rejection and prevention etc. were discussed in the workshop.

chaired the session while Dr. Subrata Kumar Chowdhury, Family Planning Officer welcomed the participants. A total of 49 FPIs and FWAs attended the programme. The programme was facilitated

by Dr. Altaf Hossain, Director, BAPSA and

Mr. Hedayet Ullah Bhuiyan, Training Coordinator, BAPSA. Different issues like Family Planning activities and its progress, maternal death in Bangladesh: causes and the way of prevention, causes of abortion, its consequences and to protect the maternal death due to complication of unsafe abortion, MR activities in Bangladesh, causes for rejection and prevention etc. were discussed in the workshop. In the concluding remarks, the Chair thanked all the participants' and hoped that the training would reinforce the FPIs and FWAs working for reproductive health issues and thus help to reduce maternal mortality and morbidity in Bangladesh.

World Health Day-2008 Observed

RHSTEP observed the World Health Day on April 7, 2008 through its Maternity Clinic, Dhaka (MCD) & Mohammad Ali Hospital (MAH), Bogra. MCD organised an education and free medicine and treatment service programme at its premise at Shewrapara, Mirpur, Dhaka. RHSTEP clinic at Mohammad Ali Hospital organised rally, education session and free medicine with treatment service to mark the day as well. The theme of this year was "Protecting Health from Climate Change". Different health related issues like importance of nutrition, personal hygiene, reproductive health etc.



were discussed in the programmes. A total of 300 participants received the treatment out of 360 participants.

'Protecting Health from Climate Change' - keeping this slogan in view, BAPSA organised a series of programmes at its different centers for celebrating the World Health Day-2008, which included gathering of community people, health discussion, free health care for women & children, adolescent health session, free health care for adolescents etc.

The Slogan of this year was "Protecting Health from Climate Change".

Dr. Altaf Hossain, Director, BAPSA was present as the focal discussant at the meeting held at BAPSA Model Reproductive Health Clinic-3 at Kalshi, Mirpur presided over by Ms. Zobaida Samiha Khatoon, Principal, Shahid Zia Mahila Degree College. Among others Reza-E-Rabbi, Asstt. Headmaster, Kalshi Islamia High School, Hedayet Ullah Bhuiyan, Training Coordinator, BAPSA, Dr. Nahid Sultana, Medical Officer, MRHC-3 took part in the discussion. Jamil-Bin-Khalil, Programme Coordinator, BAPSA was the anchor of the programme, which was participated by more than 200 community people.

World Health Day-2008 was observed by BAPSA MRHC-2 at Underprivileged Children's Educational Programme (UCEP)-Ismail School at Mirpur, Dhaka. Socially deprived adolescents took part in this programme and more than 150 of them were offered free health care. BAPSA officials thanked the school authorities for their continued support and cooperation.

Celebration of Safe Motherhood Day-2008

RHSTEP observed the Safe Motherhood Day on May 28, 2008 with due solemnity and enthusiasm at different places of the country. RHSTEP clinic at Mohammad Ali Hospital (MAH),



Bogra organised a behaviour change communication programme on different issues like nutrition and major instruction for the period of pregnancy, importance of family planning method etc.

RHSTEP Maternity Clinic, Dhaka organised two programmes on the same day at clinic premise and at Vocational Training Centre (VTC), Uttara to highlight the issues of safe motherhood, antenatal care, postnatal care, emergency pregnancy care, safe delivery etc. The programmes covered discussion meeting, free medicine, check-up and treatment service. Around 500 participants attended the programmes and got the treatment service.

Without ensuring safe motherhood - it is impossible to ensure a healthy nation - said Dr. Altaf Hossain, Director, BAPSA while delivering his speech as the chief guest at a programme organised by BAPSA for celebrating the Safe Motherhood Day-2008 at BAPSA Model Reproductive Health Clinic-2 on May 29, 2008. Dr. Tanzina, Medical Officer, MRHC-2 welcomed more than 250 community women at the programme. Among others, Hedayet Ullah Bhuiyan, Training Coordinator, Suraiya Akhter, Office Manager, Dr. Nasrin, Medical Officer, BAPSA Maternity were present and took part in the discussion. Mukta in her speech, on behalf of community women, thanked BAPSA for organising such a programme and for the quality health care it has been offering to the community. Jamil-Bin-Khalil, programme Coordinator was in the role of anchor and the programme ended with offering free ANC and other health care services.



Training On 'Clinical Waste Management'

Recently BAPSA, for management of clinical waste of its different clinics, signed an MOU with Prism Bangladesh, a national NGO working for hospital waste management. Accordingly, a training

session on 'Clinical Waste Management' was jointly organised by BAPSA and Prism Bangladesh on May 23, 2008 at BAPSA Model Reproductive Health Clinic-2, Mipur, Dhaka. Doctors, paramedics,

nurses, counsellors, sonologists, pathologists, field supervisors, service promoters and other clinical supporting staff members took part in the training.

Strengthening National Menstrual Regulation Programme for Reduction of Maternal Mortality and Morbidity in Bangladesh

The launching ceremony of Strengthening National Menstrual Regulation Programme for Reduction of Maternal Mortality and Morbidity in Bangladesh was held at Sheraton, Dhaka on June 23, 2008. After the address of Welcome, Dr. Parveen Hoque, Deputy Director, Maternal and Child health and Programme Manager, Maternal Health Services of Family Planning presented the overview of the initiative "Strengthening of National Menstrual Regulation Programme for Reduction of Maternal Mortality and Morbidity in Bangladesh". She outlined the initiation of MR programme and the history of MR activities in Bangladesh. In her presentation she also outlined that Menstrual Regulation services have been widely available in Bangladesh as part of its family planning programme through public, non-governmental organisations (NGOs) and private facilities for more than two decades. As a result, women's access to safe MR services has significantly improved. Despite these achievements, gaps in its research have been noted and the quality of care was found to be uneven. With financial support from the Netherland's Ministry of Development Co-operation and in partnership with the government of Bangladesh and MR NGOs, the World Health Organisation (WHO) is launching the initiative to strengthen the national MR programme in order to contribute to the achievement of the MDG-5 target of improving maternal health. The overall objective of the initiative is to improve equitable access to services for the prevention of unsafe abortion, especially for underserved groups and in underserved

areas in both rural and urban areas of Bangladesh. The main strategies of the initiative are: investing in a public private partnership within the framework of Health, Nutrition and Population Sector programme, Pro-poor Orientation through a focus on demand-side barriers, increasing attention of underserved groups such as rural population, urban poor and adolescents with target group specific intervention; reducing the number/proportion of clients rejected for MR through Behavioural Change Communication and policy reform advocacy; and improving the evidence-base for informed policy and programme interventions.

The initiative has focused on four key components, as follows: (i) Scale-up delivery of quality MR services; (ii) Generate rights-based demand from underserved women for quality M.R. services; (iii) Improve the knowledge/evidence-base; and (iv) strengthen the policy response.

Following Dr. Parveen's presentation, Dr. Fritz Meijandert, Head of the Development Co-operation, Embassy of the Kingdom of the Netherlands spoke as special guest.

He emphasised the need of initiating such programmes in Bangladesh where the reproductive health status of the marginalised is very poor. For improving the reproductive health and rights of these marginalised he reaffirmed the support of the Netherlands. Dr. Duanguadee Sungkhobol, WHO representative in Bangladesh mentioned the importance of such public private initiative for improving the reproductive health and rights in the country and the role of WHO in implementing the initiative in close collaboration with the government.

Professor (Dr.) Md. Abul Faiz, Director General, Directorate of Health Services in his speech mentioned that management of

unsafe abortion is to be given priority, health facilities to be equipped and manpower to be trained for providing the services. He further added that strengthening of National Menstrual Regulation programme will be an additional momentum for the improvement of reproductive health and rights of the vulnerable. He assured relevant support, commitment and all possible co-operation for the implementation of the programmes. In his address as Chief Guest, Mr. A.K.M.

The main strategies of the initiative are: investing in a public private partnership within the framework of Health, Nutrition and Population Sector programme.

Zafar Ullah Khan, Secretary, Ministry of Health and Family Welfare mentioned the high maternal and newborn death rates in the country and termed it unacceptable. He added that in 1974 MR became the integral part of maternal

and child health of the country. He also mentioned that the Family Welfare Visitor's training in the country remains suspended since 1997. More Paramedical cadres including Nurses are to be trained. He welcomed the WHO and Royal Netherlands initiative for saving the life of women. Quality services are almost absent and advocacy on combating unsafe abortion should be strengthened in the country. Since 1994 there is no fundamental research on this pertinent issues.

Dr. Quomran Nessa Khanam, Director General, Directorate General of Family Planning, Chairperson of the Launching Ceremony mentioned that unsafe abortion is a serious public health concern and every year quite a good number of women die and many more suffer the consequences.

Dr. Akjemal Magtymova, Medical Officer, Reproductive Health and Research, WHO conducted the information session. In the information session she outlined the objectives and purpose of the programme. Following her presentation, the panel answered questions from the audiences. Closing remarks were given by Dr. Duanguadee Sungkhobol, WHO Representative to Bangladesh.

Meeting with IPAS and NGO Representatives on MR Logistics Management

A meeting with Denise L. Harison, Director of Product Promotion and Distribution of IPAS and the representatives of ICDDR,B,

Engender Health, Marie Stopes Clinic Society, Reproductive Health Services Training and Education Programme (RHSTEP), Family Planning Association of Bangladesh (FPAB), Bangladesh Rural Advancement Committee (BRAC) and Bangladesh Association for Prevention of Septic

Abortion (BAPSA) was held on June 11, 2008 at Hotel Sheraton, Dhaka. The purpose of the meeting was to update the knowledge about Manual Vacuum Aspiration (MVA), how to assess the required number of MVA Kits as per clinic case load and to increase access to and

distribution of MVA Kits. Denise L. Harrison at the beginning of the meeting exchanged views with the service providing NGOs and had a stock-out on MVA Kits in the country. The MR service and training providing NGOs informed that earlier the NGOs received supplies of MVA Kits from the DG/FP of the government. Later Denise L. Harrison presented Improving MVA instrument availability at facilities and the third generation of MVA. In her presentation, she emphasised the following: MVA is sustainable when: after start-up programmes, clinics have MVA instruments when needed and in any setting where needed; MVA is an essential basic procedure at First Referral Unit Level; MVA effective

for Treatment of Incomplete Abortion (for uterine size upto 12 weeks LMP), first trimester abortion (menstrual regulation) and endometrial biopsy. She further mentioned that MVA procedures have been clinically proven to be: safe and effective, simple and portable, extremely cost-effective, a low-risk alternative to D&C.

The patient benefits derived from the MVA

The MR service and training providing NGOs informed that earlier the NGOs received supplies of MVA Kits from the DG/FP of the government.

is quiet, which has a calming effect on the patient, patient can stay awake during the procedure, MVA can be less painful than a D&C, and the procedure can be performed in an overnight stay. It is 98% effective. Further, she presented concepts for MVA quantification and forecasting of MVA Kits as per case Load of the Clinic. She mentioned two different forecasting areas: (i) Facility quantification - calculates how many

needed on-hand at a service site, and a resupply algorithm; and (ii) Demand forecasting calculates National, Regional or even facility needs for resupply.

DG of DGHS hail activities of RHSTEP

Workshop on 'Contribution of RHSTEP to GO-NGO collaboration in Sexual and Reproductive Health and Rights programme' held in Dhaka

The Director General of Directorate General of Health Services Bangladesh, Professor Dr. M.A. Faiz lauded the activities of RHSTEP in promoting reproductive health services and population control in Bangladesh. Speaking as 'Chief Guest' in the workshop titled 'Contribution of RHSTEP to GO-NGO collaboration in Sexual and Reproductive Health and Rights Programme' held in May 30, 2008 at Hotel Pan Pacific Sonargaon in Dhaka, he highly appraised the activities of RHSTEP as he found the goal of both RHSTEP and the Government of Bangladesh contributing each other. Indicating on high maternal mortality and morbidity rates in Bangladesh he suggested 'the best option is to develop a knowledgeable population on Reproductive Health issues to reduce the maternal mortality and morbidity in the country'.

More than one hundred health professionals and experts, Project and Technical Advisors of RHSTEP clinics those are directors/superintendents and head of Obs/Gyn departments of medical colleges and district level hospitals respectively, health officials, family planning experts, representatives from NGOs and media houses took part in the workshop.

Chaired by Professor Dr. Anwarul Azim, an eminent Gynaecologist of the country and former President of RHSTEP the Executive Director of RHSTEP Quazi Suraiya Sultana welcomed the participants in the workshop. In her speech she mentioned that the RHSTEP is going to celebrate its long 25

years journey in providing reproductive health services and population control

activities in Bangladesh. She thanked all the participants especially the Project Advisors and Technical Advisors for their cooperation, contribution and support that

established an unparalleled GO-NGO collaboration in the health sector of the country.

Dr. Luna Chakma, Manager-Programme and Sitara Sultana, Manager-Advocacy and Communication presented the overall activities of RHSTEP and 'Adolescent Sexual and Reproductive Health and Rights' programme of RHSTEP respectively.

In the workshop the Director, NGO Affairs Bureau Mr. A.M. Saiful Hassan also attended as 'Special Guest'. In his speech Mr. Hassan stressed on the GO-NGO collaboration on national development issues. He mentioned the population became stable in many countries but we still do not know when we will get a stable population. We are in a period of transition;

time has come to take decision on our own development. Emphasising on adolescent



"The best option is to develop a knowledgeable population on Reproductive Health issues to reduce the maternal mortality and morbidity in the country"

- Professor Dr. M. A. Faiz, Director General, Directorate General of Health Services Bangladesh

education he mentioned that the satellite culture has great impact over the adolescents. They accepted negative things and neglecting the good things from this highly proliferating media. Time has come to reverse the scenario and develop our future generation to be good citizens.

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We are in a period of transition; time has come to take decision on our own development.

Emphasising on adolescent education he mentioned that the satellite culture has great impact over the adolescents. They accepted negative things and neglecting the good things from this highly proliferating media.

The Chair of workshop Dr. A.K.M Anowarul Azim said, he is working with RHSTEP from its inception. At the very beginning it was limited in the government facilities but with the passage of time now RHSTEP extended its services to more grassroots level. RHSTEP not only providing services to public but is also involved in capacity development of service providers irrespective of government, non-government and private organisations that help the country in having quality service providers and people are enjoying quality RH services. Being a Gynaecologist and an

educationist he found that only the government initiative is not enough to reduce the maternal mortality and morbidity rate. Engaging NGOs and private service providers on this issue is necessary to make the effort successful. He hoped that the existing GO-NGO partnership will continue for a sustainable pro-people health service development in the country.

The Project Advisors and Technical Advisors of different RHSTEP clinics presented their reports in the workshop. They also analysed different pros and cons

of different clinics and provided suggestions on some facilities like ultrasonography, histopathology, generators etc. to overcome the constraints and continue the good efforts at different centers.

At the end of the workshop a colourful cultural programme was organised. RHSTEP cultural group facilitated and performed in the programme. Different rights issues like, Dowry, HIV & AIDS etc. were highlighted through different drama and folk songs.

Refreshers Training for Peer Educators held

A Refreshers Training for Peer Educators of Garments Factory was held on 8 May 2008 at RHSTEP Training Room in Dhaka.

Mr. Mahbulul Haque, Programme

Coordinator of Project Management Team, RHSTEP moderated the training.

A total of 11 peer educators from seven garments factories named M.M. Shirt,

Apollo Printing -1, Apollo Printing-2, Fair Design, Apollo Fashion, J.K. Fashion and C.A. Knit attended the training.

The major issues discussed in the training were

existing problems and challenges of the programme, future plan and the reporting format.

A live and participatory discussion was held and coordination among the peer educators was re-strengthened.

It is to mention that RHSTEP is rendering its treatment services and awareness raising programme in 15 garments factories in Dhaka city under the programme of Health Care Services for Garments Workers. The objective of this programme is to improve the sexual and reproductive health and rights of the garments workers.



Participants' Feedback



Sagorika, 18 years old adolescent girl working in a city garments factory said, "I did not know what would be the consequences of early marriage. But, now I understand through the education of RHSTEP that early marriage is the causes of population growth, maternal mortality, infant mortality etc. It is the barrier to getting formal education too. So, I decided that I shall not get married without becoming self-reliant."

"Won't marry without being self-reliant"



Bina, 22 years old garments worker said, "I was not concerned about maintaining personal hygiene and nutrition earlier. Now, I learned the importance of hygiene specially to keep clean during menstruation period. Now I clean my teeth twice a day and try to keep fresh all the time."

"keep fresh all times"



Md. Shamim, 18 years old young man said, "I shall marry after becoming self-reliant and will not take any dowry in my marriage."

"will not take any dowry"



Md. Jainal, 23 years old father of a girl child said, "I realise that there is no difference in girl and boy child. So I don't want any more children, I want to bring up my daughter as a good human being."

"no difference in girl and boy child"



Nazma, 25 years old came from her village due to poverty. Though she is illiterate she is a Quality Inspector in a garments factory due to her efficiency and sincerity. Nazma's husband is a rickshaw puller. They have a daughter in their village home. Nazma said, "I got a job in garments factory after a long effort. If I could study than I could be in a better position. I want to make my daughter educated so that she can live her life better than we can."

"want to make my daughter educated"