Sexual and Reproductive Health and Rights in Bangladesh

A Brief Background
Abortions in Bangladesh are permitted until the 11th week of pregnancy. For historical reasons, the term abortion is referred to as "menstrual regulation" or MR. MR is included in the Essential Service Delivery (ESD) package, meaning that this service shall be available at health clinics. MR is done by trained non-doctors up to and including week 8, and during weeks 9 and 10 by doctors. Medical abortions are still not legal. One requires no special reason in order to have an MR done. The woman can decide for herself.

1. In its development co-operation, Sweden supports the sector program in health, where donors give their support to the government via the World Bank.

2. There is also an Urban Primary Healthcare Program (UPHCPII) in this sector, which is supported by Sweden via the ADB, together with DFID, UNFPA, and Orbis. In this program, primary healthcare is subcontracted to 24 local NGOs in 11 cities, covering 80% of the urban population in Bangladesh.

3. Sweden is the only donor to a consortium which consists of two NGOs, (RHSTEP & BAPSA). These have focused on early abortion (MR), and have widened their scope to include SRHR in a broader perspective. They train hospital staff to perform MR at the request of the ministry, as well as provide services in their own clinics.

4. Sweden support the ICDDR,B, which is a health research institute in Bangladesh. SRHR is included in their research agenda.

Experience regarding the running of the SRHR program in Bangladesh

1. Within the health program
A maternal mortality study is being planned. USAID is prepared to finance. In accord with the proposal for the study, abortion related mortality is omitted. Sweden supports the approach that abortion related mortality (approx 13%) shall be included in the study. We are discussing Swedish financing, if necessary. Sweden has initiated meetings with likeminded partners (DFID, Netherlands/EKN) and with the ministry’s research institute, NIPORT. ICDDR,B has provided technical support for us regarding revisions in the proposal for the study. The development co-operation department of the embassy is included in the reference group for the study.

A study regarding the use of health centers is being planned. In accord with the suggested proposal, abortion related activities are not to be included. Sweden believes that this aspect should be included. The development co-operation department of the Embassy is included in the reference group for this study.

2. UPHCP II – Urban Primary Health Care Program, second phase
The Essential Service Delivery (ESD) package, including MR, should be implemented by those NGOs that run health clinics as a task under UPHCP II. Sweden has put attention on the fact that MR services are not accessible where NGOs also receive support from USAID. In addition, the UNFPA has not been training the various NGOs in MR, in spite of the fact that this is their task. The result after dialogue: RHSTEP has taken over the staff training in MR. The government
has sent a memo that MR should be done, otherwise this is will be viewed as a breach of contract. In addition, the NGOs that are not playing an active role in this area shall get ”negative remarks”.

3. Support to RHSTEP, SRHR consortium.
A new agreement has been signed with the SRHR consortium. This agreement includes RFSU as a partner, in order to deepen the SRHR aspects. Sweden’s approach is that for the next sector support program (from 2011), the SRHR consortium shall be included in the sector program and be financed by the ministry/pool funds.

4. ICDDR,B – research institution
USAID has withdrawn their support to the ICDDR,B due to ICDDR,B’s research in MR. Sweden/Sida went in with a ”core support” to compensate the withdrawal of funds from USAID. ICDDR,B has intensified its research in SRHR.

5. Other points
- Sweden has been active regarding the proposed midwifes policy through JPOs to the UNFPA
- Sweden’s ambassador took part in a national round table discussion in order to strengthen SRHR issues.
- Sweden’s ambassador has highlighted SRHR in interviews for newspaper articles and television programs.
- The Embassy development aid department has established contact with BANDHU (an NGO that deals with LGBT issues) which receives regional funding through Sida in Stockholm.
- Sweden will press the issue that MR should be included in the revision of the Maternal Health Strategy.
- Sweden will press the issue of allowing medical abortions to be permitted under law, by encouraging studies and in taking part in suitable forums.

We have highlighted SRHR questions where appropriate, and have not actively avoided the subject. Caution in dialogue and awareness of the societal and cultural aspects is necessary regarding sexual education, youth, and LGBT issues.

Sweden has established itself as a well-known voice for SRHR through its development work, specifically through its highlighting of the MR question with regards to Bangladeshi legislation.

Sweden works closely with the Netherlands (EKN), DFID, WHO, and UNFPA regarding SRHR related questions. Resistance comes primarily from individuals in various organisations. In addition, USAID policy regarding SRHR (abortions) is, until now, counterproductive with regards to improving women’s health in Bangladesh.

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