

**SRH Working Group's Strategy on Family Planning  
for the Rohingya Humanitarian Crisis  
2021 - 2023**



# Foreword

## Deputy Director Family Planning Cox's Bazar

Family planning (FP) services are considered one of the minimum service package of health services that has to be made available in the Refugees camps and surrounding host communities in Cox's Bazar. The Government of Bangladesh is working in collaboration with the Sexual and Reproductive Health Working Group [SRH WG] partners under the umbrella of the Health Sector to meet the sexual and reproductive health (SRH) needs of Rohingya refugees and surrounding host communities in Cox's Bazar area.

To ensure family planning is accessible and voluntary, based on informed choices, for everyone, we developed a structured strategy for delivering family planning services in a collaborative way through the SRH Working Group. This strategy of Family Planning, covering the period of 2021 to 2023, represents a guiding document for the SRH partners who are working on humanitarian ground, particularly in the area of family planning. This is a living document, so there is a room of modification in future with more thoughts and new ideas.

I am thankful to UNFPA, who is leading this SRH Working Group and to other partners for their technical support. I sincerely thank and appreciate their effort and hard work, which contributed to the development of this guideline. I strongly believe that it will be a useful resource for both providers and planners to scale up family planning interventions on the humanitarian ground.

Cox's Bazar, June 2021

Deputy Director Family Planning

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## Acronyms and Abbreviations

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>BCC</b>	Behavior Change Communication
<b>CiC</b>	Camp in Charge
<b>CHW</b>	Community Health Worker
<b>CMWRA</b>	Currently Married Woman of Reproductive Age
<b>CPR</b>	Contraceptive Prevalence Rate
<b>DDFP</b>	Deputy Director Family Planning
<b>FP</b>	Family Planning
<b>HIV</b>	Human Immunodeficiency Virus
<b>ISCG</b>	Inter Sector Coordination Group
<b>IUD</b>	Intrauterine Device
<b>LARC</b>	Long Acting Reversible Contraceptives
<b>MoHFW CC</b>	Ministry of Health & Family Welfare Coordination Cell
<b>MOHFW</b>	Ministry of Health and Family Welfare
<b>PAFP</b>	Post Abortion Family Planning
<b>PPFP</b>	Postpartum Family Planning
<b>RDW</b>	Recently Delivered Women
<b>RH</b>	Reproductive Health
<b>RRRC</b>	Refugee Relief and Repatriation Commissioner
<b>SGBV</b>	Sexual and Gender Based Violence
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health & Rights
<b>SRH-WG</b>	Sexual and Reproductive Health Working Group.
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WHO</b>	World Health Organization
<b>WRA</b>	Women of Reproductive Age

## Introduction and Background

Cox's Bazar district of Bangladesh has been hosting Rohingya refugees from Rakhine state in Myanmar and creating a massive humanitarian crisis. In the Rohingya refugee camps, over half (52%) of the refugees are women and girls (UNHCR, March 2021<sup>1</sup>). Evidence suggests that forcibly displaced women and girls face heightened sexual and reproductive health (SRH) concerns, including increased risks of maternal morbidity, mortality, and sexual and gender-based violence (SGBV); higher risks of unintended pregnancy and unsafe abortion with its associated complications; and unmet need for contraceptives.

Overall, humanitarian actors, in collaboration with the Ministry of Health and Family Welfare (MOHFW), have been largely responsible for delivering health services, including **SRHR and family planning care**. Notably, **contraceptive service** delivery began remarkably early in response to the most recent influx of Rohingya refugees, with the Sexual and Reproductive Health Working Group [SRH-WG] under the umbrella of the Inter-Sectoral Coordination Group's (ISCG) Health Sector taking the lead.

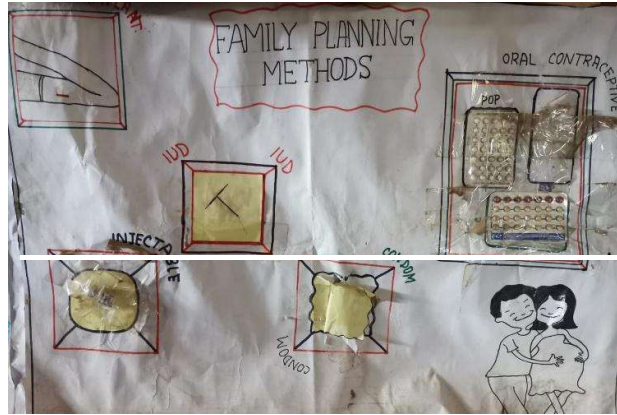
The **Sexual and Reproductive Health (SRH) Working Group partners**, under the leadership of UNFPA, have been supporting the Government's efforts to ensure that women in the refugee camps and host communities **can choose and have information on FP services**. This includes access to Long-Acting Reversible Contraceptives (LARC) such as intrauterine devices (IUD) and implants, as well as the other modern methods of **Family Planning (condoms, oral contraceptive pills, injectable contraceptives)**. As of January 2021, there are 35 partners composed of Government, NGOs, INGOs, UN Agencies and academic institutions supporting the provision of Sexual and Reproductive Health and Rights [SRHR] services, including FP, across over 173 health facilities in Rohingya refugee camps and host communities.

As the humanitarian response on the ground, including the provision of SRHR services, targets both the Rohingya refugees in the camps and host communities, the efforts to support the government to meet the family planning needs including introduction to the long-acting reversible contraceptive method has been resulted in the betterment of family planning status. Below is the statistic on Family Planning at National and Division/State level of Bangladesh and Myanmar:

FP Key Indicator	Bangladesh			Myanmar	
	National <sup>1</sup>	Chottagram Division <sup>1</sup>	Rohingya Population (CXB) <sup>3</sup>	National <sup>2</sup>	Rakhaine State <sup>2</sup>
Use of Long Acting Reversible Contraceptive (LARC)	8.6%	6.2%	5.39%	8.8%	0.8%
Sources: 1. BDHS 2017-18; 2. MDHS 2015-16 3. 2019 / 2020 icddr survey at Rohingya camps					

<sup>1</sup> GoB-UNHCR, March 2021, Joint Government of Bangladesh - UNHCR Population factsheet

According to various studies recently, **the estimate of contraceptive use by Rohingya women is higher than reported in 2018**. This improvement can be attributed to various factors ranging from *effective coordination, evidence-driven policy decisions, provision of a wide range of family planning services at different service delivery points, capacity building of a large number of service providers, monitoring of the quality of family planning services, ensuring uninterrupted supplies of the reproductive health commodities and security, and community mobilization and sensitization*. A study conducted by the International Center for Diarrheal Disease Research, Bangladesh - Icddr,b- (2019) revealed that **Contraceptive Prevalence Rate (CPR) amongst Rohingya refugees increased by 2.1 percentage points, from an estimated 33.7% in 2018<sup>6</sup> to 35.8% in 2019<sup>7</sup>**. CPR refers to the percentage of currently married women of reproductive age (CMWRA) using any method of contraception. Improvements in awareness of modern methods of FP among Rohingya refugees contributed to these results. Over 80% of CMWRA and recently delivered women (RDW) in the camps have heard about **Injectable Depo-Provera and Oral Contraceptive Pills**, and between 72% and 87% of CMWRA **know where to access different methods of Family Planning**. The 2020 SRH WG Factsheet and 2020 Health Sector Bulletin state that during the year of 2020, a total of 142,509 (101.7%) first-time Family Planning visits were reported in 2020 against a set annual target of 140,180 visits.



However, there are also challenges that have hindered the timely provision of the full range of contraceptive and MR services to all Rohingya refugees, particularly the challenges in the refugee population due to their vulnerability and transitions and **due to lack of clarity on traditional beliefs and cultural models**. A recent study in Kutupalong Refugee camp found that the main reasons for not using contraception were reported as **disapproval by husbands, actively seeking pregnancy and religious beliefs<sup>2</sup>**. These factors highlight the importance of the continuation of the efforts to improve the family planning situation among Rohingya refugees in the coming years. In order to implement such comprehensive family planning programs on the ground, the critical & crucial first step is the need for a family planning strategy document for sustainable and successful implementation on the ground.

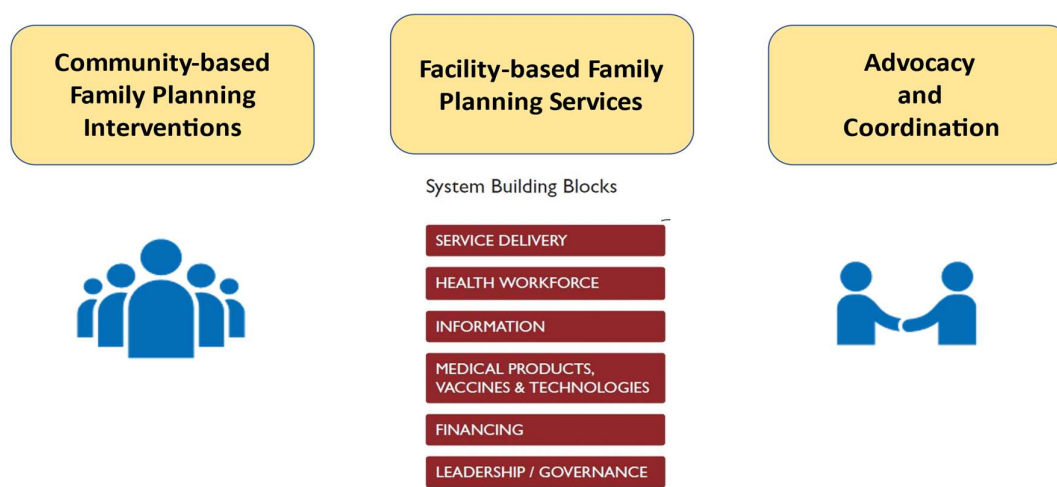
Thereby the SRH-WG, in collaboration with Deputy Director of Family Planning, Cox's Bazar, will be assisting the MOHFW for development of the strategy document with the goal of guiding the direction for humanitarian actors in providing family planning interventions to support the Government of Bangladesh's efforts in meeting contraceptive needs of Rohingya population and surrounding host communities.

<sup>2</sup> Khan, M.N., Islam, M.M., Rahman, M.M. and Rahman, M.M., 2021. Access to female contraceptives by Rohingya refugees, Bangladesh. *Bulletin of the World Health Organization*, 99(3), p.201.



## The Family Planning Strategy Framework of Interventions

Expanding on the ongoing provision of family planning services the Rohingya refugees and the surrounding host communities, while embracing new ways of working and organizing the SRH WG partners' efforts to support the Government of Bangladesh - to reflect a core commitment to **equitable and rights-based approaches, leadership, inclusion, transparency, and mutual accountability**, the family planning interventions will be guided by the following Framework.



The provision of FP services, including **increasing the demand for modern contraceptive methods**, will be done through the following strategies:

- A. **Strategic Objective 1: Community-based family planning interventions** that aim to increase demand through reducing social stigma, barriers, myths and misperceptions to family planning among the Rohingya Refugees and the surrounding host communities by providing information and access to the facilities and services.
- B. **Strategic Objective 2: Facility-based family planning services** that aims to ensure availability of quality and voluntary family planning services at the health facilities, as well as other relevant structures. The services are part of the minimum essential health package and align with the health system strengthening that includes reporting, adequate number of trained and skilled health personnel, availability of commodities, referrals, Monitoring & Evaluation (M&E) and information sharing.
- C. **Strategic Objective 3: Advocacy and coordination** that aims to increase commitment and understanding about the work, principle and goal; as well as better communication and coordination to create an enabling environment among family planning service providers, authorities, donor communities, and inter-sectoral stakeholders and partners.

The above family planning framework follows the **rights-based approach** to ensuring individuals can achieve **their desired level of fertility, with the overarching concern to promote**: 1. **“The choice is hers; Let’s support her make that choice”**; and 2. **“An augmented streamlined humanitarian approach on family planning will create a safe space for more women and girls to exercise their individual and free informed choice”** as stipulated in the Family Planning Key Advocacy Messages for the Rohingya Refugees in Bangladesh [SRH WG, Health Sector, and ISCG, 2021]. Furthermore, this Strategy Document aligns with the Health Sector’s Strategy Framework document, the Joint Response



Plan, as well as the National Health Population and Nutrition Sector Development Programme Plan document.

This Framework of interventions will be guided by the following globally recognized guiding principles:

- Universal human rights;
- Non-discrimination;
- Gender equality and equity;
- Access for adolescents and young people to comprehensive sexuality education and youth-friendly services;
- Evidence-based, national relevance and sustainability;
- Accountability and transparency; and
- Innovation, efficiency, quality and results.

These multi-layer interventions will contribute to the Government of Bangladesh's efforts to ensure the availability of **free and voluntary FP services** that result in reducing maternal mortality and morbidity, increasing chances for girls and women to fully enjoy their rights to development, education, employment and community participation.

Key activities of each layer of interventions are explained in the following chapters.

## Strategic Objective 1: Community-Based Family Planning Interventions



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The community-based family planning interventions aim to **increase demand through reducing social stigma, barriers, myths and misperceptions to family planning among the Rohingya Refugees and the surrounding host communities** by providing information and access to the facilities and services.

The community health workers [CHWs] will be the main key player during the implementation of this strategy. CHWs will be trained on family planning issues using the SRH WG's Five Day Modules on Comprehensive SRHR to Community Health Workers/Volunteers document. The trained CHWs will provide FP related information to the community and link between health facilities and communities, performing a variety of tasks in health promotion, service delivery and encouraging community participation in the utilization of health services. They will work with community leaders, women groups, males and adolescents, as well as the gender-diverse population. Other refugee volunteer network and community groups can also play an important role to disseminate messages and raise awareness through ensuring community engagement.

### *Key Intervention: 1. Community Mapping, client registration, door to door visits*

#### Key Activity 1.1. Monitor population data

The purpose of this key activity is to regularly monitor demographic data including women of reproductive age, and married couples. Regular monitoring of data will allow analysis of trends and assist future planning of interventions. The population data is available in the UNHCR registration system and is continuously updated. The population data will be gathered and shared with relevant authorities and parties on regular basis.

### *Key Intervention: 2. Awareness*

#### Key Activity 2.1. Community Awareness, Sensitization, and Community Engagement

The purpose of this key activity is to build awareness for community FP services at the **community level**. Community participation is important for improved and sustained health outcomes, designing and successfully implementing Family Planning and contraceptives.

The **Community Awareness/Sensitization/Community Engagement** interventions will be done through: **door to door visit and sensitization sessions among women and adolescent boys and girls living in camps and host communities. Sensitization activities will include arranging courtyard meetings with community gatekeepers like block leaders/Majhis/Imams/in-laws. Distribution of leaflet/brochures, etc. will be done** through the network of refugee volunteers and community groups. Alongside raising awareness among the community, there is a need for expanded and improved provision of contraceptive information targeted to different audiences such as men, local leaders, women (married and unmarried), youth and adolescents. The information should also point

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out the health benefits of correctly practiced contraception, which include prevention of maternal and infant deaths, prevention of HIV transmission. CHWs to continue referral to health facilities for utilization of FP services, safe use of contraceptive methods, and management of side/adverse effects.

#### Key Activity 2.2. Male involvement

Males participation is crucial to the success of the FP program, women empowerment, and is associated with better outcomes in reproductive health, such as contraceptive acceptance and continuation and safer sexual behaviors.

Males should be involved in the prevention of Gender-based violence (GBV), which includes sexual violence, or abuse, which could lead to unwanted sex and unintended pregnancies if not adequately responded to. The awareness session with males also aims to dispel myths & misperceptions, religious barriers and role for supporting women.

#### Key Activity 2.3. Adolescents and youth involvement

The interventions on family planning to adolescent boys and girls, as well as young people, are paramount. They need correct information related to family planning and adolescent sexual reproductive health and rights in order to prevent them from misconceptions and myths. It is hoped that reaching adolescents and young people will increase their knowledge about healthy sexual behaviour and prevent them from early sexual activity, unwanted sex without women's consent, unplanned or unwanted pregnancies, and negative risks that lead to poor maternal and child health outcomes.

**Peer group counselling and courtyard meetings** will be initiated among adolescents who can counsel the adolescent group both in community meetings as well as at the facility level.

#### Key Activity 2.4. Promote and nurture change in social and individual behaviour, including BCC

This key activity aims to address myths, misconceptions, and side effects and improve acceptance and continued use of family planning to prevent unintended pregnancies. Since SRHR issues need behaviour change communication (BCC) more than the general information, contents should keep **edutainment (education with entertainment)** modality in mind to change people's attitude to uptake healthy and recommended practices.

This will be done through the development of a variety of products such as **leaflet/brochures, audio-visual materials, animated contents**. Contents will be designed based on the gaps and needs identified from different studies, consultations with communities and stakeholders, as well as relevant assessments.

### *Key Intervention: 3. Access to selected family planning commodities and services at the community level*

### Key Activity 3.1. Support in organizing special FP camp to motivate and client referral in the specific facility

This key activity aims to proactively reach the community and bring closer the Family planning services, including education, counselling and provision of selected family planning services. Selected contraceptives [short term methods] will be provided by the **trained health personnel** through mobile family planning outreach and/or 'door to door' interventions.

Implementing this intervention requires close consultation with the Family Planning authority and the SRH Working Group to ensure correct execution, reporting, data sharing, and documentation.

The community-based family planning mobile outreach interventions should also be considered during COVID-19 or relevant outbreak where access and mobility to the nearest health facility becomes a challenge; as well as during the onset of any disaster/emergency that disrupts the provision of facility-based family planning services.

<b>Key interventions under Strategic Objective 1: Community-Based Family Planning Interventions</b>
<b>Key Intervention: 1. Community Mapping</b> <ul style="list-style-type: none"><li>● Key Activity 1.1. Monitor population data</li></ul>
<b>Key Intervention: 2. Awareness</b> <ul style="list-style-type: none"><li>● Key Activity 2.1. Community Awareness/Sensitization/Community Engagement</li><li>● Key Activity 2.2. Male involvement</li><li>● Key Activity 2.3. Adolescents and youth involvement</li><li>● Key Activity 2.4. Promote and nurture change in social and individual behaviour, including BCC</li></ul>
<b>Key Intervention: 3. Access to selected family planning commodities and services at the community level</b> <ul style="list-style-type: none"><li>● Key Activity 3.1. Support in organizing special FP camp to motivate service uptake and client referral in the specific facility</li></ul>



## Strategic Objective 2: Facility-Based Family Planning Interventions



## Strategic Objective 2: Facility-Based Family Planning Interventions

**The Facility-based family planning services** aim to ensure the availability of quality and voluntary family planning services – to women of reproductive health, sexually active men, [registered] couples, single headed households and other gender-diverse population – in a confidential manner at the health facilities, as well as other relevant structures such as Women Friendly Space. The services are part of the minimum essential health package and align with the health system strengthening that includes reporting, adequate and skilled health personnel, availability of commodities, referrals, and monitoring/sharing. Key interventions under this facility-based strategy follow the six blocks of health system strengthening, as family planning care is recognized as one of the important services under the Health Sector’s Minimum Essential Package of Services for the Rohingya Refugees in the camps.

*Key Intervention: 1. Service Delivery for Family Planning comprised of quality, access, safety and coverage*

### Key Activity 1.1. Ensuring the readiness of right-based quality FP services at the facility level

The purpose of this key activity is to assess the level of capacity and readiness of each facility to provide family planning services. This will be done regularly and in line with the SRH WG and Health Sector’s regular health facility assessment schedules/plans. Assessment will include coverage, infrastructure, and availability of equipment as well as human resources.

Provision of family planning services should align with the quality of care that encompasses a **respectful environment, free and informed choices, privacy and confidentiality, comfort, and infection prevention and control**. Furthermore, the provision of services should have well-functioning logistical and administrative systems to maintain **high-quality services to ensure availability, accessibility, acceptability and quality (AAAQ) of services** through regular monitoring, technical support, and ongoing quality improvement.

The provision of selected family planning services, given the current context and as part of integration/multi-sectoral approaches, to also be provided at women-friendly spaces, women multi-purpose centers, and other relevant facilities.

*Key Intervention: 2. Family Planning workforce*

### Key Activity 2.1. Competency-based on FP to health care providers

The goal of capacity building is to improve the knowledge, attitude, and skills of clinical providers to meet the need for health care provision. The clinical training on family planning should be based on both international and national standards/guidelines. Training needs assessment, training calendar, and follow-up post-training feedback and assessment will be organized. A database of trained health personnel will be developed, in addition, a pool of FP trainers will also be established.



### Key Activity 2.2. Capacity building of midwives through on the job training and mentoring support, follow up, provider support

The capacity of frontline health providers including midwives, will be built to provide **right-based quality family planning services**. This will be done through on-the-job training and mentoring approaches. A capacity-building strategy and action plan will be developed to build up health personnel – including midwives' capacity to provide a full range of FP methods to clients. Furthermore, their skill and knowledge will be evaluated through a structured checklist. List of training recipients from HFs would be updated and training needs assessment be conducted regularly by SRHWG to chalk out the left-outs/new recruits taking into account HR turnover.

## *Key Intervention: 3. Health Information System*

### Key Activity 3.1. Family planning information management and reporting

Family planning reporting and sharing will be integrated into existing reporting mechanisms of SRH WG, Health Sector, FDMN DHIS2, and DDFP reporting. Since the nature of the provision of family planning services for Rohingya refugees in the camps are being provided under the humanitarian context, the reporting is slightly different from the countrywide health information system and its development indicators. The current reporting tools will be reviewed and revised, and compiled into one reporting and M&E flow – including monitoring and validation mechanisms.

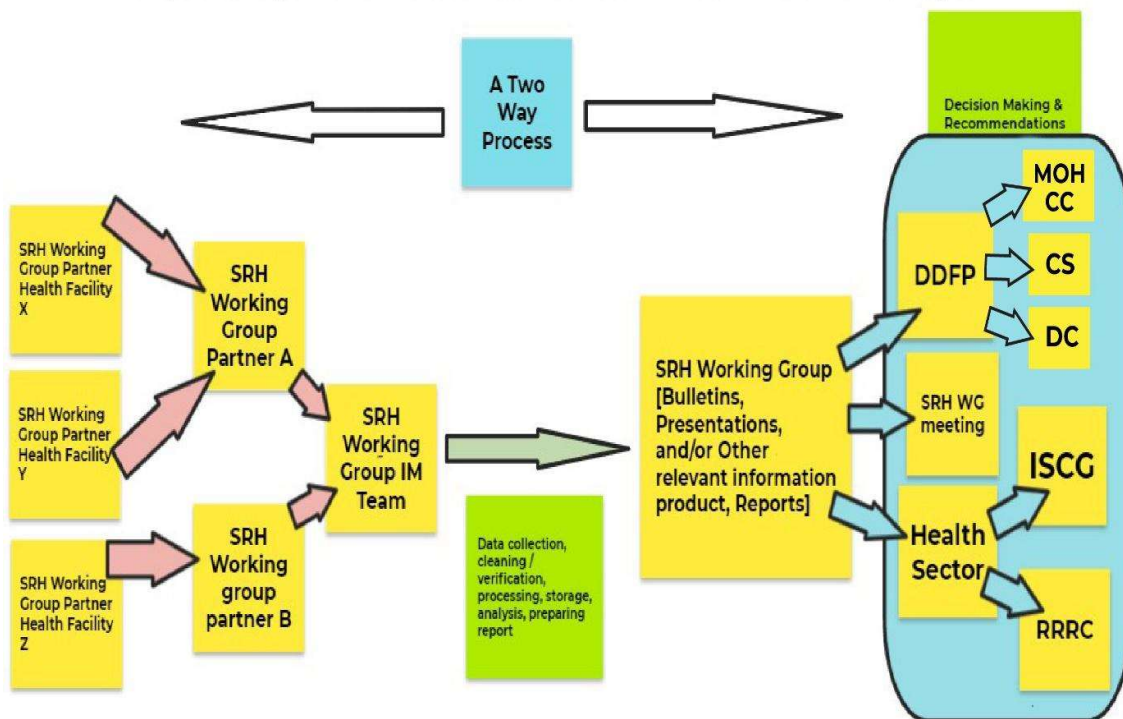
The signature indicators on family planning to be reported by the SRH WG members, including:

Level of Interventions	Key Indicators
Community Level	<ul style="list-style-type: none"><li>• Number of males and females reached with Family Planning information/awareness/education at the community level during domiciliary visits;</li><li>• Number of Courtyard Meetings with community gatekeepers (Block/sub-block Mahji, Imam etc.) in a month/quarter</li></ul> <b>Survey level:</b> <ul style="list-style-type: none"><li>• Percent of women of reproductive age who have heard about at least three methods of family planning</li><li>• Number of women of reproductive age having access to any modern contraceptive</li></ul>
Facility-based Level	<ul style="list-style-type: none"><li>• Number of males and females attended Family Planning awareness/education at the facility level;</li><li>• Number of modern methods of family planning services provided to males and females;</li><li>• Number of frontline health personnel [males and females] trained on family planning related topics.</li></ul>
Advocacy and coordination	<ul style="list-style-type: none"><li>• Number of workshop/advocacy session conducted with different authorities (including, CiC, local health stakeholders, Religious organizations etc.)</li></ul>

The SRH WG partners will collect relevant information based on the above indicators on different levels of interventions and aggregate for each of their own organizations. The organization level accumulated reports will be reported to SRH WG Coordination Team [UNFPA] for management, validation and analysis. SRH WG Coordination team [UNFPA] will share the finalized report with DDFP office and Health Sector. DDFP office and Health Sector will be the channel for availing the report for other concerning authority such as MOH CC, RRRC and any other relevant health and administrative authority. This arrangement will assure the efficient workflow for the SRH WG partners as well as the coordination team, homogeneity in information sharing and prevent any duplication of double-reporting.

Besides, SRH WG partners are encouraged to assure representation in the regular monthly meeting of DDFP in Cox's Bazar for sharing information, progress, gaps, and planning purposes.

Family Planning / SRHR Data Flow Chart - Cox's Bazar Humanitarian Response



#### Key Intervention: 4. FP Commodities

#### Key Activity 4.1. Procurement of FP commodities and ensure availability

The procurement of FP commodities including short and long term contraceptives and supply chain mechanism will be implemented under the purview of the Government, with a focus on using the standard guidelines and protocols available. The DDFP, RRRC, and relevant authorities will support in facilitating the SRH WG partners to plan, forecast, and procure the family planning commodities. Furthermore, the Government will also facilitate the distribution, logistics, as well as monitor utilization and disposal. A forecasting and quantification exercise shall be done followed by comprehensive procurement planning with mentioning the point of delivery and expected date of delivery. A procurement and supply chain plan; as well as relevant mechanisms will be done in close collaboration with other relevant sectors and follow the guiding principles to ensure efficient and effective procurement management systems according to the right products in the right quantities and quality.

#### Key Activity 4.2. FP e-STOCK software [UNFPA]

The **Family Planning e-Stock software** developed by UNFPA is now being used by a number of NGOs to forecast, distribute, and monitor the level of utilization of family planning and other relevant SRH commodities. The online software allows partners to effectively monitor the movement of FP and RH commodities through interactive reports and dashboards. This e-Stock software will be considered to be introduced to all SRH WG partners so that the **overall forecasting, needs, distribution, utilization, including supply chain and quantification of family planning commodities** for the entire Rohingya refugees' camps and surrounding host communities, could be tracked and monitored and well documented.

### *Key Intervention: 5. Financing*

#### Key Activity 5.1. Ensuring availability of financial support and commitment for the continuation of right-based quality FP services

The Government of Bangladesh, including DDFP, RRRC, and relevant authorities, will support and work together with SRH WG partners to ensure the availability of financial support for the **provision of right-based quality family planning services**. A budget plan for the provision of family planning services will be prepared and integrated into SRH WG's proposal/activity plans and used for resource mobilization. Simultaneously, the budget plan will be shared, used, and integrated into Cox's Bazar district's budgeting and other relevant planning documents.

### *Key Intervention: 6. Leadership and Governance*

#### Key Activity 6.1. Advocacy for taking leadership by GoB and other key stakeholders

The Government of Bangladesh, including DDFP, RRRC, MoHFW Coordination Centre, and relevant authorities, will work with the SRH WG partners, health sectors and members of ISCG to ensure coordination and leadership of the provision of family planning services to the Rohingya refugees and surrounding host communities.

United Nations Population Fund [UNFPA], the United Nations sexual and reproductive health agency, as the member of ISCG, will continue to lead the SRH WG under the umbrella of the health sector, ensuring and coordinating the work of partners on the ground providing family planning interventions at the community, facility-level, and policy levels.

## **Key interventions under Strategic Objective 2: Facility-based Family Planning Intervention**

### **Key Intervention: 1. Service Delivery for Family Planning comprised quality, access, safety and coverage**

- Key Activity 1.1. Ensuring the readiness of right-based quality FP services at the facility level

### **Key Intervention: 2. Family Planning workforce**

- Key Activity 2.1. Competency-based on FP to health care providers
- Key Activity 2.2. Capacity building of midwives through on the job training and mentoring support, follow up, provider support

### **Key Intervention: 3. Health Information System**

- Key Activity 3.1. Family planning information management and reporting.

### **Key Intervention: 4. FP Commodities**

- Key Activity 4.1. Procurement of FP commodities and ensure availability
- Key Activity 4.2. FP e-STOCK software [UNFPA]

### **Key Intervention: 5. Financing**

- Key Activity 5.1. Ensuring availability of financial support and commitment for the continuation of right-based quality FP services

### **Key Intervention: 6. Leadership and Governance**

- Key Activity 6.1. Advocacy for taking leadership by GoB and other key stakeholders

## Strategic Objective 3:

### Advocacy and Coordination





## Strategy 3: Advocacy and Coordination

The **advocacy and coordination interventions** aim to increase commitment and understanding about the work, principle and goal; as well as better communication and coordination to create enabling environment among family planning service providers, authorities, donor communities, and inter-sectoral stakeholders and partners;

### *Key Intervention 1: Advocacy*

#### Key Activity 1.1. Workshop with DDFP and health authorities

Advocating the importance of family planning to other health sectors is imperative. This aims to ensure commitment in addressing the family planning needs of Rohingya refugees and surrounding host communities. Advocacy related activities will be conducted such as **workshops and regular meetings to update the existing national protocols using FP guidelines, and discuss the way forward to improve coverage and accessibility.**

#### Key Activity 1.2. Workshop with other non-health sectors/stakeholders and donors

Sensitizing and advocating the importance of family planning to other NON health sectors/stakeholders, in particular but not limited to Protection Sector, GBV Sub-Sector and Child Protection Sub-Sector, is paramount since family planning interventions require a **multi-sectoral approach**. RRRC, CiC, different government entities, media, academics institutions, private sectors, and grassroots level organizations will be sensitized on the ongoing family planning interventions, plans, and gaps.

Furthermore, donors and international communities will also be reached to share the work in the area of family planning so that they become aware of the Government of Bangladesh's efforts to meet the family planning needs of the Rohingya refugees and surrounding host communities, as well as inform the remaining gaps and support needed.

#### Key Activity 1.3. Involvement of Islamic foundation at the central level and local level

As part of advocacy strategies, it is crucial to involve and bring in **religious organizations** to help reduce the stigma, address barriers and determinants in accessing family planning services and information. For example, the Leadership of the Islamic Foundation will be engaged to support imam, Majhi in FP activities, reduce stigma and religious misbelief. They will be working with the family planning authority, RRRC/CiC, and members of SRH WG organizing meetings in camps, joint visits, and working at the community level.

## *Key Intervention 2: Coordination*

### Key Activity 2.1. SRH WG Coordination meeting

SRH WG Coordination acts as an umbrella for all actors composed of family planning and health authorities, UN agencies, International and local NGOs, academics, donors, and relevant stakeholders to discuss the strategy implementation of family planning services. The regular coordination meeting will discuss progress, gaps, and share information and plan for the way forward.

The SRH Working Group under the Health Sector will map actors working in the area of family planning for Rohingya refugees and surrounding host communities. The Working Group partners will also forecast the FP commodities needs on the ground, as well as identify referral for family planning services.

The SRH WG will also ensure the right dissemination of family planning key advocacy messages, create linkages with other humanitarian sectors and other key government authorities to work together in meeting the family planning needs of the Rohingya refugees and surrounding host communities.

### Key Activity 2.2. Integrate family planning and referral for other sectors/programmes

The family planning interventions will be integrated into other sectors/programmes such as: with maternal child health, nutrition, HIV/AIDS, gender-based violence, gender, and others. Integrating family planning services will enhance the coverage, quality, and outcomes of the family planning interventions.

Furthermore, integrating family planning into community-based nutrition [CBN] will aim at promoting birth spacing and improving child nutrition. This will be done through active and successful delivery of CBN & FP activities from both supply and demand sides' perspective; strengthen integrative supportive supervision and management for achieving sustainability in scale-up of the integrated program; harmonize integrated FP and CBN messaging; increasing capacity to support LARC; and generate evidence-based, practical recommendations for successful integration.

Finally, the integration of family planning services in the women centers such as Women Friendly Spaces, Multi-Purpose Women Centers, and similar structure should also be considered to ensure all population have access to contraceptives. This integration effort should follow with appropriate supervision, monitoring, and reporting mechanisms.

<b>Key interventions under Strategic Objective 3: Advocacy and Coordination</b>	
<b>Key Intervention 1: Advocacy</b>	<ul style="list-style-type: none"><li>● Key Activity 1.1. Workshop with DDFP and health authorities</li><li>● Key Activity 1.2. Workshop with other non-health sectors/stakeholders and donors</li><li>● Key Activity 1.3. Involvement of Islamic foundation at the central level and local level</li></ul>
<b>Key Intervention 2: Coordination</b>	<ul style="list-style-type: none"><li>● Key Activity 2.1. SRH WG Coordination meeting</li></ul>



- Key Activity 2.2. Integrate family planning into other sectors/programmes.

## Key Documents:

Title	Link
Health Sector 2019 Strategy Plan	<a href="https://drive.google.com/file/d/1Rf1xZ_QeFSKbnys-PUiWi-KfLEIRpYK-/view?usp=sharing">https://drive.google.com/file/d/1Rf1xZ_QeFSKbnys-PUiWi-KfLEIRpYK-/view?usp=sharing</a>
Multiple Indicators Cluster Survey 2019	<a href="https://mics.unicef.org/surveys">https://mics.unicef.org/surveys</a>
MoHFW report on National FP 2014	<a href="http://www.dgfp.gov.bd/sites/default/files/files/dgfp.portal.gov.bd/annual_reports/bea0f39d_1ab9_4e08_b7ec_73f86b42dbe5/annual_rep2014.pdf">http://www.dgfp.gov.bd/sites/default/files/files/dgfp.portal.gov.bd/annual_reports/bea0f39d_1ab9_4e08_b7ec_73f86b42dbe5/annual_rep2014.pdf</a>
High Impact Practice Brief	<a href="https://www.fphighimpactpractices.org/briefs/">https://www.fphighimpactpractices.org/briefs/</a>
Costed Implementation Plan for the National Family Planning Programme, Bangladesh	<a href="http://familyplanning2020.org/sites/default/files/Bangladesh-CIP-2016-2020.pdf">http://familyplanning2020.org/sites/default/files/Bangladesh-CIP-2016-2020.pdf</a>
A Clear Case for Need and Demand: Accessing Contraceptive Services for Rohingya Women and Girls in Cox's Bazar	<a href="https://drive.google.com/file/d/1x8Q4h4vysS1PKFuDISfes0qhkZfHvWoz/view?usp=sharing">https://drive.google.com/file/d/1x8Q4h4vysS1PKFuDISfes0qhkZfHvWoz/view?usp=sharing</a>
Demographic profiling and Need Assessment of maternal and child health (MCH) care for the Rohingya Refugee Population in Cox's Bazar, Bangladesh	<a href="https://drive.google.com/file/d/1S_FzlhW-tk_WfhRjBOyJlDno68rtHHe7/view?usp=sharing">https://drive.google.com/file/d/1S_FzlhW-tk_WfhRjBOyJlDno68rtHHe7/view?usp=sharing</a>
District Statistics of Cox's Bazar 2011	<a href="http://203.112.218.65:8008/WebTestApplication/userfiles/Image/District%20Statistics/Cox%60s%20Bazar.pdf">http://203.112.218.65:8008/WebTestApplication/userfiles/Image/District%20Statistics/Cox%60s%20Bazar.pdf</a>
Bangladesh Demographic and Health Survey Key indicators 2017-2018	<a href="https://www.dhsprogram.com/pubs/pdf/PR104/PR104.pdf">https://www.dhsprogram.com/pubs/pdf/PR104/PR104.pdf</a>

## Annexes:

### Annex 1: Key Signature Indicators for Reporting

The signature indicators on family planning to be reported by the SRH WG members, including:

Level of Interventions	Key Indicators
<b>Community Level</b>	<ul style="list-style-type: none"> <li>Number of males and females reached with Family Planning information/awareness/education at the community level during domiciliary visits;</li> <li>Number of Courtyard Meetings with community gatekeepers (Block/sub-block Mahji, Imam etc.) in a month/quarter.</li> </ul> <p><b>Survey level:</b></p> <ul style="list-style-type: none"> <li>Percent of women of reproductive age who have heard about at least three methods of family planning</li> <li>Number of women of reproductive age having access to any modern contraceptive</li> </ul>
<b>Facility-based Level</b>	<ul style="list-style-type: none"> <li>Number of males and females attended Family Planning awareness/education at the facility level;</li> <li>Number of modern methods of family planning services provided to males and females;</li> <li>Number of frontline health personnel [males and females] trained on family planning related topics.</li> </ul>
<b>Advocacy and coordination</b>	<ul style="list-style-type: none"> <li>Number of workshop/advocacy session conducted with different authorities (including, CiC, local health stakeholders, Religious organizations etc.)</li> </ul>

## Annex 2: [Final DRAFT] Family Planning Key Advocacy Messages

### Family Planning among the Rohingya refugee population in Bangladesh

#### Key Advocacy Messages

##### **Background**

*Over the recent months, the Sexual and Reproductive Health Working Group (SRHWG) partners have been confronted with increasing queries by government authorities at all levels about the delivery, reach and uptake of family planning services in Rohingya refugee camps and concerns about a population boom in the camps in Bangladesh due to the same.*

*This is accompanied by increasing requests from local authorities and camp officials for information related to the number of births in the camps, details on couples using family planning methods, fertility rate of Rohingya refugee women and girls etc.*

*In general, these requests are stemming from widespread misconception among Government authorities that the family planning is the modus operandi to manage the Rohingya refugee population growth. Therefore, the SRHWG is also seeking the support of the wider humanitarian community – especially those aid agencies involved in communicating with communities and having regular outreach and interactions with the Rohingya refugee population - for support to address these misconceptions, by streamlining scientific and evidenced-based information related to family planning into their respective outreach to the people in the camps. The following messages have been prepared on the basis of the above.*

##### **General Messages/ Statistics**

- In Bangladesh, the Government and humanitarian agencies are working together to raise awareness about family planning and deliver quality family planning services in the refugee camps and surrounding areas.
- For women and girls to choose the family planning methods best suited for them and their families, they must first be given the information they need to make that choice and also be given access to the quality family planning method of their choice.
- Currently, 35 partners are sharing family planning messages and delivering family planning services across 193 health facilities in Rohingya refugee camps and surrounding local communities. So far, 413,987 women seeking family planning methods between 2018-2020.
- Aid agencies have significantly increased family planning visits in the camps to help women and girls make that choice. Despite COVID-19 restrictions last year, family

planning visits by aid agencies in the camps doubled when compared with the previous years and exceeded the initial target set for 2020 (142,509 first time visits against the target of 140,180).

- Aid agencies are urging the support of Government officials – particularly CICs and their teams working in the camps - to overcome challenges to awareness raising and the delivering quality family planning service.

## Advocacy Message 1

**“The choice is hers: Men can create a safe environment for her to make that choice”**

**We would like to work with the CICs to encourage men, boys and religious leaders on how to help women in the camps make an informed and voluntary choice.**

***Target Audience: CICs and their teams***

### Sub-messages

- Men and boys play a fundamental role in supporting women in their families and communities make a free, individual, informed choice about family planning methods.
- Here are some proposals on how we can work together with the CICs on this.



- **Peer group counseling, community awareness and courtyard**

**meetings** are organized in the refugee camps to inform men, boys, imams and CICs on the importance of family planning uptake. Data shows that first family planning visits have increased from the period of October-December 2020 to January-March 2021 by 27.1 %. 53, 610 women of reproductive age have visited health facilities in the refugee camps during the period January-March 2021, compared to 42,179 in the period October –December 2020.

- **Particularly men and religious leaders can help with disseminating accurate information** which is critical to ensure the health and well-being of all women of reproductive age. Moreover, family planning constitutes an essential tool

for families to decide the size, number and spacing of children, allowing them to set the foundation for the prosperity of the family nucleus.

- **Males should be involved in the prevention of Sexual and Gender-based violence (SGBV)** as it can help curb unintended pregnancies. The awareness session with males also aims to dispel myths and misperceptions, religious barriers and role for supporting women;
- **Male participation** is crucial to the success of the family planning program, **women empowerment** and it is associated with better outcomes in **reproductive health, such as contraceptive acceptance and continuation of safer sexual behaviors.**
- We believe that if more people - including men and boys - have accurate information and understanding about family planning, then it would help **create a safe space within the families and within the communities** - for women and girls to make a choice about family planning and seek family planning services.
- After trainings, men and boys significantly showcase support, understanding and acquired knowledge on the health benefits of correctly practiced contraception, which include prevention of maternal and infant deaths, prevention of HIV transmission.
- **Men and religious play a paramount role in keeping Rohingya women volunteers** safe including those who are raising awareness on family planning and delivering family planning services .
  - At present, female refugees are working as community mobilizers and community health workers, going door-to-door to visit women of reproductive age and raise awareness on availability of family planning methods and possibilities to visit health care facilities free of charge.
  - Female community health workers are actively contributing to refer women to health facilities for uptake of different family planning services. Oral contraceptive pill (56 %) was the most preferred methods by women in the period January-March 2021, followed by injectable contraceptives (23 %) and condoms (19 %). Long acting reversible contraceptive (LARC) contributed 2.2 % visits and this reflects a 0.3 % increase in acceptance of LARC.
  - Thanks to the role of women volunteers, the **contraceptive prevalence rate (CPR)** is reported to have increased by 2.1 %, from 33.7 % in 2018 to 35.8 % in 2019/2020.
  - Aid agencies rely heavily on their volunteers because they are from the refugee communities, they speak the Rohingya dialect and they are trusted by the women and girls in the communities.
  - But more and more female refugee volunteers say that they regularly face threats and intimidation and therefore are becoming afraid to play their roles in the camps.

If asked

*On tracking the population growth of Rohingya refugees in the camps*

- The primary responsibility to track the growth of the population on its territory including refugees lies with the Government of that country. This is no different in Bangladesh.

## Advocacy Message 2

**“Streamlining certain aspects of family planning across the sectors can help expand the safe space for more women and girls to exercise their choice”**

The SRH WG is seeking the support of sectors particularly those that have direct regular engagement with Rohingya refugees –to help expand the outreach on family planning so that

- a) women and girls have the information they need to make a voluntary and informed choice on family planning
- b) the safe and sustainable space is created in their families and communities for women and girls to access family planning methods.



***Target Audience: Sectors & inter-sector working groups***

Sub-messages

- Currently 35 partners are sharing family planning messages and delivering family planning services across 193 health facilities in Rohingya refugee camps and surrounding local communities. So far, 413,987 women seeking family

planning methods between 2018-2020.

- The SRWG is confident that more women can be reached through family planning interventions by mainstreaming some of this work into existing activities by sectors, beyond just the health sector.



- Raising awareness is the starting point to create a demand for family planning services among the Rohingya refugee population. It is also key to addressing myths and correcting misconceptions about family planning among Government officials and Rohingya refugee population at large and create a safe space in the communities for women and girls to access family planning services.
- The SRH actors are open for discussions with all sectors to identify areas of collaboration and on how one or more aspects of family planning services can be interspersed into their existing activities in a meaningful way.
- The combined expertise and integrated approach of all sectors is the only way that we can address and overcome the significant cultural and religious obstacles surrounding family planning. Breaking stigma around the family planning is crucial to create the safe space needed in the communities for women and girls to feel empowered to make their free, individual and informed choices they need to make for themselves and their families, and for men to be sensitized and engaged about family planning as well, to accompany women in their decision-making process.

ENDS/

## Annex 3: SRH Working Group Partners *[updated April 2021]*

DD Family Planning Cox's Bazar,  
Coordination Centre - MoH Cox's Bazar,  
Bandhu Social Welfare Society,  
Bangladesh Red Crescent Society,  
BRAC,  
BBC Media Action  
CARE Bangladesh,  
CDA-HumaniTerra,  
Dhaka Ahsania Mission-Christian Aid (DAM-CAID),  
CIS-Mercy Malaysia,  
Dushtha Shasthya Kendra (DSK),  
FH/Medical Teams International,  
Friendship,  
Gonoshasthaya Kendra-Malteser International (GK-MI),  
Green Hill-CPI,  
Help the Needy,  
HMBD,  
HOPE Foundation,  
ISDE,  
International Committee of the Red Cross (ICRC),  
International Federation of Red Cross and Red Crescent Societies (IFRC),  
International Rescue Committee (IRC),  
Ipas Bangladesh,  
Lighthouse,  
Medecins du Monde France (MDM-F),  
Medecins du Monde Switzerland (MDM-CH),  
MedGlobal,  
MSF OCA,  
MSF OCB,  
MSF OCBA,  
MSF OCP,  
Pathfinder International,  
Partners in Health and Development (PHD),  
Prantic Unnayan Society (PUS),  
Peace Winds Japan (PWJ),  
Relief International (RI),  
Research, Training and Management (RTM) International,  
Save the Children,  
Terre Des Hommes (TDH),  
Turkish Field Hospital,  
WC-Medair,  
UNFPA,  
UNHCR,  
UNICEF,  
IOM,  
WHO.