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Delivering a world where
every pregnancy is wanted,
every childbirth is safe and
every young person's potential is fulfilled

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HER RIGHTS, HER CHOICES

Ensuring access to Sexual and Reproductive
Health services for Rohingya Women and Girls



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HER RIGHTS, HER CHOICES

Expanding choices and ensuring rights.

Family planning is the foundation of sexual and reproductive health and rights, with multiplier effects that ripple across education, skills and work, gender equality, health, and more.

For Rohingya women and girls of reproductive age living at the camps in Cox's Bazar and Bhashanchar - whether they want to plan their families or simply protect their reproductive health, access to contraception is critical to their ability to fulfill their aspirations and potential. Contraceptives prevent unintended pregnancies, reduce the number of abortions, and lower the risk of complications of pregnancy and childbirth. A world where every pregnancy is wanted is a central pillar of our mission at UNFPA and together with partners, we work towards increasing access to and utilization of quality contraceptive methods.

This collection of photos provides a glimpse into the efforts of our family planning services at the camps, through our volunteers, service providers, trainers and the people that we serve - to ensure that no one is left behind.



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UNFPA works at every level to improve access to family planning and empower individual choices. Together with our donors, UNFPA works with governments, NGOs, community-service organizations, faith-based organizations, youth groups and the private sector to strengthen community-based health services and to provide these services during humanitarian crises. UNFPA reaffirms its dedication to expanding access to and availability of voluntary family planning services.



“When a woman from the community comes to our Women Friendly Space (WFS), and one of our volunteers realizes she requires midwifery assistance, she is promptly referred to me, and we have a lengthy conversation about her need. I tell them about our long-term [contraception] options, primarily implants and IUDs,”

says Nasrin, a UNFPA-supported midwife providing services to women inside the Women Friendly Space (WFS).



“As a result of a high volume of client visits, I am often occupied to perform outreach services.”



“When I am able to provide women with the knowledge and resources they want, I feel an overwhelming sense of satisfaction.”



Due to the prevalence of adolescent pregnancies and the lack of access to information about sexual and reproductive health services in the refugee camps, many pregnant girls in the Rohingya community find themselves at high risk of life-threatening maternal health complications.

To address these dangers, UNFPA started the Young Mothers' Support Group Programme in February 2019. With funding from our partners the programme set out to provide information to

pregnant adolescent mothers which will enable them to take care of the health and well-being of themselves and their newborns. Health educator Tania Aktar says

"The most fulfilling part of my job is to meet and weave relationships with young mothers and due to the sensitization carried out during our sessions, 96 % of deliveries are now done at health-facilities."



Patients who wait in the triage section of the Primary Health Care Center receive awareness through pictorial flipchart on family planning methods, helping them to gain required knowledge on Family Planning.

To ensure the rights and choices for both women and girls in the Rohingya and host communities, UNFPA supports 22 health facilities that provide 24/7 Emergency Obstetric Care and newborn care (EmONC).

In Cox's Bazar district UNFPA also supports 53 Health facilities, 1 Mother and Child Welfare Centre (MCWC), 45 Union health and family welfare center and 7 Upazilla health complexes providing necessary information and solutions to women and girls.



UNFPA-supported projects emphasize men's role in reproductive health. Our programme for the Rohingya and Host community targets different groups of men – from community volunteers to religious leaders – to achieve different goals, from awareness raising to community outreach and greater male involvement in family life.

UNFPA and its implementing partners include men in the process to bring cohesion in the community and break the stigma around reproductive health information.

Service providers (both male and female) conduct education sessions in the waiting area, different Family Planning methods and choices are discussed.



A courtyard session inside the Rohingya camps with the women to promote awareness about the significance of family planning and to provide them with an orientation to the available modern family planning options.



Nuur Kolil is a religious Rohingya volunteer working with UNFPA says,

“My role as an Imam (Islamic leader) is to guide young couples on achieving a healthy and fulfilling marital union,” he explains. *“For this, I strongly encourage them during Friday Jummah prayers, to visit health facilities to receive more information on family planning methods and other maternal health services.”*



Kawser and Mohammed met in a Rohingya camp in 2018 after fleeing their homes in Myanmar. They married and recently had a son at a UNFPA-supported health facility in the camp.

“Because of my early age, I had to carry out eight recommended health check-ups,” Kawser, said. “I had the strong support of my husband and mother-in-law, as well as the continuous help of midwives who welcomed me with a smile and a willingness to listen and help.”

She had participated in UNFPA's Adolescents Young Mothers Programme, a series of eight sessions that educate women not only on dangers of pregnancy and safe deliveries but also on navigating new motherhood: maternal health, number and spacing of children, shared decision-making power in the family, the roles of husbands, wives and in-laws and the general well-being of families.



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Sabikunnahar, who is a mother of two, came to the Primary Health Care Centre in the camp for a long term method after she and her husband jointly decided to use a long-acting reversible Family Planning method.



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When asked about her decision she said, *“We already have two children, one is **5 years** old and another is **6 years** old. Initially, my husband was not ready to decide on a long term method, but after he attended the awareness session conducted*

by apa’s (health care providers), he understood the consequences of multiple pregnancies and the impact on my body. That’s when we finally jointly decided to take a long term method.”



Dr. Mahmuda Akter is a Clinical trainer and a mentoring officer, her role involves providing on job training and mentoring to Midwives of different organizations to ensure quality service provision. She visits different health facilities supported by UNFPA and ensures service quality through mentorship.



Women are more likely to go for the short term Family Planning methods due to religious beliefs. We are working with Imams (religious leaders), Majhis (local leaders) and community leaders to help disseminate the importance of Family Planning in light of Islam, as well.



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UNFPA supports many aspects of voluntary family planning, including procuring contraceptives and training health professionals to accurately and sensitively counsel individuals about their family planning options.

Women who are visiting clinics in the camps are undergoing a counseling session about their options for modern family planning methods.



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“Each day, I serve about a dozen women who come to our midwifery room, requesting for family planning methods, counseling and general information about their health,”

Says Jannatul, a midwife working in one of the Women Friendly Spaces

“I am happy that the women trust me with such information. In my profession, I am always respectful, confidential and non-judgmental.”



Dr Simika is a Clinical Trainer and Mentoring Officer and has trained over 180 midwives so far. She says that patience is the most important part of her job.



She is responsible for passing on the technical skills associated with midwifery – but one of her most important jobs is passing on skills to help her mentees counsel their patients to fight stigma and myths in their communities surrounding family planning and the birthing process.

She's hopeful though: She sees an uptake in people seeking family planning services and an increase in people arriving at facilities to give birth. ***"It feels good,"*** she says.



Sharp sunlight beams into an otherwise dark room in Camp 1E in Kutupalong – the largest refugee camp in the world.

For a 2-month-old baby, who sleeps, oblivious to his surroundings and the historic and utterly tragic events that led to the creation of the community he lives in.

He, and his brother, were born in Bangladesh His family are Rohingya, born in Myanmar but he and his brother have never seen their ancestral land and it's questionable whether they ever will.



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They live with their mother and father **Momtag Begum** and **MD Faisal**. Along with the rest of their family, including Faisal's mother who is with us, they crossed the river from Myanmar into Bangladesh in 2017, along with hundreds of thousands of their country's people. **Mariam Knatun**, Faisal's mother is the head of the family (she has 5 children and 11 grandchildren) and feels responsible for them all.



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Later in the day both Momtag Begum and MD Faisal go to the UNFPA safe space not far from their home.

They got further counseling on family planning and its importance.



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At the Women Friendly Space Begum is greeted by the doctor and midwife there who performed the procedure. She giggles a little when, after the anesthetic, she realizes she can't feel a thing and relieved the procedure won't be a painful one. It's quick and easy and with some more counseling and advice, her and her baby head off home. She's glad she came, she says, and leaves with a smile.



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Khaleda and her husband have been living in Kutupalong for 10 years already – having fled Myanmar for fear of their lives. At **30 years old** she has **4 children**, three sons and a daughter.



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Khaleda was visited regularly by community health workers and between visits to her home, and hearing them talk at courtyard sessions in her community, she learned not only about the advantages of delivering her last child (Runa) at a facility instead of at home, but also about family planning in general and the contraception options available to her. She ultimately decided on having an implant that will not allow her to conceive for 4 years.

“Too many children means too much responsibility”

So far she’s been incredibly happy with the implant and plans on having another one at the end of the 4 years lifespan of this one.



Health care systems would collapse without community health workers. They are the community's leaders, illuminating the path for women and girls by providing them with the resources they need to make informed choices regarding reproductive health.





A woman returning from Cox's Bazar (to Moheshkhali island, where she lives) after traveling all the way to have her baby seen at a clinic primarily for health care services and to know about family planning methods as she is still very young to conceive again.

For women like her in the host communities, UNFPA is trying to reach out to let people know of services on the island instead of having to travel to get medical help before, during, and after pregnancy.



Sathi Dandali is a midwife from one of the Women Friendly Spaces inside the camp. She is famous in the area and women come from far and wide to see her because of her reputation. They call her “Doctor Apa” (Doctor Sister). She’s known, especially for her family planning services. Women come to her with little to no knowledge and she has the utmost patience to talk them through all their options with detailed information.

The favorite part of my job is that I get to meet mothers in there most vulnerable situation. We share details that is very personal and valuable. I’m able to build trust with mothers, where they can share things with me.



Khaleda Akter is an outreach worker in the Camp. she is part of a team that goes door to door and holds counseling courtyard sessions in the community about family planning, delivery counseling, and GBV referrals.

“The hardest part of my job can sometimes be potential violence. Once, I suggested for a facility delivery to a family, but they decided to have the child at home. Later when I asked them about it, the community showed violence towards me.”

“I have been working here for 5 years, and I do see a change – so that is encouraging.”



Senowara is a Rohingya woman with a 2-year old baby. The baby was delivered at the UNFPA supported health facility near her house.

She was pregnant while they crossed over to Bangladesh and delivered one of her children soon after arriving.

“I’m very satisfied with the service I got at the clinic and the medicine was free. I also got lots of knowledge about my newborn.”

After the birth of her third child, she received a long acting family planning method.

This publication was produced by UNFPA on the occasion of the launch of the Family Planning Strategy for the Rohingya Refugees.

