



Bangladesh 2022

TRANSFORMING

LIVES

Stories from the Ground



Representative's Greetings for Transforming Lives 2022

The following 12 stories of girls, women, boys, and men from all around Bangladesh have inspired us. It is my pleasure to share them with you.

UNFPA supports a multitude of programs across Bangladesh. These stories serve as a reminder that behind every intervention, there are people - with unique backgrounds, experiences, and perspectives.

The year 2022 was pivotal. We saw the global population hit 8 billion in November. For UNFPA, it was crucial to emphasise that population growth in and of itself is not a threat or a negative thing as long as it is grounded in the free choices of women. Only when all women have the freedom to decide for themselves if, when, and with whom they want to start a family it is possible to maintain a sustainable population. Our work to promote the reproductive rights and choices of women and girls in Bangladesh includes efforts at all levels in partnership with the government and civil society.

Covid-19 prohibitions were gradually lifted in 2022. The pandemic has had an unparalleled impact on women's and girls' rights and their access to services, and we are yet to calculate fully what the cost has been to our collective development progress. UNFPA remains committed to supporting the Government of Bangladesh in achieving the Sustainable Development Goals defined in Bangladesh's Agenda for Sustainable Development. We have eight years before 2030 when the deadline for our collective commitments officially ends.

We must have a sense of urgency. UNFPA advocates for sexual and reproductive justice to ensure that everyone, without exception, realises their sexual and reproductive rights. Any form of discrimination that might stand in the way, whether related to gender, disability, race, income, or any other factor, must be removed. Sexual and reproductive rights, in their entirety, belong to everyone. Each of us is a stakeholder in this process.

On behalf of all of us at UNFPA, I would like to thank the government of Bangladesh, our donors, strategic partners, and supporters for all the assistance and hard work. Our continued partnership gives us faith in a future in Bangladesh in which every woman, girl, and young person can live a life of dignity and choices, with the opportunity to enjoy their rights and fulfil their potential.

A handwritten signature in black ink, appearing to read 'K. Blokhus', written in a cursive style.

Kristine Blokhus
UNFPA Representative



“ I feel proud that I performed 125 deliveries at the facility in one year. It’s my privilege and honour to serve the community that relies on my services. ”

- Farjana Sunia, Midwife
Sunamganj, Chhatak Upazila

"I feel proud that I performed 125 deliveries at the facility in one year and have successfully carried out other maternal health services such as postpartum hemorrhage (PPH) and eclampsia at the clinic here. It's my privilege and honour to serve the community that relies on my services," says Farjana Sunia, a newly appointed midwife at the Sayedergaon Union Rural Dispensary (RD) in Sunamganj Chhatak Upazila.

Before Farjana's arrival, Sayedergaon Union Rural Dispensary (RD) was an underutilised remote health facility serving a population of around twenty thousand people who had basic amenities and inadequate human resources. The local community rarely visited due to the lack of skilled personnel available, and pregnant mothers with pregnancy-related complications used to choose home delivery or travel to distant places.

Things changed in 2020 when UNFPA, in partnership with the Government of Bangladesh and with generous support from the Swedish International Development Agency (SIDA), provided technical and logistics support. UNFPA furnished the facility with the required logistics and equipment, life-saving drugs, partograph, and provided technical support to Farjana. As a result, Farjana can now confidently conduct normal deliveries at the Sayedergaon RD. *"I encourage pregnant women to visit my facility, and I assure them they will receive the best service,"* said Farjana.

Farjana Sunia, a midwife who performed 125 deliveries in one year in a remote health facility serving a population of approximately 20,000 people.



“ With no electricity for the first three days, we did all deliveries, surgeries, and other necessary procedures only by candlelight. ”

- Hazera Akther, Midwife
Sunamganj, Sylhet, and
Netrokona districts

“The flash flood occurred literally in one day! In the morning, I went to the hospital to work as usual, and later in the evening, while returning home, there was chaos everywhere. People were rushing all over the place, and the roads were completely under water”.

Hazera Akther, a 26-year-old midwife, describes the fear and anxiety felt in June 2022 when a severe flood devastated the region’s Sunamganj, Sylhet, and Netrokona districts. Nearly 500,000 people had to evacuate their homes, and many essential services were severely hampered. This included Hazera’s health care service facility, where an estimated 25,000 people sought shelter. *“Every room in the hospital was packed with people. Many families brought their cows, hens, and goats to the health complex premises, resulting in a foul smell everywhere. Despite this situation, we ensured the delivery room remained empty and functional. With no electricity for the first three days, we did all deliveries, surgeries, and other necessary procedures only by candlelight,”* explains midwife Hazera.

Throughout all these hardships, Hazera herself was five months pregnant. Her initial thought was to take a step back from her service and return home, but upon seeing the condition of other vulnerable expectant mothers, she felt she could not stop working. She wanted to be there for them.

Hazera Akther has been working at the Sardar Upazila Health Complex since 2020 and received training through the Obstetrical and Gynecological Society of Bangladesh (OGSB) mentorship on Life Saving Skills in Pregnancy and Childbirth (LSPC) with funds from the Central Emergency Response Fund (CERF) and UNFPA. In Bangladesh, a country particularly vulnerable to the effects of climate change, it is vital to keep investing in the accessible and affordable quality of care and strengthen the health system. Now more than ever, it is imperative to include a sexual and reproductive health and rights angle to climate action to ensure no one is left behind.

Hazera Akther, a midwife, was herself pregnant when the emergency struck.



“ My sister's experience made me realize that remaining silent is no longer an option. I couldn't let her suffer in fear or accept a solution that would compromise her dreams. ”

- Shakil
Patuakhali

Shakil, a 16-year-old from Patuakhali, witnessed boys in his village bullying girls on their way to school. The young boy wanted to make a difference. However, he felt powerless to confront this issue as society had conditioned him to believe that such behaviour was typical for boys.

However, things took a turn when his 12-year-old sister came home in tears, having been harassed by several boys on her way to school. Despite their family considering marrying her off to avoid further gossip and rumors, Shakil knew this wasn't the answer. Recognising his sister's academic capability, he was determined not to let her become collateral damage. *"My sister's experience made me realize that remaining silent is no longer an option. I couldn't let her suffer in fear or accept a solution that would compromise her dreams,"* Shakil reflected.

Informed by a friend about group discussions addressing grave issues of child marriage and sexual harassment, Shakil saw an opportunity for change. These discussions, organized under the UNFPA Programme *"Accelerating Actions to End Child Marriage,"* sought to educate adolescents, both boys and girls, as well as their parents, while fostering an environment of safety and support for girls. Inspired by the potential of these courtyard meetings, Shakil informed his skeptical parents about the transformative impact the sessions could have. *"At first, my parents were not convinced. But I knew deep down that these discussions were the key to opening their eyes to the truth,"* Shakil explained. Through these discussions, his parents gradually realized that marrying off their daughter was not a solution, but rather a perpetuation of harmful societal norms.

Determined to effect change at its core, Shakil decided to confront the boys who had harassed his sister. With empathy and understanding, he engaged in conversations with them, raising awareness about the harmful consequences of their actions. He also rallied a group of young people, and together they vowed to combat harassment and child marriage within their communities.

Shakil convinced his sister to reclaim her right to education and confront harassment head-on, not just for herself but for all girls. Empowered by her brother's support and armed with a determination to ensure the safety and security of other girls, she actively worked alongside Shakil to prevent sexual harassment and child marriage.

Shakil, an adolescent who is combating harassment and child marriage in his community.



“ I was married at 14 and lost my first child due to an early pregnancy. After losing my first child, I faced several difficulties with my family and my husband. I couldn't feel safe in my own family. ”

- Ranu Chakma
Advocate for ending Child Marriage
Cox's Bazar



"I was married at 14 and lost my first child due to an early pregnancy. After losing my first child, I faced several difficulties with my family and my husband. I couldn't feel safe in my own family; I felt harassed physically and mentally until I conceived again", says Ranu Chakma, a community activist from Cox's Bazar's southern district. "I joined the SASA! Programme as a participant; after that moment, I felt that no one should ever experience the same sorrow that I felt when I was a child. I immediately realised I wanted to play an active role in ending Child Marriage and Gender-Based Violence (GBV) in my community."

Child marriage is still a reality in Bangladesh and a common practice in Ranu's rural Teknaf Upazila neighbourhood. Ranu found her mission after SASA sessions and is now committed to raising awareness in her immediate family, neighbourhood, and the larger community. SASA! Together (Start, Awareness, Support, and Action) is a social mobilisation approach utilised in both Rohingya and host communities to prevent gender-based violence and harmful practices, including child marriage, supporting both males and females in becoming champions for changing social and gender norms in their community.

"I never had any chance to get a formal education, so I am excited about all the learnings I am receiving from SASA! and how I can use this knowledge to impact my community." Ranu further adds, "I stopped 3 child marriages, and my main goal is to pass on this information to my children, so they don't have to face the hardships that my generation did".

Since December 2020, UNFPA has been supporting this innovative community-led GBV prevention strategy into action. The project mobilised over 368,000 people (of which 28% male and 72% female) across camps in activism campaigns, training, brainstorming, and knowledge-sharing sessions to inform, share and increase awareness of the different forms of GBV and the safety of women and girls.

Ranu Chakma, advocating ending Child Marriage and Gender-Based Violence in Cox's Bazar.



“ I have realised that household activity is not a gendered activity. Men and women are equally responsible for household activities. Helping my wife with her tasks has strengthened our relationship. ”

- Nouroul Amin
Advocate for Gender Equality
Cox's Bazar



"I support my partner's daily household chores, like cooking, washing dishes, and cleaning up. Previously, my wife used to walk a long distance to fetch water for us, but lately, I decided to help her. In our culture, household work is considered a women's work and an embarrassing activity for men, but now I have realised that household activity is not a gendered activity. Men and women are equally responsible for household activities. Helping my wife with her tasks has strengthened our relationship", explained Nourul Amin, a Rohingya young man who fled from Myanmar in 2017 to find shelter in Cox's Bazar.

Nourul's perspective on gender norms changed when he joined SASA!, where he learned how to build a respectful and caring relationship between a man and a woman, treat others with respect, and show kindness to the partner. As an advocate for behavioural change in the community, he also advocates for preventing violence against women and girls. *"If we utilise our power constructively, we can all be change agents for a world free of gender-based violence and achieve gender equality,"* says Nourul Amin. Nourul is committed to making an impact at the individual level, addressing the various forms of violence - physical, sexual, emotional, and economic - which affect women and girls in the camps.

SASA! is a social mobilisation effort in which UNFPA contributed by training nearly 2900 (of which 36% men and 64% women) community advocates to conduct formal and informal gender-based violence (GBV) sessions. The trained facilitators carried out outreach activities reaching over 3100 male and female communities and religious leaders both in the camps and in the surrounding host communities.

Nourul Amin says his relationship with his wife has changed since he began his sessions with the SASA! Initiative.



“ In my village, many people think that menstruation is something dirty. They believe a woman should be isolated for three days while she is menstruating. ”

- Asma Akhter, Recipient
Duaripara, Dhaka

"In my village, many people think that menstruation is something dirty. They believe a woman should be isolated for three days when she menstruates", says Asma Akhter, a 30-year-old widow living in a slum in Duaripara, Dhaka.

Menstruation remains taboo in Bangladesh, and in many low-income households, menstrual hygiene supplies are unaffordable. As a result, women and girls may be forced to manage their menstrual cycle in ways that are neither hygienic nor dignified. Beyond the immediate indignity and isolation this brings, it often causes girls to stay home and miss school, placing them at greater risk of school drop-out, which can lead to them being married off at a young age. *"I suffered immense hardship during the first two years of the COVID-19 pandemic. I lost my job and could not support my daughter's education. Moreover, I could not afford sanitary napkins at all. Fortunately, my 15-year-old daughter Rumi and I were selected for the Building Blocks project, which helped us get sanitary napkins for free. Getting pads from the shops was a relief for both of us".*

"When my daughter Rumi started menstruating, she immediately came to me with questions. I taught her how to manage these days hygienically and how to use sanitary pads. Despite our financial limitations, our inclusion in the program made it possible for me to ensure she had clean pads during her period," says Asma Akhter.

The *"Building Blocks"* project is a close collaboration between UNFPA, the World Food Programme (WFP), and the Food and Agriculture Organization (FAO), which uses blockchain technology to provide food assistance and menstrual management interventions for low-income slum-dwellers in the Duaripara and Bhashantek areas of Dhaka. The project has received generous assistance from the Swedish International Development Cooperation Agency (SIDA) and the United States Agency for International Development (USAID) and is implemented by local partners BRAC, and Concerned Women for Family Development. The project aims to improve access to healthy nutrition and menstrual health information, product, and referral services among vulnerable women and adolescent girls in urban slums. Over 3,200 adolescent girls and women of reproductive age each month receive menstrual pads and information materials related to child marriage, menstruation management, and helpline numbers from nearby shops. The 'Building Blocks' project was awarded the 'Best UNFPA innovation' in the Asia and Pacific region and plans are underway to scale up the initiative.

Asma Akhter is a recipient of the 'Building Blocks' project, who receives sanitary napkins for herself and her daughter.



“ Since childhood, I have not been able to hear sounds or speak; fortunately, growing up, I learned to lip-read. However, I had to leave school because I was bullied by other kids who thought I was not like them. ”

- Jasmine, Participant,
Life Skills Education at KRCs

"Since childhood, I have not been able to hear sounds or speak; fortunately, growing up, I learned to lip-read. Now, at 13, I can communicate through hand gestures and writing as I studied till 5th grade. However, I had to leave school because I was bullied by other kids who thought I was not like them. Even my brother saw me as a burden. Due to our financial inability, my parents could not send me to a specialised school for education. All these thoughts make me cry every night," expressed Jasmin, who communicates with support from her mother, who knows sign language.

"I only have one friend who understands me, and I learned about the Kishori Resource Centre (KRC) in Ujjgram from her. My friend wanted me to join the centre to bring some positive changes to my life. She talked to my mother and convinced her. Initially, my mother was hesitant as she thought other girls there would bully me, but she also wanted me to live life and explore new possibilities".

"At the KRC, I could see myself beyond my disabilities for the first time and understood that even though I am different, my differences make me special. For the very first time in my life, I learned about sexual and reproductive health and rights (SRHR) and basic life skills information, and it helped me to gain perspective about choices and marriage. This new perspective on life gave me the confidence to stand up for myself and others like me, for whom the odds of being abused and risk of exposure to violence is even higher".

The Accelerating Action to End Child Marriage project, supported by UNFPA and UNICEF, and implemented by the Ministry of Women and Children Affairs, Concerned Women for Family Development and Care Bangladesh, aims to end child marriage in Bangladesh. The project established safe spaces across the country, known as Kishori Resource Centres (KRCs), providing growth and development opportunities to over 20,000 vulnerable adolescent girls. These centres offer gender-transformative, life skills education for married and unmarried girls in rural areas and urban slums, with structured sessions on sexual and reproductive health, gender equality, bodily autonomy, menstrual health, planning for a family, sexually transmitted infections, and gender-based violence. The project aims to lower adolescent girls' risk of being married off during childhood by building their confidence through these sessions in safe spaces. Together with its partners, UNFPA remains committed to ensuring that every girl in Bangladesh can grow up in a safe environment where she can realise her full potential.

Jasmine participated in UNFPA's programme to empower adolescent girls with information and life skills.



“ This year, during the flood, everyone in my village ran around to seek shelter in the facilities, but we were not allowed to stay at the same shelter. Are we not human beings, and are we not affected by disasters? If so, then why are we excluded? ”

- Ananya, founder of Shopner Chowa Shomajkollan Sangstha

"For us transgender people, life gets even more difficult during a crisis. This year, during the flood, everyone in my village ran around to seek shelter in the facilities, but we were not allowed to stay at the same shelter. Are we not human beings, and are we not affected by disasters? If so, then why are we excluded?" asks Anyana.

"My community members were pleased to receive the UNFPA-distributed dignity kit during the flood. It's not often that someone considers our needs. The dignity kit contained essential products like soap, towels, slippers, and other items, which helped us maintain our basic hygiene and well-being," she adds.

Anyana is the founder of the group *"Shopner Chowha Shomajkollan Sangstha."* As a transgender person who faced severe hardship, she decided to give a voice to transgender people through her organisation. She created her transgender advocacy group in 2017 to empower and employ transgender individuals through business skills instruction.

Due to widespread prejudice and deep-rooted misconceptions, transgender people continue to face significant barriers and discrimination across Bangladesh. In the spirit of the principle of leaving no one behind, UNFPA's efforts have been addressing the needs of Bangladesh's transgender community and has been working towards breaking the social barriers preventing them from participating fully in society while helping them avail themselves of their basic rights.

In 2022, UNFPA supported a landmark project funded by UN CERF and the Australian Government Department of Foreign Affairs and Trade (DFAT) to help transgender communities in two of the most flood-prone areas of Bangladesh: Netrokona and Sunamganj districts. Together with its partners, UNFPA ensured that the reproductive health needs, especially of women and transgender people, were met when disaster struck. As part of the effort, 3115 dignity kits were distributed to the flood-affected women and transgender people. The UNFPA responds to climate-change-induced disasters by working to reduce inequalities and increase the resilience of the people they serve. Only by ensuring sexual and reproductive health and rights (SRHR) are placed at the centre of adaptation responses to climate change, can we ensure that no one is left behind.

Anyana, founder at the group "Shopner Chowha Shomajkollan Sangstha."



“ I had not even heard that there was this profession called a midwife. I did not know facilities like this existed for deliveries. In our community, everyone uses a dai. ”

- Sujiya Akther Purni
Sunamganj District

"If I had come to the hospital any later, there would have been a serious risk for me or the baby dying. I was very touched by how supportive and attentive the midwives were. I will encourage all pregnant women in my community to come here for their delivery in the future". This is the reflection of 18-year-old Sujiya Akther Purni as she holds her healthy newborn son in the delivery room of Sardar Upazila Health Complex in Sunamganj District.

"Even a month after the floods, the water is still up to our knees in our house. There is no electricity, and you must use a boat to go anywhere. I started experiencing labour pains last evening, but because it is so dark at night, the dai (traditional birth attendant used in villages across Bangladesh) could only come in the morning. When the dai came, she referred me to the hospital. My father and husband were looking for a boat for an hour and a half. Then it took another hour and a half to get here, and my condition worsened. I am very fortunate that my son and I survived this experience with the help of the midwives here," Sujiya says with a sigh.

As a woman from a remote village, coming to the hospital was an eye-opening experience for Sujiya: *"I had not even heard that there was this profession called a midwife. I did not know facilities like this existed for deliveries. In our community, everyone uses a dai"*.

Majiya, a village in Sunamganj district, was severely affected by the floods that devastated northeast Bangladesh in late June last year. When the floods hit, there were an estimated 60,000 pregnant women in the regions affected. To ensure that mothers can adequately provide for their newborns in such circumstances, UNFPA provides cash vouchers to pregnant women who come to local health facilities for their deliveries. Since the beginning of the floods, UNFPA-supported midwives have performed over 1,000 deliveries in Sylhet and Sunamganj Districts alone. Furthermore, to improve access and demand for safe deliveries, UNFPA is strengthening local referral mechanisms to smoothly transport women from their communities or emergency shelters to health facilities. UNFPA, together with its partners and donors, is committed to ensuring access to high-quality and integrated SRHR services for all women and girls, including in the most remote and climate-affected areas.

Sujiya Akther Purni surrounded and supported by caring UNFPA midwives.



“ I recall a woman in my community, Kamrun, telling me she had been having vaginal discharge, bleeding, and pain during intercourse for a year or more. I advised her to be checked for cervical cancer. ”

- Jomo, Health Worker
Cox's Bazar

"In my working experience as a health worker, I remember the story of a woman, Kamrun (40), who came to me saying that she had been suffering for a year from vaginal discharge, bleeding, and pain during intercourse, but she never sought medical attention because she felt embarrassed and had difficulties speaking about it. After listening attentively, I urged her to be checked for cervical cancer screening (VIA Test). When the VIA test came out positive, she was naturally devastated and afraid. I assured Kamrun that I would support her, and I immediately referred her for further confirmation and treatments", says Jomo, a health worker who helps cancer survivors.

Conscious of her cancer, Kamrun felt helpless, considering the health consequences and her financial difficulties, although Jomo was beside her, giving support, motivation, and optimism. Unfortunately, when the surgery was scheduled, Kamrun also tested positive for COVID-19, and the procedure was cancelled. Kamrun returned home, and during that difficult time, Jomo was regularly in touch with her, keeping her hopeful.

Kamrun was referred to the National Institute of Cancer Research and Hospital, where she recovered after receiving chemotherapy and radiation treatment. She now only visits the doctor for occasional check-ups. *"I still remember her smiling face when I saw her on the bed after getting the cancer recovery treatment. Kamrun felt blessed for the assistance received from the UNFPA's Health and Gender Support Project and was also thankful for the support for travel expenses which were not bearable by her. She believes that one day she will be fully cured and have a normal life like others,"* Jomo remarked.

The Health and Gender Support Project (HGSP) is funded by the World Bank and carried out in close collaboration with the Ministry of Health and Family Welfare (MOHFW) under the operation plan for Cox's Bazar district. UNFPA provides technical support to strengthen integrated SRHR and GBV prevention, response, and information services to the host and Rohingya communities. It aims to strengthen the health system and build the capacity of all healthcare providers in the prevention, screening, and treatment of Cervical Cancer. Despite being a preventable disease, almost 5000 women in Bangladesh still die of cervical cancer each year. UNFPA's Integrated SRHR and GBV interventions create an enabling environment and multi-sectoral referral system to bring life-saving services to the doorsteps of both Rohingya and host communities, improving the health, rights, and well-being of the women and girls.

Jomo, a health worker, who supports cancer survivors.



“ I had not only lost my child, but I had also developed a condition where I started to urinate and defecate uncontrollably. I felt embarrassed all the time. ”

- Suryamoni Kharia, Fistula Patient
Moulvibazar

"The tragedy began when I lost my first child. I was married off at 16 and became pregnant within a year of marriage. A local traditional birth attendant helped with my home delivery; despite trying all night, I could not deliver, and my condition deteriorated. In the morning, when I went to the tea garden health centre, seeing my situation, the doctor referred me to the Sylhet Osmani Medical College Hospital, where they informed me that my child had died in the womb.

After two days, when I regained consciousness, I was told I had developed a genital fistula during stillbirth. The doctors at the hospital suggested performing surgery to repair the fistula, but my family ignored it and brought me home. From then on, my sufferings began. I had not only lost my child, but I had also developed a condition where I started to urinate and defecate uncontrollably. I felt embarrassed all the time. I knew my husband and my in-laws were embarrassed by me too. I could not go anywhere or sit with anyone; I smelled of urine all the time, and this continued for about six years."

This was a painful time for Suryamoni. During that time, a UNFPA volunteer informed her about the ongoing 'End Fistula' program, which would help her to be cured of this underlying health condition. She was diagnosed at the fistula corner in Moulvibazar district hospital, and from there, she was referred to a higher referral facility in Dhaka for treatment, where she received fistula surgery. She returned home after a month of completing her treatment, which, along with other medical fees - including travel expenditures - were borne by the project. Suryamani stated with joy: *"After suffering for nearly six years, I am now Fistula-free. My family has accepted me with love, and I have made friends in the tea garden, where I have started working to support my family"*.

Obstetric fistula is a hole in the birth canal caused by prolonged obstructed labour without prompt medical intervention. It leaves women leaking urine, feces, or both and often leads to chronic medical problems, depression, social isolation, and deepening poverty. UNFPA supports the Directorate General of Health Services (DGHS) to ensure the identification of fistula cases from the community, diagnosis at the fistula corner, referral, and management, including rehabilitation and reintegration of fistula survivors. UN Member States adopted a resolution to end fistula by 2030. Therefore, ending fistula is one of the priorities of UNFPA's program in Bangladesh and worldwide. Together with our partners and donors, we work towards eradicating fistula and granting everyone, including women and girls, the right to health and a life of dignity.

Suryamoni, a fistula patient, cured by UNFPA 'End Fistula' programme.



“ I have two babies, but we have no land. I'm thankful my mother-in-law supported my decisions, and community health workers advised me about different family planning options. ”

- Momtaz Begum, Rohingya woman
Cox's Bazar

"I have two babies, but we have no land. We live in a small space here in the camp with an uncertain future. I don't know where I will be in the next few years. Right now, I don't think my family should grow. Maybe things would be different in another life or a different place. I'm thankful my mother-in-law supported my decisions, and community health workers advised me about different family planning options." says Momtaz.

Momtaz Begum is a Rohingya woman living in the world's largest refugee camp in Cox's Bazar with her husband, Faisal, and the rest of their family. *"I was nervous initially, but when I spoke to other women in my community who have used the same family planning methods, and after receiving counselling from the midwife at the Women Friendly Space, I felt I was in good hands. Eventually, I chose to get a five year implant which I thought was the best option for me. The procedure was quick and easy. I felt glad to have had additional counselling and advice, and I am relieved that I don't have to worry about having more children for the next five years,"* Momtaz says with relief.

Things are changing in the Rohingya community. There is an increase in the number of women choosing the safer option of delivering in health facilities, reducing the risk of complications in the birth process and ultimately saving lives. The availability of long-acting reversible contraceptives (LARC) like IUDs, implants, and short-term methods and the presence of trained health personnel have allowed women and girls to make informed decisions and choices regarding pregnancy options. Statistics show that family planning might save one-third of all maternal fatalities worldwide, sparing the lives of almost two million newborns every year.

That is why UNFPA promotes rights-based, voluntary, and quality family planning services and information to ensure that women who want to delay or avoid pregnancy can do so. UNFPA implements community-based and facility-based family planning interventions in Cox's Bazar and host communities to improve access to family planning and empower women and girls to make individual choices.

Momtaz Begum, Rohingya woman, who chooses a long-term family planning option.

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