SRH Working Group's Strategy on Family Planning for the Forcibly Displaced Myanmar National (FDMN) Humanitarian Crisis 2022-2025

HEALTH SECTOR COX'S BAZAR

SRH WORKING GROUP COX'S BAZAR

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 Directorate General of Family Planning (DGFP) along with the Sexual and Reproductive Health Working Group [SRH WG] partners under the umbrella of the Health Sector of the Joint Response Plan (JRP) to meet the sexual and reproductive health (SRH) needs of forcibly displaced Myanmar National (FDMN) population 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, covering the period of 2022 to 2025, 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 exists room of modification in future with more thoughts and new ideas.

I sincerely thank UNFPA and other partners 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 activities on the humanitarian ground.

Cox's Bazar, August 2022

Deputy Director Family Planning

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Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
BCC	Behavior Change Communication
CiC	Camp in Charge
CHW	Community Health Worker
CMWRA	Currently Married Woman of Reproductive Age
CPR	Contraceptive Prevalence Rate
DDFP	Deputy Director Family Planning
FP	Family Planning
HIV	Human Immunodeficiency Virus
ISCG	Inter Sector Coordination Group
IUD	Intrauterine Device
JRP 2022	Joint Response Plan 2022
LARC	Long Acting Reversible Contraceptives
MoHFW CC	Ministry of Health & Family Welfare Coordination Cell
MOHFW	Ministry of Health and Family Welfare
PAFP	Post Abortion Family Planning
PPFP	Postpartum Family Planning
RDW	Recently Delivered Women
RH	Reproductive Health
RRRC	Refugee Relief and Repatriation Commissioner
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health & Rights
SRH-WG	Sexual and Reproductive Health Working Group.
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization
WRA	Women of Reproductive Age

Introduction and Background

Forcibly Displaced Myanmar Nationals (*FDMN) exodus from Rakhine State of Myanmar and their stay in Bangladesh has created a massive humanitarian crisis. In the Rohingya camp, more than half (52%) are women and girls (UNHCR, March 2021[1]). Evidence suggests that women and girls forcibly displaced from Rakhine faced 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 population, 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 Rohingya 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 camps and host communities.

As the humanitarian response on the ground, including the provision of SRHR services, targets both the FDMNs 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:

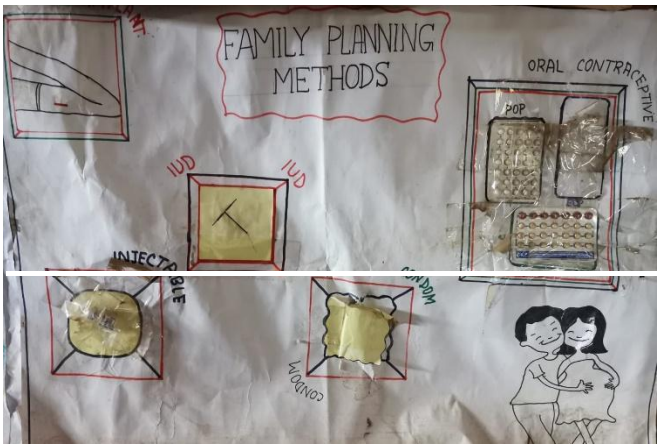
FP Key Indicator	Bangladesh			Myanmar	
	National[1]	Chottagram Division [1]	FDMN Population (CXB)[3]	National[2]	Rakhaine State[2]
Use of Long Acting Reversible Contraceptive (LARC)	**8.6%**	**6.2%**	**5.39%**	**8.8%**	**0.8%**

Sources: 1. BDHS 2017-18;
2. MDHS 2015-16
3. 2019 / 2020 icddrb survey at Rohingya camps

*The Government of Bangladesh refers to the Rohingya community in Bangladesh as "Forcibly Displaced Myanmar Nationals (FDMN)." The United Nations (UN) system refers to this population as Rohingya refugees, in line with the applicable international framework.

[1]GoB-UNHCR, March 2021, Joint Government of Bangladesh - UNHCR Population factsheet

According to various studies recently, **the estimate of contraceptive use by FDMN 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 FDMN population in the camps increased by 2.1percentage points, from an estimated 33.7% in 2018[6] to 35.8% in 2019[7].** 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 FDMNs 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.



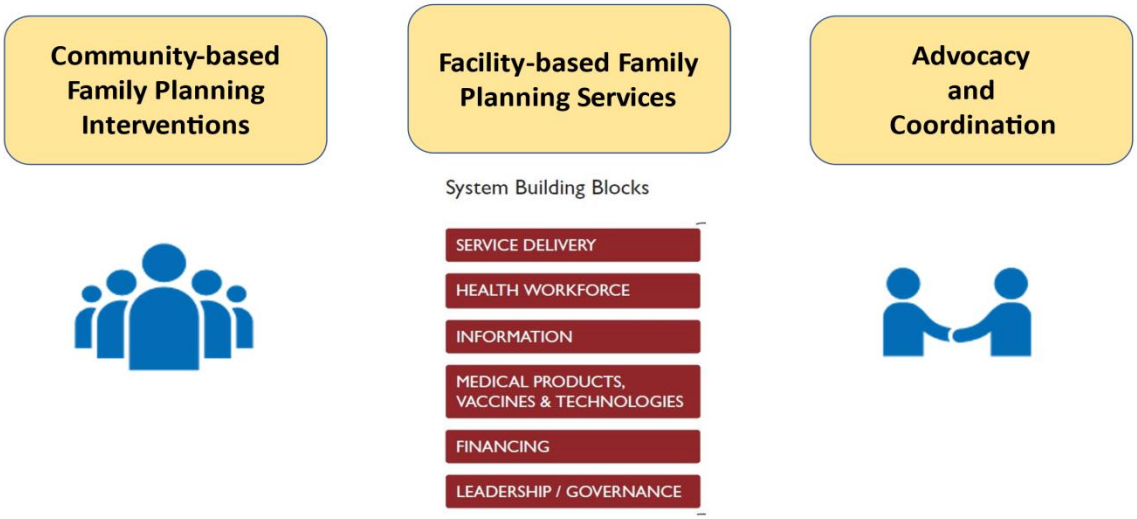
However, there are also challenges that have hindered the timely provision of the full range of contraceptive and MR services to FDMNs, particularly the challenges in the Rohingyas due to their vulnerability and transitions and **due to lack of clarity on traditional beliefs and cultural models.** A recent study in Kutupalong camp found that the main reasons for not using contraception were reported as **disapproval by husbands, actively seeking pregnancy and religious beliefs[2].** These factors highlight the necessity of enhancing the efforts to improve the family planning situation among Rohingyas. 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 FDMN and surrounding host communities.

[2]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 FDMN 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 FDMNs 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 in lines with the guidelines set by National Task Force (NTF) on FDMNs, inside the camps. 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 aims at ensuring that individuals can achieve **desired level of fertility**. Furthermore, this Strategy Document aligns with the JRP's Health Sector's Strategy Framework document, as well as the 4th National Health Nutrition and Population Sector Programme.

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 and newborn 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

Strategic Objective 1: Community-Based Family Planning Interventions

The community-based family planning interventions aim to **increase demand through reducing social stigma, barriers, myths and misperceptions to family planning among the FDMNs 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 representatives, women, males and adolescents, as well as the gender-diverse population. Other Rohingya volunteers, religious leaders, Majhis and community members can also play an important role to disseminate messages and raise awareness among Rohingya population (FDMNs) about the necessity of adopting FP services through ensuring community engagement.

Key Intervention: 1.1. Community Mapping

Key Activity 1.1.1 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 demographic data will be gathered and shared with relevant authorities of the Government of Bangladesh on regular basis.

Key Intervention: 1.2. Awareness

Key Activity 1.2.1 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, men** and **adolescents boys and girls living in camps and host communities. Sensitization activities will include arranging courtyard meetings with community representatives like block leaders/Majhis/Imams/in-laws. Distribution of leaflet/brochures etc. will be done** through the 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 representatives, women (married and unmarried), youth and adolescents. The information should also point out the health benefits of correctly practiced contraception, such as 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 1.2.2 Male involvement

Male 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 1.2.3. Adolescents and youth involvement

The interventions on family planning to adolescent boys and girls, as well as young people, are also important. 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 and at the facility level.

Key Activity 1.2.4. 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 behavioural 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 FP 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 in consultation with the Government of Bangladesh and relevant stakeholders..

Key Intervention: 1.3. Access to selected family planning commodities and services at the community level

Key Activity 1.3.1. Support in organizing special FP camp to motivate and client referral in the specific facility inside the Camps

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 of Bangladesh 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, following the protocol of the Government of Bangladesh, 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.

Key interventions under Strategic Objective 1: Community-Based Family Planning Interventions
Key Intervention: 1.1. Community Mapping • Key Activity 1.1.1. Monitor population data **Key Intervention: 1.2. Awareness** • Key Activity 1.2.1. Community Awareness/Sensitization/Community Engagement • Key Activity 1.2.2. Male involvement • Key Activity 1.2.3. Adolescents and youth involvement • Key Activity 1.2.4. Promote and nurture change in social and individual behaviour, including BCC **Key Intervention: 1.3. Access to selected family planning commodities and services at the community level** • Key Activity 1.3.1. Support in organizing special FP camp to motivate service uptake and client referral in the specific facility

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, 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 FDMNs in the camps.

Key Intervention: 2.1. Service Delivery for Family Planning comprised of availability, access, safety and coverage

Key Activity 2.1.1. 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: 2.2. Family Planning workforce

Key Activity 2.2.1 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 WHO standards and 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 in consultation with the GOB. The

capacity building activities will fall under the provisions of the Skill Development framework as agreed between Bangladesh and the UN agencies.

Key Activity 2.2.2 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 following the provisions as agreed by GOB and the UN agencies, 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: 2.3. Health Information System

Key Activity 2.3.1. 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 population (FDMNs) 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, in consultation with the GOB and compiled into one reporting and M&E flow including monitoring and validation mechanisms. The reports collected at field will be regularly shared with the CiCs for better coordination.

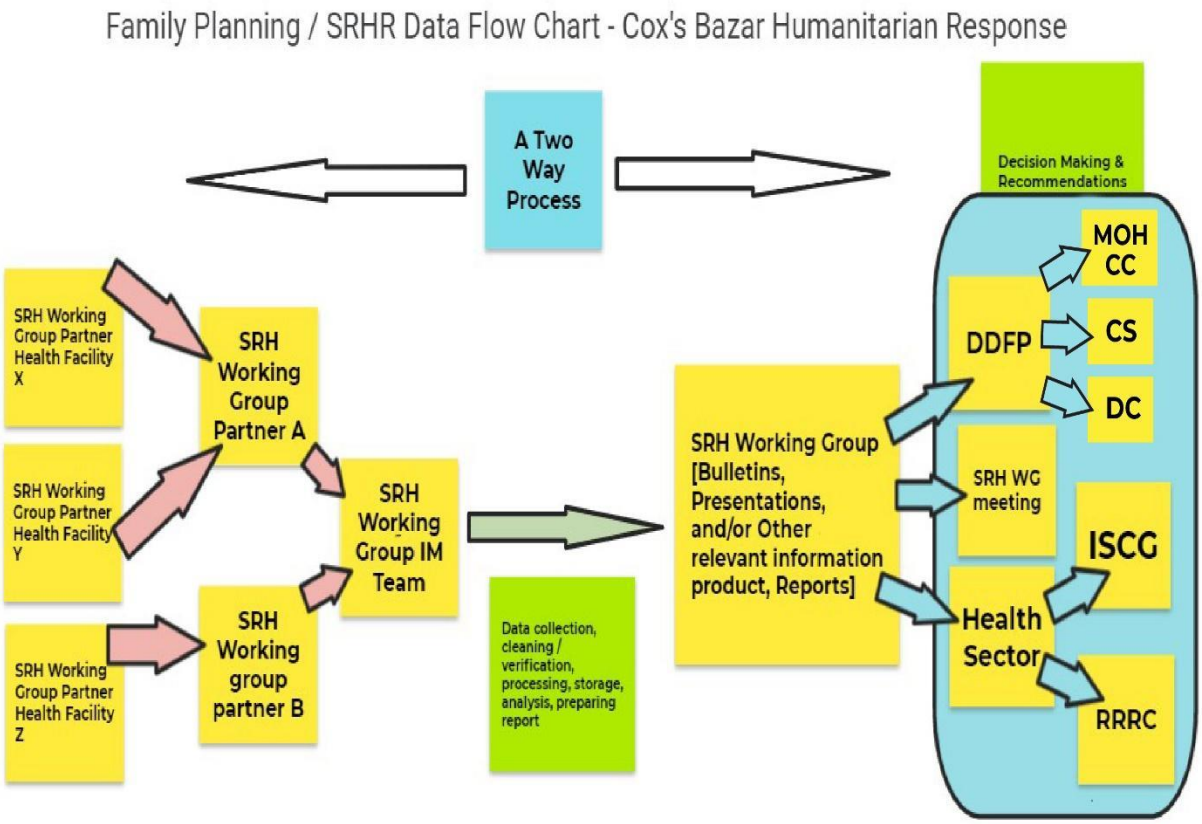
The signature indicators on family planning to be reported by the SRH WG members, including:

Level of Interventions	Key Indicators
Community Level	● Number of males and females reached with Family Planning information/awareness/education at the community level during domiciliary visits; ● Number of Courtyard Meetings with community representatives (Block/sub-block Mahji, Imam etc.) in a month/quarter **Survey level:** ● Percent of women of reproductive age who have heard about at least three methods of modern family planning ● Percentage of women of reproductive age having access to any modern contraceptive
Facility-based Level	● Number of males and females attended Family Planning awareness/education at the facility level; ● Number of modern methods of family planning services provided to males and females;

	● Number of frontline health personnel [males and females] trained on family planning related topics.
Advocacy and coordination	● Number of workshop/advocacy session conducted with different authorities (including, CiC, local health stakeholders, Religious organizations etc.)

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] with copy to DDFP office, 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.



Key Intervention: 2.4. FP Commodities

Key Activity 2.4.1. 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 2.4.2. FP e-STOCK software [UNFPA]

The **Family Planning e -Stock software** developed by UNFPA, and to be jointly maintained by appropriate authority of GOB, 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 population (FDMN) camps and surrounding host communities, could be tracked and monitored and well documented.

Key Intervention: 2.5. Financing

Key Activity 2.5.1. 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: 2.6. Leadership and Governance

Key Activity 2.6.1. Advocacy for taking leadership by GoB and other key stakeholders

The SRH WG partners, health sectors and members of ISCG will work following the guidance of the Government of Bangladesh, to ensure coordination and leadership of the provision of family planning services to the FDMNs 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: 2.1. Service Delivery for Family Planning comprised quality, access, safety and coverage ● Key Activity 2.1.1. Ensuring the readiness of right-based quality FP services at the facility level **Key Intervention: 2.2. Family Planning workforce** ● Key Activity 2.2.1. Competency-based on FP to health care providers ● Key Activity 2.2.2. Capacity building of midwives through on the job training and mentoring support, follow up, provider support **Key Intervention: 2.3. Health Information System** ● Key Activity 2.3.1. Family planning information management and reporting. **Key Intervention: 2.4. FP Commodities** ● Key Activity 2.4.1. Procurement of FP commodities and ensure availability ● Key Activity 2.4.2. FP e-STOCK software [UNFPA] **Key Intervention: 2.5. Financing** ● Key Activity 2.5.1. Ensuring availability of financial support and commitment for the continuation of right-based quality FP services **Key Intervention: 2.6. Leadership and Governance** ● Key Activity 2.6.1. 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 3.1: Advocacy

Key Activity 3.1.1. 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 FDMNs 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 3.1.2. 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 important 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 FDMNs and surrounding host communities, as well as inform the remaining gaps and support needed.

Key Activity 3.1.3. Involvement of religious organizations 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, Mahji 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 3.2: Coordination

Key Activity 3.2.1. 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 FDMNs 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 appropriate 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 FDMNs and surrounding host communities.

Key Activity 3.2.2. 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.

Key interventions under Strategic Objective 3: Advocacy and Coordination

Key Intervention 3.1: Advocacy

- Key Activity 3.1.1. Workshop with DDFP and health authorities
- Key Activity 3.1.2. Workshop with other non-health sectors/stakeholders and donors
- Key Activity 3.1.3. Involvement of Islamic foundation at the central level and local level

Key Intervention 3.2: Coordination

- Key Activity 3.2.1. SRH WG Coordination meeting
- Key Activity 3.2.2. Integrate family planning into other sectors/programmes.

Key Documents:

Title	Link
Health Sector 2019 Strategy Plan	https://drive.google.com/file/d/1Rf1xZ_QeFSKbnys-PUiWi-KfLElRpYK-/view?usp=sharing
Multiple Indicators Cluster Survey 2019	https://mics.unicef.org/surveys
MoHFW report on National FP 2014	http://www.dgfp.gov.bd/sites/default/files/files/dgfp.portal.gov.bd/annual_reports/bea0f39d_1ab9_4e08_b7ec_73f86b42dbe5/anual_rep2014.pdf
High Impact Practice Brief	https://www.fphighimpactpractices.org/briefs/
Costed Implementation Plan for the National Family Planning Programme, Bangladesh	http://familyplanning2020.org/sites/default/files/Bangladesh-CIP-2016-2020.pdf
A Clear Case for Need and Demand: Accessing Contraceptive Services for Rohingya Women and Girls in Cox's Bazar	https://drive.google.com/file/d/1x8Q4h4vysS1PKFuDISfes0qhkZfHvWoz/view?usp=sharing
Demographic profiling and Need Assessment of maternal and child health (MCH) care for the Rohingya Refugee Population in Cox's Bazar, Bangladesh	https://drive.google.com/file/d/1S_FzIhW-tk_WfhRjBOyJlDno68rtHHe7/view?usp=sharing
District Statistics of Cox's Bazar 2011	http://203.112.218.65:8008/WebTestApplication/userfiles/Image/District%20Statistics/Cox%60s%20Bazar.pdf
Bangladesh Demographic and Health Survey Key indicators 2017-2018	https://www.dhsprogram.com/pubs/pdf/PR104/PR104.pdf

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
Community Level	● Number of males and females reached with Family Planning information/awareness/education at the community level during domiciliary visits; ● Number of Courtyard Meetings with community representatives (Block/sub-block Mahji, Imam etc.) in a month/quarter. **Survey level:** ● Percent of women of reproductive age who have heart about at least three methods of modern family planning ● Percentage of women of reproductive age having access to any modern contraceptive
Facility-based Level	● Number of males and females attended Family Planning awareness/education at the facility level; ● Number of modern methods of family planning services provided to males and females; ● Number of frontline health personnel [males and females] trained on family planning related topics.
Advocacy and coordination	● Number of workshop/advocacy session conducted with different authorities (including, CiC, local health stakeholders, Religious organizations etc.)

Annex 2: SRH Working Group Partners *[updated April 2021]*

DD Family Planning Cox's Bazar,
Coordination Centre - MoH Cox's Bazar,
Bangladesh Red Crescent Society,
BRAC,
CARE Bangladesh,
CDA-HumaniTerra,
Dhaka Ahsania Mission-Christian Aid (DAM-CAID),
CIS-Mercy Malaysia,
DushthaShasthya 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),
PranticUnnayan 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.