

April – June 2024

Situation Overview

The period April to June, coincides with the holy month of Ramadan and the Eid holidays, during which a notable decrease in the number of health consultations is observed. This trend is consistent with previous years, where a significant decline in health service utilization has been observed during the festivities. In addition, this period was characterized by several natural disasters like Cyclone Remal, and multiple fire incidents reported in camps. Despite the reduced number of consultations, there were uninterrupted routine service delivery.

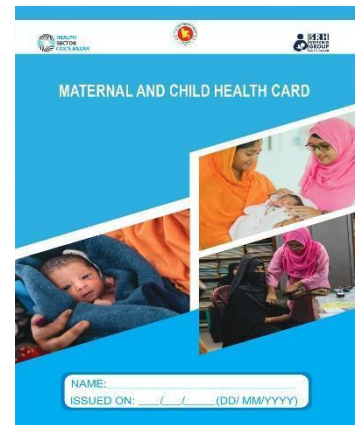
Highlights of the SRH Working Group (SRH WG)

Publication of SRH WG Q1 Bulletin

The publication of the [SRH WG Q1 bulletin](#), one of the regular bulletins produced by the SRH WG provides the SRH WG partners with a situational overview of the SRH services and achievements for that period.

Piloting Of the Maternal and Child Health (MCH) Card

SRH WG successfully piloted the Maternal & Child Health Card from 15th January to 15th February 2024, across 14 selected facilities in 13 camps in Cox's Bazar. The [findings](#) were finalized and shared with the Health Sector and Strategic Advisory Group (SAG) during the last monthly meetings. The next steps of this initiative include engaging UN agencies and potential partners for the rollout of the MCH Card across camps in Cox's Bazar and Bhasan Char.



International Day of the Midwife Celebration

On 5th May 2024, UNFPA, the SRH WG, and partners joined the global community in celebrating the International Day of the Midwife in Cox's Bazar. The vibrant day, **themed "Midwives: A Vital Climate Solution,"** began with a march in Cox's Bazar town. Several stakeholders from the Health Sector, UN agencies, national and international NGOs, and all humanitarian actors from the Rohingya response participated alongside the midwives. The midwives set up stalls showcasing various aspects of midwifery and maternal health, including family planning, health response to gender-based violence, skilled delivery, and the management of pregnancy-related complications and emergencies ([detailed feature article below](#)). All key stakeholders including the Government recognized the importance of midwives and



Picture: International Day of the Midwife rally at Cox's Bazar

committed to continue to support midwives as well as midwifery activities to ensure improved maternal and perinatal health.

SRH Inter-Agency Joint Monitoring Assessment

An inter-agency SRH joint monitoring assessment was conducted to assess the availability, access and quality of SRH services within the health facilities. A total of **10 monitoring teams** led by the SRH WG and supported by the government, UN agencies, NGOs, and INGOs, **assessed 107 out of 113 health facilities** in the camps. The supportive supervision which started in April 2024 and ended in May 2024 reported some key findings such as gaps in service delivery by health workers across health facilities, improper to no examination of beneficiaries, poor quality ANC, lack of respectful maternity care, inadequate staffing, lack of adequate reproductive health commodities and supplies, lack of some services like laboratory services in few health facilities among others. A comprehensive report will be shared, and an action plan will be developed to address the identified gaps.



Picture: Monitoring Assessment at a health facility

Integration of MISP in Emergency Mobile Medical Teams (MMTs)

In anticipation of the Monsoon rains and flooding as well as other acute natural emergencies, the SRH WG in collaboration with the Health Sector Emergency Preparedness and Response Working Group and IOM strengthened the sexual reproductive health emergency response through training all emergency mobile medical teams (MMTs) on the Minimum initial services package for sexual reproductive health (MISP). The training was conducted for **60 health service providers** including - a total of 31 Midwives, 27 Doctors and 4 Incident Commanders from all the 33 health sector emergency teams. This will ensure the implementation of integrated MISP with full extent during each health sector emergency response.



Picture: Government and Health Sector Representatives at opening of MISP

Introduction and piloting of the community-based distribution of family planning

UNFPA in collaboration with Deputy Director Family Planning (DDFP) continued to coordinate all actors including the Community Health Working Group in the implementation of the Family Planning strategy for the Rohingya Refugees by introducing and piloting the community-based distribution of family planning by community health workers in 10 of the 33 camps from May 2024 until end of June 2024. The key findings indicated that there was indeed a gap in access especially of refills where the community preferred to receive their refills from nearby drug shops instead of going to

the nearest health facilities. A detailed report and scale up plans for both Cox's Bazar and Bhasan Char will be shared soon. In the meantime, and due to public demand, door to door provision of family planning commodities will continue in the 10 piloting camps so as not to disrupt these services in areas where they have already been introduced.

Midwifery Mentorship Programme



Picture: UNFPA International Midwifery Mentors conducting midwifery lifesaving skills session for SRH WG partners

During this period, the international midwifery mentorship programme continued for SRH WG partners' national midwives. In total, **47 midwives and 19 medical doctors from 15 SRH WG partners received mentorship sessions**. The mentorship sessions focused on the most common causes of maternal and perinatal mortality in Cox's Bazar, including postpartum haemorrhage, pregnancy-related hypertensive disorders (pre-eclampsia and eclampsia), sepsis, shoulder dystocia, and other critical conditions. A total of 3 mentorship sessions for SRH WG partners were conducted by the UNFPA international midwife mentors. The objective of the mentorship programme is to strengthen the knowledge and skills capacity of midwives to respond to pregnancy related emergencies and complications especially those that mostly contribute to maternal and perinatal deaths.

Capacity Strengthening of SRH WG Partners

During this quarter, the SRH WG conducted two training sessions on Respectful Maternity Care for 40 health service providers (20 doctors and 20 midwives) to enhance their skills in this area. Additionally, the SRH WG supported other SRH/GBV training initiatives, including CMR/IPV for facility managers and midwives in collaboration with WHO/Health sector, resulting in 32 midwives and 4 medical doctors being trained on CMR.

Furthermore, with support from Medglobal, 23 service providers, including midwives and doctors from SRH WG partners, were trained in Advanced



Picture: Training on Respectful Maternity Care

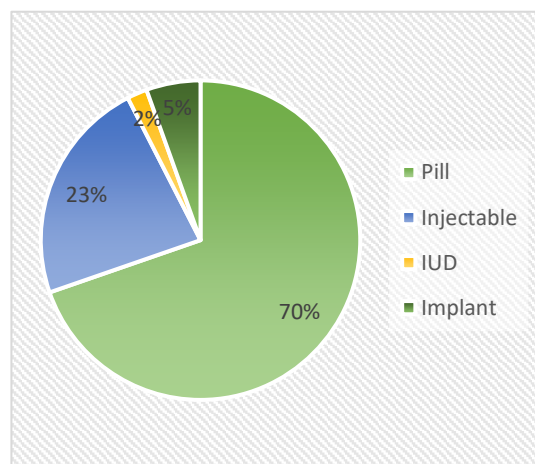
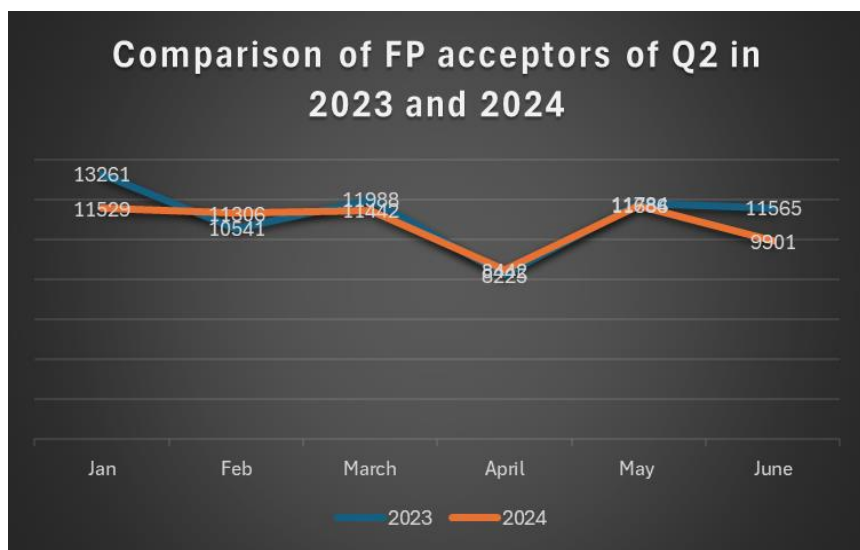
Life Support in Obstetrics (ALSO) to improve their skills in managing obstetric emergencies at BEmONC/PHC facilities.

In this reporting quarter, 56 health sector partners delivered integrated SRHR services through 46 primary health centers, 58 health posts, and 1 Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facility under the health sector. The bulletin highlights key data achievements by the SRH WG partners during this quarter, in addition to their regular activities. This bulletin primarily presents data collected from SRH Working Group partners who reported to the Health Sector 4W¹ reporting tool from April to June 2024.

Data Overview: April – June 2024

Family Planning

Figures based on reports by SRH Partners



In the second quarter (April to June) of 2024, provision of health facility family planning services continued to be provided by the service providers. As such, the first-time acceptors for family planning during this period were **30,029 first-time family planning acceptors** for modern contraceptive methods, reflecting an 11.3% decrease from the previous quarter. However, the trend of the number of new acceptors is comparable to that achieved in the similar period of the previous year most likely because it was the same period of Ramadan. The reduction is largely attributed to limited movement and reduced operational hours during Ramadan and increased insecurity within the camps affecting movement especially at night. Of the new acceptors, 84.9% were Rohingya refugees and 15.1% host community members. The most preferred method was the pill (70%), followed by injectables (23%). Among the first-time family planning visits, 7.5% were consultations for long-acting reversible contraceptives (LARC), including 611 visits for intrauterine devices (IUDs) and 1,648 visits for implants, marking a 0.9% decrease from the same period last year.

Antenatal Care (ANC)

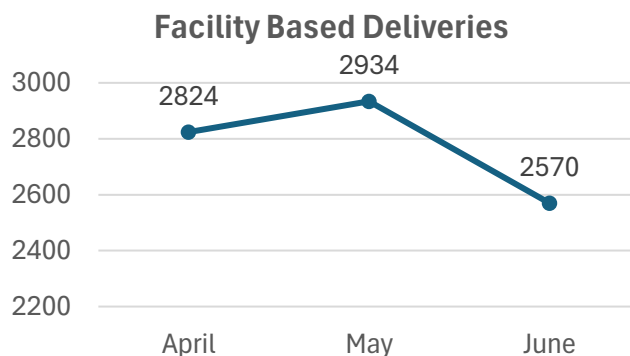
Figures based on reports by SRH Partners

From April to June, a total of 30,016 ANC 1 visits were reported, marking a 7.2% decrease from the 32,343 ANC 1 visits conducted in the previous quarter. Among the mothers attending ANC 1, 71.1% were refugees. Additionally, **8,732 ANC 4 visits were reported, reflecting a 27.7% increase** from the previous quarter.

¹ Data as of 29th July 2024 4W Dashboard

During the reporting period, there were 8,3238 facility-based deliveries for women and girls with a monthly average of 2,776. Of these, 67% were Rohingya refugees while 33% were from host communities. This represents a 10.1% decrease compared to the previous quarter and a 3.6% less than the same quarter of the previous year. The facilities reported 97.8% live births (8,148) and 2.2% stillbirths (180). Additionally, 703 cesarean sections (C/S) were performed, accounting for an 8.4% C/S rate relative to the total number of facility deliveries which is within the recommended C/S rate of 5-15%. Of these C/S, 315 (45%) were for refugees and 388 (55%) for host communities.

It's important to note that, despite the high number of facility-based deliveries reported, a significant number of deliveries still occur in the community. According to the health sector report, the monthly average of community-based deliveries exceeds 300. This indicates a high number of unskilled births, which significantly contributes to the elevated rates of maternal and perinatal mortality. There is a need to address the issue of home delivery to reduce maternal and perinatal mortality.

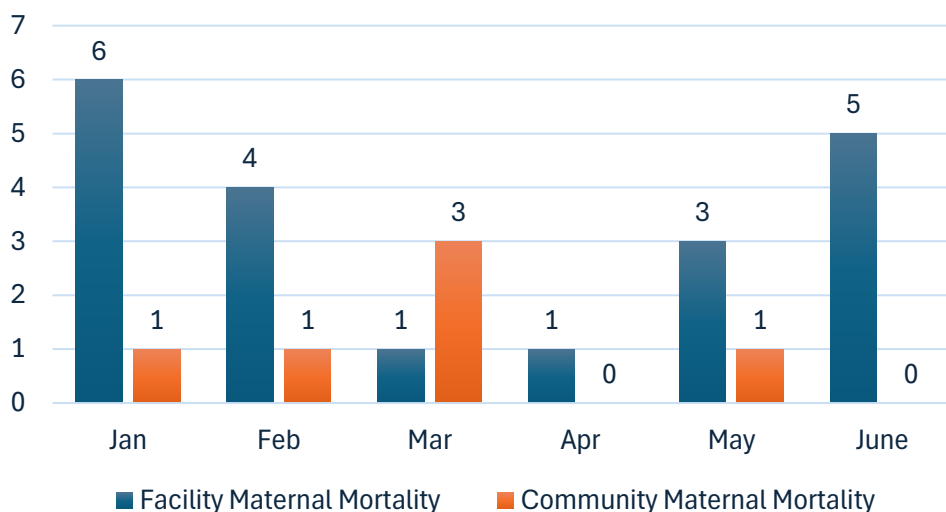


Updates from the SRH WG sub-committees/technical groups

Maternal and Perinatal Mortality Surveillance and Response [MPMSR] ²

Throughout the quarter, there were a total of **10 reported maternal deaths**, with 9 occurring in health facilities and 1 in the community. This is fewer than the previous quarter (16) and the second quarter of 2023 (12). The reduction can be attributed to enhanced capacity-building programs, the implementation of emergency referral systems, and improved community awareness and surveillance systems. However, even though majority of the mothers die at health facilities, most of them arrive too late to the health facilities after prolonged periods of home trials and unskilled management of labor related complications.

Maternal Mortality Monthly Trend



² <https://mpmsrcxb.info/>

Nevertheless, the number of maternal deaths happening is still unacceptably high and more concerted efforts are needed to address this challenge. The main causes of maternal death were pregnancy-related hemorrhage/bleeding (60%) and hypertension. Maternal death reviews and audits were conducted for all facility-based deaths (100%). Recommendations from these audits are tracked using an online feedback and accountability tracker to ensure they are addressed by the respective health facility or agency.

Additionally, there were 109 perinatal deaths in the camp during the reporting period, a decrease from the 122 perinatal deaths reported in the previous quarter. Of these, 50% (55) died during pregnancy and before delivery (macerated stillbirths), 23% (25) died during or after delivery (fresh stillbirths), and 27% (29) died within 0-7 days after birth. The MPMSR committee conducted 100% of the targeted perinatal deaths. The main cause of perinatal mortality was antepartum hypoxia.

Adolescent Sexual and Reproductive Health (ASRH) Technical Committee

The ASRH Technical Committee³, consisting of SRHWG partners who contribute to adolescent sexual reproductive health such as UNFPA, UNHCR, IOM, UNICEF, SCI, IRC, BRAC, RTMI, PHD and FH, addresses specific health and development needs, particularly the SRHR needs of adolescents, under the umbrella of the SRH WG. Typically, the committee meets monthly to provide technical support and ensure high assessment standards for ASRHR operations in the Rohingya Response.



Picture: ASRH Technical Committee Review Meeting

The ASRH Technical Committee assessed **26 health facilities in the camps**, including primary health care

centers, health posts, and women-centered facilities. The findings revealed that 33% of the assessed primary health care facilities were adolescent-friendly, 45% were somewhat adolescent-friendly, and 22% were not adolescent-friendly based on a pre-set criterion. Among the 11 assessed health posts, 9% were adolescent-friendly, 73% were somewhat adolescent-friendly, and 18% were not adolescent-friendly. UNFPA service data from the integrated SRH-GBV work in women-friendly spaces has shown that twice as many adolescents prefer seeking SRH services, especially family planning in women-friendly spaces. The assessment was also conducted in women friendly spaces and the results showed that 50% of the assessed spaces are somewhat adolescent-friendly and the other 50% not meeting the criteria. The detailed final report of the assessment will be shared to all partners. Additionally, the ASRH technical team also finalized IEC and SBCC materials on menstrual hygiene management, healthy lifestyle, and child marriage.

Newborn Technical Sub-Committee

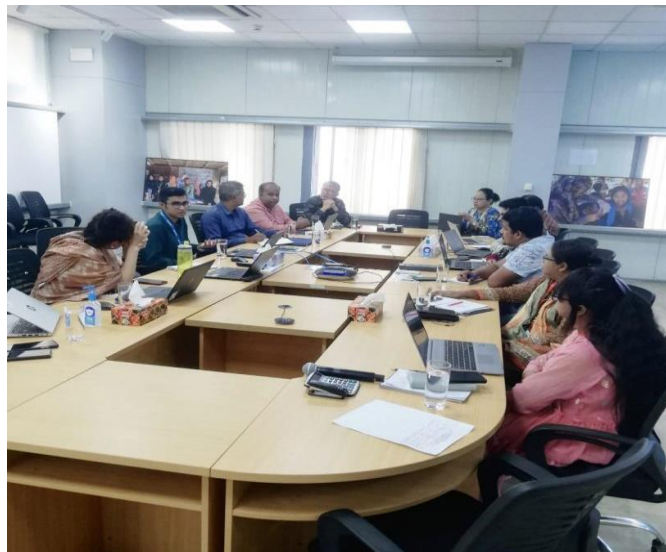
The Newborn Technical Sub-Committee, under the SRH WG, successfully organized three monthly meetings, consistently hosted at the UNICEF office in Cox's Bazar. Chaired by UNICEF, these meetings saw active participation from UN agencies, international NGOs, and local NGOs, including UNFPA, UNHCR, WHO, IOM, MSF, IRC, PHD, Save the Children, RTMI, Friendship, and representatives from the MPMSR Sub-Committee. The collective discussions aimed at advancing newborn care through shared updates and collaborative planning.

Key updates from partners highlighted various efforts to improve newborn service delivery. RTMI provided essential newborn care to 832 infants through three Primary Health Care Centers and referred 16 critical cases to higher facilities. PHD-UNICEF ensured 24/7 newborn care services in several camps, with notable achievements in radiant warmer support and Kangaroo Mother Care (KMC). Additionally, PHD supported host communities through Special Care Newborn Unit (SCANU)

³ [ASRH Technical Committee Terms of Reference](#)

and Newborn Stabilization Unit (NSU) units, admitting over 2,000 cases. Friendship Hospital Ukhiya continued to provide 24/7 newborn care services for babies delivered at the health facility, while MSF offered advanced newborn care and training across multiple facilities. Other partners, including Save the Children, IRC, UNFPA, UNHCR, WHO, and IOM, contributed significantly through various initiatives, from community awareness to technical support and neonatal research.

The sub-committee also reviewed perinatal mortality for the quarter, reporting **109 perinatal deaths**, with intrapartum hypoxia, acute intrapartum event and complications of intrapartum events as leading causes. The highest numbers of perinatal deaths were reported from Camps 8W, 15, and 7. The SRH Working Group discussed implementing social autopsies to uncover social factors contributing to these deaths. Furthermore, the sub-committee updated the referral pathway for critically ill newborns, listing facilities equipped to provide advanced care, ensuring that partners and stakeholders are informed and prepared to offer appropriate support.



Picture: Newborn Technical Sub-Committee Meeting

Feature Article

Celebration of International Day of the Midwife 2024

Courtesy of BDRCS, BRAC, Hope Foundation, IOM, IPAS Bangladesh, IRC, PHD, RTMI, Save the Children



Picture: Launching Ceremony of the International Day of the Midwife 2024 in Cox's Bazar

Background

Although International Midwifery Day might appear to be a long-standing tradition, it was officially recognized in 1992 by the International Confederation of Midwives. Globally, healthcare services contribute approximately 5% of greenhouse gas emissions. By providing continuous care within communities, midwives help reduce unnecessary travel to health facilities, thus lowering the healthcare sector's carbon footprint while maintaining accessibility.

Sustainable midwifery practices focus on the well-being of both mother and child while minimizing environmental impact, ensuring a healthier future for generations. By incorporating eco-friendly approaches and ethical care, sustainable midwifery reflects a commitment to nurturing not only new life but also the planet. Midwives play a vital role in safeguarding the health and human dignity of women and their families by offering essential sexual and reproductive health care. Evidence-based, midwife-led care models enhance patient satisfaction and improve health outcomes. Every year on this day, we celebrate midwives for their unwavering commitment to saving lives and ensuring the health and wellbeing of women and newborn babies. Midwives save lives.

Activities and Collaborations in Cox's Bazar

On May 5th, 2024, UNFPA, the SRH WG, and partners celebrated the International Day of the Midwife in Cox's Bazar. In Cox's Bazar Rohingya response where at least one or two women die every week due to pregnancy or childbirth, the SRH WG took this day to champion universal access to skilled midwives as one of the most important ways to avert preventable maternal and newborn deaths. Midwives provide essential information on sexual and reproductive health, including family planning. Midwives are often frontline healthcare workers and often serve people in hard-to-reach places.

The event, themed "**Midwife: A Vital Climate Solution,**" began with a lively march through Cox's Bazar town, attracting stakeholders from the health sector, UN agencies, national and international NGOs, and humanitarian actors from the Rohingya response. Keynote speakers from government offices (RRRC, DDFF, Civil Surgeon), the health sector, SRH WG, and UNFPA commended midwives for their heroic contributions to maternal and child health amidst climate change and various emergencies.

A midwifery fair at the Cultural Centre highlighted the comprehensive sexual and reproductive health services provided by midwives. Over 250 midwives and partners, including BRAC, BDRCS, IPAS, Hope Foundation, International Rescue Committee, Save the Children, International Organization for Migration, RTMI, PHD-UNICEF, and UNICEF-RTMI, showcased their services. These included family planning, STI prevention, menstrual regulation, post-abortion care, cervical cancer screening, GBV prevention, adolescent services, antenatal care, obstetrics emergencies, postnatal care, and newborn care. The event was extensively covered by various media channels and social media platforms, including UNFPA's Twitter, Facebook, and Instagram accounts.

The Midwifery Day celebrations continued to raise awareness on the role and impact of midwifery on the lives of women, girls and children. It emphasized the role of midwives in addressing the challenges faced by midwives and importance of ensuring quality sexual reproductive health services while



Picture: Midwifery fair at the Cox's Bazar Cultural Centre

minimizing environmental impact. On this International Day of Midwives, the SRH WG and all stakeholders fully acknowledged the skills and contributions of midwives and committed to continue investing in them to safeguard life and protect the health and wellbeing of women and newborns and communities at large.

SRH Working Group Coordination

Meetings are held monthly at UNFPA Office, Hotel Sea Palace. To find the next meeting date, please reach us at srh-wg-cxb+owners@unfpa.org.

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