Sexual and Reproductive Health Working Group Bulletin

Rohingya Refugee Response, Cox's Bazar

July – September 2024

Situation Overview

In July and August 2024, Bangladesh saw a significant political shift with the formation of an interim government led by Professor Muhammad Yunus on August 8, following the Prime Minister's resignation on August 5 amid protests. Due to this transition and ensuing insecurity as well as restricted movement, routine healthcare services were disrupted except the provision of life-saving health services. Emergency obstetric and newborn care services continued to be provided at all PHCCs while only 14 (24%) of the health posts remained operational. Service provision including community health services greatly improved in September 2024. In addition, during this time, the SRH WG was unable to conduct the regular meetings in August.

Highlights of the SRH Working Group (SRH WG)

Dissemination Workshop of SRH Survey 2024

In September, UNFPA held a dissemination workshop to present the key findings from the successfully completed SRH Survey 2024 conducted in collaboration with icddrb to major stakeholders, including the Government of Bangladesh (GoB), health sector partners, heads of agencies and ISCG members. The workshop showcased significant progress in family planning uptake and utilization and maternal health as well as gender perspectives within the community such as the proportion of women of reproductive age currently using any method of family planning having improved from 33.7% in 2018 to 55%, increased uptake of long-acting methods from 1.9% to 7% in 2024, a decline in adolescent pregnancies to 7%, and shifting gender perspectives among the Rohingya community. The UNFPA representative shared insights on the distribution of family planning resources at the community level and emphasized the need to address gaps in SRH services.

Picture: Dissemination workshop on SRH survey at RRRC office

Social Autopsies in Camps 15 and 1E

In this quarter, the SRH Working Group carried out Social Autopsies in Camps 1E, one of the camps reported with consistently high maternal and perinatal deaths, to better understand the cultural and social factors hindering facility-based deliveries and therefore leading to increased maternal and perinatal deaths in these camps. Each session moderated by the CiC of the camp in collaboration with the SRH WG, health sector and other heath sector partners was attended by over 50 community members including Imams, , traditional birth attendants (Dhoronis) , pregnant women, men, Majhi's, and health service providers. The key factors/challenges identified include; nighttime security issues which hinder travel from home to the facility, a preference for traditional birth attendants over medical staff due to perceived gaps in respectful maternity care, and weaknesses/inadequate referral systems including lack of a system that takes the patients back to their camps after management. , In addition, lack of blood donation support including lack of snacks and prolonged time at the health facility and lack of food for the attendants during

admission were also highlighted. . The sessions emphasized the need to involve male and religious leaders in raising community SRH awareness and educating the community about pregnancy danger signs. These Social Autopsies provided critical insights for developing strategies to improve maternal health outcomes in the Rohingya humanitarian response.

Orientation on MCH Card

Picture: Opening of Orientation on MCH card

The SRHWG conducted MCH card orientation sessions for service providers and SRH focal points across all 33 camps in Cox's Bazar. The training targeted midwife supervisors, facility-in-charges, and SRH focal points and managers was conducted in collaboration with UN agencies. Facilitation was done in collaboration with different partners of the SRH WG such as UNFPA, WHO, UNHCR, UNICEF, IOM, and Save the Children, focusing on the different components of the MCH card including ANC protocols, high-risk assessments, and newborn care. A total of 191 participants (59 male, 132 female) were trained, who would then train all the front-line service providers in all health facilities. The event was attended by key representatives from the RRRC and Civil surgeon office as well as UN agencies. The MCH card aims to streamline and improve maternal and child health services in the camps, standardize ANC protocols, and enhance care quality. Ongoing monitoring will be essential to measure the impact and ensure consistent, high-quality care.

Finalization and orientation on several Midwifery proformas and assessment tools

The SRH WG continued to support its function for providing SRH leadership and ensuring that standards for services are observed and maintained all the time by all partners to ensure quality of services. In the reporting quarter, the SRH WG finalized and introduced several proformas and tools like the high-risk pregnant mother assessment tool. This is to support service providers to be able to identify and ensure timely management of high-risk mothers during their pregnancy to ensure safe delivery as well as the management of the different pregnancy related complications and emergencies. These will improve the quality of care for patients as well as prevent maternal deaths because of these complications and emergencies.

Initiation of training of trainers for Midwifery Life Saving skills for SRH WG partners

During the reporting period and with support from the international midwife mentors as well as national midwife coordinators and clinical mentors, a total of 40 midwives and 18 medical officers from the SRH WG received mentorship on lifesaving midwifery skills, 40 midwives were trained on Basic maternity care, 20 on respective maternity care.

In addition to the regular midwifery lifesaving (MLS) sessions UNFPA initiated the identification and conducting of training of trainers (ToT) for midwives from other agencies who will support the mentorship function within their organizations. The ToTs trained by the UNFPA supported international midwife

mentors/national midwife coordinators and supervisors will be responsible for ensuring follow up of midwifery activities through bed-side mentorship at their health facilities. The overall objective is to decentralize and strengthen the mentorship Programme to all health facilities in the whole Rohingya response. During the quarter, a total of 40 midwife ToTs from 15 agencies including IOM, PHD, BPSA/IPAS, BDRC, MSF, FH, SCI, BRAC, RTMI-UNICEF, FRIENDSHIP, GK, HAEFA, FERREDES HOMMES, IRC,RTMI-UNFPA were trained. The ToTs will continue to receive mentorship training from the UNFPA supported international midwives with the support of the national midwife coordinators [DN2] and supervisors.

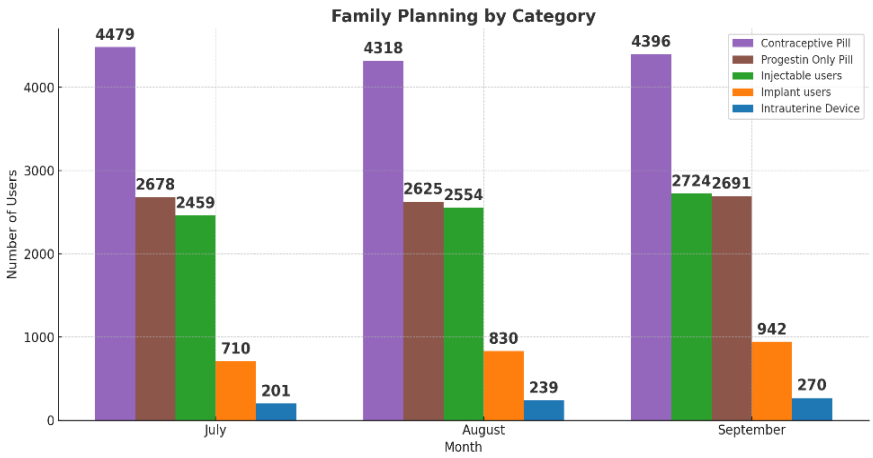
Data Overview: July - September 2024

By September 2024, there were 53 health posts, 47 primary health centers, and 2 facilities providing CEmONC services, all registered under the health sector. The following data reports[1] are based on service data from these facilities. Overall, there was a decrease in services in this quarter in comparison to the previous quarter as well as the same quarter in 2023. This can be attributed to the political unrest that happened in the country in July and August.

Family Planning

Figures based on reports by SRH Partners

There is a general observed decline in the number of first-time trends of first time FP acceptors in 2024 compared to 2023. In the third quarter (July to September) of 2024, family planning services continued to be provided effectively by the health service providers. During this period, there were **32,116 first-time family planning acceptors** for modern contraceptive methods, marking a 6.9% increase from the second quarter. However, there was a 5% decrease from the number of first-time acceptors of FP (33,814) during the similar quarter of last year. Of these new acceptors, 85.22% were Rohingya refugees, while 14.78% were members of the host community. The Contraceptive Pill was the most preferred family planning method, with a total of 13,193 users, accounting for 41.1% of all users. The Progestin Only Pill followed as the second most popular method, with 7,994 users, making up 24.9% of users. Injectable were the third preferred method with 24.1% of the total users Collectively, long-acting reversible contraceptives (LARC), which include Implant Users and Intrauterine Device Users, comprised 3,192 users, making up 9.9% of all first-time family planning users in the third quarter.



In addition, within this period the community-based distribution of family planning within ten pilot camps was continued. A total of 4277 FP re-fills and 17796 condoms were provided by the community health workers within the ten pilot camps.

Antenatal Care (ANC)

Figures based on reports by SRH Partners

There were generally less ANC1 visits conducted in the period July to September in comparison to those conducted in the previous quarter. In addition, there was a 24% decrease in the number of ANC1visits (38,479) conducted in the same quarter of 2023. There were 29,347 ANC 1 visits reported , of whom 69.9% were Rohingya refugees. This marks a 2.2% decrease compared to the 30,141

[1] *Health Sector 4W Dashboard (as of 7th Nov 2024)*

ANC 1 visits reported in the previous quarter. Additionally, there were 7,109 ANC 4 visits during this period of whom 72.7% attended by refugees, reflecting an 18.6% decrease compared to the 8,732 ANC 4 visits recorded in the prior quarter. The decrease in ANC attendance could be attributed to the increased insecurity during that time.

Facility-Based Deliveries

Figures based on reports by SRH Partners

During the reporting period from July to September, a total of **8,331 facility-based deliveries** for women and girls were recorded, with an average of 2,777 per month. This was a slight decrease of 1% compared to the previous quarter in which 8,385 facility-based deliveries were conducted but a 5% decrease in comparison to the similar quarter of 2023. Of the deliveries conducted during this period, 71.0% were from the Rohingya refugees and 29.0% were from the host community. The facilities reported 98.3% live births (8,192) and 1.6% stillbirths (139). Additionally, 715 cesarean sections (C/S) were conducted, resulting in a C/S rate of 9% relative to the total number of facility deliveries, which aligns with the recommended rate of 5-15%. However, the C/S rate was slightly higher during this quarter compared to the 8% of the previous quarter as well as that in Q1. Among these C/S conducted, 49.2% (352) were refugees and 50.7% (363) host community. In addition to the facility-based deliveries, there were a total of 869 home based deliveries conducted which is 5% higher than those conducted in the previous quarter. The number of home deliveries conducted by non-skilled birth attendants, especially traditional birth attendants is still unacceptably high and efforts to reduce these further should continue like working with the traditional birth attendants for referring and escorting mothers to health facilities in a timely manner at a harmonized incentive.

Postnatal Care (PNC)

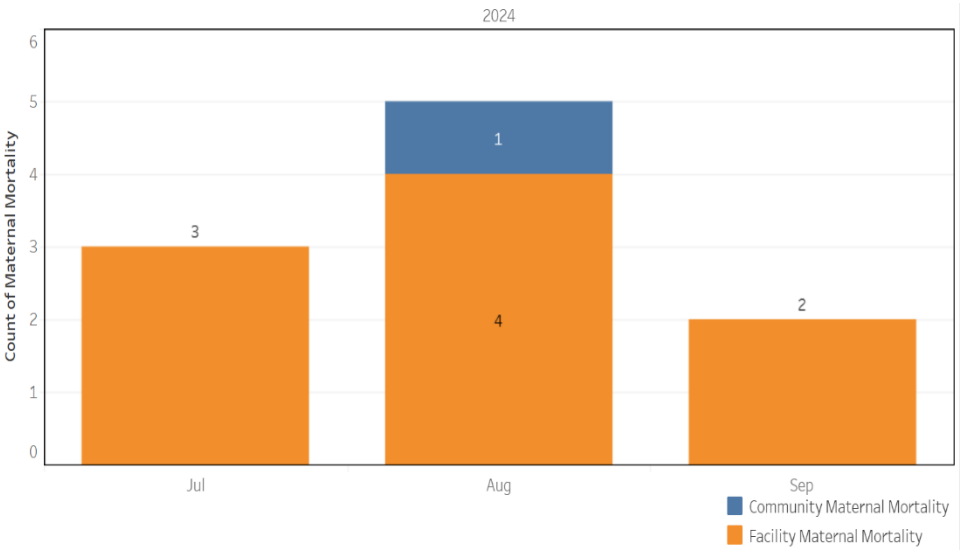
Figures based on reports by SRH Partners

Unlike the reported decline in most of the other services, there was no major decline in the number of visits for post-natal care. There was a total of 11,250 post-natal care visits conducted from July to September which is 16% higher than those conducted in the previous quarter (11,077). However, the number of the post-natal visits conducted this quarter were 19% less than those conducted in the similar period of last year (13,962) also indicating the effect of the political unrest and insecurity during this period on the service.

Updates from the SRH WG sub-committees/technical teams

Maternal and Perinatal Mortality Surveillance and Response [MPMSR] [2]

In quarter 3, a total of 10 maternal deaths were reported, with 9 occurring in health facilities and 1 in the community as women are reaching the facilities at the very end after home trials by Traditional Birth Attendants (TBA) It was found that on an average, more than 80% cases had home trials by TBA and around 20 hours delay in reaching the primary health facilities from the onset of labor pain.



[2] https://mpmsrcxb.info/

The primary causes were obstetric hemorrhage (40%) and hypertensive disorders (30%). All facility-based deaths underwent reviews and audits, with recommendations tracked using an online feedback system.

Additionally, quarter 3 reported 114 perinatal deaths in the camp, comprising 28 fresh stillbirths (24.6%), 48 macerated stillbirths (42.1%), and 38 early neonatal deaths (33.3%). This represents an increase compared to quarter 2, where 109 perinatal deaths were reported. Advance analysis shows that due to lack in knowledge and counseling on kick counts or fetal movement, mothers not coming to the PHCs on time because of macerated stillbirth are significantly high which has been delivered at the facilities later which means deaths are taking place at home indeed.

The most common delays found in decision making at household level as there is preference of home delivery by TBAs. the second common delay found in clinical management and stabilizing the patients with emergency management. Unavailability of blood donors, inadequate stabilization before referrals and lack of accountability of the providers are the predominant factors for the Delay-3. Challenges included delayed and incomplete reporting in EWARS, lack of participation in audits from the partners, delayed actions by the partners to address the gap , and late submission of death reviews leading to recall biases.

Adolescent Sexual and Reproductive Health (ASRH) Technical Committee

The ASRH Technical Committee under the umbrella of the SRH WG maintained activities despite challenges like political unrest disrupting regular meetings and awareness efforts. Health facilities remained functional within the period of the political unrest and so adolescent sensitive services continued to be provided. Even though the regular in-person meetings were also disrupted during this period, one in-person meeting was held in September chaired by UNFPA, to review ASRH assessment findings and draft IEC materials. Two new partners—Humanity Inclusion and Ipas Bangladesh—joined to strengthen adolescent SRH services to make the total participation to 16 partners.

Key Highlights from partners implemented during the period of July to September were:

- UNHCR: Sustained awareness creation and providing facility-based services through their implementing partners.
- IRC: Provided adolescent-responsive clinical care across 5 PHCCs and 48 women-friendly spaces; reached 90 adolescents through Young Mother support sessions.
- IOM: Prioritized adolescent service hours one day in a week to enhance access in 15 IOM health facilities.
- Ipas Bangladesh: Delivered SRH services to 2387 adolescents and reached 849 adolescents for FP awareness.
- BRAC: Engaged 1151 adolescents through counseling in BRAC PHC (camp 1
  East, camp 8 East and Camp 13 PHC) and 1113 through midwife services in the health facilities. BRAC initiated counselling through ASRH counselor at PHCs from this quarter.

Picture: Facility based ASRH information and community outreach program (BRAC)

- RTMI: In Q3 2024, the Young Mother Support Group Program (YMSGP) was conducted in 5 HFs (KTP RC, NYP RC, Camp-2w, Camp-4, Camp-1w) in Cox's Bazar, a total of 120 sessions were conducted as per the session plan, and the total number of participants were 1144, 9. At least 4 ANC received percentage 98.37%, Percentage of facility deliveries- 99%.

Percentage of PPFP-100%, at least 3 PNC received percentage- 86.17%. The session includes ANC with 5 danger signs, PNC, FP, birth planning, safe delivery, home delivery risk, SRH decision-making of pregnant mothers, and disadvantages of early marriage, etc.

- FH: Offered 569 adolescent consultations and celebrated World Breastfeeding Week and World Suicide Prevention Day, engaging over 700 participants.
- SCI: Developed an adolescent module in collaboration with Rohingya adolescents that brought out the choices of adolescent girls, learning topics they aspire to learn and services they desire for, with final dissemination coming soon.
- PHD: Reached over 1,000 adolescents with sessions on hygiene, puberty, and SRH, at camp 1E, 3, 10, 12 and 19 marking health awareness days with interactive activities.

Newborn Technical Sub-Committee

The Newborn Technical Sub-Committee, part of the SRH Working Group, held two meetings—one online and one at the UNICEF office in Cox's Bazar—chaired by UNICEF. These meetings included active participation from UN agencies, international NGOs, and local organizations such as UNFPA, WHO, IOM, MSF, and Save the Children, among others. Discussions focused on advancing newborn care through updates and strategic planning. Additionally, the sub-committee revised the referral pathway for critically ill newborns, pinpointing facilities capable of providing advanced care and ensuring that partners and stakeholders are well-informed and prepared to deliver the necessary support.

Picture: Newborn Technical Sub-Committee meeting

Key Updates from Partners:

- Hope Foundation resumed 24/7 CEmONC services from September 15, with a 75-bed facility.
- RTMI provided essential newborn care to 398 infants at three PHCs, referred 19 critical cases, and received three radiant warmers from WHO.
- PHD maintained 24/7 care across three camps, supporting over 6,810 cases, including 720 low birth weight infants and 529 receiving KMC.
- Friendship Hospital Ukhiya reported 768 deliveries with 718 live births and 50 stillbirths.
- MSF temporarily increased capacity at Goyalmara Hospital to 97 beds.
- IRC launched a new Integrated Health and Nutrition Center in Camp 11.
- UNFPA conducted social autopsies and MCH card orientations. The Social autopsies highlighted delayed decision-making due to lack of awareness, particularly among men.
- UNHCR supported CHWs and perinatal death audits.
- WHO organized five Training of Trainers sessions and distributed radiant warmers.
- IOM continued newborn care services in multiple camps with advanced care beds.

Newborn Research

The research team from Bangabandhu Sheikh Mujib Medical University (BSMMU) held an online meeting to present their findings from an implementation research study on the enablers and barriers to accessing and utilizing neonatal care among the Rohingya population in Cox's Bazar. This study was conducted with technical support from UNICEF. The main recommendations emphasized the need to strengthen and invest in care during labor and birth, enhance the quality of maternal and newborn care, initiate participatory approaches to identify cultural and knowledge diversity across different geographic and demographic groups, and improve family planning uptake to promote greater pregnancy spacing.

UNFPA International Midwifery Mentorship Programme

Picture: Hands-on demonstration on the use of Non-Shock Absorbent Garment during IMM session.

The UNFPA International Midwifery Mentorship (IMM) programme is an initiative by UNFPA to provide continuous midwifery mentorship, skilling and training for national midwives by international midwives. Using global and national midwifery standards of practice, midwives are mentored on provision of quality midwifery practice including how to manage pregnancy related complications and emergencies such as postpartum hemorrhage, pregnancy related hypertensive disorders etc. which commonly cause preventable maternal and perinatal deaths to improve the pregnancy outcomes for both the mother and baby. Apart from increasing the knowledge and skills in midwifery , this initiative has significantly improved the confidence of the midwives as well as their decision making, critical thinking and leadership skills. The programme greatly improved patient care and outcomes, contributing to a more robust and sustainable healthcare system.

Feature Article

Updates on Mobile Medical Team Activities in Cox's Bazar

Courtesy of Emergency Preparedness & Response Technical Committee

In the face of recurring natural hazards and emergencies in Cox's Bazar, and to implement the health sector emergency response strategy, the collaborative efforts of the Emergency Preparedness and Response Technical Committee (EPR TC) and the Mobile Medical Team Working Group (MMT TWG) are pivotal. Their strategic approach and rapid response have contributed significantly to mitigating the impacts of crises on both the refugee and host communities. To ensure an effective health sector response in any acute emergency, the health sector has in place a total of mobile medical teams covering all the 33 camps which are called into action on a need basis depending on the scope and location of the emergency. Each mobile medical team is composed of medical officers, midwives for the minimum initial services package on sexual reproductive health (MISP), nurses and medical assistants. The teams are fully equipped with emergency medicines and supplies required to save life in an emergency including sexual reproductive health supplies such as MAMA kits, clean delivery kits, clinical management of rape kits among others. This article delves into key activities and responses by the Mobile Medical Teams (MMTs) in recent months, highlighting the effectiveness of coordinated emergency health interventions.

Picture: Training on MISP

Key Updates

- To strengthen the MISP response within all these natural hazards and emergencies, all the MMTs have been trained on MISP and have been equipped to provide a timely MISP response within any emergency. A total of 60 members of the MMTs have been trained on MISP in 2024 in collaboration with the SRH WG.
- Swift Response to Camp 13 Fire Incidents - The EPR TC and MMT TWG responded quickly to fire

incidents at Camp 13 on May 24 and June 1, 2024. IOM MMT 8 treated 56 patients on May 24 for minor injuries and provided psychological first aid. BRAC MMT 3 treated 27 patients for heat exhaustion and minor injuries, referring some to specialized care. On June 1, MMTs screened 322 individuals and assessed over 150 patients, showing ongoing commitment to health and well-being.

- Cyclone Remal Preparedness Measures - Ahead of Cyclone Remal in May 2024, the EPR TC coordinated with MMT TWG and the Health Sector, Cox's Bazar, to update MMT and ambulance lists and share them with partners. Medical team mapping was supported by the Health Sector and distributed to stakeholders. Preparedness messages were sent to all MMT partners to ensure readiness.
- Strengthening Coordination and Training - The EPR TC's September 2024 coordination meeting at the Camp in Charge Office, Ukhiya, emphasized emergency communication and community awareness. Members and partners identified communication focal points for better response. Training on Mass Casualty Incident Management, first aid, triage, and referral processes were held for 100 MMT members and healthcare workers, enhancing crisis response skills.

The proactive and collaborative efforts of the EPR TC and MMT TWG have showcased a robust framework for emergency response in Cox's Bazar. Through swift action during fire incidents, detailed cyclone preparedness, and comprehensive training programs, the Mobile Medical Teams have proven their essential role in safeguarding health and providing critical services during crises. Continued dedication and strategic coordination will remain key in addressing future challenges and ensuring the health and safety of affected communities.

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.

For more information or queries, please reach out to Programme Analyst – M&E & Information Management, Nafiul Azim (azim@unfpa.org) and Programme Analyst – Monitoring & Evaluation, Md. Noyem Uddin (mduddin@unfpa.org).

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