Sexual and Reproductive Health Working Group Bulletin

Rohingya Refugee Response, Cox's Bazar

January – December 2024

Situation Overview

The Sexual Reproductive Health (SRH) Working Group is pleased to present its annual report for 2024, highlighting key achievements, challenges, and strategic priorities. This report reflects the continued commitment to strengthening and fostering partnerships to improve access to essential sexual reproductive health services and drive impactful change for the women and girls in the Cox's Bazar Rohingya response.

Key Achievements

1. **Publication of the SRH WG bulletins:** The SRH WG develops and publishes quarterly SRH WG bulletins as summary feedback to the working group partners. In 2024, the quarterly bulletins for Q1, Q2, and Q3 can be found here. This annual bulletin also includes the Q4 bulletin. The regular bulletins, produced by the SRH WG with support from the M&E team, provide SRH WG partners with a situational overview of SRH services and achievements for that period. They also serve as a means of providing feedback to SRH WG members.

2. **The development, piloting, and scale-up of the operationalization of the Maternal and Child Health (MCH) Card** was a significant initiative aimed at standardizing and harmonizing sexual and reproductive health (SRH) services. Complementing the general health card, this initiative was supported by the Health Sector, the SRH Working Group (SRH WG), and partners. It sought to improve documentation and ensure a continuum of care for mothers and newborns. By the end of the year, the MCH Card was operational in all 33 camps in Cox's Bazar as well as in Bhasan Char.

Picture: Official launch of the MCH card

3. Recognizing that Cox's Bazar is prone to natural disasters such as cyclones, floods, and monsoons, the SRH WG, in collaboration with UNFPA and the Health Sector, conducted a **Minimum Initial Services Package (MISP) Readiness Assessment (MRA) Workshop.** The objective of the workshop was to evaluate the preparedness to implement lifesaving SRH services during emergencies by identifying gaps in crucial areas such as SRH service delivery, supply chain management, human resources, and coordination mechanisms.

Picture: MISP Readiness Assessment (MRA) Workshop

The two-day workshop, held on March 12–13, 2024, engaged multiple sectors, including the Government, RRRC's office, DDFP's office, UN agencies, humanitarian workers from the

health sector, and SRH WG partners. The Action Plan developed during the workshop by various stakeholders is being closely monitored by the SRH WG to ensure that all identified gaps are addressed. Subsequently, the SRH WG has also strengthened the capacity of Mobile Medical Teams (MMTs), which provide emergency lifesaving services during humanitarian crises or natural disasters for the Rohingya community.

4. During the **fire incident at Camp 5**, which displaced over 5,000 refugees, including many women and girls, the SRH WG, in collaboration with the Health Sector, conducted an **SRH needs assessment and distributed emergency reproductive health kits** to ensure the continued provision of lifesaving SRH services.

5. On May 5, 2024, in Cox's Bazar, UNFPA, along with the Sexual Reproductive Health Working Group (SRH WG) and its partners, marked the **International Day of the Midwife**, joining the global celebration.

   The vibrant event, themed "Midwives: Vital Climate Solutions," began with a march through Cox's Bazar town. Midwives were accompanied by stakeholders from the health sector, UN agencies, national and international NGOs, and humanitarian actors involved in the Rohingya response. Throughout the day, midwives in Cox's Bazar showcased various aspects of midwifery and maternal health at dedicated stalls, highlighting family planning, gender-based violence response, skilled delivery, management of pregnancy-related complications, and emergency care.

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

   Keynote speakers, including representatives from government offices (RRRC, DDFP, Civil Surgeon), the health sector, the SRH WG coordinator, the head of the UNFPA sub-office, and UN agency representatives, honored midwives as champions of maternal and child health, recognizing their vital role in addressing challenges exacerbated by climate change, emergencies, and disasters.

6. The SRH WG coordinated and conducted an **Inter-Agency Joint Monitoring Assessment** between April and May to evaluate SRH service availability, access, and quality across 109 out of 113 health facilities. The assessment report identified critical gaps, including insufficient respectful maternity care, inadequate staffing, and a shortage of reproductive health commodities. Based on these insights, an action plan was developed to address these service gaps.

7. Based on the **Family Planning Strategy for the Rohingya Refugees**, UNFPA, in collaboration with the Deputy Director of Family Planning (DDFP), piloted a **community-based distribution model** in 10 out of 33 camps from May to June to improve family planning service access. Findings indicated that many refugees preferred obtaining contraceptive refills from local drug shops

Picture: Family planning community distribution

rather than health facilities, leading to an extension of the door-to-door service.

8. During the reporting quarter, the SRH WG, in collaboration with the Health Sector Emergency Preparedness and Response (EPR WG) Working Group, integrated the Minimum Initial Services Package **(MISP) for Reproductive Health into the health sector emergency response.** This was achieved by training all health sector emergency medical teams on MISP and ensuring the prepositioning of all RH kits and MaMa kits at health facilities. The MISP for Reproductive Health in Humanitarian Crises is a set of life-saving reproductive health interventions designed to be implemented at the onset of an emergency.

   In June 2024, the SRH WG, in collaboration with IOM, the GBV Sub-Sector, and the Health Sector, conducted two training sessions for all 33 Emergency Mobile Medical Team (MMT) members. A total of 62 MMT members received this training, including 31 Midwives, 27 Doctors and 4 Incident Commanders.

   With this MISP training, the capacity of MMTs to address critical and lifesaving reproductive health needs will be strengthened, ultimately helping to prevent excess morbidity and mortality among women and girls during emergencies.

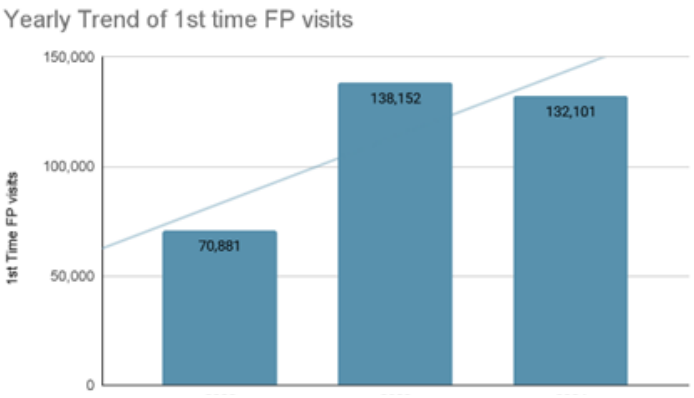
Service data achievements

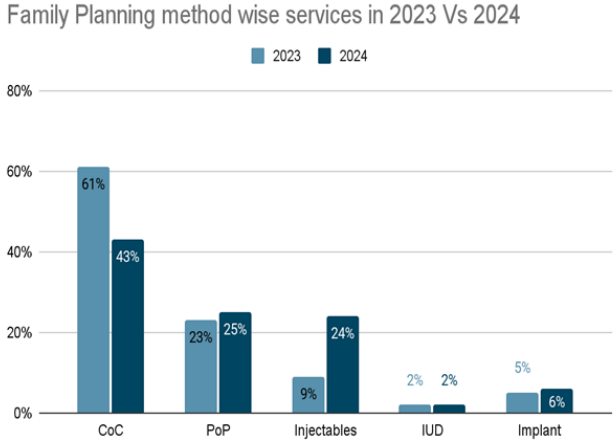
This bulletin primarily presents data collected from SRH Working Group partners who reported to the Health Sector 4W reporting tool from January to December 2024. By December 2024, a total of 47 primary health centers, 51 health posts, and 2 facilities providing Comprehensive Emergency Obstetric and Newborn Care (CEmONC) were registered under the Health Sector.

Data Overview: January – December 2024

Family Planning

- There has been a general observed increase in the number of first-time family planning acceptors since 2022.
- In 2024, facility-based service delivery for family planning has made significant strides in improving the uptake of modern contraceptive methods. Despite this progress, there was a 4% decline in the total number of individuals seeking first-time family planning methods, from 138,152 in 2023 to 132,101 in 2024.
- Of the first-time acceptors of family planning, 85.2% were from the refugee community and 14.8% from the host community.





The preferred methods were oral pills (CoC) at 43%, progesterone-only pills at 25%, and injectable methods at 24%. Additionally, long-acting reversible contraceptives (LARCs) accounted for 8.6% of first-time users, comprising implants (6.4%)

and intrauterine devices (IUDs) (2.2%). This represents a notable increase from 6.7% in 2023, indicating a growing acceptance of long-term contraceptive options.

This year saw a noteworthy increase in the popularity of injectable contraceptives and implant services, reflecting a growing preference for long-acting reversible contraception among users. In contrast, the utilization of combined oral contraceptives for first-time family planning experienced a decrease, highlighting a shift in choices among individuals seeking to manage their reproductive health.

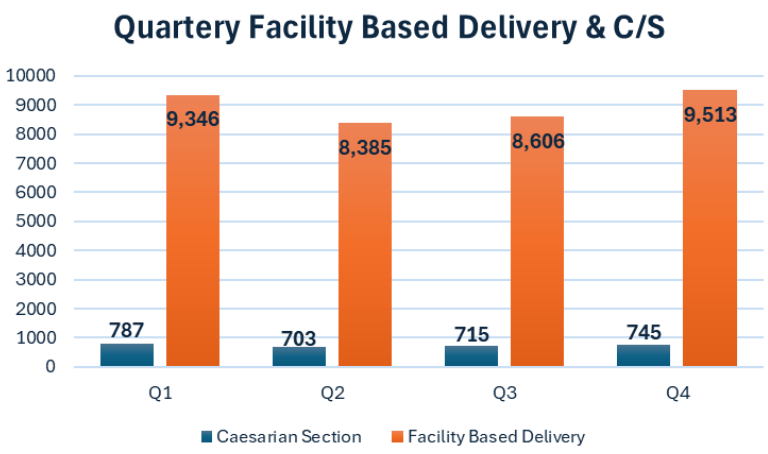
Antenatal and Post Natal Care (ANC & PNC)

In 2024, a total of **121,108 mothers attended their first antenatal care (ANC1) visit**, with 71.8% from the Rohingya community and 28.2% from the host community. Additionally, **32,367 mothers completed four or more ANC visits**, with 67.6% being Rohingya and 32.4% from the host community. According to the December 2024 4W dashboard, the **ANC 4+ attendance rate covered 90% of all births occurring in health facilities.**

Compared to 2023, the number of ANC four or more visits increased from 25,946 to 32,367. Additionally, the **ANC 4+ attendance rate improved from 75% in 2023 to 90% in 2024**, reflecting strengthened healthcare accessibility and service utilization.

Facility-Based Deliveries

In 2024, a total of **35,850 facility-based deliveries** were reported, showing a continued increase from 33,854 in 2023. This steady growth reflects improved access to and utilization of institutional delivery services. Among these deliveries, 68.5% were from Rohingya mothers, while 31.5% were from the host community.



Regarding caesarean sections, a total of **2,950 C-sections** were performed in 2024, with 48.4% conducted on Rohingya mothers and 51.6% on host community mothers. This equates to an 8.2% C-section rate in 2024, representing a notable increase from 5.7% in 2023. However, the C/S rate still lies within the acceptable standard range of 5-15%. Also important to note is that there was a marked increase in the proportion of host community that received ceasarean sections from approximately 44% in 2023 to 52% in 2024. The rise in C-section rates in 2024 may indicate better emergency obstetric care services or increased identification of high-risk pregnancies requiring surgical intervention.

Overall, the 2024 data reflects a positive trajectory in maternal healthcare accessibility and utilization, particularly with increased facility-based deliveries and improved emergency obstetric care services. Even though there has been a marked improvement in facility-based deliveries, over 3,512 babies were reported as delivered at home, with a monthly average of 293. The effort to reduce the number of home deliveries will remain a major focus.

Postnatal Care (PNC)

Postnatal Care (PNC) services saw 48,632 visits, with 79.8% from the Rohingya community and 20.2% from the host community, ensuring continued maternal and newborn care beyond childbirth. These

figures highlight a comprehensive and inclusive approach to maternal and reproductive healthcare, ensuring enhanced quality and coverage for both refugee and host populations.

Updates from the SRH WG sub-committees/technical teams

Maternal and Perinatal Mortality Surveillance and Response [MPMSR]

In 2024, a total of **46 maternal deaths and 491 perinatal deaths** were reported, averaging four maternal and over 40 newborn deaths per month, with **100% of facility-based maternal deaths audited.** There was a **19% reduction in maternal deaths from 2023 to 2024,** along with a gradual decline in perinatal deaths since the initiation of the Perinatal Surveillance and Response in August 2023 through December 2024.

The major causes of maternal deaths in 2024 remained pregnancy-related bleeding (obstetric hemorrhage) at 48%, pregnancy-related infections such as sepsis at 20%, and pregnancy-related hypertensive conditions at 17%. Seventy percent of the mothers who died had attended four or more ANC visits, and 40% of deaths occurred within 42 days postpartum, highlighting gaps in ANC quality, high-risk pregnancy identification, and postnatal care follow-up. Additionally, 70% of mothers who died in facilities had first attempted home delivery with a traditional birth attendant (TBA) for at least 19 hours before reaching a health facility, often too late for successful interventions.

A joint SRH WG assessment also identified critical facility gaps, including limited laboratory services, inadequate blood banks, and poor adherence to standard protocols, underscoring the urgent need for improved emergency obstetric care.

To strengthen response mechanisms in 2024, the MPMSR team introduced several initiatives to improve recommendations and response, such as a real-time accountability tracker and bilateral feedback sessions on MPMSR committee recommendations. These efforts have led to improvements in factors that directly or indirectly contributed to maternal and perinatal deaths, particularly at health facility and organizational levels.

Picture: Social Autopsy with community members

Other initiatives included expert reviews of complicated cases with government officials, UN agencies, and partners, especially those providing CEmONC services, to identify technical capacity gaps in managing obstetric emergencies and implement collaborative solutions. Social autopsies were also conducted to consult community members on socio-cultural barriers contributing to maternal and perinatal deaths, identifying delays in healthcare-seeking behavior and societal influences such as the preference for traditional birth attendants over "young" midwives. A workshop was held to share MPMSR findings and recommendations, where partners committed to improving referral coordination, strengthening emergency obstetric care, and ensuring better access to blood transfusion services. These efforts reflect a continued

commitment to reducing maternal and newborn mortality through improved healthcare access and timely interventions.

Adolescent Sexual and Reproductive Health (ASRH) Technical Committee

Courtesy of BRAC, Friendship, GK, IOM, IPAS, IRC, PHD, Plan International, RTMI, SCI, UNFPA, UNHCR, UNICEF, WHO

Picture: Awareness session on HPC vaccination for pregnant women

In 2024, the Adolescent Sexual Reproductive Health Technical Committee (ASRH TC) continued its efforts to improve adolescent access to sexual and reproductive health (SRH) services through collaboration with NGOs, INGOs, and UN organizations. The committee conducted 10 coordination meetings to discuss challenges and solutions, shared an assessment report on adolescent-responsive SRH services, and highlighted key gaps such as limited adolescent-friendly service corners (only 23%), inadequate health information management (5%), and long waiting times in 67% of primary health centers. The ASRH TC also played a critical role in the HPV vaccination awareness campaign, reaching 15,166 individuals, and supported menstrual hygiene management through the distribution of 20,181 dignity kits. Additionally, adolescent empowerment was promoted through events such as Women's Day, Menstrual Hygiene Day, and the International Day of the Girl, where three adolescent girls symbolically took leadership roles in the community.

Throughout the year, **at least 63,535 SRH services were provided to adolescents**, including 15,174 family planning services and 48,361 other SRH-related services. Community awareness sessions engaged 40,750 adolescents, educating them on puberty, menstrual hygiene, STIs, gender-based violence, and child marriage risks. To enhance service quality, a three-day training on SRH in humanitarian settings was conducted for 22 healthcare providers. The ASRH TC remains committed to strengthening coordination, improving adolescent-focused health services, and addressing existing gaps to ensure a more informed and healthier adolescent population.

Newborn Technical Sub-Committee

Courtesy of Friendship, Hope Foundation, IOM, MPMSR Coordination Team, MSF, PHD, RTMI, UNFPA, UNICEF

Picture: Newborn Technical Sub-Committee meeting

The Newborn Technical Sub-Committee, chaired by UNICEF, collaborates with various partners to enhance neonatal healthcare services across Rohingya camps and host communities in Cox's Bazar. Throughout 2024, regular monthly meetings were conducted to discuss service improvements, challenges, and solutions. Key interventions included training midwives on MCH cards and Kick Charts to improve newborn care outcomes, engaging Traditional Birth Attendants (TBAs) in non-clinical support, and providing radiant warmers to enhance neonatal care in camps. Several Primary Health Care Centers (PHCs) continued to deliver routine newborn services, with some centers expanding their bed capacity and ambulance referral services. Additionally, Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services were maintained in specific hospitals, ensuring 24/7 access to life-saving maternal and newborn healthcare. Some organizations also

introduced mother-centered Neonatal Special Units (NSUs) to improve care efficiency for both mothers and newborns.

Significant assessments and audits were conducted throughout the year, including perinatal death audits and research on enablers and barriers to neonatal care access. Findings from 41 perinatal death audits identified **birth hypoxia, prematurity, and respiratory and cardiovascular diseases** as the **leading causes of neonatal deaths**, with **491 perinatal deaths recorded in 2024**. Additionally, social autopsies revealed higher mortality rates at health facilities than in the community, indicating the need for improved facility-based neonatal care. Efforts were also made to strengthen community-based interventions, including mother-to-mother support groups, facility-based Kangaroo Mother Care (KMC) training, and integration of newborn datasets into DHIS2. Looking ahead, partners remain committed to expanding neonatal services, improving referral coordination, and enhancing the capacity of healthcare providers to ensure better newborn survival outcomes in Cox's Bazar.

Midwifery Mentorship

The UNFPA International Midwifery Mentorship (IMM) program has continued to provide national midwives with essential skills and knowledge, improving the management of emergency obstetric and newborn care services and ultimately enhancing maternal health outcomes in the Rohingya response in Cox's Bazar.

Picture: MLS session being conducted by UNFPA IMM

Under the leadership of UNFPA and the Sexual and Reproductive Health Working Group (SRH-WG), a sustainable model has been introduced to decentralize the midwife mentorship model for midwifery life-saving skills (MLS). Initially, this model covered only UNFPA-supported health service providers but has now been expanded to include health service providers from other SRH WG partners.

In this model, midwives from other SRH partners who have completed regular MLS training are selected and trained as trainers for midwives within their organizations. This training enables them to cascade mentorship and capacity-building efforts to service providers within their organizations while also supporting the existing pool of trainers within the SRH WG.

In 2024, over 40 midwives have been trained as trainers in midwifery life-saving skills, focusing on the management of major causes of obstetric-related deaths, including postpartum hemorrhage, severe pre-eclampsia, prolonged labor, and sepsis.

The program is expected to improve patient care and obstetric outcomes, ultimately contributing to a reduction in maternal and perinatal mortality in Cox's Bazar.

Feature Article

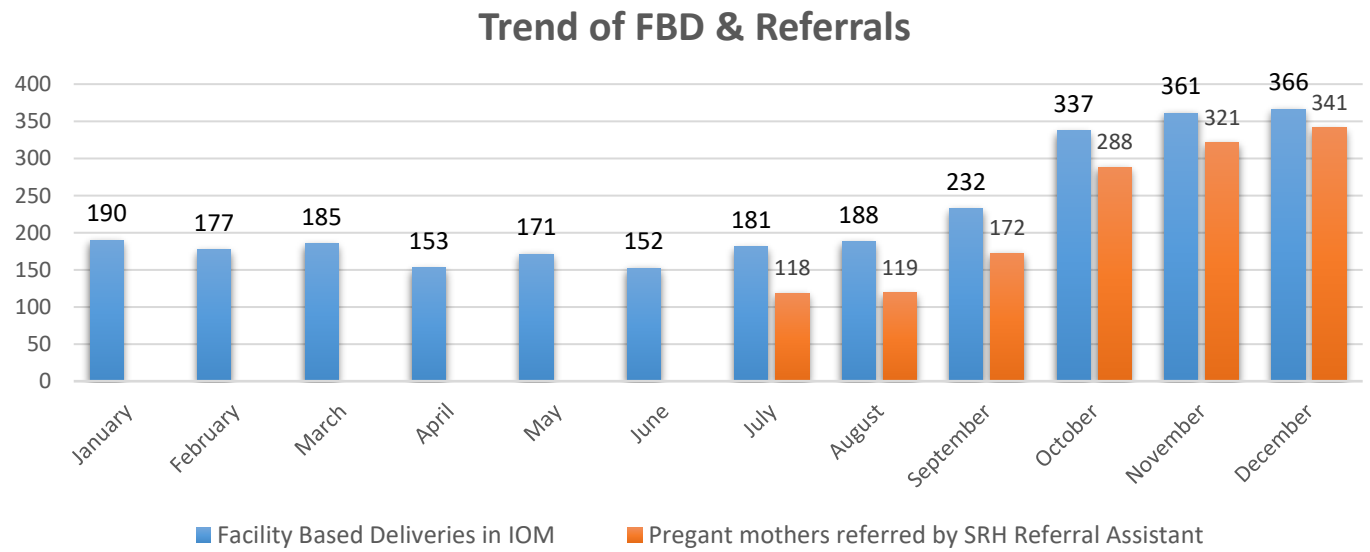
Strengthening EmONC Services and Referrals Through SRH Referral Assistants

Courtesy of IOM

The **SRH Referral Assistants initiative, officially launched in September 2024**, aimed to address the high prevalence of home deliveries (51%) among Rohingya women, a key contributor to maternal and perinatal mortality. Studies revealed that many women preferred to give birth under the care of Traditional Birth Attendants (TBAs) or "Doronis", who are highly trusted within the community. Further analysis showed that 74% of maternal deaths in the camps in 2024 had a history of attempted home delivery under TBAs. Recognizing this, **80 former TBAs were engaged as SRH referral assistants** across eight primary healthcare centers to leverage their existing community trust. Their responsibilities included raising awareness on the risks of home deliveries, promoting facility-based births, referring high-risk pregnancies, and supporting non-clinical care. To improve accessibility, community referral transport systems were reinforced by incentivizing human carriers, ensuring timely referrals, especially for pregnant women in labor at night and from remote areas.

Picture: SRH referral assistants supporting mothers in accessing healthcare facilities.

The initiative has **led to a two-fold increase in both community referrals and facility-based deliveries**, reflecting a positive shift in health-seeking behavior. SRH referral assistants played a critical role in educating expectant mothers and their families on the importance of antenatal care, postnatal care, and skilled birth attendance at health facilities. They also identified and followed up on women listed in estimated delivery date (EDD) and high-risk pregnancy registers, ensuring they reached facilities on time. These improvements have significantly contributed to reducing maternal and perinatal mortality risks associated with labor complications. However, some challenges remain, such as misinformation spread by some referral assistants due to personal beliefs, occasional interference with clinical management at facilities, and cultural resistance among community members who continue to prefer home deliveries.



To sustain progress, ongoing capacity-building and mentorship programs are essential for SRH referral assistants to improve their knowledge, skills, and attitudes. Additionally, behavior change communication (BCC) strategies should be intensified to address harmful traditional practices, cultural barriers, and misconceptions around facility-based births. Standardizing the incentive structure for SRH referral assistants and strengthening referral transport mechanisms will further improve maternal health outcomes. The transformation of TBAs into SRH referral assistants has demonstrated the power of community-led healthcare interventions, showcasing how leveraging trust, experience, and local networks can drive sustainable improvements in maternal and newborn healthcare within the Rohingya refugee camps.

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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