

## Introduction



Picture: Emergency Caesarian Section at Hope Field Hospital (Camp 4)

Currently, around 952,309<sup>1</sup> Rohingya refugees reside in **33 camps in Ukhiya and Teknaf Upazilas** along with 396,413<sup>2</sup> Bangladeshi nationals in Cox's Bazar district. The Joint Response Plan (JRP) 2022 outlined gaps, challenges, and opportunities for addressing Sexual and Reproductive Health services and other humanitarian needs of Rohingya refugees and surrounding host communities. Over 42 partners of the SRH Working Group contributed to the implementation of the JRP 2022 by delivering both basic and comprehensive SRHR services to the target population, including the SRH needs of adolescents and youths. In addition, integrated SRHR/GBV services were provided within health facilities and GBV women safe spaces [Women Friendly Spaces (WFS) and Multipurpose Women Centers].

Through the SRH Working Group, UNFPA coordinated the development and approval of a government-led family planning strategy for Cox's Bazar (2022-2025). The strategy, which was approved in October 2022, will improve access to voluntary family planning by strengthening community and facility-based family planning services, as well as advocacy. To guide the implementation of these services throughout the refugee response through 2025, UNFPA is facilitating a costed family planning strategy operational plan, which is currently under development.

This report is based on data and achievements submitted by partners of the SRH Working Group from January to December 2022. The average number of SRH Working Group partners who submitted reports during the time was 42, with 99.04 percent of partners providing reports.

## Data Overview

In 2022, there was a gradual increase in the number of SRH consultations across the response. During the fourth quarter, a total of 266,238 SRH consultations<sup>3</sup> (Rohingya: 209,250 and Host: 56,988) were conducted, which is a 6.1 percent increase from the first quarter (Q1). This indicates

<sup>1</sup> Joint Government of Bangladesh – UNHCR Population Factsheet, Dec 2022.

<sup>2</sup> ISCG Population Estimates, Aug 2022

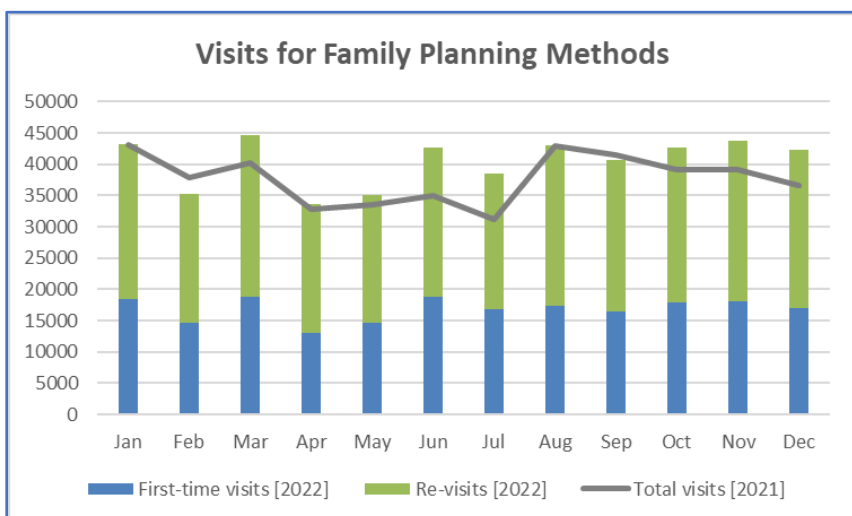
<sup>3</sup> Consultations – Includes ANC visits, Facility Based Deliveries, PNC visits and Family Planning visits.

an increase in access to the various SRH services provided to the refugee community and surrounding host community by all SRH working group partners in Cox's Bazar.

## Family Planning

Figures based on reports by SRH Partners

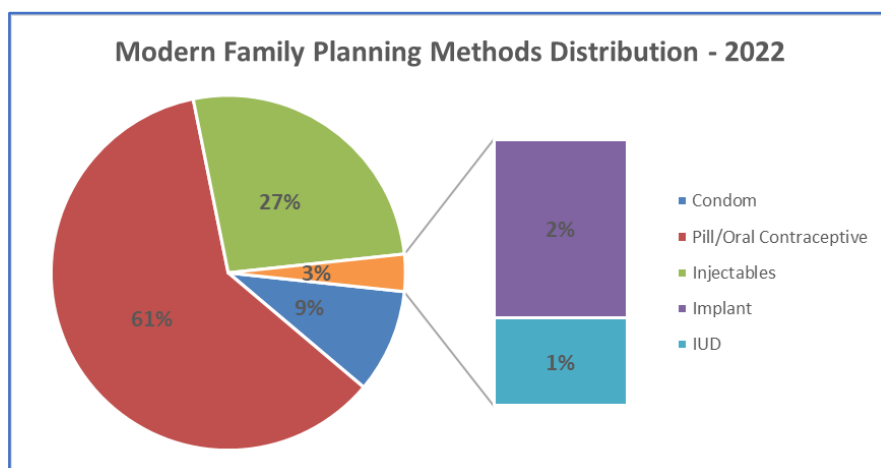
One of the objectives of the SRH Working Group is to promote the goals of the Family Planning Joint Response Plan [JRP] within the Rohingya refugee humanitarian setting in Cox's Bazar. In 2022, the



visits for modern methods of family planning paralleled the patterns of 2021, however there was a substantial rise in service uptake. The overall number of visits for modern methods of Family Planning increased from 452,964 (2021) to 485,582 (2022), a 7.2 percent increment. Among the 485,582 visits reported in 2022, 201,903 (42 percent) were first-time visits. As was the case in 2021, oral contraceptive pills were the most popular Family Planning method [61 percent], followed by injectables [27 percent].

The condom remains among the top three preferred methods, accounting for 9 percent. The number of family planning consultations provided to women and girls under the age of eighteen was 1.93 percent, a decrease from the previous year's average of 3.6 percent. As a result of continued efforts by the SRHWG and its partners, as well as the GoB, to promote the use of Long-Acting Reversible Contraceptives (LARC), the proportion of visits for LARC has increased from 1.9 percent in 2021 to 3.4 percent in 2022.

In addition to supporting partners with the provision of modern Family Planning and counseling services in health facilities and undertaking community mobilization and engagement activities such as the celebration of the Bangladesh Family Planning week in both camps and host communities, the SRH Working Group conducted advocacy, policy, and planning initiatives. Under the guidance of the Government of Bangladesh, the UNFPA, and the SRHWG, a [Family Planning Strategy for Cox's Bazar \(2022-2025\)](#) was developed and approved by the Government of Bangladesh in October 2022 to enhance the availability of family planning services. This will increase the availability, accessibility, and utilization of family planning information and services. The accomplishments may be attributed to the tireless efforts of the SRH Working Group's partners, including community participation and LARC awareness-raising, procurement, distribution of LARC commodities and supplies, as well provision of quality FP services by health workers. The SRHWG maintains its dedication to expanding access to and availability of voluntary family planning services.



## Antenatal Care [ANC] and Postnatal Care [PNC]

Figures based on reports by SRH Partners

In 2022, a total of 394,357 ANC visits (Rohingya: 74.3 percent; Host: 25.7 percent) were reported, of which 160,279 (41 percent) were first-time ANC visits and 234,078 (59 percent) were repeat ANC revisits. Antenatal care visits made by girls less than 18 years old represented 5.4 percent of all ANC visits. In comparison to 2021, the overall number of ANC visits increased by 8.2 percent. In addition, for PNC visits there was an increase of 18.3 percent from 81,200 in 2021 to 96,099 in 2022. This increase

could be attributed to partners' efforts on community involvement and awareness initiatives, as well as the ongoing collaboration with the Health Sector on SRHR programs. The Adolescent Sexual and Reproductive Health [ASRH] Technical Committee, created in 2021 to coordinate adolescent sexual reproductive health activities, also provided technical support to partners on ASRH. The committee contributed to the capacity building of the health workforce and to the monitoring of the health system's capability to deliver adolescent-friendly, adolescent sensitive health services and conduct support supervision to meet the requirements of adolescent's sexual reproductive health needs, including during pregnancy.

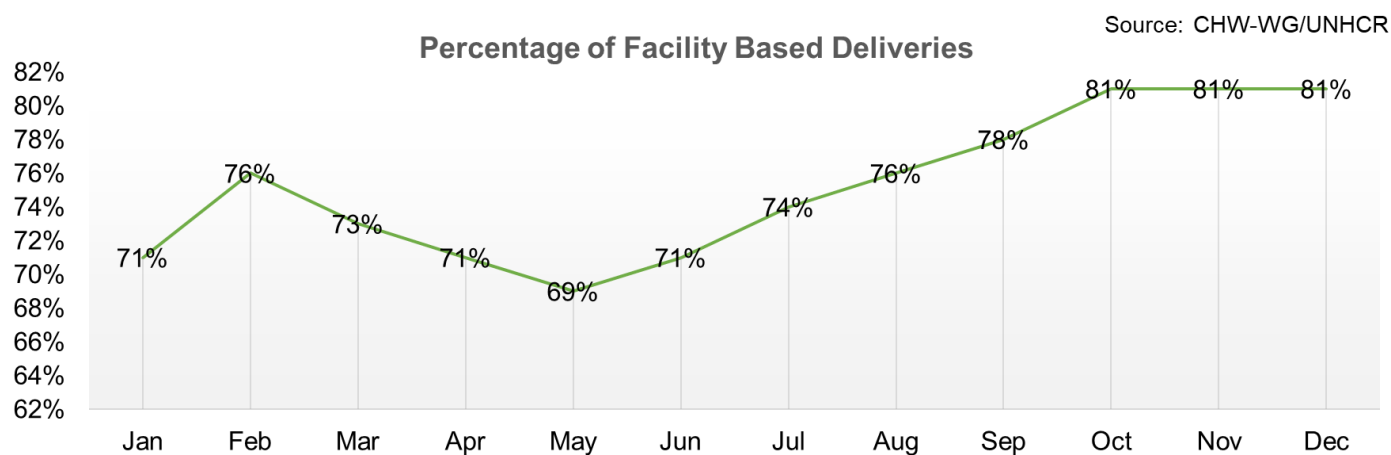


Picture: A midwife providing ANC to a pregnant woman

### Facility-Based Deliveries

Figures based on reports by SRH Partners

The average proportion of facility-based deliveries rose from 70 percent in 2021 to 75 percent in 2022, according to the CHW Working Group.



Notably, of the women who gave birth in a health facility, the proportion of adolescent girls [aged 18 years and below] among those decreased from 3.8 percent in 2021 to 3.4 percent in 2022. The SRH working group is strengthening adolescent health interventions, through training of health workers on adolescent sexual reproductive health to ensure that both health workers and health facilities are adolescent sensitive, to improve adolescent health seeking behavior. In addition, community sensitization and awareness sessions for adolescents and their gatekeepers have increased knowledge and support for adolescents as they seek health services like facility-based deliveries.

Consistent community participation and awareness-raising led to the increase in the proportion of facility-based deliveries. Health partners deployed trained Community Health Workers [CHWs] to provide door-to-door visits in households, targeting pregnant women, other Women of Reproductive Age [WRA], community and religious gatekeepers such as Imams and Majhi's with messages promoting facility-based deliveries with assistance from SBAs. In addition, the SRH Working Group and its partners recruited, deployed, trained, and mentored frontline health workers such as midwives, medical doctors, and paramedics; provided ambulance services; procured reproductive health supplies; maintained infrastructure; and offered supportive supervision at the facility level.

### Maternal Health and Newborn Care

Figures based on reports by SRH Partners

In 2022, due to the protracted nature of the response, there was an emphasis on ensuring the availability of Emergency Obstetric and Newborn Care [EmONC], Respectful Maternity Care [RMC], and overall Quality of Care [QoC] for sexual reproductive health services. The number of reported obstetric complications and emergencies managed at the health facilities by SRH WG partners

dropped by 4.8 percent. Postpartum Hemorrhage, Severe Pre-Eclampsia/Eclampsia, Obstructed/Prolonged Labor, and Puerperal Sepsis were the most prevalent causes of complications. While attention must be paid to further reduce preventable complications or deaths, the decrease in overall numbers indicates improvement in both the quality of maternal health and EmONC services received by women and girls.

A Maternal and Perinatal Mortality Surveillance and Response [MPMSR] inter-agency committee was established to strengthen the maternal and perinatal deaths surveillance and reporting systems on behalf of the SRH WG. In 2022, the MPMSR system was strengthened and streamlined within the health sector and community health working group surveillance systems ensuring that most maternal mortalities are captured, notified, reviewed, and audited for proper addressing of the preventable causes of the deaths. In 2022, a total of 83 maternal mortalities were reported across the response, of which 71.1 percent were health facility based and 28.9 percent were community based. The most common causes of maternal death in 2022 were obstetric hemorrhage and hypertensive disorders in pregnancy, childbirth, and puerperium.

## Capacity Building Trainings

Figures based on reports by SRH Partners

The SRH Working Group and the Health Sector continued to support partner efforts to build the capacity of health workers in SRHR and related areas by coordinating all SRH-related training, reviewing training modules, coordinating participants, and providing skilled trainers to support the various trainings by partners. The SRH working group coordinated trainings on Family Planning, Clinical Management of Rape (CMR/IPV), Adolescent Sexual Reproductive Health (ASRH) and other key SRHR topics throughout the year. A total of 709 [472 female: 237 male] health workers participated in these training [see table below].

Training/Workshop		Number Trained		Target group
		Female	Male	
Training on Counseling for Comprehensive SRH services	29-30 Jan	11	0	Mid-Level Providers
Orientation on Family Planning	23-28 Feb	60	0	Midwife, Doctors
Training on LARC for Doctors [2]	14-16 Mar, 20-22 Mar	15	5	Doctors
Training on LARC for Doctors [2]	17-19 May, 21-23 May	17	6	Doctors
2 Days Capacity building of service providers to provide counselling services on comprehensive SRH to the Rohingya Refugees	25-26 May	12	0	Mid-Level Providers
Training Including Theory and Onsite Clinical Session on PPIUD & PAIUD with Quality comprehensive SRH services for Midwives	28 May-2 June	10	0	Mid-Level Providers
Workshop on Strengthening the family planning service through the evidence-based guidelines & best practice	31 May	23	2	Mid-Level Providers
4 days TOT on Comprehensive Sexual and Reproductive Health Package for CHW Supervisor [2]	13-16 Jun, 20-23 Jun	27	50	CHW Supervisors
2 days of Capacity building of service providers to provide counselling services on comprehensive SRH to the Rohingya Refugees	25-26 Jun	12	0	Mid-Level Providers
2 days of Capacity building of service providers to provide counselling services on comprehensive SRH to the Rohingya Refugees	27-28 Jun	10	0	Mid-Level Providers
4 days TOT on Comprehensive Sexual and Reproductive Health Package for CHW Supervisor	27-30 Jun	11	29	CHW Supervisors
The Dissemination of learning for future preparedness of Quality SRH Service Provision	28 Jun	18	39	Program Managers
Family Planning Situation for FDMN in Humanitarian Settings, Cox's Bazar	8 Sep	18	44	Program Managers
Training on LARC for Doctors	17-19 Sep	9	0	Doctors
Training on Basic Life Support in Obstetrics [2]	10-13 Oct	36	0	Mid-Level Providers
Training on Respectful Maternity Care [2]	14-15 Nov	49	1	Mid-Level Providers
Training on LARC for Doctors [2]	19-21, 26- 28 Nov	20	0	Doctors
Training on Adolescent Sexual, Reproductive Health and Rights [2]	5-7 Dec, 12-14 Dec	40	8	Mid-Level Providers

Dissemination Workshop on Referral Pathway and Partograph	28 Nov	30	5	Mid-Level Providers, Doctors
Development of Action Plan on Family Planning Matrix based on FP Strategy 2022-2025 for FDMN	11-12 Dec	19	48	SRHWG members
Clinical Management of Rape and Intimate Partner Violence	18-22 Dec	25	0	Mid-Level Providers
<b>TOTAL</b>		<b>472</b>	<b>237</b>	<b>709</b>

## Feature Article

### Comprehensive Emergency Obstetric and Newborn Care (CEmONC) service in camp

Courtesy of Hope Foundation

#### Background



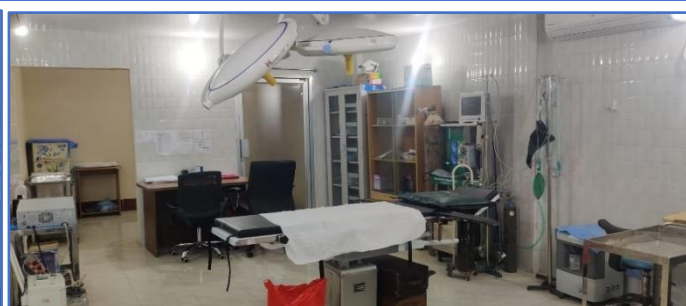
Due to the protracted nature of the Rohingya response, the reduction in funding for the response, and the COVID-19 pandemic in 2020, most of the camp-based field hospitals reduced their CEmONC services. This led to the UNFPA supported HOPE Field Hospital being the only continuing field hospital providing 24/7 CEmONC services in 2021 and 2022.

The Hope Field Hospital is currently a secondary hospital with 100 beds, located in Rohingya Camp 4 and receiving patient referrals from all camps. It provides comprehensive healthcare services including comprehensive maternity, neonatal, and pediatric care 24/7. In addition, the facility provides OPD, IPD, laboratory, fistula screening, dental services, dermatological clinic, mental health center, and telemedicine consultation services. In addition, the Hope Field Hospital has a 50-bed Infection Prevention & Control Unit (IPC) that deals with all infectious disorders, including COVID-19. With two operating theaters and the only camp-based referral center for obstetric complications and emergencies from all health facilities in the camp, the HOPE Field Hospital has seen a tremendous increase in the number of emergency caesarian sections provided at the facility.

#### Emergency Obstetric Care



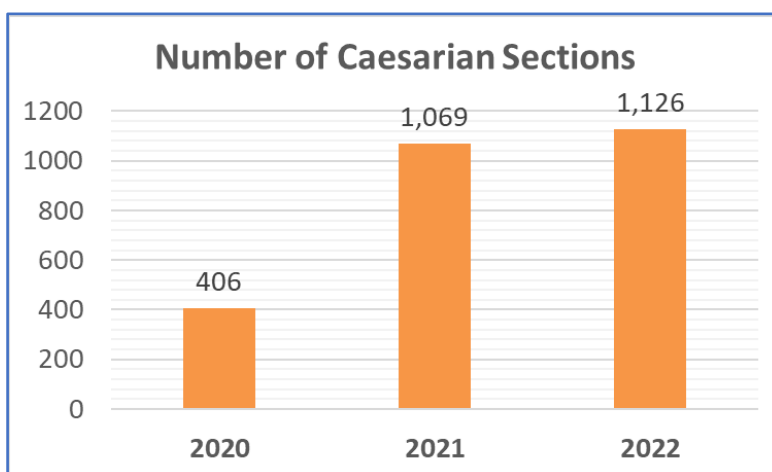
Picture: Post-operative Follow-up by Doctor & Nurses



Picture: Hope Field Hospital Operation Theater

As a 24/7 secondary referral facility, Hope Field Hospital receives emergency obstetric and gynecological referrals from the health facilities within the camp and the surrounding host community.

With an average of 94 per month, there were a total of 1,126 cesarean sections conducted at the HOPE field hospital in 2022, of which approximately two-thirds were from the Rohingya community. This was an increase from 1,069 conducted in 2021 and 406 conducted in 2020 at the hospital.



In 2022, a total of 1,822 (Rohingya: 1,522, Host: 300) obstetric emergency care cases were treated. The most common obstetric complications and emergencies managed at the HOPE field hospital were Prolonged/Obstructed Labor, Eclampsia (pre-eclampsia, severe pre-eclampsia, and eclampsia), Hemorrhages (Antepartum, Intrapartum & Postpartum), Mal-presentation, and Anemia.

In addition, facility-based deliveries at the HOPE field hospital increased from 802 deliveries in 2020 and 2,233 in 2021, to 2,344 in 2022. This is in keeping with the trend of service uptake across all other SRH services, including antenatal care, post-natal care and family planning services.

### HOPE Isolation and Treatment Centre (ITC)

During the COVID-19 pandemic, with UNFPA support, HOPE Field Hospital established a 50-bed ITC providing services for pregnant mothers that are suspected of or are positive for COVID-19. The ITC also manages all other infectious diseases in pregnant women such as cholera, diphtheria, scabies, and Hepatitis B. In 2022, a total of 5,303 people were provided with COVID-19 screening services at the facility and since its establishment, the center treated a total of 734 COVID-19 positive patients.

### Acknowledgement to SRH Working Group Partners

AMAN, Bandhu Social Welfare Society, BBC Media Action, BDRCS- QRC, BDRCS-CRC, BDRCS-IFRC, BDRCS-JRCS, BDRCS-SRC, BDRCS-TRC, BRAC, CARE Bangladesh, Christian Aid, CIS, MM and DCHT, CWFD, DDFP, DSK, FH/MTI, Friendship, Global One, Gonoshasthaya Kendra [GK] - Malteser International, Green Hill-CPI, Handicap International- Humanity & Inclusion, Health and Education for All [HAEFA], Health Sector, HMBD Foundation, HOPE Foundation, Integrated Social Development Effort [ISDE] Bangladesh, IOM, Ipas Bangladesh [GAC + PACKARD], Ipas Bangladesh [UNFPA], IRC SRH, LIGHT HOUSE, MedGlobal, MoH CC, MSF Belgium, MSF OCP, MSF-OCA, MSF-OCBA, Partners in Health and Development, Peace Winds Japan, Plan International, Prantic Unnayan Society, Prova Society, Qatar Charity, Relief International, RRRRC, RTMI Pathfinder, RTMI-IOM, RTMI-UNFPA, RTMI-UNHCR, RTMI-UNICEF, Save the Children, TDH, UNFPA, UNHCR, UNICEF, WHO.

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