Sexual and Reproductive Health Working Group Bulletin

Rohingya Refugee Response, Cox's Bazar

Introduction

Picture: A Community Health Worker (CHW) disseminating messages on PNC and neonatal care

According to the Joint Response Plan 2022, there are approximately 918,841 Rohingya refugees and 541,021 host community members residing in camps in the Cox's Bazar District of Bangladesh's Ukhiya and Teknaf Upazilas and surrounding host communities, respectively. In addition, the JRP 2022 identifies gaps, barriers, and opportunities for addressing Sexual and Reproductive Health and Rights [SRHR] and other humanitarian needs of Rohingya refugees and surrounding host communities.

Members of the SRH Working Group contribute to the implementation of the JRP 2022 by delivering both basic and comprehensive SRHR services to the target population including meeting the SRHR needs for key populations like adolescents and youth. Whereas GBV service provision has been integrated into the health facilities across the response by partners through the deployment of GBV case workers in the health facilities and basic SRHR service provision has been integrated into the women safe and protection spaces to ensure increased access to integrated SRHR/GBV services by women and girls.

UNFPA through the SRH working group coordinated the development of a Cox's Bazar family planning strategy with Government partners and SRH stakeholders (2022-2025) which was approved in October 2022. A costed family planning strategy implementation plan for improving access to voluntary family planning through strengthening community/facility-based family planning services as well as advocacy will be developed to guide the implementation of these services across the refugee response through 2025.

This report is based on information submitted by SRH Working Group partners during July to September 2022. The average number of SRH Working Group partners who submitted reports during the period was 42, with 98.45 percent of those partners submitting reports.

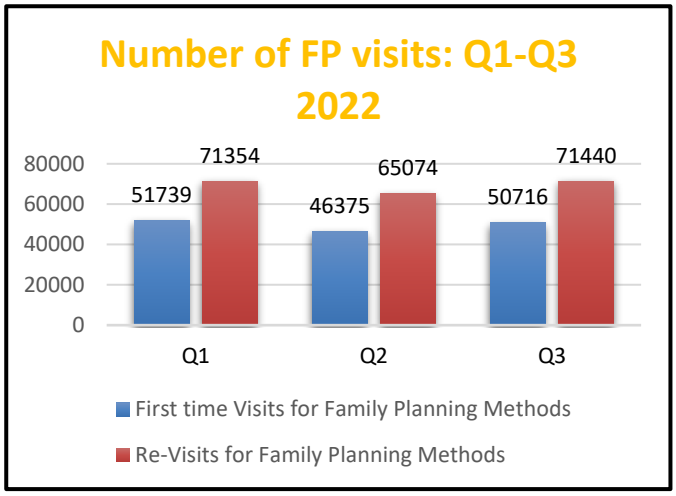
Data Overview

In general, there is a gradual increase to the number of SRH consultations across the response since the start of the year to date. During the reporting quarter, there were a total of 255,939 SRH consultations[1] (Rohingya: 184,276 and Host: 71,663) across the response. This is a 11.2% increase from the previous quarter (Q2). This signifies an increase in access to the different SRH services provided across the refugee community and surrounding host community by all the SRH working group partners.

Family Planning

Figures based on reports by SRH Partners

From July to September 2022, SRHR facilities in Ukhia and Teknaf provided 122,156 family planning consultations (Rohingya: 79.98 percent, Host: 20.02 percent), with at least 50,716 (41.52 percent of total) being first-time visits and 71,440 (58.48 percent of total) being re-visits. An increase of 9.61 percent of family planning consultations was observed during this quarter in comparison to the previous quarter. Oral contraceptives remained by far the most preferred method of modern family planning (60.82 percent), followed by injectables. The uptake of LARC increased by 2.94 percent of total family planning consultations in the second quarter to 3.45 percent in the third quarter. The successes can be ascribed to the partners of the SRH Working Group's relentless efforts, which included community engagement and awareness-raising for LARC. Uptake of modern family planning is still low with 2.26 percent of all family planning consultations were provided to girls under the age of 18. The SRHWG reaffirms 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

During the reporting period, a total of 103,399 ANC visits by pregnant women seeking pregnancy care from skilled health professionals were recorded (Rohingya: 73.37 percent; Host: 26.63 percent), comprising 42,563 First ANC visits (41.16 percent of total) and 60,836 ANC revisits (58.84 percent of total). 4.97 percent of the visits were made by girls under the age of 18. In addition, there were 23,596 PNC visits (Rohingya: 76.61 percent, Host: 23.39 percent), of which 5.10 percent were from girls under the age of 18. Counseling and referrals to health facilities for ANC / PNC were still provided by Community Health Workers (CHW) to women and girls in need.

Picture: A midwife providing ANC to a pregnant woman

Emergency Obstetric Care

Figures based on reports by SRH Partners

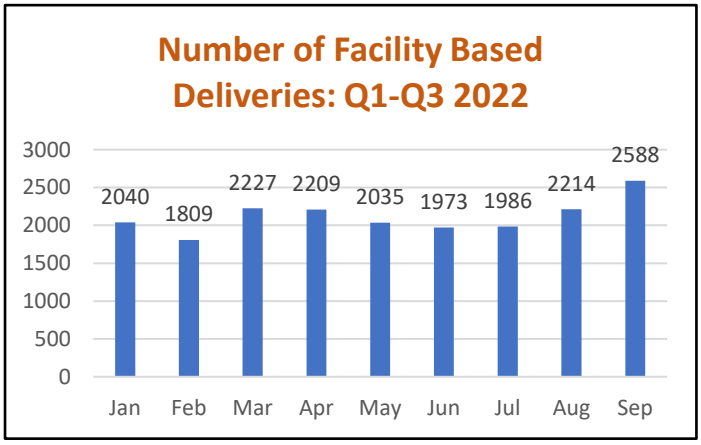
As the duration of the humanitarian response becomes protracted, the accessibility of Emergency Obstetric and Newborn Care [EmONC], Respectful Maternity Care [RMC], and overall Quality of Care [QoC] have been enhanced. Efforts to fully equip health facilities at all levels and increase

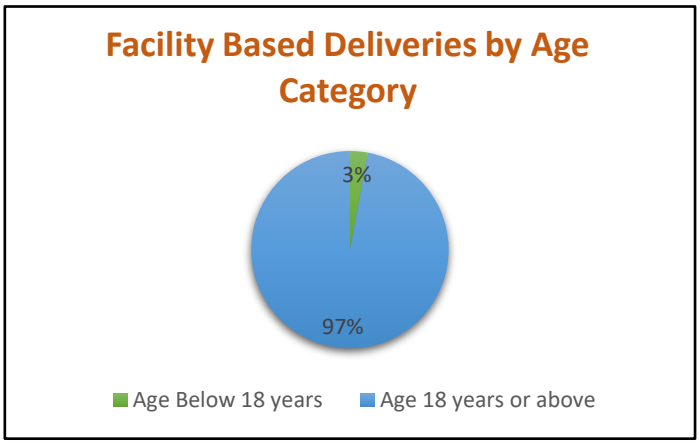
[1] Consultations – Includes ANC visits, Facility Based Deliveries, PNC visits and Family Planning visits

the competence of health workers to offer quality basic and comprehensive emergency obstetric care will continue. The number of reported obstetric complications in the quarter decreased by 38.85 percent, from 1,699 in Q2 to 1,039 in Q3 of 2022. Postpartum Hemorrhage, Severe pre-eclampsia/eclampsia, Obstructed/Prolonged Labor, and Puerperal Sepsis were the leading causes of complications. In addition, continuous community engagement and strengthening the ability of community health workers to identify and refer mothers with danger signs and obstetric complications in a timely manner are emphasized, as are effective emergency referral systems at the community level and between facility levels.

Facility-Based Deliveries

Figures based on reports by SRH Partners





A total of 6,788 women and girls from Rohingya refugee and host communities gave birth in health facilities with the assistance of Skilled Birth Attendants (midwife, doctor or nurse), a 9.18% increase from the second quarter. Girls less than 18 years age accounted for 3.33 percent of the facility-based deliveries. Increased facility-based deliveries could be attributed to the unwavering efforts by partners of community engagement, sensitization and awareness creation through the Community health worker as well as community volunteers' network. In addition, ensuring availability of skilled health works, well equipped health facilities as well as adequate medicines, supplies and commodities as well effective ambulance referral pathways to support safe delivery at the different levels of health care facilities greatly contributes to the efforts of ensuring that mothers deliver with support of skilled health workers.

Of all the facility-based deliveries in the reporting quarter 7.85 percent were conducted by emergency caesarean sections as a result of complications of labor and pregnancy.

Capacity Building Trainings

Figures based on reports by SRH Partners

SRH Working Group and the Health Sector continued to support the partner efforts to build the capacity of health workers in SRHR and related areas through coordination of all SRH related trainings, review of training modules, coordination of participants as well as provision of skilled trainers to support the different trainings by partners. During the reporting quarter, the SRH working group supported trainings on Clinical Management of Rape (CMR/IPV), Adolescent Sexual Reproductive Health (ASRH) and Family Planning (LARC). Through these trainings, a total of 146 [88 Female: 58 Male] health workers participated [see table below].

Training/Workshop		Number Trained		Target group
		Female	Male	
Clinical Management of Rape and Intimate Partner Violence (CMR-IPV)	22-25 Aug	17	3	Midwife, Medical Officer
Adolescent Sexual Reproductive Health (ASRH) in Humanitarian Settings	29-31 Aug	24	11	Doctors, Nurses, Midwives, and Medical Assistants
Workshop on Family Planning Situation in Humanitarian Setting, Cox's Bazar	8 Sep	18	44	SRH Working Group partners (Manager)
Clinical Management of Rape (CMR) and Intimate Partner Violence (IPV)	11-15 Sep	20	0	Midwife and Nurse
Training on Long-Acting Reversible Contraceptives (Implant)	17-19 Sep	9	0	Doctors
TOTAL		88	58	146

Feature Article

Community Health activities relating to Sexual and Reproductive Health

Courtesy of the CHW Working Group

Background

Community-based health activities are crucial to ensure access to sexual and reproductive health services and overall to reduce maternal and newborn mortality. Community based health activities are undertaken through health education to increase awareness in the community and to improve health seeking behavior; ensuring meaningful participation of the community in designing healthcare programs in line with community needs; and linking communities with healthcare services to ensure appropriate service uptake. To avail that, in support of the Health Sector and under the auspices of the Ministry of Health and Family Welfare, the Community Health Working Group (CHWG) currently chaired by UNHCR, was formed in 2018 and consists of 23 national and international NGOs, and 5 UN agencies. The CHWG coordinates over 1,400 CHWS and 180 CHW supervisors from the refugee and host communities.

CHWG coordinates overall community-based health activities with the strategic objectives of:

- Effective coordination, communication, and information sharing on health-related matters- through coordination meetings and using WhatsApp tree.
- Strengthened refugee and host community participation, consultation, and empowerment
- Strengthened capacity for community health engagement-through arranging training, developing training manuals/ modules.
- Promoting cross-sectoral linkages and harmonized messaging- support Risk Communication and Community Engagement (RCCE) WG in developing key messages/ IEC materials on priority health topics
- Meaningful engagement of refugees in program implementation and health promotion
- Ensuring functional systems for communication of health-related risks and promoting health
- Monitoring of community health programs including community-based data collection systems strengthened
- Ensuring implementation of protocols for community-based surveillance, weekly reporting and support data analysis and information sharing for evidence-based programming

Achievements of Community Health Working Group in SRH

Skilled birth attendance

Overall, there has been a sustained increase in the proportion of women delivering at health facilities, from **12%** in 2018 to **73%** in 2022. This is attributable to a system of tracking of pregnant women at community level by CHWs and increased frequency of visits by CHWs of near term and high-risk pregnant women. Continued community engagement and health education during household visits, targeting especially pregnant women, men, community gatekeepers

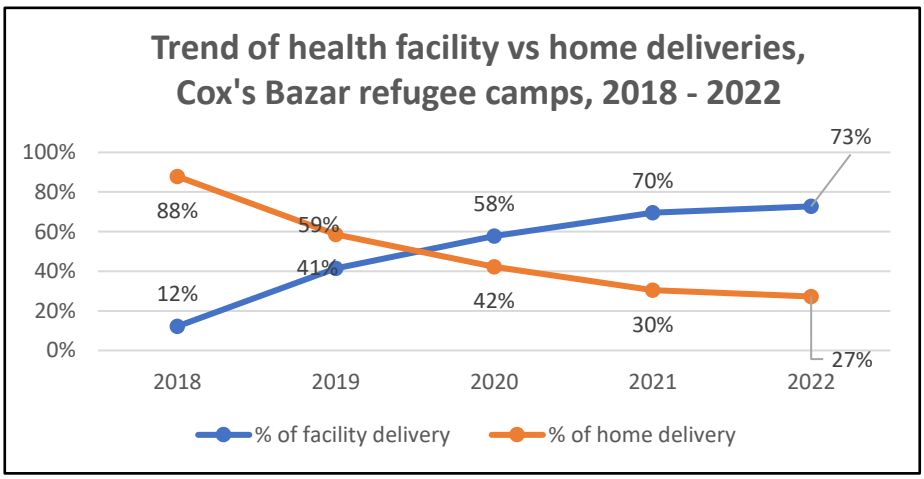


Figure: Trend of health facility deliveries vs home deliveries in Rohingya refugee response (source-CHWG)

and religious leaders such as refugee and religious leaders with messages promoting facility-based deliveries also played a major role in increasing the rate of health facility delivery. In addition, CHWs escort pregnant women to the delivery facility prior to delivery to allow the women to know about the available services thus encouraging them to feel familiar and comfortable to deliver at health facilities.

The establishment of "Expected Date of Delivery" (EDD) tracking system, where each CHW prepares a pregnancy line list of women expected to deliver in the next one month and follow up daily within the 14 days preceding the expected date of delivery, is an exceptional mechanism that proved effective in improving the proportion of facility deliveries.

Community based ante-natal and postnatal/ neonatal follow up visit

CHWs conduct home based ANC follow up visit to provide health education to the community and specifically to pregnant women and their family members on danger signs in pregnancy, dos and don'ts, promote attendance of antenatal care at health facilities to a minimum of 4 visits in a pregnancy, birth planning, necessity of facility-based delivery etc. Follow up ANC visits provided by CHWs at household level increased from **58%** in 2020 to **100%** in 2022. CHWs provide post-natal and neonatal follow up visits at the household level after delivery to reduce the perinatal and neonatal complications and deaths. During the PNC/ neonatal visit, CHWs disseminate messages on post-natal and neonatal danger signs, immunization, promotion of facility-based PNC/ neonatal care visit, conduct newborn eye care and cord care. At least 3 home-based PNC/ neonatal follow up visits by the CHWs increased from **55%** in 2020 to **86%** in 2022.

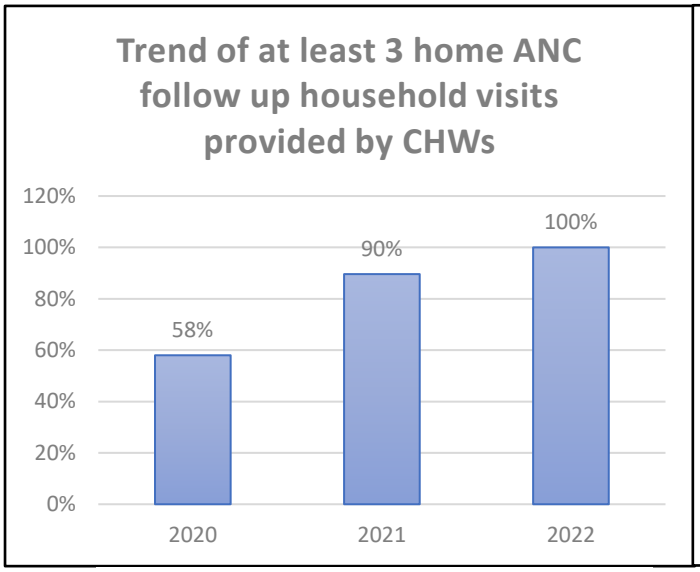


Figure: Trend of at least 3 home ANC follow up coverage by the CHWs

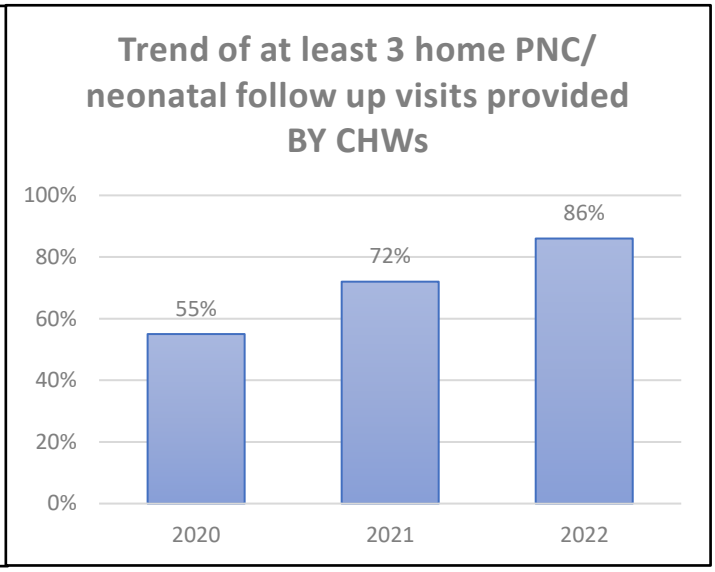


Figure: Trend of at least 3 home PNC/ neonatal follow up coverage by CHWs

Community based family planning

CHWG in support of SRH Working Group, have been supporting the government's efforts to ensure that women, men, girls and boys in the refugee camps can choose and have information on voluntary family planning services. This includes access to information on Long-Acting Reversible Contraceptives (LARC) such as intrauterine devices (IUD) and implants, as well as well as short acting but reversible modern methods of family planning (condoms, oral contraceptive pills, injectable contraceptives). The community-based family planning interventions aim to increase demand through reducing social stigma, barriers, myths and misperceptions to family planning among the Rohingya Refugees by providing information and access to the facilities and services.

CHWs have been trained on family planning using the CHWG & SRH WG's five-day modules on comprehensive SRHR. The trained CHWs provide family panning related information to the community and link the community to health facilities. CHWs work with community leaders, women groups, men and adolescents, as well as the gender-diverse population to disseminate messages and raise awareness while ensuring community engagement.

Picture: Household session on family planning by a CHW

The Community Awareness/Sensitization/Community Engagement interventions are done through door-to-door household visits, courtyard meetings with community gatekeepers like block leaders, religious leaders, in-laws. The information clarifies the health benefits of correctly practiced contraception e.g., prevention of maternal and infant deaths and prevention of HIV transmission. CHWs refer community members to health facilities for access to different contraceptive methods, and management of side/adverse effects.

Year	Number of courtyard sessions on family planning conducted by CHWs	Number of participants
2020	34,012	81,051
2021	103,111	197,118
2022 (Jan – 30th Sept)	91,057	211,893

Figure: Data on number of refugees reached courtyard sessions on family planning

SRH Working Group Coordination

The Sexual and Reproductive Health [SRH) Working Group, under the umbrella of the Health Sector and the Inter Sector Coordination Group [ISCG), provides leadership, coordination and information management on sexual and reproductive health and rights services provision to Rohingya refugees and host communities in Cox's Bazar district, Bangladesh. The Working Group chaired by UNFPA and currently has over 40 members including UN agencies, non-governmental organizations, and local health authorities.

Meetings are held fortnightly on Thursdays from 10.30 am – 12.00 pm UNFPA Office, Hotel Sea Palace. Currently meetings are being held online to maintain social distancing in the context of the COVID-19 pandemic. To find the next meeting date, visit Humanitarian response website.

For more information, please reach us at srh-wg-cxb+owners@unfpa.org or contact SRHR Information Management Analyst, Nafiul Azim azim@unfpa.org.

Acknowledgement to SRH Working Group Partners

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