

January – December 2023

Rohingya Refugee Response, Cox's Bazar

Situation Overview

UNFPA takes the lead in guiding the Sexual and Reproductive Health Working Group (SRH WG), coordinating with over 40 partners that include Non-Governmental Organizations (NGOs), International Non-Governmental Organizations (INGOs), and United Nations (UN) agencies. This collaborative effort is dedicated to delivering SRH services within the context of the Rohingya Response. Operating under UNFPA's guidance, the SRH WG plays a significant role in providing oversight and actively addressing challenges pertaining to the quality, accessibility, and coverage of sexual and reproductive health services.

In February 2023, the Directorate General of Family Planning (DGFP), with the coordination of the SRH Working Group (SRH WG), officially launched the newly approved [Family Planning Strategy](#) for Rohingya refugees in Cox's Bazar for the period 2022-2025. The strategy serves as a comprehensive guide towards the provision of family planning among Rohingya refugees, aiming to increase the demand for, access to, and voluntary utilization of modern contraceptive methods. This is to be achieved through both community-based and facility-based family planning interventions.

In May 2023, the SRH WG with all health stakeholders successfully celebrated the International Midwifery Day under the theme **From Evidence to Reality**. The event brought together all stakeholders as well as midwives from the Rohingya response and host community to highlight the importance of a midwife and midwifery. The objective was to celebrate and raise awareness about the pivotal role of midwives in Cox's Bazar in providing quality sexual, reproductive, maternal, and newborn health services. The intervention included supporting celebrations at the camp level, launching the #MidwifeoftheMonth campaign, and advocating for increased awareness at the SRH WG. In Cox's Bazar, a Midwifery Celebration Week included a FlashMob video, a rally towards the cultural center, and an event at the Cultural Centre featuring midwives and partners. The goal was to recognize and promote the vital role of midwives through various awareness and celebratory activities.



Picture: Midwifery rally in Cox's Bazar

In June 2023, the SRH WG organized a workshop on **Maternal and Perinatal Mortality Surveillance and Response (MPMSR)**, bringing together national and international experts, policymakers, healthcare professionals, and stakeholders. The workshop facilitated discussions on addressing challenges, sharing experiences, and formulating recommendations. It focused on strengthening the surveillance system to accurately record data related to maternal and perinatal mortality. The insights gained informed strategies and drafting of an action plan to enhance surveillance and response in refugee camps and surrounding host communities in Cox's Bazar. Following the workshop, an action plan tracker was developed, and approved by MPMSR Sub-Committee members, which is in place to monitor progress based on recommendations from death audits. Active perinatal mortality surveillance began in August 2023 with support from the new Perinatal Mortality Coordination Officer.

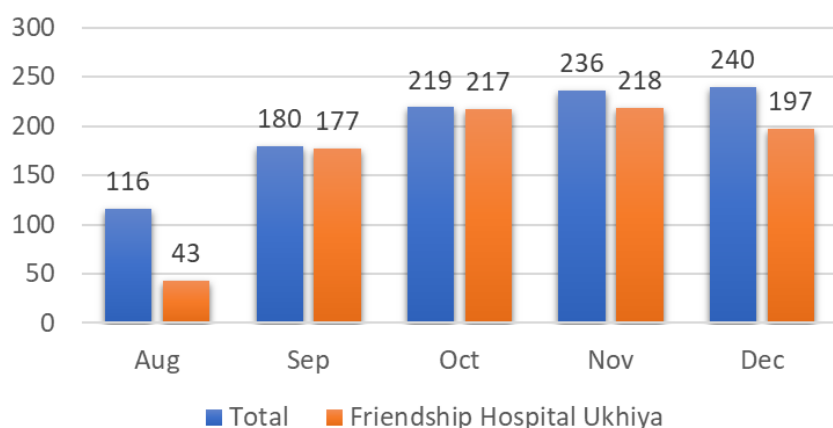
In addition, an [MPMSR dashboard](#) was developed by the SRH WG to support the MPMSR surveillance system. This is a real-time visual dashboard from which the number of maternal and perinatal deaths as well as the likely causes can be seen, and a proper response is planned to address the causes.

In August 2023, the distribution of the **General Health Card** commenced, an initiative led by the health sector, with joint funding by UNFPA, WHO, UNHCR, IOM, and UNICEF, aiming to improve the management of individual health information, enhance communication, and ensure uninterrupted access to care at any service delivery point. A **maternal and child health (MCH) card** has been drafted; an initiative led by the SRH WG. The MCH card will supplement the information captured by the general health card with an aim to standardize maternal healthcare in the camps, facilitate holistic follow-up, and integrate services during ANC, labor, delivery, and the postnatal period. A pilot followed by an orientation workshop for all the service providers relating to the MCH card is planned for 2024.

UNFPA established a partnership with Friendship in September 2023 to ensure that there was no service gap regarding comprehensive emergency obstetric and Newborn services after halting the

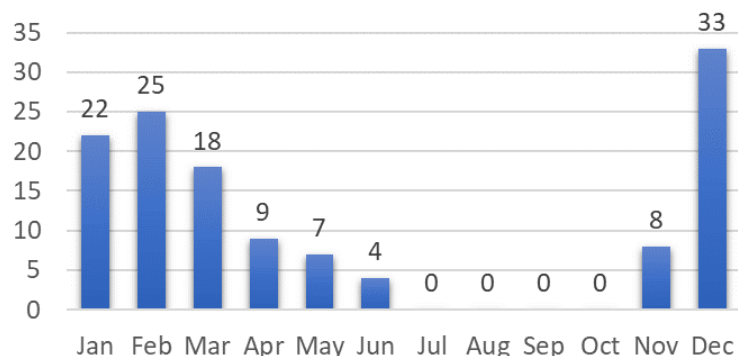
provision of these services by HOPE Field Hospital. UNFPA strengthened the capacity of the Friendship Hospital at Ukhiya with extra human resources, equipment and supplies to ensure that this hospital is in a position to provide services. By the end of 2023 (Sep-Dec), an average of 202 caesarean sections were performed from this health facility per month which is higher than the 115 monthly average caesarean sections that were performed in the whole response before.

Number of caesarian sections



Additionally, in collaboration with IOM, UNICEF, and the GoB, the CEmONC services were established at Teknaf Upazila Health Complex (UHC) as these were unavailable in most of 2023. This was through the deployment of extra human resources and reproductive health commodities, supplies and equipment. In two months of November and December, a total of 41 Caesarean sections were conducted at the Teknaf Health Complex of whom 6 were Rohingya refugees.

Number of caesarian sections - Teknaf UHC



To strengthen and standardize the monitoring of sexual reproductive health interventions by partners from the SRH WG, a workshop held in December 2023 led to the development of an **SRH joint supportive supervision and monitoring tool** that will be used by SRH WG partners to standardize monitoring and supportive supervision of SRH activities to ensure the quality of the services, which will take effect in 2024.

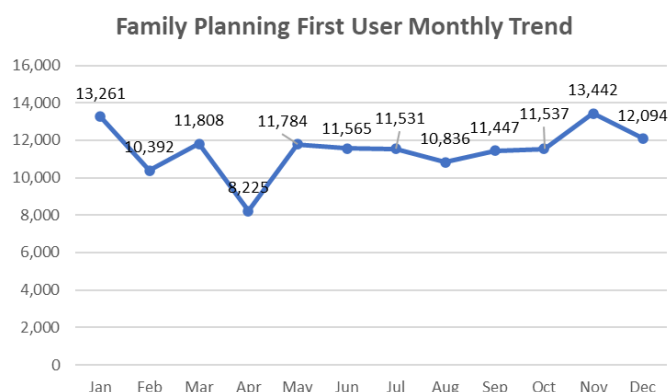
As part of the **Joint Response Plan 2024**, the health response will prioritize a facility-based comprehensive curative and community health response package. The goal is to improve the health status and well-being of affected people by ensuring the availability and access to essential health services, addressing Maternal and Child Health priorities, including Family Planning,

pregnancy, and birthing services, to reduce excess morbidity and preventable mortality from common causes.

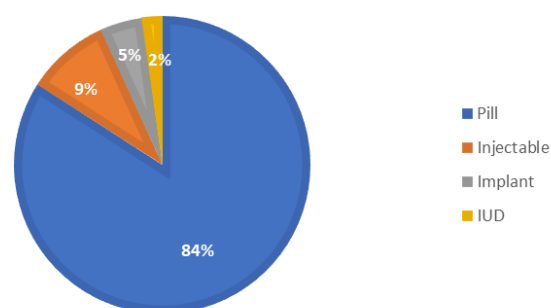
This bulletin primarily presents data collected from the SRH Working Group partners who reported to the **Health Sector 4W¹** reporting tool from January to December 2023. By December 2023, a total of 47 primary health centers, 67 health posts, 1 facility providing Comprehensive Emergency Obstetric and Newborn Care (CEmONC), and 8 secondary care facilities were involved under the health sector.

Data Overview: January – December 2023

Family Planning



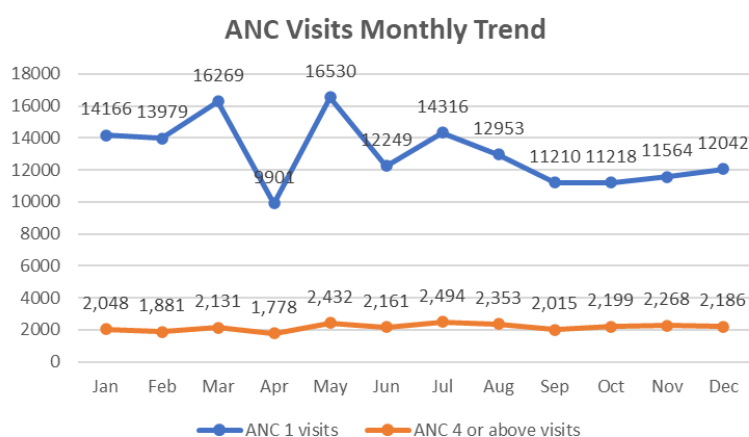
FIRST-TIME USERS OF FAMILY PLANNING METHODS



Throughout 2023, there were a total of 137,922 first-time visits for modern contraceptive methods, including both refugees and the host community at 84.5% and 15.5%, respectively. The predominant family planning methods included the Pills (84%), followed by Injectable methods at 9%. Even though there was an absolute reduction in the number of first-time users for family planning in 2023 as compared to the number of first-time users (201,903) in 2022, there was a remarkable increase in the uptake of the LARCs. **Long-acting reversible contraceptives accounted for 6.7% (Implant – 4.5%, IUD – 2.2%), indicating a significant 3.3% increase compared to 2022.**

Antenatal Care (ANC)

A cumulative number of 25,946 mothers attended Antenatal Care (ANC) with four or more visits of whom 69.1% were Rohingya and, Host: 30.9%). In addition, those attending first antenatal care (ANC1) were 156,397 of whom 75% were Rohingya. As of December 2023, the ANC 4 or more attendance rate for the Rohingya was **75%** for all births that take place in the health facilities. These figures collectively illustrate a comprehensive approach to maternal and reproductive healthcare, emphasizing accessibility, quality, and community inclusivity.

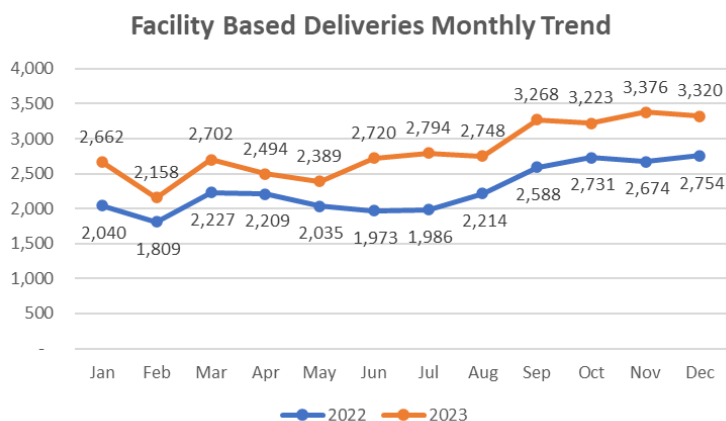


Facility-Based Deliveries

In 2023, a total of 33,854 facility deliveries took place which is an increase from 27,240 facility-based deliveries reported in 2022. Among these deliveries, 70.9% were by the Rohingya mothers, while the

¹ Data as of 11th February 2024 4W Dashboard

remaining 29.1% were mothers from the host community. Notably, as of December 2023², **facility-based deliveries for the Rohingya response were 85%** of the total deliveries (community and facility-based), indicating a noticeable increase from the previous year's figure of 81% in December 2022. This improvement reflects the sustained effort and focus on providing healthcare services within healthcare facilities. Furthermore, the caesarean section rate at these facilities in the year 2023 stands at 5.7%, exhibiting a decrease from the 7.6% reported in 2022. This percentage represents the proportion of deliveries that required a surgical intervention, highlighting the need for medical interventions to ensure safe childbirth and maternal health.

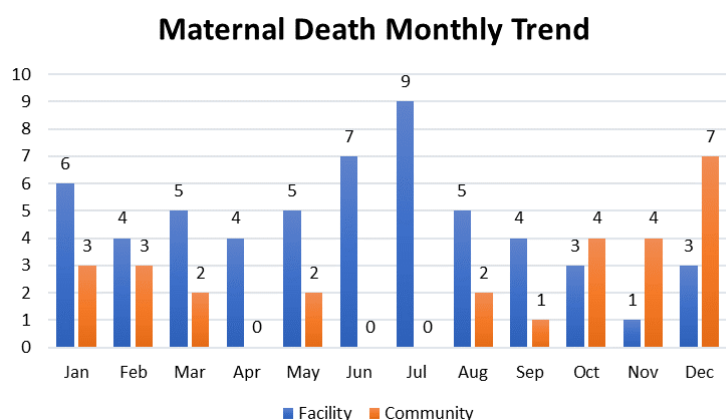


Postnatal Care (PNC)

There has been a significant decrease (39%) in the number of mothers attending post-natal care which reduced from 96,099 in 2022 to the current 58,881 post-natal visits. Among the post-natal visits recorded in 2023, 78.5% were by Rohingya mothers, a proportion consistent with the 77.7% reported in 2022.

Maternal and Perinatal Mortality Surveillance and Response [MPMSR]

Over the year, there were a total of **84 maternal deaths**, a figure close to the reported maternal deaths in 2022, with an average of around two maternal deaths per week. In 2023, 67% of these maternal deaths occurred within health facilities, slightly lower than the 71% reported the previous year, while the remaining 33% occurred within the community. Furthermore, starting from the initiation of perinatal death surveillance in August 2023, there have been a total of 304 reported perinatal deaths for the year, averaging 15 perinatal deaths per week of which 81% of the deaths occurred at health facilities. 34% of all perinatal deaths occurred between 0-7 days of life due to complications during labour and low birth weight/prematurity. Like the major and direct causes of the maternal deaths reported in 2022, the main direct obstetric causes of maternal deaths in 2023 were obstetric hypertensive and hemorrhagic conditions.



Verbal autopsies were conducted for 100% of deaths involving women and girls of reproductive age, reflecting commendable performance in community-based Women of Reproductive Age (WRA) mortality surveillance by the MPMSR Committee. **Maternal audits were carried out for 73% of facility-based maternal mortalities** within the reporting period. 38.1% of maternal deaths occurred within 42 days of delivery, 34.5% occurred during pregnancy, and a further 7% during delivery or within the initial 2 hours post-delivery. A notable proportion of maternal deaths encountered delays at healthcare facilities, accounting for at least 48%. For maternal deaths within health facilities,

² Health Sector Bulletin Dec 2023

obstetric hemorrhage emerged as the predominant direct cause, accounting for 32%, followed by hypertensive disorders at 21%. Among the deaths that occurred in health facilities, 48% involved a caesarean section, and 43% had undergone more than four antenatal visits during the respective pregnancy.

An average of 7 maternal deaths and over 50 perinatal mortalities are occurring monthly across the response which is unacceptably high. Collaboratively, the Health Sector and the SRH Working Group are engaging with partners to explore strategies aimed at reducing maternal and perinatal health-related deaths.

Despite the establishment of an MPMSR committee by the SRH Working Group which significantly improved the surveillance and reporting system, there remains a percentage of 4% of maternal deaths that were not reported through the standard surveillance systems. Consequently, partners are urged to utilize the standard EWARS system for reporting all occurrences of maternal or perinatal deaths.

Capacity Building Training

Over the designated reporting period, the SRH Working Group lead in coordinating the training of **509 health service providers**. This diverse group comprised **48 males and 461 females**, and the training sessions covered a wide spectrum of crucial areas within reproductive healthcare. The comprehensive training included topics such as Antenatal Care and the continuum of care (ANC), Clinical Management of Rape and Intimate Partner Violence (CMR-IPV), VIA for Cervical Cancer Screening, Comprehensive Family Planning (FP) services, managing major direct obstetric complications (MDOCs), Essential Newborn Care, Adolescent Sexual and Reproductive Health (ASRH) in Humanitarian Settings, and Mental Health Care.

Midwifery Mentorship programme: UNFPA through the Midwifery mentorship programme continued to provide midwifery mentorship sessions to midwives of SRH WG partners. The mentorship sessions aimed at strengthening the skills and knowledge of midwives to respond to the commonest cause of maternal and perinatal mortality. These midwifery and lifesaving mentorship sessions, led by international midwife mentors (*pictures below*) provide a practical and hands-on approach with the use of a skills lab equipped by WHO.



Through the MLS sessions for the midwives from the SRH WG partners, the skills capacity of a total of 443 **midwives** capacity was strengthened. The focus on all categories of healthcare providers, coupled with specialized midwifery training, highlights a holistic strategy aimed at addressing diverse Sexual and Reproductive Health needs. This concerted effort not only reinforces the skills and knowledge of healthcare professionals but also elevates the overall quality of reproductive healthcare services, ensuring a comprehensive and effective approach to healthcare delivery.

Courtesy of UNFPA

Introduction:

The United Nations Population Fund (UNFPA) played a critical role in strengthening comprehensive Sexual and Reproductive Health (SRH) services within the Rohingya Refugee Camps. Through strategic initiatives and collaboration, UNFPA made substantial contributions, supporting midwives, facilitating facility-based deliveries, and ensuring efficient emergency referral systems. This article delves into the significant contributions made by UNFPA in promoting comprehensive SRH services, ultimately improving the health and well-being of the Rohingya community.

Services:

In 2023, UNFPA demonstrated a comprehensive commitment to advancing midwifery-led SRH services in the Rohingya Refugee Camps through a multi-faceted approach. This included the notable support provided to **283 midwives**, constituting over 60% of the total reported midwives in the Health Sector³. Through the midwifery-led SRH service provision in 2023, UNFPA facilitated **10,837 facility-based deliveries** (32% of all deliveries conducted in the health sector), **with 93% occurring within health facilities** compared to 85% of the health sector. In addition, over 95% of mothers attending facility-based deliveries had undergone Antenatal Care (ANC) for four or more visits compared to 75% of the health sector. Through the UNFPA-supported health facilities, a total of more than 150,000 family planning visits were conducted of which 25% were first-time acceptors and 5.8% received the long-acting and reversible modern family planning methods.

Recognizing the critical importance of timely emergency obstetric and neonatal care, UNFPA continued support to an emergency ambulance referral service also known as “**Matri Sheba**”. This **Emergency Referral Transport Service (ERTS)** is available and strategically located to cover all 33 camps. The ‘**Matri Sheba**’ provides 24/7 referrals for emergency obstetric and newborn conditions from the community to the nearest appropriate facility as well as from one health facility to another. UNFPA also supports a community shuttle system which allows women from hard-to-reach areas to go for and receive their scheduled SRH services. In 2023, **a total of 10,492 patients were referred using ERTS**, where 97% of the cases were emergency obstetric cases while 22,852 mothers were provided shuttle services. UNFPA



Picture: A referral being conducted from Nayapara RC PHC by ERTS

reinforced comprehensive obstetric and newborn care services through support to the Friendship Hospital Ukhia, serving both Rohingya camps as well as the surrounding host community. In addition, UNFPA extended support to ensure the restoration of 24/7 CEmONC services in Teknaf Health Complex. UNFPA uses an approach of SRH/GBV integration within its service provision in which midwives are deployed within protection/GBV spaces a.k.a women-friendly and women multipurpose centres to provide basic SRH services like family planning, clinical management of rape, adolescent sexual reproductive health, syndromic management of STIs and referral for comprehensive management of women and girls who come to these spaces to receive GBV services. In addition, UNFPA also deploys GBV caseworkers in some of the UNFPA-supported health facilities to ensure that GBV survivors who come to health facilities as the first point of contact

³ 1,277 skilled birth attendants (36% midwives) – Health Sector Bulletin Dec 2023

receive holistic care under one roof. UNFPA provides clinical management of rape services at all (100%) health service points.

Through a network of more than **500 community health workers (CHW)**, supported by UNFPA, approximately **300,000 community members** were reached by disseminating SRH information and facilitating proactive healthcare-seeking behavior. This holistic approach highlights UNFPA's important role in enhancing maternal and reproductive health outcomes in the Rohingya Refugee Camps.



Picture: A CHW counseling a pregnant mother in the community

UNFPA also procured and distributed reproductive health commodities to over 40 partners of the SRH working group ensuring that there is no stock out of these commodities for all partners implementing SRH services within the response.

Conclusion:

In 2023, UNFPA's comprehensive approach to Sexual and Reproductive Health services in the Rohingya Refugee Camps achieved significant milestones. From supporting midwives to ensuring the success of facility-based deliveries and implementing emergency referral services, UNFPA's initiatives have not only addressed immediate healthcare needs but have also contributed to building a foundation for sustained well-being within the Rohingya community. As the organization continues its efforts, the impact on maternal and reproductive health in the response remains a testament to the importance of holistic and inclusive SRH services.

SRH Working Group Coordination

Meetings are held fortnightly 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 SRH Information Management Analyst, Nafiul Azim azim@unfpa.org.

The production of this quarterly bulletin was made possible with support from the Government of Bangladesh



and funding support from the following UNFPA funding partners:

