

July – September 2023

## Situation Overview



Picture: The RRRG, together with officials from UNFPA, WHO, and UNHCR, commenced the distribution of the General Health Card in Camp 5 on August 8, 2023

UNFPA leads the Sexual and Reproductive Health Working Group (SRH WG), coordinating more than 40 partners, including NGOs, INGOs, and UN agencies providing SRH services within the Rohingya Response. The SRH WG provides oversight, identifies, and addresses challenges related to service quality, accessibility, and coverage in sexual and reproductive health.

In August, the distribution of the General Health Card commenced, and by September, **over 97% of the refugees** had already received their individual cards. This health sector initiative, jointly funded by UNFPA, WHO, UNHCR, IOM, and UNICEF, aims to enhance best practices in managing individual health information and facilitate improved communication and follow-up within the healthcare system to ensure uninterrupted access to care at any service delivery point. The health card is expected to assist partners in monitoring patient interactions with the healthcare system, thereby enhancing quality and efficiency.

This bulletin primarily presents data collected from the SRH Working Group partners who reported to the Health Sector 4W<sup>1</sup> reporting tool from July to September 2023. By September 2023, a total of 45 primary health centers, 72 health posts, 1 facility providing Comprehensive Emergency Obstetric and Newborn Care (CEmONC), and 8 secondary care facilities were involved under the health sector. During the third quarter of 2023 (Q3), the average reporting compliance rate of partners was 93%.

## Data Overview: July – September 2023

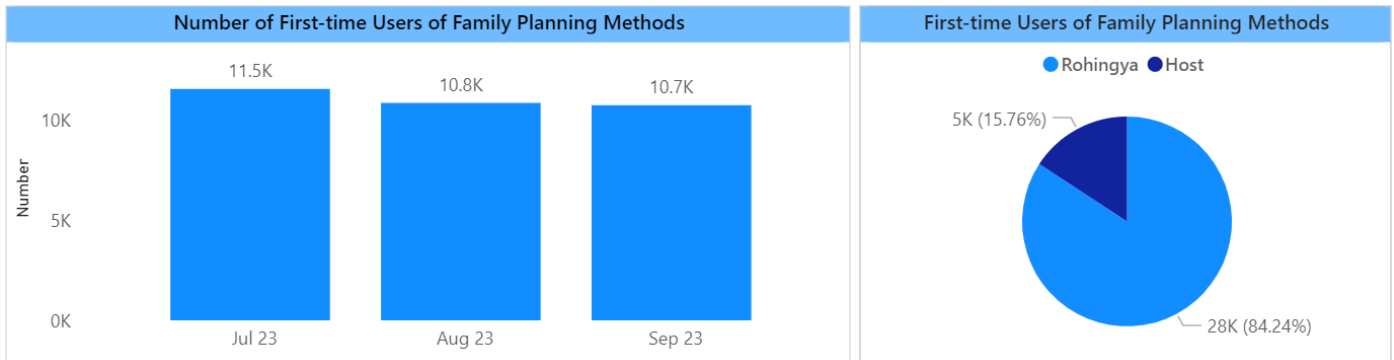
### Family Planning

Figures based on reports by SRH Partners

From July to September 2023, a total of 33,089 first-time family planning visits for modern contraceptive methods occurred, with 84% attributed to refugees and the remaining 16% involving the host community. It's worth highlighting that there was a 7% increase in the overall number of first-time family planning visits compared to the second quarter of 2023.

<sup>1</sup> Data as of 2<sup>nd</sup> November 2023 4W Dashboard

## First-Time Family Planning Visits: July - September 2023



In the same period, around 7% of first-time family planning visits pertained to consultations for long-acting reversible contraceptives (LARC), a percentage nearly like that of the second quarter.

### Antenatal Care (ANC)

Figures based on reports by SRH Partners

There were a total of **6,848 mothers who attended ANC four or more visits**. Out of these visits, 63% were from refugees and 37% were by the host community. There is a notable 8% increase in the number of mothers attending ANC four or more times from 6,371 in the previous (2nd) quarter to 6,848 in the current quarter.

### Facility-Based Deliveries

Figures based on reports by SRH Partners

As of September 2023 (HS Bulletin), **facility-based deliveries accounted for 82%** of the total deliveries. Of these facility-based deliveries, 72% were from the Rohingya community, while 28% were from the host community.

#### Facility Deliveries Monthly trend



Throughout the reporting period, there were a total of **8,644 facility deliveries**, reflecting a 17% increase compared to the previous quarter.

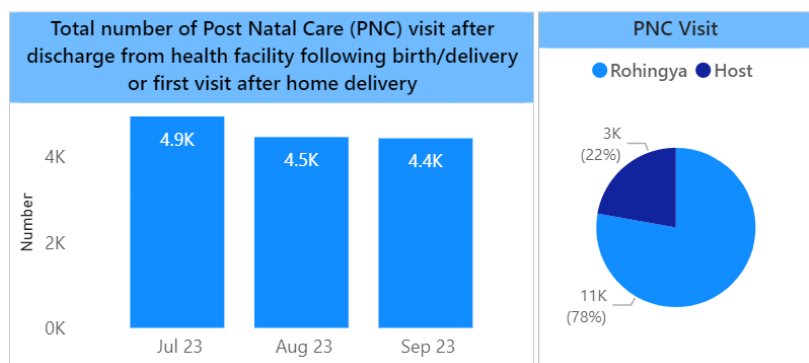
Approximately 95% of all facility-based deliveries were normal deliveries, while 5% were delivered by cesarean section. A total of 423 cesarean sections of which approximately 55% were for Rohingya mothers. The number of cesarean sections has increased from 348 in the second quarter to 423 in the current quarter, marking a 21.5% rise in overall numbers.

Of all the facility-based deliveries, 97% were live births while 3% were stillbirths.

### Postnatal Care (PNC)

Figures based on reports by SRH Partners

The number of Postnatal Care (PNC) visits experienced a slight decrease of 1% from the previous/second quarter to the third quarter. Throughout the reporting period, a total of **13,844 Postnatal Care (PNC) visits** were reported. Of these visits, 79% were made by refugees, while the remaining 21% were made by members of the host community.



There may be a need to reinforce awareness and education regarding the importance of postnatal care in both refugee and host communities, encouraging greater utilization of PNC services.

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

Despite the establishment of an MPMSR committee by the SRH WG to coordinate mortality surveillance, review, and response—identifying causes and collaborating with partners—maternal and perinatal mortality rates remain unacceptably high. The challenge persists, with an average of 7 maternal mortalities and over 60 perinatal mortalities occurring monthly across the response.

During the quarter, there were a total of **21 reported maternal deaths**, with 18 (86%) occurring at health facilities and 3 (14%) within the community. This indicates an increase compared to the 18 maternal deaths reported in the second/previous quarter. Verbal autopsies were conducted for 100% of deaths for women and girls of reproductive age while maternal audits were conducted for 72% of facility based maternal mortalities that occurred in the reporting period. Based on the reviewed and audited maternal deaths that occurred, the major causes of maternal mortality were identified as; Hypertensive disorders (43%), non-obstetric complications (25%), pregnancy related infections (19%) and obstetric hemorrhage(9%). Compared to the previous quarter, the commonest cause of maternal mortality was non-obstetric complications(44%) and obstetric hemorrhage(33%) and hypertensive disorders(11%).

The Health Sector and SRH Working Group are collaborating with partners to explore new strategies aimed at reducing maternal and neonatal health-related deaths consolidated into an action plan. Key contributing factors identified include the need for implementing better institutional accountability in cases of staff negligence in the process of patient management as well as strengthening the capacity of staff to respond to obstetric and newborn emergencies. In addition, efforts to strengthen the capacity at CEmONC centers to ensure referred mothers have timely access to appropriate emergency interventions. The working group is also working to reduce the multiple layers causing delays within the referral system that are associated with maternal deaths, as well as exploring new opportunities to enhance mapping of pregnant, high-risk mothers and EDD tracking and creating linkages to birthing centers for facility-based deliveries.

## Capacity Building Trainings



Picture: MLS session being conducted by a UNFPA International Midwife Mentor

The SRH Working Group and the Health Sector collaboratively identified technical gaps and needs in Sexual and Reproductive Health (SRH) and related areas. Throughout the reporting period, the SRH Working Group coordinated the training of **218 health service providers**, consisting of 18 males and 200 females. The training encompassed various areas, with 133 health providers receiving training on managing major direct obstetric complications (MDOCs), while 36 participants underwent training on Antenatal Care and the continuum of care (ANC).

Additionally, UNFPA conducted midwifery mentorship sessions led by international midwife mentors, using a practical approach known as Midwifery Life-saving Skills (MLS) training. This initiative extended to SRH Working Group, resulting in the training of 49 midwives from within the SRHWG partners.

**Background:**

UNICEF's work is structured around five overarching areas of well-being for every child which are grounded in the 2030 Agenda for Sustainable Development. This human rights-based approach pursues a vision of realizing the rights of every child, especially the most disadvantaged and responds to the call to "leave no child behind", so that the rights of every child, everywhere, will be fulfilled<sup>2</sup>.

Globally, 2.3 million children died within the first month of life translating to an average of 18 newborn deaths out of every 1,000 live births, still far off from the SDG target of 12 deaths per 1000 live births as per latest UN IGME 2021 data estimates<sup>3</sup>. In Bangladesh, 2021 estimates show that the neonatal mortality rate is 16 per 1,000 live births, which is slightly better than the South Asia NMR of 22.9, showing a progressive decline from as high as 65 in 1990 in Bangladesh. However, it is worth noting that Bangladesh data does not include the data for the Rohingya population.

Bangladesh continues to host 961,729 Rohingya refugees from Myanmar in 33 camps in Cox's Bazar District and Bhasan Char of Noakhali District, 52 per cent of them children. Provision of basic services for the refugees in Bhasan Char has been ensured collectively by the humanitarian community. Various health actors provide direct support to newborn health among the Rohingya ranging from UN agencies, National and International Non-Governmental Organizations under the leadership of the Health Sector. UNICEF is the lead of the newborn health technical sub-committee in Cox's Bazar.

Data regarding neonatal mortality among the Rohingya is limited, a common challenge in emergency situations. However, prospective surveillance conducted from 2017 to 2018 estimated a neonatal mortality rate of 27 per 1000 live births<sup>4</sup>. Notably, there has been an increase in stillbirths and neonatal deaths in 2022 when compared to the figures from 2021. As of Epidemiological week 38, in 2023, the data indicates 243 stillbirths and 215 neonatal deaths<sup>5</sup>.

**UNICEF Actions****Maternity Care**

The pregnant mothers are encouraged to attend ante-natal care at health facilities as it provides essential contact for care, laboratory testing and identification of high-risk pregnancies and birth planning to ensure that pregnant mother have best outcomes for newborns. Overall, in the camp, 82 per cent of pregnant mothers deliver at health facilities. The UNICEF mama baby-kit is designed specifically to cater to the needs of new mothers and newborns in the camps, encouraging them to have safe deliveries in the facility. Messaging by community health workers, with EDD (Estimated Date of Delivery) follow up are used to increase attendance of pregnant women in the catchment area.

**Essential Newborn Care (ENC)**

UNICEF ensured the availability of essential newborn care in the camp in five Primary Health Care Centers in Camps 5, 8W, 10, 17 and 18 that includes immediate care at birth, delayed cord-clamping, thorough drying and ensuring thermal care, assessment of breathing and resuscitation when needed, early initiation of breast-feeding, and support for breast-feeding, infection prevention, identification of danger signs and timely referrals for health and welfare of both

<sup>2</sup> UNICEF. Press releases | UNICEF. Published 2023. Accessed October 9, 2023. <https://www.unicef.org/media/press-releases?force=0&query=Bangladesh+Humanitarian&combined>

<sup>3</sup> UN Inter-agency Group for Child Mortality Estimation Accessed 10th October 2023 from <https://childmortality.org/profile>

<sup>4</sup> Amsalu R, Costello J, Hasna Z, Handzel E. Estimating stillbirth and neonatal mortality rate among Rohingya refugees in Bangladesh, September 2017 to December 2018: a prospective surveillance. *BMJ Glob Health*. 2022;7(4): e008110. doi:10.1136/bmjgh-2021-008110

<sup>5</sup> Bangladesh-Rohingya-Response-Epidemiological-Highlights-Weekly-Annex-Bulletin-W36-2023.pdf. Accessed October 9, 2023.

<https://rohingyaresponse.org/wp-content/uploads/2023/10/Bangladesh-Rohingya-Response-Epidemiological-Highlights-Weekly-Annex-Bulletin-W36-2023.pdf>

mothers and their newborns. In the camp, 2,154 newborns were provided with essential newborn care while advanced newborn services were provided to 227 newborns requiring radiant warmer and 33 newborns requiring phototherapy from January to August 2023.

### **Newborn Stabilization Unit (NSU)**

Providing crucial medical intervention to sick newborns, NSUs are saving lives and giving hope to many. UNICEF provides support to 7 NSUs in the 7 Upazila in Cox's Bazar to a total of 2,304 admissions. As an initial referral point from the Camp, Ukhiya NSU had 49 admissions (0 Rohingya) while Teknaf NSU had 367 admissions (13 Rohingya) between January to August, 2023. Out of these 416 admissions, 4 resulted in deaths, and 340 have recovered, with 72 of them being referred to SCANU. The NSUs provide essential newborn care equipment such as oxygen concentrators, radiant warmers, pulse oximeters, and resuscitators.



*Picture: Physician and nurses are attending a twin newborn  
(Photo credit: UNICEF/2023/Liton)*

### **Special Care Newborn Unit (SCANU)**

UNICEF provides HR support to the Special Care Newborn Unit (SCANU) at Sadar Hospital that provides the tertiary referral facility for newborn care with a capacity of 65 beds, meeting the needs of both Rohingya and host community. 3,272 admissions were supported between January to August 2023, of which 117 were referrals from Rohingya camps. The leading causes of admissions were birth asphyxia (44%), low birth weight/ prematurity (19%), neonatal sepsis (13%) and neonatal jaundice (12%) with a total of 375 deaths. The SCANU provides vital healthcare facilities dedicated to providing specialized medical care to newborns with critical health needs offering close monitoring, intervention, and specialized support for vulnerable infants, such as asphyxiated newborns, premature or low-birth-weight babies.

### **Kangaroo Mother Care (KMC)**

UNICEF provided 950 newborns with KMC in the SCANU (421) and 7 NSUs (529) between January to August 2023. Kangaroo Mother Care supports the survival of low-weight and premature babies. The skin-to-skin contact keeps the baby warm, also stabilizes the baby's heartbeat and breathing, increases the bonding of the baby with the mother and supports the healthy development of the brain. UNICEF ensures the availability of a Kangaroo Mother Care space adjoining every PHC, NSU and SCANU. KMC is cost-effective and has been shown to reduce neonatal mortality rates and enhance early childhood development.

### **Postnatal care**

Postnatal care for the baby is an important opportunity to check for danger signs, such as insufficient feeding, fast breathing (a breathing rate of more than 60 breaths per minute), severe chest in-drawing, lethargy, fever, low body temperature or jaundice with three visits encouraged on day 1, 3 and 7. At the same time, mothers can receive advice on how to identify and respond to these symptoms, as well as the benefits of exclusive breastfeeding and immunization. UNICEF provided 3,098 PNC 1 visits between Jan to August 2023 in the camp.

### **The Newborn Technical sub-committee**

UNICEF leads the newborn technical sub-committee, operating within the Health Sector's framework, under the Sexual and Reproductive Health Technical Working Group. The sub-committee has been meeting monthly, providing leadership, coordination, and forum for newborn-health actors to share challenges, and come up with solutions for challenges facing newborn health in the camp. The sub-committee has a developed TOR, action plan and has been able to conduct mapping of newborn health actors in the camp, developed a referral mapping and linkages of newborn health facilities and provided technical support for the perinatal death audits under the Maternal and Perinatal Mortality Surveillance and Response

(MPMSR) committee. There is more work to be done on monitoring progress and the documentation and support for evidence-based generation for newborn health interventions.

### Newborn Research

UNICEF is in process of conducting research on the 'enablers and bottlenecks' to access newborn care in the Rohingya camp in partnership with Bangabandhu Sheikh Mujib Medical University (BSMMU). The research will aim to generate knowledge and provide recommendations on increasing access to newborn care.

### 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](mailto:srh-wg-cxb+owners@unfpa.org).

For more information or queries, please reach out to SRH Information Management Analyst, Nafiul Azim [azim@unfpa.org](mailto:azim@unfpa.org).

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