

Introduction

SRH Working Group's Strategy on Family Planning for the Rohingya Humanitarian Crisis 2021 - 2023



DDFP and office of RRRC have signed off on the Strategy on Family Planning for the Rohingya Humanitarian Crisis 2021-2023, which has been developed by the Health Sector & Sexual and Reproductive Health Working Group

The Joint Response Plan [JRP] 2021 estimates that 1.3 Million people residing in Ukhiya and Teknaf Upazilas in Cox's Bazar District to be **in need of humanitarian assistance**. The figure includes 918,841 Rohingya refugees residing in camps in [Joint Government of Bangladesh – UNHCR Population Factsheet, December 2021]. The Sexual and Reproductive Health and Rights [SRHR] and other humanitarian needs of both the Rohingya refugees and host communities remained pressing in 2021, with some **gaps in both service delivery and utilization**. The COVID-19 pandemic, monsoon rains induced flooding and landslides, and fire outbreaks in the crowded camps made the situation worse and the response very challenging for partners. However, SRH Working Group partners continued providing SRHR interventions in both the Rohingya refugee camps and host communities whilst striving to **improve the scope and quality of services**. This includes provision of integrated SRHR and Gender Based Violence [GBV] services at health facilities and safe spaces [Women Friendly Spaces, Multi Purpose Women Centre, Women-Led Community Centres].

This bulletin is based on data reported by the SRH Working Group partners between **January and December 2021**. Despite shrinking resources due to global effects of COVID-19 on economies, the number of partners reporting under the SRH Working Group increased to an average of 40 in 2021 from an average of 35 in 2020. An average of **222 SRHR facilities** reported throughout the course of

2021 and out of these, an average of 68 were operating 24/7. The reporting rate for the year averaged 98.8% and completeness of reports was close to 100%.

Data Overview

Family Planning

Figures based on reports by SRH Partners

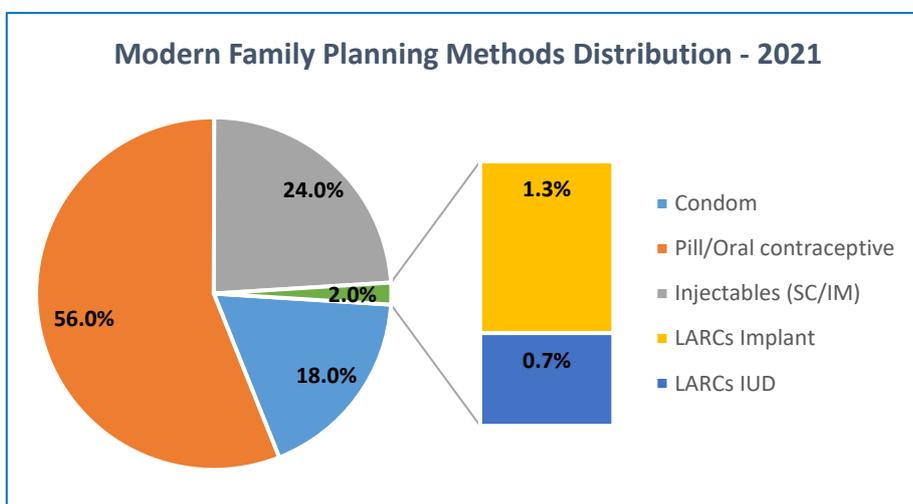
The SRH Working Group has the mandate to advance Family Planning Joint Response Plan [JRP]



goals in the Rohingya refugee humanitarian context in Cox's Bazar. Whilst the trends in utilisation of modern methods of Family Planning mirrored the year 2020, overall, **there was a significant increase in service uptake in 2021**. The total number of visits [including first-time and revisits] for modern methods of Family Planning was **333,704 in 2020** and **452,964 in 2021**, which signifies a **35.7%** percentage increase for 2021. Out of the 452,964 visits reported in 2021, 177,139 were first time visits and the remaining 275,825 were re-visits. A shallower dip observed

between April and July 2021 compared to the same period in 2020 reflects improvements in both the impact and programme response to the COVID-19 pandemic. **Oral contraceptive pills remain the most widely used method of Family Planning [56.0%]**, followed by **injectables [24%]**. **Condom also remains in top three preferred methods**, contributing 18.0%. Long Acting Reversible Contraceptives [LARC] contributed 2% with implants contributing 1.3% and intrauterine device [IUD] 0.7%. These figures compare well with the Bangladesh 2017-18 Demographic and Health Survey which estimates uptake of Implants to be 2% and IUD 1%¹.

In addition to supporting partners to provide modern methods of Family Planning and counselling services in facilities, and undertaking community mobilisation and engagement activities such as the celebration of the Bangladesh Family Planning week in both camps



and host communities, the SRH Working Group also conducted advocacy, policy and planning initiatives. One key outcome for the year 2021 was the production of the [SRH Working Group Strategy on Family Planning for the Rohingya Humanitarian Crisis 2021-2023](#). The strategy was endorsed and approved by the Office of the Refugee Relief and Repatriation Commissioner [RRRC] and the Directorate General of Family Planning [DGFP] in October 2021. A Family Planning Factsheet and accompanying advocacy messages were also developed together with the Inter Sector Coordination Group [ISCG] and Health Sector, to support high level advocacy targeting senior government officials, funding partners and the global community at large.

¹ Bangladesh Demographic and Health Survey 2017-18 : <https://dhsprogram.com/publications/publication-FR344-DHS-Final>

Antenatal Care and Postnatal Care

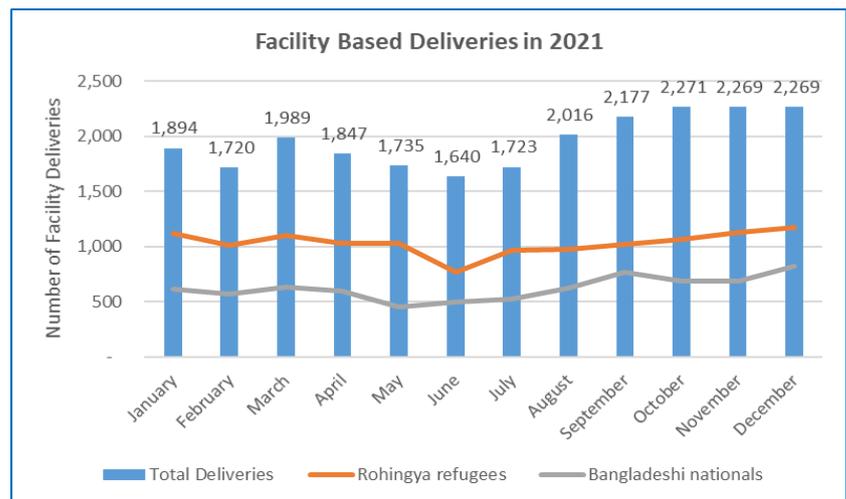
Figures based on reports by SRH Partners

The number of women and girls reached with at least **Four ANC visits** by time of delivery increased from **26,965 in 2020 to 39,307 in 2021** [DHIS2]. This gives an increase of **45.7%** in number of Four ANC visits or more. Girls below 18 years accounted for 7.4% of the total number of ANC visits reported in 2021. There was also significant increase in **PNC visits** which increased by **40.2%, from 57,908 in 2020 to reach 81,200 in 2021**. Success is attributable to partners efforts on community engagement and awareness activities as well as its work with the Health Sector to mitigate the effects of COVID-19 containment measures, such as lockdowns and movement restrictions, on SRHR activities. The Adolescent Sexual and Reproductive Health [ASRH] Taskforce set up in 2021 also provide technical support to partners. The taskforce contributed to **capacity building of the health workforce and to monitoring the health systems ability to provide adolescent-friendly services and supportive supervision to meet the needs especially for those presenting with teenage pregnancies**.

Facility-Based Deliveries

Figures based on reports by SRH Partners

The overall number of mothers delivering babies in health facilities with assistance from Skilled Birth Attendants [SBAs] in 2021 increased, despite a notable decline between the months of April to June when COVID-19 cases spiked. Overall, **the percentage of facility based deliveries increased from 58% in 2020 to 70% in 2021** [CHW Working Group]. The trends in facility based deliveries were generally similar for Rohingya refugee and host community women and girls. However, the sharp dip in number of facility based deliveries among Rohingya refugee women and girls observed during the month of June could be pointing at the fact that COVID-19 and its response measures had greater impact on service utilization in the camps compared to host communities. The majority, 62.4% of facility based deliveries in 2021 were by Rohingya refugee women and girls. The proportion of facility based deliveries by girls [aged 18 years and below] declined from 6.3% in 2020 to reach 3.8% in 2021. However, Rohingya refugee girls [5.4%] were still more likely to give birth before the age of 18 years compared to their counterparts from the host communities [2.8%].



Results were achieved through continued **community engagement and awareness raising in response to the effects of COVID-19 and its response measures**. For instance, Community Health Workers [CHWs] were deployed by SRH Working Group members to provide **door-to-door visits in households, targeting especially pregnant women, other Women of Reproductive Age [WRA], community and religious gatekeepers such as Imams and Mahjis with messages promoting facility based deliveries with assistance from SBAs**. The SRH Working Group and its partners also recruited, deployed, trained and provided mentoring to frontline health workers such as midwives, medical doctors and paramedics; provided ambulance services; procured reproductive health supplies; maintained infrastructure; and provided supportive supervision at facility level.



A midwife providing EmONC services to a woman in Camp #4

Availability of Emergency Obstetric and Newborn Care [EmONC], Respectful Maternity Care [RCM] and overall Quality of Care [QoC] was promoted in 2021, as the humanitarian response becomes protracted. **Maternal and Perinatal Mortality Surveillance and Response [MPMSR] was also strengthened.** However, the number of obstetric complication cases attended to increased by 55.7% from 4,488 in 2020 to 6,989 in 2021. The main causes of complications were **Postpartum Haemorrhage, Severe pre-eclampsia/eclampsia cases, Obstructed/Prolonged Labour and Puerperal Sepsis.** The number of facility maternal deaths reported also increased from 16 in 2020 to 23 in 2021. Whilst attention is required to further reduce preventable complications and deaths, the

increase in numbers reported could however, indicate improvements in both the utilisation of EmONC services by women and girls in need, and the strengthening of the MPMSR systems put in place by the SRH Working Group.

The MPMSR sub-committee reviewed maternal deaths reported in 2021 and came up with recommendations to prevent future deaths. The SRH Working Group also supported scale up of midwifery interventions that focus on strengthening competency-based midwifery in-service training and mentoring to create an enabling environment for midwives providing clinical services. This includes development and dissemination of a *Guidance note on the recommendations for orientation of newly recruited licensed diploma midwives*. Three International Midwife Mentors were also deployed and worked with the Working Group to mentor midwives and provide capacity building trainings and technical support. In addition, the EmONC services at the HOPE Field Hospital for Women are being expanded to increase access.

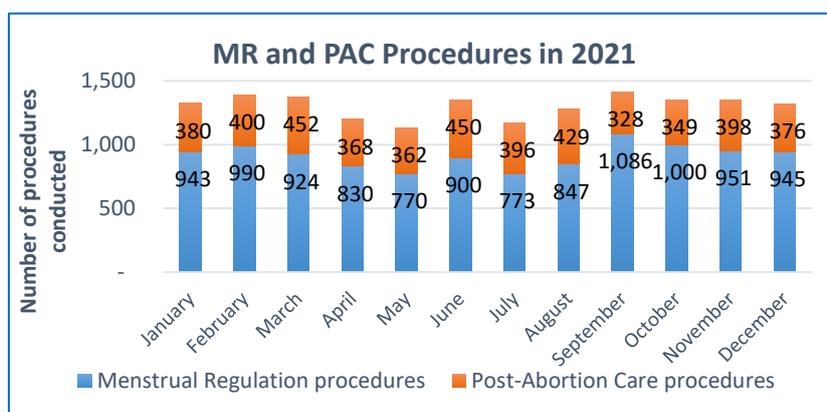
SRH and GBV Integration



A midwife conducting Family Planning awareness at the IRC Women and Girls Safe Space in Camp #22

SRH Working Group partners provided **integrated SRHR and GBV response services** in a context where COVID-19 exacerbated existing conditions for intimate partner violence [IPV] in the Rohingya refugee camps. Pre-existing conditions in the camps, including overcrowding, stress due to the uncertainty of the protracted situation, limited privacy and lack of lighting across the sites, are associated with GBV. Services provided includes Menstrual Regulation [MR], Post-Abortion Care [PAC], Family Planning, Clinical Management of Rape / Intimate Partner Violence [CMR/IPV] and Syndromic Management of STIs. The SRH Working Group also worked with the GBV Sub-Sector [GBV SS] and its partners to strengthen SRH-GBV integration in both health facilities and safe spaces as well as in conducting joint advocacy and in capacity building for SRH and GBV practioners.

Utilisation of Menstrual Regulation [MR] and Post-Abortion Care [PAC] services increased in 2021. A total of 10,959 MR procedures were conducted in 2021, a 12.3% increase from 9,760 reported in 2020. In addition, 4,688 PAC procedures were conducted in 2021, a 30.8% increase from the 3,584 reported in 2020. Utilisation of Syndromic Management of STIs also increased from 37,033 in 2020 to reach 49,979 in 2021.



Response measures by the SRH Working Group partners included the deployment of midwives in safe spaces to provide short acting methods of Family Planning, MR-PAC, CMR and syndromic management of STIs. On the other hand, GBV SS partners deployed Case Management Workers in health facilities to provide counselling and referrals to GBV survivors.

Capacity Building Trainings

Figures based on reports by SRH Partners

SRH Working Group and the Health Sector identified gaps and needs in SRHR and related areas and organized training sessions for 454 [258 Female : 196 Male] health workers [see table below];

| Training/Orientation | Calendar | Number Trained | | Target group |
|---|-----------------|----------------|------------|--|
| | | Female | Male | |
| Maternal Mortality Surveillance and Reporting Training [6 batches] | 28 Feb - 7 Mar | 67 | 150 | Doctors, Reporting Officers, CHW Supervisors |
| Six day long LARC methods Training for Other Healthcare Workers | 22 - 28 Mar | 12 | 0 | Healthcare Workers |
| 3 day long LARC Training for Doctors | 6 - 8 Jun | 9 | 1 | Medical Doctors |
| MR, PAC & Family Planning Services Counselling Training for Mid Level Providers | 26 - 27 Jun | 10 | 0 | Mid Level Providers |
| 2 Experience Learning & Sharing Meetings on Imprest Fund Implementation for Partner Organisations | Jun - Aug | 55 | 13 | SRH Working Group Partners |
| 2 ToTs on Menstrual Hygiene Management using the community-based curriculum and tools | Sep - Oct | 22 | 0 | CHWs |
| 1 Orientation for Imams on Family Planning Messages for Dissemination to Rohingya Community Religious Leaders | Sep-21 | 0 | 23 | Religious leaders |
| 2 CMR / IPV Capacity Building trainings for Service Providers | 22 Nov - 08 Dec | 50 | 0 | Midwives |
| ToT on Complications of Labour | 12 - 14 Dec | 25 | 0 | Midwives |
| Maternal and Perinatal Mortality Surveillance and Response Consultative Workshop | 20-Dec | 8 | 9 | SRH Working Group Partners |
| TOTAL | | 258 | 196 | 454 |

Challenges and Lessons Learnt

÷ Need to continue strengthening the capacity of national and local actors to provide SRH services, including through **training and sensitisation**. SRH Working Group coordination team has developed a training calendar to map trainings planned in 2022 and to identify and address gaps in training and capacity building on SRHR, SRH-GBV integration and other related areas.

÷ Standardisation of overall service mapping, development of standard operating procedures [including on provision of SRHR in safe spaces], and the **creation of a knowledge hub** where partners can access relevant information resources was noted as a gap to be worked on in 2022

÷ Timely procurement and distribution of **Reproductive Health Kits** and other supplies was noted as a keep driver to strengthen SRHR service delivery. SRH Working Group will continue to work with the

Health Sector, WHO, UNFPA and other agencies to improve Reproductive Health Commodity Security [RHCS] including through improved stock management using the eSTOCK application.

÷ Opportunities for improving the **monitoring and documentation of evidence and lessons learnt** from SRHR interventions by all SRHR actors were noted. The SRH Working Group Information Management [IM] team will improve the scope and coverage of IM products generated in 2022.

Feature Article **GBV-SRH Integration During COVID-19 Emergency Situation**

Courtesy of the GBV Sub-Sector [GBV SS]

Gender Based Violence [GBV] and the denial of SRHR is a generic problem deeply rooted in patriarchy, masculinities and health inequities. GBV limits individual freedom to make informed choices including to access SRHR information and services. It is also a risk factor for STIs and unwanted sexual misconduct [including rape], unwanted pregnancy, in addition to other traumatic consequences.

Member of the GBV Sub-Sector [GBV SS] in Cox's Bazar are working together with the SRH Working Group and other stakeholders providing integrated GBV-SRHR services to Rohingya refugees and host communities. For instance, GBV SS continuously updates referral pathways to ensure that GBV survivors in need have timely access to services, including on SRHR, in a safe, respectful, non-discriminatory and confidential manner. GBV SS partners such as Mukti, Friendship, BRAC, CARE and RTMI are also integrating GBV-SRHR services in both safe spaces and health facilities. This includes provision of all basic SRHR services in safe spaces through expert and trained midwives, including provision of Family Planning, Syndromic Management of STIs, Menstrual Hygiene Management [MHM], CMR and referral to health facilities. In health facilities, GBV SS partners have deployed Case Management Workers who identify potential GBV survivors, provide counselling services and referral to GBV services as well as other services such as legal aid.



Adolescent Support Group at a CARE Women and Girls Safe Space in Camp #12

“During COVID-19 lockdown, we conducted remote case managements and provided health, SRH and MHPSS services through helpline – this is the best service we could provide to the anxious people who needed our services. When we received government approval, we conducted SRH based awareness sessions at our facilities and community level with due safety and precaution measures. Our GBV emergency team also ensured basic SRH services (oral contraceptive pill, condom) to the fire affected population at Camp 8E”.

Ms. Afia Anjum, GBV Response Coordinator of Friendship (under the fund of DCA)

GBV-SRH in times of COVID-19: Directives instituted by GoB [RRRC] to control COVID-19 affected provision and utilisation of GBV-SRH services, before they were lifted in September 2021. Under the directives, most GBV services were not considered essential and had to be suspended. GBV SS partners in collaboration with SRH Working Group partners had to come up with innovative approaches to sustain some critical services. This includes remote case management using designated helplines manned by GBV Case Workers and updating GBV referral pathways with functional services such as SRH-GBV integration – including MHPSS. GBV SS partners also focused on awareness raising by integrating GBV messaging with COVID-19 prevention messages.

Highlight of Key Achievements: Despite the COVID-19 restrictions and other challenges faced in 2021, GBV SS and its partners have made progress. GBV multi-sectoral contingency plans and strategies, including emergency preparedness and response plans were developed through a multi-stakeholder partnership involving GoB, UN, NGOs, INGOs and local organisations. These plans

guided GBV SS partners efforts to address GBV and SRH issues. The Minimum Initial Service Package [MISP] in reproductive health in emergencies was the guiding framework for delivery of integrated GBV and SRH services, although efforts were not always limited to essential services.

According to the GBV Information Management System [GBVIMS] reports, the number of reported incidents in Q3 2021 was higher than Q2 2021 by 11%, with August and September having the highest GBV reporting rates. This increase which followed the lifting of the COVID-19 government restrictions points towards improved availability and use of GBV services.

Health/medical services including SRHR services [96.3%] was the most preferred service, provided by GBV SS partners, for GBV survivors who reported in Q3 of 2021. Realising the importance of integrating this services with GBV services and the need to strengthen referrals, GBV SS partners increased GBV training for midwives. Midwives are the best placed frontline workers to identify GBV cases, provide GBV-SRH information and to refer GBV survivors to other service

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 50 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 the SRHR Information Management Specialist, Tafadzwa Carlington Chigariro chigariro@unfpa.org; SRHR Information Management Officer, Nafiul Azim azim@unfpa.org.

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