



Introduction

According to the Joint Response Plan 2022, there are approximately **918,841 Rohingya refugees registered in Bangladesh**, living in overcrowded camps in Ukhiya and Teknaf Upazilas in Cox's Bazar District, as well as on Bhasan Char Island. The JRP 2022 also articulates gaps, challenges and opportunities for addressing Sexual and Reproductive Health and Rights [SRHR] and other humanitarian needs of both the Rohingya refugees and surrounding host communities.

SRH Working Group partners are supporting the implementation of the JRP 2022, providing both basic and comprehensive SRHR services to the target population. This includes addressing the specific and special SRHR needs of adolescents and youths. Overall, SRHR services are being provided through health facilities and safe spaces [Women Friendly Spaces, Multi-Purpose Women Centre, and includes integrated Gender Based Violence [GBV] services.

This bulletin is based on data reported by the SRH Working Group partners between January and March 2022. The number of partners reporting increased to an average of 42 compared to an average of 39 partners in quarter one [Q1] 2021. The average number of reporting SRHR facilities also increased from 210 in Q1 2021 to 228 currently. On average, 72 of the facilities were operating 24/7 compared to 65 in Q1 2021. Both reporting rate and completeness of reports reached an all-time high of 100% during quarter one [Q1] 2022.

Data Overview : January – March 2022

Adolescent Sexual and Reproductive Health

Figures based on reports by SRH Partners

SRH Working Group and partners are advancing **Adolescent Sexual and Reproductive Health and Rights [ASRHR], with services such as Comprehensive sexuality education**. This includes empowering young people to know and exercise their rights – including the right to delay marriage and pregnancies, and the right to refuse unwanted sexual advances. Information Management was strengthened, through collection of age disaggregated data to promote evidence based decision making. In addition, an ASRHR Technical Team established by the SRH Working Group to address specific health and development needs, especially SRHR needs of adolescents convenes regularly and provide technical guidance and support to the main working group on issues regarding ASRHR.

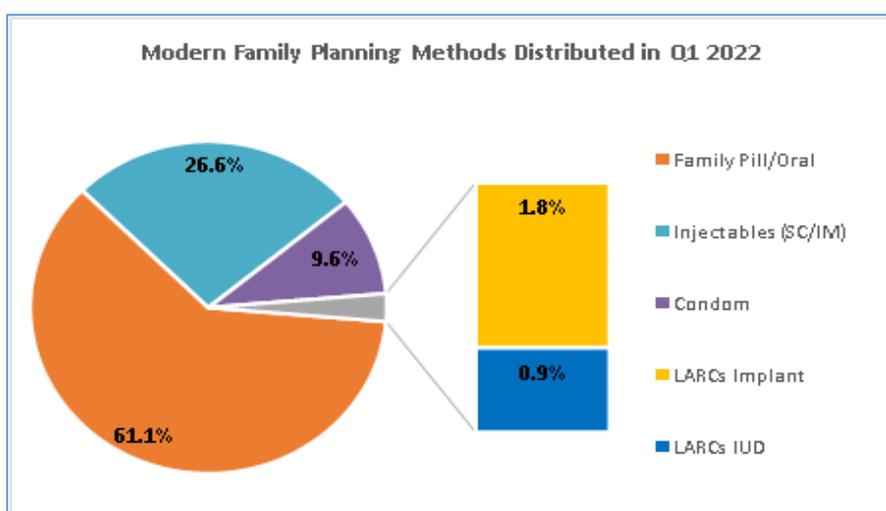
Overall, the programme attended to 123,093 visits for Family Planning, with the majority [82.5%] of the visits being from Rohingya refugee women and girls. A total of **1,977** adolescent girls aged below 18 years (2.1% of all the family planning visits) were reached with modern Family Planning methods across the SRH Working Group facilities during Q1 2022 [table 1 below].

Utilisation of Modern Family Planning Methods : January - March 2022

Variable / Month	Sum of Visits	Visits from women 18 years old and above [Rohingya]	Visits from Girls below 18 years [Rohingya]	Visits from women 18 years and above [Bangladeshi]	Visits from Girls below 18 years [Bangladeshi]
January 2022	43,192	28,635	911	5,354	43
February 2022	35,178	23,210	354	5,130	50
March 2022	44,723	27,769	446	6,457	173
Grand Total	123,093	79,614	1,711	16,941	266

* Figures with missing disaggregation have not been included in the sub categories [i.e. population and age groups]

Oral contraceptive pills [OCP] remained the most widely used method of Family Planning [61.1%], followed by injectable at [26.6%]. Whilst Condom remains in top three preferred methods, contributing 9.6%, its use declined significantly from 19.0% in Q1 2021. The **uptake of Long Acting Reversible Contraceptives [LARC] continued to improve**, contributing 2.6% compared to 2.2% during Q1 2021. This indicates a possible shift towards long term methods with implants contributing 1.8% and intrauterine device [IUD] 0.9% during the quarter under reporting.



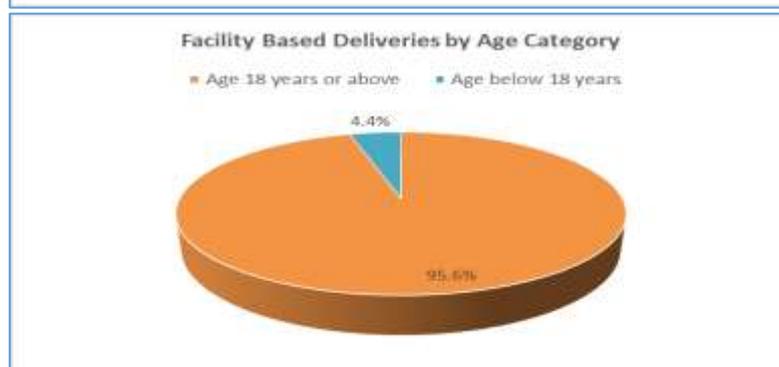
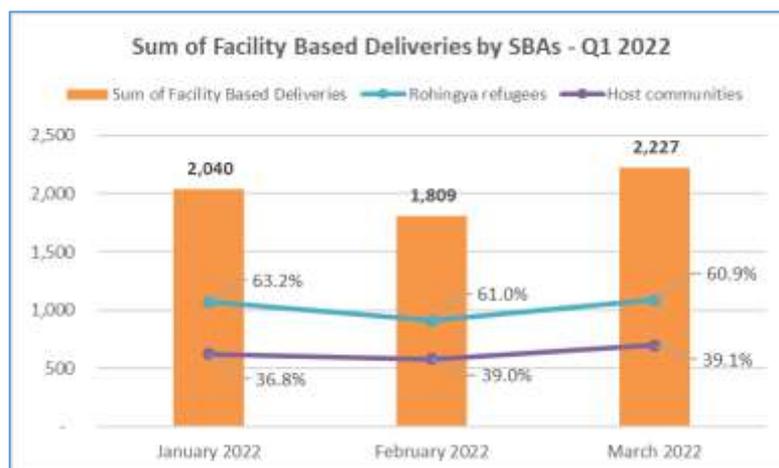
Progress in the uptake of modern methods of Family Planning among the Rohingya refugee camps is a result of improved quality of service delivery through trainings and monitoring of service delivery organised by the SRH Working Group in collaboration with the Health Sector, Government of Bangladesh and other stakeholders. In addition, the SRH working group procured and distributed family planning commodities and supplies to ensure that modern methods of family planning were available at health facilities with no apparent , while community mobilization and engagement strategies including engaging with community gatekeepers to overcome social, cultural, and religious barriers were also utilised. The SRH WG also promoted the provision of SRH services including deployment of midwives within protection spaces to improve access to SRHR services like family planning to women and girls.

A workshop was organized in March 2022, together with Office of the Refugee Relief and Repatriation Commissioner [RRRC], Inter Sector Coordination Group [ISCG] and Directorate General of Family Planning [DGFP] and involving other key stakeholders, to provide guidance on implementation of the Family Planning strategy within Humanitarian settings/Cox's Bazar. The workshop which gave direction to the drafting of an Action Plan for the implementation of the Family Planning Strategy was attended by the Honourable Secretary, Ministry of Disaster Management and Relief [MoDMR], and the Deputy Director and Programme Manager, Clinical Contraception Services Delivery Program [CCSDP], Ministry of Health and Family Welfare [MoHFW].

Facility-Based Deliveries

Figures based on reports by SRH Partners

A total of 6,076 deliveries by women and girls from Rohingya refugee camps and host communities occurred at health facilities and were attended to by Skilled Birth Attendants [SBAs], compared to 5,603 deliveries recorded during the period January – March 2021. The number of deliveries in 2022 increased from 2,040 in January to reach 2,227 in March, despite a slight decline recorded during the month of February. Of the total deliveries 61.7% were by Rohingya refugee and 38.3 by % Host communities. Adolescent girls (<18 years) accounted for 4.4% of the deliveries. The SRHWG, in collaboration with the ASRHR technical team, is working to make services more adolescent-friendly in order to ensure that all young people in need of services can access and utilize them, given their increased vulnerability to maternal morbidity and death.



Over 1400 Community Health Workers [CHWs] deployed by partners visited on average 85 percent of all households in the camp once a week, delivering critical SRHR messages and emphasizing the necessity of facility delivery, while also reaching out to adolescents, particularly young mothers. Community and religious gatekeepers such as Imams and Mahjis were also sensitized on the importance and challenges around promoting facility based deliveries with assistance from SBAs for adolescents and young mothers. In addition, ASRHR messages and skills development was mainstreamed across all trainings organised through the SRH Working Group and its partners.

Antenatal Care and Postnatal Care

Figures based on reports by SRH Partners

A total of **99,541 ANC visits** (Rohingya: 74.4%, Host: 25.6%) **were reported during the quarter** under review, including 40,282 First ANC visits and 59,259 ANC revisits. 5.7% of the total visits were from adolescent girls aged below 18 years. On the other hand, there were **22,203 PNC visits** (Rohingya: 77.3%, Host: 22.7%) of which more than 5% were from adolescent girls aged below 18 years. CHWs continued to target adolescents in need with counselling and referrals to health facilities for services.

Emergency Obstetric Care & Maternal and Perinatal Mortality Surveillance and Response [MPMSR]

Figures based on reports by SRH Partners

At least 1,551 obstetric complication cases were reported across the SRH Working Group partner facilities, with Severe pre-eclampsia/eclampsia [176], Obstructed/Prolonged Labour [171], Postpartum Haemorrhage [125] and Puerperal Sepsis [24] being the main causes.



Adolescent receiving ANC at a health facility in Camp #2

A second operating theatre [OT] established in Q1 2022 at the HOPE Field Hospital for Women is expected to improve availability and quality of Emergency Obstetric and Newborn Care [EmONC] services as well as to ease pressure on the existing theatre.

The SRH Working Group led the development of an Annual Action Plan for Maternal & Perinatal Mortality Surveillance and Response for 2022. The Plan jointly developed with stakeholders identifies and proposes a way forward for addressing challenges such as the need for timely notification and conducting of facility death reviews, the active participation of all stakeholders in deaths reviews process, and ways to improve the capacity to conduct quality perinatal and neonatal death reviews. The Maternal and Perinatal Mortality Surveillance and Response (MPMSR) committee also continued with the surveillance [identification and notification], review and reporting of maternal deaths as well as strengthening the response actions at both community and facility level. All the six [100%] notified facility maternal deaths to the SRHWG were reviewed by the MPMSR committee. At least 66.7% [4] of the maternal deaths were investigated within 48 hours following reporting.

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. There however, are opportunities to strengthen ASRHR related data for purposes of improving both EmONC and MPMSR. Reporting of disaggregated obstetric complication cases by partners also requires attention to improve accuracy and depth of data.

Capacity Building Trainings

Figures based on reports by SRH Partners

SRH Working Group and the Health Sector identified gaps as well as SRHR needs and organized training sessions for 105 [Female 77 : Male 28] health workers. Table 2 below presents a summary of the in-person trainings organized by SRH Working Group in Q1 2022;

Training/Orientation		Number Trained		Target group
		Female	Male	
1 Training on Counseling for Family Planning, Menstrual Regulation and Post Abortion Care	29-30 January	11	0	Midwives, Medical Doctors
2 Batches - Trainings on Implant [Family Planning]	14-22 March	16	4	Medical Doctors
1 Training on Communication for Effective Community Engagement and Accountability	22-23 March	6	8	Mid-Level Providers
4 Batches - Orientation on SRHR, GBV, and Mental Health	27-31 March	44	16	Medical Doctors, Midwives, Nurses, Paramedics
TOTAL		77	28	105

Challenges and Lessons Learnt

÷ **Social-cultural norms and religious barriers** are hindering the uptake of SRHR services. There is need to continue raising community awareness and promote behaviour change through the CHW programme and to target community gatekeepers such as Imams and Majhis with key advocacy messages on SRHR and GBV.

÷ There are opportunities for **improving data disaggregation to support evidence based programming**, especially around the ASRH programme. The SRH Working Group Information Management [IM] team is progressively disaggregating indicators and variables in the relevant data tools and supporting partners' Information Management Officers to improve on reporting of disaggregated data.

Courtesy of Save the Children [SCI]

Following the refugee migration into Bangladesh in August 2017, Save the Children [SCI] is working on Adolescent Sexual and Reproductive Health and Rights [ASRHR] since 2019. Through this intervention, approximately 10,000 adolescent girls are receiving ASRHR services covering areas of health, education, child protection, and WASH programming. The ASRHR sessions specifically covered themes such as adolescent knowledge approach skill assessment, STIs prevention, menstrual hygiene management [MHM] and nocturnal emission / wet dream with personal hygiene.



Adolescent attending a group Family Planning counselling session in the Rohingya refugee camps

"I love to attend this session, and my friend Tohora* also enjoys it," Asia* [16] said, along with her companion Tohora [15]. Tohora said, "We discuss inner serenity, growth, the risks of early marriage and pregnancy, and the importance of family planning. We know how to keep ourselves clean during our periods. We are given a dignity kit and are encouraged to practice good menstrual hygiene. However, we are concerned that the service will be shut off again, as it was COVID specific service. What we will do then?"

During the period January to March 2022, a total of 157 sessions were conducted covering 1,239 adolescent attendees in seven SCI supported health facilities. The majority, 71%, of the attendees were female and 21% were male.



270 adolescents received Family Planning counselling and 127 of them accepted and received modern methods of Family Planning. The majority [125] accepted short-acting methods, with only two [2] accepting long-acting reversible methods.



To ensure safe motherhood among adolescents SCI cascaded knowledge on negative effects of early pregnancy as well as minimum birth spacing. Facility deliveries [among 96 facility deliveries 21 were by adolescents], regular ANC and PNC for mother and child was also encouraged. Common myths and misconceptions were addressed and family planning advice was given across the sessions.



Unsafe sexual behaviours with or without consent, early marriages, polygamous spouses/husbands, gender-based violence, and lack of awareness and skills to negotiate rights and responsibilities as well as to access SRHR services is common. The SCI ASRHR programme is mitigating these risks and associated behaviours, including through sensitization of adolescents on consequences of unsafe sexual practices and availing Family Planning counselling as well as distribution of condom for use as contraception and as well as a barrier method to prevent the spread of STIs. SCI also celebrated the International Women's Day (IWD) 2022 in March, with adolescent groups, to address gender norms and promote positive behavior changes.



During the quarter under review, 213 Syphilis, 197 HCV, 104 HBV and 76 HIV (PMTCT) screening tests were conducted among adolescents.

Key Challenges with resolutions:

- Whilst a lot of progress has been made in reaching adolescent girls with awareness and services, adolescent boys have been left behind. There is need to increasingly target boys both as partners and as potential victims of lack of access to ASRHR.
- Although the number of ASRHR sessions has been doubled, the number of dropouts has increased, regardless of gender. SCI is mapping gaps in the programme as well as improving its quality in a bid to improve retention ratios – this includes improving inclusiveness through integration with Health, Mental health and psychosocial support [MHPSS], Child Protection,



Nutrition, Education, WASH and Shelter.

"Before I attended the lesson, I had no idea about adolescent sexual and reproductive health. When I first started enrolling in it, I was more interested in learning how I might embrace a variety of healthy habits and become a better version of myself." Said Rois*, a 13-year-old male adolescent from the Rohingya refugee camps

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 Analyst, Nafiul Azim azim@unfpa.org.

Acknowledgement to SRH Working Group Partners

Bandhu Social Welfare Society, BBC Media Action, BDRCS- QRC, BDRCS-CRC, BDRCS-IFRC, BDRCS-JRCS, BDRCS-SRC, BDRCS-TRC, BRAC, CARE Bangladesh, 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, NCA/DCA, Partners in Health and Development, Peace Winds Japan, Prantic Unnayan Society, Qatar Charity, Relief International, RRRRC, RTMI Pathfinder, RTMI-IOM, RTMI-UNFPA, RTMI-UNHCR, RTMI-UNICEF, Save the Children, TDH, UNFPA, UNHCR, UNICEF, WHO, World Concern/Medair

The production of this quarterly bulletin was made possible with

support from the Government of Bangladesh

