Sexual and Reproductive Health Working Group Bulletin

Rohingya Refugee Response, Cox's Bazar

January – March 2023

Situation Overview

UNFPA is leading the Sexual and Reproductive Health Working Group (SRH WG), which is comprised of over 40 partners, including the government, NGOs, INGOs , and UN agencies . The working group diligently identifies and addresses challenges in service quality, accessibility, and coverage, as well as supervises and coordinates the implementation of essential SRH interventions.

In February 2023, the Directorate General of Family Planning (DGFP) of the Ministry of Health and Family Welfare coordinated by the SRH WG officially launched the family planning strategy for the Rohingya refugees in Cox's Bazar for 2022-2025, which was approved in October, 2022. This strategy serves as a comprehensive roadmap to enhance family planning uptake for Rohingya refugees. It aims to increase the demand for, access to and utilisation of modern contraceptive methods through a two-pronged approach: community-based and facility-based family planning interventions. Currently, UNFPA is at the final stages of costing of the strategy's implementation plan, a crucial step towards ensuring resource mobilization for the strategy and therefore it's successful implementation.

This bulletin presents data gathered from the SRH Working Group partners, who reported to the Health Sector 4W[1] Reporting tool between January and March 2023. As of March 2023, there were a total of 77 health sector partners actively involved. Among these partners, there were 45 primary health centers, 77 health posts, 3 facilities providing Comprehensive Emergency Obstetric and Newborn Care (CEmONC), and 8 secondary care facilities. During the first quarter of 2023 (Q1), the average reporting compliance rate of partners was 95%.

[1] Data as of 10th May 2023 4W Dashboard

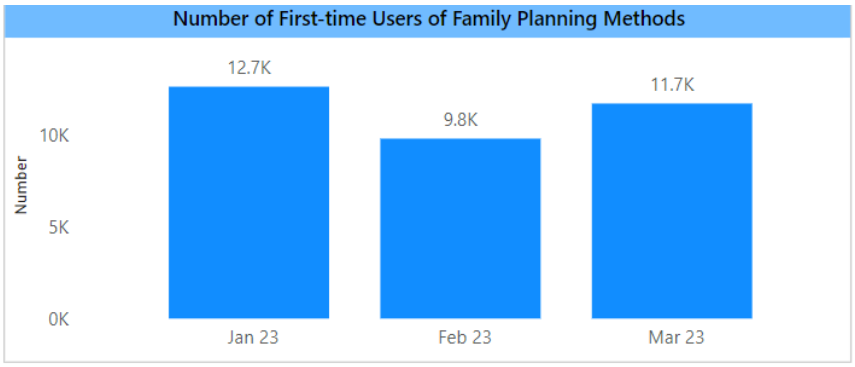
Data Overview : January – March 2023

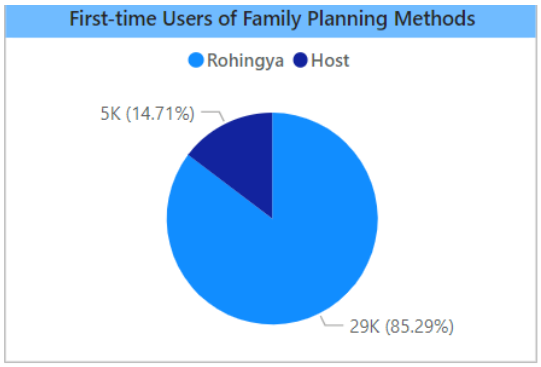
Family Planning

Figures based on reports by SRH Partners

During the first quarter of 2023, a total of 34,233 first-time family planning visits for modern contraceptive methods were conducted. Among these visits, 85.29% by refugees, while the remaining 14.71% by the host community.

First-Time Family Planning Visits : January - March 2023



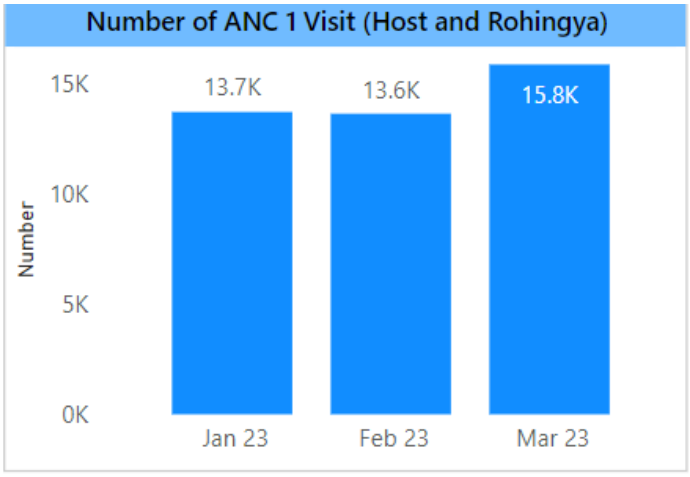


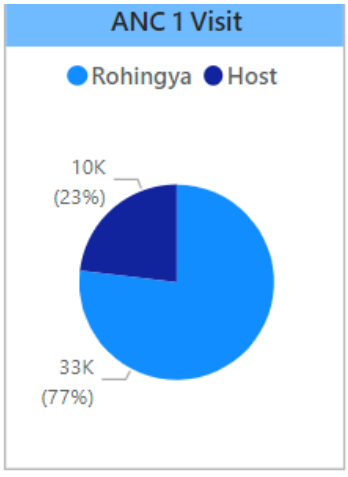
Among the first time family planning visits, the percentage of consultations for **long-acting reversible contraceptives (LARC) was 9.05%.** Specifically, there were 865 visits for IUD and 2,223 visits for implants.

Antenatal Care and Postnatal Care

Figures based on reports by SRH Partners

During the quarter, there were a total of 43,152 ANC 1 visits in total (77% Rohingya and 23% Host). **ANC 4 visits coverage reached 85%** at the end of the quarter.

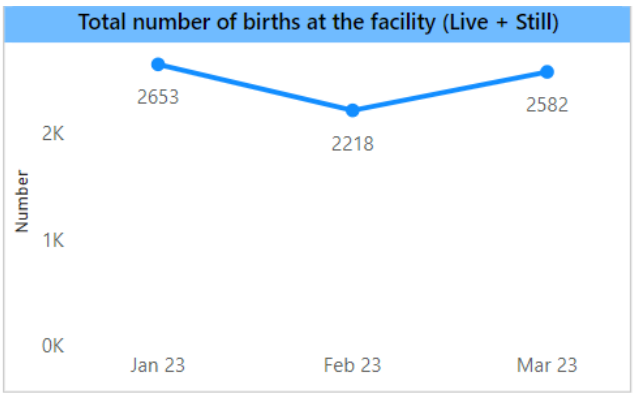


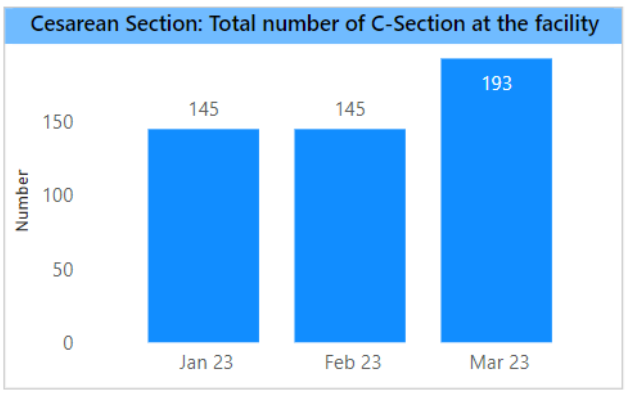


A total of 14,696 Post Natal Care (PNC) visits were recorded in the quarter, with 75% of the visits made by refugees and 25% by host communities.

Facility-Based Deliveries

Figures based on reports by SRH Partners





A total of 7,453 facility based deliveries of which **93.52% were normal** deliveries and **6.48% were by caesarian section attended by Skilled Birth Attendants (SBAs)**. Among these deliveries, 65.61% were deliveries from Rohingyas and 34.39% were from the host community. Within the facility, 97.14% of births resulted in live births, while 2.86% were classified as stillbirths.
During the reporting period, the facilities conducted a total of 483 Cesarean sections and approximately 51.55% were Rohingyas, while 48.45% were host communities.

To promote facility-based deliveries, Community Health Workers (CHWs) deployed by SRH Working Group partners conduct door-to-door visits in households, targeting community members, including adolescents and young mothers. They deliver important messages emphasizing the significance of seeking assistance from SBAs for delivering in healthcare facilities. Additionally, community and religious gatekeepers, such as Imams and Mahjis, have been sensitized to understand the importance and challenges associated with promoting facility-based deliveries for adolescents and young mothers.

Maternal and Perinatal Mortality Surveillance and Response [MPMSR]

A total of 23 maternal deaths were reported in the quarter, with 15 occurring at the health facility and 8 within the community. 100% of verbal autopsies were carried out for all deaths of women of reproductive age, while 100% facility-based maternal death reviews and audits[2] were conducted for all the health facility maternal deaths that were reported.

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 in which 131 [115 Female : 16 Male] health workers participated. Table below presents a summary of the in-person trainings organized by SRH Working Group in Q1 2023;

Training/Orientation/Workshop		Number Trained		Target group
		Female	Male	
Values Clarification and Attitude Transformation (VCAT) Training for SRH Managers/Clinical Mentors	26-27 Feb	16	4	SRH Managers, Clinical Mentors
Clinical Management of Rape and Intimate Partner Violence (CMR-IPV) Training for Health Care Providers	27 Feb-2 Mar	20	0	Mid Level Health Care Providers
Orientation for Doctors, Nurses and Midwives on-Human Rights, GBV, SRHR and Mental Health Care	12-14 Mar	19	3	Frontlines Doctors, Nurses and Midwives
Workshop on Sharing Success on SRHR and Family Planning Initiative Through Mobilization Activity	27 Mar	10	9	Medical Doctors, Midwives, Nurses, Paramedics
Training on VIA for Cervical Cancer screening to healthcare providers of SRHR partners	27-28 Mar	25	0	Mid Level Health Care Providers
Training on VIA for Cervical Cancer screening to healthcare providers of SRHR partners	29-30 Mar	25	0	Mid Level Health Care Providers
TOTAL		**115**	**16**	**131**

Feature Article

Emergency Obstetric Referral in Rohingya Refugee Camp of Cox's Bazar

Courtesy of International Organization for Migration [IOM]

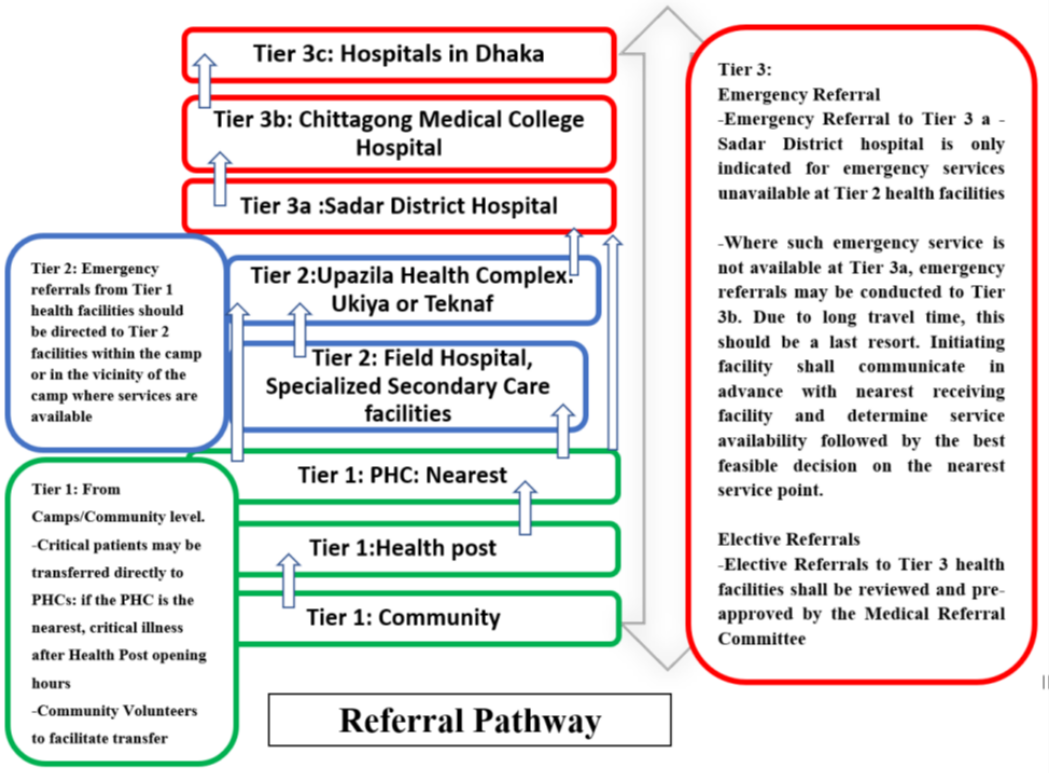
Background

In humanitarian emergency contexts, having a functional, effective, efficient, and well-coordinated referral system is crucial for ensuring the continuity of essential emergency obstetric care services to minimize morbidity and mortality. Approximately 4% of the population comprises pregnant women, with around 15% of them experiencing unpredictable obstetric complications requiring emergency obstetric care. Cesarean sections may be necessary for 5-15% of deliveries, and globally, 9-15% of newborns require life-saving emergency care. It is essential to have basic and comprehensive emergency obstetric and newborn care services available at all times, supported by an effective referral system that enables seamless transportation between primary healthcare facilities and hospitals.

[2] only maternal deaths recorded by EBS-EWARS were subjected to facility-based auditing

In Cox's Bazar, the referral of cases, including obstetric cases, is guided by the "Medical Referrals for Acute Life-threatening Conditions (MRALC)" referral standard operating procedure (SOP) developed by the WHO-led Health Sector. Coordination, communication, and linkages among implementing partners and existing health system structures are vital for the efficiency of the referral system. A whole-sector approach aligned with the Minimal Package of Essential Health Services (MPEHS) and harmonized referral SOP is necessary for a sustainable referral mechanism.

Referral Pathway Across The Health Service Delivery Points



Emergency Obstetric Referral Transport Systems

The Dispatch and Referral Unit (DRU) coordinated by IOM provides 24/7 ambulance dispatch and transfer assistance to all implementing partners operating within the Cox's Bazar humanitarian context for patient referrals and transfers, including obstetric emergencies. IOM supports a total of 14 ambulances dedicated to transferring emergency cases, including obstetrics, between healthcare facilities. In case of an emergency, partners call to the DRU call centre hotline number from which a nearest ambulance is dispatched to provide the necessary emergency referral services.

This is complemented by the "Emergency Referral Transport Services" (ERTS), which is a community-based referral intervention supported by UNFPA. ERTS operates a 24/7 service to enhance the existing community referral mechanism for emergency obstetric and neonatal cases, facilitating their transportation from the community to healthcare facilities within the camp settings. Eight ambulances are strategically deployed, equipped with active hotline numbers and following a well-defined referral pathway. These services are operated centrally through a call centre and coordinated from three referral hubs located in Kutupalong, Nayapara registered camps, and camp 4 extension. Each ambulance is staffed with a midwife and referral facilitators who provide emergency obstetric care during transit.

Furthermore, UNFPA provides support to International Rescue Committee (IRC), an international NGO, to support 12 ambulances attached to 12 referral hubs within the camps. This support aims to strengthen emergency obstetric and neonatal referrals as well as other general cases, facilitating the transportation of patients between the community and various healthcare facilities.

Community Obstetric Referral Systems

Ensuring early identification and timely referral of obstetric cases is crucial in the emergency obstetric referral pathway, and effective community referral plays a vital role in achieving this goal while minimizing Delay -1 in obstetric care. A network of 1400 community health workers (CHWs), overseen by the Community Health Working Group (CHWG), plays a key role in the safe identification and referral of obstetric cases from the community level to existing health facilities. These CHWs utilize various community transport mechanisms such as stretcher carriers, wheelchairs, and assigned "*Tom Tom*[3]" agents within the camps based on pregnancy danger signs.

A recent study called Maboinor Rosom (MBR), conducted by IOM, highlighted the importance of engaging traditional birth attendants (TBAs) known as "Doronis" as trusted community resources to enhance access and referral of obstetric cases. The Sexual and Reproductive Health Working Group (SRHWG) and CHWG are currently conducting a review to determine the best utilization of TBAs as community referral agents within the obstetric referral pathway while addressing potential risks associated with home deliveries. Currently, IOM, through its implementing partners, supports 95 TBAs as community referral agents.

Obstetric Referral Pathways

During medical emergencies in the camp, the decision to refer patients is primarily based on medical considerations such as prognosis, cost, and the availability of specialized services. The responsibility for careful coordination with secondary and tertiary levels lies with the health partner/agency to prevent delays and save lives. The referring health facility is responsible for proper documentation of the referral case using a unified referral form, ensuring provision for costs and expenses related to the referral, seeking approval from the respective camp in charges (CiCs), and maintaining effective communication and follow-up with the designated receiving facility throughout the referral process. Adequate counseling of patients and their attendants, as well as obtaining informed consent, are essential prior to referral.

Commonly referred emergency obstetric cases include antepartum hemorrhage, postpartum hemorrhage, pre-eclampsia and eclampsia, prolonged and obstructed labor, retained placenta, and miscarriage. At the primary level of referral from community-level facilities, patients are directed to facilities that provide basic emergency obstetric and newborn care (BEmONC). For secondary referrals, there are 4 existing facilities that offer comprehensive emergency obstetric and newborn care (CEmONC) services, including the IOM-supported Ukhiya and Teknaf Upazila Health Complexes, the IOM-supported Friendship Maternity Centre, and the UNFPA-supported Hope Field Hospital. These secondary referrals follow established 24/7 CEmONC referral pathways. It is discouraged to make secondary referrals between BEmONC facilities as it can significantly contribute to delays in obstetric care at levels 2 and 3. The inclusion and exclusion criteria for the mentioned secondary referral facilities are outlined (inclusion/exclusion criteria).

IOM plays a direct role in strengthening the CEmONC referral pathway by deploying specialists, including 6 obstetricians/gynecologists, 6 anesthetists, and 2 medical officers. IOM also provides operational and referral cost support to both the Ukhiya and Teknaf health complexes. Additionally, IOM supports tertiary referral services at Sadar Hospital and Chittagong Medical College Hospital through a team of 11 staff members, consisting of 1 medical doctor, 1 nurse, 2 medicalassistants, 3 nurse assistants, and 4 referral assistants.

[3] A three wheeler engine supported mode of local transport

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 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, 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: