Situation Overview

This bulletin primarily presents data collected from the SRH Working Group partners who reported to the Health Sector 4W\(^1\) reporting tool from January to March 2024. There is a general decline in the number of people who accessed services during the reporting quarter; this is highly attributed to several factors, such as limited movement and reduced operational hours during the period of Ramadan. During this reporting quarter, 56 health sector partners delivered integrated SRHR services through 46 primary health centers, 58 health posts, 1 Comprehensive Emergency Obstetric and Newborn Care (CEmONC), and 6 Field Hospitals under the health sector.

The bulletin highlights some key achievements by the SRH working group partners during this quarter in addition to the regular activities.

- **Development and piloting of the Maternal and Child Health (MCH) Card**

  This card aims to support the continuum of Sexual and Reproductive Health (SRH) care for mothers and newborns during the antenatal, perinatal, and Postnatal Periods while also enhancing the quality of care, documentation, and standardizing services on the ground.

  The piloting was conducted between January and February 2024 across 14 selected facilities from UN agencies and their partners in 13 camps. The Health Sector and SRH Working Group provided technical assistance throughout the process, from drafting to monitoring the piloting activities. Learnings from the piloting were captured through various methods, and plans for scale-up will be shared with relevant stakeholders.

- **Fire response**

  In January 2024, in response to the fire incident at Camp 5, which affected over 5,000 refugees, including women and girls of reproductive age, the SRH working group, in collaboration with the Health Sector, conducted a joint preliminary assessment of the SRH needs among the affected population. SRHWG partners distributed emergency reproductive health kits to ensure the provision of the minimum initial services related to reproductive health.

- **Emergency Referral Transport Service (ERTS) workshop**

  Emergency Referral Transport Service (ERTS) is vital in facilitating essential emergency obstetric and newborn referrals from the community to the health facility level and between different health facility levels for Rohingya refugees and the host community.

  On February 2024, UNFPA, in collaboration with RTMI, led a workshop on the Emergency Referral Transport Service (ERTS) involving 12 partners. This collective initiative aimed to tackle transportation

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\(^1\) Data as of 7th May 2024 4W Dashboard
challenges for emergency obstetric and newborn cases. The workshop was a platform for sharing successes, addressing challenges, and fostering stronger coordination for timely referrals.

- **Minimum Initial Services Package (MISP) Readiness Assessment (MRA)**

Cox’s Bazar is prone to several acute natural disasters like cyclones, fires, floods, and monsoons; disaster preparedness and response is critical. Given the fact that women and girls are disproportionately affected by any emergency, implementation of the minimum initial services package (MISP) for reproductive health is vital. As such, the SRH Working Group, led by UNFPA Cox’s Bazar in collaboration with the Health Sector and the RRRC’s office, organized a two-day workshop on Minimum Initial Services Package for Reproductive Health Readiness Assessment (MRA), engaging multiple sectors and health partners.

The aim was to assess readiness and capacity to access essential SRH services during emergencies, using the MISP framework to identify and prioritize improvement areas. The workshop strengthened multi-stakeholder participation from government sectors and Civil Society Organizations (CSOs), enhancing collaboration for disaster preparedness, response, and recovery. Based on identified priority gaps, the development of a MISP readiness action plan marked an important milestone, outlining interventions, required resources, and implementation timelines. The collaborative efforts are geared towards ensuring effective MISP implementation, enhancing preparedness, response mechanisms, and coordination strategies to address urgent reproductive health needs in Cox’s Bazar. Through shared vision and commitment, tangible progress is anticipated in safeguarding the health and well-being of vulnerable populations during crises, reaffirming dedication to upholding human dignity and rights. The team also prepositioned and distributed emergency reproductive health kits, such as clean delivery kits, kits for clinical management of rape, dignity kits, Mama kits, and menstrual pads, to enhance community resilience.

**Data Overview: January – March 2024**

<table>
<thead>
<tr>
<th>Family Planning</th>
<th>Figures based on reports by SRH Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Time Family Planning User Monthly Trend</strong></td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td>Feb</td>
</tr>
<tr>
<td>11,529</td>
<td>11,126</td>
</tr>
<tr>
<td><strong>Pill</strong></td>
<td><strong>Injectable</strong></td>
</tr>
<tr>
<td>66%</td>
<td>25%</td>
</tr>
</tbody>
</table>

*Picture: Health Coordinator, RRRC, presenting at the MISP Readiness Assessment Workshop*
In the first quarter of 2024 (Q1), health facilities conducted 33,838 first-time family planning visits for modern contraceptive methods. This is an 8.7% decrease compared to that of the previous quarter. However, this is relatively similar to what was achieved in the same quarter of the year before. This reduction is highly attributed to factors such as limited movement and reduced operational hours during Ramadan. Of these visits, 84.1% (28,458) were by Rohingya refugees, while 15.9% (5,380) were by host community members. The most preferred method was the pill (66%), followed by injectables at 25%. Among the first-time family planning visits, 8.4% were consultations for long-acting reversible contraceptives (LARC), comprising 827 visits for intrauterine devices (IUDs) and 2,004 visits for implants (1.7% increase from last quarter).

**Antenatal Care (ANC)**

A total of 32,343 ANC 1 visits were reported during the quarter, a 7.1% decrease from the previous quarter. Of the mothers attending ANC this quarter, 71.4% were refugees. Of the live births delivered from January to March 2024, 6,839 (75%) mothers had received at least four antenatal visits, of whom 66.2% were by refugees.

![ANC Visits Monthly Trend](chart)

**Facility-Based Deliveries**

During the reporting period, healthcare facilities assisted a total of 9,267 facility-based deliveries for women and girls from both Rohingya refugees (63%) and host communities (37%), all attended by Skilled Birth Attendants (SBAs). This is 6.6% less than the facility-based deliveries conducted last quarter. However, the facility delivery is a 24% increase compared to the same quarter of the previous year. The facilities reported 9,119 live births and 148 (1.6%) stillbirths. The absolute number of women who gave birth at home is also still alarmingly high, with an average of 400 women delivering at home per month. This, therefore, calls for a concerted effort to tackle the issue of home deliveries. According to previous quarterly and 4Ws reports, the facility-based delivery was 80%. However, this data is being compared with the WHO’s concurrent immunization monitoring from 2023 to 2024 to provide consistency in the data percentage.

Additionally, 787 cesarean sections (C/S) were performed (an 8.5% C/S rate). Of these C/S, 344 were for refugees, and the remaining 443 were for host communities, accounting for 56.3% and 43.7%, respectively.

**Post Natal Care**

Throughout the reporting period, 12,895 Postnatal Care (PNC) visits were reported, a 15.9% decrease from the previous quarter. Of these visits, 76.6% were by refugees.
During the reported period, 870 women received PAC 66.7% were Rohingya, while the remaining 33.3% were from the host community).

Maternal and Perinatal Mortality Surveillance and Response [MPMSR] ²

Throughout the quarter, there were a total of 16 reported maternal deaths, comprising 11 cases within health facilities and five occurring in the community. These are fewer maternal deaths than in the previous quarter (22) and the first quarter of 2023 (23). This reduction can be attributed to enhancing capacity-building programs, implementing emergency referral systems, and improving community awareness and surveillance systems.

Regarding the cause of death, four deaths were attributed to non-obstetric complications (33%), while 12 deaths (67%) were due to direct obstetric causes. Of the direct obstetric causes, 50% were due to obstetric hemorrhage, and 25% were due to hypertensive disorders.

Verbal autopsies³ were conducted for 100% of deaths of women of reproductive age reported during that quarter. Among maternal deaths occurring at health facilities (11), 100% underwent facility-based death reviews and death audits.

Additionally, there were 122 perinatal deaths reported this quarter, an increase from the 96 reported last quarter. Of these deaths, 100 (82%) were attributed to Asphyxia⁴, 10 (8%) to prematurity⁵, 5 (4%) to congenital anomalies⁶, and the remaining 6% to various causes such as infections and respiratory disorders⁷.

Maternal and perinatal mortality is still a challenge in the Rohingya response. The Health Sector and SRH Working Group collaborate with partners to explore innovative strategies to reduce maternal and perinatal mortality rates.

**Maternal Mortality Monthly Trend**

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Maternal Mortality</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Community Maternal Mortality</td>
<td>6</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

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² [https://mpmsrcxb.info/](https://mpmsrcxb.info/)

³ A verbal autopsy (VA) is a structured interview with the caregivers or next of kin of the deceased that can be used to determine the most likely cause of death where no physician can ascertain the dead.

⁴ Birth asphyxia is the failure to establish breathing at birth. The most common cause of perinatal asphyxia is complications during childbirth.

⁵ Babies born alive before 37 weeks of pregnancy are completed.

⁶ Structural or functional anomalies that occur during intrauterine life.

⁷ Verbal autopsies were conducted for 92% of the perinatal deaths, and 10% of the facility-based perinatal death audits were completed. Based on the consensus of the Newborn Sub-Committee, MPMSR Sub-Committee, and SRH WG, 10% of facility-based perinatal deaths are subjected to be audited.
Capacity Building Trainings

The SRH Working Group and the Health Sector worked together to identify technical gaps and needs in SRH and associated fields. Over the reporting period, the SRH Working Group coordinated training sessions and workshops for a total of at least 182 health service providers, comprising 111 females and 71 males. Below is a summary table detailing the in-person training sessions the SRH Working Group coordinated in Q1 2024.

<table>
<thead>
<tr>
<th>Training/Orientation/Workshop</th>
<th>Number Trained</th>
<th>Target group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Workshop for collaboration with different stakeholders regarding Emergency Referral Transport Service (ERTS)</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Skill based training for midwives at Skill lab - ToT on Midwifery Life Saving Skill Training (MLS)</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>Workshop for Community Health Workers on counseling, referral and Mental Health and Psychosocial Support (MHPSS)</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Workshop on Minimum Initial Service Package (MISP) Readiness Assessment</td>
<td>38</td>
<td>42</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>111</strong></td>
<td><strong>71</strong></td>
</tr>
</tbody>
</table>

Feature Article

CEmONC Services at Teknaf Upazila Health Complex

Background:

Teknaf, located at the southernmost point of Cox’s Bazar District, poses unique challenges in recruiting, deploying, and retaining health service providers, especially at the specialist level. The remote nature of this area makes it particularly difficult to attract and retain healthcare professionals. Teknaf Health Complex, the area’s sole secondary hospital, plays a crucial role in providing services for complicated and emergency cases, thereby avoiding unnecessary delays or lengthy referrals to Cox’s Bazar Sadar Hospital. The restoration of these services was therefore a pressing need.

Between 2020 and 2022, several agencies made efforts to ensure the 24/7 availability of CEmONC services. However, recruiting, deploying, and retaining health service providers at the Teknaf Health complex was difficult, creating several service lapses. As such, from April to July 2023, there were hardly any CEmONC services at Teknaf health complex due to several reasons, including a lack of blood bank, obstetric and newborn specialists, theatre support staff, and laboratory services, especially after evening time, among other reasons.

Recognizing the situation’s urgency and the critical need to restore access to life-saving maternal and newborn healthcare services, the SRH WG coordinated the collaboration between the major agencies and stakeholders supporting the health complex to restore the CEmONC services at the health complex. WHO established and ensured a functional blood bank, and IOM supported the recruitment of specialists and the provision of commodities and medicines. Additionally, UNFPA supplemented the recruitment of human resources by providing senior medical officers to work with...
specialists, laboratory officer, and other critical theater support staff, and UNICEF supported the Newborn Care Unit. This collective effort ensured that 24/7 CEmONC services resumed at this health complex.

**Services**

After this collaboration, the Teknaf Health Complex restored CEmONC services, providing life-saving interventions to the community. Between January and March 2024, 81 women, including 11 Rohingya refugees, benefited from life-saving cesarean sections. This data reflects increased access to CEmONC services for the same period of 2023, where 65 women, three of them Rohingya, received CS.

Significant improvements were observed in other SRH services following the reintroduction of CEmONC services at Teknaf UHC. Antenatal care (ANC) visits increased from 998 in Q1’23 to 2121 in Q1’24, while postnatal care (PNC) visits rose from 572 to 957 during the same period at the Health Complex. Additionally, postpartum family planning visits surged from 121 in Q1’23 to 472 in Q1’24. Notably, in Q1’24, the proportion of postpartum family planning visits reached 99.58%, marking a significant achievement in this aspect.

Despite the growing number of Rohingya beneficiaries seeking deliveries at the facility, SRH partners from nearby camps still need to improve their utilization of CEmONC services. These partners are encouraged to utilize the available services at Teknaf UHC to access CEmONC support for Rohingya mothers.

**Conclusion:**

The collaborative effort to address the challenges encountered by Teknaf UHC has resulted in tangible improvements in SRH services, as evidenced by increased utilization of CEmONC services and enhancements in other SRH indicators. Sustaining these efforts and further engaging with SRH partners are essential for ensuring continued access to high-quality reproductive healthcare services for vulnerable populations, including Rohingya, in the region.

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**SRH Working Group Coordination**

Meetings are held monthly 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 Programme Analyst – M&E & Information Management, Nafiul Azim azim@unfpa.org.

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