UNFPA takes the lead in the Sexual and Reproductive Health Working Group (SRH WG), which comprises more than 40 partners, including the government, NGOs, INGOs, and UN agencies. The SRHWG diligently provides oversight, identifies, and tackles challenges related to service quality, accessibility, and coverage in sexual and reproductive health.

In May 2023, UNFPA and other SRH WG partners organized the International Day of the Midwife event. The launching ceremony was attended by various stakeholders, including representatives from the Deputy Commissioner (DC) office, RRRC office, Civil Surgeon, Cox’s Bazar Police, Health Sector, and humanitarian actors. The event aimed to raise political and public awareness about the vital role of midwives in Cox’s Bazar.

Furthermore, in June 2023, the SRH WG organized a workshop on Maternal and Perinatal Mortality Surveillance and Response (MPMSR). Bringing together national and international experts, policymakers, healthcare professionals, and various stakeholders, this workshop provided a platform to address challenges, exchange experiences, and formulate recommendations. Furthermore, the workshop included discussions on the establishment of a comprehensive surveillance system to precisely record data related to maternal and perinatal mortality. These insights will be utilized to craft strategies, including an action plan, aimed at enhancing surveillance and response to maternal and perinatal mortality in the refugee camps and neighboring host communities of Cox’s Bazar.

This bulletin primarily presents data collected from the SRH Working Group partners who reported to the Health Sector 4W\(^1\) reporting tool from April to June 2023. By June 2023, a total of 45 primary health centers, 72 health posts, 3 facilities providing Comprehensive Emergency Obstetric and Newborn Care (CEmONC), and 8 secondary care facilities were involved under the health sector. During the second quarter of 2023 (Q2), the average reporting compliance rate of partners was 95%.

**Antenatal Care (ANC)**

Throughout the quarter, of the births there were a total of 6,371 mothers who attended ANC 4 or more visits. The average coverage for ANC 4 visits reached about 86% by the end of the quarter.

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\(^1\) Data as of 1st August 2023 4W Dashboard
The number of mothers attending ANC 4 or more visits has witnessed a notable increase, rising from 6,060 during the first quarter to 6,371 in the present quarter, representing a significant growth of 5.13%. This increasing trend in ANC utilization signifies a favorable progression in maternal healthcare-seeking behavior, underscoring enhanced access and awareness of antenatal care services among pregnant women and the community. This shift can be attributed, in part, to the growing allowance for women to venture outside, often accompanied by their mothers-in-law or husbands, thereby expanding their ability to access care.

### Facility-Based Deliveries

Throughout the reporting period, there were a total of 7,363 facility-based deliveries, and Skilled Birth Attendants (SBAs) attended to approximately 95.3% of these deliveries as normal deliveries, while 4.7% were conducted through caesarian section. Out of these facility-based deliveries, 71.53% were deliveries from the Rohingya community, while the remaining 28.47% were from the host community. Within the facilities, 97.2% of the births resulted in live births, while 2.82% were classified as stillbirths. Moreover, during the same reporting period, the facilities performed a total of 348 cesarean sections, with approximately 64.4% of these being carried out for Rohingya mothers, and the remaining 35.6% for mothers from the host communities.

It is noteworthy that Cox's Bazar currently exhibits an overall Caesarean Section (C/S) rate of 6%, a figure that falls within the recommended range of 10-15% set by the World Health Organization (WHO). While this achievement is encouraging, a comprehensive analysis is imperative to gain a deeper understanding of the prevailing demand and identify potential access constraints. It has come to attention that certain Comprehensive Emergency Obstetric and Newborn Care...
(CEmONC) centers in the camps are encountering operational issues, resulting in the unavailability of 24/7 C-section services. Addressing these challenges is of utmost importance as it holds the potential to enhance maternal healthcare outcomes and facilitate improved access to essential services for both refugee and host community mothers.

**Postnatal Care (PNC)**

During the reporting period, there were a total of 14,044 Postnatal Care (PNC) visits made after discharge from health facilities following birth/delivery or the first home delivery visit. Among these visits, 78.8% were attended by refugees, while the remaining 21.7% were attended by members of the host community.

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<table>
<thead>
<tr>
<th>Month</th>
<th>Number of PNC Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 23</td>
<td>4.4K</td>
</tr>
<tr>
<td>May 23</td>
<td>5.2K</td>
</tr>
<tr>
<td>Jun 23</td>
<td>4.5K</td>
</tr>
</tbody>
</table>
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The number of Postnatal Care (PNC) visits experienced a decline of 5.92% from the first quarter to the second quarter, reducing from 14,928 to 14,044. Awareness and education on the importance of postnatal care may need reinforcement in both refugee and host communities, leading to increased utilization of PNC services.

**Family Planning**

Between April and June 2023, a total of 30,928 first-time family planning visits were carried out for modern contraceptive methods. Among these visits, 82.9% were made by refugees, while the remaining 17.1% were by the host community.

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<table>
<thead>
<tr>
<th>Month</th>
<th>Number of First-Time Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 23</td>
<td>8.1K</td>
</tr>
<tr>
<td>May 23</td>
<td>11.8K</td>
</tr>
<tr>
<td>Jun 23</td>
<td>11.1K</td>
</tr>
</tbody>
</table>
```

During the same period, 7.44% of these first-time family planning visits were consultations for **long-acting reversible contraceptives (LARC)**. Specifically, there were 937 visits for IUD and 1,365 visits for implants.

It's important to note that there was a decrease in the overall number of first-time family planning visits compared to the first quarter of 2023 (34,233 visits). This decline can be attributed to the typical utilization pattern of health services particularly family planning during the Ramadan period in April 2023.

**Maternal and Perinatal Mortality Surveillance and Response (MPMSR)**

During the quarter, there were a total of 18 reported maternal deaths, with 16 occurring at health facilities and 2 within the community. This represents a reduction from the 23 maternal deaths reported during the first quarter.
For all deaths of women of reproductive age, 100% of verbal autopsies were conducted, ensuring thorough investigations and data collection. Regarding maternal deaths that occurred at health facilities, 63% of them underwent facility-based maternal death audits, which offer in-depth analysis to identify factors contributing to these events. Certain facility-based maternal death audits encountered delays attributed to health facilities’ delay in reporting and subsequently scheduling the audits. It is anticipated that such delays can be mitigated through enhanced coordination facilitated by the MPMSR coordination team.

### Capacity Building Trainings

The SRH Working Group and the Health Sector collaboratively identified technical gaps and needs in Sexual and Reproductive Health (SRH) and related areas. As a response, they organized training sessions, which were attended by 160 health workers, with 146 being female and 14 male participants. The table below provides a concise overview of the in-person trainings coordinated by the SRH Working Group in Q2 2023.

<table>
<thead>
<tr>
<th>Training/Orientation/Workshop</th>
<th>Number Trained</th>
<th>Target group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Capacity Building of Mid-level service providers to provide comprehensive FP services</td>
<td>13-28 May</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mid-Level Health Care Providers</td>
</tr>
<tr>
<td>Clinical Management of Rape (CMR) and Intimate Partner Violence (IPV) Training for Health Care Providers</td>
<td>21-25 May</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Doctors</td>
</tr>
<tr>
<td>Training on Essential Newborn Care</td>
<td>22-23 May</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Midwives and Nurses</td>
</tr>
<tr>
<td>Training on Essential Newborn Care</td>
<td>24-25 May</td>
<td>29</td>
</tr>
<tr>
<td>Training on Essential Newborn Care</td>
<td>27-28 May</td>
<td>29</td>
</tr>
<tr>
<td>ASRH services in Humanitarian Settings for Health Service Providers</td>
<td>4-6 Jun</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Service Providers</td>
</tr>
<tr>
<td>Training on Capacity building of Physicians to provide Comprehensive FP Services</td>
<td>17-22 Jun</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Doctors</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>146</td>
</tr>
</tbody>
</table>

### Feature Article:

**Celebration of International Day of the Midwife in Cox’s Bazar**

Since 1992, on the 5th of May, the International Day of the Midwife (IDM) has been celebrated globally to raise awareness about the impact of the Midwifery profession. According to the most recent State of the World’s Midwifery report, competent midwives could deliver 90% of all essential sexual, reproductive, maternal, and newborn health services (SRMNHS). When midwives have education based in global standards, the midwifery practice is regulated, and there is an enabling environment, roughly two thirds of all maternal and newborn deaths can be averted[2]. In Bangladesh, the contribution of midwifery can be seen in indicators such as the Maternal Mortality Rate, for which there has been a reduction from 269 maternal deaths per 100,000 live births in 2009, before introduction of midwifery, to 173 per 100,000 live births in 2017, after midwifery was introduced in Bangladesh, according to the World Bank data.

### Activities and collaborations in Cox’s Bazar

This year 2023, the theme was From Evidence to Reality, a call to action to “turn evidence into improved respect, autonomy and working conditions for midwives and improved health outcomes

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for women and families”. To raise political and public awareness regarding this celebration and the role of midwives in Cox’s Bazar, the Sexual and Reproductive Health Working Group (SRHWG) developed a series of activities including a Flash Mob Video (#MidwivesSaveLives), performed by the beach side, a midwifery rally in Cox’s Bazar and a midwifery event with local government authorities, beneficiaries, and midwives. Additionally, a midwifery fair at the Cultural Centre was held to showcase the range of comprehensive sexual and reproductive health services provided by midwives.

![Midwifery rally in Cox’s Bazar to commemorate the International Day of The Midwife](image)

Different midwives and partners from the SRHWG contributed to the range of activities as follows: Save the Children provided information regarding adolescent and youth services, International Rescue Committee (IRC) provided information regarding Women Friendly Spaces (WFS), Hope Foundation raised awareness regarding Cervical Cancer screening and obstetric fistula, IPAS informed the public on family planning, STI prevention, counseling and screening, menstrual regulation and post abortion care; BRAC and the International Organization for Migration provided information regarding antenatal and birth care; Food for the Hungry and RTMI raised awareness regarding postnatal and newborn care; and MedGlobal supported the event with the participation of their midwives.

The event and the fair received over 150 visitors and the media coverage for the day reached over 15,000 views in social media.

**Celebration at Camp Level**

The SRHWG partners gathered efforts to celebrate the more than 470 midwives that provide comprehensive sexual and reproductive health services for women and the communities in Cox’s Bazar and the subdistricts. Thus, at camp level some partners, such as RTMI, held events involving UN agencies and Camp in Charge officials, women from the community and midwives providing

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services at facility level. The International Rescue Committee (IRC) developed activities to raise awareness about the significance of midwifery services and the essential role midwives play in providing care to women and children. The events included interactive sessions and health talks about SRH issues focusing on the importance of midwifery services. Also, the International Organization for Migration (IOM) held meetings at camp level where midwives shared their experiences and success stories to highlight the good practices in midwifery care provision.

**Achievements**

- Partners from the SRHWG showed strong commitment towards midwives to celebrate their day.
- There was a powerful participation of midwives both in Cox’s Bazar and at Camp level, and midwives were able to showcase their knowledge and skills with local authorities, members of the public, media, and decision makers.
- Excellent involvement of women from women friendly spaces to tell their story of how midwifery saved their lives.
- Exposing to the public the diversity of midwives’ roles in provision to comprehensive SRH services.
- The excellent media coverage amplified the voice of the midwives in the activities, reaching over 15,000 views.

**Way forward**

Midwives are the building blocks of societies where women and girls can exercise their sexual and reproductive health needs – where motherhood is safe and can be achieved with dignity and respect in any setting. The SRHWG and its partners’ call is to use the evidence, especially in contexts like Cox’s Bazar and humanitarian settings, that show that midwives have even greater relevance in their life saving role for women and their communities. According to UNFPA Executive Director, Dr. Natalia Kanem, we need to give midwives adequate support to do their work. This includes:

- Proper infrastructure,
- Water and sanitation
- Drugs and medical supplies
- Personal protective equipment and infection prevention and control measures
- Security to keep midwives physically and emotionally safe.
- Regular salary or another kind of monetary or non-monetary compensation
- Adequate working hours and a functional team
- Rest and recuperation time
- Networks that connect midwives with health facilities, referral mechanisms, ambulances, vehicles, and community health workers.

**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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