



## Introduction

SRH Working Group partners ensured continuity of life-saving and quality Sexual and Reproductive Health and Rights [SRHR] interventions, in Rohingya refugee camps and host communities in Cox's Bazar, in the context of COVID-19 and, flooding and landslides experienced in July and August following heavy monsoon rains. Over 1.36 million people, including an estimated 895,515 Rohingya refugees out of which 52% are females, are in need and were targeted. Services provided include modern methods of family planning, obstetric and neonatal care including facility based deliveries, as well as antenatal care and postnatal care. Strategies employed include training, deployment and mentoring of midwives and other health workers, procurement and distribution of supplies and commodities, maintenance of infrastructure, quality assurance, and information management. Advocacy, community engagement and awareness raising activities including the recruitment, training and deployment of Community Health Workers were also supported.

## Data Overview : July – September 2021

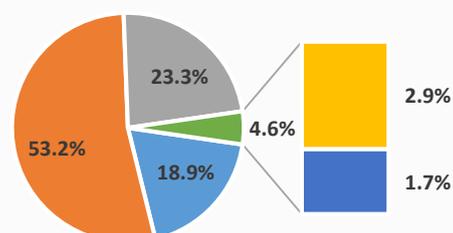
### Family Planning

Figures based on reports by SRH Partners

Uptake of Long Acting Reversible Contraceptives [LARC] increased, to contribute 4.6% to modern methods of Family Planning used by Rohingya refugees and host communities in quarter three [Q3]. Specifically, implants contributed 2.9% and intrauterine device [IUD] contributed 1.7%. These figures compare well with the Bangladesh 2017-18 Demographic and Health Survey which estimates uptake of Implants to be 2% and IUD 1%<sup>1</sup>. However, oral contraceptive pills remain by far the most widely used modern method of Family Planning [53%], followed by injectable [23%]. Condom also remains among top three preferred methods, contributing 19%.

#### Modern Family Planning Methods Distribution - Q3 2021

- Condoms
- Pill / Oral contraceptive
- Injectables (SC/IM)
- LARC - Implants
- LARC - IUD



Overall uptake of modern methods of Family Planning also continued on an upward trend in Q3. First time visits increased from 35,949 in Q2 to reach 41,279 in Q3. Revisits increased from 65,375 in Q2 to reach 74,323 in Q3. Month on month increases are also observed during the whole of Q3. The successes are attributable to sustained work of SRH Working Group partners which includes community engagement and awareness raising in response to the effects of COVID-19.

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

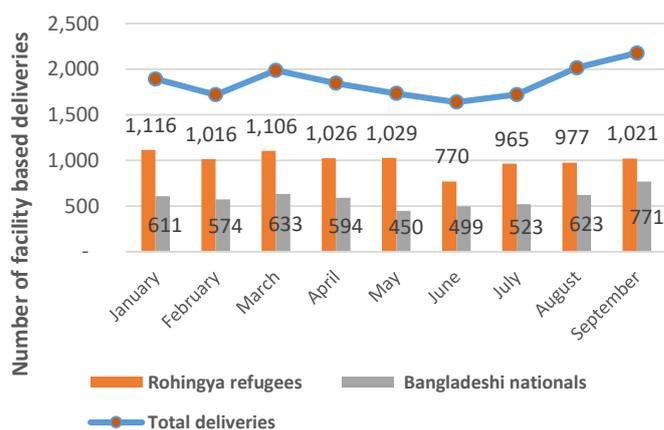
## Facility-Based Deliveries

Figures based on reports by SRH Partners

More mothers delivered babies in health facilities with assistance from Skilled Birth Attendants [SBAs] in Q3 compared to Q2. Overall, Facility based deliveries increased by 13.3% in Q3 compared to Q2. The biggest increase was reported among Bangladeshi nationals [24.2%], compared to 4.9% increase among Rohingya refugees. However, Rohingya refugee [2,963] still accounted for the majority of Facility based deliveries, compared to Bangladeshi nationals [1,917]. Recruitment, training, deployment and mentoring of midwives, medical doctors and other health-workers; provision of ambulance services; procurement of supplies to ensure reproductive health commodity security; maintenance of infrastructure; development and provision of Standard Operating Procedures [SOP], information management and supportive supervision by SRH Working Group was key to the achievement of results noted above. This was complimented with advocacy, community engagement and awareness raising.



Facility Based Deliveries - Q1 - Q3 2021



## Emergency Obstetric Care & MPMSR

Figures based on reports by SRH Partners

There were 1,633 obstetric complication cases attended to at SRH Working Group partner facilities in Q3. The majority [161] of the complications were associated with obstructed / prolonged labour. Postpartum haemorrhage and severe pre-eclampsia / eclampsia also contributed a significant amount. The Maternal and Perinatal Mortality Surveillance and Response [MPMSR] Committee noted 17 facility based maternal deaths recorded in Cox's Bazar through the EWARS Community Based Surveillance [CBS] system in Q3. Seven [7] deaths had however not been reported in the EWARS Events Based Surveillance [EBS] system, which raises concerns on reporting. However, 90% of the reported maternal deaths were successfully reviewed by MPMSR teams.

## Guidelines, Normative Standards & Trainings

Figures based on reports by SRH Partners

The SRH Working Group worked with Health Sector, Inter Sector Coordination Group [ISCG], Directorate General Family Planning and other stakeholders to develop and disseminate guidelines and standards, train and mentor health workers and provide supportive supervision to health facilities providing SRHR services. Specifically, an SRH Working Group Guidance Note on Orientation of Newly Deployed Midwives was developed and disseminated. Table below summarises in-person trainings organized by SRH Working Group in Q3;

Training/Orientation	Calendar	Number Trained		Target group
		Female	Male	
2 ToTs on Menstrual Hygiene Management using the community-based curriculum and tool organized by IOM	Sep – Oct 2021	22	0	Community health workers
1 Orientation for Imams on Family Planning Messages for Dissemination to Rohingya Community Religious Leaders by IPAS	Sep 2021	0	23	Religious leaders
2 Experience Learning & Sharing Meeting on Imprest Fund Implementation for Partner Organizations by IPAS	Aug 2021	15	5	SRH Working Group partners
<b>TOTAL</b>		<b>37</b>	<b>28</b>	<b>65</b>

A total of 11 new midwifery supervisors were also recruited and began supervising and mentoring midwives on the 1<sup>st</sup> of August. The midwifery supervisors worked with three International Midwife Mentors and completed 70 in-facility mentoring sessions which reached 224 midwives [All female]. Five [5] fortnightly virtual midwifery supervisor meetings were also held and were attended by 12 midwifery supervisors [All female]. The virtual sessions incorporated video and photo sharing. Areas

covered includes Newborn resuscitation, Postpartum haemorrhage management, Identification and stabilisation of severe pre-eclampsia and eclampsia, Identification and management of prolonged and obstructed labour and the Management of breech birth.

### Monsoon Floods Emergency Response

Figures based on reports by SRH Partners

SRHR service delivery was disrupted in July and August, following flash floods and landslides resulting from heavy monsoon rains in the refugee camps. SRH Working Group partners responded earnestly, delivering services to affected women and girls, especially those in need of Emergency obstetric and newborn care [EmONC] and other life-saving services. The response encompassed a combination of Mobile Medical Teams [MMT], static referral facilities, ambulance and transportation services as well as the deployment of CHWs to relocate pregnant women as well as provide awareness and referral services.



Assessment of the impact of floods at a health facility in Camp 4 in July 2021

### Feature Article

### SRH Working Group Partner Scoops Two Awards



RTMI, a member of the SRH Working Group, was awarded by the Government of Bangladesh the best NGO in Cox's Bazar District and Chattogram Division in the "Community-Based Development (CBD)" and "Clinical Services" categories in Ukha and Teknaf Upazilas and Cox's Bazar at large. The recognition is for outstanding roles in the delivery of quality and comprehensive SRHR services, particularly contribution to Family Planning goals in the Rohingya refugee camps and host communities in Cox's Bazar district.

The awards were received on the occasion of World Population Day 2021 celebrated under the theme – "Rights & Choices are the answer: Whether baby boom or bust, the solution lies in prioritizing the reproductive health and rights of all people". The virtual commemorations were hosted by the Directorate General of Family Planning (DGFP), chaired by the honorable Deputy Commissioner of Cox's Bazar, Mr. Md. Mamunur Rashid and the Chief Guest was the Member of Parliament for the Cox's Bazar 3 (Constituency Sadar and Ramu) Honorable Alhaj Mr. Shaimum Sarwar Kamal. The Civil Surgeon Cox's Bazar, the President of Bangladesh Awami League Cox's Bazar and Chairperson of the Upazila Parishad Cox's Bazar were also present as special guests.

"RTMI is making a difference in the field of reproductive health since the very beginning and I hope that they will continue to keep up the good work in the future." Said the Deputy Commissioner of Cox's Bazar, Md. Mamunur Rashid Sir. The Deputy Director Family Planning of Cox's Bazar Dr. Pintu Kanti Bhattacharya added his voice when he said, "RTMI has been doing an excellent job in the Family Planning sector. Their employees are very committed and skilled. They are very passionate as well. I wish they will achieve more in the future."



Provision of LARC at Nayapara refugee camp PHC

RTMI also maintains active communication with the Family Planning department at district and Upazila levels. This involves meeting with officials frequently and obtaining necessary approvals from the Directorate General of Family Planning (DGFP) as well as other respective government offices.

**Road to Success:** RTMI attributes its success to a combination of working closely with communities to understand and respond to felt needs and to working closely with Government of Bangladesh authorities to establish and support implementation of policies and strategies responsive to the unique context in Cox's Bazar.

"Initially, we tried to understand the levels of awareness and demand, availability, accessibility and quality of Family Planning services in Rohingya refugee camps. We went to educate communities on importance of Family Planning, empowering women and men to make smart decisions regarding their family size" Said, Mr. Md. Atiqur Rahman, RTMI Sr. Project Manager.

RTMI is a non-governmental organization registered under the NGO Affairs Bureau Bangladesh in 1984. The organization has been working in Nayapara and Kutupalong registered camps since April 2008, implementing comprehensive SRHR, providing a range of services such as Family Planning, ANC, FBD, PNC and information interventions with support from UNFPA. Currently, 18 health facilities and 4 Women Multi-Purpose Center, are supported to provide SRHR services to women, girls, men and boys from both Rohingya refugee camps and host communities in Cox's Bazar.

## LESSONS LEARNT

- ✓ Addressing social and religious barriers, including through involvement of Imams, Block leaders and Majhis and behavior change communication campaigns, is key to improving the acceptance of programmes and uptake of services by both Rohingya refugees and host communities.
- ✓ Working closely with the Government of Bangladesh officials and collaborating with other partners such as non-governmental organizations is key to success.
- ✓ Involving the community was a key lesson learned as it was difficult for RTMI to succeed in programme implementation without buy-in and support from the community, especially the gatekeepers.
- ✓ Innovations and adaptation to ever changing humanitarian context is key to tackling setbacks and accelerate progress and achievement of results, especially in the area of Family Planning.
- ✓ Intensive monitoring and supervision of the program by senior management is vital.

### 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 close to 40 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](mailto:srh-wg-cxb+owners@unfpa.org) or contact the SRH Working Group Coordinator Dr. Stenly Hely Sajow [sajow@unfpa.org](mailto:sajow@unfpa.org); SRHR Information Management Specialist Tafadzwa Carlington Chigariro [chigariro@unfpa.org](mailto:chigariro@unfpa.org); SRHR Information Management Officer Dr. Nafiu Azim [azim@unfpa.org](mailto:azim@unfpa.org).

### Acknowledgement to SRH Working Group Partners

Bandhu Social Welfare Society, BRAC, Bangladesh Red Crescent Society, CARE Bangladesh, CDA-HumaniTerra, Christian Aid (CAID), Green Hill-CPI, Dhaka Ahsania Mission (DAM), DCHT, CIS & Mercy Malaysia, DSK, FH/Medical Teams International, Friendship, Gonoshasthaya Kendra (GK), HMBD, HOPE Foundation, ISDE, International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), International Rescue Committee (IRC), Ipas, Lighthouse, Malaysian Field Hospital, Malteser International, Medecins du Monde (MDM-F), Medecins du Monde Switzerland (MDM-CH), MedGlobal, Mercy Malaysia, MSF OCA, MSF OCB, MSF OCBA, MSF OCP, Partners in Health and Development (PHD), Pathfinder International, Prantic Unnayan Society (PUS), Peace Winds Japan (PWJ), Relief International (RI), Research, Training and Management (RTM) International, Save the Children, TDH, Turkish Field Hospital, IOM, UNFPA, UNHCR, UNICEF, WC-Medair, WHO

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