



for every child

# Maternal and Newborn Health for Rohingya refugee women in Cox's Bazar

*A final report prepared for Together Women Rise, October 2022*

*Reporting period: February 1 – December 31, 2020*

## OVERVIEW

As of December 2020, there were 866,000 Rohingya refugees living in the Cox's Bazar District of Bangladesh, 54 percent of whom were children and 52 percent of whom were women and girls. The Rohingya camps remain temporary and overcrowded, as well as prone to disease outbreaks, landslides and floods. Children under-5 are at risk for common childhood illnesses such as pneumonia, diarrhea and malnutrition. In the last quarter of 2019, there were outbreaks of measles and cholera in the camps, which were brought under control by mass vaccination campaigns.

In March 2020 the first case of COVID-19 was confirmed in Cox's Bazaar. The Refugee Relief and Repatriation Commissioner (RRRC) reduced operations in the camps to only critical services because of the pandemic, severely constraining access for humanitarian staff – including health workers – and closing learning centers, multi-purpose centers and all group-based activities. Services slowly restarted in September 2020, but learning centers have not yet reopened.

By May 2020, primary health care consultations for children under-5 in the camps had decreased by 66 percent due to fear of infection, movement restrictions and reduced staff, leading to increased wait times. For Rohingya mothers, this affected their access to critical antenatal care, facility-based deliveries and post-natal care. Neonatal and child health, including vaccination, were similarly affected. UNICEF invested in personal protective equipment and training for all its health workers and increased infection prevention and control efforts in all UNICEF-supported health facilities. By the fourth quarter of 2020, intensified community health outreach helped return utilization rates of health and other services to pre-pandemic levels.

More than 80 percent of all newborn deaths stem from three largely preventable and treatable conditions: complications due to prematurity; intrapartum-related deaths (including birth asphyxia); and neonatal infections (sepsis, meningitis and pneumonia). These conditions are more likely to be treated in a timely manner if delivery is done within a health facility. Care during labor, around birth, in the first week of life, and for small and sick newborns has the greatest impact on ending preventable neonatal deaths and stillbirths. As of 2019, however, 82 percent of Rohingya children under-1 were born at home.

## THE IMPACT OF YOUR SUPPORT

The overall goal of the proposed initiative was to contribute to and accelerate the existing efforts in reducing preventable adolescent-maternal, newborn deaths and stillbirths, targeting 275 pregnant women or new mothers and 1,500 children, including newborns. This work focused on three output areas:

- Strengthening referral systems,
- Improving the quality of care at primary health facilities, and
- Improving and implementing guidance.

**During the grant period, funds from Together Women Rise specifically supported 203 women and 3,272 children (1,569 girls), enabling them to access critical, lifesaving primary healthcare in the Rohingya camps, with a focus on quality maternal, neonatal and child health (MNCH) through the activities and interventions described below.**

UNICEF has responded to the health risks of the Rohingya crisis by improving access to lifesaving interventions through strengthening systems, enabling them to provide comprehensive primary and secondary health services, using government systems where possible. The approach is guided by the following four key strategies:

### 1. Saving lives and protecting children and their families in refugee camps

To ensure the provision of quality, equitable essential health services to the Rohingya community, UNICEF provides funds, supplies and technical assistance to two national non-governmental organization (NGO) partners to operate thirteen health facilities in the camps. This includes:

- Supporting five primary healthcare centers and eight health posts with skilled service providers to ensure 24/7 maternal and neonatal health services, as well as immunization activities,
- Ensuring the supply of necessary medicines, equipment and logistics to make the facilities functional, and
- Organizing capacity development activities for the service providers.



A Rohingya mother delivered her second son at a primary healthcare center in the camps.

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### 2. Promoting social cohesion and confidence building in the host communities in Ukhiya and Teknaf sub-districts

UNICEF and its national implementing partners promote social cohesion and confidence building among the host communities through:

- Mobilizing community health teams that work throughout the catchment areas of the UNICEF-supported health facilities,
- Providing emergency response to natural disasters, including heavy rains and landslides during the annual monsoon season, and
- Ensuring the availability of maternal and neonatal health services in nearby government health facilities for the host communities.

### 3. System strengthening and accelerating program implementation to the rest of Cox's Bazar district

UNICEF also supports government health facilities in the sub-districts hosting the Rohingya camps (Ukhiya and Teknaf) and across Cox's Bazar District as a way to promote equity. In addition to supporting the local Bangladeshi community, these facilities also receive referrals of complicated cases from the Rohingya camps. Specific health system strengthening activities include:

- Ensuring facility readiness in the Ukhiya and Teknaf Health Complexes to provide maternal and neonatal health services,
- Providing funding, technical support and equipment for the establishment or improvement of Newborn Stabilization Units in four sub-districts (Ukhiya, Teknaf, Chakaria and Ramu) and the Cox's Bazar Sadar Hospital Special Care Newborn Unit,
- Ensuring the timely referral of complicated pregnancies and severely sick children to the secondary and tertiary level health facilities for better treatment, and
- Maintaining linkages with referral hubs and engaging in post referral follow-up.

### 4. Leverage learnings on system strengthening in Cox's Bazar to feed into national strategies and the local United Nations system

Learnings from work in Cox's Bazar District are shared to be replicated to help improve systems in other districts of the country. Recent examples of lessons learned include:

- Replicate learnings of expanded programs on immunization (EPI) e-Tracker systems to ensure the timely registration of every newborn and immunization,
- Ensure maternal and perinatal death surveillance and response in the camps and host community,
- Expand Satisfaction Booths in the camps to other Sub-District Health Complexes and
- Ensure coordination among different organizations, including around monitoring and supervision.

### A MESSAGE OF THANKS

UNICEF USA is grateful for the partnership of Together Women Rise in support of Rohingya refugee women and newborns in Cox's Bazaar. With your support, UNICEF has been able to provide quality healthcare to sick newborns, pregnant women and new mothers, improving their health and well-being. Thank you for your support of these lifesaving and life-changing programs.



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