



Community insights into demand-side barriers to health facility assisted delivery at the Rohingya refugee camps.



Farnoosh Vahedi, , Meredith Walsh, Mst Sifunnahar, Jen Leigh.

Affiliations: Community Partners International (CPI)

Learning Objective

- Gain community insight into the demand-side barriers to health facility delivery at the Rohingya refugee camp.

Background

The 2019 Joint Response Plan (JRP) set a target of >55% of deliveries occurring at a health facility in an effort to reduce the maternal mortality rate. Despite efforts to promote health facility assisted delivery, roughly 70% of births continue to occur at home. CPI currently runs three programs aimed at this issue. CPI community health volunteers (CHV's) are trained to assist expecting mothers access health services and provide health education. CPI has also implemented a solar-light incentive program that encourages facility delivery through education and incentives. Finally, a Traditional birthing attendant (TBA) partnership program has also been initiated to encourage expecting mothers to seek facilities for delivery. Understanding cultural barriers to facility delivery has been an integral component to designing programs in-tune with the needs of the community.

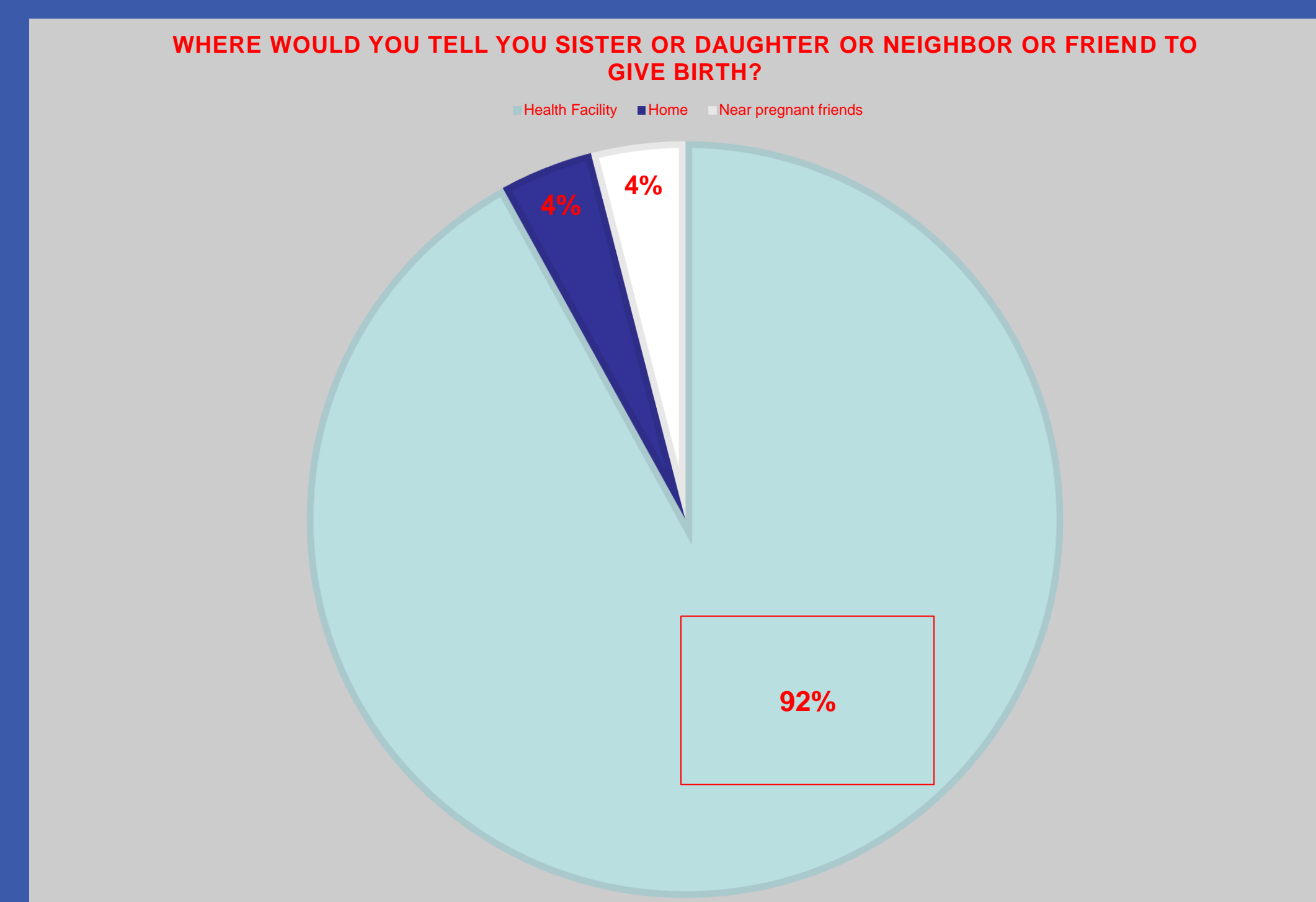
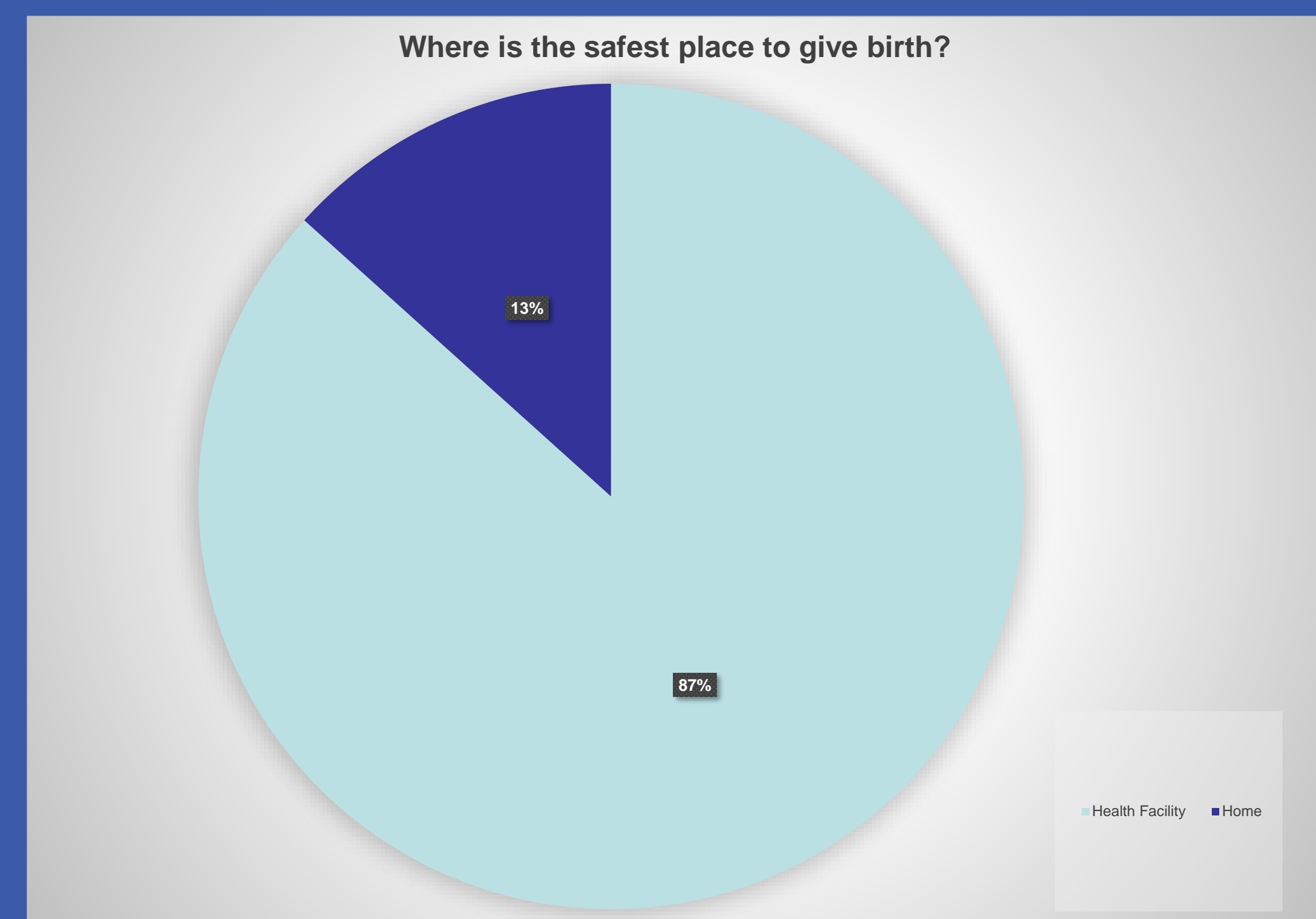
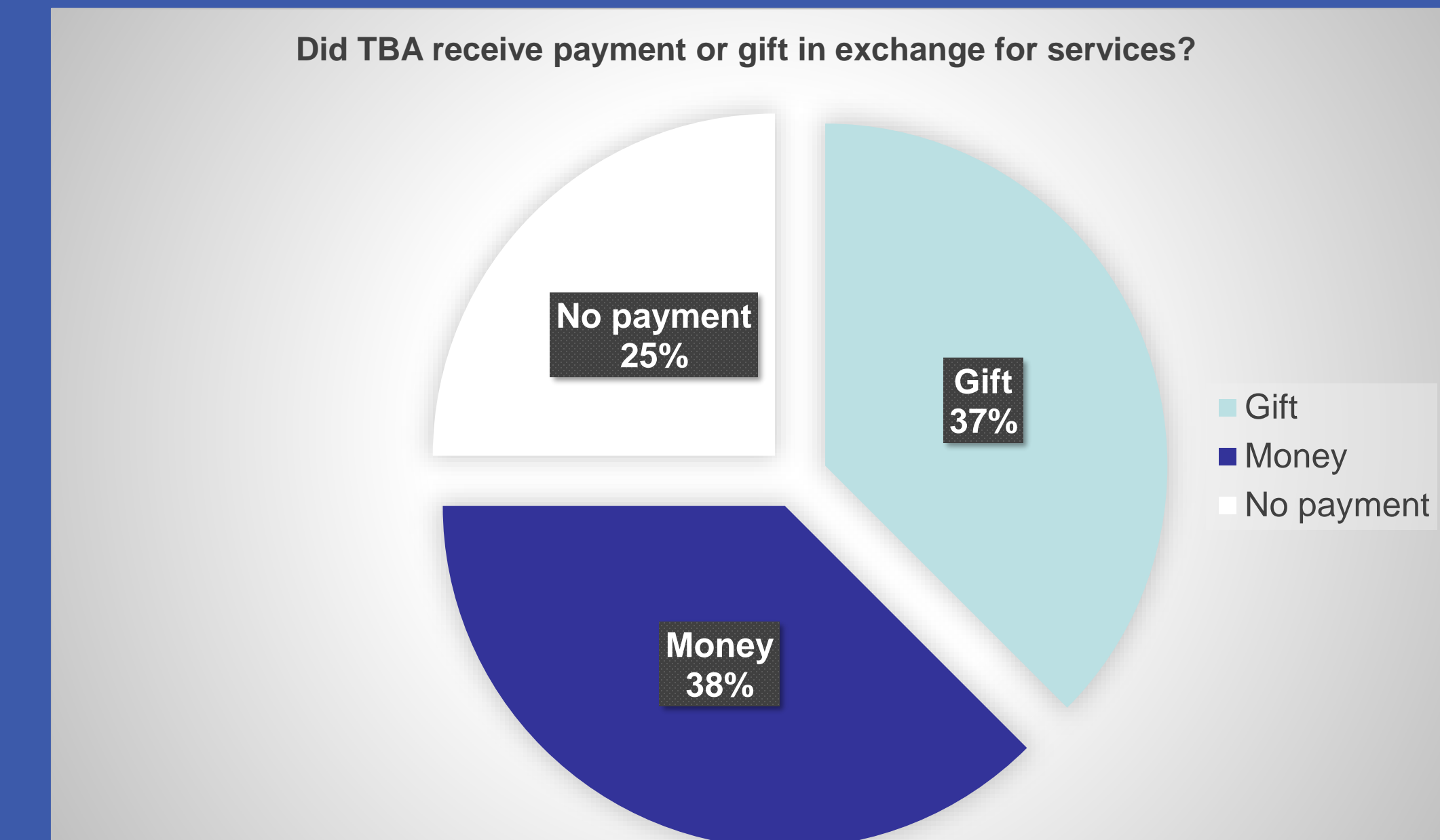
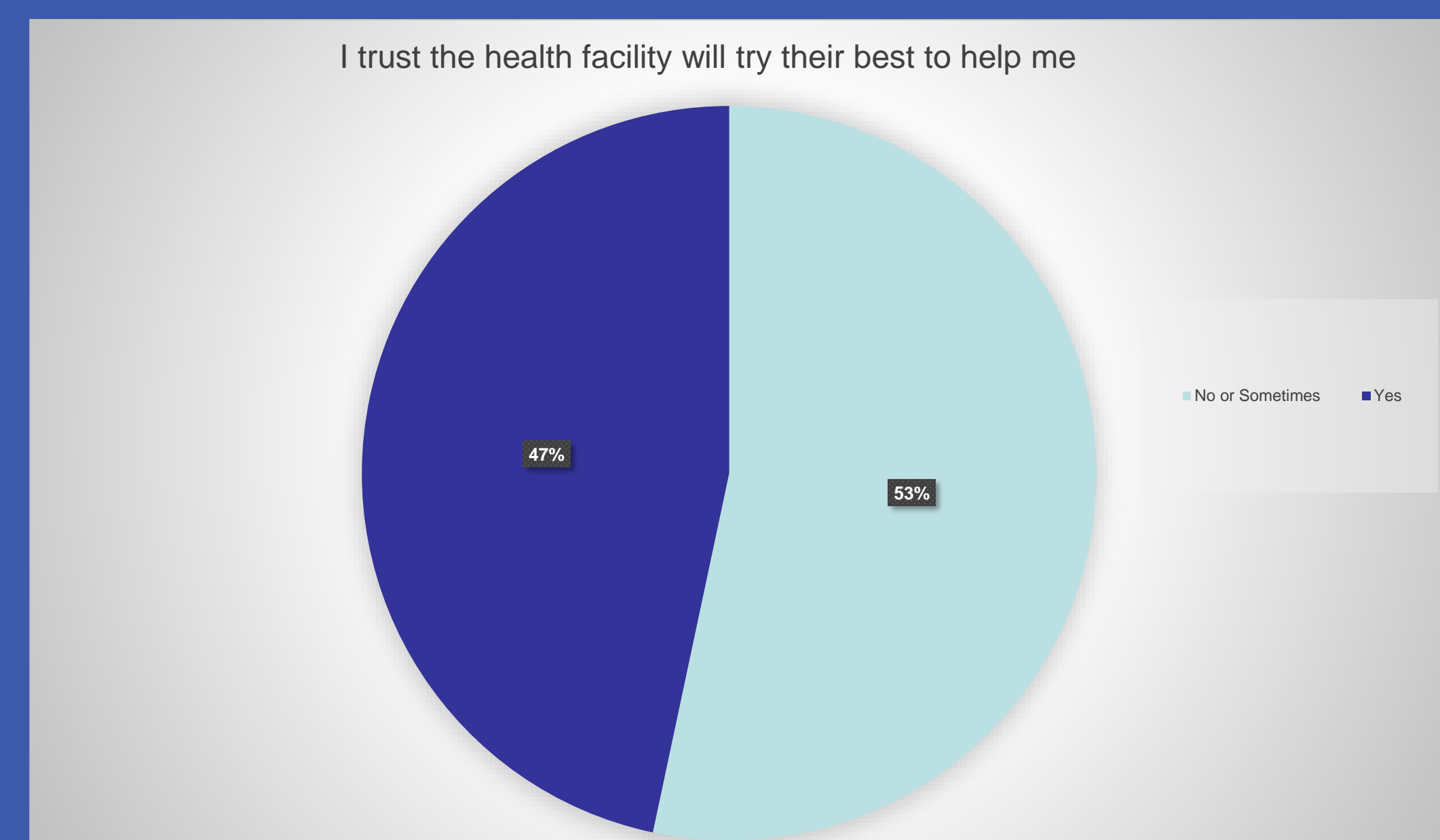
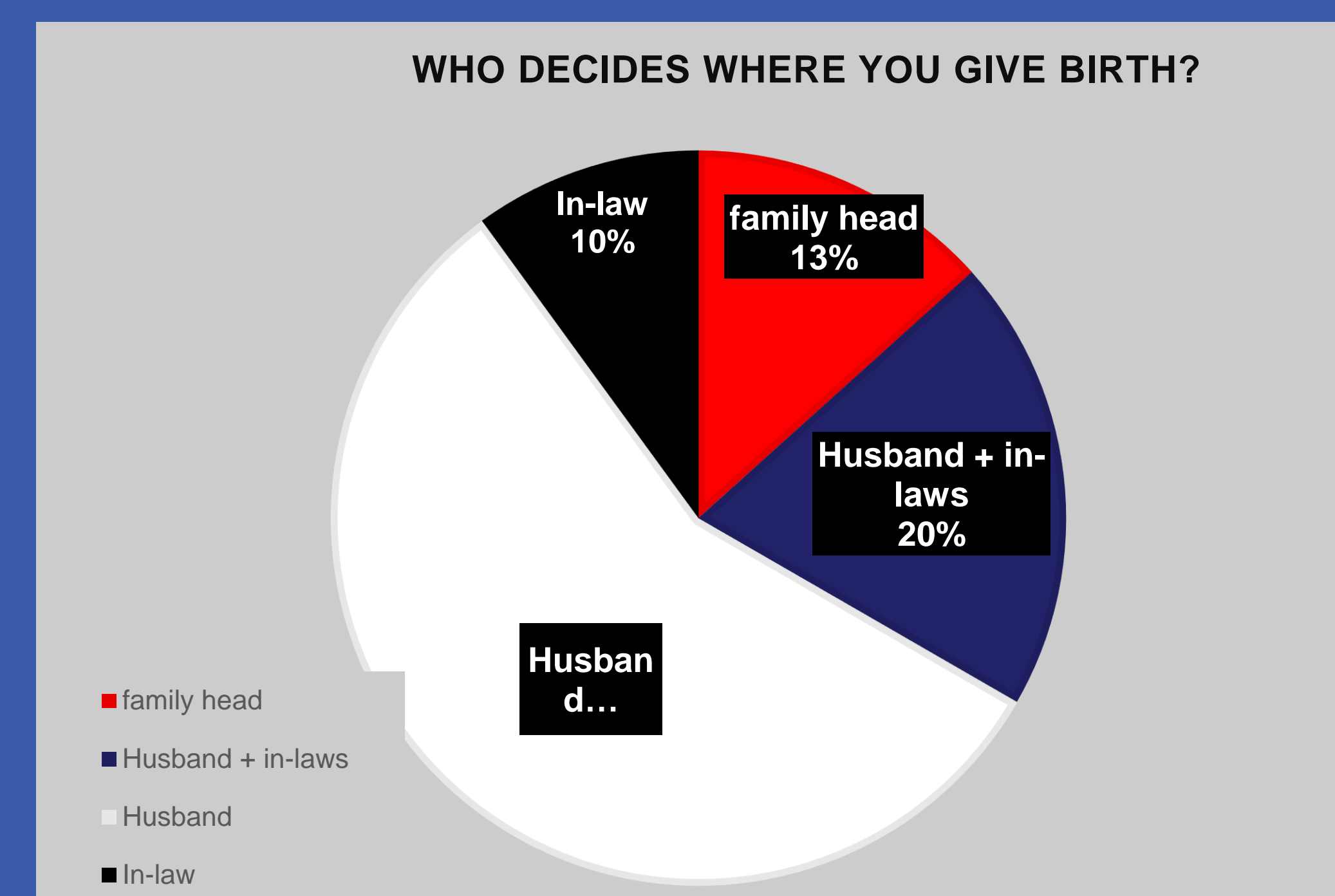
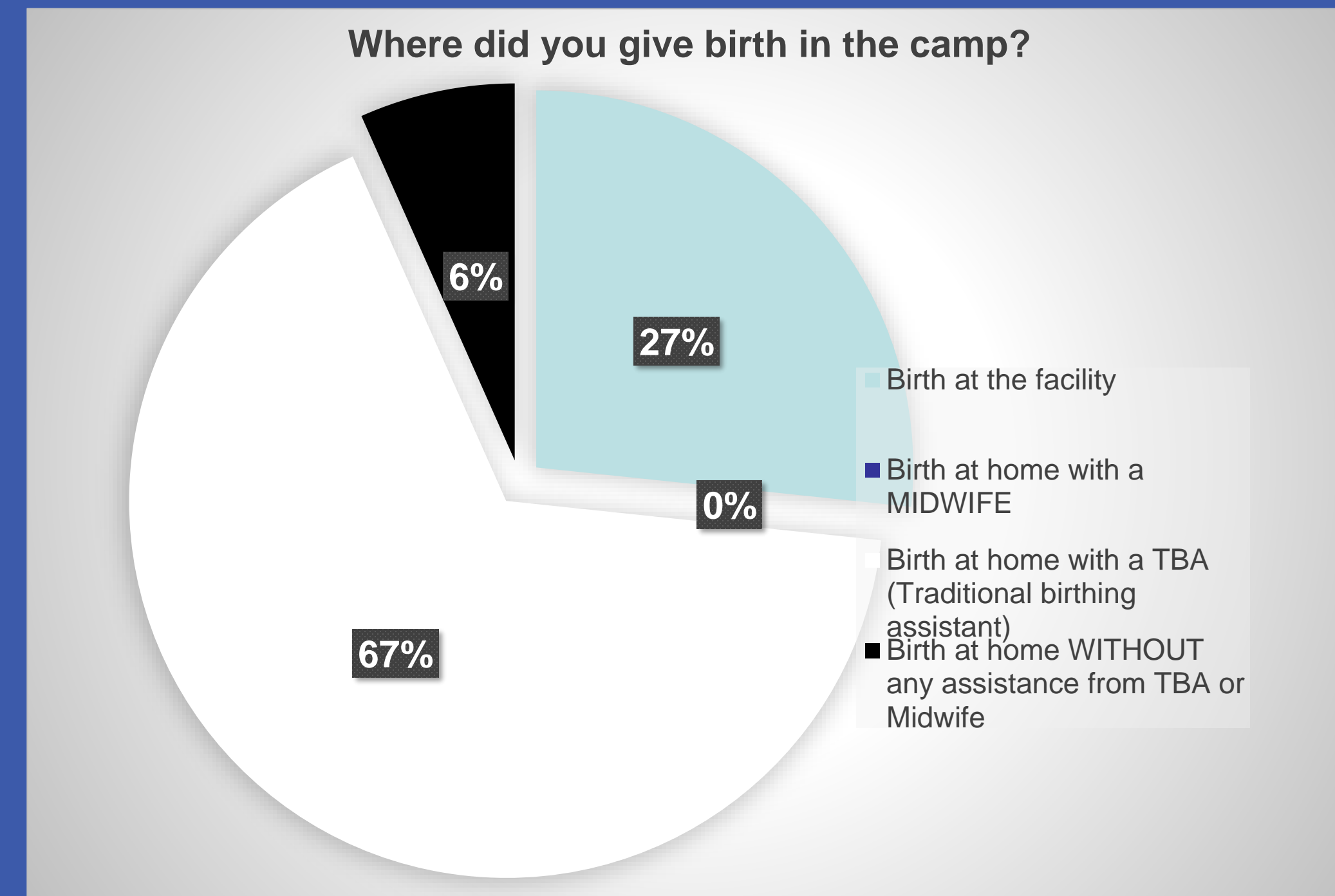
Methods

- Rohingya CHV's interviewed thirty recently delivered mothers using a structured questionnaire. The survey included questions regarding location of delivery, assistance received, and opinions about health services. Participants were from the CPI catchment of camp 1W.

Results

- 27% of births occurred at a health facility, 67% occurred at home with a TBA, at 6% occurred at home without any assistance.
- 38% of TBA's received payment, 37% of TBA's received a gift, and 25% received no payment or gifts for services.
- When asked, "Who decides where you give birth" 0% of recent mothers identified themselves.
- 47% of participants stated they believe the health facility would try their best to help them.
- 90% of participants stated they had visited a health facility for at least 1 ANC prior to delivery.

Figures/Tables



Limitations

- Limited sample size
- Study was primarily conducted on pregnant woman in Camp 1W. Comparability to other remote camps will be limited.

Discussion

- Members of the Rohingya community are not involved in the planning of humanitarian-aid in the Rohingya refugee camps. Therefore, it is vital that organizations planning interventions in the community gain deeper insights into cultural beliefs and practices to inform programs. Rohingya community health volunteers (CHV) network is an effective resource to gain insight into the community

Conclusion

- TBA's at the household continue to be the preferred method of delivery.
- TBA's provide an opportunity for the promotion of facility-based delivery.
- In-law's and spouse play the primary role in determining delivery location.
- High Antenatal care (ANC) compliance rates alone are not correlated with facility deliveries.

References

2018 Joint Response Plan for Rohingya Humanitarian Crisis (January-December) [EN/BN] - Bangladesh. (2018, February 15). ReliefWeb.