Fidelity, Barriers and Facilitators to implementation of Referral Hub and Shuttle Service on the Utilisation of Sexual and Reproductive Health Services in Rohingya Refugee Population: An implementation research

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A majority of the maternal related deaths worldwide occur due to preventable pregnancy-related complications. Therefore 'delay' to seek care is a significant contributing factor to death. According to the 'three delay model' conceptualised by Thaddeus and Maine (1994), delay associated with maternal mortality occur at three different stages. The first delay is the delay in deciding to seek care; the second delay is in reaching the health facility; the third and final delay is the delay in receiving quality care at the facility. All these three delays significantly affect the Rohingya refugee population. Delays in seeking timely maternity care from health care professionals are crucial to address among the Rohingya population where many preventable pregnancy-related deaths occur within the camps when care is not sought. Bangladesh hosts one of the largest displaced population in the world, the Rohingya refugees or as Bangladesh identifies them as Forcibly Displaced Myanmar Nationals (FDMNs). The recent displacement, coupled with a previous influx, has created the world's most densely populated Rohingya settlement in Cox's Bazar with an estimated 911,566 Rohingyas currently living in different camps. Together with the government of Bangladesh, more than one hundred national non-governmental organisations (NGOs), international NGOs, United Nations (UN) organisations, and several donor agencies have been providing both preventive and clinical care, including health promotion, for the Rohingyas since the start of the influx. Sexual and Reproductive Health Services (SRHR) services are the primary focus of the interventions. However, despite the provision of wide array of SRHR services several factors are observed which serves as barrier to uptake of these available services. To mitigate the challenges related to the referral of emergency and routine Sexual and Reproductive Health and Rights (SRHR) cases, UNFPA, through its partners, is implementing "Referral hub" and "Shuttle service", respectively. These components offer free transport services to women with SRHR needs to access the facilities. The current study explores the fidelity of referral hub for emergency obstetric services and shuttle service for routine care to improve utilisation of SRHR services among the Rohingya population, and their barrier and facilitators.

RESEARCH APPROACH

The research adopted a sequential explanatory mixed-method design. The quantitative phase consisted of collecting and analysing secondary data on utilisation of the services (January – July'20 for referral hub; August 2020 for shuttle service), and a survey among 194

mothers (100 for referral hub; 94 for shuttle service) and 83 community health workers (only shuttle service). The qualitative phase comprised of in-depth interviews with a total of 22 mothers who used the services (referral hub- 12; shuttle service- 10), and key informant interviews with a total of 44 providers (programme managers, supervisors, midwives, drivers, community health workers and volunteers) from both the services.

EVIDENCE GENERATED

Both the referral hub and shuttle service have fidelity in terms of implementation. However, in case of referral hub, the research identified several adaptations such as assessment of emergency at the community level and sharing of personal mobile numbers along with hotline numbers. The secondary data analysis shows increasing trend in utilisation of referral hub transport service. From January until August 2020, the total number of referrals through all hubs is 3,330. Out of this, 2,040 referrals were related to obstetric and 1,290 non-obstetric. Similarly, we saw a high number of mothers who used the shuttle service over a month of implementation. In total, with respect to MNCH services, 512 mothers sought shuttle service for ANC, 19 for delivery, 13 for PNC, and 14 for FP. The barriers identified for referral hub are discordant understanding of emergency, strict veiling practices, preference towards home delivery, poor network problem and roads. The facilitators for this service are partnership with community leaders and neighbouring hubs. In case of shuttle service, the barriers are lack of trust in providers, co-existence of other organisations offering similar services, veiling practices and preferences towards home deliveries. The facilitator is collaboration with other organisations, facilities and community.

PROGRAMME INFLUENCE

Overall, the study observed various facilitators and barriers to the utilisation of these transport services and made several recommendations, one of which has already been implemented in the referral hub component. One of the barriers to utilising the referral hub transport service was the reluctance to talk to male health workers about pregnancy and be in a mixed-gender space in the ambulance during an emergency. Based on this finding, the current research strongly recommended deploying female health workers into the community to disseminate pregnancy-related information and accompany mothers in the ambulances to the facilities. This recommendation has been welcomed by UNFPA and implemented immediately. This way this research had an impact on the health of the Rohingya population while remaining sensitive to their gender and social norms.

PUBLICATION

For full published report see
https://bangladesh.unfpa.org/en/publications/fidelity-barriers-and-facilitators-implementation-referral-hub-and-shuttle-service