Meeting the critical unique needs of women and girls amid the Rohingya Crisis

More than 688,000 Rohingya people have fled to Cox’s Bazar, Bangladesh since 25 August 2017. Settlements are overflowing and the concentration of refugees is amongst the densest globally. More than half the arrivals are women and girls. Already marginalized and vulnerable, they are bearing the brunt of the crisis. UNFPA is spearheading lifesaving efforts to respond to the unique health and protection needs of women and girls amid this crisis, as well as planning for the protracted situation ahead.
Fast Facts

- >688,000 new arrivals since August 2017
- 585,000 arrivals in Kutupalong - Balukhali Expansion Site
- 237,000 arrivals in other settlements and camps
- 79,000 arrivals in host communities
- 1.2 million people in need of health assistance
- Estimated >960,000 in need of protection

Key Health Challenges

- Home birthing rates remain high. UNFPA estimates only 22% of births occur in facilities.
- Limited number of health facilities operating on a 24/7 basis.
- Significant gaps in quality and availability of basic and comprehensive emergency obstetric and newborn care.
- Unclear referral pathways hamper efforts to deliver lifesaving services.
- Technical capacity of health providers to effectively respond to pregnancy related complications.
- Diphtheria outbreak.
- Lack of standard community outreach to ensure continuum of care for pregnant women and newborns.

Key Protection Challenges

- Establishing safe entry points for women and girls to access gender-based violence (GBV) services remains compromised by the rapid expansion of communal and congregational spaces for men.
- The restricted mobility and isolation of women and girls limits their access to information, including life-saving GBV services.
- Insufficient geographic reach, with GBV response services currently covering less than 50% of the settlement areas.

Source: ISCG Situation Update. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Highlights of the Month

UNFPA emergency ‘Tom Tom’ ambulances help transport pregnant mothers from the community to the health facility, and for referrals from one facility to another. ©UNFPA Bangladesh

SRH January Highlights

- An incentive program was launched to encourage mothers to deliver in health facilities, including the provision of ‘Mama Kits’ containing items such as baby clothing and blankets.
- A task-force was launched to develop guidelines to strengthen referral pathways for pregnant mothers experiencing complications.
- Large quantities of emergency reproductive health kits were distributed to implementing partners and government facilities.
- UNFPA and implementing partner Hope Foundation launched a training series on emergency response and ‘helping mothers breathe’. More than 50 health providers have been trained to date.
- A directory and map of health facilities offering clinical management of rape services was developed and shared with partners.
- Following the diphtheria outbreak, the SRH working group successfully advocated for the roll-out of the Tetanus diphtheria vaccine to pregnant mothers, integrated into standard antenatal care.

Sexual Reproductive Health

- Deployment of midwives
- Mobile reproductive health camps
- Reproductive health kit distribution
- Clinical management of rape

UNFPA continues to rapidly mobilize and expand Sexual Reproductive Health (SRH) services through both static and mobile facilities. Services include: emergency obstetric and newborn care, antenatal care, postnatal care, family planning, clinical management of rape, menstrual regulation and post abortion care. UNFPA also leads the SRH Working Group in Cox’s Bazar.
Gender-Based Violence

- Dignity Kits
- Psychosocial support
- Women Friendly Spaces
- Protection and awareness messaging

GBV January Highlights

- UNFPA launched six additional Women-Friendly Spaces.
- Separate adolescent information sessions and rooms were introduced to encourage the participation of girls.
- The GBV sub-sector, led by UNFPA, developed and distributed GBV service referral pathway guidelines and contact details to promote survivor access to services and ensure ethical and safe referral mechanisms.
- The GBV sub-sector and Nutrition Sector facilitated an open forum event for partners to exchange ideas for collaboration and integration of programming.
- 21 GBV and health implementing partners received training on researching, documenting and monitoring sexual violence in emergencies.

Advocacy

Several Rohingya GBV survivors in Kutupalong refugee camp were provided an opportunity to share their stories with Mishal Hussain of the BBC.

“I’m listening to one woman tell her story...as she’s talking, the other ladies in this group of seven or eight, almost everyone of them is crying...you realise almost everyone else here must have been through the same or something very similar.”

“This is probably one of the few places in this camp where the women can let out their grief and their pain.”
- Mishal Husain, BBC

The interview was included in a special broadcast on the experiences of Rohingya women and children refugees that aired on BBC’s flagship morning radio news and current affairs programme.
UNFPA Response Highlights
August 2017 – January 2018

- >162,900 women screened by midwives & RH workers
- >38,600 women provided with antenatal care
- >5,200 women provided with postnatal care
- >1,500 babies safely delivered at facilities
- >310 obstetric and newborn emergencies referred to higher-level facilities
- >5200 Clean Delivery Kits distributed
- >4,800 GBV incidents reported, of which >3,800 were referred to medical care
- >127,000 visits to Women Friendly Spaces
- >85,000 Dignity Kits distributed
- >43,000 women attended information sessions on GBV/SRH at WFS
- >63,000 women attended SRHR/GBV information sessions outside WFS

UNFPA Funding Status

13.74 million needed
(to February 2018)
6.79 million funded
7 million funding gap

Donors (alphabetical order): Canada ($914,361), CERF ($1,294,356), China ($300,000), DFAT ($1,174,609), DFID ($1,342,272), ERF ($300,000), Friends of UNFPA ($56,245), New Zealand ($688,705), Republic of Korea ($500,000), UNFPA APRO ($150,000), UNFPA Bangladesh ($70,000)

Discover More

- As Rohingya refugee crisis escalates, women emerge as front-line responders
- Help Save Rohingya Women - A Plea To Our Donors, A Plea To Our World
- Where men can’t go
- Empowering Rohingya girls seeking refuge in Bangladesh
- 'Nothing could have prepared me for Cox's Bazar,' reproductive health expert says

Key Contacts

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