



November 2017

UNFPA Rohingya Humanitarian Response Monthly Situation Report



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The Fastest Growing Humanitarian Crisis in the World

More than 620,000 Rohingya refugees have poured into Cox's Bazar, Bangladesh since August 2017. The pace of new arrivals has made this the fastest growing refugee crisis in the world, and the concentration of refugees is now amongst the densest globally. The Rohingya crisis is largely feminized. Over half of the refugees are women and girls – they are the focus of UNFPA's humanitarian response.



1.2 million
people affected



294,000
women of
reproductive
age (15-49)



>1,500 likely to
experience
obstetric
complications in
the next 3 months








58,800
pregnant
women



All women and
girls, including
adolescent girls at
risk of gender-
based violence

Fast Facts

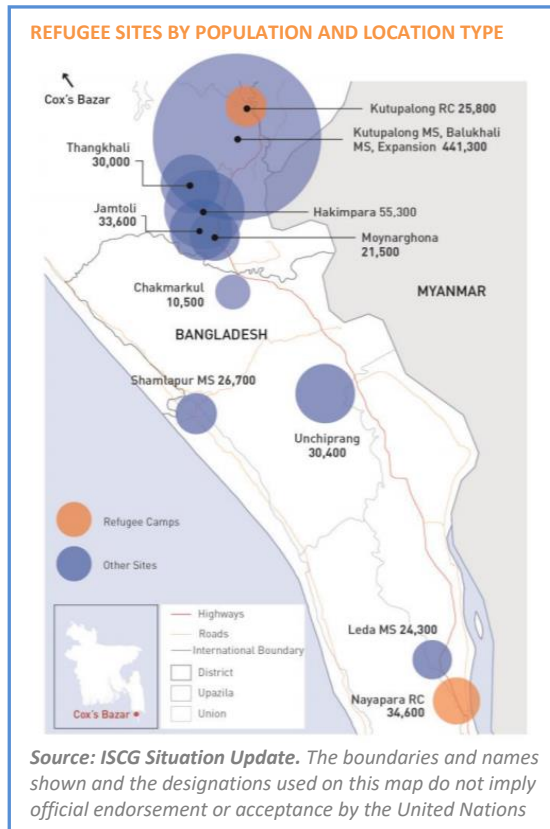
-  > 620,000 new arrivals since August 2017
-  342,000 arrivals in Kutupalong - Balukhali Expansion Site
-  236,000 arrivals in other settlements and camps
-  46,000 arrivals in host communities
-  1.2 million people in need of health assistance
-  Estimated > 1.1 million in need of protection

Key Protection Challenges

- At least 11 out of the 28 of collective sites have no Women Friendly Spaces (WFS)
- Establishing safe entry points for women and girls to access life-saving gender-based violence (GBV) services is increasingly compromised by the rapid expansion of communal and congregational spaces for men
- Overcrowding in the camps exacerbates many risks for women and girls, and limits humanitarian efforts to provide comprehensive protection services
- Psychosocial services need to be improved and expanded
- Basic infrastructure, such as WASH facilities, remain unavailable to many refugees

Key Health Challenges

- Home births remain high
- Insufficient access to basic and comprehensive emergency obstetric and newborn care, including referral services
- No standardized outreach to ensure home visits to pregnant women, newborns and children take place routinely
- Access to essential reproductive, maternal, newborn and child health services remains a significant concern, especially in the new settlements and hardest-to-reach areas



Highlights of the Month



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Sexual Reproductive Health



Deployment of midwives



Mobile reproductive health camps



Reproductive health kit distribution



Clinical management of rape

UNFPA has rapidly mobilized and expanded 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 led on-the-ground efforts of an interagency rapid health service mapping operation across all refugee camps. The preliminary results were shared with the health sector to inform sector-wide reallocation and consolidation of services

to meet the needs of all refugees. Key preliminary findings revealed:

- Significant gaps in geographical coverage
- Gaps in quality and availability of services at facilities
- New SRH partners

Findings will also guide and inform UNFPA's future monitoring to ensure high quality service delivery by all providers.

SRH November Highlights

- 10 additional three-wheel ambulances provided in the hard to reach spontaneous settlements to support 24/7 referral pathways.
- 78 midwives trained on 'Helping Babies Breathe' and newborn resuscitation.
- Implementing partner HOPE Foundation is establishing a 40-50 bed capacity field hospital in a hard to reach area.
- A taskforce on traditional birth attendants (TBAs) was formed to integrate TBAs in the health system as safe motherhood promoters and to increase deliveries at health facilities.

Gender-Based Violence



Dignity Kits



Psychosocial support



Women Friendly Spaces



Protection and awareness
messaging

GBV November Highlights

- The GBV sub-sector in Cox's Bazar has established a GBV Referral Pathway Taskforce and a Dignity Kit Taskforce. The GBV Referral Pathway Taskforce developed a service audit tool to map the capacity of actors for GBV services. The Dignity Kit Taskforce developed specifications for the standardization of dignity kit items to be distributed by all partners.
- WFS in Unchiprang, Kutupalong extension and Moiner Ghona improved the infrastructure of consultation rooms to enable greater confidentiality for those accessing counselling and case management services.
- 33 Community Watch Groups were established. Future GBV risk mitigation activities will be implemented based on results from community security monitoring.

Advocacy

Several global development leaders have visited UNFPA WFS during November to discuss the needs and challenges of Rohingya women and girls with caseworkers:

- Special Representative of the Secretary-General on Sexual Violence in Conflict Ms. Pramila Patten:

"My observations point to a pattern of widespread atrocities, including sexual violence against Rohingya women and girls who have been systematically targeted on account of their religion and ethnicity"

- Canadian Minister of International Development and La Francophonie, Marie-Claude Bibeau
- UK International Development Secretary, the Rt Hon Penny Mordaunt



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"The kind of support the women need, a doctor can't provide it. The wound is inside. Women understand when they come here there is no financial support offered. They say what we offer is worth so much more."

Monowala, Rohingya Community
Outreach Volunteer



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UNFPA Response Highlights August – November 2017

(New Arrivals)

- **87,400** women screened by midwives
- **18,600** women provided with antenatal care
- **1,650** women provided with postnatal care
- **> 400** babies safely delivered at facilities
- **> 120** obstetric emergencies referred to higher-level facilities
- **3,400** Clean Delivery Kits distributed
- **1,730** GBV incidents reported, of which **> 1,500** were referred to medical care
- **> 30,000** women accessed WFS and received psychosocial support
- **13,900** Dignity Kits distributed
- **14,700** women attended information sessions on GBV/SRH at WFS
- **19,600** women attended SRHR/GBV information sessions outside WFS

UNFPA Funding Status



13.8 million needed
(to February 2018)

5.5 million funded

8.3 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 (\$11,245), UNFPA APRO (\$150,000), UNFPA Bangladesh (\$70,000)

Discover More

- [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](#)
- [As Rohingya refugees pour into Bangladesh, UNFPA deploys midwives, safe spaces](#)

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