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
UNFPA Rohingha Humanitarian Response
Monthly Situation Report: November 2017

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 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

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

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 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.

Sexual Reproductive Health

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

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

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

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.

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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
UNFPA Rohingya Humanitarian Response
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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 ($111,245), 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**

Key Contacts

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Delivering a world where every pregnancy is wanted and every childbirth is safe and every young person’s potential is fulfilled

United Nations Population Fund Bangladesh
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