



December 2017

## UNFPA Rohingya Humanitarian Response Monthly Situation Report



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### Keeping the unique needs of women and girls at the forefront of the Rohingya humanitarian response

Four months into the Rohingya humanitarian crisis, the flow of refugees continues. More than 655,000 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 acute health and protection needs of women and girls amid this crisis, as well as planning for the protracted situation ahead.



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

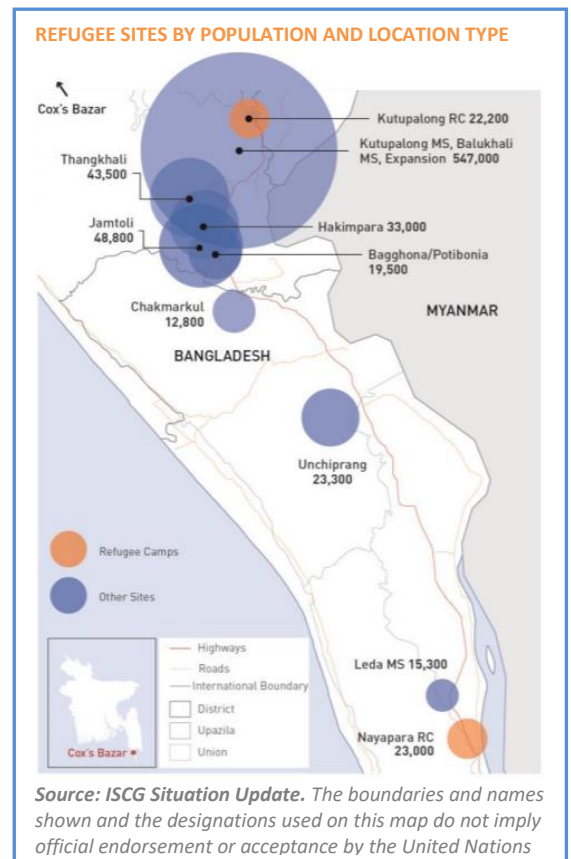
-  >655,000 new arrivals since August 2017
-  547,000 arrivals in Kutupalong - Balukhali Expansion Site
-  242,000 arrivals in other settlements and camps
-  79,000 arrivals in host communities
-  1.2 million people in need of health assistance
-  Estimated >930,000 in need of protection

## Key Health Challenges

- Home births remain high
- Significant gaps in quality and availability of basic and comprehensive emergency obstetric and newborn care, especially in new settlement areas with limited road access
- Weak referral pathways hamper efforts to deliver lifesaving services
- No standardized medical waste management practices
- Psychosocial services urgently needed

## Key Protection Challenges

- Overcrowding in the camps exacerbates many risks for women and girls, and limits humanitarian efforts to provide comprehensive protection services
- Gender-based violence (GBV) response services currently cover less than 50% of the settlement areas
- Establishing safe entry points for women and girls to access GBV services is increasingly compromised by the rapid expansion of communal and congregational spaces for men
- Information provision and referral pathways (across all services/sectors) need to be improved and expanded
- Long distribution pathways and lack of signage heighten risks for women and girls trying to access crucial aid
- Emergency shelter remains extremely limited and inaccessible



### Highlights of the Month



Rashida nurses her newborn following UNFPA facilitated emergency obstetric surgery  
©UNFPA Bangladesh/Melissa Ludeke

### 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 is also leading the SRH Working Group in Cox's Bazar.

### SRH December Highlights

- A consultant obstetric gynaecologist was deployed to Ukha Health Complex to support Comprehensive Emergency Obstetric and Newborn Care services.
- Large quantities of emergency reproductive health kits were distributed to implementing partners and government facilities.
- Standardization of implementing partner service data mechanisms.
- Service quality monitoring checklists developed to guide on-site mentoring of health providers.
- Guidelines to strengthen referral pathways developed.
- A directory of key SRH services was created and posted on the ISCG website for all partners to access, including vital contact information for 24/7 ambulances and emergency care facilities.
- A stakeholder dialogue on meeting the crucial sexual reproductive health, safety and dignity needs of Rohingya women and girls was held in Cox's Bazar.

### Gender-Based Violence

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

#### GBV December Highlights

- The GBV sub-sector in Cox's Bazar, led by UNFPA, developed technical guidelines on establishing women and girls friendly spaces specifically for the Rohingya crisis context.
- A 'Standard Operating Procedures' for multi-sectoral GBV response and prevention in Cox's Bazar is under development.
- UN Women and the Bangladesh Ministry of Women and Children Affairs were integrated into the GBV sub-sector group.
- The GBV Referral Pathway Taskforce conducted a multi-sector service audit of GBV services and facilities to support the development of referral pathways.

### Advocacy

UNFPA launched a 16 Days of Activism campaign [highlighting women as front-line responders in the humanitarian response](#), including caseworkers, Rohingya community outreach volunteers and midwives. Stories and photos were presented at an exhibition at the High Commission of Canada in Dhaka, which was attended by partners, ambassadors and media. A social media package was disseminated by UNFPA, implementing partners and donors.



Sharmin Sultana, a UNFPA Caseworker featured in the 16 Days of Activism campaign. © UNFPA Bangladesh/Naymuzzaman Prince

To mark the International Day for the Elimination of Violence against Women, Australia's Foreign Minister, Julie Bishop, published an [Op-Ed on GBV in emergencies](#) highlighting Australia's support to UNFPA for the prevention of, and response to, GBV in humanitarian situations, prominently featuring the Rohingya crisis.

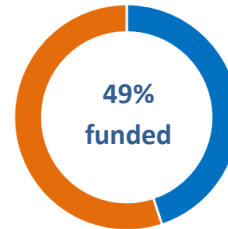


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### UNFPA Response Highlights August – December 2017

- **136,570** women screened by midwives & RH workers
- **32,070** women provided with antenatal care
- **4,200** women provided with postnatal care
- **1,320** babies safely delivered at facilities
- **210** obstetric and newborn emergencies referred to higher-level facilities
- **4,420** Clean Delivery Kits distributed
- **>3,300** GBV incidents reported, of which **>2,700** were referred to medical care
- **>52,000** visits to Women Friendly Spaces
- **45,000** Dignity Kits distributed
- **>30,000** women attended information sessions on GBV/SRH at WFS
- **>45,000** 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](#)
- [As Rohingya refugees pour into Bangladesh, UNFPA deploys midwives, safe spaces](#)

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