Meeting the critical needs of women and girls in the Rohingya Crisis

25 February 2018 marked the 6th month since the crisis began on 25 August 2017. Over 671,000* Rohingya refugees have arrived in Cox’s Bazar, Bangladesh from Myanmar. 52 percent of the new-arrivals are women and girls. Their vulnerability has intensified in overcrowded, insecure camps and settlements. UNFPA is leading response efforts for the unique health and protection needs of women and girls caught in this crisis. UNFPA is preparing for imminent natural disasters and the complex, protracted situation ahead.

(*Number of new arrivals has not decreased from January’s 688,000 but changed due to more accurate measuring mechanisms.)

1.3 million people affected
316,000 women of reproductive age (15-49)
2,500 likely to experience obstetric complications in the next 3 months
64,000 pregnant women
All women and girls, including adolescent girls at risk of gender-based violence
Fast Facts

- >671,000 new arrivals since August 2017
- 589,000 arrivals in Kutupalong - Balukhali Expansion Site
- 185,000 arrivals in other settlements and camps
- 110,000 arrivals in host communities
- 1.3 million people in need of health assistance
- Estimated >900,000 in need of protection

Key Health Challenges

- Approaching monsoon season will damage facilities and hinder services.
- Home birthing rates remain high. UNFPA estimates only 22% of births occur in facilities.
- Incentive programme for pregnant women to use health facilities reveals unprecedented service demand.
- 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.
- Lack of standard community outreach to ensure continuum of care for pregnant women and newborns.

Key Protection Challenges

- Targeted assistance for extremely vulnerable people, such as women headed-households and those suffering from GBV, needs scaling up. This includes for psychosocial support and counselling, and psychological first aid.
- The nearing monsoon season will increase GBV risks and incidents.
- The restricted mobility and isolation of women and girls limits their access to information, life-saving GBV services, and safe spaces.

Refugee Sites by Population and Location Type

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 Mama Kits will provide baby clothes, sanitary pads, underwear and more for new mothers. ©UNFPA Bangladesh

Sexual Reproductive Health and Rights

Sexual and Reproductive Health and Rights: February 2018 Highlights

- Established a one-stop SRH Resource Centre with HOPE Foundation to provide information, training, a resource library, mentorship and materials to support all SRH partners in delivering comprehensive services.
- Shared lifesaving reproductive health kits, medicines and supplies with partners so they can deliver quality, comprehensive SRHR services in their facilities.
- UNFPA and the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) did an assessment survey on the maternal and child health care needs for Rohingya refugee populations.
- Posted two consultant obstetric gynaecologists and a midwifery specialist at Ukhiya Health Complex.
- Completed an incentive programme that encourages pregnant women to deliver in health facilities.

UNFPA continues to rapidly mobilize and expand Sexual Reproductive Health and Rights (SRHR) 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.
UNFPA Rohingya Humanitarian Response
Monthly Situation Report: February 2018

Gender-Based Violence

Gender-Based Violence: February 2018 Highlights

- To prepare for monsoon season, the GBV sub-sector, led by UNFPA, is planning emergency response measures to mitigate the potential impacts of flooding and landslides and the protection risks they will create for congested camps.
- The GBV sub-sector developed and distributed GBV service referral pathway guidelines and contact details to promote survivor access to services and ensure ethical and safe referral mechanisms.
- Peer reviews of GBV referral services are ongoing to strengthen service delivery.
- The Protection Working Group identified priority service facilities for risk mapping: Women Friendly Spaces, Child Friendly Spaces, community centres, etc.

Advocacy

UNFPA Global Goodwill Ambassador, Ashley Judd met with women and girls at UNFPA-supported reproductive health clinics and women-friendly spaces.

“It’s stunning to realise I am beholding the eyes of one of the world’s most complex humanitarian crises, an old story of ghastly prejudice and control, and possible genocide. Whatever we call it, it is clear we all have to do something about it.”

– Ashley Judd’s diary of life in the Rohingya camps featured in Sky News

Her visit has been covered in Sky News, the Daily Mail UK and AP. She shared about her experiences and advocated for Rohingya women and girls in an exclusive interview with CNN.
UNFPA Response Highlights
August 2017 – February 2018

• >206,223 women screened by midwives & RH workers
• >56,484 women provided with antenatal care
• >6,503 women provided with postnatal care
• >1,903 babies safely delivered at facilities
• >431 obstetric and newborn emergencies referred to higher-level facilities
• >7,093 Clean Delivery Kits distributed
• >7,567 GBV incidents reported, of which >5,732 were referred to medical care
• >114,407 visits to Women Friendly Spaces
• >87,515 Dignity Kits distributed
• >74,456 women attended information sessions on GBV/SRH at WFS
• >114,432 women attended SRHR/GBV information sessions outside WFS

Key Contacts

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Funding Status

16.24 million needed (March to December 2018)
6.93 million funded
9.31 million funding gap

DONORS:
March to December 2018 (in USD)

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* Some of the donor’s 2017 pledged funds will carry over past February 2018