The Rohingya Crisis – ‘We are all Rohingya’

Its eleven months since the crisis began 25 August 2017, where an estimated 706,000 Rohingya refugees have arrived in Cox’s Bazar, Bangladesh from Myanmar. The rains returned heavily after 23 July with more than 463mm of accumulated rain, nearly the highest ever recorded in June in a day. UNFPA supported facilities, both for SRH and GBV were operational throughout the adverse weather despite the inevitable challenges associated with rain damage, road conditions and mobility. Service provision remains the priority during these seasonal rains and storms.
July 2018
UNFPA Rohingya Humanitarian Response
Monthly Situation Report

Fast Facts

- >706,000 new arrivals since August 2017
- 626,000 arrivals in Kutupalong - Balukhali Expansion Site
- 278,000 arrivals in other settlements and camps
- 15,000 arrivals in host communities
- 1.3 million people in need of health assistance
- Estimated >919,000 in need of protection

Key Health Challenges

- High attrition rates of health providers and availability of midwives to fill positions even recent graduates continues.
- Most facilities are not operating 24/7 and are unable to provide the full spectrum of basic and comprehensive emergency obstetric services, integrated into primary health services.
- Essential services, particularly obstetric, have insufficient bed capacity or lack of facilities in hard to reach areas.
- The strengthening of referral pathways and ability to deliver them.

Key Protection Challenges

- Targeted assistance for extremely vulnerable people, such as GBV survivors, needs scaling up, including psychosocial support and counselling, and psychological first aid.
- Monsoon season brings increased GBV risks and incidents, supporting individuals and families in the affected communities to strengthen positive coping strategies is a priority.
- Awareness and planned alternate service entry points for continuity of GBV services.
Highlights of the Month

UNFPA health facility in Kutupalong camp, nearly 100 midwives are working in our supported facilities. ©UNFPA Bangladesh/A Ovi

Sexual Reproductive Health and Rights

- 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 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 SRHR Working Group in Cox’s Bazar.

Sexual and Reproductive Health and Rights:

July 2018 Highlights

- Personal protection equipment (gumboots, raincoats and umbrellas) provided to doctors, midwives and community health workers/volunteers to ensure safety and security during adverse weather.
- New implementing partners are on board to strengthen the SRH-GBV integration and community based SRH.
- Two further health facilities are being provided SRH services.
- Training on STI and Family Planning continued for midwives.
- A national Coordinator has joined the SRH team to support both the team and coordination of the working group.
- Clinical mentoring for front line health care providers to ensure service quality has been paired with assessments of clinical services (Antenatal, delivery and postnatal).
- Mobile medical teams are now ready for emergency deployment.
**Gender-Based Violence**

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

**Gender-Based Violence:**

**July 2018 Highlights**

- There is ongoing preparation to ensure the continuation of life-saving GBV services through alternative service entry points and mobile service delivery.
- The final shift from tents (4) to static service spaces is nearly complete. A further WFS in the newly extended Camp 20 is under construction.
- World Refugee Day brought women and girls together to sing, dance, prepare traditional food, and engage in discussions and more.
- Significant training in both GBV case management, Train the Trainer and GBV Information Management Systems (IMS) was completed.
- The mitigation measures in place for the rains ensured facilities provided ongoing service.

**Advocacy**

**Dr Natalia Kanem in Rohingya Settlements**

Family Planning is a human right, speaking on World Population Day.

“We’re striving to end all unmet need for voluntary family planning in developing countries by 2030. But we can’t do this alone.” Dr Natalia Kanem

**Family Planning** (link). Assessments show great interest and growing awareness of Family Planning methods by Rohingya families, aiming to create spaces in childbirth.

Ashley Judd, UNFPA Ambassador visits the camps to see the lifesaving work of our dedicated midwives.
UNFPA Response Highlights
August 2017 – July 2018

- >342,982 women screened by midwives & RH workers
- >97,190 women provided with antenatal care
- >10,907 women provided with postnatal care
- >3,174 babies safely delivered at facilities
- >815 obstetric and new born emergencies referred to higher-level facilities
- >13,721 Clean Delivery Kits distributed
- >20,107 GBV incidents reported, of which >13,989 were referred to medical care
- >119,778 visits to Women Friendly Spaces (first time)
- >114,119 Dignity Kits distributed
- >200,264 women attended information sessions on GBV/SRH at WFS
- >249,568 women attended SRHR/GBV information sessions outside WFS

Key Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Asa Torkelsson</td>
<td>Representative</td>
<td><a href="mailto:torkelsson@unfpa.org">torkelsson@unfpa.org</a></td>
</tr>
<tr>
<td>Mr. Iori Kato</td>
<td>Deputy Representative</td>
<td><a href="mailto:kato@unfpa.org">kato@unfpa.org</a></td>
</tr>
<tr>
<td>Dr. Sathya Doraiswamy</td>
<td>Chief of Health</td>
<td><a href="mailto:doraiswamy@unfpa.org">doraiswamy@unfpa.org</a></td>
</tr>
<tr>
<td>Ms. Shamima Pervin</td>
<td>Acting Chief of Gender</td>
<td><a href="mailto:pervin@unfpa.org">pervin@unfpa.org</a></td>
</tr>
<tr>
<td>Ms. Saba Zariv</td>
<td>GBV Cluster/Sector Coordinator</td>
<td><a href="mailto:zariv@unfpa.org">zariv@unfpa.org</a></td>
</tr>
<tr>
<td>Dr. Hassan Abdi</td>
<td>SRHR Coordinator</td>
<td><a href="mailto:habdi@unfpa.org">habdi@unfpa.org</a></td>
</tr>
<tr>
<td>Ms. Jane Rutledge</td>
<td>Communications Officer</td>
<td><a href="mailto:rutledge@unfpa.org">rutledge@unfpa.org</a></td>
</tr>
</tbody>
</table>

Funding Status

16.24 million needed
(March to December 2018)
15,547 million funded
692,700 funding gap

DONORS:
March to December 2018 (in USD)

<table>
<thead>
<tr>
<th>Country</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>$2,300,000</td>
</tr>
<tr>
<td>Canada</td>
<td>$1,906,405</td>
</tr>
<tr>
<td>Kingdom of Denmark</td>
<td>$2,915,500</td>
</tr>
<tr>
<td>Japan</td>
<td>$2,772,727</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>New Zealand</td>
<td>$685,600</td>
</tr>
<tr>
<td>Kingdom of Sweden</td>
<td>$500,000</td>
</tr>
<tr>
<td>UNA Sweden</td>
<td>$346,075</td>
</tr>
<tr>
<td>United Kingdom of Great Britain</td>
<td>$2,561,000</td>
</tr>
<tr>
<td>and Northern Ireland</td>
<td></td>
</tr>
<tr>
<td>Friends of UNFPA</td>
<td>$60,000</td>
</tr>
</tbody>
</table>

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

United Nations Population Fund Bangladesh
http://bangladesh.unfpa.org