The Rohingya Crisis, Monsoon Season Beckons

Eight months have passed since the crisis began 25 August 2017, where over 693,000 Rohingya refugees have arrived in Cox’s Bazar, Bangladesh from Myanmar. 52 percent of the new-arrivals are women and girls. We reiterate that their vulnerability in overcrowded, insecure camps and settlements will be amplified as heavy rains and possible cyclones approach in coming months. UNFPA is preparing for imminent natural disasters and the complex, protracted situation ahead. UNFPA is leading response efforts for the unique health and protection needs of women and girls caught in this crisis, contributing to the Cox’s Bazar Joint Response Plan March through December 2018.
April 2018
UNFPA Rohingya Humanitarian Response
Monthly Situation Report

Fast Facts

- >693,000 new arrivals since August 2017
- 623,000 arrivals in Kutupalong - Balukhali Expansion Site
- 163,000 arrivals in other settlements and camps
- 120,000 arrivals in host communities
- 1.3 million people in need of health assistance
- Estimated >900,000 in need of protection

Key Health Challenges

- Nearing monsoon season will damage facilities and hinder services. Relocation of facilities will be challenging, assessment of current facilities has been undertaken. Reduced access and increased need is expected.
- Most facilities are not operating 24/7 and unable to provide the full spectrum of basic and comprehensive emergency obstetric services integrated into primary health services.
- Home birthing rates remain high. Although improving, low birth numbers are occurring in health facilities.
- Gaps remain in referral pathways, especially for obstetric complications. An inter-agency task force has completed an assessment to address.

Key Protection Challenges

- Targeted assistance for extremely vulnerable people, such as women headed-households and GBV survivors, needs scaling up, including psychosocial support and counselling, and psychological first aid.
- Approaching monsoon season will increase GBV risks and incidents. Possible voluntary relocation or evacuation may compound this.
- Advocacy for service consistency across the different camp locations and settlements.
Highlights of the Month

UNFPA supports midwives: collecting information together to maintain quality care. ©UNFPA Bangladesh

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 SRH Working Group in Cox’s Bazar.

Sexual and Reproductive Health and Rights:
April 2018 Highlights

- Front-line workers are receiving ongoing refresher training, supervision and continuous on-the-job mentoring. Further training needs have been identified.

- Shared lifesaving reproductive health kits, medicines and supplies with partners so they can deliver quality, comprehensive SRHR services in their facilities.

- Continuing to encourage pregnant women to use SRHR services, by providing UNFPA Mama Kits and solar lights during antenatal check-ups.

- Disaster emergency preparedness and contingency plans with partners are complete and in action.

- Midwives provide important information and access for patients to referral services.
Gender-Based Violence

Dignity Kits
Psychosocial support
Women Friendly Spaces
Protection and awareness messaging

Advocacy

The UN Foundation has featured UNFPA’s midwives as frontline responders in the response, providing lifesaving care to women, girls and new-borns.

“As I concluded my visit, a Rohingya woman emerged from a check-room holding a small baby. ‘She just received a postnatal check-up,’ one of the midwives commented. Amid so many stories of grief and loss, it was easy to feel despair, but the woman was smiling: she and her baby were health”

-UN Foundation, On the Frontlines of Humanitarian Aid: Midwives Providing Lifesaving Care to Rohingya Refugees

Reliefweb highlighted UNFPA’s monsoon and emergency preparedness efforts to ensure women and girls will still have access to safe spaces and reproductive health services amidst anticipated natural disasters.

First Monsoon Rains takes a look at the current situation in Cox’s Bazar and the approach UNFPA is taking to protect the reproductive health and rights of women and girls.

Gender-Based Violence: April 2018 Highlights

- There is ongoing preparation to ensure the continuation of life-saving GBV services through alternative service entry points and mobile service delivery.
- Case workers are now trained in the web based data collection tool Kobo, tablets further improve data collection in the field and the benefits digitalisation brings to monitoring and evaluation.
- To prepare for monsoon season, the GBV sub-sector, led by UNFPA, has planned emergency response measures to mitigate the potential impacts of flooding and landslides and the protection risks they will create for congested camps.
- GBV referral services continue to be peer reviewed to improve GBV service quality.

See Snapshots from the Field

Midwives, Heroes in Cox’s Bazar
Adolescent Corners for Girls
UNFPA Response Highlights
August 2017 – April 2018

- >251,242 women screened by midwives & RH workers
- >72,278 women provided with antenatal care
- >7,973 women provided with postnatal care
- >2,160 babies safely delivered at facilities
- >610 obstetric and new born emergencies referred to higher-level facilities
- >9,678 Clean Delivery Kits distributed
- >13,697 GBV incidents reported, of which >9,619 were referred to medical care
- >188,211 visits to Women Friendly Spaces
- >114,149 Dignity Kits distributed
- >124,968 women attended information sessions on GBV/SRH at WFS
- >177,377 women attended SRHR/GBV information sessions outside WFS

Funding Status
16.24 million needed (March to December 2018)
12.57 million funded
3.69 million funding gap

DONORS:
March to December 2018 (in USD)

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Key Contacts

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