The Rohingya Crisis

Nine 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 and 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.

- 1.3 million people affected
- 316,000 women of reproductive age (15-49)
- 63,700 pregnant and lactating women (NPM 6, IOM Oct)
- 2,500 may experience obstetric complication in the next 3 months
- All women and girls, including adolescent girls at risk of gender-based violence
May 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
- 177,200 arrivals in other settlements and camps
- 120,040 arrivals in host communities
- 1.3 million people in need of health assistance
- Estimated >900,000 in need of protection

Key Health Challenges
- Emergency preparedness for the cyclone and monsoon season remains the priority, with a narrowing window for risk mitigation, including strengthening of facilities, site improvements, relocation and preparedness training for implementing partners.
- 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. Additional pressure on Government facilities is noted.

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.
- With the approaching monsoon season and likely increase in GBV risks and incidents, supporting individuals and families in the affected communities to strengthen positive coping strategies is a priority.
- Lack of proper documentation exposes refugees to risk such as trafficking and hinders enjoyment of a safe family life.

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 spent time with midwives (ladies in pink) celebrating International Day of the Midwife on 5th May.
©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 SRHR Working Group in Cox’s Bazar.

Sexual and Reproductive Health and Rights: May 2018 Highlights

- Lack of lighting and practical/safe transport within the camps and settlements continues to significantly constrain emergency referrals to secondary or tertiary care. The addition of ‘Tom Tom’ transport is one step.
- A Hotline number to be used for communication during an emergency has been put in place by the Health Sector.
- Front-line workers are receiving ongoing refresher training, supervision and continuous on-the-job mentoring. Further training needs have been identified to strengthen the integration of MHPSS responses according to International standards.
- 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.
Gender-Based Violence

<table>
<thead>
<tr>
<th>Dignity Kits</th>
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<tbody>
<tr>
<td>Psychosocial support</td>
</tr>
<tr>
<td>Women Friendly Spaces</td>
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<tr>
<td>Protection and awareness messaging</td>
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</tbody>
</table>

Advocacy

Opinion: The long road to addressing sexual and reproductive health needs of Rohingya Refugees


“An estimated 22 percent of pregnant Rohingya women and adolescent girls give birth in health facilities. To increase safe deliveries, these humanitarian organizations (UNFPA) began offering incentives — such as transportation vouchers, solar lanterns, and “mama packs” that include clean blankets and newborn hats — to encourage women to access safe deliveries at health facilities, and clean delivery supplies for those who deliver at home.

Demonstrating the important intersection between humanitarian and development work, UNFPA and its partners also deployed graduates of its midwife training program, which began in Bangladesh in 2010, to refugee and host communities to improve coverage for safe deliveries at health facilities.”

Gender-Based Violence: May 2018 Highlights

- There is ongoing preparation to ensure the continuation of life-saving GBV services through alternative service entry points and mobile service delivery.

- 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.

- Considering the Rohingya population risk of trafficking and exploitation, efforts in raising awareness among refugee communities related to its risks and prevention mechanisms continue.

- Expanded GBV service provision in the host community is acknowledged.

See Snapshots from the Field

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

- >270,011 women screened by midwives & RH workers
- >77,896 women provided with antenatal care
- >8,901 women provided with postnatal care
- >2,418 babies safely delivered at facilities
- >664 obstetric and new born emergencies referred to higher-level facilities
- >10,630 Clean Delivery Kits distributed
- >14,036 GBV incidents reported, of which >9,845 were referred to medical care
- >202,399 visits to Women Friendly Spaces
- >114,149 Dignity Kits distributed
- >129,968 women attended information sessions on GBV/SRH at WFS
- >181,053 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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<th>Country</th>
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<td>UNFPA HQ</td>
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Key Contacts

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<th>Name</th>
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</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