The Rohingya Crisis – The Rains

Its ten months since the crisis began 25 August 2017, where an estimated 706,364 Rohingya refugees arrived in Cox’s Bazar, Bangladesh from Myanmar. 52 percent of the new-arrivals are women and girls. Rains fell heavily between June 9-13 with 600mm of accumulated rain ending mitigation work. On evaluation UNFPA supported facilities, both for SRH and GBV were mostly operational throughout the adverse weather despite the inevitable challenges associated with rain damage, poor road conditions and mobility. Service provision remains the priority during these seasonal rains and storms.
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 >914,000 in need of protection

Key Health Challenges

- There was a decline, greater than 55% of those using antenatal, postnatal and family planning services due to the heavy rains restricting mobility.
- 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.

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 a likely increase in 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 to enable continuation of life saving GBV during rains.

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 Executive Director Dr Natalia Kanem at D5 health facility in Kutupalong camp. ©UNFPA Bangladesh

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**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.

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**Sexual and Reproductive Health and Rights: June 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.
- 60 UNFPA supported midwives took emergency preparedness training to ensure full awareness of leadership roles during weather events.
- A pilot project centred on clinical skills for midwives commenced using ‘demonstration’ as a tool in health facilities.
- A national data specialist (UNV) has joined the SRH team to support data collection and analysis.
- Clinical mentoring for front line health care providers to ensure service quality has been paired with assessments of clinical services (Antenatal, delivery and postnatal) by international midwives.
- Mobile medical team are now ready for emergency deployment.
Dr Kanem in Cox’s Bazar

Speaking on her visit, “you can imagine how heartened I was after all the work that our midwives have done. These are Bangladeshi skilled midwives, protecting women, teaching them about safe birth”.

Gender-Based Violence: June 2018 Highlights

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

- A training launched the youth (GEMS) curriculum to provide specialised psycho-social support (PSS) and community mobilisation for adolescent girls and boys.

- The mitigation measures in place for the rains ensured facilities provided ongoing service. There were lower numbers during these days and case workers experienced some issues.

- Continuous learning and case management review for psycho-social support (PSS).

Advocacy

Dr Natalia Kanem in Rohingya Settlements (link)

Ashley Judd speaks on Rohingya
UNFPA Response Highlights
August 2017 – June 2018

- >313,011 women screened by midwives & RH workers
- >89,601 women provided with antenatal care
- >10,264 women provided with postnatal care
- >2,896 babies safely delivered at facilities
- >752 obstetric and new born emergencies referred to higher-level facilities
- >12,210 Clean Delivery Kits distributed
- >16,503 GBV incidents reported, of which >11,497 were referred to medical care
- >98,947 visits to Women Friendly Spaces (first time)
- >114,149 Dignity Kits distributed
- >160,011 women attended information sessions on GBV/SRH at WFS
- >206,126 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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