

COUNTRY EXPERIENCES

From Myanmar to Bangladesh

Reaching Rohingya Women and Adolescent Girls Requires Partnership



Objectives

The UNFPA Rohingya Humanitarian Response provides supplies and services to save and improve lives:

- Ensuring safer pregnancy and childbirth
- Preventing and responding to GBV
- Meeting the unmet need for family planning
- Ending the harmful practice of child marriage
- Providing women and young people with life skills and livelihood training

A mass exodus of more than 725,000 Rohingya people from Myanmar began in mid-August 2017, with many forced to flee to the Cox's Bazar area in Bangladesh, adding to the estimated 200,000 Rohingya refugees who had already fled to Bangladesh in previous years. A year later, despite efforts to safeguard all communities in Rakhine State, conditions are not safe enough for these refugees to return to their homes. Collaboration has become a hallmark of the UNFPA humanitarian response to this crisis, which builds on new and existing partnerships that provide crisis-affected people with sexual and reproductive health (SRH) and gender-based violence (GBV) services, including safe delivery, mobile health teams, safe spaces, psychosocial support, dignity kits, contraceptives and lifesaving maternal health medicines.

HUMANITARIAN NEEDS

Rohingya in Bangladesh



1.3 million
Total people in need



325,000
Women of reproductive age



19,500
Pregnant women



385,307
Young people

As of 1 September 2018

64,000 pregnant refugees need assistance in Kutupalong camp in Cox's Bazar

HUMANITARIAN SITUATION

Given the scale of the crisis, UNFPA and other United Nations agencies, along with government and civil society partners, are struggling to meet the rapidly rising demand for services. In such a setting, partnership, collaboration and cooperation are paramount.

"The suffering of women and girls in the Rohingya crisis cannot be overstated. The health and safety of women and girls must be protected.... All women and girls, regardless of their ethnicity or religious affiliations, must have access to health care and other essential services without discrimination, and they must be protected from all forms of violence, including sexual assault.

—Dr. Natalia Kanem, Executive Director, UNFPA

In Bangladesh, more than half a million Rohingya refugees currently live in the Kutupalong Balukhali expansion refugee camp, in the Cox's Bazar area, the site of one of the largest and most overcrowded refugee camps in the world. Among the refugees and host communities, more than 30,000 pregnant women urgently need maternal health care.

UNFPA is the lead agency on the ground in the camp providing lifesaving sexual and reproductive health services to ensure that every childbirth is safe. However, shortages of supplies and professional midwives continue to put the lives of mothers and newborns at risk. Among the emergency reproductive health kits provided, the simplest is a clean delivery kit, which contains soap and disposable gloves, a plastic sheet that provides a clean surface to protect both mother and newborn, and a clean razor blade, antiseptic and tape to prevent infection when the umbilical cord is cut. UNFPA Bangladesh has provided crucial support, with the generous support of donor governments and in close collaboration with Bangladeshi authorities and the host communities of Cox's Bazar.

We suffered so much in Myanmar – our families, our children, killed; young girls raped – but we escaped. We were thirsty for seven days – not a drop of water. We tied our bellies tight, so we wouldn't feel any hunger. My kids tried to eat soil. They suffered from diarrhea, and lots of illness.

—Nasreen, 35, Old Kutupalong refugee camp

Strategy and interventions

Collaboration and coordination: UNFPA leads the United Nations effort to provide sexual and reproductive and maternal health care to women and adolescent girls, and to provide care and services for GBV survivors in emergencies, working through sub-clusters and technical working groups. UNFPA also works closely with affected communities, supporting peace-building efforts and “do no harm” sensitization for humanitarian actors.

Partnerships to provide emergency supplies: UNFPA works with civil society and UN and government partners to provide emergency reproductive health kits and equipment. This includes the strategic prepositioning of supplies such as post-rape treatment kits, dignity kits to restore the dignity of women and girls, and health kits. Sharing warehouses with the World Food Programme, for example, enables rapid delivery of reproductive health supplies to local partners where they are needed.

Partnerships for GBV prevention and response: UNFPA leads the GBV Sub-Cluster in Cox’s Bazar, which is comprised of more than 30 partners. As of August 2018, UNFPA had established 18 women-friendly spaces in the refugee camps and two in the host community. Rohingya refugees call these spaces “shanti khana” or homes of peace. UNFPA supports safe spaces, psychosocial services and clinical management of rape, referral services, and provides thousands of dignity kits (which include menstrual hygiene supplies, soap, clothes, a flashlight and a whistle) to help women move around more freely and confidently. UNFPA also supports capacity development for local NGOs and civil society organizations on the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.

Partnership with government: Working with the Ministry of Health and Sports, UNFPA has supported health-system strengthening to improve supply chain management while delivering commodities for rapid response, targeting humanitarian-affected regions. UNFPA also integrated the Minimum Initial Service Package (MISP) for reproductive health with the Ministry at the township level, improving efficiency and allowing for a stronger first response through the prepositioning of supplies. UNFPA is working with the Bangladesh police to increase nighttime safety patrols and the Ministry of Women and Children Affairs (MoWCA) to establish a GBV sub-cluster for natural disasters.

Training for midwives with key partners: Working with key partners such as RTM International and the HOPE Foundation, in the area of humanitarian response, UNFPA has strengthened the skills of pre-service midwives and deployed trained midwives. The midwives implemented government standard operating procedures, guidelines and policies for sexual and reproductive health, and GBV concepts and guiding principles. As of August 2018, UNFPA supports 100 midwives deployed in the Rohingya refugee camps, providing care for the thousands of pregnant women. Also, after Cyclone Mora, UNFPA deployed midwives to health facilities and hard-to-reach areas.

Adolescents and youth: Life skills training supported by UNFPA provides an equivalent of comprehensive sexuality education, promotes gender equality and a respect for diversity and inclusion, and addresses the roots of violence against women at a young age.

In Myanmar, up to 600,000 Rohingya remain in Rakhine State and continue to face serious hardships and need of assistance due to displacement, restrictions on their freedom of movement, limited access to essential services and other deprivations. UNFPA is responding by providing sexual and reproductive health services, including support to survivors of gender-based violence. The services reach Rohingya women, as well as women from other communities. An important part of the programme focuses on social cohesion and coexistence between different communities.



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Lessons and conclusions

At the heart of UNFPA's work are solid integration, coordination and partnership. Working with a wide range of stakeholders is critical to UNFPA's ability to provide technical support and coordinate a set of priority activities in both humanitarian and development contexts in response to the Rohingya crisis. UNFPA works with local community partners, including ethnic health and protection organizations, to serve marginalized populations in hard-to-reach areas.

Progress and results

August 2017 to July 2018



449,832
Women attended
SRH/GBV
information sessions



342,982
Women screened by
midwives and reproductive
health workers



13,721
Clean delivery kits
distributed



114,119
Women and girls
reached with
dignity kits



3,174
Babies safely
delivered at health
facilities

Source: UNFPA Rohingya Humanitarian Response Monthly Situation Report July 2018. See also the UNFPA Humanitarian Emergency web pages for Bangladesh and Myanmar.

Partners

CARE International

Community Partners International

Health Poverty Action

HOPE Foundation for Women & Children of Bangladesh

International Organization for Migration (IOM)

John Snow International

Marie Stopes International

Ministry of Health and Sports (Maternal and Reproductive Health Division and Central Medical Stores Depot)

Ministry of Women and Children Affairs (MoWCA)

Myanmar Medical Association

RTM International

United Nations Children's Fund (UNICEF)

United Nations Development Programme (UNDP)

United Nations Refugee Agency (UNHCR)

World Food Programme (WFP)

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