Maternal and Newborn Health: Rohingya Refugee Crisis
Geeta Lal (New York) & Rondi Anderson (Bangladesh)
UNFPA
Humanitarian Emergencies

• > 134 million globally need humanitarian assistance
• SRH needs tend to get overlooked
• Women/children – heightened vulnerabilities – sexual violence, rape, HIV
• Pregnant women risk life-threatening complications w/o access to SRH care
• Lack of access to family planning, leads to unwanted pregnancies in perilous conditions
• Hygiene needs of women/girls overlooked
• Higher rates of newborn mortality
Bangladesh: Classic Case for Humanitarian Crises

**FLOODS**: most common and widest impact

**2017**: 6.9 people affected in 5 division and 31 (of 64) districts

UNFPA: RH supplies, dignity kits, midwives, health facilities
Rohingya Crisis in Bangladesh
Rohingyas

- Among most persecuted minorities in the world; largest Muslim minority in Myanmar - mostly in Rakhine state
- The Rohingyas denied citizenship under the 1982 Myanmar nationality law
- Not recognized as ethnic minority (among 8 national indigenous races) despite history since 8th century
- Persecuted, stateless, subjected to ethnic cleansing; restricted movement and limitations on livelihoods
- Fleeing Myanmar at a staggering rate
Spread of Rohingya inside and outside Myanmar

*Including 120,000 IDPs*

Source: The Arakan Project / October 2017
Situation Overview

- 1.3 million affected population (host and refugee). About 700,000 cumulative new arrivals in Cox’s Bazar District since 25 August 2017
- Roughly half of the new arrivals are women and girls – witnessed unspeakable horrors – brutality, murder, gang rapes etc
- Concentrated in Kutupalong Balukhali Expansion site
- 66% refugees have no vehicular access
A Protracted Crises

1990’s: to 2015
SRH integrated in to primary health care in 2 camps. Midwives introduced

2015: 80,000 new arrivals
Midwives/SRH introduced in 9 surrounding government facilities, commodities, support to referrals facilities

August 25th 2017 –Another Huge influx!
Everything upscaled! 42 health facilities; overall 202 midwives are working in refugee camps (127 supported by UNFPA).
Minimal Initial Service Package (MISP):  
- Coordinated response to: obstetric/newborn emergencies, clinical management of rape, prevention and treatment of STI/HIV, planning for SRHie 

SRH and GBV services: UNFPA leads SRH and GBV sub sector working group  
- Family planning, **ANC/PNC, respectful facility delivery**, cervical cancer screening and referrals  
- Women Friendly Spaces, Dignity Kits, GBV case management and psychosocial support, selected SRH services
UNFPA Service Coverage (Additional site mapping in progress)

https://drive.google.com/open?id=1oGmkWn3XuiA8K-eSPkLq5K8Zyeo&usp=sharing
Maternal health

- Little over 300,000 women are of reproductive age (15-49 years)
- About 30,000 (both host and refugee population) estimated to be pregnant
- Approx 8,000 live births expected in next 3 months
- About 1,200 may experience obstetric complications in the next 3 months

- New diploma midwife cadre in Bangladesh- 1884 graduates – can provide comprehensive SRH care
Since the outbreak of the crisis:

- **23** UNFPA supported health facilities and **19** Women Friendly Centers
- UNFPA has deployed **127** highly skilled midwives; also trained in clinical management of rape and FP counselling
- **370,000** women screened for SRH concerns
- **105,000** women have received ANC
- **6,000** women have received PNC
- **Over 3600** babies delivered safely in UNFPA-supported clinics
- Almost **2,000** Obstetric and newborn emergencies: stabilized (993) and Referred (869)
- Post abortion care - **745**
- Family planning **57,690**
UNFPA is also providing safe spaces and Dignity Kits for women and girls

19 Women Friendly Spaces have been created just for women and girls

70,000 information session have been held on topics such as SRH and protecting yourself from gender-based violence and trafficking

82,000 girls and women have received UNFPA Dignity Kits
REPRODUCTIVE HEALTH KITS

When disaster strikes, UNFPA ensures that the reproductive health needs and protection concerns of women and girls are integrated into emergency responses.

One of the ways in which UNFPA supports women and girls in the aftermath of natural disasters is by providing life saving ‘Reproductive Health Kits’.

**6 KITS | for 10,000 persons / 3 months**
for use at the community/primary health care level

- Administration
- Male & female condoms
- Clean delivery
- Treatment for rape victims
- Oral & injectable contraception
- Sexually transmitted infections / HIV

**5 KITS | for 30,000 persons / 3 months**
for use at the community/primary health care level

- Clinical delivery assistance
- IUD for family planning
- Vacuum extraction for delivery
- Managing complications from abortion
- Vaginal examination & suture of tears

**2 KITS | for 150,000 persons / 3 months**
for use at referral hospital level

- Referral level for reproductive health (Caesarian section)
- Blood transfusion
Major Challenges

• Sheer magnitude of the problem; terrain; chaos

• Maintaining basic quality of SRH services where overall SRH services are weak; low uptake of facility deliveries

• Timely emergency referrals very difficult. 24/7 response almost impossible to achieve

• Weak capacity/skills of young midwives (often inexperienced) and doctors (need for intensive training/mentoring that UNFPA is now doing)

• Takes a long time to bring behavior change in communities

• Gaps in health assessments / data to guide programming
Successes & Lessons Learned

• The stronger a country’s SRH services are, the more able they are to respond to an emergency

• 24/7 emergency response is the top priority and the hardest to achieve

• Disaster Preparedness; Coordination of efforts of stakeholders are key
Thank You