



# Maternal and Newborn Health: Rohingya Refugee Crisis

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# 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



**Cyclones**



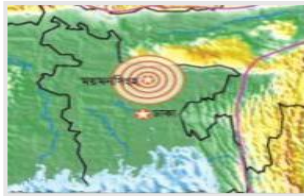
**Floods**



**Landslides**



**Drought**



**Earthquakes**



**Conflict/Complex  
Emergencies**

**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

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Photo: UNICEF/Thomas Nybo

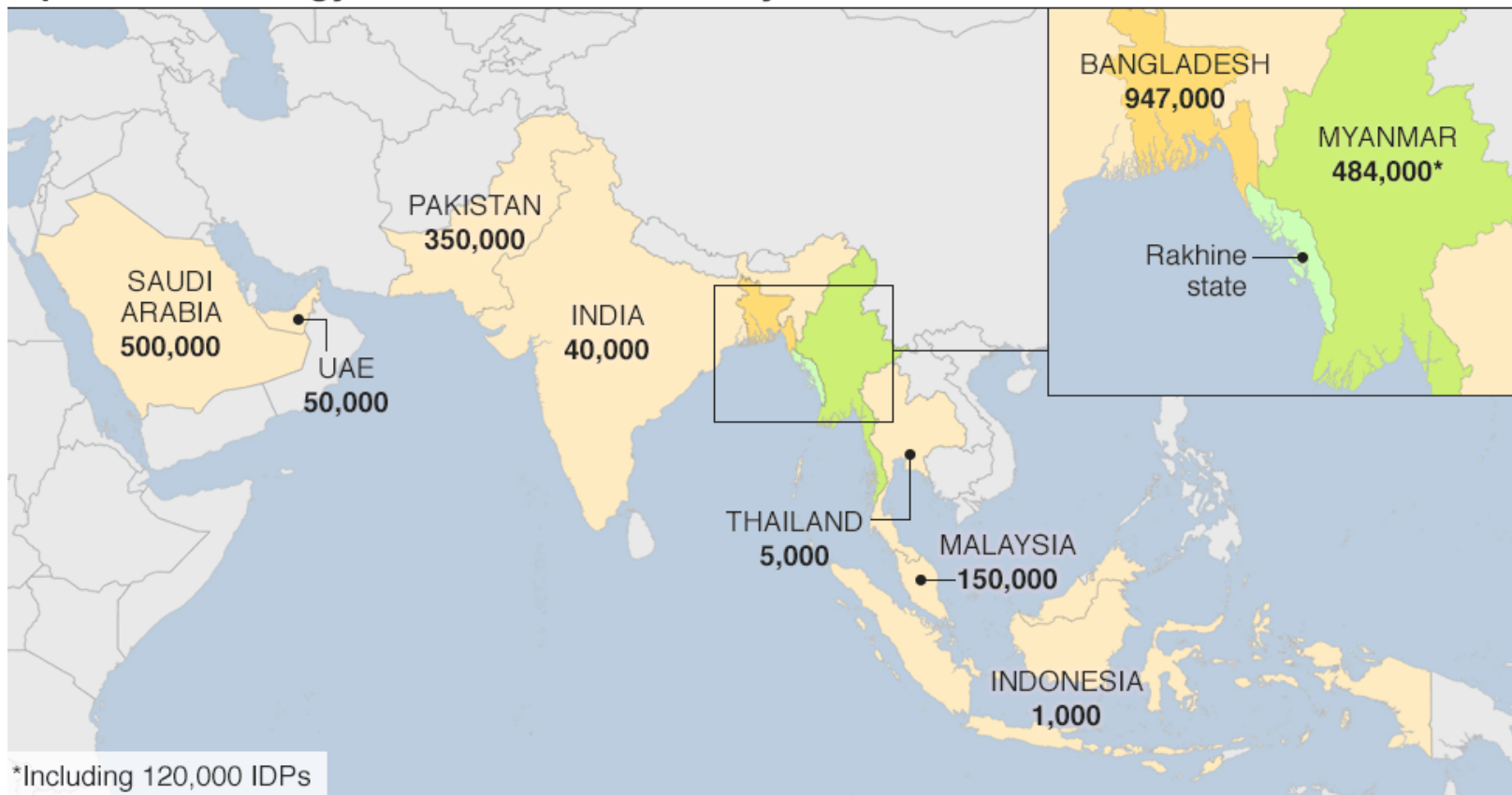
# Rohingyas

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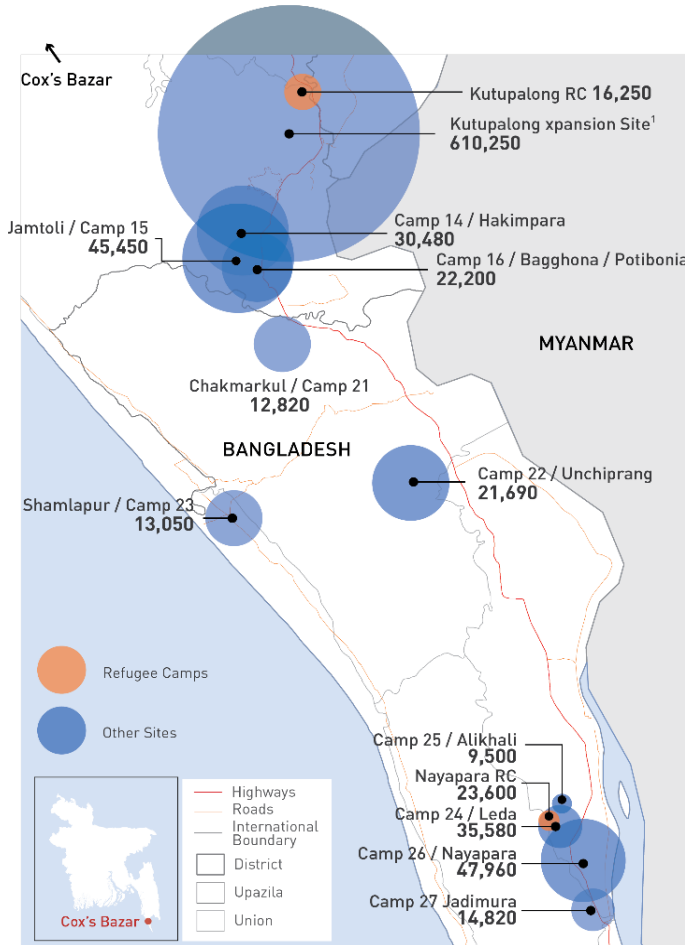
- Among most persecuted minorities in the world; largest Muslim minority in Myanmar - mostly in Rakhine state
- The Rohingyas denied [citizenship](#) under [1982 Myanmar nationality law](#)/
- Not recognized as ethnic minority (among 8 national indigenous races) despite history since 8<sup>th</sup> century
- Faced military crackdowns in [1978](#), 1991–1992, [2012](#), [2015](#) and [2016–2017](#)
- 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



## 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



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



# A Protracted Crises

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## **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 25<sup>th</sup> 2017 –Another Huge influx!**

Everything upscaled! 42 health facilities; overall 202 midwives are working in refugee camps (127 supported by UNFPA).





## UNFPA is responding through:



Deployment of Midwives



Mobile Reproductive Health Camps



Reproductive Health Kits



Clinical Management of Rape



Dignity Kits



Psychosocial Support



Women Friendly Spaces



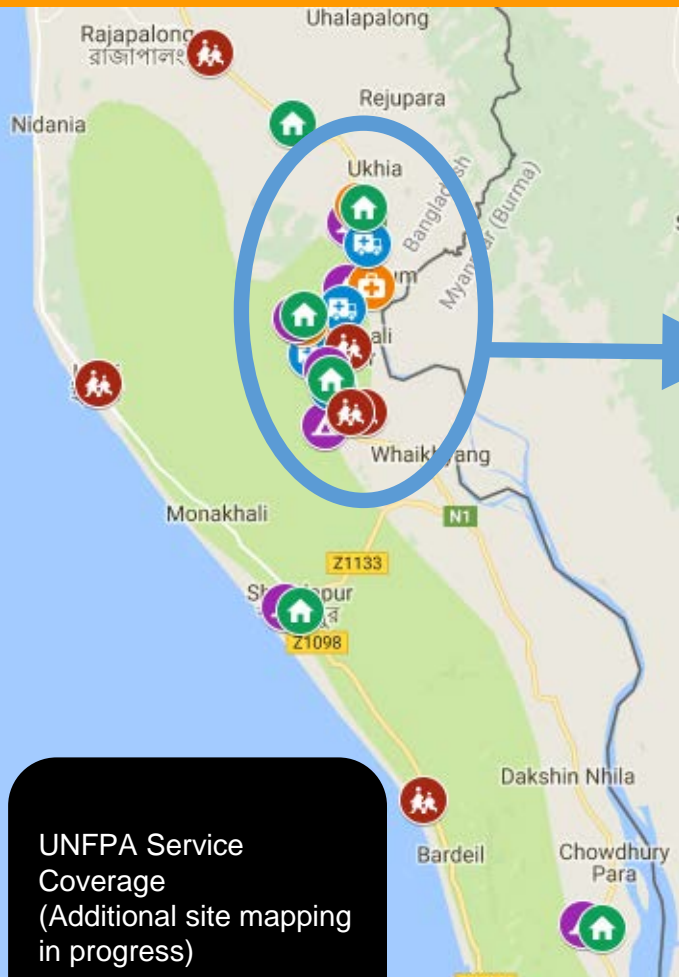
Protection & Awareness Messaging

### Minimal Initial Service Package (MISP):

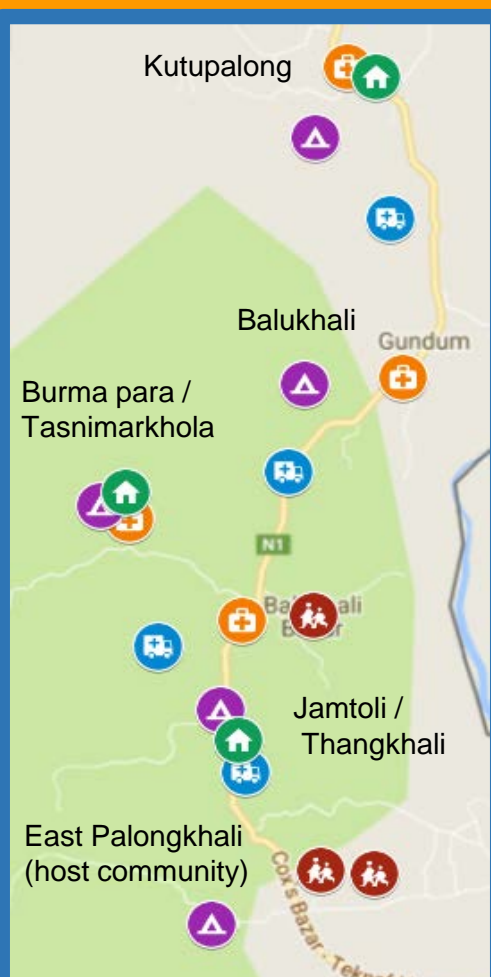
- Coordinated response to: **obstetric/newborn emergencies**, clinical management of rape, prevention and treatment of STI/HIV, planning for SRHie

### 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)



## LEGEND

-  Refugee campsite
-  UNFPA supported DGHS facilities
-  UNFPA SRH clinic
-  UNFPA Women Friendly Space
-  UNFPA supported DGFP facilities

<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



## UNFPA Dignity Kits



Flashlight & Whistle



Clothing, Scarf & Sandals



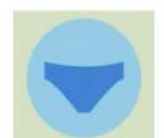
Laundry Soap



Sanitary Napkins



Towel



Underwear



# 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



Managing  
complications  
from abortion



Vaginal examination  
& suture of tears



Vacuum extraction  
for delivery

**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

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- 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

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- 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

