



for every child

Maternal and Newborn Health for Rohingya refugee women in Cox's Bazar

A report prepared for Dining for Women, December 2020

OVERVIEW

There are 860,000 Rohingya refugees living in 34 congested camps in Cox's Bazar District of Bangladesh, 54 percent of whom are children. More than three years after the majority first arrived after an outbreak of violence in Rakhaine State in August 2017, conditions are still not in place for their safe, dignified and voluntary return to Myanmar. While basic services are now provided at scale for the Rohingya refugee population across 34 camps in Cox's Bazar, children face regular disease outbreaks, high levels of malnutrition, inadequate educational opportunities and protection risks including child marriage, child labor and trafficking. The annual monsoon floods and cyclones mean additional risks for Rohingya refugees and the host community.

The camps are highly congested, with shared WASH (water, sanitation and hygiene) infrastructure and sub-optimal hygiene practices, leaving the population at high risk of COVID-19 infection. The first case of COVID-19 in the camps was confirmed in May, and by mid-July, 64 cases had been confirmed. The level of testing in the camps is low, at 1,722 per million, putting lives at risk.

UNICEF IN ACTION

The pandemic has gradually affected the health services in the Rohingya camps and surrounding communities. Because of lockdown measures and the fear of getting infected, UNICEF health facilities providing essential healthcare faced significantly decreased numbers of consultancies. Despite this, UNICEF will continue prioritizing support for health and nutrition services for Rohingya and host communities to ensure the continuity and utilization of these services. This includes ensuring more than 3.8 million children ages 0 to 11 months receive pentavalent 3 vaccine and more than 15.2 million health service consultations for children and women are provided. These health consultations will include prenatal, delivery and postnatal care; essential newborn care; immunization; treatment of childhood illnesses; and HIV care.

From February to May 2020, the following services were provided:

- Nearly 7,000 antenatal care visits, 645 deliveries and 2,181 postnatal care visits for pregnant women, postpartum mothers and to newborns;
- 10 out of 14 UNICEF-supported health facilities provided immunization services: a total of 1,970 children received vaccination for different antigens (BCG, POV, Penta-3 and MR); and
- Community health volunteers were able to conduct 14,721 household visits.

THE IMPACT OF YOUR SUPPORT

By the end of the grant period, Dining for Women's support of UNICEF's maternal and newborn health programs for Rohingya refugee women in Cox's Bazar is working toward achieving the following impact: providing maternal, neonatal and child health interventions to benefit approximately 275 pregnant women or new mothers and approximately 1,500 children, including newborns. In support of this goal, UNICEF will use Dining for Women's support toward its efforts to improve the quality of care in 14 primary and 3 secondary health facilities in Cox's Bazar, and train 17 medical staff, 240 community health volunteers and 20 service providers on quality maternal and newborn care practices.

January – May Impact Numbers

- **6,928 antenatal care visits** were provided to Rohingya refugee women.
- **430 deliveries** were performed for Rohingya refugee women.
- **2,181 postnatal care visits** were provided to Rohingya refugee women.
- **30,819 referrals** were made for women and children under-5 for a variety of health issues.
- **1,970 children received vaccinations** were provided to Rohingya refugee children. Ten out of fourteen UNICEF-supported health facilities continued to provide immunization services during the pandemic, providing these vaccinations for different antigens (BCG for tuberculosis; OPV for poliovirus; Penta-3 against five major diseases: diphtheria, tetanus, whooping cough, hepatitis B and influenzae type b; and MR against measles and rubella).
- **14,721 household visits** were conducted by community health volunteers in the Rohingya camps.

Maternal Health

UNICEF supports a network of 17 public health centers in Cox's Bazar with services that include basic health care; family planning; maternal and child health services; treatment of infectious diseases such as HIV/AIDS, tuberculosis and malaria; and treatment of non-communicable diseases, such as hypertension and diabetes. These services not only provide health care to Rohingya refugees, but also work with new mothers to make sure their newborns receive proper immunizations at the centers.

UNICEF focuses on working with new mothers to ensure they make use of expanded health services, including by undertaking their full quota of antenatal check-ups, delivering their babies under proper medical supervision, and immunizing their newborns. Rohingya mothers are used to giving birth at home, with the help only of a traditional birth attendant, but in the crowded camps the chance they and their newborns will survive and be healthy can be increased if women deliver in one of the health centers or if need be, referred to a local hospital.

The picture on the right shows a first-time Rohingya mother holding her baby in the Kangaroo care corner of the Special Care Newborn Unit at the Patuakhali Sadar Hospital in Cox's Bazar. She is using an intervention called Kangaroo Mother Care (KMC), which is a low-cost, highly effective intervention in which a premature or underweight newborn is held by a caregiver using skin-to-skin contact to encourage feeding and regulate body temperature. UNICEF is also supporting a special care neonatal unit at General Hospital in Cox's Bazar.

UNICEF provides technical assistance to the Ministry of Health and Family Welfare for developing protocols to manage the care of low birthweight and sick newborns, and to create standard operating procedures for Special Care Neonatal Units. Prior to these special care units, sick newborns in hospitals were mostly managed in pediatric wards without proper quality and safety procedures, resulting in high fatality rates.



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Special Care Neonatal Units are equipped with resuscitators, photo-therapy units, vital sign monitors, syringe pumps, portable oxygen concentrators and other essential equipment that most regular childcare wards lack. UNICEF has an extensive long-term commitment to partnering with local health authorities to improve health outcomes for children and women in Cox's Bazar, including through capacity building for health workers; improving the health management information system; and renovating facilities for deliveries, neonatal care and adolescent health.

COVID-19 Response

As part of the response to COVID-19, all UNICEF-supported health facilities now have additional hand washing stations and are conducting triage to identify suspected COVID cases, ensuring all health workers wear personal protective equipment (PPE) to protect themselves and their patients, enabling patients to practice physical distancing in waiting rooms, and have built temporary isolation units for holding suspected cases and referred patients to isolation and treatment units.

UNICEF has also helped prepare a 210-bed Severe Acute Respiratory Infection Isolation and Treatment Center, and has supported hygiene and sanitation improvements to prevent the spread of Coronavirus. From January through May 2020, 240,000 Rohingya refugees (over half of whom are children) were provided safe water and soap; more than 4,200 communal hand washing stations could be found in the camps and 160 in the host community; and 9,500 latrines and 4,700 bathing facilities were disinfected.

UNICEF is also ensuring that children have access to life-saving information on how to protect themselves and their communities against infection through radio broadcasts at service points in the refugee camps and through cartoon broadcasts on TV in host communities. In addition, UNICEF is working closely with a network of 650 trained community mobilizers, including 200 religious leaders and volunteers, to get crucial hygiene information to those who need it.

COVID-19 and the Impact on women and girls

Staying at home to prevent the spread of the Coronavirus can mean being trapped with your abuser or ending your chance for an education. UNICEF is committed to ensuring gender equality is at the heart of its COVID-19 response, prioritizing five core programmatic and advocacy actions that recognize the public health, social, and economic consequences of this pandemic:

- **Provide care for caregivers.** Women are 70 percent of health and social sector workers globally although they get paid an average of 28 percent less than male counterparts. Women and girls also tend to care for sick relatives, do household chores and provide childcare. To support women and girls during the pandemic, UNICEF is providing childcare, mental health services and other social support to women and girls, including through cash transfers.
- **Prepare for increases in gender-based violence (GBV).** UNICEF does this by training first responders on how to handle the disclosure of GBV and how to support survivors, especially in approaches for and with adolescent girls.
- **Maintain core health and education services and systems.** Past epidemics have shown that efforts to contain outbreaks often interrupts education and diverts resources from routine health services. UNICEF is working to ensure the continuity of core and quality education and health services during COVID response, while also maintaining long-term support for strong education and health systems.
- **Engage women's and youth rights networks** to support the flow of vital information through maintaining mentors and peer learning for adolescents, and by using digital platforms to ensure the meaningful participation of girls and women in decision making and key communications, including with GBV hotlines and other support mechanisms.
- Ensure **gender data** are available, analyzed and actionable.

The nation-wide lockdown to prevent the spread of COVID-19 in Bangladesh, including in the Rohingya refugee camps, began in mid-March. For some refugees, the request to stay home has caused anxiety over domestic violence. With so

many women and girls on lockdown, an increase in gender-based violence – especially intimate partner violence, sexual exploitation and other abuse – was expected.

To help women and girls, UNICEF supports 15 Safe Spaces in the Rohingya refugee camps of Cox's Bazar, where women can go for protection services, such as group counselling, skills training, literacy sessions, psychosocial support and case management. The services are available for Rohingya and Bangladeshi women and girls who are vulnerable and/or are survivors of gender-based violence, trafficking, child marriage and other harmful practices.

Even though Bangladesh is in a nationwide lockdown and 'non-essential' services have been shut down, these UNICEF-supported Safe Space centers are able to continue operating, although in a scaled back way. For example, group activities have been discontinued to minimize the spread of coronavirus, but critical services – such as psychosocial support and referrals for health and safety – do remain available to address individual needs for new and existing GBV survivors.

In addition, female Center volunteers and leaders conduct regular (but socially distant) house visits in their communities, sharing information on protective measures to prevent the spread of COVID-19. These door-to-door visits also allow volunteers to raise awareness about available GBV response services, and about how these services can be accessed by survivors. Information disclosed to volunteers from victims of violence is passed safely on to case managers for appropriate follow up to ensure survivors of abuse get the support they need. Safe Spaces will remain a priority for UNICEF to prevent a GBV crisis from emerging for vulnerable Rohingya refugee women and girls. In addition, UNICEF's network of almost 2,000 partners and volunteers will continue monitoring children at increased risk of violence, exploitation, abuse and neglect.

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