UN Volunteers bolster UNFPA Rohingya Humanitarian Response in Bangladesh

Since August 2017, close to 700,000 Rohingya refugees have arrived in Cox’s Bazar, Bangladesh, creating the world’s largest refugee camp in an area that was before a forest on the border with Myanmar.

According to UNFPA, more than half of the new arrivals are women and girls. To respond to the sharp increase in pregnant women, new mothers and newborns in need of care, five UN Volunteers are now serving with UNFPA in Bangladesh.

Bakoko, a UN Volunteer Midwifery Specialist from Uganda, is working in the nineteen UNFPA-supported healthcare centres that operate around the clock. She visits the so-called
'women-friendly spaces' in the refugee camps to integrate sexual and reproductive health services with midwives there. Bakoko explains why she decided to volunteer for UNFPA’s Rohingya Humanitarian Response:

"Most of the population of the Rohingya refugees is women and children who are experiencing a lot of health problems as a results of the crisis. They need our support. --Bakoko Matua Joyce"

Bakoko on her way to a UNFPA-supported Women-friendly Space that is not easily accessible. (UNV, 2018)
With her seven years of experience in the humanitarian response in South Sudan, Bakoko supervises and mentors Bangladeshi midwives in the healthcare centres to ensure there is a quality clinical assessment of maternal and fetus wellbeing during pregnancy labor and puerperium.

"In obstetrical emergencies, we need to manage bleedings after or before births, which could scare young midwives. Through giving constant mentorship, they have been managing these situations more proactively," says Bakoko.

UNFPA has introduced a referral pathway to ensure complicated obstetric emergencies are handled in the district hospitals. UN Volunteer Medical Doctors Anju and Sailesh often deal with the most unmanageable conditions referred from the camps. For them, the natural disaster that hit their home country was the turning point to be involved in responses for crisis in other countries.

"In 2015, Nepal had an earthquake and we were overwhelmed by the help different organizations provided during the crisis. This motivated us to offer our service in crisis situations," Anju says.

Anju, whose background is in obstetrics and gynecology, explains:

“Delivery in a health care setting is really a challenge, as the Rohingya refugees are more used to their traditional culture of delivering at home. The hospital we work in receives complicated pregnant cases and other cases with complications during deliveries. --UN Volunteer Medical Doctor Anju Gurung
UN Volunteers Medical Doctors Anju Gurung (left) with UN Volunteer Midwife Bakoko Matua Joyce (right, from Uganda) in Cox’s Bazar, Bangladesh. (UNV, 2018)

The three UN Volunteers also deal with cases of rape and sexual violence. Bakoko shares, "As a midwife I am trained to manage such cases with post exposure prophylaxis. We also provide STI drugs and emergency pills to avoid unwanted pregnancies. For those who do become pregnant, we have the option of menstrual regulation below eight weeks." They work closely with case workers in the women-friendly spaces, who are trained to identify cases and refer to the health units for better management.

Bakoko, Anju, and Sailesh provide what is known as a Minimum Initial Service Package, a set of drugs, basic equipment and supplies used by trained professionals to reduce mortality and morbidity associated with reproductive health issues during crisis situations.
There are ten different types, designed based on different purposes; such as for rape treatment, family planning, and clinical assistance of delivery.

“It gives me immense pleasure and satisfaction to see smiles in the faces of my patients and encourages me to work harder to serve humanity. --Anju Gurung

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