



Midwife Pilgrim Rohingya Humanitarian Crisis

Situation Update: Rohingya Refugee Crisis Cox's Bazar | 16 November 2017

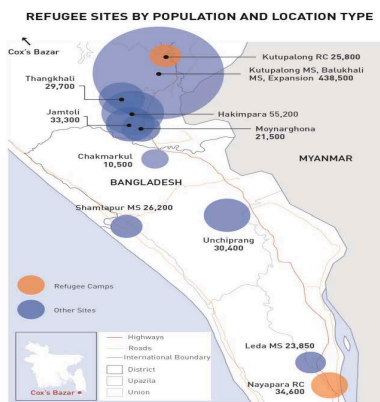


This report is produced by ISCG in collaboration with humanitarian partners. It covers 14 - 15 November 2017. The next report will be issued on 19 November.

620,000 new arrivals are reported as of 15 November, according to IOM Needs and Population Monitoring (NPM).

As noted, ISCG sitrep update reports figures verified by IOM NPM, which is a comprehensive community level assessment covering all sites in Cox's Bazar where Rohingya refugees are present. In parallel, the RRRC/UNHCR Family Counting exercise is ongoing at household level, with a view to be completed by the end of November. These processes will then reconcile.

- 620,000**
Cumulative arrivals since 25 Aug
- 339,000**
Arrivals in Kutupalong-Balukhali Expansion Site¹
- 235,000**
Arrivals in other settlements and camps
- 46,000**
Arrivals in host communities



New Arrivals reported by location, Pre-existing and total Rohingya

Location	Population prior to Aug Influx	Total Influx (individual)	Total Population (combined)
Makeshift Settlement / Refugee Camps			
Kutupalong- Balukhali Expansion Site ¹	99,705	338,780	438,485
Kutupalong RC	13,901	11,842	25,743
Leda MS	14,240	9,609	23,849
Nayapara RC	19,230	15,327	34,557
Shamlapur	8,433	17,757	26,190
Grand Total	155,509	393,315	548,824
New Spontaneous Settlements			
Hakimpara	140	55,041	55,181
Thangkhali	100	29,587	29,687
Unchiprang	-	30,384	30,384
Jamtoli	72	33,226	33,298
Moynarghona	50	21,410	21,460
Chakmarkul	-	10,500	10,500
Grand Total	362	180,148	180,510
Host Community			
Cox's Bazar Sadar	12,485	1,683	14,168
Ramu	1,600	830	2,430
Teknaf	34,437	34,075	68,512
Ukhia	8,125	9,543	17,668
Grand Total	56,647	46,131	102,778
TOTAL Rohingya	212,518	619,594	832,112

¹ Kutupalong-Balukhali expansion settlement includes the estimated population residing in the existing Kutupalong and Balukhali makeshift settlements, and their surrounding expansion zones

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 (web: <https://www.humanitarianresponse.info/en/operations/bangladesh>)

Thank you for your interest in assisting the Rohingya in one of the largest Humanitarian Crisis' in our recent history. Midwife Pilgrim is working with the UNFPA and Hope Foundation for Women & Children of Bangladesh to coordinate efforts to provide reproductive health services as well as support the local midwives who are overwhelmed, and respond to other emergency medical needs. The crisis situation is fluid and we will do our best to keep you updated.



Photo Credit: Danielle Villasana

Hundreds of thousands of Rohingya have fled Myanmar in what is being called the most horrific example of genocide in recent generations. Numerous refugees have witnessed horrific acts of violence against those they love as well as suffering themselves. There is a large population of women in dire need of reproductive health care. Many suffer from severe lack of food or clean water, no prenatal care, as well as exposure to the elements. Additionally they are at high risk for sexual violence, and like so many women survivors of war many have experienced rape, abuse, or even torture.

Midwife Pilgrim volunteers provide risk screening, treatment when we can, gentle hands, and respite within the camps and as outreach. We are also mentoring Bengali midwives who are new to this field and are working in conditions that no one has been prepared for.



Photo Credit: Danielle Villasana



How you can help!

Volunteer

Our main role is to support the Bangladesh infrastructure that is already in place and to assist the UNFPA in mentoring midwives to ensure they are confident and ready to provide the care needed for this special population and situation.

Midwife volunteers will also treat acute women's health problems, provide antenatal and postnatal care, attend deliveries, offer feeding support and women's education classes, assess women for history of sexual violence, and offer treatment or refer to other care. Our job is to help these women find strength and hope and the best possible health we can offer with limited resources. In addition, we often are called to help other providers manage chronic issues such as parasites, or first aid issues as they arise. It is vital that you feel comfortable in settings with limited resources or





Focus of Foreign Midwives in Mentoring Bengali Midwives

Our role in Bangladesh is two fold - to provide direct care to the Rohingya women and their infants but more importantly to mentor the Bengali midwives. Midwifery is a new field in Bangladesh and the Rohingya Humanitarian Crisis is unprecedented in how quickly it escalated and it's scope. We have been asked by the UNFPA to assist Hope Foundation for Women & Children of Bangladesh as well as other UNFPA supported sites to mentor and assist these new midwives until they feel confident to perform independently. The only way to create a sustainable model to ensure women will receive care long after we are gone is to ensure the midwives who live there and will remain there are skilled and compassionate in their work.

1. Ensuring midwives in the field are doing basic antenatal care:
 - a. BP
 - b. FHTs
 - c. Anemia checks (visual)
 - d. Palpation and
 - e. Fundal height to compare size/dates but most women are very inaccurate about dating and this is not as important (we still need to model this and make sure they are good at this)
 - f. Tetanus toxoid per WHO protocols
2. Antenatal Cards (ANC Cards) should be filled out fully and each visit recorded and given to the mothers

3. Tetanus shots should be given to each pregnant woman and recorded in ANC Card to ensure it is not repeated unnecessarily

4. Deliveries are best attended in a birth center or hospital and should be encouraged, however some women cannot leave their tents or there is a reluctance or refusal to go to a center, in that case deliveries should occur with a trained midwife in attendance.

5. Basic equipment should be carried to all deliveries:
 - a. BP Cuff
 - b. Stethoscope
 - c. Sterile cord clamp or ties
 - d. Gloves
 - e. Sterile blade or scissors for cutting cord
 - f. Chlorohexidine for cord care
 - g. Vitamin K
 - h. Eye prophylaxis
 - i. Oxytocin or Misoprostil
 - j. IV fluids and IV setup if necessary
 - k. Neonatal ambu bag

6. Postnatal care should occur immediately after the birth until mother and newborn are stable (at least 1 hour) and for three consecutive days after tent deliveries to ensure mother is healing well and baby is feeding adequately

7. Ensuring midwives in the field are doing basic postnatal care:
 - a. BP
 - b. Fundal check and assessment of bleeding
 - c. Assessment of mother's ability to pass urine
 - d. Temperature – maternal and newborn
 - e. Newborn heart rate
 - f. Newborn respiratory rate and assess ease of respirations

- g. Assess breastfeeding including frequency and latch
 - h. Assess newborns stool and urination frequency
 - i. Scale for weighing babies
8. Ensuring everyone is screened for Gender Based Violence and proper management is performed including ARTs, PEPs, STI prophylaxis when indicated as well as referral for counseling and HIV testing.
9. Ensuring anyone who presents with a problem is getting an assessment including vital signs
10. Every midwife/provider should be aware of where all the 24/7 health facilities are located and should be referring women there for treatment after hours and for all deliveries if not in the birth center.
11. Every midwife should be referring women with severe anemia and women/ children with malnutrition to the ACF Feeding Centers in Kutapolong Camp. There are local ACF feeding centres usually situated near each clinic They only deal with babies over 6 months old
- 12. Anything outside of normal parameters should be referred immediately to sub centers or hospitals.**



Fundraising:

Fundraising is crucial for us to be able to continue this mission long term. Sites like GoFundMe, Crowdrise, Kickstarter, friends, family, your local houses of worship and civic organizations (Rotary Club) are great places to turn for support. We suggest you do your research first before choosing an online site, to help maximize your return. As a 501(c)3 organization, all donations made directly to Midwife Pilgrim are tax deductible. Please have all funds donated directly to Midwife Pilgrim tagged with your name and we will use them to help offset your expenses. Please link direct fundraising to: <http://www.midwifepilgrim.org/donate.html>

Things to Consider

Licensure

You will not be licensed in Bangladesh however, we do expect you to carry a copy of your current license with you at all times. We have been invited by international NGOs and have been given permission to do our work there. If this changes we may be licensing in Bangladesh and will notify you.

It is also important to state you are a tourist when you go through customs. Please do not tell them you are there to work or volunteer for refugees as you will be flagged and could be delayed. Security is a concern and the government is being very cautious.

Support

We are working with Hope Foundation and the UNFPA to enable you to have access to transportation, translators, physician referrals, and ease of referral to local hospital for high-risk cases. Our estimates show it costs approximately \$3000 per month (including airfare) per volunteer. This covers basic expenses such as simple room and board and in country transportation. While we do not charge for this program, we have very limited funds available and depend on our volunteers to help us raise money to keep this program going. Please keep this in mind while fundraising. We recommend having at least an additional \$400 per month available as a buffer for personal costs such as food (very inexpensive) and laundry.





When in the field

You are expected to act professionally, obey all laws and regulations, practice within your skill set and scope of practice, and know your limits professionally and personally. You must take full responsibility for your health, research if any medications you need are available in the country we send you, and bring enough medications for yourself when you go. Pack lightly but make sure you have what you need for your personal health.

We recommend you follow the Center for Disease Control's (CDC) guidelines for prophylaxis and immunizations. We highly recommend visiting your travel clinic to start preparing for possible deployment sooner than later. The current information on Bangladesh can be found at: <https://wwwnc.cdc.gov/travel/destinations/traveler/none/bangladesh>

You will be an ambassador of Midwife Pilgrim and our mission to serve with skilled and compassionate care. We expect you to behave in ways that are culturally sensitive, and to refrain from judgement. Be prepared to offer treatments such as Plan B for rape survivors or requests for terminations of pregnancy that women may want or need, or decline for their own reasons. We expect you to leave your own personal beliefs at home in this regard. Pilgrims go purely to serve, not to indoctrinate.

We understand your specialty is women's healthcare. However, there will be times when you will be asked to step in and help with other tasks or care for those outside your normal expertise. We trust that you will do what you can to serve the people of this community and do your best to ease the suffering you will witness.

Record keeping

Record keeping not only assists the women we serve in giving them their records to pass onto the next healthcare worker so care is more efficient, it also helps you during your follow up. It is vital that you keep a good record that includes the patient's: name, condition, diagnosis and treatment. Please keep a copy for yourself as well. This can be easily done in a notebook but we can assist you with a form if you need. Many volunteers find photographing the daily log is the easiest way to submit records. ***We are requiring all volunteers to report to us the work they do including who they see and what they treated.*** This helps us for a variety of reasons including:

1. To prepare midwives who arrive after you with realistic expectations
2. To help us be more effective as we continue to work in this ever-changing climate
3. To assess our impact and coordinate efforts

What To Bring

You will be in touch with your group before you leave and they will let you know if there is anything they cannot get locally and need you to bring. It is always best to buy supplies and medications for refugees locally if you can.

Supply list for Bangladesh

Personal:

Visa - \$51 US cash dollars on arrival and printed invitation from Hope as well as hotel reservation

Passport size photos: 3

Electricity Converter/chargers

Hand sanitizer

Hiking boots

Food/snacks

Deet and Malarone or other malarial prophylaxis as prescribed per CDC protocol

Traveler's diarrhea supplies

Travel insurance (required)

H2O filter/UV purifier (not required but highly recommended)

Personal supplies for work in the field:

Sterile and non-sterile gloves
Doppler/gel
B/P cuff
Stethoscope
Birth kit including gloves, cord tie or clamp, sterile blade, cloth for baby, etc.
Misoprostol/Pitocin
Suturing supplies
Neonatal ambu bag
Biodegradable wipes
Sanitizing wipes
Snacks to give laboring or PP mamas (granola bars, crackers, etc)

- ATMs are available but may not be easily accessible. You may find it helpful to change your money at the money exchange kiosks in the airports when you first arrive or prior to travel
- Install Whatsapp prior to leaving. You will need this to communicate with the various organizations in Bangladesh Facetime and Skype are also a good options for staying in touch with people back home since both can be used with wifi.
- **Unlocked phone.** Plan to get a local Sim card unless you have an International plan. Check with your provider, some plans are prohibitively expensive or have limited access so getting a local Sim card is often the best.

Airfare

The best rates are found if you fly into Dhaka. Please try to arrive in the morning - before 1030am. There are no later flights into Cox's Bazar so you will have to spend the night in Dhaka if you arrive past that time.

Lodging and Food

Currently lodging is being arranged by Hope Foundation and unless otherwise notified volunteers are staying at the Windy Terrace Hotel in Cox's Bazar. Volunteers may be sharing a room. Breakfast is included in the hotel fees but other meals are self funded. Food is very cheap in Bangladesh. ***Please be careful and avoid tap water, any raw fruit or vegetable unless peeled, and all cold dairy products. Also avoid any food that isn't steaming hot.***

Healthcare

There are hospitals to assist you if you have a need but they are often overwhelmed and understaffed. It is best to bring your own personal medical kit. There are pharmacies in most areas and with the exception of narcotics you purchase most anything you need at a reasonable cost. ***We cannot stress enough the importance of medivac insurance in case of a personal emergency. This is also required of ALL volunteers.*** We recommend United Healthcare Safetrip: <https://uhcsafetrip.com/>

Language and Culture

This population is mainly Muslim and speaks a dialect similar to Chittabong Bengali. While some English is spoken, you will greatly benefit from a translator if you don't know the language – yet translators may or may not be available. Learning a few words will be helpful and respectful. An app for translation will be helpful. Google translator is highly recommended: <https://translate.google.com/> There is a free mobile app as well.

Modesty is an important aspect of Muslim culture. Privacy is very important, especially during exams. Women may feel violated if forced to uncover their body in front of an unrelated male. Female providers and support personnel are highly preferred, except in case of emergency. If a private space is not available for exams, be prepared to assess with your other skills (eg hands, not sight).



Resources

Please read the following to understand better the situation:

"Life in the Camps" By Weiyi Cai and Simon Scarr | REUTERS GRAPHICS

<http://fingfx.thomsonreuters.com/gfx/rngs/MYANMAR-ROHINGYA/010051VB46G/index.html>

Recommended educational resources for use in the field:

Global Health Media Project

<https://globalhealthmedia.org/videos/>

Home Based Life Saving Skills

<http://www.midwife.org/Home-Based-Life-Saving-Skills-HBLSS>

<http://www.midwife.org/ACNM-Publications>

Helping Mothers Survive

<https://hms.jhpiego.org/>

Helping Babies Survive

<https://www.aap.org/en-us/continuing-medical-education/life-support/NRP/Pages/Helping-Babies-Survive.aspx>