

## While Rohingya Refugees Are Being Raped, Agencies Lack Needed Funding

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Rohingya women and girls have suffered unspeakable atrocities of rape and they're still suffering, yet the United States has pulled its aid to the organizations doing the most to address the crisis.

In late February, I stood on a dusty hillside in Bangladesh and looked out over the Rohingya refugee camp in Cox's Bazar. This sprawling network of makeshift settlements is a landscape of pure misery.

Since August 2017, almost 700,000 Rohingya refugees have fled from Myanmar (also known as Burma) into Bangladesh. The government of Myanmar—which views the Rohingya as foreigners and [refuses to recognize them as citizens](#)—has engaged in a campaign of terror defined as ethnic cleansing by both the [United Nations](#) and the [U.S. State Department](#). The United States historically has been a world leader in responding to humanitarian situations. But the Trump Administration has decided not to fund UNFPA, the agency most prepared to help



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Most of the Rohingya refugees now in Bangladesh are women and children. Again and again they tell the same horror story: Myanmar soldiers arrived in their villages, guns bristling. Houses were torched. Men were beaten and killed. Women and girls were gang-raped and tortured. Babies were ripped from their mothers' arms and clubbed to death, or hurled onto fires. Shattered survivors grabbed what they could and fled, staggering through miles of forests and rice paddies to cross the border into Bangladesh.

Refugees arrived so quickly and in such great numbers there was no time for planning. The camps are a maze of huts: tiny shelters of bamboo and plastic on steep terraces dug into the hillsides. There's virtually no infrastructure, no lighting, no roads, no proper sanitation. Hastily-built latrines perch on slopes directly above huts and water pumps.

Sexual violence is endemic in the refugee camps as well. Rape, sexual assault, survival sex, forced marriage, and sex trafficking are a grim reality in refugee camps everywhere in the world and Rohingya camps are no different. And the physical terrain in the camps contributes to the danger: It's easy to get lost or to slip and fall in the unlit labyrinth of winding pathways. Many of the Rohingya women are essentially hiding in their huts, afraid to venture out even to the latrines.

The Rohingya crisis, arguably among the greatest human tragedies of our lifetime, is a *gendered* disaster. Many of the woman and girls are pregnant—and many of those pregnancies are unwanted. Women did not have access to safe abortion services during their panicked flights from Myanmar. International adoption—while hardly a solution to all the challenges these women are facing—isn't even a possibility at this point, since there are no legal mechanisms to adopt children who have no official nationality. As a result, a generation of children, conceived in conflict, is being born into a nightmare of statelessness and homelessness.

The people and government of Bangladesh have been heroically generous. They have opened their borders to the Rohingya refugees, hosting them despite their own development challenges and overcrowding. They are doing all they can, but they need our help—and right now, a key avenue for American help is blocked.

The United Nations Population Fund (UNFPA) is the United Nation's lead agency for maternal and reproductive health and provides an essential lifeline for women and girls in humanitarian situations. In the Rohingya camps, as in refugee camps around the world, UNFPA is on the ground with desperately needed essentials: individual hygiene kits (soap, menstrual supplies, a flashlight), clean delivery kits (gloves, a clean plastic sheet for the mother to lie on, a sterile blade to cut the umbilical cord), post-rape kits, contraception kits, and emergency obstetric kits. UNFPA-supported doctors, nurses, and midwives operate fixed and mobile health clinics in the camps, delivering babies, providing prenatal and postnatal care, and treating the victims of sexual violence. Traumatized women and girls can find sanctuary in UNFPA's women-friendly safe spaces, which provide psychosocial support and professional counseling to help them heal.

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In March 2017, the administration withdrew funding to UNFPA—approximately \$70 million to \$80 million annually—citing a spurious and long-disproved claim that UNFPA supports coercive abortion and forced sterilization in China. (In fact, UNFPA does not fund, perform, or support coercive abortion or forced sterilization anywhere in the world. All of UNFPA’s work promotes the human rights of individuals and couples to make their own decisions, free of coercion or discrimination. In China, UNFPA was instrumental in persuading the government to abandon the one-child policy, and continues to advocate for a fully rights-based, voluntary family planning program.)

In recent testimony before Congress, Secretary of State Mike Pompeo, then a nominee for the post, [promised to “look into”](#) the decision to defund UNFPA—which he must and should do to protect the women and girls in Cox’s Bazar and other humanitarian situations around the world. But “looking into” this matter is not enough. Meaningful action is needed right now.

We call on the global community, including the U.S. government, to take the following actions:

**Support UNFPA.** In 2018 alone, UNFPA needs \$10 million to provide maternal and reproductive health [services for the Rohingya refugees](#), and an additional \$6.2 million to respond to gender-based violence in the camps. This will pay for the deployment of midwives, mobile reproductive health camps, reproductive health kits, clinical management of rape, hygiene kits, psychosocial support, women-friendly spaces, and protection and awareness messaging.

Under the Obama Administration, the U.S. typically provided around \$35 million dollars annually in core funding to UNFPA and another \$35 million to \$50 million in humanitarian funding. The withholding of humanitarian funding by the Trump Administration means that no American aid is flowing to the Rohingya refugees through UNFPA. And the loss of core funding hobbles UNFPA’s ability worldwide to support the reproductive health and rights of women and girls.

Fund the [2018 Joint Response Plan \(JRP\) for the Rohingya Humanitarian Crisis](#). Launched on [March 16 by the United Nations](#) and dozens of NGO partners, the plan is a joint appeal for the \$1 billion needed to feed, clothe, shelter, protect, and care for the Rohingya refugees (including the UNFPA requirements cited above). In addition to the \$240.9 million allocated for food and the \$113.1 million for health services, the plan also includes key provisions to make the camps safer and healthier: \$136.7 million for sanitation, \$136.6 million for shelter, \$131.5 million for site management, and \$71.8 million for protection and security. Gender issues are mainstreamed throughout the plan, with the goal of creating an environment where women and girls are safe and protected from violence.

The U.S. government has responded to this appeal with [\\$77 million in fiscal year 2018 funding](#)—barely 8 percent of the total needed. (In 2017, the United States spent \$103.6 million on the Rohingya crisis.) Most of the 2018 funding is for food (\$26 million) and humanitarian aid through the State Department’s Bureau of Population, Refugees, and Migration (\$47.3 million). These contributions, while important, are frankly modest by American standards.

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For decades the United States has been the world's largest humanitarian donor, typically providing almost a third of total global assistance. We urge the U.S. government to show that same leadership and generosity now. American resources, both financial and technical, are indispensable in a tragedy of this magnitude.

**Ensure that the Rohingya have voluntary access to full contraceptive care.** Access to contraception is often overlooked as an emergency relief priority, but in fact the need for family planning services and supplies becomes *more* acute in crisis settings. For women living in refugee camps, unwanted pregnancy is both an unimaginable complication and a life-threatening health risk: the rate of [maternal death and injury in crisis zones](#) is almost double the world average. In an environment of heightened sexual violence, risky childbirth, inadequate medical care, and uncertain futures, contraception is an essential lifesaving intervention.

Like women and girls everywhere, Rohingya refugees have a fundamental right to protect themselves from unintended or unwanted pregnancy. Improving safety in the camps is paramount to prevent violent assault, but sexual coercion, forced marriage, intimate partner violence, and sex trafficking are stubborn problems to solve. Ensuring that women and girls can at least prevent pregnancy if they wish to do so is a basic first step to respecting their rights, protecting their health, and empowering them to take control of their lives.

And because women's health needs vary, it's important to make the full range of contraceptive methods available. The government of Bangladesh is [already providing short-term contraceptives](#) (such as pills and condoms) in the Rohingya camps, and as of this week, has agreed to lift regulations blocking the provision of long-acting reversible methods (implants and IUDs), an enormous victory for advocates working to ensure Rohingya women and girls have access to the method that works best for them. We urge the government of Bangladesh to implement these changes as soon as possible.

These three actions are just first steps, but if we act now—quickly and generously—we can make a difference.

The Rohingya have endured unspeakable violence. Their bodies, their lives, and their families are shattered. Our shared humanity demands that we do everything in our power to heal these shredded families. This is our chance to help. They can't wait, and we should not delay.