Humanitarian programme for forcibly displaced Myanmar nationals in Cox’s Bazar, Bangladesh

Situation report:
13 November 2017

WHAT YOU NEED TO KNOW

615,500 people have arrived since 25 August

4,000 crossed the border in the past week

1.2 million require immediate humanitarian assistance, including earlier arriving Myanmar nationals and vulnerable members of host communities

According to the ISCG report published on 12 November, a total of 615,000 FDMN have crossed the border into Bangladesh. Until now, the police reported that 28 boats or trawlers have sunk at sea or in the Naf river causing 200 deaths; mostly women and children. In addition, more relatives of the displaced and separated families continue to cross the border in hopes of reuniting.
Most families are now residing in temporary shelters in highly congested areas. They are reliant on humanitarian assistance to meet their daily needs. Many still lack access to basic services. However, within the makeshift settlements one can now find small shops and pharmacies. Those who were able to bring livelihood assets with them are trying to put their skills to work and earn some living, for others the livelihood options are rather far-fetched.

In the last week, a wide effort was given to identify individuals in the FDMN and host communities, with varying levels of literacy, vocational and soft skills. Humanitarian organisations are mobilising volunteers from both host community and the FDMN community to help themselves and their community. The volunteering scopes vary from disseminating messages on health, hygiene, protection, nutrition and to facilitate child friendly spaces. The need for these individuals to stay productively engaged is strong. Involving FDMNs in various humanitarian projects as volunteers carry the promise of building a knowledgeable and aware network across the communities.

Security within the camps continues to be a high priority. In a shifting environment which also lacks electricity, the nights can be darker and full of unknowns. Solar lamps were distributed in the past weeks by various organisations and are bringing some light and safety to the otherwise dark nights. More immediate actions and distributions are urgently needed.

To make space for shelters in the makeshift settlements, many trees were cut down and hills were cleared. The new sites are quickly becoming over-populated.

Organised efforts by the Bangladesh Government and humanitarian organisations are in progress to maintain systems and orders. Finding and securing spaces for lifesaving services and facilities is also a struggle. Stronger coordination are in place with joint efforts from various humanitarian organisations.

The makeshift settlements still remain as hotbeds for disease outbreaks. The issues of gender-based violence protection, child protection and the threats towards the vulnerable members of the communities require extensive rapport building with the FDMN population. To deeply understand the struggles hidden under tarpaulin sheets and offer constructive resolution commitment, dedicated efforts with layers of passion are required by all.
Needs

WHO has graded the situation at Cox’s Bazar makeshift settlements as a level 3 emergency with possibilities of disease outbreaks and is requiring all actors to coordinate the support required for respiratory diseases, family planning, maternal health care, psychosocial, nutritional needs and more.

Access to health care centres need to improve for pregnant mothers. Many children have reportedly been born at home without any professional delivery support. Continued mental health and psychosocial support needs persists.

Response to date

- 200,000 more children ((1 to 5 years) in both the settlements and the host community vaccinated through the second round of the oral cholera vaccine campaign.
- Over 300,000 children for polio and 130,000 children for measles and rubella vaccinated since they came to Bangladesh.
- At least 65 national and international health service providers coordinating operations for the displaced population in Cox’s Bazar.
- BRAC , working alongside government and other health service providers continues to support the ongoing nutrition week. 60 health volunteers are providing deworming, vitamin A capsules, diagnostic services for severe and moderate acute malnutrition in babies and referring to them to outpatient therapeutic programmes.

See more at:

On the hunt for tuberculosis and malaria in Cox’s Bazar
Gaps/constraints:

Health service providers (both GO and NGOs) working in the settlements struggle to address the health service needs of FDMNs. The health service points are concentrated only around the more accessible areas of the settlements, while many places remain uncovered by the efforts. There is no system to either evaluate existing coverage areas and reallocate services to less accessible areas. The monitoring of the quality of existing health care services being delivered and the coordination between health care partners is also insufficient. This leads to overlap in services, the implementation of ad hoc systems, and overall gaps in service delivery.

The FDMNs are at high risk of being affected by disease outbreaks as they are not vaccinated. According to data from WHO's last Morbidity and Mortality Weekly Bulletin (MMWB) of 6 November, acute respiratory infections (ARIs) continue to be the primary cause of health based consultations (29%), followed by fevers of unexplained origin (28%), acute watery diarrhoea (21%) and skin diseases (9%).

There is a lack of safe blood supplies in intervention areas, putting many at risk of disease and poor immune systems. For this reason, the national blood bank is planning a blood drive campaign and establishing a blood bank in Ukhia in order to boost currently blood supplies.
**Needs**

The groups arriving at the Bangladeshi borders were primarily women and children. An RRRC report estimated that, one in three families living in the settlements, have at least one member with a specific need. The most prevalent vulnerable groups identified are the single women or the women headed families (14% of the total number of families counted). Among the 400,000 children in the settlements almost 15,000 are currently living in a child-headed family, all of which have been identified as urgent cases in need of follow-up.

Overcrowded camps deepen many risks and limits humanitarian actors’ ability to provide comprehensive protection services, including service points for victims of gender based violence and other prevention based activities. Spatial constraints due to communal structures limits access of service providers to the establishment of child friendly spaces or space spaces for women and girls. This considerably limits their mobility in accessing such services in order to retain well being.

**Response to date**

- 70,395 people including 69,674 women and 721 girls have been reached with protection services including case management, psychosocial support, dignity kit distribution, community outreach and through engagement in awareness-raising sessions.
- 4,577 people accessed peer support and recreation, case management, and gender based violence emergency referral services in safe spaces for women and girls.
- BRAC is currently running 138 child friendly spaces. More than 22,000 children are dependent on these spaces for their recreation, psychosocial well-being and safety.

**Gaps/constraints:**

Children born during the influx in Bangladesh or within the settlements have not been given birth certificates. While health centres are issuing documentation to parents such as discharge certificates and child health cards, these documents are not standardised and vary from centre to centre. Children born at home are not certified unless they are taken to a health facility, if they are taken ill.

Some parents are sending their children out to collect water and firewood or to find work, often in dangerous conditions. Both girls and boys are compellingly stepping into adult roles with many children now responsible for carrying heavy aid items from distribution points to their individual shelters. Child-headed households face additional barriers, in particular girls who face high risks due to socio-cultural norms and poor security when traveling long distances.
Breaking barriers for the future

Beibei and Bobby Borua are together running one of BRAC’s CFSs in Kutupalong makeshift settlement. Beibei is a volunteer from the displaced community and Bobby is from the host community. They are working side by side to build a sanctuary for children, sharing space, learning together and bringing new light of hope into the centers.

Number of BRAC CFSs established and operational

See more at:
Al Jazeera's report on our child friendly spaces
WATER, SANITATION, AND HYGIENE

Needs
An estimated total of 578,000 people were reached with WASH services.

To reduce the public health risk and improve waste management, a large number of nonfunctional latrines and tube wells need to be decommissioned, repaired or relocated.

As the latrines and water sources are being accessed communally and strained with new arrivals of FDMN. Behavioural changes among the FDMN is required to maintain the cleanliness of the latrines and to prevent contamination of water sources.

Response to date
• 26,163 temporary emergency latrines built out of which 17,136 are functional (65.6%).
• 75,262 hygiene kits distributed in the major spontaneous sites, makeshift settlements, refugee camps and some nearby host communities to assist women and adolescent girls in particular to retain dignity and boost confidence.
• BRAC has been creating awareness on hygiene practices with the aim to prevent disease outbreaks and bringing behavioural changes. So far, more than 15,000 hygiene sessions were conducted for and by the community members.

Gaps/constraints:
Spatial constraints including topography and rocky soil composition remain as challenges for installing tube wells in intervention areas.
The existing public health conditions in the different camps and makeshift settlements are currently unsatisfactory due to poor sanitation facilities, poor water quality, spatial constraints and terrain.

Physical access within the new sites is a major concern in scaling up the WASH emergency response effort. The Government of Bangladesh, with support of the military is working on the construction of access and link roads to various parts of the registered camps.

See more at:
Safe drinking water for more than 1 lac people in Ukhia and Teknaf
**Needs**

Approximately 46% of the FDMNs are yet to be shifted to the government-designated mega camp which was constructed for them. This is due to inadequate space and continued arrival of people from Myanmar to Bangladesh.

Well ventilated communal kitchens can be set up for women to share. These kitchens can also be a place for the women to socialise. Efficient cooking stoves and alternative, clean sources of fuel need to be explored.

Protection, health and other assessments are revealing that clothes for newborn and small children are required (including hats and socks) urgently with the onset of Winter.

**Response to date**

- An estimated 117,000 households reached to date with blankets and floor mats
- 4,950 households received emergency shelter kits. New arrivals moving into expansion areas have been provided with complete emergency shelter kits.
- BRAC continues to distribute children’s clothing keeping in mind that winter is approaching. Until now, more than 123,000 sets of children’s clothes were provided.

**Gaps/constraints:**

The women are cooking within or very close to their congested shelters which exposes them and their young children to harmful smoke.

A total of 75% families of the host communities are dependant on the forest for fuel. A sum of 50% of the recent influx have also started to use the forest as a resource for fuel. The sudden increase in deforestation increases risks of animal attacks, landslides, criminality and may enrage the host community if shortages in resources arise.
EDUCATION

Needs

A total of 453,000 children are in need of Education in Emergencies (EIE) assistance.

In order to improve sanitation and hygiene facilities in current learning centres, immediate improved access to such facilities are required.

According to a study conducted on access to information with FDMN, a total of 73% of this population are illiterate in any language. A sum of 71% reported that they had never received any formal schooling.

Partners are not able to mainstream disability into the first phase of the education service provision intervention.

Response to date

• 50,212 children reached with education based services.
• 53 classrooms built in settlements ensuring access to an additional 4,004 girls and boys this week.
• 785 new girls and boys enrolled in existing learning spaces
• Since 25 August, 399 teachers recruited and trained.
• BRAC is setting up additional schools in the area to address the education needs of the host community children.

Gaps/constraints:

Children are in dire need of teachers and educational supplies. Additional teachers are still a requirement for the existing learning centres. Volunteers from the educated members of the displaced community can assist to fill this gap and provide support against language and cultural barriers.

Education service providers are continuing to face challenges in finding ample space for learning centers.

See more at:
Holding on to childhood through child friendly spaces
KEY CHALLENGES

Security risks: There are risks that the economically vulnerable FDMNs may resort to terrorism, trafficking of women and children as well as the illegal drug trade. Moreover, FDMN residing in the border district, compounds to this vulnerability.

Communication gaps: Over 60% of the FDMNs say that they are not able to communicate with the aid workers. They rely on majhis, religious leaders, other community leaders or their friends to receive messages regarding aid distribution and other facilities.

Cyclone preparedness: ISCG is coordinating its efforts to prepare sound plan and messages for cyclone preparedness. The coordination requires close consultation of the FDMNs to build ownership and leadership within the community to mitigate damage. The Protection sector is focused on women and children who are the most vulnerable during disasters.

Preparing for more influx: The Dhaka Tribune’s article titled IRC: 200,000 more Rohingyas to enter Bangladesh in coming weeks, reports that 200,000 more FDMN are estimated to cross the border in to Bangladesh in the coming weeks. This will further strain existing resources and services provided to these groups.

PARTNERS

- Government of Bangladesh
- UN Refugee Agency (UNHCR)
- Global Fund to fight AIDS, Tuberculosis and Malaria
- The United Nations Children's Fund (UNICEF)
- International Organization for Migration (IOM)
- World Food Programme (WFP)

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WORKING WITH OTHERS

Health sector: A cohort of health focal points in the region will begin working with IOM and UNHCR coordinators in each designated health sector as per need.

Protection sector: In order to improve coordination among protection based service providers and provide a platform for regular performance assessments of activities, a central information management team has created an assessment registry. Via this registry, protection working group members would remain committed to regularly report about planned or ongoing assessments which will be categorised and made readily available within this and other related forums.

WASH sector: The WASH Sector Coordination Unit is actively participating in Military Coordination Cell meetings in order to strengthen coordination with the Bangladesh Army.