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

Situation report:
4 December 2017

WHAT YOU NEED TO KNOW

626,000 people have arrived since 25 August

1,622 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

Over the last one hundred days, 626,000 forcibly displaced Myanmar Nationals (FDMN) have arrived in Bangladesh from the Rakhine state of Myanmar escaping violence. National and international NGOs, humanitarian actors, government, the Bangladesh Army and volunteers combined strength to help meet the needs of the FDMN. Organisations are playing key roles in their areas of expertise delivering services to ensure that the FDMNs have access to safe water, sanitation, food, health support while protection and dignity of these populations are addressed.

More concentration is now being given to households led by children. Cash-based incentives are being worked into place for foster families who are willing to take care of child-led households. Door-to-door protection volunteers and community mobilisers are starting to work closely to ensure proper support is given to these households.

As protection work reaches deeper into the community, the mental distress that these individuals carried from Myanmar is surfacing. Often their current fears are getting mixed and compounded with the unpleasant memories of the past. Protection workers and counselors are having to pay very close attention to these cases and a robust plan is being set into place to help people move past these dark corners of their minds.
Water supply is still a concern in some of the settlements, including Unchiprang. This is affecting day-to-day lives of the people who have sheltered there as many are not able to secure enough water for their daily household usage. The topography of these locations are often not favorable for tube-wells to draw out water and innovative solutions are needed to assure access to safe water.

As the humanitarian response plan moves ahead, closer coordination and planning by humanitarian actors are being set. Many first responders are wrapping up their scattered activities. Responsible handover process in coordination with each other to ensure continued delivery and maintenance of quality life saving services need to be in place for all.

Host community is still in a strained position with higher prices to pay for transportation and food. Need for development organisations to enter with interventions to serve the host community is becoming crucial. Many young men and women from the host community are also increasingly becoming interested in working for humanitarian causes. Learning english and computer skills are two of their asks which can be easily met if skills development initiatives are taken up by humanitarian actors working with host community.

Winter is here. The mornings and nights are cool and the afternoons still hot. Newborn babies have little clothing available after birth. And warm clothing for all is still a large necessity - a place where many Bangladeshi citizens can step forward to help.

The dedicated work is going on full force. Better management of sites to building larger primary health care clinics are keeping everyone busy who have extended active arms to serve. But there still remains a space for more individuals, donors and implementers to come forward with commitment and solutions.
**Needs**

Need orientation of different target group like "majhi", women, men and adolescents about health seeking behaviour.

Experts are to pay added attention to patients with TB and HIV co-infection

As the zones and blocks are being fixed and assigned, a shift in the present data collection process is needed

Access to primary health centres during night time is also needed

**Response to date**

- Over 931,636 people received health care support through various agencies medical support.
- 323,940 children under 15 years old have been vaccinated against measles and rubella in fourteen days campaign
- To ensure safe and clean births, over 3,663 emergency reproductive health kits have been distributed.
- More than 737,568 people were assisted with food. Over 294,000 individuals have received fortified biscuits. 48,000 newly arrived people were provided with hot meals.
- BRAC has treated over 509,600 patients. 80 per-cent of these patients were reached through the 50 satellite clinics while the remaining 20 per-cent received health care support through the 10 primary health care centres.

**Gaps/constraints:**

- Special attention is needed in the area of immunisation, nutrition, adolescent health, basic obstetric and newborn care.
- Over 13,000 children under the age 15 still need to be vaccinated against measles and rubella.
- Psychosocial support is still an urgent requirement for the mother of the malnourished children as they continuously struggle to manage proper nutrition for their children and for themselves as well.
- In some of the hard-to-reach zones, access to primary health care centres is difficult for people who are ill or physically weak. It has been reported that, over 90% of the elderly people are physically not able to reach the health centres
- Proper referral pathways for transferring patients with complicated cases from primary health care centers to Upazilla health facilities are needed for night-time emergencies are missing
- TB patients are hard to track and to ensuring DOT is difficult as FDMNs relocate to other zones and settlements.

**See more at:**
[On the hunt for tuberculosis and malaria in Cox’s Bazar]
To maintain hygiene environments within the household, large containers to store sufficient water for cleaning and washing hands is necessary.

There is a need to scale up the number of waste bins placed within the blocks considering convenience of access to all households.

Access to clean and safe drinking water continues to be a challenge for places that are hard to reach. Elderly people are the worst victims of this constraints.

People continue to dump solid waste (kitchen scraps, relief items' wrapping or store-bought bottles) in gaps between the shelters. These spots may become insect breeding grounds and contribute to spread of diseases.

Experts have identified innovative solutions to improve access to water through technology such as reverse osmosis plants. Due to restrictive constructions regulations in makeshift settlements, implementing these innovative solutions has not been possible so far.

Secondary contamination of safe drinking water is also a concern due to lack of clean containers to collect water. This is compounded by poor hygiene practices.

Hygiene behaviour and basic hand washing habits need emphasis; especially among children who are most vulnerable to diseases that transmit through the oro-faecal route.

### Response to date

- 641,529 people have been provided with WASH assistance.
- 5,338 tube wells have been installed by different agencies and of them 3,757 are functional (70%).
- 25,650 temporary emergency latrines have been built, of them 22,930 are functional (64%).
- 112,920 hygiene kits have been distributed in makeshift settlements and host communities.
- Single pit latrines installed are becoming dysfunctional or require repair and maintenance. BRAC has de-sludged a total of 1,449 latrines and decommissioned 553 latrines.

### Gaps/constraints:

Latrines de-sludged and decommissioned by BRAC, cumulative

See more at: Safe drinking water for more than 1 lac people in Ukhia and Teknaf
Overall, there are very few services available for women; especially for those affected by gender based violence.

Vulnerable groups such as adolescent girls do not avail protection services for reasons such as location, accessibility and lack of knowledge that services exist.

There are very few services available targeting adolescent boys whereas the need for building awareness, engaging them in community ownership initiative and other recreational activities is crucial.

**Gaps/constraints:**

Unaccompanied and separated children are continuing to face challenges including the risks of early marriage and child labour. To scale up the referral system of these vulnerable groups to appropriate service provider is needed in this regard.

Lack of signposting and proper lighting for long distribution pathways increases the risk for women, adolescent girls and elderly people. To address the gender based violence, proper information dissemination process needs further improvement for prompt timely action.

Delivery points for gender based violence response is crucial for the new spontaneous settlements without road accessibility.

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**PROTECTION**

**Needs**

- Staff capacity building initiatives continue to take place for improving family reunification processes for unaccompanied and separated children
- 90,797 children reached with psychosocial support.
- 104,788 people have been supported with gender based violation prevention and response services.
- BRAC is continuing to conduct its successful women messaging groups along with volunteers from the FDMN community. At present there are 80 groups operating discussing matters such as health and hygiene, access to services and safety and security.

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**Response to date**

See more at: [What do safe spaces in a humanitarian crisis look like?](#)
Needs

Needs for shelter upgrades, with respect to privacy and improved living conditions, remain urgent.

Newborn babies are susceptible to various diseases which increase during cold weather. These babies require winter clothes to keep them warm.

Women and adolescent girls require privacy and proper place to dry or to dispose their feminine products.

Response to date

- 197,000 households received emergency shelter assistance since 25 August.
- 62,000 households received kitchen sets and children clothes.
- 25,000 households received solar lamps.
- Over 200,000 emergency shelter kits (tarpaulins and rope) have been distributed.
- BRAC distributed approximately 183,027 blankets for protection against cold.

Gaps/constraints:

Plastic sheets heat up the congested interior during daytime and provide little insulation during cold nights, which is worrisome for the upcoming winter season.

The shelters lack of privacy or proper ventilation. Cooking stoves, which are often placed inside the shelter, may raise respiratory health concerns, especially for women and children who stay indoors.

Waste bins placed inside women latrines are often taken away for household use.

The need for elderly persons to be linked to life-saving humanitarian services is a challenge. The difficulties lie in identifying and building awareness among the elderly groups regarding relief distribution points and linking them to such essential service delivering agencies.

See more at:
A $52 care package
EDUCATION

Needs

453,000 people need education in emergency assistance.

Education for children with disabilities within the ongoing education interventions needs to be streamlined.

Curriculums in Burmese need to be developed by material development experts with command over the language.

Age appropriate material development is needed with respect to early development for younger children and life skill based education for adolescent groups.

Response to date

- 58,500 girls and boys have access to educational services.
- As of 25 August, 1,943 teachers have been recruited and 372 teachers trained so far to improve the quality of education services being provided.
- A total of 33,701 children received education supplies since 25 August.
- BRAC has provided educational services to 4,175 children through 40 learning centres.

Gaps/constraints:

More than 394,000 girls and boys still lack access to safe and protective learning environments inside the settlements.

More than 4,000 teachers are yet to be recruited and 5,600 teachers still require training.

Finding spaces to build learning centres have become difficult with the increasing number of children’s influx.

See more at:
Holding on to childhood through child friendly spaces
Space for supporting women and girls
The newly arrived women and adolescent girls have very few safe spaces. There is also limitation in mobility of women and children due to fear of getting lost. Overcrowding in makeshift settlements and rapid population movement in spontaneous settlements challenges the ability of the service providers to identify safe service points for the gender based violence case management and psychosocial support service.

Funding limitations
Despite efforts from global humanitarian partners to address the dynamic needs of the FDMN, more funding is required to cover the array of gaps that exist within this multi-sector intervention. Only 34pc of $434m fund for Rohingyas raised so far the FDMN have been raised so far. Of the 1.2 million people in need, approximately half have been reached.

Reporting the facts
A monitoring report highlighting the work on the Bangladesh government and humanitarian partners serving FDMN and host communities populations from 25 August to 31 October, predicts that disease outbreak and the impact of a cyclone or heavy rain in intervention areas is huge.

Exploitation of Power
Majhis reportedly take advantage of their position to exploit people is critical conditions. Dialogues and orientation with both majhis and the block members are needed to minimise such incidences.

Reports of Abuse
Reports of foster family members abusing children and adolescent girls that they shelter have surfaced through the works of protection staff. Proper procedures and referral pathways need to be urgently coordinated among agencies.

FDMN volunteers
At times, it is challenging to engage FDMNs in voluntary works as they themselves are victims of the violence and are in the process of coping with mental distress.

KEY CHALLENGES

KEEP UP WITH WHAT IS HAPPENING ON THE GROUND.
UNICEF and BRAC are teaming up to train over 200 staffs and teachers for facilitating semi temporary classrooms.

Last week, BRAC participated in a workshop arranged by UNODC on preventing violent extremism. Discussions on increased chances radicalisation taking place among the vulnerable FDMN population took place. BRAC’s preventive and awareness building initiatives through women groups of the host community were shared during this workshop.

BRAC along with other organisations like Save the Children, UNHCR, UNICEF and Plan International are coordinating rapid needs assessments on education and livelihood.

PARTNERS
• Government of Bangladesh
• Global Fund to fight AIDS, Tuberculosis and Malaria
• International Organization for Migration (IOM)
• World Food Programme (WFP)

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