Situation Overview

Bangladesh has witnessed a fluctuating, but persistent, influx of Rohingyas from Myanmar since 1992. Even after the repatriation process ended in 2005, a steady influx continued throughout the last decade. There were approximately 300,000 Rohingyas living in makeshift settlements, registered camps, or mixed with host communities throughout Bangladesh prior to October 2016. A large majority of them were living in Cox’s Bazar, with hilly and coastal districts in southern Bangladesh also hosting a sizable Rohingya population.

Multiple outbreaks of unrest in October 2016 and August 2017 in the Rakhine State of Myanmar triggered large influxes of Rohingyas crossing into Bangladesh through the borders in Teknaf and Ukhia upazilas of Cox’s Bazar. An estimated 507,000 additional Rohingyas have crossed into Bangladesh since October 2016 (IOM NPM; ISCG), including 420,000 since 25 August 2017. Unverified reports suggest a large number are preparing in the Myanmar side to make the perilous crossing. The newly arrived Rohingyas are sharing accommodation with other families in six previous makeshift settlements and refugee camps, six spontaneous settlements, and with host communities in Ukhia and Teknaf. They are in immediate need of food, health services, WASH facilities, protection, and cash for work modalities.

1. The largest Muslim group within Rakhine State self-identify under the term “Rohingya," a designation that is not accepted by the majority of the ethnic Rakhine population, and is not recognized by the central Government of Myanmar as one of the 135 official nationalities in the country. In order to preserve neutrality on the issue, IOM Myanmar alternatively refers to this group as “Muslim minority of Rakhine State.” In line with the National Strategy of the Government of Bangladesh IOM Bangladesh refers to unregistered members of this minority group as “Undocumented Myanmar Nationals.”
Shelter and Non-Food Items

IOM is the primary actor with regards to tarpaulin distribution at this stage, with tarpaulins distributed among 20,000 households to date. Both the available stock and the distribution mechanism are struggling to keep up with the unprecedented inflow of Rohingyas. One of the biggest challenges faced in responding to this crisis is that road access to the sites is not yet available.

A total of 160,000 tarps are available, including 20,000 from DFID and another 82,000 from other sources in the pipeline.

A new site has been identified for building a warehouse close to GOB’s relief storage. A formal authorization is sought from GOB to start the construction work.

To engage the community in the distribution and construction work, a detailed assessment is required to have a better understanding of how best to fit the cash-for-work modality in this sector. Additionally, distributions of shelter and other items need to be closely linked with CWC, GBV, and other sectors.

Site Management

Over 20 staff members and volunteers were provided Site Management training. IOM will prioritize bringing services to the new sites, will have daily on-site support for coordination of activities, while continue its ongoing work in the existing settlements. Site Management teams in Unchiprang and KMS have started assessing needs and gaps and referring cases to relevant focal points. Currently, the sector is covering three out of eight priority sites with site management activities. Agencies are working closely in this, with Action Aid agreeing to become the Site Management agency in Moiner Ghona. The Danish Refugee Council (DRC) is to apply for registration shortly to work in Cox’s Bazar, while ACTED will undertaking a scoping mission this week.

IOM teams will work together — particularly Health, WASH, and Shelter/NFI teams — in developing/furbishing the new sites.

Taking a multi-sector approach to Site Management will ensure better coordination, both internally and with external partners.

Health

Over the past three weeks, IOM teams have provided emergency and primary healthcare services to over 16,000 new arrivals and 9,500 others from the Rohingya and host populations. They assisted 64 child deliveries and provided referral services to another 226 patients. These services were provided through 12 IOM teams operating from government health facilities in Ukhiya and Teknaf and three IOM mobile medical teams providing basic and primary healthcare services in three spontaneous settlements in the area.

An extension clinic in KMS has stated seeing patients, whilst final construction is being completed. Strategically located at the edge between KMS extension and Kutupalong new site, this clinic will serve as a base for new health posts being established in the new GOB allocated settlement.

Procurement of necessary supplies is ongoing to establish 15 health posts in new areas. Recruitment of 15 new health staff (e.g. doctors, nurses) is being fast-tracked.

WHO is building facilities in Unchiprang and Kutupalong new site and will participate in the immunization campaign targeting 150,000 children in the coming days. They already deployed immunization and surveillance support and may deploy an information management and a coordination human resource for six months to support emergency health coordination.

Water, Sanitation, and Hygiene (WASH)

A total of 220 emergency latrines have been installed, including 160 in Kutupalong, 40 in Unchiprang, and 20 in Balukhali. Due to lack of groundwater, 12,000 litres of water is trucked to Unchiprang everyday, with over 45,000 litres trucked to date in total. In Kutupalong, boring of one new tube-well has been completed, with work to install four more ongoing. Over 5,000 families have received 10-litre jerry cans to date in Unchiprang and Kutupalong.
Gender Based Violence (GBV) and Counter Trafficking (CT)

A total of 4,106 EVI, 162 GBV, 1025 PFA cases, and 404 health referrals have been carried out and 440 Dignity Kits have been distributed among the new arrivals. Frontline responders have been provided a training on identification and handling of protection cases. To provide safe spaces to people in need across various sites, an agreement with a partner NGO has been signed. A total of four designated safe spaces will be accessible shortly. A CT specialist has been deployed in the field.

Inter Sector Coordination

IOM hosts the Inter Sector Coordination Group (ISCG), which publishes a daily report summarizing the emergency response in sectors including shelter and essential non-food items; water, sanitation and hygiene; health; safety, dignity and human rights; education; and nutrition. Each sector is led by an operational aid agency, which coordinates the work of other agencies active in the sector. They in turn feed data back to the ISCG coordination unit, which uses it to map the emergency and identify resources, needs and agencies that can meet them. Since the influx began, ISCG has been disseminating daily situation updates and key messages, organizing weekly coordination meetings, and developing and updating maps of the expansion areas and spontaneous settlements.

Communications with Communities (CwC)

Emergency Information Service centres have been made operational in Shamlapur, Balukhali, Leda, Kutupalong, Moiner Ghona, and Unchiprang.

Emergency lifesaving information are being disseminated through these centres. Hand-Mikes are used to make necessary announcements. New CwC team members joined and provided with primary orientation. CwC will prioritize linkages with other sectors for better information dissemination. Joint messaging is being produced and will be coordinated with sectors in coming days. IOM will act as Government information liaison to ensure consistency of messaging.