

BANGLADESH EMERGENCY RESPONSE

CRISIS INFO #7 – 21 May 2018



OVERALL CONTEXT

Since 25 August 2017, over 693,000¹ Rohingya refugees have fled from Myanmar, crossing the border into Cox's Bazar district, Bangladesh, following a concerted campaign of violence by the Myanmar military against Rohingya in Rakhine State. Combined with the pre-existing Rohingya refugee population, more than 905,000 refugees are now in Bangladesh.

MSF first established a mission in Bangladesh in 1985 and has had a continuous presence since 1992. Following the most recent influx of refugees in August 2017, MSF launched additional emergency projects in Cox's Bazar.

¹ As of 10 May 2018 ([ISCG](#))

Fewer but continued arrivals

Rohingya continue to cross over into Bangladesh, though in much small numbers, with over 8,000 arriving since the start of the year. Those who manage to cross the Naf River are often required to wait at the entry points upon arrival in Bangladesh. Access for humanitarian agencies at the border points in Bangladesh is complicated, making it difficult for people to access basic assistance such as food, water and healthcare. New arrivals are relocated mainly to Nayapara refugee camp or the UNHCR transit centre in Kutupalong, from where they are resettled in the Kutupalong-Balukhali expansion site. This site is already dangerously overcrowded.

A group of Rohingya have been living in a so-called no man's land on the border between Myanmar and Bangladesh since the end of August 2017. While they were ordered to vacate the area by the Myanmar authorities as Bangladesh included the group in the initial repatriation list, no progress has been made to relocate the group to either side of the border. The area is susceptible to flooding, sparking concerns that the Rohingya will be further displaced as rains increase.

Rainy Season

The first rains and winds have started, with more than ten landslides recorded until 14 May, affected over a thousand shelters and structures. Emergency preparedness remains a key priority but continues to be hampered by the lack of sufficient useable land while the window for mitigation is quickly closing.

The Government of Bangladesh has proposed Bhasan Char, a hitherto uninhabited island in the Bay of Bengal, as a temporary living arrangement for Rohingya refugees to ease congestion in the Cox's Bazar camps and mitigate the risks posed by the impending monsoon season. The relocation of up to 100,000 refugees is foreseen to launch in June or July. This plan does not, however, address the risks faced by the much larger population that would remain exposed in poor, congested living conditions under bamboo and plastic sheeting shelters. The rains have started and MSF has already started to receive patients injured, and several people died in landslides.

Stalled Repatriation Agreement

On 23 November, the Government of Bangladesh and Government of Myanmar signed an agreement for the repatriation of Rohingya refugees, and on 15 January agreed on the physical arrangements for returns. Continued monitoring is needed given that the both governments appear to be moving forward with practical arrangements. A Memorandum of Understanding was signed last month between GoB and the UNHCR which provides a framework of cooperation between the UNHCR and Bangladesh on the safe, voluntary, and dignified return of refugees. A key inclusion is on birth registration of refugee children. UNHCR has, however, said conditions in Myanmar are not yet conducive for returns to be safe, dignified, and sustainable. So far, just one family of five people has returned to Myanmar, however both the Bangladeshi government as well as UNHCR said having any involvement.²

² [Reuters](#), 15 April 2018

Developments in Bangladesh (External) Rains have started and resulted in landslides, which have already led to deaths and destruction of infrastructure and facilities in the camps. Hundreds of thousands of Rohingya are at risk of disease outbreaks, aid disruptions and complicated access to health care.

The Kutupalong-Balukhali expansion site continues to expand west where the land consists of remote, hilly terrain that has been stripped of trees and vegetation. Overcrowding and congestion in the site continues to be of major concern. This also applies to Nayapara, the main refugee site in the South of the peninsula. While additional land is in the process of preparation, there is not enough suitable land available for the population to relocate away from risk zones. About 200,000 Rohingya in the district are at direct risk of flooding, which can also cause overflowing toilets and the contamination of drinking water.

Access to safe drinking water and sanitation services is insufficient in the existing camps and in particular in new camps along the western fringes of the expansion site, which increases the vulnerability of the people there. Without adequate access to water, sanitation and hygiene, communicable disease outbreaks are inevitable.

The risk of acute watery diarrhea increases, therefore MSF has set up several Diarrhea Treatment Units in the makeshift settlements.

The vast majority of the Rohingya had extremely low immunization coverage as a result of poor access to healthcare in Myanmar. Despite several vaccination rounds over the last nine months gaps remain within this huge refugee population.

Mental health needs are significant. The trauma of what people experienced in Rakhine is compounded by the daily stresses of camp life, including a lack of sufficient food, a lack of opportunities to make a living, an inability to travel freely beyond the camps, and fears for personal security within the camps.

Note (external): Elsewhere in Myanmar, MSF continues to run its medical projects in Shan, Kachin and Yangon (OCA), as well as in the Naga Self-Administered Zone and Tanintharyi Region (OCG).