

RESPONSE TO THE ROHINGYA CRISIS

April 2018

1. Situation Overview

Since 25 August 2017, extreme violence in Rakhine State, Myanmar, has driven an estimated 687,000 Rohingya refugees across the border into Cox's Bazar, Bangladesh. The speed and scale of the influx has resulted in a critical humanitarian emergency. Generations of statelessness imposed vulnerabilities on these people even before the severe traumas of this most recent crisis. The people who have arrived in Bangladesh since 25 August came with very few possessions. They are now reliant on humanitarian assistance for food, and other lifesaving needs. They are now living in extremely difficult conditions. Population movements within Cox's Bazar remain fluid, with increasing concentration in Ukhia, where the Government allocated 2,000 acres for a camp. People arrived at the new site before infrastructure and services could be established. Humanitarian partners are now building necessary infrastructure in challenging conditions, with extremely limited space.

They live in congested sites that are ill-equipped to handle the early rains, monsoon and cyclone seasons. Many refugees have expressed anxiety about their future in light of media reports of discussions on returns, explaining that they would not agree to return until questions of citizenship, legal rights, access to services, justice and restitution are addressed.



A view of the Kutupalong Extension refugee camp in Cox's Bazar, southern Bangladesh

2. Response from RISDA-Bangladesh

RISDA-Bangladesh responded immediately after the crisis to mitigate the sufferings of Rohingya refugees in Bangladesh inspired by its vision and mission. A project office was established at Court Bazar, Ukhia, Cox's Bazar and deployed staff & volunteers with humanitarian supports. All staff members donated one-day salary to the RISDA Relief Fund which was the initial fund for humanitarian support program. Fund raising department was collecting and compiling information from different sources. The Project Management Team maintained close contact with local administration, community leaders, donor agencies, NGOs/INGOs, Government departments and Ministries to realize situation, national and international policies and strategies to address the crisis.

The responses of RISDA-Bangladesh are summarized as follows:

2.1 Food Distribution: In the beginning, the refugees were scattered in groups. RISDA organized emergency food packet and distributed among 250 families. The items were rice, cooking oil, pressed rice, molasses, pulse, oral rehydration solution (ORS), bread, onion, mineral water and mutton. The mutton received from akika donated by Vuslat Association, Turkey. Care Foundation Turkey and some individuals donated for food packets.



2.2 Static Clinic: RISDA started medical service delivery in Unchiprang Rohingya camp on October 5, 2018 and continued up to 31 March 2018. The clinic was organized in collaboration with Surjer Hashi Clinic (FDSR) and funded by Care Foundation Turkey. 2 Paramedics, 2 Nurses and 2 Assistants were engaged for service delivery including the drugs free of cost. 150-250 patients received the services in each day most of them were women and children.



2.3 Solar Electrification: The refugee camps are located in off grid hilly area. The relief workers are providing different services during the day time. The darkness grasp the entire area after sunset as no electricity is available. RISDA installed 10 solar street lights and 60 solar home systems in Unchiprang camp. Also distributed 500 portable solar lamps to use for household activities and movement at night.



2.4 Winter Cloth Distribution: The refugees came without enough clothes and blankets. RISDA distributed more than 1,000 cloths among children and women and 1,000 blankets in Unchiprang camp. Vuslat Association Turkey funded for blankets.

2.5 Safe Water Supply: Water is a fundamental human need. The United Nations considers universal access to clean water a basic human right. Desperation for safe water is clearly visible when equal or more people line up before parked water delivery trucks than they in front of the relief-carrying lorries. RISDA installed a hand pump deep tubewell in Thiangkhalı camp with the help of Vuslat Association, Turkey. Also, installed ablution platform, overhead tank, deep tubewell with solar pump in three locations of Kutupalong camp. The other 4 ablution platforms, overhead tanks, deep tubewells with solar pump are on progress in camp 5. One WASH facility with 12 latrines and 8 bathrooms & cloth washing is also on progress. These projects are funded by Türkiye Diyanet Foundation.



2.6 Learning Center: Comprising over 50% of the refugee and host communities, an estimated 625,000 children and youth (ages 3-24) lack access to learning opportunities. Refugees are not permitted to enroll in formal education facilities and they are denied certification even where they are allowed informal access to education. In particular, recently arrived refugees lack access to safe and protective learning facilities in new camp sites and makeshift settlement areas. This gap is partly due to limited space in these areas as well as the time needed to set up education activities. RISDA has established two child friendly spaces in Unchirang camp for informal education.



Providing quality Education in Emergencies (EiE) interventions is a challenge due to the lack of an approved curriculum for Rohingya children. This challenge is complicated by the sensitivity of issues such as the language of instruction. Retaining qualified teachers is also difficult, as is providing sufficient supportive supervision. Both teachers in host communities and learning facilitators in the refugee camps reported their urgent need for further training in pedagogy, as regards to particular academic subjects as well as general life skills. Harmonized approaches, across all partners, must be monitored to ensure their effectiveness.

2.7 Shelter Construction: Adequate, upgraded shelter for all Rohingya refugees is critical. Congestion coupled with poor conditions present major risks in an area subject to annual cyclones and monsoon. Most refugee shelters are constructed using bamboo and plastic sheeting, highly vulnerable to the impacts of natural disasters including flooding, high winds and cyclones. RISDA constructed 150 new shelters with funding from Türkiye Diyanet Foundation. RISDA has signed an agreement with International Organization for Migration (IOM) to implement shelter upgrade program in Shamlapur camp.



2.8 Mobile Clinic: Primary and secondary healthcare services need to be ramped up, with improved quality, to manage the high levels of trauma, communicable diseases and reproductive health needs, as well as to strengthen disease surveillance and outbreak response. Rohingya refugees arrived with diverse health needs including physical injuries like gunshot wounds and burns, prevention and treatment of communicable diseases, antenatal care, emergency obstetric care services, reproductive health, and sexual and gender-based violence management. While primary health clinics have been augmented, these are under severe pressure and are of highly variable quality. Elderly refugees report severe health issues due to neglected chronic ailments aggravated by malnutrition and low immunity. Inordinate restrictions on women and girls' mobility affect their access and use of health services and need to be addressed for better health outcomes. RISDA has started a mobile clinic for health service delivery both refugees and hos community with funding from PKPU Human Initiative, Indonesia. H.E. Rina P. Soemarno, the Ambassador of Embassy of the Republic of Indonesia in Dhaka formally handed over the key of mobile clinic to Mr. Md. Nuruz-zaman Munna, Chairman, RISDA-Bangladesh on 9 April 2018. The service delivery was formally inaugurated by Upazila Nirbahi Officer (UNO), Teknaf, Cox'sBazar on 11 April 2018.



3. Future Plan of RISDA-Bangladesh

RISDA-Bangladesh is performing their duties for well being of the oppressed Rohingya refugees in Bangladesh with it's limited capacity. The organization is trying to mobilize more funds to continue the present services and it's expansion as much as possible.

You can also join with RISDA

RISDA always seeks cooperation and collaboration of others to achieve it's vision and mission. Without support of generous institutions/individual, it is quite impossible to achieve the objectives. In this view, RISDA-Bangladesh encourages you to involve in different ways:

As a Donor: Any individual or group or an institute/organization, can express interest to develop a project, sign Memorandum of Understanding (MOU) and fund to RISDA management to implement it. You can also donate to our DESTITUTE WELFARE FUND which has great impact on the lives of distressed people.

As a Volunteer: RISDA is always looking for volunteers. Volunteers come from local areas or abroad are encouraged to work with their skills or interests. They will be given necessary knowledge & orientation to perform the specific task.

As a Promoter: You can promote RISDA through different social media like [Facebook](#), [Twitter](#), [Youtube](#) and [Flickr](#). If you like any of our project or activity, please share it to your family and friend circle. It will contribute to build a stronger network to combat the Rohingya crisis.

Make a Partnership: RISDA-Bangladesh is using a collaborative approach in creating a private and public partnership model to resolve any inhumane issues. To further its mission in the areas of health, nutrition, education, training, food security and emergency responses, we focus on and seek sponsorship funding from government, corporations, non-profits, non-governmental organizations, foundations and individuals.

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