

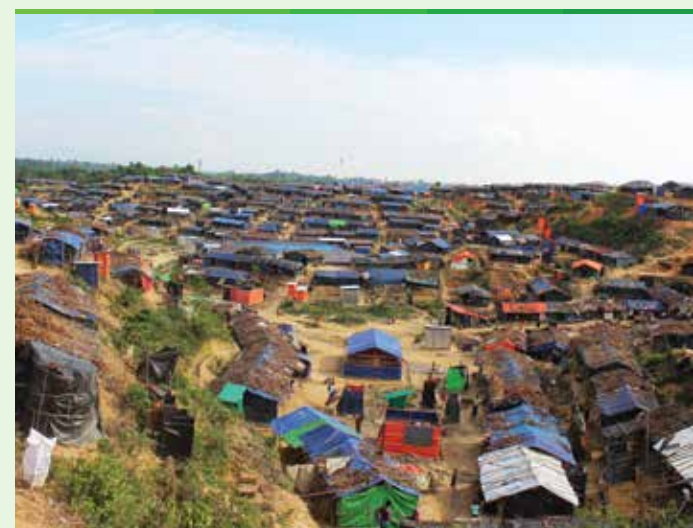


1. Introduction

The humanitarian situation for 1.2 million Rohingya refugees in Bangladesh, with some 603,000 newly arrived refugees since 25 August 2017, remains desperate. Among them 720,000 are children. Every day, the number is being increased ranging from 500 to 1,000. It means, the Myanmar Army did not stop their brutal inhumane activities against the Rohingya people. The areas of WASH (Water, Sanitation & Hygiene), health, nutrition and food security and shelter are identified for immediate scale-up to save lives in both settlements and host communities. The Rohingya population in Bangladesh is highly vulnerable, many having experienced severe trauma, and are now living in extremely difficult conditions.



Urgent nutrition needs have been prioritized for children aged under five (including infants), pregnant and lactating women and adolescent girls. These include close to 17,000 children under five suffering from severe acute malnutrition (SAM) to be supported over the next six months. Moreover, children, adolescents and women in both the Rohingya and host communities are exposed to high levels of violence, abuse and exploitation including sexual harassment, child labour and child marriage and are at high risk of being trafficked. Finally, an estimated 450,000 Rohingya children aged 4-18 years old are in need of education services.



2. Response of RISDA-Bangladesh

In response to the Rohingya crisis, RISDA-Bangladesh responded immediate after the crisis started on August 2017 aiming to its vision and mission. A project office was established at Kotbazar, Ukhia, Cox'sbazar to serve the Rohingya Refugees on humanitarian ground with initial fund donated by staff members of RISDA-Bangladesh. Fundraising & International desk was collecting and compiling information from different print and electronic media reports. Project management maintains close contact with local administration, community leaders, different donor agencies, INGOs/NGOs, Government departments and Ministries to realize the situation, national & international policies and strategies to address the crisis.

The responses of RISDA-Bangladesh are summarized as follows:

2.1 Food Packet Distribution:

In the initial stage, the refugees were scattered. There was no food for them. On September 15, RISDA-Bangladesh arranged distribution of 250 food packets urgently in one temporary camp at Musoni, Teknaf. Each packet was comprising of Rice 10 Kg, Cooking Oil 1 Liter, Pressed Rice 1 Kg, Molasses 1 Kg, Pulse 1 Kg, Oral Rehydration Solution (ORS) 6 packets, Bread (large)1 pc, Onion 1 Kg, Mineral Water 1 Bottle (2 L) and Mutton 500 gm including Aqiqa meat supported by Vuslat Dernegi in Turkey.



2.2 Health Clinic:

The Refugees are extremely needed for health services. Considering the need, RISDA-Bangladesh started medical services delivery from 5 October 2017 in collaboration with Shurjer Hashi Clinic. 2 Paramedics, 2 Nurses and 2 Assistants are being provided services from 8 A.M to 4 P.M. every day. On an average 150-250 patients are receiving medical treatment and medicine in each day. Most of the patients are women and children. The number of patients are increasing day by day due to their sincere quality services and Paramedics/Nurses are women. Nutrient food packets are also being distributed among the malnourished patients. The Care Association in Turkey has provided financial support for medicine. The following services have been provided during the reporting month (October & November 2017).



Table-1: Service Delivery of RISDA Medical Clinic (October - November 2017)

SL	TYPE OF SERVICES	Total			
		Men	Women	Children	Total
1	Antenatal Care (ANC)	0	1934	0	1,934
2	Postnatal Care (PNC)	0	676	0	676
3	Control of Diarrheal Diseases (CDD)	0	0	3,032	3,032
4	Acute Respiratory Infection (ARI)	0	0	1,076	1,076
5	Limited Curative Care (LCC)	1,456	2,752	0	4,208
6	Family Planning (FP) In Depo-Provera	0	348	0	348
7	FP - PILL	0	340	0	340
8	FP - CONDOM	76	8	0	84
	Total	1,532	6,058	4,108	11,698

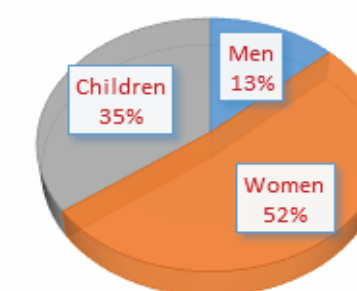
2.3. Solar Electrification:

The maximum Refugee Camps are located at off grid hilly areas. There is no electricity from the grid lines. Considering the situation, RISDA - Bangladesh installed 10 solar street lights and 60 solar home systems in this camp. They were also provided 200 solar potable lamps to use for household activities at night time. This initiative has been appreciated by all level.

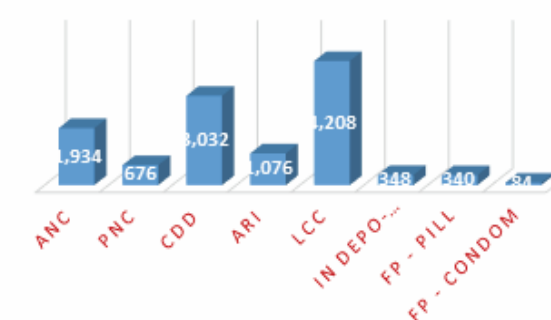


Solar Street Lights have been found very beneficial to maintain safety and security during evening to morning period.

GRAPH-1: BENEFICIARY OF MEDICAL CLINIC (BY SEX)



GRAPH-2: SERVICE DELIVERY BY TYPE



2.4 Deep Tubewell Installation:



There is a crying need of water supply for Rohingya refugees. Desperation for safe water is clearly visible when equal or more people line up before parked water delivery trucks than they do in front of the relief-carrying Lorries. Considering the acute need, The RISDA- Bangladesh has installed a deep tube-well in Thiangkhalı camp with the help of Vuslat Dernegi in Turkey. Camp dwellers use the tubewell for collecting pure drinking water. This deep tubewell is capable to discharge water through out the year. On the otherhand, most of the shallow tubewells are becoming out of order as the water level is going down in the ground due to dry season.



2.5 Cloths & Blanket Distribution:



Refugees came to the camp without enough clothes and blankets. RISDA-Bangladesh distributed different cloths among 1,000 people of most of them were children and women. Also 1000 blankets were distributed in Unchiprrng Putibonoo Camp supported by Vuslat Dernegi in Turkey.



2.6 Visitors at Project Site:

Mr. Mohammad Nuruzzaman Munna, the honorable chairman and Mr. Hemayet Hossain, the Executive Director of RISDA-Bangladesh has visited Unchiprang and Thiangkhalı camps to see the on going project activities run by the organization. They discussed with Army administration and different agencies to assess and mobilize emergency needs. The team interviewed refugee men, women and children to understand the real fact of their tragedy.

A team from Extend The Day, USA and Spreeha Bangladesh Foundation visited RISDA clinic. The team offered medical services and distributed potable solar lights among the refugees.



A joint discussion meeting was held with USAID high officials during their visit in Cox'sBazar. Head of International Desk, RISDA-Bangladesh and PD, FDSR (Surjer Hashi Clinic) attended the meeting.

RISDA-Bangladesh is playing their role for the well being in favour 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.

3. CASE STUDY: How survived a 'Setara Begum' ?

Setara Begum, aged 16, got married 3 years ago with Baser Ali (19). She completed study up to grade V. She was living with her husband's family at Sorpara village, post office Bolibazar, thana Mongudu, district Akiyub, Myanmar. They were bound to leave their home during the recent brutal operations run by Myanmar Army. She was pregnant and closed to deliver a baby. But she could not stay in house for a safe delivery. She walked for 12 days with this physical condition. She felt labor pain on the way but could not stop due to fear of army's torture. The non-stop labor pain caused for swelling in the legs and face, rapid weight gain, headaches and pain in the upper abdomen. She crossed Bangladesh boarder having these complications and admitted in to Surjer Hashi Clinic at Teknaf with the help of local people. The doctor diagnosed sever Eclampsia, one hand of the baby was seen out side the uterus. Setara born a dead baby, stayed in the clinic for two weeks and last of all she could survived herself. Now, she lives in Unchiprang Putibunia camp in Teknaf.



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4. 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:

4.1. 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.

4.2. 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 fight against the Rohingya crisis.

4.3. 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.

4.4. As a Donor:

Individually or a group or on behalf of an institute/ organization, you can express interest to develop a project and delegate to RISDA management with fund to implement under a Memorandum of Understanding (MOU). You can also donate to our DESTITUTE WELFARE FUND which has great impact on the lives of distressed people.

SL	Name of the Component	Quantity	Beneficiary	Amount in BDT	Amount in USD
1	Hygienic Latrine	One unit	5 Family	12,000	150
2	Blanket/Sweater/Cardigan	One	One person	360	4.50
3	Water Well (100 M. Depth)	One	50 Family	70,000	875
4	Medical Camp	1camp (for each months)	6,000 Patient	1,000,000	12,500
5	Ambulance	One	100 per month	2,000,000	25,000
6	Shelter with kitchen, toilet & Pre-school	One	35 Family	4,752,000	59,400
7	Cookeries	10 items	1 Family	1,724	21.55
8	Solar Home System	50 Bulb	35 Family	98,230	1,227.87
9	Solar Street Light for Camp area	One	50 Family	35,000	437.50

FOR MORE INFORMATION, PLEASE CONTACT:



RISDA-Bangladesh
happiness for all

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