

NEWS LETTER

October 2017

Relief Activities for Rohingya Refugees in Bangladesh

Background: More than 5,50,000 Rohingyas have so far taken refuge in Bangladesh fleeing persecution in Rakhine state of Myanmar carried out by its military forces since August 25, 2017.

As many as 100,000 more people may be waiting to cross into Cox's Bazar from North Rakhine's Buthidaung Township, IOM said on Sunday quoting observers, UNB reports. An estimated 2,000 Rohingyas are still arriving in Cox's Bazar, Bangladesh a day, having fled violence in Myanmar's North Rakhine State, according to IOMs staff monitoring the Bangladesh - Myanmar border.



Around 18,523 pregnant Rohingya women, who have entered Bangladesh during the massive exodus of Muslim community of the Rakhine state in Myanmar following persecution there carried out by its military forces, have been suffering from many health-related problems, UNB reports.

The problems include scarcity of hygienic sanitation system, irregular movements in hilly areas, lack of nutrition and proper rest. Moreover, nearly 441 child-expecting women out of 18,523, have been facing various types of health-related complexities, according to the information of Health Department. So far, some 150 women have given birth to their babies in Bangladesh, sources at the Health Department added.

Rezia Begum, 22, a seven-month pregnant woman, has come to Bangladesh walking six days without any break. As a result, she has been suffering from Edema as her hands and legs got swelled due to the accumulation of excessive fluid in the tissues, said physicians. Earlier, Rezia had given birth to four children but never faced such complexities, she said. Besides, there are some 42,541 children of different ages in the makeshift Rohingya camps in Ukhiya and Teknaf upazilas who have been facing a great threat of mass health disorder due to the insufficiency of child food. Alongside, the children are being deprived of breastfeeding as their respective mothers have not getting proper foods regularly.

However, some 43 makeshift medical camps, 36 vaccine centres, one mother and child welfare centre, one general hospital, two upazila health complexes, two union health centres, three community clinics, 12 makeshift centres, four family welfare centres and 12 partner centres have been providing round-the-clock health services to the Rohingyas. Apart from these



government initiatives, a good number of private organisations have been providing medicinal facilities to the persecuted Rohingyas.

On September 14, the Bangladesh government allocated 2,000 acres of forest land to set up a new camp adjacent to the existing Kutapalong makeshift settlement. It allocated another 1,000 acres of land to cope with the spiraling numbers. Officials plan to use the vast site to accommodate all the Rohingyas in Cox's Bazar – both new and old arrivals – in one settlement. At close to 700,000 people, this will become the world's largest refugee camp. The IOM said the challenges of establishing the camp on inaccessible, hilly terrain, are vast.

“The site is entirely undeveloped and will require planning and infrastructure investment for roads and bridges, the installation of drainage systems and soil protection earthworks to reduce the risk of landslides,” said the IOM. It is currently accessible by just one road – the Cox's Bazar–Teknaf Highway – which is already permanently congested by aid trucks and local traffic.

Many of the Rohingyas arrive in Teknaf – Cox's Bazar's southernmost upazila or sub-district – but then move north to Ukhiya sub-district and the vast, teeming makeshift settlements of Kutupalong, Balukhali and neighbouring satellite sites. They arrive exhausted, hungry and usually with nothing more than the clothes on their back, having walked for days and then braved a dangerous river or sea crossing. Many show signs of malnutrition.

IOM, the UN Migration Agency, this week appealed to the international community for US\$ 120 million through March to provide desperately needed aid to Rohingyas who have flooded into Cox's Bazar over the past six weeks. It aims to target 450,000 individuals (90,000 households) over the next six months. The IOM appeal is part of a broader humanitarian response plan seeking US\$ 434 million to help 1.2 million people, including the Bangladeshi host community.

At the request of the government of Bangladesh, IOM is hosting the Inter Sector Coordination Group, which is coordinating the work of aid agencies responding to the humanitarian crisis triggered by the influx.

IOM's operations focus on six sectors: shelter and core relief items; site management; water, sanitation and hygiene (WASH); health; coordination; protection; and communication with communities.

Life-saving services delivered by IOM and its partners include clean water and sanitation, shelter, food, security, health care, education, and psychological support for the most vulnerable individuals, many of whom are suffering from acute mental trauma or are survivors of sexual violence.

To date, IOM has distributed some 40,000 plastic tarpaulins to provide basic shelter for the Rohingyas since 25 August. These include some 4,000 shelter kits comprising two plastic sheets, two ropes, two blankets, and one sleeping mat per family, donated by the United Kingdom's Department for International Development (DFID).

The sheer numbers of new arrivals have led to dangerous congestion in the existing settlements. In the meantime, aid agencies are warning of acute shortages of food, which could soon lead to widespread malnutrition. An estimated 218,000 people are already in need of urgent nutrition support, including 145,000 children under the age of five and thousands of pregnant and lactating women.

IOM medical staff who have carried out over 33,000 consultations since August 25 say that healthcare is also stretched to the limit partly due to the lack of access to clean water and related growing numbers of diarrhoea cases. IOM and the World Health Organization (WHO) led a health sector meeting with some 30 agencies to work on a preparedness plan for a diarrhoea outbreak. Health sector agencies will also launch a cholera vaccination campaign on 10 October. Over the next year, 650,000 people will be vaccinated in the settlements and adjacent host communities.





Response from RISDA-Bangladesh:

In response to the Rohingya crisis, RISDA-Bangladesh responded immediately after the crisis started on August 2017 as part of its vision and mission. International desk was collecting and compiling information from different print and electronic media reports. Also, maintaining close contact with local administration, community leaders, different donor agencies, NGOs, Government departments and Ministries to realize the situation, national & international policies and strategies to address the crisis. On September 15, a 3-member team went to Cox's Bazar and visited Teknaf and Ukhiya upazila for a rapid assessment. The team interviewed refugee men, women and children to understand the real fact of their tragedy. The team also met local administration, NGOs, community leaders and service providers. RISDA-Bangladesh immediately arranged distribution of 250 urgent food packets in one temporary camp in Teknaf. Each packet was made with 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.

The Deputy Commissioner of Cox's Bazar has allocated space for running one temporary medical clinic at Putibunia, Unchirang under Teknaf Upazila as per recommendation of the Civil Surgeon & UF&FPO. Accordingly, RISDA built tent and started service delivery on 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. each 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. Also, distributed some cloths among 1,000 refugees most of them were children and women.

RISDA has long experience and expertise on different options of renewable energy system. The organization has been working throughout the country in renewable energy sector as a partner of Infrastructure Development Company (IDCOL) since 2008. The organization has come forward to help the Rohingya refugees with this technology. There is a crying need for light especially evening to morning for their movement and staying in the camp area with safety and security. This facility can contribute a lot for ensuring their protection from gender based violence (GBV).

Considering the urgency, RISDA-Bangladesh has decided to come forward to help and installed 10 solar street lights and 60 solar home systems in this camp. This initiative has been appreciated by all level.



Future Plan:

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.

FUTURE PLAN & BUDGET OF DIFFERENT COMPONENTS

Sl	Name of the Component	Quantity	Beneficiary	Amount in BDT	Amount in USD
1.	Hygienic Latrine	One unit	5 Family	12,000	150
3.	Water Well (30 M. Depth)	One	10 Family	15,000	187
4.	Water Well (100 M. Depth)	One	50 Family	70,000	875
5.	Medical Camp	One camp for each months	6,000 Patient	1,000,000	12,500
6.	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	625.00

How can you involve 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: 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.

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 fight against 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.

Contact Us

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