

# RISDA-Bangladesh



## NEWS LETTER

November 2017

### *Rohingya Refugees in Bangladesh: Situation Overview*

The humanitarian situation for Rohingya refugees in Bangladesh remains desperate, with some 603,000 newly arrived refugees since 25 August 2017, bringing the current total number of Rohingyas who have fled from Myanmar, coupled with the affected population in communities, to a staggering 1.2 million, including 720,000 children, according to a UNICEF report. 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 in spite of condemning all over the world.

The inter-agency Humanitarian Response Plan (HRP) 2017-18 identified the areas of WASH, health, nutrition and food security and shelter for immediate scale-up to save lives in both settlements and host communities. As per the HRP, the Rohingya population in Cox's Bazar is highly vulnerable, many having experienced severe trauma, and are now living in extremely difficult conditions.

The limited WASH facilities in the refugee established settlements, put in place by WASH sector partners including UNICEF prior to the current influx, are over-stretched, with an average of 100 people per latrine. New arrivals also have limited access to bathing facilities, especially women, and urgently require WASH supplies including soap and buckets. Given the current population density and poor sanitation and hygiene conditions, any outbreak of cholera or acute watery diarrhoea, which are endemic in Bangladesh, could kill thousands of people residing in temporary settlements.

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. Nutrition sector partners plan to cover 70 per cent of the identified needs in the makeshift and new settlements, host communities and official camps.

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

## Responses of RISDA-Bangladesh for Humanitarian Services to Rohingya Refugees:

In response to the Rohingya crisis, RISDA-Bangladesh responded immediately after the crisis started on August 2017 as part on humanitarian ground. 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,



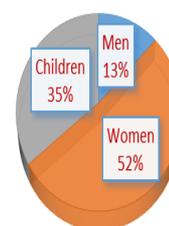
Mr. Mohammad Nuruzzaman Munna, the honorable chairman and Mr. Hemayet Hossain, the Executive Director of RISDA-Bangladesh has visited Unchiprang and Thiangkhali camps to see the on going project activities run by organization. They discussed with Army administration and different agencies to assess and mobilize emergency needs. The team interviewed refugee men, women and children to understand the real fact of their tragedy. RISDA-Bangladesh is running medical clinic at Unchiprang camp in collaboration with FDSR (Surjer Hashi Clinic). The Care Association in Turkey has provided financial support for medicine. Following services have been provided during the reporting month (October 2017).

Table-1: Service Delivery of RISDA Medical Clinic

SL	TYPE OF SERVICES	Total			
		M	W	C	T
1	Antenatal Care (ANC)	0	967	0	967
2	Postnatal Care (PNC)	0	338	0	338
3	Control of Diarrheal Diseases (CDD)	0	0	1,016	1,016
4	Acute Respiratory Infection (ARI)	0	0	538	538
5	Limited Curative Care (LCC)	728	1,376	0	2,104
6	Family Planning (FP) In Depo-Provera	0	174	0	174
7	FP – PILL	0	170	0	170
8	FP – CONDOM	38	4	0	42
		766	3,029	1,554	5,349

NOTE: M=Man, W=Woman, C=Children, T=Total

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



A combined team from Extend the Day, USA and Spreeha Bangladesh Foundation visited RISDA clinic. The team offered medical services and distributed potable solar light for the refugees. RISDA has distributed 300 blankets in Unchiprang camp and installed one hand-pump deep tubewell at Thiangkhali camp. Installation of Solar Street Light and deep tubewell is highly appreciated by camp management authority. Solar Street Lights have been found very beneficial to maintain safety and security during evening to morning. The RISDA's tubewell is only deep TW as source of safe water in Thiangkhali camp as a number of shallow tubewells are out of order due to failure of water level/aquifer in the dry season.



**The Chairman & ED of RISDA –Bangladesh in Unchiprang Camp, Teknaf, Cox's Bazar**

RISDA has long experience and expertise on installation of different options of renewable energy systems. 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 more street lights 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).

#### **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.

**PHOTO GALLERY**



Handpump DTW Tube well for safe water in the camp



Solar Street Light



Providing Medical services



Chairman and Executive Director visiting the



Food Packet distribution



Blanket distribution

## 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.	Blanket/Sweater/Cardigan	One	One person	360	4.50
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	437.50

### 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.



### You can 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:** 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.

### For more information, please contact:

House #18, Road #1, Block #B, Section # 6, Mirpur, Dhaka- 1216

Tel: +88-2-9008133-34, Fax: +88-2-8034545, Cell: +88 01777765521, +8801777765400

E-mail: [risda.internationaldesk@gmail.com](mailto:risda.internationaldesk@gmail.com), [risda.bangladesh@yahoo.com](mailto:risda.bangladesh@yahoo.com), Website: [www.risda.org.bd](http://www.risda.org.bd)