

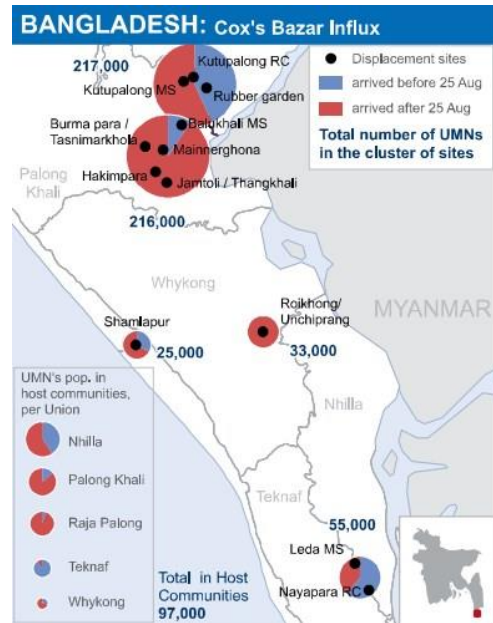
Briefing Note – 26 September 2017

Influx of Rohingya Displacement



Crisis overview

As of 22 September, an estimated 429,000 Rohingya people have arrived in Bangladesh since 25 August (IOM 22/09/2017). Rohingya started fleeing northern Rakhine, Myanmar as the Myanmar Army is carrying out crackdown operations in the area. Operations, which have killed at least 400 people, started after the Arakan Rohingya Salvation Army (ARSA) carried out attacks against police- and border posts (Thomson Reuters Foundation 03/09/2017). The Myanmar Army has been accused of extrajudicial killings, torture, rape, burning of shelters, and arbitrary arrests of the minority Rohingya population. Rohingya people are entering Bangladesh at six points across the Naikonchari border: Gundum, Tombru, Jolpaitoli, Reju Aamtali, Baishpari, and Kolabagan (The Daily Star 29/08/2017). An unknown number could still be stranded at the border.



Source: ISCG (20/09/2017).

Key findings

Anticipated scope and scale

The number of Rohingya people crossing the border increased from 74,000 on 25 August, to 429,000 as of 22 September. The movement of people across the border is reported to have reduced since 19 September (ISCG 19/09/2017). This may in part be due to heavy rain. Rain is forecast to continue in coming days (Bangladesh Meteorological Department 24/09/2017).

Needs are likely to grow and persist in Bangladesh, as Myanmar is unlikely to accept any returns. Myanmar has also planted landmines along the border in efforts to stop Rohingya from returning. UNICEF and IOM have declared the crisis a Level 3 Emergency, as needs are acute and the response capacity already overstretched (ECHO 22/09/2017).

Key priorities

- **Shelter:** The rainy season is underway and people are in immediate need of shelter materials (tarpaulin, bamboo, rope). Land is scarce and adequate site planning and management is required. Many settlements are located on steep and hilly areas where mudslides are possible.
- **WASH:** There are some areas with no latrines or water points, increasing the risk of disease outbreak. Settlements with existing WASH facilities are stretched and need scaling up.
- **Food:** All arrivals are in need of food assistance; there are limited livelihood opportunities for arrivals.

Response constraints

Continuous movement of people, as well as longstanding access restrictions to Rohingya people, makes response planning difficult.

Limited road access is hampering the effective distribution of aid across all sites and settlements.

Limitations

As new arrivals are moving between sites, it is difficult to keep track of migration flows.

Impact

As of 22 September, and since 25 August, an estimated 429,000 Rohingya have crossed the Naf river or land borders into Cox's Bazar, due to the renewed violent upsurge (IOM 22/09/2017). Of these, 145,000 people are in makeshift settlements and refugee camps. A further 88,000 are in host communities in Cox's Bazar Sadar, Ramu, Teknaf, and Ukhia. Six new spontaneous settlements have emerged with an estimated 196,000 – 204,000 Rohingya currently sheltering there (ISCG 20/09/2017; WFP 20/09/2017).

Arrivals have made a 60km journey on foot. Some have constructed makeshift shelters but many are sleeping in the open despite the ongoing rainy season. Bangladesh already hosts around 300,000–500,000 undocumented Myanmar nationals, as well as another 74,000 who arrived after violence in Rakhine in October 2016 (UNICEF 05/09/2017). Services are becoming strained on the Bangladeshi side as the government, UN agencies, and NGOs struggle to cope with the increasing influx.

Shelter and NFIs: Many of the newly arrived Rohingyas are being housed in spontaneous sites on the slopes of hills in Kutupalong, Balukhali, Unchipara, Palongkhali and other areas near the Bangladesh-Myanmar border (Dhaka Tribune 21/09/2017).

Existing makeshift settlements, as well as new spontaneous settlements are unable to withstand the elements. New arrivals set up makeshift shelter out of polythene sheets and other basic materials (Daily Star 28/08/2017). The shelters do not offer protection against heat. During the rainy seasons and cyclones the shelters are prone to destruction (ISCG 16/09/2017). Existing makeshift settlements and camps for registered refugees are overcrowded.

Cox's Bazar district has seen a heavy downpour since 18 September, increasing the possibility of flash floods and mudslides (Bangladesh Meteorological Department 24/09/2017). The majority of makeshift shelters in the low-lying land, surrounding Balukhali makeshift settlement, were flooded as of 19 September, due to heavy rain (ISCG 19/09/2017). Regulation is needed on how to construct shelter properly for those arrivals who are setting up shelters. The Government of Bangladesh prohibits the construction of permanent shelters (Refugee International 30/07/2017).

WASH: All new arrivals are in need of WASH support; Kutupalong and Unchiprang areas are most in need of WASH facilities due to the high number of arrivals. An estimated 58.65 million litres of safe water is required for all sites (ISCG 16/09/2017). Space is limited for the construction of new WASH facilities in all registered camps and already existing makeshift settlements. No sustainable water source is available to supply water all year through (IOM 30/06/2017). Recent flooding in August has polluted water sources, increasing the risk of the spread of disease (IOM 30/06/2017). New spontaneous settlements do not have facilities for drinking water.

An estimated 20,000 emergency latrines are required in all sites. Open defecation takes place due to a lack of toilets, increasing the risk of disease (The Daily Star 11/09/2017).

Polluted waste can be found throughout the camps and settlements (Relief International 22/09/2017).

Food and Livelihoods: Most recent arrivals have walked 50-60 kilometres for up to 6 days and are in dire need of food and water (ECHO 06/09/2017). All arrivals are in need of food assistance, an estimated 140,000 vulnerable people including pregnant and lactating women and children under five, need targeted food assistance (ISCG 16/09/2017; Syrian American Medical Society Foundation 20/09/2017). An estimated 3.9 million food rations are needed as of 16 September (ISCG 16/09/2017).

Sources of income and livelihood for existing Rohingya refugees in Cox's Bazar are limited. 66% sites reported that main source of income is irregular daily labour (Refugees International 30/07/2017). This is exacerbated by the lack of formal identification, leaving Rohingya unable to access work (Refugee International 30/07/2017). 30% sites reported to have UMN's engaging in begging (Refugees International 30/07/2017). New arrivals, lacking livelihood opportunities, continue to struggle to find enough food.

Nutrition: An estimated 300,000 people need nutrition assistance, as of 16 September (ISCG 16/09/2017). Diversified diet is very inadequate; distributed food may not be fresh and risk-free (ISCG 11/09/2017; The Daily Star 11/09/2017). There are 14,420 severely acute malnourished (SAM) children that are in need of inpatient and outpatient treatment, as of 16 September (ISCG 16/09/2017). As of June 2017, the UN reported a global acute malnutrition (GAM) rate of more than 21% in just one of the major camps near Cox's Bazar (USAID 11/08/2017).

Health: All new arrivals are in need of health care (ISCG 16/09/2017). As large medical hospitals are not located close to the borders, first aid has to be provided in nearby refugee camps. Primary Health Care coverage needs to be broadened to cover all newly arrived populations in new spontaneous and existing makeshift settlements (ISCG 16/09/2017). Inadequacy of safe drinking water, personal hygiene and sanitation facilities have already given rise to acute watery diarrhoea and other water borne diseases (IOM 19/09/2017). Additionally, many Rohingyas are suffering from fever, cold, minor cuts and scrapes and skin diseases (IPS 01/09/2017). Some incoming Rohingya are also wounded; wounds include gunshots and shrapnel (ECHO 28/08/2017; Daily Star 28/08/2017).

As of 20 September, at least 70,000 pregnant women are among new arrivals. Access to skilled birth attendants and specialised OBGYN support is lacking (Syrian American Medical Society Foundation 20/09/2017). As of 20 September an estimated 600 babies have been born in camps or in no man's land along the Bangladesh-Myanmar border since the influx began on August 25 (Thomson Reuters Foundation 20/09/2017; The Guardian 17/09/2017). Babies are born in unsafe and unhygienic conditions, putting their lives at

risk. Babies may suffer from malnutrition due to shortages in baby food and an inability of weakened mothers to breastfeed properly (Dhaka Tribune 10/09/2017).

Present facilities are reporting 150% to 200% rise in patients since the start of the influx, overwhelming the current capacity and resources (ISCG 16/09/2017). Extra medical personnel are needed.

More than 5,000 new arrivals under age five need vaccine coverage (BDNews24 02/09/2017). There needs to be a significant upscale of comprehensive health services including Sexual Reproductive Health, GBV case management and mental health and psychosocial support (ISCG 16/09/2017).

Protection: New arrivals are expected to go to makeshift settlements or host communities, where they will further strain the resources. Tensions may rise, putting the population at risk as no protection mechanism is in place (Refugee International 30/07/2017). The number of unaccompanied and separated children is high and many are found traumatised and in need of immediate psychosocial support (BDNews24 02/09/2017).

Overcrowding in makeshift settlements and constant population movement to spontaneous settlements is making it difficult to recognise private, safe service points for GBV case management and psychosocial support services (ISCG 16/09/2017). Lack of safe spaces raises the risk of exploitation and abuse. As of 16 September, nearly 45% of women and girls accessing Women Friendly Spaces have reported an incident of GBV (ISCG 16/09/2017).

Education: An estimated 100,000 new arrivals are 4-14 years of age (ISCG 16/09/2017). The current capacity of emergency education facilities is only enough to cover 5,000 children and an additional 500 schools or learning centres are needed (BDNews24 02/09/2017). 23 schools and four learning centres are currently being used as temporary shelters for approximately 6,000 people, postponing current educational operations (ISCG 16/09/2017). Since the influx began on 25 August, attendance at learning centres has fallen from 99% to 75% (ISCG 16/09/2017). This is as a result of overcrowding, and due to the children's' safety and security concerns from parents. Additionally, internal movements are making it difficult to identify potential learners to enrol them at particular learning centres.

Vulnerable groups affected

Among the new arrivals of Rohingya people, since October 2016, around 57% are children (UNICEF 29/08/2017). Among these children, 3.3% are unaccompanied minors at risk of being forced into child marriage, exploitation and labour (UNICEF 29/08/2017).

Women and girls are vulnerable to GBV, especially in unofficial makeshift shelter. Women and girls in the past have indicated a fear of gathering firewood, food, or water,

or a fear of using latrines in the dark. An estimated 200 GBV cases were identified in Cox's Bazar between December 2016–April 2017. Human trafficking is prominent, especially for drugs and sex trafficking (Refugee International 30/07/2017).

Response constraints

Operating space of humanitarian actors is more limited in Cox's Bazar, due to government constraints. Incoming Rohingya are often not registered, and organising and carrying out proper needs assessments is further complicated (Refugee International 30/07/2017).

Aggravating factors

Seasonal information

Due to the ongoing rainy season (June–September), access to certain areas can be limited. In July, *Shawporir Dwip, Bargona, Monigona, Lambabeel, and Uttor Shikali* were inaccessible due to the heavy rain and weather conditions (Refugees International 30/07/2017). Many Rohingya continue to live in crowded conditions in makeshift shelters vulnerable to the high winds and heavy rains of the monsoon season. The majority of shelters in low-lying areas are flooded due to persisting heavy rains. The rainy season will exacerbate the risk of disease outbreaks in densely populated areas, and any acute respiratory infections that may arise due to the lack of shelter or any waterborne disease that may emerge as a result of poor WASH conditions.

The rainy season also contributes to migration flows: Rohingya move around in search of better livelihood opportunities, possibly complicating keeping track of the population movement (IOM 30/07/2017).

Cyclone Mora

On 30 May, cyclone Mora hit Cox's Bazar, further deteriorating the already critical humanitarian situation linked to the Rohingya influx since October 2016 (UNICEF 29/08/2017). Huge parts of makeshift settlements inhabited by over 130,000 Rohingyas were destroyed. An estimated 25% of the shelters were severely damaged, and more than 55% were partially damaged (UNICEF 29/08/2017; Dhaka Tribune 24/08/2017). Power connections to the settlements were cut off, food and fuel supplies hindered, and health and sanitation facilities badly damaged (Dhaka Tribune 24/08/2017). 61 out of 314 non-formal schools/learning centres for out- of- school children in the registered camps, makeshift settlements and host communities were fully damaged. 93 schools were partially damaged. Education materials of these schools were also partially or fully destroyed (UNICEF 29/08/2017). The affected population is likely to face more challenges in meeting its WASH and Health needs throughout the upcoming cyclone season, especially when combined with additional pressures of the current influx.

Population Coping Mechanisms

Due to irregular livelihood activities, Rohingya in Cox's Bazar often engage in begging (IOM 30/07/2017). Women are said to have resorted to survival sex, and families have been undertaking early marriage (Refugee International 30/07/2017).

Contextual information

Drivers of the current conflict

On 25 August, the Arakan Rohingya Salvation Army (ARSA), attacked 30 police posts and army bases in Maungdaw, Buthidaung, and Rathedaung townships in Rakhine state, Myanmar. The attackers carried machetes, small arms, and small explosive devices. The military responded by conducting 'clearance operations', and are cracking down on Rohingya living in the three townships. This includes extrajudicial killing, torture, and arbitrary detention, among other human rights abuses (ICG 27/08/2017).

The current upsurge in violence is a deterioration in northern Rakhine since October 2016. Three border posts were attacked by the ARSA, which sparked a crackdown by the Myanmar Army and state of emergency which was lifted in February 2017 (UPI 16/02/2017). The Government of Bangladesh estimates that around 87,000 Rohingya crossed the border into Bangladesh from October 2016–July 2017, though the influx slowed after February 2017 (GoB 26/08/2017). Humanitarian access in northern Rakhine was severely restricted during the crackdown operations. Though information could not always be verified, the Myanmar Army was accused of torture, killing, arbitrary detention, rape, and burning of shelters. Conflict between Rohingya and others in Rakhine state spiked in 2012, leading to the displacement of over 100,000 Rohingya.

Past displacement

An estimated 300,000–500,000 Rohingya are in Bangladesh, predominantly in Ukhia and Teknaf Upazila of Cox's Bazar district. Rohingya, referred to as Undocumented Myanmar Nationals (UMNs), are often unregistered (IOM 30/07/2017). Around 33,000 Rohingya are recognised as refugees and predominantly living in two camps: Kutapalong in Ukhia, and Nayapara in Teknaf. The remainder are referred to as Undocumented Myanmar Nationals (UMNs), and are located either in host communities or makeshift settlements in Cox's Bazar.

History of conflict/situation and relevant stakeholders

Rohingya are an ethnic Muslim minority, consisting of an estimated 1.1 million people. Around 90–95% of Rohingya live in northern Rakhine, where they are heavily discriminated against by the predominantly Buddhist society. Rohingya are denied citizenship, and are severely restricted in their freedom to movement. Following intercommunal violence in 2012, over 100,000 Rohingya were displaced in Myanmar. Their movement restrictions lead to health, education, and livelihood opportunities, and a general dependency on aid. Human rights abuse against Rohingya are common.

The Arakan Rohingya Salvation Army (ARSA) was reportedly established after deadly riots between Muslims and Buddhists in Rakhine in 2012. They are reportedly behind the October 2016 border post attacks in Rakhine. Previously known as Harakah al-Yaqin (Faith Movement), the ARSA states it fights for the rights of Rohingya people. In October 2016, they consisted of 500 men. Their leadership is reportedly based in Saudi Arabia. In Myanmar, ARSA is labelled as a terrorist organisation (ICG 27/08/2017; ICG 15/12/2016).

Myanmar Army: also known as the Tatmadaw, the army operates separately from the government. The 2008 constitution ensures that 25% of seats are allocated to military official, giving them an effective veto. The military is in control of defences, internal affairs, and border security (Joliffe 27/08/2015). The army is thought to consist of around 510,000 soldiers (Myanmar Times 28/04/2016).

The Myanmar government: the National League for Democracy (NLD) headed by Aung San Suu Kyi has been leading since late 2015. The international community was initially optimistic the situation of Rohingya in Myanmar would improve with the NLD in charge. The government however has consistently denied any reports of abuse against Rohingya.

Response capacity

Local and national response capacity

The Bangladesh government has decided to set up 809 hectares of land as a camp in Cox's Bazar to accommodate newly arrived Rohingyas in 14,000 shelters, each with the capacity to accommodate six families (Voice of America 16/09/2017; UNHCR 19/09/2017). The new camp will be built in Tyingkhali near the Balukhali camp. If necessary, the government will also expand the unregistered Rohingya camps in Kutapalong and Balukhali of Ukhia, and in Noyapara and Leda of Teknaf. The Site Management Sector

has created a taskforce to work on site development and is developing a strategy for the site under the leadership of MoDMR (ISCG 16/09/2017).

The Government of Bangladesh has allocated BDT 400,000,000 for the construction of roads in 12 temporary Rohingya camps in Cox's Bazar, as part of the massive programmes introduced for the recovery of the refugees. The Government is also constructing 1,200 makeshift sanitary latrines and installing 1,200 tube wells in the camps. Moreover, 100 makeshift toilets, 60 for females and 40 for males, will be set up in each camp.

Movements of the newly arrived Rohingyas will be monitored, and biometric fingerprints of unregistered Rohingyas will also be collected into a database, along with their personal details (The Daily Star 06/09/2017).

The local administration has allocated 12 locations for private distributions within makeshift, spontaneous settlements, and host community villages to try and avert ad hoc distributions operated by private individuals (ISCG 19/09/2017). Bangladesh Red Crescent volunteers are also supporting these distributions. The Government has decided to deploy Bangladesh Army to join the relief distribution and rehabilitation programme (Dhaka Tribune 20/09/2017).

In the 12 refugee camps, there are 34 operating medical teams, and three medical centres will be set up in each to provide health care services. 14 makeshift warehouses near the newly built refugee camps will be constructed to preserve and store relief materials (Dhaka Tribune 21/09/2017).

International response capacity

Several donors have pledged funding to the crisis. Governments have offered support to the Government of Bangladesh to cope with the influx (BDNews24 05/09/2017).

UNHCR extends coordination services to the recognised refugees, while IOM implements the response for all other unrecognised Rohingya.

WFP is coordinating with other NGOs, to distribute food in the camps. Community kitchens and mobile teams, operated by Action Against Hunger, have been feeding warm meals to 50,000 people daily (WFP 20/09/2017). WFP have been distributing high energy biscuits in Kutupalong registered camp, Kutupalong makeshift camp, Nayapara registered camps and three new settlements (WFP 20/09/2017).

WHO have set up a Control Room as part of the humanitarian health response. The Control Room will help coordinate the activities of the various medical teams on the field, regardless of which organisation is operating them. It will receive daily information from all the present medical teams, analyse the information, then provide conclusive assessments to the public authorities (WHO 22/09/2017).

WASH and GBV are aligning efforts to ensure that washable menstruation hygiene materials for women and girls are uniformly distributed (ISCG 16/09/2017).

More information on the inter sector coordination of humanitarian assistance in Cox's Bazar can be found at:

<https://cxbcoordination.org/>

Remaining gaps in response

The Bangladesh Government, UN agencies, and NGOs are facing challenges in coordinating their activities for the newly arrived/arriving Rohingyas who are taking refuge anywhere they can in Teknaf, Ukha, and Naikonchari.

The Rohingya registration has been running slowly, due to a lack of logistics support and expertise, as well as a lack of knowledge from the refugees on the registration procedure (Dhaka Tribune 14/09/2017). There is a necessity to establish information desks and map existing service providers to ensure vulnerable populations have access to the services they need.

A limited number of local partners are working in the field, restricting ability of agencies to scale up activities. Sectors require surge capacity including coordination and information management support. Various, small, ad hoc aid distributions have been taking place in an uncoordinated manner, which are affecting safety and security issues and congestion on the roads. Aid agencies reported on 15 September, that at least two children and one woman were killed in a stampede that broke out as aid was being distributed (Aljazeera 18/09/2017).

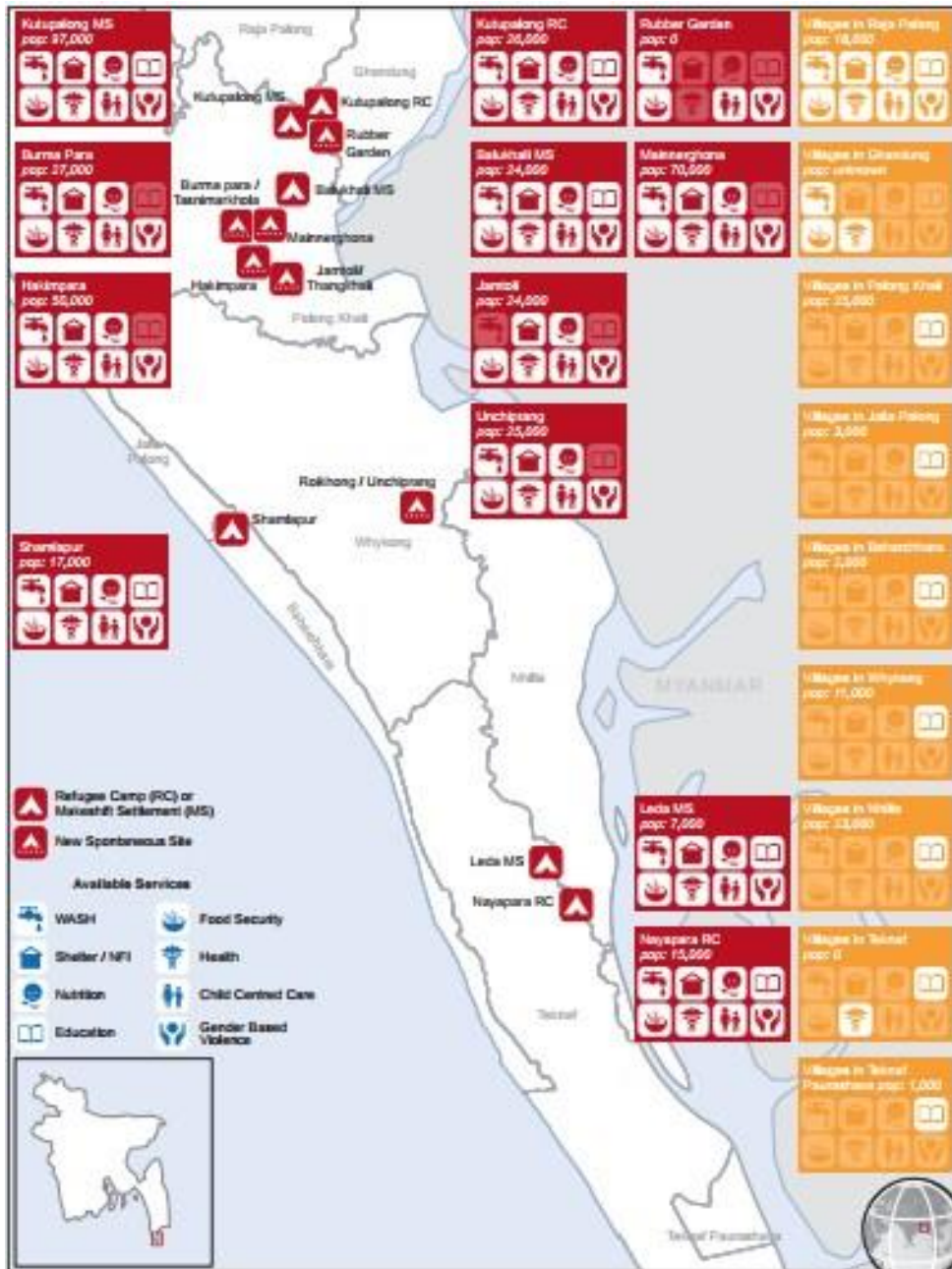
Information gaps and needs

- Significant gaps remain, particularly regarding needs for food, adequate shelter, WASH, and protections against GBV and trafficking risks.
- The fluid movement of new arrivals makes it difficult to identify new arrivals.
- The number of affected population in the host communities are unclear. There are areas, including in Bandarban District, where no agencies have a consistent presence.
- Preparation is particularly difficult as no information from within northern Rakhine is available. Anecdotal information from new arrivals is a main source of information.

Methodology

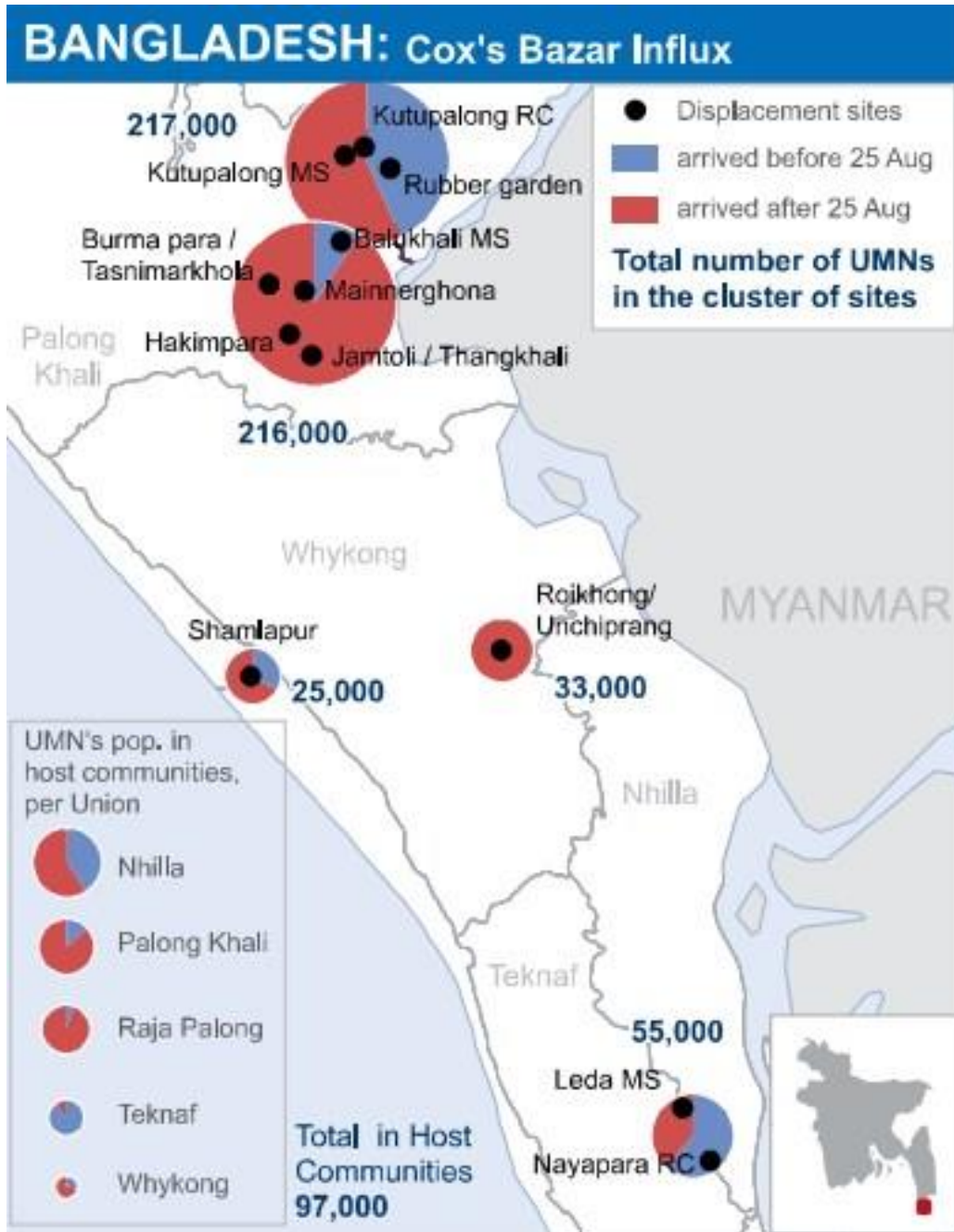
This Briefing Note has been produced by the Start Network and has been prepared using an ACAPS approved methodology. The note aims to understand the current situation of the new arrivals since the start of the 25 August influx; and to inform Start Fund Bangladesh members and relevant stakeholders. The note is based on all secondary data available to analysts by **24/09/2017**. The Start Fund Bangladesh thanks all those who have contributed to the note and welcomes additional information that could complement a possible update of this report.

Bangladesh: Cox's Bazar refugee response



Source: ISCG (23/09/2017).

Bangladesh: Cox's Bazar Influx



Source: ISCG (20/09/2017).