

Briefing Note – 7 November 2017

MYANMAR & BANGLADESH Displacement



	Not required	Low	Moderate	Significant	Major
Need for international assistance				X	
Expected impact	Very low	Low	Moderate	Significant	Major

Crisis overview

As of 5 November, some 609,000 people have fled northern Rakhine state in Myanmar to Cox's Bazar, Bangladesh following an eruption of violence on 25 August. A large number have likely also been internally displaced within Rakhine state, but data is not available on this. The Arakan Rohingya Salvation Army (ARSA), an insurgent group, launched multiple attacks on government posts in Rakhine state, to which the Myanmar military responded with heavy force. However, it has been reported that military clearance operations targeting Rohingya may have begun prior to the ARSA attack (OHCHR 11/10/2017). There are high levels of need among Rohingya both in Cox's Bazar and also likely among IDPs in northern Rakhine. Rohingya in central Rakhine have also been affected to a lesser extent.

Humanitarian constraints

In Rakhine, access has been severely limited for humanitarian agencies during the crisis due to government restrictions, with many agencies forced to suspend their operations. It has opened up slightly as of the last week of October, a possibly positive indicator for improved access in the coming months. Physical access is difficult in some areas of Cox's Bazar and there are multiple administrative hurdles for INGOs.

Key findings

Anticipated scope and scale

Movement of Rohingya to Bangladesh is continuing at a rate of about 1,000 people per day. However, the governments of Bangladesh and Myanmar have recently agreed to cooperate on the repatriation of Rohingya and to halt the cross-border movement. This will likely decrease the outflow but repatriation is likely to take some time as the agreement did not set out any specifications about the return process.

Rohingya in northern Rakhine will continue to experience cross-sectoral needs in the coming months as infrastructure, crops, and farms have been destroyed and movement restrictions have intensified for Rohingya. In Cox's Bazar, government and humanitarian response is struggling to cope with the huge influx and a potential public health crisis remains a key concern. Accounts of segregation measures and aid disruptions in central Rakhine by local communities raise concerns over a possible spread of the violence.

Key priorities

- **WASH:** This is the highest priority in Bangladesh as the risk of communicable disease outbreak remains high due to inadequate facilities and a lack of faecal sludge management.
- **Food security:** Lack of access to food is an increasing concern in northern Rakhine state. Restrictions on movement, closure of food markets, and aid restrictions are all driving food insecurity.
- **Protection:** In Rakhine, continued prejudice against Rohingya exposes them to intimidation and violence, while in Cox's Bazar sexual and gender based violence as well as trafficking are the main concerns.

Limitations

PIN estimates per sector in the humanitarian response plan and the latest inter-sectoral situation reports are not always aligned. As the HRP holds a margin for additional influx, PIN numbers are slightly inflated. Despite the fluid situation, every attempt has been made to ensure that this note reflects the most recent developments at the time of publication.

Crisis impact

Myanmar

Violence against the Rohingya in northern Rakhine since 25 August has led to the displacement of some 609,000 Rohingya across the border into Bangladesh. More have been displaced to central Rakhine or remain in northern Rakhine but data on this is unavailable (ISCG 05/11/17) (OCHA 30/10/17). OHCHR and Amnesty International have documented accounts of unlawful activities targeting Rohingya that were conducted in an organised and systematic manner by the military in Myanmar. (OHCHR 10/17, Amnesty 10/17). Governments of Bangladesh and Myanmar have agreed to repatriate Rohingya refugees and while this agreement may limit cross-border movement going forward, it is unlikely that returns will take place in the near future.

Food: Increasingly, Rohingya fleeing to Bangladesh have reported lack of food as their primary reason for fleeing. Information on exact numbers of people in need of food aid or on specific areas affected is difficult to obtain due to limited access. Before the crisis WFP reported 225,800 people in need of food aid in northern Rakhine. This high dependency on food assistance means that any aid restrictions disproportionately affect the Rohingya (WFP 03/17).

Access has been largely restricted since 25 August although it has been reported that as of 27 October WFP will be allowed to resume food distributions in northern Rakhine, which will provide some relief to food insecure Rohingya still living there (Reuters 27/10/17). The recent violence, large-scale displacement, and the insecure environment interferes with the ability of Rohingya to harvest primary season crops and plant for the secondary season, which will reduce food availability (FAO 06/10/2017). The closure of markets and restrictions on Rohingya movement in northern Rakhine are additional factors limiting food access (WFP 03/17).

Health: Violence and displacement is driving health needs in Rakhine state and access to health clinics for Rohingya is extremely limited. Some 376,000 people were already unable to access health services in Rakhine prior to the recent violence (OCHA 08/03/2017). The health of new arrivals to Bangladesh is increasingly poor (Reuters 26/10/17). In addition to physical health needs, there is also likely to be a high need for psychosocial interventions (WHO 10/10/17).

Shelter and NFIs: In northern Rakhine, 288 villages have been burned, with 90% of the structures suffering extensive damage (HRW 17/10/17). Displaced persons remaining in Rakhine are likely to have limited shelter as a result. In reaction to the current crisis, the government has announced that redevelopment of villages will take place under the

2013 National Disaster Management Law, which would effectively give ownership of the land to the state. This raises concerns over the future of Rohingya settlements in Rakhine (ECHO 9/10/17). The government had previously planned to resettle displaced Rohingya in model villages which the UN feared would resemble IDP camps (Reuters 04/17). Similar concerns exist for any proposed repatriation of Rohingya.

Protection: Accounts of killings, rape, torture, enforced disappearances, arbitrary detention, and calculated attempts to deprive the population of conditions necessary for survival, such as interference with food access, have been documented by OHCHR and Amnesty International (OHCHR 10/17, Amnesty 10/17). Protests in Sittwe against the proposed return of Rohingya indicate high tensions and possible further violence if Rohingya are returned (Reuters 25/10/17).

Nutrition: Displacement and reduced food access is likely to have led to a deterioration of the nutritional situation following the violence on 25 August. In northern Rakhine State, malnutrition rates in Maungdaw and Buthidaung townships were at high levels before the current crisis. The global acute malnutrition (GAM) rates were 19% in Maungdaw and 15.1% in Buthidaung, while the severe acute malnutrition (SAM) rates were 3.9% in Maungdaw and 2% in Buthidaung.

Bangladesh

Prior to the August influx, Cox's Bazar was already hosting 300,000–500,000 displaced Rohingya. The recent influx has placed the district's infrastructure and basic services under immense strain. An inter-agency humanitarian response plan outlines an estimated 1.2 million people in need of assistance. (HRP 04/10/2017). The newly arrived Rohingya population are entirely reliant on humanitarian assistance for food, and essential needs. Population movements within Cox's Bazar remain highly fluid. A new camp is to be established in Ukhia and there is an increasing concentration of people there, despite the fact that there is currently no infrastructure or services. (ISCG 5/11/2017)

WASH: An estimated 380,000 people are in immediate need of WASH assistance and it is considered the highest priority by the humanitarian community (ISCG 15/10/2017) with an estimated 1.2 million people (including refugees and host population) in continuous need of WASH services. (UNICEF 20/10/17) Reception areas close to the border have extremely limited WASH facilities. Site by site faecal sludge management is a high priority as existing facilities are congested, making emptying latrines difficult. Land for faecal sludge management is yet to be allocated. Open defecation has been observed. (ISCG 08/10/2017). Due to the lack of adequate WASH, the risk of disease outbreak remains high.

If a cholera outbreak occurs, the attack rate may be up to 20% (WASH Cluster Technical Working Group 01/10/2017). There is also concern about the lack of WASH services in Ukhia where there is a growing number of people but a lack of services and limited access to develop any wash services (ISGC 5/11/2017).

New settlements are critically deprived of WASH facilities such as latrines, water points, and places for personal hygiene. There is limited water storage capacity at household levels. Currently, people resort to drinking water from paddy fields, puddles or hand-dug shallow wells (Rapid Protection Assessment 15/10/2017). There is an average of 100 people per latrine (UNICEF 20/10/17). Additionally, service points are overcrowded at pre-existing settlements. Women have expressed difficulty in maintaining hygiene as a result of congested sites, lack of showers, and inadequate garbage collection systems (Rapid Protection Assessment 15/10/2017).

Water shortages are causing tension between host communities and Rohingya. Host communities are concerned that shallow and deep tube wells extracting ground water will exacerbate water scarcity in the already water-scarce region (Daily Star 13/10/2017). Prior to the influx, 25% of Rohingya had access to safe water. The situation is even worse for host communities with only 10% having access to safe water for drinking and personal hygiene (UNICEF 08/10/2017).

Protection: 597,000 people are estimated in need of protection (ISGC 29/10/17). Refugees have indicated feeling unsafe leaving sites due to fears of kidnapping, assault, and harassment. Additionally, the forest, which is used for collection of wood, food, and as a place for defecation, is unsafe due to wild animals, tensions with host communities, and fear of kidnapping (Rapid Protection Assessment 15/10/2017).

Culturally, freedom of movement for women and adolescent girls is limited. They often stay out of sight, so those in camps can spend their days in very hot shelters. A lack of adequate lighting in the settlements, and distance from the latrines, leaves women and adolescent girls exposed to gender-based violence and theft (Rapid Protection Assessment 15/10/2017). Women and girls do not feel safe using undesignated bathing facilities and toilets in spontaneous settlements. Instead, they bathe inside their shelters, control food and water intake, and often resort to open defecation near their shelters, often seriously affecting their health (ISGC 08/10/2017; Rapid Protection Assessment 15/10/2017). Additionally, women and girls fear sexual harassment or trafficking due to a lack of culturally and religiously appropriate clothing (Rapid Protection Assessment 15/10/2017). An estimated 1,100 GBV cases have been identified since 25 August (ISGC 15/10/2017). Refugees pay large sums of money to human smugglers and are vulnerable to exploitation. The routes from the border to camps are dangerous and little protection is provided on the way (Rapid Protection Assessment 15/10/2017). Landmines are reportedly planted at the border.

Shelter and NFIs: In Bangladesh, 948,000 people are estimated to be in need of shelter assistance, including people in host communities. Overcrowding in camps is a concern. Makeshift shelters are made of plastic sheets and high temperatures make it difficult to be inside (HRP 04/10/2017). Almost all refugees arrive with no belongings and require tarpaulins for shelter along with cooking utensils, hygiene kits, floor mats, and blankets. Arrivals have requested culturally appropriate clothing (ISGC 15/10/2017; IRC & Relief International 03/10/2017). The government restricts the building of permanent shelters thus limiting response to non-permanent makeshift settlements constructed of bamboo and tarpaulin, which are unlikely to withstand cyclones and flooding.

Food: 974,000 people are in need of food security assistance. An estimated 144,300 pregnant and lactating women and children under five require supplementary feeding (ISGC 29/10/17). The majority of new arrivals do not have sufficient household items or the means to buy basic items including cooking fuel and cooking utensils. Limited storage for food stocks remains an issue (ISGC 15/10/2017).

Health: An estimated 1,167,000 people are in need of health assistance (HRP 04/10/2017). The crowded living conditions make people more susceptible to the spread of communicable diseases. Health concerns include skin ailments, acute respiratory infection, and diarrhoea (WHO 13/10/2017). 67 measles cases were reported from 16 September-21 October. E. coli has been found among 67% of sample households in a new settlement in Tasnimarkhola (WHO 13/10/2017). The highest levels of E. coli were found in households with high sanitary risk. The district health system, including Cox's Bazar district hospital, is overburdened with the new influx. Patients without beds sleep on cushions on the floor and food is sometimes prepared on the floor next to patients' beds (ISGC 15/10/2017).

Nutrition: An estimated 564,000 people are in need of nutrition assistance including the host community and the previously displaced Rohingya population. 240,000 children under five, 120,000 pregnant and lactating women, and 204,000 adolescent girls have been identified with acute nutrition needs (ISGC 29/10/17). An estimated 17,000 children are suffering from severe acute malnutrition (SAM), and 46,000 from moderate acute malnutrition (MAM) (ISGC 15/10/2017). The nutritional status of children under 5 has drastically deteriorated compared with last year. Nutritional assessments are ongoing but preliminary results from refugees in Kutapalong camp show that there is a 24.3% prevalence of GAM and 7.5% prevalence of SAM among children between 6 and 59 months (ISGC 5/11/2017).

Vulnerable groups affected

Around 80% of Rohingya fleeing are women and children (UNICEF 07/09/17). Women are particularly vulnerable because of the persistent gender inequalities and prevalence of gender-based violence. The elderly and persons with disabilities are also especially vulnerable as they may not be able to build their own shelters or obtain information on how to get food (UNWomen 30/10/17). All these groups face more difficulty in accessing aid at distribution points. Among the Rohingya, 5% of households are child-headed and 11% are elderly-headed (HRP 04/10/2017). Unaccompanied children constitute one of the most vulnerable groups. At least 22,480 orphaned children have been identified so far, which is particularly concerning due to the large number of trafficking rings that exist in Cox's Bazar (ISCG 29/10/17).

Humanitarian and operational constraints

Myanmar

Within Myanmar, apart from the ICRC, access for international humanitarian agencies has been severely restricted in northern Rakhine. In the pre-existing camps and villages in central Rakhine, access has also been affected, not only by government restrictions, but by the actions of local Rakhine people who have physically disrupted aid activities. As of 27 October, WFP has been granted access to populations in northern Rakhine, which may be a positive indicator for other agencies seeking access (Reuters 25/10/17).

Bangladesh

In Cox's Bazar humanitarian project permits are limited to two month periods, making it difficult to plan long-term activities. Physical access to some areas is also difficult due to the lack of infrastructure and the rainy season. The Bangladesh military is in the process of constructing roads to facilitate access to newly established camps (ECHO 30/10/17).

Aggravating factors

Myanmar

Ethnic Rakhine population in Myanmar

In Rakhine state, the ethnic Rakhine population have traditionally been hostile towards the Rohingya population, who they believe are actually Bengali people. Post 25 August, there have reportedly been segregation measures put in place in Myebon in central

Rakhine to separate Muslim and Buddhist populations. This raises concerns that the instability may spread to central Rakhine (Reuters 9/10/17).

Market functionality

Prior to 25 August, only eight out of 25 markets were fully operational in northern Rakhine. Food prices had increased by 7.4% compared with the previous year and purchasing power dropped by 44%. Restrictions on Rohingya movement limited their access to markets and this has worsened since the recent outbreak of violence. These pre-existing conditions will likely compound food insecurity for Rohingya in Rakhine state in the coming months (WFP 03/17).

Bangladesh

Seasonal information

Post-monsoon cyclone season occurs from October–November. A cyclone would exacerbate overall needs due to the lack of adequate shelter and protection. The affected population is also likely to face more challenges meeting its WASH and health needs throughout the upcoming cyclone season, especially when combined with the additional pressures of the current influx.

On 30 May, Cyclone Mora hit Cox's Bazar, aggravating the already critical humanitarian situation of the Rohingya influx since October 2016 (UNICEF 29/08/2017). Huge parts of makeshift settlements, inhabited by over 130,000 Rohingya, were destroyed. An estimated 25% of 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).

Population coping mechanisms

Reported coping mechanisms in Cox's Bazar include: selling remaining assets, participating in the illegal drug trade, or engaging in transactional sex. Most of these activities have been reported among women and children (UNWomen 30/10/17). Due to irregular livelihood activities, Rohingya in Cox's Bazar often engage in begging (IOM 30/07/2017). Due to a lack of food security, at least 90% of Rohingya reportedly reduce their number of meals to one per day (ISCG 04/10/2017). Women and girls have reported reducing their food and water intake to avoid using latrines because they do not feel safe (Rapid Protection Assessment 15/10/2017).

Contextual information

Drivers of the current conflict

A belief that the Rohingya are not of Myanmar origin has driven a long-standing marginalisation in Myanmar. While the recent outbreak of violence stemmed from the Arakan Rohingya Salvation Army (ARSA) attacking police posts, tensions have long been simmering. The scale of the crisis is due to the fact that the military did not retaliate only to the ARSA but targeted the Rohingya population as a whole.

Past displacement

300,000–400,000 Rohingya had fled Myanmar in earlier waves of displacement, including approximately 74,000 who crossed from Rakhine state into Cox's Bazar following the attacks in Rakhine state on 9 October 2016 (HRP 04/10/17). Around 33,000 Rohingya are recognised as refugees and are predominantly living in two camps: Kutapalong in Ukhia, and Nayapara in Teknaf. The remainder are referred to as undocumented Myanmar nationals (UMNs), are unregistered, and are located either in host communities or makeshift settlements in Cox's Bazar.

There was violence in northern Rakhine in October 2016, although to a lesser extent than the current situation. Three border posts were attacked by the ARSA, which sparked a crackdown by the Myanmar Army and a 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, although the influx slowed after February 2017 (GoB 26/08/2017). Humanitarian access in northern Rakhine was severely restricted during the crackdown operations. While 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.

Relevant stakeholders

Rohingya are an ethnic Muslim minority. There were an estimated 1.1m living in Rakhine state prior to 25 August 2017, some 90–95% of whom lived in northern Rakhine where they are heavily discriminated against. In the wake of the recent violence, over half of the Rohingya population has been displaced to Bangladesh and a further unknown number are internally displaced.

Rohingya are denied citizenship and are severely restricted in their freedom of movement. Their movement restrictions have led to needs for health, education, and

livelihood opportunities, and a general dependency on aid. Human rights abuses 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, operate separately from the government. The 2008 constitution ensures that 25% of seats are allocated to military officials, 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 in government since the first democratic elections in late 2015. The government has consistently denied any reports of abuse against Rohingya.

Response capacity

Local and national response capacity

Myanmar

The Union Enterprise for Humanitarian Assistance, Resettlement and Development (UEHRD) will be in charge of reconstructing the villages which were burned, starting with Maungdaw and Buthidaung. Initial focus will be on building reception centre offices on the border (Mizzima 30/10/17).

Bangladesh

Local and national organisations have been responding in Cox's Bazar, but the influx is overwhelming response. The government of Bangladesh is building a mega-camp to shelter 800,000 Rohingya in the Kutapalong–Balukhali expansion site. The Site Management Sector has created a taskforce to work on site development and is developing a strategy for it under the leadership of MoDMR (ISCG 16/09/2017). People have already started arriving at the site. Access by road is limited and critical infrastructure is yet to be developed (ISCG 15/10/2017). The Bangladesh Army is deployed to the relief distribution and rehabilitation programme (Dhaka Tribune 20/09/2017). Fourteen 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

Myanmar

International response in Rakhine has been limited due to access restraints. Recently access has improved slightly with IRCR allowed to operate in northern Rakhine. Myanmar authorities as of 27 October have also agreed to allow the United Nations to resume food distributions in northern Rakhine state, which were suspended for the past two months (France24 27/10/17). Response is ongoing in central Rakhine, but disruption to aid deliveries has been caused by local population groups who resent the presence of INGOs in Rakhine (Reuters 27/10/17).

Bangladesh

In Bangladesh, a sector-based response has been established (UNICEF 05/09/17). Previously, many agencies were facing longstanding access restrictions in Cox's Bazar. However the government has now begun to give new agencies access, acknowledging the depth of the situation. The Inter Sectoral Coordination Group is coordinating response. A large influx of actors means aid is at times chaotic and uncoordinated. WFP is coordinating with other NGOs to distribute food in the camps and 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. UNHCR is conducting a family count in Kutupalong/Balukhali expansion sites, which will help assess distribution needs and protect vulnerable populations (13/10/2017). A large oral vaccination campaign is underway to mitigate the risk of a cholera outbreak. More information on the inter-sector coordination of humanitarian assistance in Cox's Bazar can be found at: <https://cxbcoordination.org/>

Information gaps and needs

- Information on the location or needs of Rohingya who remained in northern Rakhine as well as those that may have been displaced to central Rakhine is not available.
- Not all new arrivals have been covered by the family counting exercise, meaning baseline data on aspects such as identity and family size is lacking, making aid distribution difficult.

Lessons learned

In Myanmar, a house-to-house approach on WASH sensitisation for Rohingya was more effective than a community level based approach (WASH Cluster 09/2017).

Chlorinating water has proven a major challenge in WASH response to Rohingya in Myanmar. Chlorination was viewed as contributing to infertility, and Rohingya disliked the taste (WASH Cluster 09/2017).

Rohingya from Myanmar are comfortable with off-set pit latrines with pan and pipe, rather than traditional pit latrines. Rohingya women prefer disposable menstrual products (WASH Cluster 09/2017).

When installing latrines, cultural sensitivities should be kept in mind: they should not point to Mecca or be close to a mosque (WASH Cluster 09/2017).

Unregistered Rohingya in makeshift settlements have been more vulnerable in the past in terms of protection and food security compared to registered refugees and Rohingya in host communities (Daily Star 13/10/2017).

Food distribution sites need to be improved with road access, shelter/shade, sanitation facilities, more volunteers, and better communication with communities. Distribution also needs to be more co-ordinated (ISCG 15/10/2017).