



**2017 EMERGENCY APPEAL FOR PEOPLE FLEEING MYANMAR  
SIX-MONTH REPORT**



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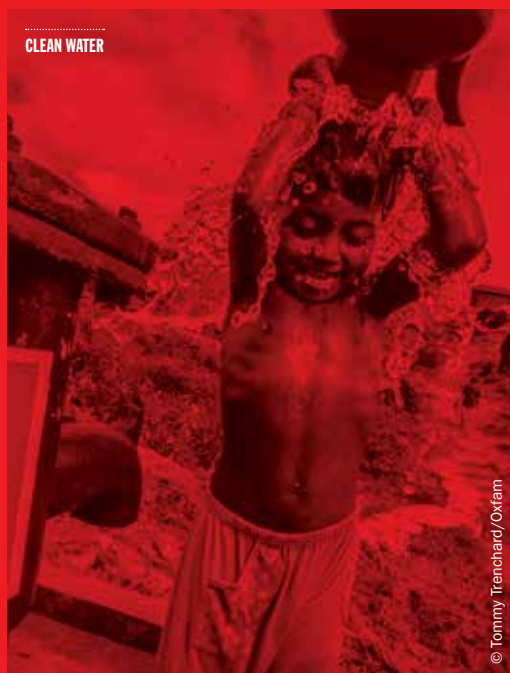
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# OVERVIEW

By the time the Disasters Emergency Committee (DEC) launched its appeal in October 2017, more than half a million people, mostly Rohingya women and children, had sought refuge in Bangladesh from violence in Myanmar's Rakhine state, in what the United Nations Secretary General described as a humanitarian and human rights nightmare.<sup>1</sup> Six months after the launch of the DEC appeal, DEC member charities had reached 351,500 people with food assistance, provided safe drinking water and sanitation support for 124,400 people, and distributed materials to build shelters for 19,500 families.

Most of those who fled settled in Cox's Bazar, one of the poorest districts of Bangladesh, and already home to a large Rohingya refugee population. Existing camps quickly became overcrowded and the few water and toilet facilities were soon overwhelmed, prompting the World Health Organization to warn of a "very high" risk of a cholera outbreak. Most new arrivals had very few possessions and were completely reliant on food aid. Many were visibly shocked and disoriented, having witnessed extreme violence and the death of family members. Some suffered gunshot wounds; women and girls reported having been raped. The UN estimated that 1.2 million people, including members of the host community (local Bangladeshi families), were in need of assistance.<sup>2</sup>

On 4 October 2017, the DEC launched an appeal to the British public for the people fleeing Myanmar. Within 24 hours, it had raised £3 million; six months later, the total had reached £26 million, including £5 million from UK Aid Match. All 13 of the DEC member charities took part.

Within days of the launch of the appeal, DEC member charities and their local partners were on the ground, providing food, shelter materials and medical assistance, as well as water, sanitation and hygiene support to the refugees. In the first six months of the DEC response (October 2017 to March 2018), 75,000 food parcels were distributed, providing a family of five with food for two weeks. Tarpaulins, bamboo and rope were provided to build 19,500 shelters, and 34,000 families received basic household items such as sleeping mats, blankets and cooking pots. With local medical facilities exhausted, DEC

funds helped to set up clinics and a field hospital, providing health care and medical assistance to 42,300 people.<sup>3</sup>

As the monsoon season approached, the UN warned that 100,000 people were vulnerable to flooding and landslides. DEC member charities and their local partners intensified their work to protect settlements, for example by reinforcing shelters with bamboo and sandbags and planting trees and grasses to stabilise hillsides and prevent landslides.

An independent review commissioned by the DEC concluded that, in general, the response by DEC member charities and their partners had rightly focused on immediate life-saving assistance, and, in several ways, had set an example for other organisations. However, it also highlighted shortcomings and made recommendations for improvements, which DEC member charities have taken on board in their continuing work in Cox's Bazar.<sup>4</sup>



## ACHIEVEMENTS AT SIX MONTHS



**351,500** people received food assistance



**34,000** families received household essentials such as blankets and pots and pans



**124,400** people have clean drinking water and sanitation



**19,500** families received materials to build a shelter



**42,300** people received free medical care and health support



**28,200** vulnerable people were provided with some form of protection



**10,700** families received vouchers to buy fresh food

# BACKGROUND

In the early hours of 25 August 2017, violence broke out in Rakhine State, Myanmar. Over the following weeks, over half a million people – more than the entire population of Liverpool – fled their homes as village after village was burned to the ground. They settled across the border in Cox’s Bazar, one of Bangladesh’s poorest districts, in what was described as the world’s fastest developing refugee emergency.

Their arrival came on top of many thousands of other Rohingya who had arrived in previous decades, putting a massive strain on existing camps, where fragile water and toilet facilities were soon completely overwhelmed. By October 2017, around 80% of new arrivals were women and children, who were particularly vulnerable to violence. Many children had become separated from their parents and exhibited obvious signs of trauma, such as loss of speech, and were in urgent need of psychological and emotional support. There were also large numbers of older people, many with chronic health conditions. Most people

were in dire need of food and water after their 50–60km journey on foot. With existing camps already at full capacity, families set up home under plastic sheets by the side of the road on bare, muddy ground, without access to clean drinking water or toilets. Open defecation was common, and the few available toilets soon began to overflow, contaminating the groundwater. Local clinics were unable to cope with the health needs of thousands of new arrivals, many of whom had gunshot and shrapnel wounds, as well as fever, diarrhoea, minor cuts, and skin diseases. An estimated 14,000 children were suffering from malnutrition.<sup>5</sup>

UN Secretary General Antonio Guterres described the situation as “the world’s fastest developing refugee emergency, a humanitarian and human rights nightmare” and called for international aid agencies to step up their operations. In October 2017, the Humanitarian Response Plan stated that at least 58 million litres of safe water were needed every day, more than half a million new arrivals required food assistance, and around 100,000 emergency shelters and 25,000 toilets needed to be built.<sup>6</sup> On 4 October 2017, the DEC launched its Emergency Appeal for People Fleeing Myanmar.

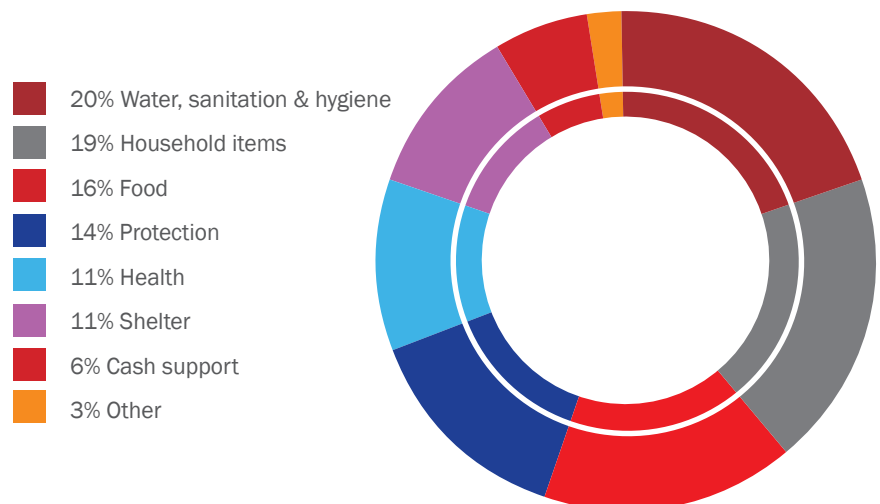
## HOW WE HELPED

Six months after the launch, the DEC appeal raised £26 million. All 13 DEC members took part in the collective fundraising appeal, and all 13 are providing assistance.

Within a week of the appeal launch, the DEC allocated £6 million to member charities. By the end of March, direct DEC income reached £19 million, including £5 million Aid Match from the UK Government, with a further £7 million donated directly to members.

During the first six months of the DEC-funded response, the focus was on supplying food and clean drinking water, installing toilets and improving living conditions by providing materials to build shelters and basic household goods. DEC funds were also used to provide protection services to vulnerable women, children and older people, as well as health services through clinics and a field hospital.

### Priority sectors with DEC funds in the first six months





## HYGIENE WITH HAND PUPPETS

In a little school perched on a hillside, children are clapping and singing happily. Volunteer Romana Akter is talking to them about handwashing – using two home-made hand puppets. Good hygiene, including simple measures such as handwashing, is key to prevent the spread of cholera and other communicable diseases that can sweep through highly-populated camps with devastating effects. Afterwards, the children are each given a bar of soap – which they can take home – and enthusiastically show off their new handwashing techniques.

Several DEC member charities ran similar hygiene information sessions in women-friendly spaces, health clinics and other public areas, and also recruited volunteers to work across camps to pass on information about how to minimise the risk of contracting contagious diseases such as cholera.



© Paddy Dowling/DEC

## Clean water, sanitation and hygiene

Providing access to safe drinking water and building toilets, along with improving hygiene conditions, was a priority; with DEC funds, member charities reached 124,400 people with this work, and another 69,500 with hygiene promotion campaigns.

With a dearth of water points, new arrivals were forced to drink untreated water from rice paddies, puddles or shallow, hand-dug wells, many of which had become contaminated by *E. coli* as nearby toilets overflowed. With DEC funds, member charities dug 90 deep tube wells, providing clean drinking water to 37,000 people. In the Teknaf area, where there was little groundwater, a surface water treatment plant was set up with DEC funds at Unchingprang camp, providing clean water to 25,000 refugees every day.

At least 20% of the toilets installed by other organisations during the initial acute emergency stage were found to be non-functional, so 283 were repaired with DEC funds. DEC member charities also installed 797 new toilets, taking into account the needs of women and girls, for instance by fitting locks to ensure privacy. Several DEC member charities have installed toilets with a bio-filter, which need to be emptied less frequently.

Volunteers were trained to transport human waste safely to a treatment site built with DEC funds, where pathogens are removed.

Maintaining good personal hygiene – and preventing the spread of disease – were significant challenges given the lack of basic items. With DEC funds, member charities distributed 17,700 personal hygiene kits containing soap, toothpaste and toothbrushes, nail clippers, laundry soap and buckets, reaching 121,800 people. Information sessions stressed the importance of good hygiene, reaching 69,500 people.

### HIGHLIGHTS



- **37,000** people have a permanent source of safe water through 90 newly dug deep tube wells
- **63,400** people have access to functioning toilets
- **17,700** personal hygiene kits, including soap and toothpaste, were distributed
- **69,500** people were reached with key messages on good hygiene

## Shelter and household essentials

Living conditions for the newly arrived were horrendous, with families forced to sleep on the bare ground. In the early days of the DEC appeal, one member charity alone provided 3,375 families with kits containing a tarpaulin, plastic groundsheet and three metres of nylon rope, as well as instructions on how to assemble a shelter. Labourers were hired to help extremely vulnerable families – such as women- and child-headed households – to build their shelters.

The vast majority of newly arrived refugees had very few possessions; some had just the clothes they were wearing when they fled Myanmar. As winter approached, one DEC member charity distributed warm children's clothes, as well as culturally appropriate clothing for adults such as saris and lungis. Several DEC member charities provided cooking pots, plates and cups to 18,300 households. To help prevent the spread of malaria, 17,700 mosquito nets were distributed. Cooking fuel was in very short supply, and the surrounding hillsides, once a nature reserve, were at risk of being stripped bare for firewood. To prevent further deforestation, several DEC member charities supplied 9,300 families with compressed rice husk briquettes, and provided 4,500 families with gas cylinders and stoves.

As more and more refugees arrived, many families in the local Bangladeshi community found their homes surrounded by makeshift shelters and their agricultural land taken over by the spreading camps. Given the high rates of poverty in this area and extreme vulnerabilities in the local Bangladeshi community, their needs also had to be addressed to avoid potential tension with the refugee community. One DEC member charity gave blankets, mosquito nets, sleeping mats and children's clothes to 120 families, and umbrellas, raincoats and sleeping mats to a further 380.

**HIGHLIGHTS**



- **19,500** families received materials to build a shelter (bamboo, tarpaulin, groundsheet and rope)
- **34,000** families received items such as sleeping mats, blankets, clothes, and pots and pans

**Food**

Most newly arrived Rohingya were fully dependent on food aid, having already exhausted cash supplies and sold their belongings during the perilous journey. Several DEC member charities worked closely with the World Food Programme during the first six months of the DEC response to make sure that vulnerable families were provided with essentials such as rice, salt, sugar, oil and lentils. They prioritised vulnerable groups, including women- and child-headed households, and families with pregnant or breastfeeding women or children under five. In all, 351,500 people were reached with food assistance for two weeks.

When a lack of fresh food led to an increase in malnutrition,<sup>7</sup> one DEC member charity issued vouchers that refugees could use with pre-approved vendors to buy fresh produce (see Cash and vouchers, page 6).

**HIGHLIGHTS**



- **75,000** food parcels were distributed, providing a family of five with food for two weeks

**Protection**

Newly arrived children were visibly distressed by the violence they had witnessed and many had become separated from their families. Large numbers of older people had chronic health conditions and mobility issues. Several DEC member charities set up safe spaces where women and older people could come together to access a range of services and socialise, and where children could play, sing and draw. These informal centres offered women counselling, referrals and information on sexual and reproductive health, as well as a chance to learn new skills such as reading, writing and embroidery.

With DEC funds, one DEC member pioneered age-friendly centres, equipped with facilities designed specifically for older people and offering a range of health services and referrals. Many DEC member charities also set up committees of volunteers to make sure refugees knew about issues such as child labour, early marriage and trafficking, and to monitor gender-based violence and child protection issues. One DEC member charity organised 20 'watch' committees, whose members were trained to recognise and report all forms of violence against women and girls.

**ARRIVING WITH NOTHING**

"It took us seven days to cross from Myanmar and finally reach Bangladesh. We couldn't cook rice because of the rain. We survived eating the bark of banana trees."

Sayed (not his real name) thought he had managed to get his entire family to safety, but his wife was shot and died crossing the Naf river separating Myanmar from Bangladesh. He and his three children arrived at the refugee settlement in Cox's Bazar with just the clothes they were wearing.

With DEC funds, Sayed was given a tarpaulin and ropes to make his shelter, which is built on a hillside. The family also received a box of basic kitchen equipment, so now they are able to cook for themselves. "We are extremely happy to get these things when we have absolutely nothing," he says.



There was a dearth of mental health services for people, including children, who were severely traumatised. The local partner of one DEC member charity trained seven psychosocial counsellors who ran 32 group counselling sessions for 420 people and provided 574 individual counselling sessions.

Many women and children reported feeling unsafe in the pitch-black camps at night, as most areas had no lighting. DEC member charities set up solar street lamps, serving both refugees and the local Bangladeshi community, and installed four mini-grids in Balukhali camp, providing public lighting to approximately 10,000 people. DEC funds also helped to provide 8,800 hand-held solar lamps.

In the first six months of the response, DEC funds reached 28,200 people with protection activities.

## HIGHLIGHTS



- **43** safe spaces were set up to provide protection for women, children and older people
- **26** facilitators were trained to provide psychosocial support
- **8,800** hand-held solar lamps were distributed to help people feel safer at night

## Health

In all, 42,300 people received medical care and some form of health assistance funded by the DEC. DEC member charities set up two mobile clinics and began treating children and adults in both the refugee and the local Bangladeshi communities for anaemia, acute respiratory infections, fevers, and even gunshot wounds sustained in Myanmar.

DEC funds also contributed to the overall running costs of the emergency unit at a field hospital set up by one DEC member charity. Serving both new arrivals and the local community, this 60-bed facility – the size of two football pitches – was

## ENCOURAGEMENT AND SUPPORT

Fatima Aktar is a counsellor and paramedic at a women-friendly space set up with DEC funds. She provides psychosocial support and health care referrals for 30 to 40 women a day. Most are severely traumatised.

“Their homes have been burnt. Children have been killed in front of their mothers. Girls have been tortured. They have been raped. They are bringing all this trauma with them and they cry a lot. I listen to what they have to say and I also feel the pain. I give them encouragement.”

The long journey into Bangladesh was particularly arduous for many women and adolescent girls. “Many girls started their period on the journey here but they had no sanitary protection. With a lot of difficulty, they walked for three or four days, crossing the water to get here. That’s why we gave dignity kits to 2,000 families.”

These kits contain essentials such as sanitary towels and spare underwear, as well as soap, toothbrushes and toothpaste. DEC funds were used to supply kits like these to 19,900 women and girls, as well as 500 post-natal kits containing sanitary towels, antiseptic and soap.



equipped with an operating room, delivery suite, intensive care unit, three wards, a laboratory and an isolation unit, and staffed by 15 doctors and 30 midwives. To date, 379 patients have benefited from surgery. Health posts were established in remote areas where there were few roads, though this meant supplies had to be carried for more than an hour.

Older people have specific health needs. One DEC member charity arranged special health clinics for older people with eyesight problems – both refugees and people from the local Bangladeshi community – where staff operated on cataracts and provided eye tests, medicines and glasses. It also

screened 2,400 older people for health problems and referred them to other professionals as necessary.

## HIGHLIGHTS



- **2** mobile clinics were set up and a field hospital emergency response unit was supported
- **30** community health workers were trained
- **6** counsellors were recruited and trained on the needs of older people



## Cash and vouchers

Cash and vouchers enable people in a crisis situation to choose and buy those items that best serve their particular needs, as well as giving a boost to local markets. As the Government of Bangladesh did not allow the use of cash grants for the newly arrived Rohingya, several DEC member charities provided cash-for-work, by hiring daily labourers for small-scale site improvements or as porters to help with aid distributions. With DEC funds, monthly fresh food vouchers to the value of 730 BDT to 1,170 BDT (around £6.50 to £10.50) were also provided to 10,700 families in Balukhali camp. With these vouchers, families were able to buy a range of vegetables and other ingredients from 30 pre-selected vendors to supplement their basic rations.

Many members of the local Bangladeshi community are also vulnerable and had been badly affected by the increased pressure on local resources and services. DEC member charities hired local workers; for example, on construction projects, and one member gave 28 volunteers a monthly stipend to help distribute food.

With DEC funds, member charities reached a total of 44,900 people with cash and vouchers.

### HIGHLIGHTS \$

- **10,700** families received vouchers to buy fresh food

## FRESH FOOD VOUCHER SCHEME

Getting sufficient, nutritious food to the enormous numbers of newly arrived refugees was a logistical challenge. In November 2017, one DEC member charity carried out a rapid needs assessment to help ascertain how best to meet this need. It revealed that most refugees depended on food aid – mostly dry goods such as rice and lentils – and very few could afford to buy fresh produce from local markets. As a result, most refugee families had a very restricted diet, with very little meat, fish, eggs and fresh vegetables, and almost no fruit and dairy products.

Meanwhile, markets were functioning well around some of the camps. Local traders expressed an interest in being part of a humanitarian voucher scheme and were confident they could cope with an increase in demand. Thirty vendors from three markets were selected and the scheme was piloted in January 2018 with 1,300 families, and then scaled up in February and March, reaching 10,700 families in total.

Every month, targeted families were able to use their vouchers to buy a range of



vegetables and other ingredients, such as aubergines, cucumbers, spinach, onions, chicken, eggs and milk, as well as garlic and spices, to make food more palatable. It gave families more choice and control over what they ate and where and when they shopped, as well as helping to provide a much more nutritious diet.

Families who took part were overwhelmingly satisfied with the scheme, though two-thirds thought it wasn't enough to cover their fresh food needs for a month. When feedback showed that families wanted to be able to buy salt and sugar, these items were also included on the list.



## TREATING MALNOURISHED CHILDREN

“My child has diarrhoea, she’s ill and has been losing weight, that’s why I brought her here,” explains Nur Asha at a clinic run with DEC funds on the furthest reaches of the camp. After her 18-month-old daughter is diagnosed with acute malnutrition, Nur Asha is given sachets of fortified peanut paste to help her recover. Each sachet costs around 25p, and four or five sachets a day over a period of two to four weeks will bring a malnourished child back to health. With the nearest hospital more than an hour’s drive away, this and other clinics, as well as the field hospital supported by DEC funds, provide vital medical care.

Nur Asha and her husband managed to make the perilous journey to Bangladesh with all four of their children. “I love my daughter”, says Nur Asha, “and I’m happy that she is now getting better.”



# HOW DEC MEMBERS PERFORMED

DEC members are committed to constantly improving how they respond to humanitarian crises, working closely with and for the affected communities and upholding international standards of good practice.

## Coordination

By December 2017, there were reported to be as many as 150 different organisations operating in the Cox’s Bazar area, and according to the independent review commissioned by the DEC, coordination was challenging and, at times, chaotic.<sup>8</sup> To minimise the risk of duplicating activities, DEC member charities worked closely with UN agencies, government departments, the military and other charities to share information. Along with local partners, they were all active members of working groups that coordinated work on specific areas, and a number had leading roles, including chairing the working group on infant and young child feeding. They also produced technical guidance on the use of water purification tablets and preventing acute watery diarrhoea; pioneered the standardisation of shelter upgrades; and data-tagged some of the toilets and water points they had installed to help coordinate work.

## Working in partnership and building community capacity

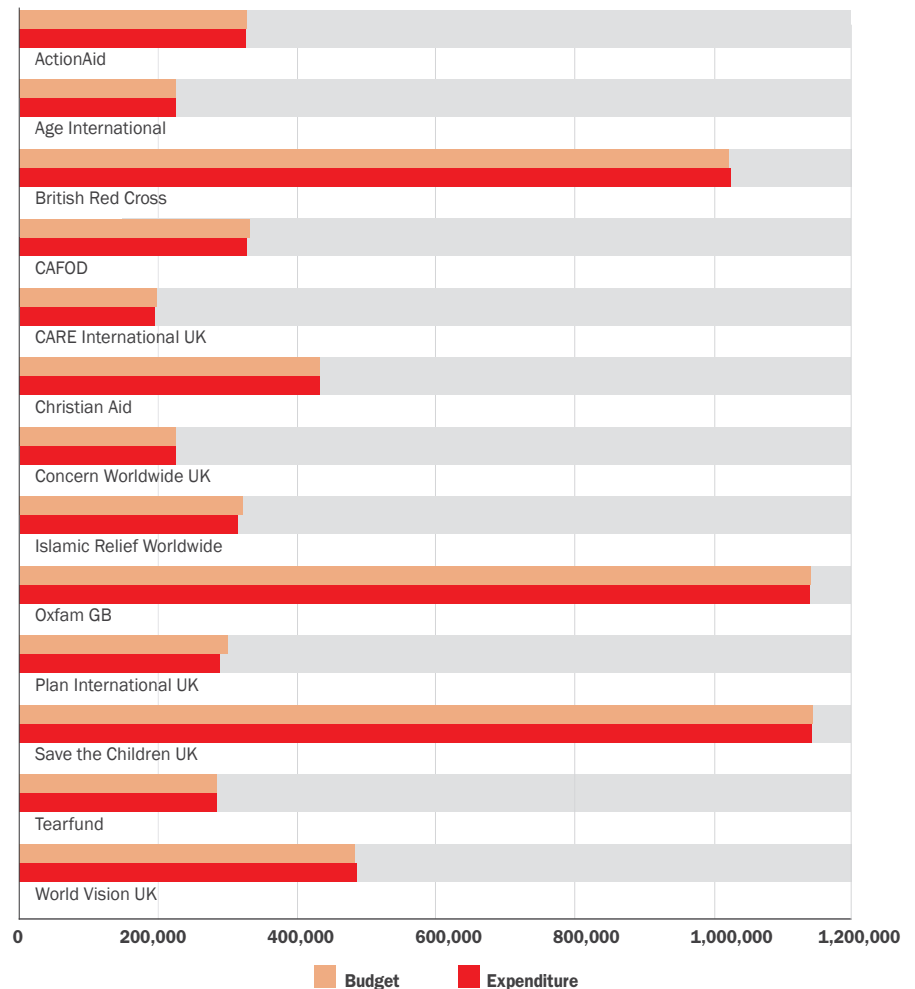
The review of the DEC response observed that relationships with local organisations were genuine partnerships that included dialogue and mutual engagement.<sup>9</sup> However, few implementing partners and their staff had experience of working in the very challenging conditions presented by such a large-scale refugee crisis. DEC member charities provided on-the-job support and training on specific issues, such as child protection and gender-based violence, mapping and updating referral services, providing psychosocial support, health referrals and follow-up for women and girls who have

been abused, and the clinical management of rape. Another DEC member charity engaged a local specialist charity to train staff on psychosocial first aid, using sport and games as a method of healing. Partner staff also gained specific project management skills, such as digital data collection and analysis, and one DEC member charity supported its local partner to become co-chair of the shelter/non-food items sector coordination group.

DEC member charities provided training and support for both the Rohingya community and the local people of Cox’s Bazar so that they could play an active role in the response. Rohingya local leaders, the Majhis, took on significant responsibilities and learned new skills regarding implementing and monitoring projects. DEC members also set up sanitation management committees and provided training on handling and disposing of human waste safely.

## Total expenditure of DEC funds in the first six months (£)

All 13 DEC member charities responded



Volunteers were recruited and trained to provide basic counselling, share key messages about gender-based violence and child protection issues, and to provide information on other services. Girls and boys from Cox's Bazar who could speak the Rohingya language were also trained to pass on key information about hygiene to their peers, making home visits much more effective.

### Following sector standards and being accountable to people affected by the crisis

All DEC member charities have made a commitment to a number of standards and codes designed to define good practice, including the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief; the Core Humanitarian Standard on Quality and Accountability, which covers the essential elements of principled, accountable and high-quality humanitarian action; and the Sphere Technical Standards, which define minimum standards for aid work in areas such as shelter, food, water and health care. Adhering to international technical standards proved difficult in the early days of the response because of the challenging physical environment, but also, for example, because authorities and local organisations were not familiar with such standards for the delivery of humanitarian assistance.

Most DEC member charities therefore provided training on these issues. The Sphere Standards had to be contextualised for application in the overcrowded camps and the inhospitable terrain. As the Government of Bangladesh gave only limited permission for work on child protection, it was sometimes difficult to follow Child Protection Minimum Standards through dedicated projects, and many DEC member charities overcame this by including child protection across relevant projects, such as work on health or water and sanitation.

Being accountable to the people affected by this crisis was an integral part of the relief response. From the start, DEC member charities engaged closely with the refugee population so that they could ask questions and make suggestions, as well as help to identify the most vulnerable groups and individuals. For example, when one group was consulted on building a safe space for women and children, the proposed design was adapted to improve ventilation. Children's clubs in these safe spaces provided a forum where boys and girls could put forward ideas for activities.

One DEC member charity, which is site manager for one of the camps, set up 99 camp development committees to encourage communities – and particularly women – to be actively engaged and

involved at every stage of programme implementation, from design and planning to monitoring and evaluation. Similarly, in age-friendly spaces, users were consulted on the design of both the sites and the services through ongoing weekly meetings where older people themselves set the agenda; they also finalised age-friendly information kits to ensure the contents were appropriate. 'Listening groups' made up of women and adolescents, as well as toilet and water point user groups, also gave their feedback.

DEC member charities also gathered immediate, on-site feedback from refugees, for example at distribution points or health clinics, to ensure that services were well received and used appropriately. They provided a number of other ways for individuals to raise issues, such as phone hotlines and helpdesks. One DEC member charity encouraged comments from children by providing 'mood' barometers – three smiley faces – to indicate how they felt about services in its child-friendly spaces.

Some DEC member charities and their partners also looked for new ways to share information and get feedback, such as setting up theatre groups in which refugees took part. Another set up radio groups for adolescent girls and women, who were able to listen to broadcasts in their own language on issues ranging from mental health to purifying water.

Although foodstuffs such as rice and lentils were provided to many families, refugees themselves identified a lack of fresh food, such as vegetables and fish, as a growing nutrition concern. A food voucher scheme set up with DEC funds enabled families to buy a range of fresh food from local vendors, and when feedback showed that families wanted to be able to buy salt and sugar, these items were also included.

### Taking into account people with special needs

Culturally, women in this region are rarely asked about their needs, so DEC member charities set up separate 'listening groups' where they could make suggestions and provide feedback. When they reported



AWARENESS-RAISING

feeling uncomfortable about using some of the previously installed facilities, DEC member charities provided new bathing areas exclusively for women and girls with secure fencing, and clearly gender-segregated toilets marked with male and female stickers and fitted with locks.

Practical, age-friendly spaces were set up that provided health services and referrals for older refugees, as well as a quiet area to sit and relax. They were enthusiastically welcomed – many older people commented on how unusual it was for services to be tailored to their specific needs. One DEC member charity partnered with a pioneering organisation for people with disabilities and, with DEC funds, 65 people received assistive devices such as wheelchairs, hearing aids, knee braces and glasses.

Programmes tried to focus not only on the needs of older people and those with disabilities, but also on what they are capable of. For example, many volunteers in projects for older people are themselves older, and they play an active role on management committees, raising issues around protection for older members of the community and other concerns.



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### New approaches

Conditions in the camps are volatile, with many areas vulnerable to flash floods and landslides. The local partner of a DEC member charity started site improvements, such as reinforcing hillsides with bamboo to prevent further erosion and building internal roads and bamboo bridges (in a context where the Government of Bangladesh does not allow the use of more permanent materials). To help reduce health risks, toilets were emptied and relocated, and irrigation ditches were dug to channel away flood water, using locally sourced materials. Newly installed solar lighting has helped to make the area safer. This approach is now being used as a model of best practice for site improvements elsewhere across the camps.

Women and children are often confined to their shelters after sunset because the camps have little or no lighting, and they don't feel safe in the dark. Kerosene for lamps is unaffordable for many, as well as posing a potential fire hazard and emitting noxious fumes. DEC funds have provided solar lamps for hundreds of families, which cuts both fuel costs and carbon emissions, and means that women and children can go the toilet at night, and families can cook, study or socialise in the evening.

Most refugees cook inside poorly ventilated shelters using firewood, not only putting themselves at risk of respiratory diseases and creating a fire hazard, but also damaging the environment as more and more trees are cut down. As a safer alternative, one DEC member charity and its local partner set up six community kitchens in Jamtoli camp, where people can cook together and socialise. They are equipped with stoves, pots and pans and stocked with a basic larder of spices and other ingredients. Alternative energy solutions are also being explored, including solar stoves.

Overflowing toilets posed a very serious risk to public health. In December 2017, a DEC member charity was tasked with collecting, transporting, treating and disposing of human waste in one zone of Balukhali camp. Given the urgency of this work and the logistical constraints, such as a lack of access roads and land for treatment sites, a basic open-pit lime treatment approach was chosen as a short-term solution. By-products are used as fertiliser and safe waste water is released into the water table. For the longer term, alternatives such as anaerobic bio-digestion and harnessing biogas for use as fuel are being considered.



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# KEY CHALLENGES AND RISKS

## Operating restrictions and related challenges

The Government of Bangladesh is to be commended for its open-door policy towards the thousands of people who fled Myanmar. However, the lack of refugee status and the fact that they are not allowed to take up employment has made the Rohingya completely dependent on aid. Charities in the area are not allowed to provide cash grants, which are commonly used in many relief efforts. Without employment opportunities, some of the newly arrived Rohingya feel they have no option but to work illegally, exposing themselves to exploitation. An increase in trafficking, 'survival sex' and similar negative coping mechanisms has also been noted. DEC member charities have recruited Rohingya volunteers wherever possible, paying a stipend to those who staff informal women's centres and hiring labourers to work on small-scale camp improvements on a cash-for-work basis.

There are also restrictions on the types of building materials that can be used in the camps, which has hampered efforts to prepare for the monsoon season and the risks posed by cyclones. For example, although reinforced concrete pillars were used to build some child-friendly spaces to minimise damage from winds and heavy rain, strict regulations against building permanent structures has meant that their design and construction are too weak to withstand strong cyclones or landslides. Rohingya families are living in very congested shelters in areas that are already prone to flooding and landslides, and a severe cyclone is likely to cause major destruction.

Charities using foreign funds are required to obtain government approval for all relief projects, which has led to delays, sometimes of several months. Between February and March 2018, access to the camps for international staff was limited, and on occasion entirely halted, putting extra pressure on local staff.

## Impact of environmental degradation

The crisis has had a devastating and irreversible impact on the local environment. Groundwater levels have decreased alarmingly, and the cramped and unsanitary conditions meant that ponds, ditches, lakes and shallow wells have become contaminated. More than 500 acres of forest vanished within a few months to make room for informal settlements and to provide firewood, dramatically increasing the risk of landslides in an area that is already prone to cyclones and heavy monsoon rains. There are serious concerns that flash floods could wash away shelters and overwhelm toilets and water points, further polluting the water supply and significantly increasing the risk of diseases, such as cholera and acute watery diarrhoea, spreading rapidly.

DEC member charities have been experimenting with alternative forms of cooking fuel to prevent further deforestation, such as compressed rice husks and stoves powered by gas cylinders. To reduce the risk of landslides and protect shelters, they have planted bamboo and grasses on hillsides to stabilise the soil and reinforced shelters with bamboo and sandbags. DEC member charities have also provided information about what to do in the event of a cyclone and how to prevent the spread of cholera through simple measures such as frequent handwashing.

## Impact on the local Bangladeshi community

When thousands of refugees began to arrive in Cox's Bazar, local people were initially very welcoming, some even taking Rohingya families into their homes. But tensions have begun to rise as many locals gradually lost their cultivable land to the ever-expanding settlements, and demand for daily commodities such as firewood has pushed up prices in local markets

at the same time as wages have fallen, because many refugees are willing to work for less.

In response, some DEC member charities have provided specialised health services and goods to older people in the local Bangladeshi community, who are also welcomed into age-friendly informal centres alongside refugees. Others have employed local people wherever possible, for example in camp construction or as porters, and have used local markets to source materials and so boost the local economy. Improvements have also been made to water sources and toilets used by local people. DEC member charities are exploring other ways to support the local community in the next phase of the response.

## Communication

Although many DEC member charities deployed local field staff, the Rohingya language is different from the local one, so communication was problematic. There were also religious and cultural barriers which made it difficult to contact adolescent girls and women. Illiteracy rates are also high. To overcome these challenges, DEC member charities used pictures, for example on distribution site banners and shelter kit instruction sheets, to make sure information was understood. Word of mouth proved extremely effective though time-consuming; one DEC member charity assigned a 'community mobiliser' to each block in Jamtoli camp to share information with residents. Radio broadcasts in local languages and theatre were also used to get across messages on cyclone preparedness and other issues. Female volunteers were recruited from the Rohingya community to reach women and girls who were not able to attend public meetings, informing them of services that were available.

# MAIN LESSONS LEARNED

Much of the learning was prompted by stronger information-sharing across agencies, in particular between well-experienced international organisations that have responded to refugee crises in the past, and national or local Bangladeshi organisations. These included adapting technical standards for water and sanitation and observing minimum distance between toilets and water sources to avoid contamination; or setting up women-only bathing areas and adjusting personal hygiene kits to include sanitary towels and antiseptic for women who had just given birth.

Feedback from the Rohingya community was also at the core of adapting response activities to best meet the needs and circumstances of different groups. When people indicated that they preferred face-to-face communication, DEC member charities invested efforts in recruiting volunteers who could speak the Rohingya language.



With rising levels of gender-based violence, the risk of rape, and an increase in the incidence of human trafficking and early marriage, the protection of women and girls should have been prioritised earlier. However, this was difficult, as the Government of Bangladesh did not allow charities to directly engage in psychosocial support or protection-related programmes. DEC member charities instead integrated protection measures into other projects, but more needs to be done. Women themselves suggested relatively easy solutions that would increase safety around the camps, such as installing lighting and providing hand-held solar lamps. Several DEC member charities have already done this and are planning to incorporate more protection activities in the next phase of their response.

Though the World Food Programme and several DEC member charities

provided baskets of dry goods such as rice and lentils to thousands of families, there was a shortage of fresh food and particularly vegetables; consequently, deteriorating nutrition status was observed, especially among children. One DEC member's voucher scheme, where families could redeem vouchers with local traders against a list of pre-agreed fresh foods, helped to counter this, but more initiatives like this are needed.

As well as causing deforestation, the use of firewood for cooking is a major health hazard, particularly for women who spend many hours in poorly ventilated shelters. Providing compressed rice husks as an alternative has gone some way towards preventing further deforestation, but other alternatives are also needed, such as stoves using gas cylinders and community kitchens.



# NEXT STEPS

Between 25 August 2017 and 7 June 2018, more than 702,000 people fled violence in Myanmar and sought refuge in Bangladesh. A total of 1.3 million people are estimated to be in need of humanitarian assistance in 2018, including 703,000 children. The main focus at the time of writing is on preparing for the monsoon season and the potential risk posed by cyclones. The overcrowded camps – considered the largest refugee settlement in the world – are built on terrain that is prone to flooding and landslides; the UN has warned that 100,000 people are at risk and UNHCR have said it is a race against time to avert catastrophe. Strong winds have already damaged shelters, affecting more than 1,500 families; children reportedly sat on top of their flimsy homes to prevent plastic sheeting from blowing away. According to a recent survey, almost half of all tube wells and 30% of toilets are at risk of

being affected by flooding and landslides, making it likely that cases of acute watery diarrhoea will increase. Malnutrition among children is at acute emergency levels, making them more susceptible to an outbreak of disease which would quickly claim the lives of thousands.<sup>10</sup>

Existing basic services for refugees and the local Bangladeshi community have been completely overwhelmed and continuing urgent support is needed until a long-term solution is found, including 12,200 metric tons of food a month, more than 16 million litres of safe water a day, and cooking fuel for at least 180,000 families. As many as 50,000 toilets need to be built or maintained. An estimated 400,000 children need protection and education services, and many require psychosocial support.<sup>11</sup>

In the next phase of the response (April 2018 to the end of September 2019), DEC

funds will also go towards preparedness measures to mitigate the risk posed by floods and cyclones, by reinforcing shelters, strengthening areas around the camps with sandbags and bamboo to prevent landslides, decommissioning and emptying toilets and digging deep tube wells to prevent contamination of water sources. In addition, they will be used towards food assistance and pre-positioning stock reserves as some camps may become inaccessible during the heavy rains.

DEC member charities will continue to focus on health assistance, planning to provide support through nine health facilities and two mobile health clinics, as well as on helping people to find ways to make a living, for example by distributing agricultural tools and seeds, and providing start-up grants for small businesses as more space opens up for such activities.

## HOW THE DEC WORKS

The DEC makes sure that the generous donations of the UK public are spent on emergency aid needed by communities devastated by humanitarian crises, as well as on longer-term support to rebuild the lives of people in these communities.

Donating through the DEC is simple and effective. It removes unnecessary competition for funding between aid charities and reduces administration costs. The DEC Emergency Appeal for People Fleeing Myanmar donation lines remain open and activities with DEC funds will continue until the end of September 2019.

A final report on the use of funds from the DEC Emergency Appeal for People Fleeing Myanmar is expected to be published in early 2020.





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<sup>3</sup> Some double counting of beneficiary numbers across member charities may occur when different types of activities took place at the same location. Figures cited have been rounded down.

<sup>4</sup> HERE–Geneva, 'Real-Time Response Review of the Disasters Emergency Committee (DEC) Emergency Appeal for People Fleeing Myanmar', March 2018, available at: [https://issuu.com/decuk/docs/dec\\_rohingya\\_crisis\\_appeal\\_response](https://issuu.com/decuk/docs/dec_rohingya_crisis_appeal_response).

<sup>5</sup> OCHA, 'Myanmar Humanitarian Bulletin', Issue 2, 2017.

<sup>6</sup> OCHA, 'Myanmar Humanitarian Bulletin', Issue 2, 2017.

<sup>7</sup> '2018 JRP for Rohingya Humanitarian Crisis', March–December 2018, available at: [www.humanitarianresponse.info](http://www.humanitarianresponse.info).

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<sup>11</sup> OCHA, 'Joint Response Plan 2018'; UNICEF, 'Press Briefing on Pre-Monsoon Rains in Cox's Bazar', 1 May 2018.





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Ground Floor  
43 Chalton Street  
London NW1 1DU

Tel: 020 7387 0200  
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