

WORKING FOR A DISPLACED COMMUNITY





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The largest Muslim ethnic group in Myanmar's Rakhine State self-identifies as 'Rohingya' - a designation that is not accepted by the majority of the Rakhine population, and is not recognized by the Government of Myanmar as one of the country's 135 official ethnic groups. In Bangladesh, in line with the national strategy of the government, it refers to unregistered members of the group as 'Undocumented Myanmar Nationals'.

FOREWORD

This publication provides an overview of interventions undertaken by IOM Bangladesh to provide humanitarian assistance to Undocumented Myanmar Nationals (UMNs) living in Cox's Bazar District.

At present, different sources estimate that approximately 300,000 UMNs are reportedly living in Bangladesh, including over 130,000 in various makeshift settlements in Cox's Bazar. The vast majority live in overcrowded makeshift settlements among the local Bangladeshi population.

IOM Bangladesh has been mandated by the government to coordinate efforts to help these destitute people who fled the conflict that has afflicted Myanmar's Rakhine State since the early 1990s.

It is my sincere hope that this publication will show what IOM has done for the UMN community to date and how much more still needs to be done to address their hardships in a comprehensive manner.

These images from Cox's Bazar record interventions generously supported by the United States, the European Union, Sweden, the United Kingdom, Japan, Canada, Denmark and the United Nations.

IOM is particularly grateful to the United Kingdom Department for International Development (DFID) for its support in publishing this record.

Sarat Dash

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 $Chief of \, Mission, \, IOM \, Bangladesh$



The Undocumented Myanmar Nationals are widely identified by the humanitarian actors as one of the most vulnerable populations in the world. Their need for humanitarian aid dates back to the early 1990s, when thousands crossed into Bangladesh to escape violence and persecution.





More than 300,000 Undocumented Myanmar Nationals are now living in the country- the majority in the Ukhiya and Teknaf Upazilas of Cox's Bazar District.



Women and children are highly vulnerable in Undocumented Myanmar Nationals' makeshift settlements and host communities. An estimated 7 percent of Undocumented Myanmar Nationals are children under the age of 1.





An estimated 25 percent of Undocumented Myanmar National households are currently female-headed. Some 5 percent of women are pregnant and 8 percent are lactating mothers, who need additional assistance.



Health is a major challenge for the population. In the settlements, diarrhea, fever, skin infections, measles and lice are major health concerns.

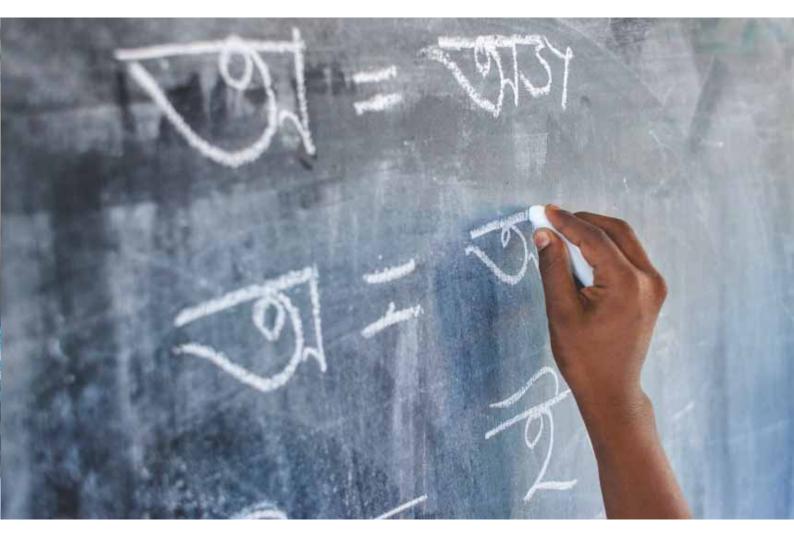




Access to safe drinking water is also a challenge, due to limited water resources and rising levels of ground water salinity.



 $Women \ and \ girls \ are \ vulnerable \ to \ Gender-Based \ Violence \ (GBV) \ in \ the \ makeshift \ settlements.$



The protracted nature of the crisis facing the community highlights the need to provide the Undocumented Myanmar Nationals with non-formal education.

IOM provides healthcare, water, sanitation, and hygiene services, and protection against GBV. It also coordinates the work of other agencies and builds local capacity.

















IOM regularly distributes shelter and other non-food relief items in the settlements. These include tarpaulins, sleeping mats, blankets, mosquito nets and hygiene kits.





 $\label{thm:materials} \mbox{Materials are provided to the community for building shelters.}$



IOM targets aid at the most vulnerable, including female-headed households, pregnant and lactating women, and GBV survivors.



IOM's healthcare strategy includes strengthening government administered facilities, as well as constructing and managing facilities serving both the Undocumented Myanmar Nationals and host communities.



 $IOM\,constructed\,a\,10-bed\,clinic\,in\,Leda\,in\,Teknaf\,Upazila\,to\,improve\,health care\,services\,in\,the\,area.$



Approximately 20,000 cases are treated each month at IOM-supported healthcare facilities in Ukhiya and Teknaf Sub Districts.



 $Leda's \ health \ clinic \ tries \ to \ meet \ the \ community's \ obstetric, psychosocial, nutritional \ and \ immunization \ needs.$



The clinic also refer patients to tertiary level health facilities.

IOM health promoters go door-to-door to provide pregnancy-related care and trained midwives help with child delivery in IOM-supported health facilities.







Emergency healthcare is addressed through mobile health clinics in locations where government facilities are not easily accessible.







Behavioral changes relating to health and hygiene are promoted through individual and group counseling, and community meetings.









 $Government \, health care \, facilities \, are \, supported \, with \, medicines \, and \, other \, supplies.$



Safe drinking water, sanitation and hygiene (WASH) services are made available to Undocumented Myanmar Nationals and host communities.



 $Practical \, solutions \, to \, provide \, safe \, drinking \, water \, is \, critical \, to \, the \, public \, health.$



Water points are strategically located to provide safe access for women.



 $Gender and \, cultural \, considerations \, are \, important \, in \, the \, design \, and \, implementation \, of \, WASH \, interventions.$









 $WASH\ interventions\ include\ promoting\ safe\ hygiene\ practices\ through\ community-based\ awareness\ sessions.$



Jugs and soaps are provided in community latrines to promote hygienic behavior.







WASH facilities are strictly segregated.



IOM ensures that proper waste management systems are established in the settlements.





 $Safe \, water \, is \, provided \, three \, times \, a \, day \, to \, the \, families \, in \, Leda \, settlement.$



IOM supports UNICEF's early learning and basic education interventions for Undocumented Myanmar National children aged 4-14 by constructing schools and learning centers.





A total of 12 schools and 32 learning centers have been constructed in Kutupalong settlement.





Some 3,500 Undocumented Myanmar National children now attend classes in these facilities.







Students are provided with school bags.



IOM's approach to address GBV is based on 'protection by presence.'







Among the Undocumented Myanmar Nationals, approximately 53 percent are women and 58 percent are children who are vulnerable to different forms of violence. IOM encounters on average 50 gender-based violence cases every month, requiring safety, security and psychosocial support.







IOM's GBV services include psychosocial support or referral to healthcare facilities, case management, individual and group counselling, and provision of psychosocial first aid and dignity kits.







GBV awareness campaigns, workshops, information sessions, and training of settlement management committees, teachers, parents, religious leaders, women's groups, men's groups and the wider population are carried out on a regular basis.



 ${\sf IOM}$ uses Communication with Communities (CwC) interventions to reach out to the most vulnerable people in the settlements and host communities.



Opinion boxes are placed in central locations to collect community comments and feedback about needs and services received.





People from every segment of the community contribute to the service planning mechanism, which helps IOM programs to be more responsive to community needs and expectations.





IOM makes a particular effort to receive feedback from women and children.





Community leaders are consulted on regular basis to comment and give feedback on services provided to Undocumented Myanmar Nationals and host communities.





IOM coordinates the efforts of partner agencies to ensure that the humanitarian needs of all communities are met in a timely fashion.







Disclaimer

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