

Report: Rohingya Facing Dire Circumstances During Monsoon Season



Cover Photo: Rohingya refugees in flooded area of Balukhali Refugee Camp, Bangladesh on 26 July 2018. (Photo: BHRN)



**By Burma Human Rights Network
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About BHRN

The Burma Human Rights Network (BHRN) was founded in 2012 and works for human rights, minority rights and religious freedom in Burma. BHRN has played a crucial role in advocating for these principles with politicians and world leaders.



BHRN is funded by the National Endowment for Democracy (NED), Unitarian Universalist Service Committee (UUSC), the American Jewish World Service (AJWS), and private donors. We have members across Burma and on the Thailand and Bangladeshi borders. Any information we receive is checked for credibility by experienced journalists and researchers in the organization. We publish press releases and reports after our own investigations.

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Executive Summary

- Almost every refugee interviewed responded that they are facing shortage of material to repair temporary shelters
- Lack of adequate health care was commonly reported
- The most common medical complain was children suffering from diarrhea
- The second most common complaint was that children had developed skin rashes
- Patient suffering Hepatitis C and B struggled to get medicine to treat it
- Fear of mudslide during the raining is very common

- Rohingya in Rakhine facing travel restrictions, hunger, property damage and increasing spread of illness, disease, and death
- Outbreak of flu combined with limited access to food is especially dangerous for small children some already died

Introduction

The Burma Human Rights Network has been monitoring the situation on the ground of Rohingya refugees living in crowded camps in Bangladesh as well as those Rohingya who have remained in Northern Rakhine State. The situation of both groups during the monsoon season is grim, with NGOs struggling to provide assistance to all of those in need. The monsoons have resulted in flooding, widespread destruction of shelter, landslides near populated areas and the spread of illness and disease in densely populated areas.

Methodology

BHRN has conducted over 20 interviews inside newly settled refugee areas in Bangladesh and received several reports from Rohingya still living inside of northern Rakhine State to assess this situation. The findings of this report are a small sample of what is likely to be a far greater problem, which will require a response from the International Community. BHRN withheld the name of the people and the organization that interviewed during the survey for security reason.

Bangladesh:



Photo: Balukhali Refugee Camp July 26th 2018

In Bangladesh rains over the summer months have taken a continual toll on the shelters of refugees, particularly in newly settled areas of Kutupalong refugee camp. In 23 interviews with refugees, everyone interviewed said they were in need of building materials to repair their shelters and were unable to obtain adequate amounts of materials to repair the damage done to their homes by the rains. While most were able to obtain some materials, the amounts they obtained were not sufficient to stop leaks or repair roofing. After especially harsh storms shelters were often decimated and most families struggled to obtain tarp and enough bamboo to repair the damage.

A 27-year old man in the camps told BHRN, “We need bamboos, plotting and the big bamboo. We are not getting this.”

While NGOs are present in the area and are given access by authorities, their capacity to address such massive needs seems to be limited. Refugees interviewed by BHRN said all said they were helped by NGOs working in the area, but most expressed frustration about how limited resources were to help repair shelters. These concerns have been raised by refugees in previous years, with NGOs often struggling to meet the needs of refugees during the rainy season. The problem previously seemed to

be caused by limited funding and resources, and now it appears the massive influx of new refugees to the area has compounded it.

In regards to illness and disease, many of the refugees BHRN spoke to have family members who had become ill during the rainy season and struggled to receive adequate treatment. The most common complaint of refugees was children suffering from diarrhea, which can be deadly to smaller children who easily become dehydrated. The second most common complaint was that children had developed skin rashes.

A 29 year old man originally from Buthidaung and living in Balukhali told BHRN, **“My children have become sick from the rain. Their illness is diphtheria, loose motion and also skin rash. I haven’t been able to receive enough medicine from NGOs¹. They say to buy it from another shop. The organizations only provided paracetamol and some others.”**

Perhaps most worrying, four refugees interviewed by BHRN said someone in their household had diphtheria, a contagious infection which can be deadly if not treated. Each of those interviewed said the member of the household with diphtheria was a child. The infection is rare and can be prevented by vaccination, but experts have been warning since last year that the Rohingya refugee camps in Bangladesh may be [vulnerable to an outbreak](#)². Each of those interviewed also said they were having difficulty getting medicine and treatment.

A 55 year old man interviewed by BHRN said, **“My wife became sick. She has [hepatitis] C virus. We didn’t receive enough medicine from the NGOs³.”**

Generally, refugees said that while they had access to medical care in some capacity, it was insufficient. While they spoke highly of the NGOs working in the camp, most complained there was a shortage of medicine available. A few said when seeking medicine they were only given Paracetamol, despite clearly needing greater attention. The explanation again seems to be lack of funding for NGOs working in the region, which was also a problem prior to the recent influx of more than 700,000 refugees.

In Balukhali Camp, inside the expanded area of Kutupalong for new refugees, a landslide occurred on 25th July, which sent sand and mud into areas where refugees are living. Those in the area interviewed by BHRN expressed serious concerns that another mudslide would occur, and two said they struggled to sleep when it rained because they were afraid. Refugees in the area complained about damage to shelters and sand and mud running through all their belongings. They knew of no plan to get them to a safer area.

¹ Names of NGOs withheld

²Beaubien, Jason. National Public Radio 27 January 2018 Rare Disease Finds Fertile Ground In Rohingya Refugee Camps

³ Names of NGOs withheld.



Photo: Aftermath of mudslide, Balukhali Refugee Camp, Bangladesh. 29 July, 2018

Northern Rakhine State

BHRN has received continuing reports from researchers and residents living in Northern Rakhine State regarding the current situation on the ground as monsoon season continues. The greatest concerns of residents are continuing travel restrictions, hunger, property damage and increasing spread of illness, disease, and death. While NGOs have obtained greater access to the area, many residents say they are receiving little or no aid due to remaining restrictions or because they are in more remote areas which are thought to be abandoned.

Residents in Buthidaung have reported several cases of flu, especially among children. Those most impacted are in rural areas, which cannot access medical care easily or affordably. The outbreak of flu combined with limited access to food is especially dangerous for small children in the area, with reports from residents saying children have already died as a result. Among them was a report of a 12-year-old girl in Mee Kyaung Zay Village tract in northern Buthidaung who died on August 7th, 2018 of the flu because she was unable to receive treatment.

Also of concern are reports that residents with hepatitis B and C have run out of medication. While most of them have remained suffering in their villages hoping care may come, others were said to

have fled to Bangladesh hoping to receive care from NGOs working in refugee camps. The pattern of Rohingya slowly trickling out of Burma due to inadequate health care is part of an ongoing trend of displacement through manufactured conditions, which for many become unlivable.

Conclusion

Due to inadequately funded NGOs in Bangladesh and restrictions in Burma, Rohingya are needlessly suffering and dying of preventable or treatable illnesses. The spread of diphtheria and hepatitis B and C are especially worrying and require a significantly larger response to be adequately addressed and to prevent further spreading. Diphtheria is spread from person to person, usually through coughing and sneezing, and appears to have spread significantly through the crowded camps. Hepatitis B and C are more difficult to pass from person to person (Hepatitis B through body fluids and childbirth and Hepatitis C through blood) but further education on the viruses among refugees would help reduce their spread.

The frequency of the flu virus and diarrhea among small children is cause for great concern, as they can easily lead to death when untreated. In Bangladesh, the enormous number of refugees and limited resources of NGOs seem to be the greatest cause for the number of children suffering with limited access to medicine. In Northern Rakhine, this seems to be largely due to restrictions on movement and Rohingya living in remote areas that are overlooked or considered vacant.

The lack of adequate shelters makes some of these illnesses more likely to spread and can lead to several other forms of sickness or disease. While the massive influx of refugees in 2017 has made the 2018 rainy season especially difficult for NGOs to address, the lack of adequate shelter has long been a problem in the Rohingya refugee camps in Bangladesh. There is a constant need for more bamboo and tarps in the camps during the rainy season, which needs to be calculated for.

If this pattern continues it should be expected that some of the illnesses found in the camp, particularly influenza and diphtheria, will spread in greater and greater numbers, risking more lives and costing NGOs more resources to address. It is the responsibility of the international community to recognize these problems early and to address them accordingly in order to save lives and prevent future monetary struggles in addressing new crises.

Recommendations

The international community must reevaluate its plan for the Rohingya living in Bangladesh and Rakhine State. In Bangladesh, an assessment needs to be carried out to predict exactly what will be needed to provide adequate shelter and medicine for the Rohingya living there and serious efforts must be coordinated to acquire the necessary funding to do so.

In Burma, full access needs to be granted to all NGOs working in the state with a comprehensive survey of where those in need are living. Immediate efforts should be made to distribute dehydration

packs for small children in remote areas suffering from flu and diarrhea. Similar efforts must be made to emergency supplies, such as high-calorie biscuits, in remote areas where children are significantly malnourished.

Further, efforts should be made to establish sustainable living conditions in rural areas, including short-term aid re-establishing agriculture, animal husbandry and fishing for the Rohingya. Burma must grant freedom of movement for all Rohingya so they can easily travel to seek treatment as emergencies occur, as well as maintain income and livelihoods.