Refugee crisis in Bangladesh: a view from the field

In this issue, we revisit the disaster profile of Bangladesh. We also provide an in-depth understanding of the living situation in the refugee camps in Cox’s Bazar, which was a result of a field mission three CRED researchers undertook in partnership with the international center for diarrheal disease research (icddr,b) and the indian NGO Doctors for You (DFY).

Bangladesh is one of the countries most exposed to natural disasters (1), with 320 events reported in EM-DAT since 1900 that killed 2.5 million and affected almost 450 million people. It is among the poorest countries in Asia, and one of the countries in the world with the highest population densities. Due to its location in the delta of the rivers Brahmaputra, Ganges and Meghna, Bangladesh is frequently affected by floods. Moreover, the Bay of Bengal, in the south of the country, exposes its population to cyclones. Floods and storms represent 32% and 56% of all disasters in the country, respectively (Fig. 1). Apart from a single drought/famine event killing 1.9 million people, 25% of the mortality is due to storms. But the disaster trends in the last decades show an important decrease in mortality in the last decades, which is likely due to an improved preparedness (Fig. 2).

With regard to the spatial distribution of disasters in the country, the central regions are densely populated and heavily affected by natural disasters (Fig. 3). Although less populated and remote from the coast, the northern regions suffer from flooding.

In the extreme south-east, the district of Cox’s Bazar is the fifth district most affected by natural disasters in a total of 64 districts in the whole country. Cox’s Bazar has also been the stage of one of the biggest refugee crises in the world, due to conflict related displacement of Rohingya Muslims from Myanmar, which started in August 2017.
CRED Field Mission in Cox’s Bazar

Context
Ethnic violence in Myanmar made 742,000 Rohingya Muslims flee to Cox’s Bazar, Bangladesh since August 2017, which is now the largest refugee site in the world (2). Overcrowding is problematic in the camps: in some parts, there are only 8 square meters (sqm) per person, 37sqm less than the UNHCR emergency standard (3). Cox’s Bazar was already a densely-populated district, with a total population of 2.29 million, 33% of which live in poverty. The district is also facing emergency levels of malnutrition (2). In this context, we evaluated the feasibility of verbal autopsies to assess cause of death, and identified priority health problems that could benefit from rigorous research.

The problem with deaths
Mortality in the Rohingya population was a tense issue, and different actors reported conflicting numbers of deaths per month. The host population had better mortality registries, but they did not contain sufficient cause of death information.

Sexual and Reproductive Health challenges
The Rohingya population is highly illiterate (with key informants reporting levels of 80-97%), and gender differences and traditional beliefs play important roles. Contraception has low coverage due to low acceptance. Worryingly, home deliveries had recently increased, with an ensuing risk of complications and mortality (maternal and perinatal) - despite available delivery facilities and adherence to antenatal care consultations. Many link this with a fear of being attended by a male worker or undergoing C-section, an unwelcome intervention among the refugees.

The threat of other health hazards
Vaccination campaigns have taken place, but sporadic measles cases highlight the existence of susceptible groups. Malnutrition exists but is addressed by several actors, some with participative approaches (such as mothers to mothers support groups). There is a concern for appropriate shelter in the camps for refugee women in case of weather-related incidents: mosques are used as shelter but only men are allowed. Most importantly, there was an increase of acute watery diarrhea cases in all camps and in the host population, with some cholera confirmed cases.

Bangladesh has always faced social and environmental challenges. The recent refugee influx posed a major burden to an already struggling district. Humanitarian interventions should address cultural specificities of the refugee population, but they should also ensure equity with the host population. Considering the disaster profile of Bangladesh, humanitarian actors must prepare for disasters.

References

CRED News
• The 11th EM-DAT Technical Advisory Group meeting took place in Brussels in November 2019, report and list of participants available at: www.emdat.be