

SNAPSHOT

Bangladesh

JANUARY 2019



CELLULE URGENCE
EMERGENCY DEPARTMENT
CÉLULA DE EMERGENCIA



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KEY FACTS



708,400

cumulative arrivals since 25
August 2017



1,3 million

people are in need of
health assistance



900,300

people are in need of **protection assistance**. This includes Rohingya refugees and host communities



Only 13%

of Rohingya refugees have access to
mental health and psychosocial
services

LATEST DEVELOPMENTS



Bangladesh is one of the most vulnerable countries in the world to cyclones and floods, particularly in the country's coastal areas. Cyclones and associated storm surges and floods have led to almost all the nearly 520,000 natural disaster deaths recorded over the past 40 years.

Refugees hosted in the country continue to face compounding vulnerabilities. They live in congested sites that are ill-equipped to handle cyclone hazards – with alarmingly limited options for relocation or evacuation. Many refugees have expressed anxiety about their future, explaining that while they wish to return, they would not agree to do so until questions of citizenship, legal rights, and access to services, justice and restitution are addressed.

Following an agreement between Myanmar and Bangladesh, on 15 November a first repatriation initiative was scheduled for 2,251 Rohingya refugees. While the plan was to send them back in batches of 150 per day starting on Thursday, by Wednesday night almost all had gone into hiding in other camps and in the nearby forest, amid fears they would be sent to Myanmar against their will. Days after the attempt to begin the repatriation of hundreds of thousands of Rohingya in Bangladesh stalled, **the future of the world's most persecuted minority looks more uncertain than ever and concerns are growing that it will be years before they can return safely to Myanmar, if ever.**

As for the International Community, overall priorities to the beginning of 2019 are to prepare for the second cyclone season; sustain life-saving assistance, improve quality and rationalize services; mainstream protection and gender; protect the environment and promote social cohesion.

In a tense political context, general elections were held on 30 December 2018. The result was a **landslide victory for the Awami League led by Sheikh Hasina**. The elections were marred by violence and claims of vote rigging. At least 17 people have been killed in clashes between ruling party supporters and the opposition.

HEALTH SITUATION

Gender based violence is a major public health issue in Bangladesh because of its serious consequences on physical health (HIV/STIs, unwanted pregnancies, unsafe abortions, chronic pain and even death), and on mental health (post-traumatic stress, depression, shame and guilt).

Psychological violence is the most common issue at 82%, followed by physical violence at 67%, and economic violence at 53%. **Bangladesh has one of the highest rate of domestic violence in the world with an estimated of 50% of women experiencing violence in their home**, 14% of deaths among pregnant women are estimated to be a result of domestic violence in Bangladesh.

GBV is a major public health issue in both host and refugee communities and affects mostly women and girls. Domestic violence is considered as a normal act in families due to difficult camp situation and lack of livelihood opportunities. Child marriage/forced marriage is highly prevalent in both communities. Harmful traditional practices like polygamy are also increasing in the Rohingya community. Forced prostitution and trafficking are also among the risks for women and girls.

MDM RESPONSE IN BANGLADESH

MDM FRANCE ACTIVITIES

Cox's Bazar

After a year of emergency activities in Cox's Bazar, MdM has entered a new phase. From July 2018 and onwards, **MDM France aims at strengthening its response by providing specific training, disseminating guidance and good practices focusing on GBV and MHPSS components**. Indeed, MdM proposes an innovative way to contribute to this effort by offering specific training targeting health actors and health workers in the field, to encourage them and provide them with the tools to develop quality comprehensive GBV services within their health facilities .

GBV team has developed a first **training dedicated to Health Program Managers, on “Integrating GBV within health services for the Rohingya refugees and host communities”**. A first batch of this 5-days session has been organized from the 18th to the 27th November 2018, gathering 18 participants from 14 organizations. A second batch has been organized from the 10th to the 17th December 2018, with 14 participants from 9 organizations. MHPSS team has also developed training material and will lead its first training in January 2019. Training sessions in January on GBV have been scheduled as well.

In 2019, this capacity building program will be extended by implementing a **GBV and MHPSS Resource Center, located in Ukhia**. The official opening of the Resource Center is expected by first quarter of 2019.

Another small funding has been granted by the Mairie de Paris (French donor - 30K€) to cover a project in Cox's Bazar, in partnership with Community Partners International (CPI) and the Hope Foundation.



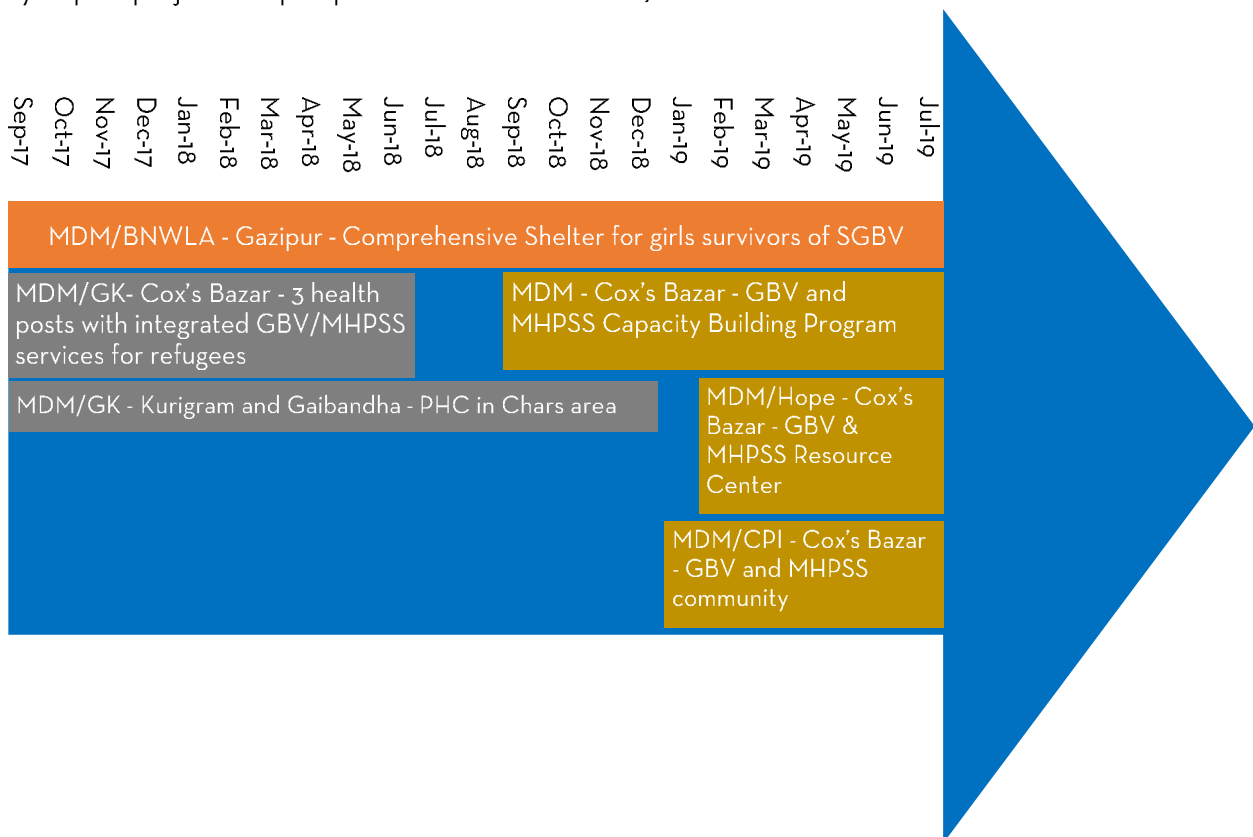
MdM Training Session © MDM

Other districts of the country

In Gazipur, near Dhaka, **MdM is backing up local partner BNLWA by providing medical and MHPSS services in a GBV survivor shelter. A support to legal actions so that victims can file complaints is also included.** Program will continue at least until July 2019. Awareness sessions and capacity building on GBV in the shelter and in schools have been set up.

MdM pursued its **partnership with GK** in Gaibandha and Kurigram districts (northern Bangladesh) **for the management of 4 health posts until the end of 2018.**

Summary of past project and perspectives foreseen for 2019:



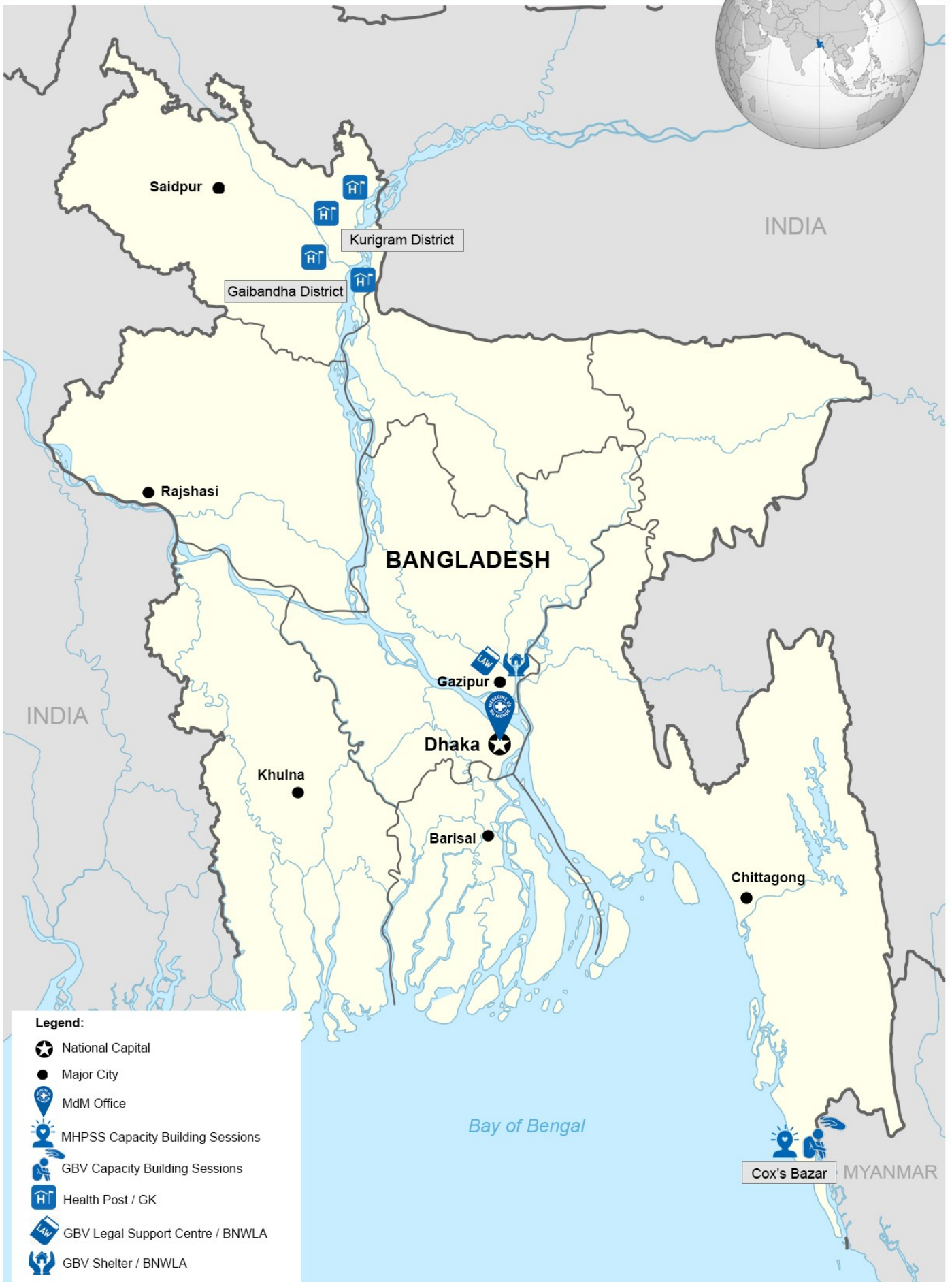
MDM NETWORK ROHINGYA RESPONSE

In addition to the intervention of MdM Japan and MdM France in Cox's Bazar, in December 2018 **MDM Switzerland has started to support the activities of the NGO Friendship in Kutupalong camp. More specifically, the project includes the management of 2 existing health posts and 8 new mobile teams.** SRH and SGBV awareness trainings are also scheduled for medical and non-medical personnel in the upcoming months.

DONORS

In 2018/2019 MdM's intervention in Bangladesh received the financial support of **GAC-MHD** (1,000,000€), **Centre de Crise et de Soutien** (600,000€), **Sternstunden Foundation** (200,000€) and **Mairie de Paris** (30,000€)

BANGLADESH - MdM Action



Legend:

-  National Capital
-  Major City
-  MdM Office
-  MHPSS Capacity Building Sessions
-  GBV Capacity Building Sessions
-  Health Post / GK
-  GBV Legal Support Centre / BNWLA
-  GBV Shelter / BNWLA

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