

## **Tal makeshift camp: No one should have to live like this**

**The Rohingya people from Myanmar seeking refuge in Bangladesh  
An MSF Briefing Paper**

**May 2007**



### INTRODUCTION

*"Life here is very difficult. Everywhere is pain and pain."  
(14-year-old mother living in Tal Camp whose child  
is a patient at MSF's therapeutic feeding centre)*

There seems to be no place for the stateless Rohingya people fleeing discrimination and persecution in their own country, Myanmar. They run away from a country that does not recognize them as citizens, where they are subject to forced labour, land confiscation, and restrictions on movement, marriage and children. But when they cross the border into Bangladesh they still find themselves with nowhere to go. They have no protection as refugees and have to survive in a land where they are not welcome.

In 1991/1992 approximately 260,000 Rohingya refugees from Northern Rakhine State (NRS) in Myanmar reached Bangladesh and settled in several camps in the Cox's Bazar area. In 1994 many of them were forcibly repatriated, despite the fact that the situation in Myanmar had not significantly improved. Since that time, Rohingyas arriving in Bangladesh have not been officially recognised as refugees. There are now only two official UNHCR camps: Nayapara (16,010 residents) and Kutupalong (10,144 residents).

Médecins Sans Frontières (MSF) has been working with the Rohingya people in the Cox's Bazar area for many years.<sup>1</sup> In the Spring of 2006 we re-opened a project in Teknaf, following an assessment in the Tal makeshift camp that found appalling overcrowded living conditions, lack of access to food and potable water and very limited access to health care.

This paper documents MSF's concerns about the Rohingyas' living conditions in the Teknaf area with a particular focus on the Tal makeshift camp. It aims to highlight the impact of these conditions on the people's physical and mental health.

MSF calls upon the various UN agencies, the international donor community and all relevant international (non-governmental) organisations to work together in support of the Government of Bangladesh to find a durable solution to a problem that has already existed for fifteen years and will not go away by itself. An alternative needs to be found for these people: nobody should have to live like this.

### TAL MAKESHIFT CAMP



© Eddy van Wessel

*"Your nose is constantly assaulted by the foul smells of the mud at low tide, latrines, and various other waste that comes from people living in such crowded, unhygienic conditions. When you enter a two by three metre shelter and ask how many people sleep there, it seems impossible that a family of five has the space to live. People survive in these conditions every day with no privacy, no peace and no dignity."  
(Jane, MSF nurse, Teknaf)*

Most people in Tal makeshift camp were originally recognized as refugees and lived in official UNHCR administered camps. They were then forcefully repatriated to Myanmar, but were again forced to flee the ongoing abuses there, and ended up semi-

integrated into Bangladesh society. Many were forced from their livelihoods in 2002 during a military-led operation called "Operation Clean Heart". Afterwards, they settled in a makeshift camp in Teknaf town.

In 2004, the group - consisting of approximately 4,500 people - moved to their current location. Since then others have also moved there, as they feel safer than in town or villages where they face many forms of abuse, exploitation and discrimination.

<sup>1</sup> For more details on the history of MSF in the region, please see Annex I.

The people living in Tal Camp are officially considered illegal economic migrants and have few rights, yet the authorities seem to tolerate their presence.

### Overcrowded living conditions

In Tal makeshift camp the average family size is 5.1 people, but up to 12 people live in one shelter. The shelters are arranged in rows, each separated from the next by a wall of plastic sheeting or rice sack. Narrow alleyways about 1.2 metres wide separate the rows of shacks.

Mud is used to reinforce the base of the huts to prevent them from collapsing into the water. It has to be continually replaced. 10% of the shelters are affected by water that comes in at high tide. During the rainy season approximately 79% of the shelters are flooded.



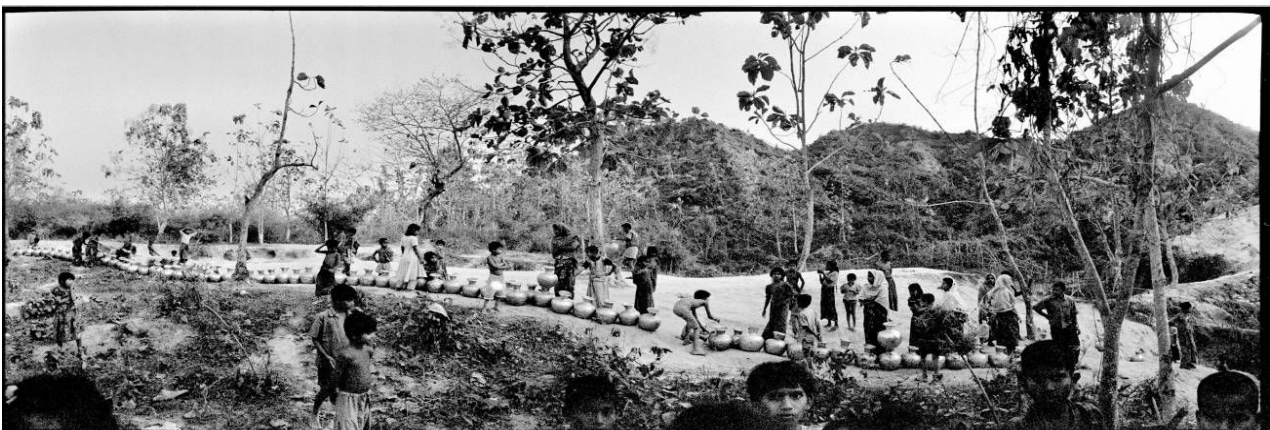
© Eddy van Wessel

Tal Camp is 800 metres long by 30-50 metres wide. It is situated on the bank of the Naf River and next to the main road between Teknaf and Cox's Bazar, 7 km north of Teknaf town. The latest population count carried out by MSF in March 2007 estimated there to be 7,640 people living in 1,589 shelters.

The area of the current Tal Camp is totally inappropriate and insufficient for this number of people, especially given its unfortunate location between the water and the road.

### Water, sanitation and hygiene conditions are dangerous

There are no boreholes in the camp with potable water. All attempts to find potable water in the camp have resulted in tube wells with saline water. The main sources of potable water for the population are five dams - holding surface water - that are 200-500 metres from the camp. During the dry season, two of these dams dry up. There are now also two MSF tube wells with potable water located approximately 250 and 500 metres away from the northern edge of the camp.



© Eddy van Wessel

Prior to MSF's intervention, there were no latrines in Tal. MSF constructed 177 latrines (133 regular and 44 'child friendly'). An Islamic aid organisation constructed another 10. This means that on average 40 people now share each toilet. This is still below the UN standard of 20 people per toilet for long-term situations, but unfortunately no more space is available to build more.

Although MSF's intervention improved the water and sanitation conditions in the camp and significantly reduced water-borne diseases among its population (consultations for diarrhoea dropped from 16% in May 2006 to an average of 7% in the first trimester 2007), the overall water and sanitation situation is not appropriate for a long-term settlement.

On May 14<sup>th</sup>, 2007 a cyclone approached the coast around Cox's Bazar converting into a heavy storm accompanied by heavy rainfall and a subsequent tidal wave of up to 1 meter. Though not many structures were damaged in the surrounding area and no casualties were reported, the people in Tal suffered. The appalling conditions of the shelters, previously hit by a severe storm 2 weeks earlier, became worse when 110 shelters were partly destroyed and 11 were completely ruined.

Due to the tidal wave and prolonged high tide that followed, 310 shelters were partly under water for a long period of time. Wet and damp shelters increase the risk of respiratory infections. All latrines became unusable due to structural damage and overflowing. This increases the risk of diarrhoea outbreaks.

Tube wells within Tal became contaminated with outside water. Though the tube wells produce only saline water, they are used for washing. People had to walk further distances to get non-contaminated water, which reduces the available quantity at household level of water for water. This increases the risk of skin diseases.

### **Health problems resulting from the poor living conditions**

The Damdamia clinic near Tal provides health care for both camp inhabitants and local Bangladeshi residents. The most common health problem suffered by Tal Camp inhabitants attending the clinic is respiratory tract infection (40.4% of cases). This is likely to be linked to the overcrowded situation and exposure to cold and damp.

A higher percentage of diarrhoea and worms is seen in patients from Tal Camp (7.1% and 2.3%) compared to the local host community (3.9% and 1.0%). This is probably due to the extremely poor sanitary and hygienic conditions in the camp.

Moreover nineteen patients from Tal Camp were treated at MSF's clinic during the last three months for road accidents, many of them children. We consider the proximity of the camp to the Teknaf - Cox Bazar's road as a major factor in the incidence of trauma wounds reported and underscores how the camp is an inappropriate living space.

### **Food and nutrition**

In April 2006 a rapid health assessment in the Tal makeshift camp by MSF suggested a prevalence of severe malnutrition in the 12-59 months population of around 2%, and a prevalence of global acute malnutrition above warning levels (approximately 15%).<sup>2</sup>

In the second half of 2006, a total of 665 children were admitted to the MSF therapeutic feeding centre (TFC). Among these, the average number of new monthly admissions to the TFC suffering from severe acute malnutrition was 10, while admissions for moderate malnutrition were approximately 83 per month.

One year later (April 2007), a new nutritional assessment in Tal Camp showed a clear decrease in the global acute malnutrition level to 7.4%.<sup>3</sup> Whilst this improvement might be a sign of a positive impact of the MSF nutritional intervention, the situation still needs to be monitored.

It appears that 40.2% of the children measured during the rapid nutritional assessment were admitted at least once (in the past or currently) to the TFC. It should also be noted that malnutrition figures are higher

---

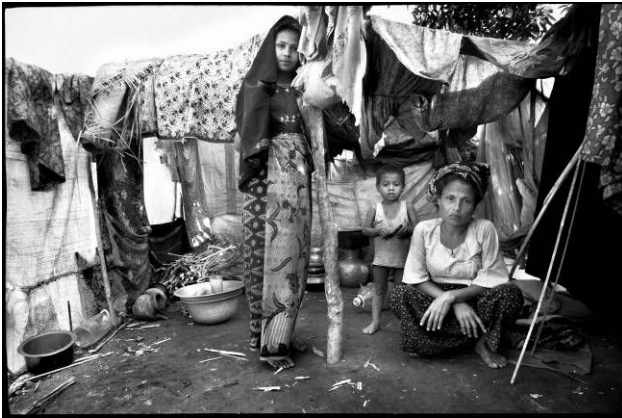
<sup>2</sup> MSF Report on the Tal Makeshift Camp Rapid Health Assessment, 3-6 April 2006. MSF, *Refugee Health. An approach to emergency situations*, 1997, p.85: "A global [acute] malnutrition rate between 5-10% should act as a warning."

<sup>3</sup> The assessment was conducted on 293 households.

for girls. This trend might be explained by a female bias: when food is scarce in the household choices have to be made and boys tend to have priority over girls.

The Rohingyas' lack of food and livelihoods is a real concern. Since space in the camp is extremely limited there is no more land available to grow food or raise animals, so it is very hard for them to be self-sufficient. Apart from the therapeutic food supplied by MSF, no general food distribution is done by any other NGO or UN agency. Occasionally, Islamic organisations or mosques distribute meat, rice and dhal.

### Female-headed households are the most vulnerable



© Eddy van Wessel

In the period December 2006 – February 2007, 14 out of 15 of children admitted to the TFC from female-headed households came from Tal. The high proportion of admissions from this group is of concern.

Rohingya men from Tal Camp often leave their wives behind to go and look for work elsewhere. Many of them work in the fishing industry and spend long periods away; some die at sea. Others look for work in the hill tracts: many stay away for several months and others never return. Women are therefore left alone to take care of their children. They often have to rely on another family, beg or engage in prostitution.

A recent MSF count showed that 31% of households from Tal are female-headed. These women are extremely economically insecure and vulnerable to exploitation.

### Mental well-being

The population of Tal Camp is mostly illiterate, dependent on outside resources for their survival and exposed to all forms of abuse, corruption and neglect.

MSF has found that anxiety, depression, fear and lethargy are pervasive amongst this population, and particularly affect women. The cycle of abuse, violence and deprivation suffered in Myanmar seems to replicate and cumulate in Bangladesh to the point of exhaustion, hampering people's ability to take care of themselves and their families. MSF is currently setting up a mental health intervention to respond to the mental health needs of this population.<sup>4</sup>

### Limited access to health care

*"The Rohingyas are exhausting hospital resources. Treatment should be for Bangladeshis. Staff was told not to treat them (Rohingyas) even if patients are dying in front of them"*

(Ministry of Health Medical Doctor from Cox's Bazar hospital)

The stateless Rohingyas living in Tal are not recognized as refugees and are therefore not receiving the same assistance as those living in the official UNHCR camps. At present, MSF is the only health provider offering them direct free access to medical care.<sup>5</sup>

Since the opening of the Damdamia clinic, MSF has recorded at least four cases of patients in need of referrals who were refused admission into either Teknaf or Cox's Bazar Hospital or BRAC tuberculosis

<sup>4</sup> *Made in Bangladesh: Mental Health assessment in Cox's Bazar sub district*, Sue Prosser, November 2006.

<sup>5</sup> Access to health care is not better in the Shamlapur area. The MoH clinic there frequently runs out of medications and suffers from staff shortage. Another NGO also has a clinic in Shamlapur town but since a fee system is implemented there, only those who can afford to pay for the registration, consultation and treatment will be seen.

treatment<sup>6</sup>. On two of these occasions, women who required caesarean sections were referred to Ministry of Health facilities and were denied admission. Other privately run medical facilities in Cox's Bazar were willing to admit the patients provided that MSF covered the costs. Although the situation with referrals has improved since last December, in February 2007 a child was still refused admission to Teknaf Hospital due to his identity.

Even when they are able to pay, the Rohingyas seem to still be victims of discriminatory treatment. People have told MSF that medical staff in Ministry of Health facilities often sees Rohingya people only after Bangladeshi people have been attended to.

### CONCLUSION: AN IMPOSSIBLE CHOICE

*"My two brothers went back to Burma to see my parents. They didn't see them because they were put in jail. Why? Because they were living in Bangladesh."*

(Man, 38 years old, Shamlapur)

There is no evidence that the situation in Myanmar has improved for the Rohingya people to be able to return. On the contrary, people are still arriving in Bangladesh reporting ongoing patterns of abuse and massive human rights violations in Myanmar.

Unfortunately the survival drive that motivated them to leave their country was met with only few opportunities to start a new life in Bangladesh. The great majority of them are stuck in limbo without a decent space to live. They are yet again subject to exploitation.

As many of them fled Myanmar illegally<sup>7</sup>, they cannot go back to their village of origin for fear of being imprisoned by the authorities. What choice do these people have?

MSF has supported this neglected population by providing basic health care, nutritional services, potable water and sanitation facilities. However, such actions do not solve the problem, these people need a safe place to go, they need a home; **nobody should have to live like this.**



© Eddy van Wessel

\*\*\*\*\*

<sup>6</sup> BRAC (Bangladesh Rural Advancement Committee) is an international NGO of Bangladesh origin.

<sup>7</sup> A travel permit is required to leave Northern Rakhine State to go to Bangladesh. Once granted, people are supposed to return to their village of origin within a limited period (generally five days).



## Stateless Rohingyas in Bangladesh: No one should have to live like this

### **ANNEX I: MSF HISTORY OF WORKING WITH THE STATELESS ROHINGYAS IN BANGLADESH**

In 1991/1992 approximately 260,000 Rohingya refugees from Northern Rakhine State (NRS) in Myanmar fled their country due to ongoing gross human rights violations and violence, in order to reach Bangladesh. Their accounts of life in Myanmar include severe abuses such as restrictions on movement and on marriage, forced labour, land and assets confiscation, violence, and arbitrary arrest. For many years they have lived in extremely vulnerable conditions, stateless within their own country.

They settled in 20 camps in the Cox's Bazar area and the Government of Bangladesh (GoB), the United Nations High Commission for Refugees (UNHCR) and other international organisations (including MSF) began to provide emergency relief. Although the situation in Myanmar had not significantly improved since 1991, mass repatriation started at the beginning of 1994. There are now only two official UNHCR camps hosting the refugees which arrived in the early 1990s: Nayapara (16,010 residents) and Kutupalong (10,144 residents).

Despite the fact that people in Myanmar are still facing abuses, since August 1994 Rohingyas arriving in Bangladesh have not been officially considered refugees. Most of them live scattered among the population of the Cox's Bazar district and in Bandarban district (Chittagong Hill Tracts), together with many that escaped repatriation.

In November 2002, in an attempt to curb criminality and restore order in the country, the military-led "Operation Clean Heart" was carried out countrywide by the Government of Bangladesh. In the Teknaf area this led to many (semi) integrated Rohingyas being expelled from their homes and losing their livelihoods. As a result of this operation a group of approximately 4,500 people ended up in a makeshift camp on a piece of privately owned land in Teknaf town. This was the first "Tal Camp".

At the end of 2004 the owner claimed his land back and forced the group to move. While on the move, the group was stopped by the district authorities and forced to settle on the banks of the Naf River, 7 kilometres north of Teknaf town. Since then, over 3,000 additional people have moved into the makeshift camp, either because they were facing hostility from villagers, were evicted from their homes or were unable to make a living to pay rent elsewhere.

In August-September 2005, MSF visited the Tal makeshift camp and - shocked by the appalling living conditions - concluded that an intervention was necessary. In March 2006 the first team arrived in Teknaf and made a rapid health assessment of the camp. The results indicated high mortality and malnutrition levels. In addition, the majority of people who reported recent illness appeared to be unable to get treatment since they had no money to pay for consultations or medicines. These findings indicated a need for free basic health services and a nutritional intervention.

In May 2006 MSF opened the (free-of-charge) Damdamia outpatient clinic in Teknaf and in July 2006 a therapeutic feeding centre (TFC). Despite the diverse and complex needs, no other international organisation aside from MSF is currently active, nor has had a consistent presence in the camp. During an assessment of other areas known to house Rohingyas in August-October 2006, the MSF team found a population of approximately 2,250 Rohingyas occupying the beach area in the Shamlapur Union, approximately 35 km from Teknaf. MSF decided to also set up a clinic in Shamlapur Union. This free-of-charge clinic is run on a mobile basis and it is open one day a week to anyone living in the surrounding area.