Bangladesh (Cox’s Bazar)

### Drivers of the crisis, 2022–23

**Conflict/insecurity** The main driver of the crisis remains the 2017 violence in Rakhine state in Myanmar, which drove around 750,000 Rohingya to flee to Cox’s Bazar. The protracted conflict in Myanmar is preventing any prospect of a safe and dignified return in the foreseeable future.

Limited livelihood opportunities and disrupted social cohesion have reportedly led to a spike in criminal activity and concerns over safety (ACAPS, December 2022).

The growing multifaceted needs of Rohingya refugees have compounded existing socioeconomic challenges for host communities, exacerbating pressures on public services, infrastructure and the environment. This raises the potential for tensions between the two communities (JRP 2023, March 2023).

**Economic shocks** The war in Ukraine has negatively affected the food, energy and fiscal situation in Bangladesh. High levels of inflation, a depreciating local currency, and price hikes for basic goods and commodities have increased existing vulnerabilities among Rohingya refugees and resident communities (JRP 2023, March 2023).

By May 2022, the annual inflation rate in Bangladesh (7.4 percent) reached the highest point since May 2014 and continued increasing up to a peak of 9.9 percent in August 2022, underpinned by soaring prices of food, especially international price increases, high transportation costs, and a slowdown in imports from Ukraine, the Russian Federation and India. In Cox’s Bazar district, the cost of a typical food basket in June 2022 was 15 percent higher than in June 2021 and 33 percent higher than in June 2020 (WFP, June 2022). In January 2023, the food basket was 15.8 percent higher year-on-year (WFP, February 2023).

While the Government of Bangladesh has kept its national borders open, refugees lack formal legal status, face extreme restrictions on movement, and are not permitted to legally work, leaving them in a protracted crisis and entirely dependent on humanitarian assistance. The food voucher value of USD 12.00 per person per month provided by WFP was already depreciated in 2022 because of increasing food prices, forcing families to take loans to pay for food, with many reducing the amount that they eat. From 1 March 2023, funding shortfalls forced WFP to cut its voucher value to USD 10.00 per person per month (WFP, February 2023), further decreasing household purchasing power.

Most Rohingya households engage in high-risk coping strategies to meet their basic needs, such as selling or rationing aid or taking on additional debt (ACAPS, December 2022).

**Weather extremes** During the May–September monsoon season, humanitarian conditions deteriorated significantly. Shelters were damaged and people displaced as Cox’s Bazar is extremely prone to flooding and landslides because of its rugged and hilly terrain (ACAPS, December 2022).

The overcrowded camps pose a fire risk. In March 2023, a massive fire affected 16,000 people with over 5,000 people displaced and nearly 3,000 shelters damaged or destroyed. The fire destroyed many refugees’ documentation, essential for identification and to access assistance and services (OCHA, March 2023).

**Limited access to health and nutrition services** Health services in the camps are under enormous pressure as they struggle to keep pace with the medical impacts of dire living conditions, including frequent outbreaks of scabies, dengue fever and cholera (MSF, March 2023).

**Food insecurity and lack of access to healthy diets** Around 45 percent of Rohingya and 38 percent of host community households had inadequate diets in 2021. Food was the priority need for 82 percent of Rohingya and 59 percent of host community households, especially fresh, green produce (WFP REVA-5, March 2022).

**Inadequate maternal and child-feeding practices** Only half of children aged 6–23 months receive a Minimum Acceptable Diet and 62.3 percent of infants under 6 months old are exclusively breastfed. Anaemia levels are a severe public health problem (+40 percent) across all camps for women, and children aged under 5 reaching over 60 percent for children aged 6–23 months (UNICEF, March 2023).

**Poor household environment** While 93 percent of sanitation facilities were reported as functional, challenges remain, especially in hygiene and solid WASH management, as only 45 percent of the waste is properly processed and latrines often overflow (MSF, March 2023).

In 2021, around 87 percent of Rohingya households did not treat their water compared with 96 percent of host community households (WFP, March 2022).

**High prevalence of infectious diseases** Reduced calorific and nutritional intake due to ration cuts raise the risk of weakening children’s immune systems, and increasing outbreaks of infectious diseases, such as measles and cholera (MSF, March 2022).

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## Acute food insecurity peak 2022

1.28M people were estimated to be in need of food assistance in 2022.

### Food crisis overview

In Cox’s Bazar, around 95 percent of the Rohingya refugee population and 70 percent of the Bangladeshi resident community in Ukhiya and Teknaf upazilas – a total of 1.28 million people – were estimated to be vulnerable and in need of food assistance in 2022 (JRP 2023, March 2023). Of them, 902,800 were Rohingya refugees living in 33 government-designated camps in Ukhiya and Teknaf as well as on the island of Bhasan Char, and 376,500 were members of the Bangladeshi host community.

### Acute food insecurity since 2016

Bangladesh (Cox’s Bazar) has been included in all editions of the GRF and as a major food crisis since the GRF 2018 following the mass arrival of Rohingya refugees from Myanmar. Since then, the number of people in need of food assistance has remained quite similar. The number in 2022 was slightly above that of October–November 2021 when 84 percent of the analysed population, or 1.26 million people, needed humanitarian food and livelihood assistance, up from 1.2 million in 2020 (REVA 5, March 2022).

**Drivers of undernutrition**

- Food insecurity and lack of access to healthy diets
- Reduced calorific and nutritional intake due to ration cuts
- High prevalence of infectious diseases
- Limited access to health and nutrition services