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REGIONAL ROHINGYA

ACTIVITY REPORT 2023

MYANMAR, BANGLADESH AND MALAYSIA





CONTENTS

05

**ABOUT MÉDECINS SANS
FRONTIÈRES**

07

**INTRODUCTION: MSF
AND THE ROHINGYA**

08

**PROJECT LOCATIONS
WITH ROHINGYA
ACTIVITIES**

10

**TIMELINE OF MSF
WORK WITH THE
ROHINGYA**

12

**ACTIVITY
HIGHLIGHTS 2023**

13

**STAFFING FOR
ROHINGYA
ACTIVITIES**

13

**BUDGET FOR
ROHINGYA ACTIVITIES**

14

BANGLADESH

16

MYANMAR

18

MALAYSIA

20

**MSF'S REGIONAL
CONCERNS**

21

**REMAINING
COMMITTED TO THE
ROHINGYA IN 2024**



About Médecins Sans Frontières

Médecins Sans Frontières (MSF) is an international, independent medical humanitarian organisation. We provide medical assistance in more than 70 countries to people affected by conflict, epidemics, disasters, or exclusion from healthcare. Our teams are made up of tens of thousands of health professionals, complemented by humanitarian affairs, communications, logistics, and administrative staff - most of them hired locally. Our actions are guided by medical ethics and the humanitarian principles of impartiality, independence, and neutrality.





INTRODUCTION: MSF AND THE ROHINGYA

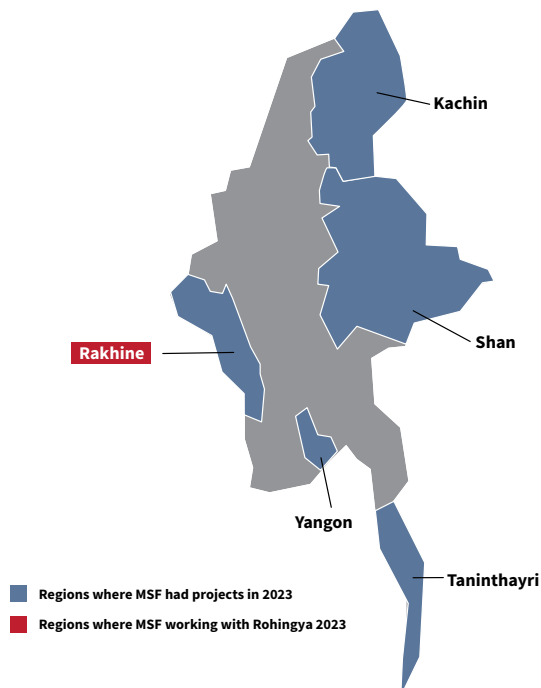
MSF started providing medical humanitarian assistance to Rohingya communities in 1992 when a wave of violence in Myanmar drove 250,000 Rohingya to seek refuge in Bangladesh. We established operations in Cox's Bazar district in Bangladesh and Rakhine state in Myanmar. In 2015, MSF expanded coverage to Rohingya refugees in Malaysia in the states of Kedah, Penang and Perak.

In these responses, MSF works with other communities in addition to the Rohingya. In Myanmar, this includes Shan and Kachin states, as well as Tanintharyi and Yangon regions, providing treatment for HIV, tuberculosis and hepatitis C. In Bangladesh, we work in Kamrangirchar in collaboration with the Center for Injury Prevention and Research Bangladesh to improve work safety and reduce injuries, focusing particularly on female and young workers in factory settings. In Malaysia, while most of our patients are Rohingya, we also provide medical support to refugees and irregular migrants of other backgrounds in different settings, including in immigration detention centres.

This report summarises MSF's programming response to Rohingya humanitarian needs in the region.

PROJECT LOCATIONS WITH ROHINGYA ACTIVITIES

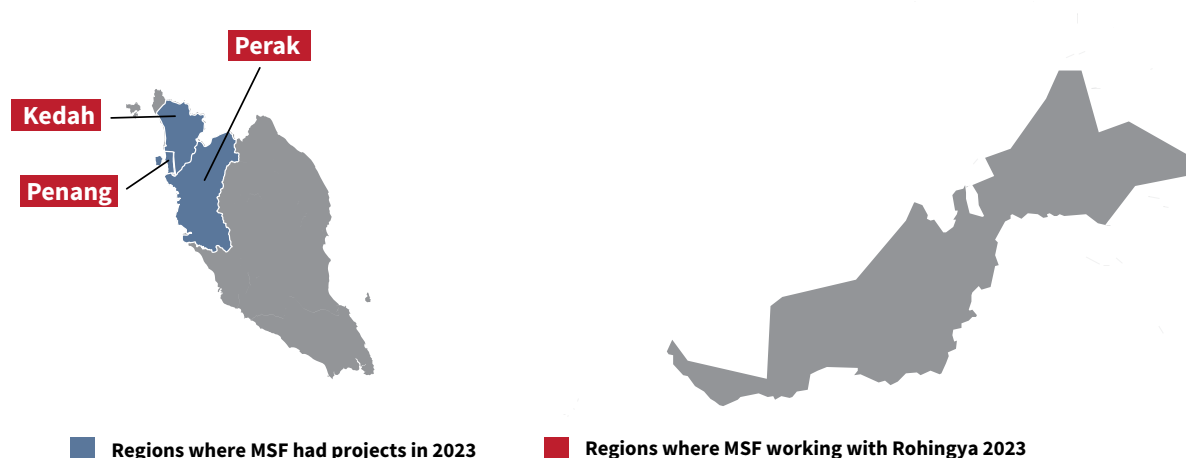
Myanmar: Rakhine State (Sittwe and Maungdaw Projects)



Bangladesh: Cox's Bazar District



Malaysia: Penang, Perak, and Kedah States



TIMELINE OF MSF WORK WITH THE ROHINGYA

Year	Bangladesh	Myanmar	Malaysia
1972	First MSF activities in Bangladesh, after war of independence.		
1992	MSF responds to the arrival of over 250,000 Rohingya refugees in Cox's Bazar, fleeing violence from Myanmar.	MSF is the first international medical NGO to start working in Myanmar.	
1994		Malaria treatment in Rakhine state with a base in Sittwe.	
1998		Malaria and primary health-care programmes expand to Maungdaw in Rakhine.	
2004			First MSF medical activities in Malaysia.
2007		MSF's Rakhine malaria programme, largest in Asia: half a million people tested and 210,000 treated.	
2009	Kutupalong field hospital established in Cox's Bazar.		
2012		Outbreak of violence in Rakhine: MSF mobile clinics provide basic healthcare to internally displaced populations (IDP) in camps and isolated villages.	
2015		Emergency flood response in Rakhine and the Sagaing Region.	MSF expands to Penang.

Year	Bangladesh	Myanmar	Malaysia
2017	750,000 Rohingya escape targeted military campaign in Myanmar: MSF scales up in Cox's Bazar to support influx.	With military activities against Rohingya in Rakhine, MSF operations interrupted for three months, resumed with significant restrictions.	Conditions in migrant detention centres in northern states require MSF to increase medical and mental health services.
2018		MSF reestablishes programmes in northern Rakhine (Buthidaung and Maungdaw), with a reduced focus on HIV.	MSF opens primary health care clinic Klinik Mewah 6 in Penang State.
2019		First mobile clinics in Buthidaung.	Medical activities handed over to other actors in the "Trafficking in Persons Centres".
2022	Scabies outbreak in refugee camps: MSF opens two specialized clinics.		MSF works with MoH on Hepatitis C treatment for refugees.
2023	MSF coverage provided through ten health facilities in Cox's Bazar with complementary water and sanitation projects. MSF speaks out on deteriorating conditions in the camps, Contributing to health actors' response with unprecedented 800,000-person mass drug administration to treat scabies.	Cyclone Mocha hits Myanmar's northwest, including Rakhine. MSF focuses on prevention of waterborne diseases while resuming mobile clinics and emergency referrals. Resumption of conflict in Rakhine forces MSF to suspend mobile clinics in both Sittwe and Maungdaw projects.	Highest number reported of Rohingya travelling by sea, escaping deteriorating conditions in Bangladesh and Myanmar. Despite many years in Malaysia, refugees and migrants are struggling. For this population, including new arrivals, MSF focuses on activities in Detention Centres, with both fixed and mobile clinics.

ACTIVITY HIGHLIGHTS 2023

Rohingya patients treated by MSF or referred by MSF to further care in approximate figures.¹

	Bangladesh	Myanmar	Malaysia	Total
Outpatient Consultations	524,000	65,000	14,000	603,000
Antenatal Consultations	49,000	4,000	6,000	59,000
Continuous Family Planning Users	8,000	2,000	600	10,600
New Family Planning Users	17,000	2,000	500	19,500
Births assisted	3,000	1,000	N/A	4,000
Individual Mental Health Consultations	37,000	3,000	1,000	41,000
Group psychosocial sessions	8,000	21,000	1,000	30,000
Sexual and Gender-Based Violence Care Cases	2,000	200	300	2,500
Referrals to Secondary or Tertiary Care	2,000	3,000	4,000	9,000
Total Cost for All Referrals (€)	212,000	346,000	771,000	1,329,000

¹ Please note that for some categories, we cannot segregate data of the Rohingya patients from other patients. However, overall in Cox's Bazar (Bangladesh), Rakhine (Myanmar) and Malaysia, the majority of our patients are Rohingya.

STAFFING FOR ROHINGYA ACTIVITIES²

Type	Bangladesh	Myanmar	Malaysia	Total
Locally Recruited Staff ³	2,004	580	84	2,668
International Mobile Staff	47	10	6	63
Total	2,051	590	90	2,731

BUDGET FOR ROHINGYA ACTIVITIES⁴

Since the 2017 influx of Rohingya to Bangladesh, MSF has committed approximately €265 million across the region, mostly in Bangladesh. For 2023 and 2024, the breakdown is as follows:

Year/Millions of €	Bangladesh	Myanmar	Malaysia	Total €
2023	28.2	4.4	3.4	36.0
2024 (Planned)	26.3	4.8	3.0	34.1

Although MSF funding for 2024 has slightly declined, it has remained relatively stable over the past six years. Yet, the general humanitarian response for Rohingya is deteriorating due to donor fatigue, emergent geopolitical obstacles, inflation, and multiple humanitarian priorities.

² Please note that these are the staffing numbers for the projects in which the majority of our patients are Rohingya; this amount also includes a proportion of the coordination offices.

³ This includes more than 500 Rohingya “volunteers” that cannot have a formal employment relationship with MSF due to Government guidelines in both Bangladesh and Malaysia, limiting their work benefits. MSF refers to these “volunteers” as Camp-Based Team Members.

⁴ Amounts correspond to the budget of our Rohingya-focused projects and corresponding coordination support.

ROHINGYA PROGRAM ACTIVITIES PER COUNTRY

BANGLADESH



In 2023, MSF provided medical services through our medical facilities primarily serving Rohingya refugees and host communities in Cox's Bazar. Services encompassed general and specialized healthcare, addressing non-communicable diseases like diabetes and hypertension, emergency care, women's health, care for gender-based violence, sexual and reproductive healthcare, and mental health services.

Six years since the Rohingya fled Myanmar fearing for their lives, the possibility of a safe return remains remote. Conditions of overcrowding, strained services, and a complete reliance on humanitarian aid are taking a toll on both refugees and the host community, including on their health.

MSF has notably treated increasing numbers of violent trauma, related to criminal activities and power struggles, reflecting increased insecurity in and around the camps. Since 2019, we have provided treatment to over 1,000 people each year who suffer injuries due to physical assault. This insecurity further exacerbates the precarious living conditions of the camps, adding to the difficulties the Rohingya face, diminishing their sense of safety.

Since 2022, MSF has advocated for a Mass Drug Administration (MDA) program in response to extremely high levels of scabies with nearly 40% prevalence among Rohingya refugees. Health actors led by WHO implemented this MDA at the end of 2023, a significant step in the right direction. Despite facing challenges like the flooding of MSF facilities during a tropical storm, MSF's commitment remained steadfast. In October, MSF transitioned the Unchiprang project to IRC and concluded activities at Sadar Hospital in Cox's Bazar by year-end.



MYANMAR



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In Rakhine state, MSF provides humanitarian medical assistance for Rohingya, ethnic Rakhine and other communities affected by violence and very poor access to healthcare. We focus on primary healthcare, emergency referrals, treatment for sexual and gender-based violence, health education, and psychosocial support. In 2023, MSF provided a number of these services through mobile clinics in eleven locations in central Rakhine including Sittwe, Pauktaw, Mrauk-U and Minbya. We also provided services to patients in fourteen locations in the north of Rakhine, throughout Maungdaw, Buthidaung and Rathedaung. Our activities included attending confined Rohingya communities in five Pauktaw detention camps, as well as internally displaced Rakhine in Mrauk-U, Rathedaung and Buthidaung.

In May, the impact of Cyclone Mocha exacerbated the humanitarian crisis in Rakhine, with communities already vulnerable by years of armed conflict, socio-economic exclusion, and movement repression. People in IDP and Rohingya detainment camps were particularly vulnerable, characterised by already generally poor living conditions, insufficient shelters with poor water-sanitation facilities.

In response to Cyclone Mocha, MSF has supported communities with new latrines and boreholes, repairing infrastructure when possible. In the interim, our teams distributed water and hygiene kits, as well as supporting access to other WASH facilities. MSF gradually resumed regular activities through its mobile clinics while continuing distribution of water and reinforcing sanitation where necessary.

In November, armed clashes between the Myanmar Armed Forces (MAF) and the Arakan Army (AA) resumed in central and northern Rakhine, marking the breakdown of the year-long ceasefire informally brokered in November 2022. AA has been expanding its influence in Rakhine State and parts of neighbouring Chin State. The escalation of fighting has prevented MSF from running its mobile clinics and other regular activities.



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MALAYSIA



In Malaysia, MSF provides medical and humanitarian support for refugees (mainly Rohingya), who face multiple barriers in accessing healthcare and protection.

More than 4,400 Rohingya refugees attempted to make perilous boat journeys from Bangladesh or Myanmar in 2023, an increase of more than 20 percent in comparison to 2022⁵. The Malaysian government continued its discriminatory deterrence-based policies against refugees, such as immigration raids and arrests, detention, and deportation. As a protective measure, some children have been transferred out of regular immigration detention centres to spaces for unaccompanied children and for mother-headed families. Nonetheless, these spaces are still detention centres. No real alternatives exist.

Working in urban refugee settings and detention centres in Penang, through both fixed and mobile clinics, we provide general healthcare and mental health support. We also refer patients to other health institutions and to the UNHCR (United Nations High Commission for Refugees) for refugee registration documentation. In 2023, the most pressing needs were related to antenatal care and family planning. Due to our efforts and close collaboration with the Ministry of Health and the World Health Organization, hepatitis C treatment is now provided free of charge for all refugees registered with UNHCR in Malaysia.

⁵Source: <https://www.unhcr.org/news/briefing-notes/unhcr-urgent-action-needed-address-dramatic-rise-rohingya-deaths-sea>

In the three immigration detention centres where we worked, we provided medical and psychosocial care facilitated donations of essential hygiene items, such as soap and sanitary pads. Our training of immigration officers on medical and mental health topics was received enthusiastically and improved attention to refugees through better collaboration between MSF and the officers.

Our advocacy focused on improving refugee conditions, primarily engaging with government stakeholders. Key priorities included opposing refugee detention, free child vaccinations, regardless of status in Malaysia, healthcare insurance for refugees, and enhancing protection through refugee registration. While these issues remain long-term concerns, positive developments include sustained access to detention centres for 2024 and amplifying refugee patient's concerns through MSF engagement.



MSF'S REGIONAL CONCERNS

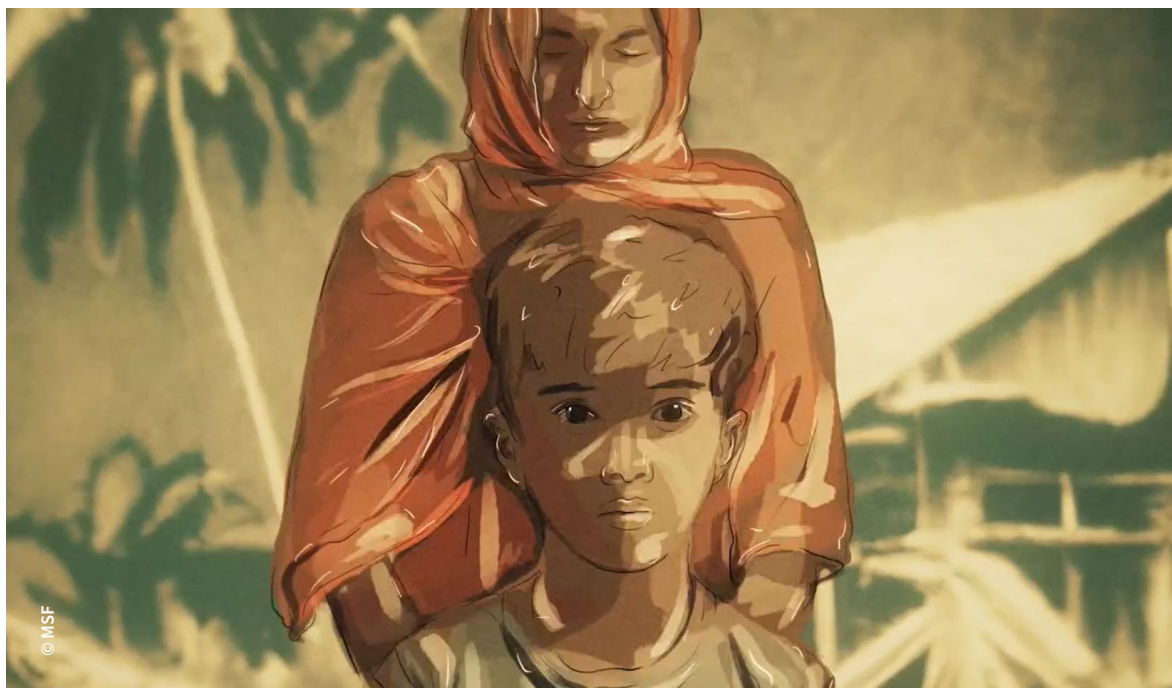


Across the three countries where we work, MSF observes the deteriorating conditions and increasing hopelessness amongst the Rohingya, directly impacting their health and wellbeing. At present, there is a notable lack of solutions in countries where Rohingya have sought asylum for many years. At a time when international attention is focused on addressing root causes of the Rohingya refugee crisis in Myanmar, urgent solutions addressing their needs where they are now are equally important.

According to UNHCR's estimates, one in every eight Rohingya who attempted to make their journey across the Bay of Bengal and the Andaman Sea in 2023 was reported to have died or went missing. This figure is the highest in nine years since the Andaman Sea Crisis. Land movements also carry significant risks, including physical and mental abuse, sexual violence, and death.

There are multiple drivers motivating this high-risk movement. According to testimonies gathered by MSF amongst newly arrived Rohingya, these drivers included worsening insecurity and violence, as well as extremely limited livelihood opportunities to maintain livelihoods in Bangladesh or Myanmar. There remain no safe, legal pathways for refugees to seek asylum in the region nor sustainable access to public services and basic needs. As such, Rohingya and other refugees from Myanmar are forced to continue resorting to human trafficking and other dangerous, clandestine avenues to seek safety and a life of dignity elsewhere.

REMAINING COMMITTED TO THE ROHINGYA IN 2024



In February 2024, MSF launched a short, animated film called *Lost at Sea* illustrating the journey of Muhib, a Rohingya man who risked his life to flee Myanmar on a fishing boat across the Andaman Sea to Malaysia. The film depicts flashbacks he had while at sea: the violence he experienced in Myanmar, the family he left behind, and the song his mother used to sing to him. The film has won two awards; the Heroes International Film Festival in Rome, Italy for Best International Short Film and the MUSOC Festival for Social Cinema and Human Rights in Asturias, Spain, for the best short film with social relevance and classroom usage for a younger audience.

In 2024, MSF will launch a report called *Behind the Wire*, capturing MSF's observations on the detrimental impacts of statelessness and containment policies in Myanmar, Bangladesh and Malaysia on the health and wellbeing of the Rohingya.

Furthermore, MSF representatives in Australia, Canada, Beijing, Hong Kong, India, Japan, South Korea, Sri Lanka, Taiwan, and other countries and regions continue to ensure that the Rohingya refugee crisis stays on the international community's agenda. They advocate for mid- and long-term solutions with their respective governments and regional organizations such as ASEAN.

