

# **“Northern Arakan/Rakhine State: a Chronic Emergency”**

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Northern Arakan State is one of the main pockets of acute poverty and vulnerability in Burma. This region, adjacent to the border with Bangladesh, experiences what many refer to as a “chronic emergency” and there is an absolute consensus among the local population as well as humanitarian actors that international aid is, despite its limited impact, essential to avert a new mass outflow of refugees to Bangladesh.

My paper is based on consultations in Rangoon with eight international agencies delivering services in Northern Arakan and on 13 interviews with Rohingya villagers conducted earlier this month. My presentation will be divided into four parts: first, I will briefly outline the socio-political context of the area. Then I will examine the current humanitarian landscape. Thirdly, I will look at the challenges faced by the humanitarian stakeholders and finally I will submit a list of recommendations to strengthen humanitarian assistance in North Arakan.

## **1. The socio-political context of northern Arakan State**

Northern Arakan State consists of three townships, Maungdaw, Buthidaung and Rathedaung, with a total population of about 850,000. While the rest of Arakan is predominantly Rakhine Buddhist, this northern part is largely inhabited by a Muslim population, the Rohingya, ethnically and religiously related to the Chittagonian people from the plains of southern Bangladesh. Today, the Rohingya Muslims are the group most discriminated against in Burma and they are denied the most basic human rights.

Ruthless campaigns against the Rohingya prompted two exoduses, each of more than 250,000 refugees to Bangladesh, first in 1978 and again in 1991/92. Each refugee crisis was followed by mass repatriation, whose voluntariness has been seriously questioned. Currently, over 20,000 Rohingya refugees are still languishing in two official camps in Bangladesh while hundreds of thousands have fled to other parts of southern Bangladesh, or have migrated to Saudi Arabia, Pakistan or Malaysia where they live as irregular migrants.

The Rohingya were rendered stateless by the Burmese Citizenship Law of 1982. The State Peace and Development Council as well as Burmese public opinion in general consider them as “illegal immigrants from Bangladesh”. Their non-citizen status prevents them from entering the civil service, but the worst constraint they face is the restriction on their freedom of movement: they are not allowed to travel beyond Northern Arakan and they need a travel pass even to visit a neighbouring village. Unlike other communities in Burma, they have to obtain official permission to marry, which is only granted against high bribes, and which was stopped for several months during 2005. Their land has been confiscated to accommodate Buddhist settlers who are implanted into “model villages” or for the construction of military facilities. Mosques have been destroyed or kept deliberately in disrepair. Rohingyas are routinely subject to forced labour, extortion, and constant humiliation. A system of exorbitantly-

priced business licences hampers all commercial initiatives. Public services for the Rohingya such as health and education are appallingly neglected and malnutrition is rampant. These conditions have created a situation of “chronic emergency”.

## **2. The current humanitarian landscape in Northern Arakan State**

Along with the Wa and Kokang region, Northern Arakan has currently the largest concentration of international humanitarian agencies in Burma. Eleven international organisations – four United Nations agencies and seven international NGOs -- currently deliver humanitarian assistance, especially in the areas of health, water and sanitation, to improve livelihood, and to a lesser extent, education. The European Commission is the largest donor, supporting in part or in whole most of these programmes. The total funding currently committed by the Commission in Northern Arakan amounts to approximately 9.6 million Euros. Moreover, other grants are also provided to some agencies on a bilateral basis by European Union member states.

<b>International agencies</b>	<b>Programmes</b>	<b>European funding</b>
UNHCR (UN High Commissioner for Refugees)	Assistance and protection to returnee refugees	ECHO
World Food Programme (WFP)	Food for returnees, food for education, food for work and food for training	EuropeAid
UNOPS/UNDP	Community development, income-generating projects, micro-credit	(funded by UNDP)
Food and Agriculture Organisation (FAO)	Food security and agriculture	EuropeAid
Médecins sans Frontières-Holland (AZG)	Malaria and primary health care	ECHO
Action contre la Faim (ACF)	Food security and nutrition	ECHO + EuropeAid
Groupe de Recherche et d'Echanges Technologiques (GRET)	Food security and agriculture development	EuropeAid
Bridge Asia Japan (BAJ)	Construction of bridges and schools, vocational training	(funded by UNHCR)
Malteser International	Primary health care	EuropeAid
Aide Médicale Internationale (AMI)	Primary health care	ECHO
CARE	Agro-forestry	(AusAid)

In 2006, the European Commission’s Humanitarian Aid department (ECHO) is providing a one-year grant to four agencies in Northern Arakan amounting to a total of 2.7 million Euros. The ECHO funds support the nutrition programme of Action Contre la Faim, the malaria programme of Médecins sans Frontières-Holland (AZG) which treats 150,000 cases per year in the area, some activities of the UNHCR and the primary health care programme of Aide Médicale Internationale.

The EuropeAid Co-operation Office, under its “Uprooted populations budget line”, has currently committed 6.9 million Euros, allocated through calls for proposals from 2003 to 2005 to WFP, FAO, GRET, Malteser and ACF for 2 to 3 year-projects. Calls for proposals under the 2005 and 2006 budgets are still being processed. Roughly 10 Euros are spent per person per year in Northern Arakan, which is low compared to other countries in the region. In addition, it should be mentioned that the Uprooted Populations budget also contributes an average of 1 million Euros per year to the UNHCR assistance programme in the Rohingya refugee camps in Bangladesh.

<b>European Commission Budgets</b>	<b>Amount committed in 2006</b>	<b>Humanitarian agencies</b>
ECHO	2.7 million Euros	UNHCR, ACF, AMI, AZG
EuropeAid	6.9 million Euros	WFP, FAO, GRET, Malteser, ACF
<b>TOTAL</b>	<b>9.6 million Euros</b>	

International humanitarian assistance in Northern Arakan began in 1994 when the UNHCR gained access to assist the repatriation and reintegration of the returnee refugees from Bangladesh. The UNHCR continues to be the lead agency in Northern Arakan. Its presence is now very much reduced and it focuses largely on its protection mandate. All other assistance activities have been transferred to various humanitarian agencies.

### **3. Challenges**

Providing humanitarian services in Northern Arakan has proved to be challenging and has become increasingly difficult. But these services have benefited the population and have been a crucial factor in preventing the worst scenario: a new refugee exodus to Bangladesh. In 2005, during the hunger gap coinciding with the monsoon season, a major humanitarian disaster was averted thanks to direct food relief distributed by the WFP. A similar food security crisis is anticipated again this year.

The root cause of the humanitarian crisis is clearly political and, without structural changes, the overall impact of humanitarian efforts is expected to be limited. The main challenges are:

#### **(a) Statelessness**

The Rohingyas’ lack of legal status is the core issue and, for this very reason, the presence of international agencies offers some degree of protection. Especially, the presence of the UNHCR, the only agency with an international protection mandate, is thus critical. While continuing to assist repatriation, the UNHCR wants to refocus its operation in Northern Arakan towards a phase of “integration” through emphasis on its other mandate on statelessness, since it no longer makes sense to distinguish between the

repatriated refugees and the overall population, almost everyone being stateless. The UNHCR is calling for more partners to achieve this goal.

***(b) Restriction on mobility***

The most serious constraint on humanitarian assistance is the restriction of movement imposed on the Rohingya population. This equally affects the Muslim staff of international agencies, preventing them from attending trainings. For several months in 2005, expatriate personnel, especially those from agencies registered with the Ministry of Health, also encountered difficulties in securing travel authorisations to access their project sites, but these have now eased.

***(c) Hindrances in food aid delivery***

Pipeline breaks in the transport and delivery of rice and other food items have severely affected the implementation of WFP's extensive food aid programmes in North Arakan which cater for about 300,000 beneficiaries. The authorities blocked the movement of rice for three consecutive months during the lean period of 2005. Although the transport of rice finally resumed just in time to ward off a new exodus, the burdensome system of requiring permission to carry rice from Sittwe continues to disrupt the stockpiling of food commodities for the coming monsoon.

***(d) Health care***

Medical services are delivered according to four main priorities: malaria, primary health care, TB and HIV/AIDS. Lack of mobility, high levels of illiteracy, neglect of health facilities, low pay for health practitioners and discriminatory treatment against the Rohingyas (often meted out by Buddhist medical staff in government hospitals) have rendered the tasks of medical agencies particularly difficult. The agencies have, however, identified two major problems: obstacles to training Rohingya health staff and impediments to refer serious medical cases. The government does not accept Muslim non-citizens into health training courses, even those for auxiliary midwives. Only community health workers at the village level, being volunteers, are able to receive some basic training. For patients with a medical case too serious to be treated locally, prohibitions on travel or delays in the issue of travel passes make it virtually impossible for them to be referred to a hospital outside North Arakan.

***(e) Lack of education programmes***

The EU country strategy identifies education as a priority for funding, but very little has been done to improve education in this region, apart from the WFP food for education programme in 350 rural schools. Most schools lack the most basic equipment and teachers are poorly trained. Teachers' attendance is also irregular as they have to supplement their low salary with private tuition. Since Rohingyas cannot apply for government posts, the majority of teachers are Rakhine, not inclined to work in rural areas dominated by Muslims. Moreover, travel restrictions on Rohingya students were tightened after the removal of Khin Nyunt and they are no longer allowed to attend higher studies in Sittwe. Education is thus a basic human

need inadequately met, and the donor community should support more education programmes and vocational trainings.

The villagers interviewed also pointed out a number of issues they wish international organisations would tackle more effectively. These include a more coordinated response to protection problems, an improved monitoring of food distribution, an increased quota of Muslim national staff for some of the agencies as well as in training programmes, a better supervision of construction work (two villagers complained that the VPDC Chairman received funds to renovate the village school but the villagers were not paid for their labour) and, finally, more flexibility in micro-credit schemes. Indeed, in a number of cases, villagers who joined such schemes to start a small business were robbed by the authorities or by local Rakhines but were still compelled to pay back the loan and had to sell some of their properties.

#### **4. Recommendations**

Based on these consultations with international agencies and members of the Rohingya civil society, I would propose two sets of recommendations.

##### **(a) Advocacy:**

The European Union and its member-states should be more proactive in advocacy with the Burmese government, in particular on issues which present a direct challenge to the implementation of projects they fund in Northern Arakan. This would include exerting more pressure on the Burmese government to:

- a) address the problem of statelessness;
- b) ensure the free movement of expatriate as well as of Muslim national humanitarian staff;
- c) ease travel restrictions for the Rohingya in general;
- d) facilitate timely rice delivery;
- e) include Muslims in health and education training programmes; and
- f) authorise medical referrals.

##### **(b) Financial support:**

In addition to continuing their support for ongoing projects, the European Union and its member-states should also encourage and support programmes to cover basic human needs which are not currently met. These would include programmes related to:

- a) education and vocational training
- b) mother and child health
- c) capacity-building in health and education

Finally, it is also essential that the European Commission ensure a long-term support for humanitarian assistance in such a fragile environment.