

UNHCR-WFP Joint Assessment Mission (JAM) Report 2019

Cox's Bazar, Bangladesh



Data collected in May 2019

October 2019

Table of Contents

Table of Contents.....	2
List of Acronyms.....	4
Acknowledgments.....	5
Executive Summary.....	6
Part 1: Introduction.....	10
1.1 Structure of JAM report.....	10
1.2 JAM Objectives.....	10
1.3 JAM Methodology.....	10
1.4 Background	11
The Rohingya and the mass influx into Cox’s Bazar in September 2017	11
The camp population	11
The Bangladeshi host community	12
The political and administrative environment	13
Overall coordination of the refugee response	13
Registration of refugees by UNHCR	14
Part 2: Sectoral Analysis and Recommendations	15
2.1 Food security situation.....	15
Current food assistance modalities	15
Vulnerability to food insecurity	16
Household food consumption	16
Economic vulnerability.....	18
Profile of the most vulnerable	18
Coping strategies.....	18
2.2 Nutrition status and underlying causes of malnutrition.....	21
Nutrition assistance	21
Underlying causes of malnutrition.....	26
2.3 Health status and access to facilities	30
2.4 Water, sanitation and hygiene.....	33
2.5 Livelihoods and opportunities for self-reliance	37
Livelihoods	37
Labour market.....	38
Opportunities and challenges for self-reliance.....	39
Cash-based transfer initiatives.....	40
2.6 Education	44
2.7 Shelter and Energy	45

2.8 Protection	47
Vulnerable groups.....	48
Accountability to affected populations.....	50
Part 3: Overarching Cooperation Areas	52
3.1 Coordination	52
3.2 Data sharing and system inter-operability.....	53
3.3 Targeted assistance.....	54
3.4 Common cash platform.....	56
References	58
Annexes.....	60
Annex 1: UNHCR/WFP JAM Terms of Reference	60
Annex 2: Refugee population map as at May 2019	65
Annex 3: Fragmentation of nutrition services in the camps.....	66
Annex 4: Markets in Ukhia and Teknaf monitored by WFP.....	67
Annex 5: Proposed registration sites in Kutupalong RC	68

List of figures

Figure 1: Cumulative Rohingya refugees' population– including pre-influx population 2017 - 2018..	11
Figure 2: Beneficiaries of food assistance - 2019.....	15
Figure 3: Household food consumption: Pre- and Post-Food Assistance, Nov 2017 & Nov 2018	16
Figure 4: Economic vulnerability.....	18
Figure 5: Admission trends in the CMAM programmes, May 2016 – March 2019	23
Figure 6: Number of people served in BSFP, May 2016 – March 2019	23
Figure 7: GAM prevalence in makeshift and registered camps and host community, 2016 - 2018....	24
Figure 8: Chronic Malnutrition in makeshift and registered camps & host community, 2016 - 2018	24
Figure 9: Anaemia prevalence in makeshift and registered camps, 2016 - 2018.....	25
Figure 10: Underweight (MUAC <210mm) among women and PLWs (15-49 yrs)	25
Figure 11: Morbidity in children below 5 years, 2016 - 2018.....	26
Figure 12: Young Infant and Child Feeding Practices, Nov 2017 - Apr 2018	27
Figure 13: Main employment activities in Myanmar and Bangladesh	38
Figure 14: Rice prices in different markets in Bangladesh.....	43
Figure 15: Access to education – Children between 3-14 and 15-24 years.....	44

List of tables

Table 1: Overview of nutrition programmes in Cox's Bazar	22
Table 2: Indicators for water quantity, access and quality – Status quo and SPHERE standards.....	33
Table 3: Indicators for sanitation – Status quo and SPHERE standards.....	34
Table 4: Indicators for hygiene – Status quo and SPHERE standards	36

List of Acronyms

BSFP	Blanket Supplementary Feeding Programmes
BRAC	Bangladesh Rural Advancement Committee
CiC	Camp in Charge
CwC	Communication with Communities
CMAM	Community Management of Acute Malnutrition
DRR	Disaster Risk Reduction
EPI	Expanded Program of Immunization
EV	Electronic Voucher
FCN	Family Card Number
FGD	Focus Group Discussion
FSP	Financial Service Provider
GADD	Gender, Age and Disability Disaggregated Data
GAM	Global Acute Malnutrition
GBV	Gender-based violence
GFD	General Food Distribution
GoB	Government of Bangladesh
GoM	Government of Myanmar
IYCF	Infant and Young Child Feeding in Emergencies
JRP	Joint Response Plan
KYC	Know Your Customer
LCFA	Learning Competency Framework Approach
LPG	Liquified Petroleum Gas
MAD	Minimum Acceptable Diet
MEB	Minimum Expenditure Basket
MOHA	Ministry of Home Affairs
MSNA	Multi-Sectoral Needs Assessment
OTP	Outpatient Therapeutic Programmes
PDM	Post Distribution Monitoring
PLW	Pregnant and lactating women
PSEA	Protection against sexual exploitation
RC	Registered camp
REVA	Refugee influx Emergency Vulnerability Assessment
RRRC	Refugee, Relief & Repatriation Commissioner
SC	Stabilization Centre
SAM	Severe Acute Malnutrition
SGBV	Sexual and gender-based violence
TSFP	Targeted supplementary feeding programmes

Acknowledgments

The Joint Assessment Mission was made possible through successful collaboration between the United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) colleagues in Cox's Bazar, Bangladesh.

Data collection at field level was made possible through the dedication and hard work of UNHCR and WFP staff, together with their respective field-based implementing partners.

The support by the Office of the Refugee Relief and Repatriation Commissioner (RRRC), International Organization for Migration (IOM), and Food Security, Health Nutrition, Protection, WASH, Education and Site Management sectors is greatly appreciated.

Much appreciation goes to the many refugees and refugee leaders who took the time to participate in field interviews.

Executive Summary

Between August and December 2017, about 724,000 Rohingya nationals crossed the border into Bangladesh in response to a major offensive against the Rohingya in Rakhine state of Myanmar. They joined about 169,000 registered and unregistered refugees who were already living in the registered and makeshift camps in Cox's Bazar. By April 2019, the total Rohingya population in Cox's Bazar district had reached about 910,357 individuals, making Kutupalong and Nayapara registered camps and the makeshift camps around them the largest refugee settlements in the world.

The unexpected speed and extent of the influx in September 2017 exacerbated an already fragile situation, overwhelming infrastructures for health, education and WASH services and facilities. The Government of Bangladesh (GoB) and the humanitarian community stepped up, swiftly and efficiently, to meet the immediate food and non-food needs of the population.

Almost two years into the crisis, the situation has stabilized due to the assistance provided, the gradually increasing economic interactions between the refugees and the host community, as well as the Rohingya's own level of resilience. Nonetheless, socio-economic challenges such as poverty, illiteracy and constrained livelihood opportunities continue to raise serious protection and food security concerns.

The Joint Assessment Mission (JAM) was conducted by UNHCR and WFP in line with the global Memorandum of Understanding (MoU) to review areas of cooperation. The JAM aimed to provide strategic directions for joint programming for the period 2019 – 2021 to enhance Rohingya refugees' capacities to meet their food and other basic needs, strengthen their livelihoods and increase their self-reliance, ensuring gender considerations are prioritized. The section below outlines key findings and recommendations.

Key Findings

Food security and assistance: As of March 2019, approximately 65 percent of refugees were receiving monthly food entitlements, in-kind, comprising of rice, lentils and oil while the remaining were provided with e-vouchers redeemed at WFP-contracted retail outlets where refugees are provided with 20 different food options. WFP continues to transition more in-kind beneficiaries to e-voucher assistance. Though refugees receive the recommended minimum of 2,100 kcal/ person/ day, 44 percent of the refugees have poor or borderline food consumption scores. The rampant resale of food commodities by refugees to meet other essential needs contributes majorly to low food consumption outcomes. The plans to transition the refugee population into the e-voucher modality is expected to contribute to increased dietary diversity and create a local integrated market, where the host community produce is channelized into the e-voucher outlets. Despite the assistance provided by various partners, 54 percent of all the refugees are unable to meet the minimum essential needs otherwise referred to as the Minimum Expenditure Basket (MEB). The current assistance provided is critical in supporting households meet their minimum essential need, with almost 88 percent of refugees found to be entirely dependent on assistance provided. In regard to the available evidence, UNHCR and WFP agreed that blanket food assistance should be continued. Both organisations will explore development of joint targeting criteria to identify levels of vulnerability in refugees for effective targeting with complimentary assistance provided through

different modalities: cash-for-work, life-skills training and unconditional cash transfer, where possible.

Cash-based Interventions: the implementation of and scope for cash-based interventions and specifically for multi-purpose cash remains limited due to the existing policies. An inter-agency common cash platform is to be considered in Cox's Bazar, guided by the Joint four Principals' statement (UNHCR, WFP, IOM and UNICEF) and coordinated with all other partners- for which Bangladesh was selected as the pilot for increasing inter-agency collaboration. UNHCR/ GoB refugee registration data will be used for beneficiary identification. Joint advocacy meetings will be conducted to push for the use of multipurpose cash. UNHCR and WFP, together with other partners also commit to undertake a multi-sectoral market assessment, advocate for the multi-purpose cash pilot, conduct joint monitoring exercises and explore opportunities for collaboration on provision of non-food items through the e-voucher shops.

Protection and Accountability: the refugees who arrived in Bangladesh are seeking refuge from the continued persecution and violence they experienced in Myanmar. In the camps they are faced with different stressors due to congested living conditions, disrupted family and community structures and an uncertain future. Yet refugees continue to show a remarkable resilience, they actively engage in the response and are keen to take on new responsibilities. In relation to food security, specific vulnerabilities exist for people with mobility constraints which are persistent hindrance to food access and thereby raise food security concerns. To ease burden of carrying heavy food loads, WFP has operationalized a porter system to support those extremely vulnerable refugees, including people with disability, child-headed and women-headed households among others. Measures will be developed to strengthen the system for identification while ensuring that the potential for abuse of the system is mitigated. Special considerations are made for unaccompanied and separated children who are supported through alternative care arrangements. Existing Standard Operating Procedures (SOPs) will be updated for children at risk to ensure timely information sharing, referral of cases and increase awareness of handling such cases.

Both organisations are committed to enhance accountability, strengthen and expand existing mechanisms and foster stronger refugee engagement and leadership. Referral pathways and linkages between WFP and UNHCR Complaints and Feedback Mechanisms (CFM) will be reviewed and strengthened to ensure prompt response in addressing issues raised. The role of the existing food committees will be reviewed and strengthened. Protection risks (including PSEA) in food assistance outlets will be addressed by training traders and partners on the expected code of conduct when dealing beneficiaries and through a strengthened monitoring system.

Nutrition: In comparison to 2017, the Global Acute Malnutrition (GAM) prevalence has shown a significant improvement, decreasing among the new arrivals from 19.3 percent in November 2017 to 11 percent in November 2018. However, more than one third of the children under 5 years in the registered camps and 27 percent in makeshift camps are chronically malnourished and 40 percent of children under 5 years are anaemic. Nutrition services are implemented in the registered camps through one partner, supported by UNHCR and WFP jointly in line with the global MoU; in the new camps WFP responded to the dramatic needs of new arrivals by implementing core nutrition services directly.

With the GAM rate remaining above 10 percent and considering the high stunting and anaemia rates, UNHCR and WFP agreed to continue the Blanket Supplementary Feeding Programme for children 6-59 months and pregnant and lactating women (PLW) and will review the situation twice a

year. The implementation of nutrition programmes will be aligned to the global MoU across camps. Nutrition programme coverage and the promotion of appropriate infant and young child feeding activities will be strengthened through a joint social and behavioral change communication strategy (SBCC) and strengthening of community nutrition volunteer programme.

Livelihoods: programmes aiming at enhancing self-reliance are successfully implemented by UNHCR and WFP for a range of different skills, targeting refugees and host communities alike. Yet the expansion of these activities in the camps is challenging given the high demand, limited opportunities, lack of linkages to markets and the existing legal framework. UNHCR and WFP will continue to jointly advocate to increase refugees' engagement in income generation, livelihoods and self-reliance activities. A joint value chain analysis is planned as well as a market assessment to understand supply and demand constraints for products promoted. Specific programmes to increase women's participation will be developed, including communication strategies and alternative child care arrangements. Vocational training programmes for youth will be jointly reviewed and areas for complementarity will be explored.

WASH/ Health: the overall provision of health and WASH services improved significantly since the onset of the crisis. As a result of overall improved service provision, mortality rates dropped below emergency levels and are within the SPHERE standards for the region. Water provision is sufficient in Kutapalong but remains below 15 litres/person/day in Nayapara registered camp. While the water collected is generally free of germs, contamination of drinking water occurs frequently at household level due to improper water handling. High diarrhoea incidence remains a concern, repeated diarrhoea episodes contributes directly to high GAM rates. Both organisations agreed to strengthen the coordination between the WASH, Nutrition and Food Security units with the aim to strengthen the linkage for joint analyses and knowledge management for an integrated response. Linkages between health and nutrition facilities will be strengthened to ensure cross-referrals, facilities will be hosted in the same compound where possible. Access to and safe use of WASH infrastructures for especially women, girls and persons with disabilities will be enhanced to minimize the hygiene and health concerns. Integrated efforts need to be undertaken to strengthen WASH education among the refugee population to minimize secondary contamination of drinking water at the household.

Energy: with the setup of the camps, about 6,000 hectares of forest cover was cleared. In the initial response cooking fuel could not be provided, leading to further deforestation, increased tensions with the host community and protection risks associated with firewood collection. The provision of Liquefied Petroleum Gas (LPG) started in August 2018 and reached the majority of households in the camps by now and expanded to host communities as well. Both organisations will advocate jointly for continued provision of the LPG intervention for the refugees and host community and UNHCR will continue to prioritise LPG distribution. The usage of a unified distribution modality will be explored as well.

Data sharing and system interoperability: UNHCR is presently registering refugees to validate and expand the existing database, as at June 2019, about 400,000 refugees had been registered. WFP enrolls refugees using SCOPE to enable the timely provision and tracking of assistance. Both organisations agreed that the GoBs/UNHCRs registration database will be used in future as the single source of data for beneficiary enrolment and targeting purposes. Data sharing and system interoperability between UNHCR's beneficiary registration database (proGress) and WFP's assistance enrolment system (SCOPE) will be established to ensure a complete match of beneficiary data between the two systems. WFP will establish help desks at the registration sites (or a referral

system where space does not allow) to identify household requiring an update on SCOPE after registration.

Coordination between the two agencies will be enhanced by creating more opportunities for systematic information exchange between key units of each agency for informed decision-making. Joint advocacy on the importance of addressing food security and protection in a combined fashion will be enhanced through joint messaging. Joint monitoring will be maximised in areas of cooperation.

Part 1: Introduction

1.1 Structure of JAM report

The report is divided into three parts:

Part 1 provides an overview of the historical and present context of the Rohingya refugee's in Cox's Bazar before September 2017 and thereafter the significant changes brought about by the influx, especially with regard to the Bangladeshi host community.

Part 2 provides an in-depth situational analysis of the different sectors and provide recommendations on improving respective intervention areas.

Part 3 presents key overarching areas of cooperation for UNHCR and WFP, to support greater joint programming.

1.2 JAM Objectives

In line with the Global Memorandum of Understanding (MoU), UNHCR and WFP conduct Joint Assessment Missions (JAM) every two years to assess refugees' food and non-food needs, and how adequately these needs are being addressed. Its overall objectives are to provide strategic directions for joint programming to:

- enhance the refugee populations' capacities to meet their food and other basic needs;
- strengthen their livelihoods and increase their self-reliance;
- ensure gender and protection considerations are prioritized.

1.3 JAM Methodology

The JAM was implemented between April and June 2019 and consisted of three parts:

- I. Secondary data review:** The first part consisted of a comprehensive analysis of secondary data. While secondary data was abundant and highly informative, a number of key gaps and issues in need for validation were addressed through a qualitative data collection exercise.
- II. Primary data collection:** Based on gaps identified in the secondary data review, primary data collection was conducted to fill gaps and verify and validate issues emerging from the secondary data analysis. UNHCR and WFP staff from both agencies' cooperating partners conducted 30 focus group discussions (FGD) across seven camps between 23 – 25 April. FGDs were held separately with men and women, boys and girls and covered the following topics: food security, health, nutrition, WASH, protection, livelihoods and education.
- III. Strategic JAM workshop:** A strategic JAM workshop with technical heads of units in UNHCR and WFP Cox's Bazar, took place between 28 – 30 April to review the findings from the secondary analysis and primary data collection and to discuss strategic directions for joint programming. Experts from WFP Regional and Rome offices, and UNHCR's Geneva office also joined in this workshop to support strategic discussions. Five key broad result areas were exhaustively explored including:
 - Linkage between food security and protection
 - Data sharing arrangements between the two agencies
 - Common platform for cash/voucher assistance
 - Needs-based targeting and prioritization

- Coordination mechanisms between UNHCR and WFP

The recommendations agreed upon by both agencies formed the basis of the formulation of the Joint Plan of Action.

1.4 Background

The Rohingya and the mass influx into Cox's Bazar in September 2017

The Rohingya population have traditionally resided in Myanmar's Rakhine State, one of the poorest states in Myanmar with an estimated 78 percent of the population living in extreme poverty¹. They are a Muslim minority who had been exposed to decades of deprivation and discrimination, culminating in the 1982 Citizenship Law which saw the large majority of Rohingyas population been stripped of their most basic human right: their citizenship. Thus, they have been a stateless group, not recognised as a legitimate, native minority by the Government of Myanmar and have been restricted in their movement and had limited education opportunities. They do not have any political representation within Myanmar and were not allowed to participate in the 2012 elections.

Thus, the Rohingya have a history of persecutions and have endured human rights violations for long, resulting in repeated population movements within Myanmar and to other countries, including Bangladesh. In August 2017 the Myanmar military and security forces launched a major offensive across northern Rakhine State, after the Arakan Rohingya Salvation Army (ARSA) attacked the Myanmar police and border posts. These events triggered a mass displacement with Rohingya fleeing over the border into Bangladesh between August and December 2017.

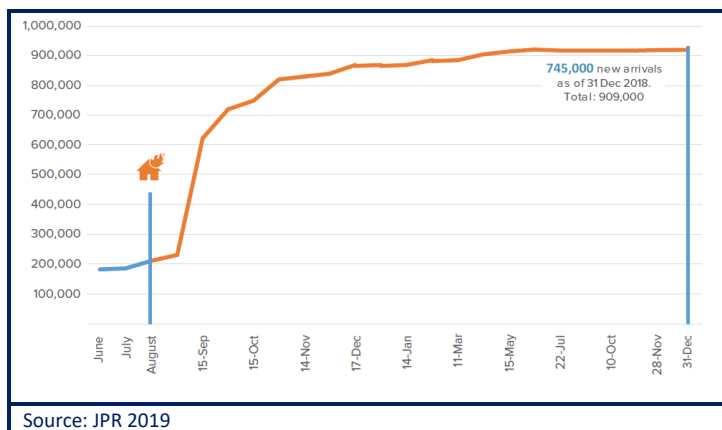
The camp population

Between August and December 2017 alone, 724,000 Rohingya population joined about 169,000 refugees who had arrived earlier in Bangladesh (of which 34,000 were officially recognised as refugees). As of 1992, refugees were officially registered by the GoB and they predominately had been living in official, registered camps – Kutupalong and Nayapara. In 1992, the GoB stopped registering Rohingya population and those who arrived after that have since been called “undocumented Myanmar Nationals” or “unregistered refugees”. “Unregistered refugees” mainly live in makeshift camps, adjacent to the registered camps².

Figure 1: Cumulative Rohingya refugees' population– including pre-influx population 2017 - 2018

¹ UNHCR, 2018. Culture, context and mental health of Rohingya refugees

² ACAPS, Review: Rohingya Influx since 1978, December 2017



The influx has seen a dramatic rise in the camp population in Cox's Bazar (Figure 1). As of May 2019, about 742,000 new arrivals have settled in Ukhia and Teknaf sub-districts since the mass exodus in August 2017 – of whom more than 400,000 are children – raising the number of Rohingya refugees in Cox's Bazar district to 910,600³.

Camps have expanded significantly into a network of over 30 makeshift sub-camps. The majority of camps (26 out of 34) are located in Kutupalong area, the largest concentration of refugee camps in the world with about 734,000 inhabitants and Teknaf area with about 176,000 inhabitants⁴

The Bangladeshi host community

The impact of the sudden increase from 169,000 to about 910,600 refugees on the Bangladeshi host community has been immense. The overall population in the sub-districts Ukhia and Teknaf has almost tripled with local residents being outnumbered to a ratio of 3:1 by refugees⁵.

Forests and land resources were adversely impacted by the mass influx of people and to their need for firewood. It is estimated that about 6,000 Ha of forests was cleared to pave way for refugee settlements, and some of their livelihood activities were equally threatened by the influx. District infrastructure, including health and water services overstretched and have further weakened as a result. Local schools have been impacted by a fair number of teachers having terminated their contracts for better paying employment opportunities with aid agencies in the camps, resulting in a shortage of teachers⁶. While there is some evidence that the rapid population increase has brought notable economic opportunities to the local population, the influx has also led to an increase in prices of some goods due to increased demand for goods and services and a marked drop in daily wages due to the increased supply of unskilled labour which is the main income source for Bangladeshis in the area⁷.

The food security and nutritional status of the poorest amongst the host community is also a growing concern. The REVA 2 (whose field data collection was in November 2018) found 39 percent of households in the host community to be vulnerable to food insecurity with 11 percent highly vulnerable. Vulnerability, though, remained comparable to 2017 level. Buying food on credit and borrowing money to buy food have remained the two most common livelihood coping strategies adopted by the host community to make ends meet. Acute malnutrition in the host community remains at high levels, though below WHO's emergency thresholds with Global Acute Malnutrition (GAM) prevalence at 11 percent and Severe Acute Malnutrition (SAM) prevalence at 1.5 percent. Chronic malnutrition, equally, is a great concern with stunting prevalence of above the 30 percent

³ RRR-UNHCR Family Counting update as of 31 May 2019, accessible at <https://data2.unhcr.org/en/documents/details/69523>. 34,172 of the pre-August 2017 population are officially recognized by the Government as refugees.

⁴ RRR-UNHCR Family Counting Update as of May 2019; Note: Kutupalong area camps are all in Ukhia sub-district inclusive of Jamtoli, Hakimpura and Bagghona. Teknaf area camps are all in Teknaf sub-district and include Chakmarkul, Unchiprang and Shamlapur

⁵ IFPRI/BIDS, Economic Activities of the Forcibly Displaced Rohingya Population – An Analysis of Business Enterprises in Southeastern Bangladesh, September 2018

⁶ USAID, Rapid education and risk analysis – Cox's Bazar, October 2018

⁷ IFPRI/BIDS, Economic Activities of the Forcibly Displaced Rohingya Population – An Analysis of Business Enterprises in Southeastern Bangladesh, September 2018

“critical” threshold in both, Ukhia and Teknaf. Morbidity also remains widespread, as reported by recent surveys⁸.

With these drastic changes the host community had to deal with and adapt to, their expectations of the quality of their future life were found to be rather bleak in a survey conducted by Internews in July 2018⁹. Local Bangladeshis felt uncertain about their future: 38 percent of host community respondents said they did not know what their quality of life will be like in six months’ time and 32 percent expected their life to get worse.

The political and administrative environment

The GoB has been very generous towards the Rohingya, having opened its borders whenever they crossed the border to take refuge from persecution in Bangladesh. The influx in 2017 was by far the largest mass displacement. The GoB has been leading the humanitarian response in close collaboration with the humanitarian community and has thereby facilitated the speedy scale-up of operations that provided life-saving support and protection to the entire refugee population.

Bangladesh is not a signatory of the 1951 Refugee Convention nor the 1967 Protocol relating to the Status of Refugees and does not have a refugee law. The country’s legislative policy towards all refugees – including rules on residence and movement - is regulated by the Foreigners Act of 1946¹⁰.

Since 1992 the GoB has been referring to refugees from Myanmar as *Forcibly Displaced Myanmar Nationals* who are unregistered. Reservations exist with regards to the right to work and education which impacts the provision of assistance. Refugees can only reside in camps and movement is restricted, travel permissions to areas outside the camp are issued for medical reasons and to access the legal system.

The Rohingya refugees have consistently expressed their desire to return home when this becomes possible in safety and dignity¹¹. For them this means – most importantly – being given citizenship in Myanmar and being officially recognized and accepted as one of many ethnic groups in the country with the same rights as all Myanmar nationals. Until they voluntarily return, the continuing needs in the camps in Cox’s Bazar will have to be addressed.

Overall coordination of the refugee response

The response for the Rohingya refugees and affected host communities in Cox’s Bazar is led and coordinated by the Government of Bangladesh (GoB) in close collaboration with the humanitarian community under the leadership of the Strategic Executive Group (SEG) at Dhaka level. The SEG is co-chaired by the UN Resident Coordinator, IOM and UNHCR and provides strategic guidance to the multi-sectoral response. At the district level the response is guided by the Inter-Sector Coordination Group (ISCG), composed of thematic Sector and Working Group Coordinators who represent the humanitarian community. All sectors closely work with the Refugee, Relief and Repatriation Commissioner (RRRC), a government department in charge of operational coordination of the response at district level.

⁸ Integrated SMART Survey in Ukhia and Teknaf Upazilas, March 2018

⁹ Media Action, How effective is communication in the Rohingya refugee response? September 2018

¹⁰ Article 3 of the Foreigners Act authorizes the Government to require a foreigner to reside in a prescribed place and impose restrictions on their movement. In principle, movement is restricted unless refugees can obtain a permission letter from the Camp Administrators giving cause for their travel. With prior approval of camp administrators (CICs), refugees are allowed to travel outside camps to visit hospitals and courts.

¹¹ Ibid.

The latest Joint Response Plan (JRP) – which outlines the humanitarian community’s programme for the Rohingya response - was launched in February 2019 requesting USD 920 million to maintain priority response efforts. It is based on three overarching, strategic objectives: to deliver protection, provide life-saving assistance and foster social cohesion. The JRP 2019 is paving the way for the transition from unsustainable exclusive reliance on public assistance to developing resilience and building human capital.

Registration of refugees by UNHCR

The registration of Rohingya refugees started in September 2017 when the Ministry of Home Affairs (MOHA) conducted biometric registrations of the undocumented refugees who had been there prior to the influx (see *Background* for more info) and the new arrivals that had come in August 2017. This process ended in June 2018 by which time about 1.2 million individuals had been registered and provided with an individual MOHA card. The major challenge was the missing link between each individual and his/her family members - essential for the provision of assistance which is done at the household level.

In October 2017, UNHCR in close collaboration with RRRC began to complement MOHA’s registration for assistance and protection purposes and to link each individual to a family. As at end of March 2018, about 876,000 individuals (or 203,407 households) had been counted and linked to a family, their shelters were geotagged, and each registered household was given a Family Card with a Family Counting Number (FCN).

To consolidate the data and adjust some of the shortcomings of the earlier registrations, in June 2018 the MoHA and UNHCR started a Joint Registration Exercise for which there are currently five registration sites in Kutupalong and one in Nayapara where official registrations take place, capturing the link between refugees’ individual MOHA with their RRRC/UNHCR family identifications and any updates of biodata and biometrics for all above 3 years including an iris scan. Once officially registered, refugees receive a Smart Card with a household identification to replace both, the MOHA and FCN card. As of 30 June 2019, about 43 percent of the refugee population had been officially registered, the equivalent of about 374,000 individual refugees and 82,000 refugee households.

Part 2: Sectoral Analysis and Recommendations

2.1 Food security situation

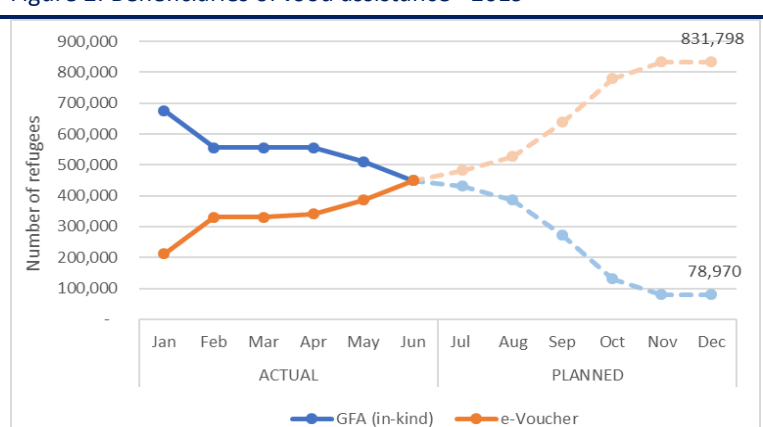
Current food assistance modalities

Since the influx in September 2017, the Food Security Sector – led by WFP and FAO - in partnership with about 30 national and international organizations/agencies has been providing food assistance in the camps and host communities. As of March 2019, about 880,000 people in 34 camps were benefitting from general food assistance (through in-kind or e-voucher and with complementary food)¹².

As of March 2019, about 65 percent of the refugee population was receiving their food entitlements through in-kind¹³ modality, with the number expected to tilt significantly towards e-voucher modality with WFP's scale-up plans. In-kind food assistance consists of rice, lentils and oil, providing the daily requirement of 2,100 kcal per person per day. A household food basket contains 30kg rice, 9kg pulses and 3 litres of fortified vegetable oil and is augmented according to household sizes: with small households (1-3 members) receiving one food basket per month, medium sized-households (4-7 members) receiving two food baskets per month, and large sized households (8 - 11 members) receiving three rations, while very large households (11+ members) received four rations, all over two distribution cycles per month. Entitlements are handed out at 19 distribution points scattered across 32 camps.

In-kind blanket food assistance is complemented by vouchers for fresh food items (vegetables, eggs, fish and spices) and targets the most vulnerable (households with children under 5, people with disabilities, chronically ill, elderly, pregnant and lactating mothers)¹⁴, with the aim to enhance dietary diversity. As at March 2019, about 21 percent of the population was receiving complementary food vouchers provided by a range of the food security partners¹⁵.

Figure 2: Beneficiaries of food assistance - 2019



Source: WFP, Programme Unit

WFP is planning to transition the entire refugee population from in-kind food assistance modality to e-vouchers during the course of 2019 (see Figure 2). With a biometric debit card (SCOPE) reloaded monthly, refugees can purchase a variety of food from shops operated by private sector Bangladeshi merchants – contracted by WFP. The SCOPE card (or Assistance Card) is issued in the name of the most senior

woman of the household. As of June 2019, there were 10 e-voucher outlets (24 shops), with each

¹² About 5 percent of entire refugee population are not covered by WFP's assistance: in two camps- Unchiprang and Chakmarkul which are under ICRC.

¹³ Food Security Sector Dashboard, March 2019

¹⁴ JPA 2019

¹⁵ Food security sector dashboard Cox's Bazar, Bangladesh, June 2019

outlet having 2 – 3 shops (managed by different retail contractors), distributed over seven camps, each serving between 5,000 and 20,000 households. They provide a variety of 20 different food items: twelve mandatory food items with a fixed price negotiated on a monthly basis and eight flexible food items the traders can choose to sell based on demand. The introduction of those additional flexible items is meant to further facilitate access to a more diversified diet. By the end of 2019 or early 2020, when the entire refugee population is scheduled to be assisted through e-vouchers, the number of e-voucher shops will have increased to 21. The e-voucher modality gives refugees freedom of choice when purchasing their entitlements. The e-voucher food basket provides a monthly monetary value of 770 BDT per capita per month. This is based on the food minimum expenditure basket- covering 2,100 kcal per capita per day.

Vulnerability to food insecurity

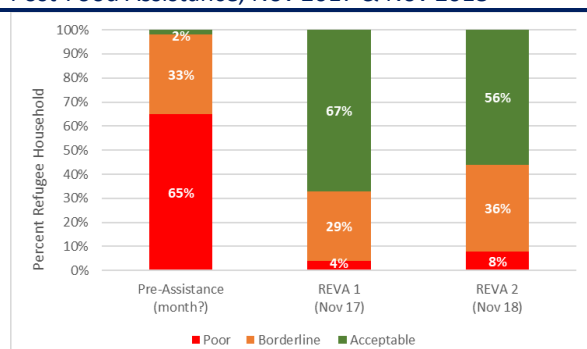
According to the REVA 2 conducted between October and December 2018, about 88 percent of the refugee population (802,000 individuals) were found to be vulnerable and entirely dependent on humanitarian assistance. These individuals mostly have unacceptable food consumption outcomes, engage in negative coping behaviours and have monthly household expenditures that do not cover the costs of the minimum essential food and non-food needs. The largest share of the vulnerable can be found among the unregistered refugees who arrived in the camps prior to the influx. Registered refugees appear to be less affected but still exhibit high vulnerabilities. About 40 percent of the host community was found to be vulnerable.

While in late 2017 a large share of the refugee population had some savings, they could fall back on or were in possession of household items and jewellery that could be monetized, this resource base has largely been depleted by now. Also, the limited income generation activities that refugees engaged in after their arrival in Bangladesh had further decreased during the course of 2018 partly because of a highly competitive labour market for unskilled labour characterized by reduced wages. Thus, the main income source for the majority of the refugee population is and remains external assistance at this stage.

Household food consumption

Household food consumption is determined by the quality and quantity of food consumed and the means by which these foods were accessed.

Figure 3: Household food consumption: Pre- and Post-Food Assistance, Nov 2017 & Nov 2018



Source: PAB (Nov 2017); REVA 1 (Nov 2017), REVA 2 (Nov 2018)

In November 2017, two months after the August influx, almost the entire population in the camps was found to have unacceptable food consumption patterns (see Figure 3). In fact, their main concern was the lack of food to feed their families¹⁶. It was observed on receiving integrated food assistance, the consumption patterns significantly improved. In the REVA 1 assessment conducted in November 2017, food consumption outcomes had improved remarkably, with 67 percent of the population having acceptable food consumption. This was largely attributed to the upscale of

¹⁶ WFP, Pre-Assessment Baseline, November 2017

humanitarian assistance, after the influx.

By November 2018, slightly over one year after the influx, the share of refugees with acceptable food consumption outcomes decreased to 56 percent. By that time, communities' needs had increased: besides food, they had needs in fuel, health, lighting/electricity, and access to safe drinking water¹⁷. One of the main challenges has become the lack of income generating opportunities¹⁸ due to limited options in the camps and restrictions on refugees to work outside.

Refugees' basic food needs continue to be met by the external assistance provided. However, with the stabilization of the refugee situation, increasing economic transactions and availability of a range of different foods brought into the camps by retailers from the host community and elsewhere, the need for cash to cover unmet food and non-food needs has been increasing and become inevitable. The needed cash is currently coming from the sale of assistance which in turn has been found to negatively impact household food consumption.

The in-kind food ration – although life-saving – is not sufficiently diverse to ensure a qualitatively acceptable diet. Therefore, WFP aims to cover the entire refugee population under its e-voucher modality for food assistance.

This is one of the reasons for WFP to transfer all in-kind beneficiaries to e-voucher modality by the end of 2019. Noteworthy, adaptation mechanisms applied by both in-kind and e-voucher beneficiaries to meet other food and non-food needs, not provided in the current assistance package, has resulted in comparable food consumption outcomes, as found in REVA2. However, the lower level of indebtedness and lower resale of food by e-voucher beneficiaries is symptomatic of the fact that although they have just slightly better dietary diversity than in-kind beneficiaries, they certainly reach it in a much more efficient and sustainable manner.

The reduced consumption of pulses which tends to be sold, or not bought in e-voucher shops, by a large share of households undermines acceptable food consumption outcomes¹⁹. Also, the transactions of selling food assistance for other desired food items has been found to take place under highly unfavourable terms of trade. Refugees tend to sell commodities in the immediate surrounding of the distribution points or e-voucher shops to both reduce transportation cost (of travelling to the market) and also to circumvent camp authorities. However, unfavourable terms of trade in the camps result in low expenditures on pricier, but desired food items such as fish and meat. The small quantities purchased only rarely translate into improved food consumption outcomes due to their limited nutritional power²⁰. In sum, the reduced consumption of pulses, coupled with compromised purchasing power – both manifestations of food resale - have been found to negatively impact household food consumption and nutritional status.

¹⁷ Needs and Population Monitoring, Round 13, November 2018

¹⁸ *ibid*

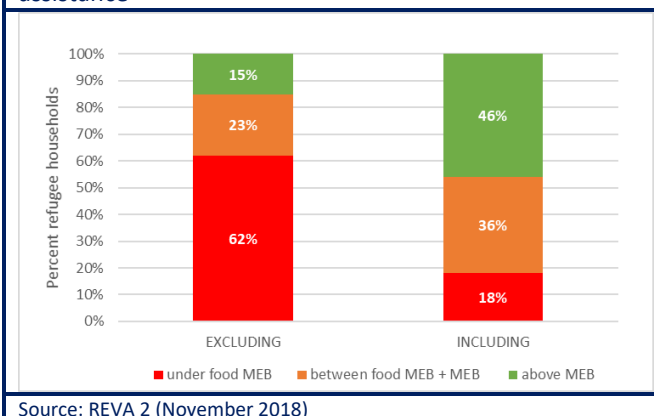
¹⁹ WFP, REVA 2, November 2018

²⁰ *ibid*

Economic vulnerability

Households' economic vulnerability is estimated based on the economic capacity of the household to meet minimum essential needs, measured in terms of the per capita Minimum Expenditure Basket (MEB). REVA 2 found that even with the current level of humanitarian assistance, more than half of the refugee population remain economically vulnerable i.e., 54 percent of the entire population served have their monthly expenditures below the MEB of which 18 percent fall below the Survival Minimum Expenditure Basket (SMEB) or the food-MEB. If food assistance were to be removed, the percentage of refugees economically vulnerable would increase to 85 percent. The food poverty line would increase up to 62 percent, while 85 percent would not meet the Minimum Expenditure Basket (MEB) (see Figure 4).

Figure 4: Economic vulnerability- household expenditures excluding and including the monetary value of food assistance



Profile of the most vulnerable

The REVA 2 found that among the refugees, the presence of numerous children is the main variable associated with vulnerability to food insecurity. Large families with low presence of adults potentially involved in income generation (i.e. high dependency ratio) tend to be more vulnerable. Single-parents and child-headed households also struggle to cope up with family members' needs, even more so in the presence of children, disabled persons, pregnant and breastfeeding women. Having at least one source of income – however erratic or non-profitable – also greatly protects refugee households from poverty, unacceptable food consumption, adoption of negative coping strategies and ultimately from vulnerability to food insecurity.

Coping strategies

Alike 2017, almost all refugees faced the need to adopt negative coping mechanisms to cope with adverse situation. This reflects the existing precarious conditions surrounding the refugees: lack of resources and limited income generating opportunities worsens their situation further.

According to the REVA 2 assessments, some of the food-related coping mechanisms adopted are: consumption of less preferred food and borrowing (62 percent reported) and borrowing or relying on others to meet food needs (47 percent reported). Roughly one quarter of the refugee population reduce portion sizes of meals and the number of meals per day. Overall, food related coping has increased during 2018 and –is found to be more prevalent among newly arrived refugees as compared to the registered refugees²¹.

In terms of livelihood coping strategies, an increasing share of households engage in “crisis” coping mechanisms that affect their livelihoods in the medium- to long-term. The most common ones

²¹ WFP, REVA 2, November 2018

include getting increasingly indebted and selling of food and non-food assistance. The share of households resorting to those strategies increased between 2017 and 2018.

About 70 percent of interviewed households borrow money (or food)²² from other refugees in the camp and at the time of REVA2 data collection in November 2018, about 80 percent were under debts. Further, the FGDs conducted for JAM found 60 to 90 percent of interviewees indebted. The risky aspect to borrowing is the accumulation of debts over time, gradually making it ever more difficult to pay back. Indebted households have a number of means to pay back debts, yet none is sustainable and most pose new protection concerns. Some are receiving remittances from family members living abroad – yet the share of households among the overall refugee population receiving this type of remittance is minimal. Others are selling humanitarian assistance, as well as drawing an income from daily labour. Yet, income from additional labour in this case also involves engaging children in work, such as sending daughters to work as housemaids in the host community²³. Thus, the risk of getting stuck in a vicious circle of indebtedness - very common in protracted refugee crises - is looming among refugee households and some immediate action – either in terms of providing some access to income or in terms of additional multi-wallet entitlements – needs to be explored.

Around 41 percent of the households interviewed during REVA2 reported to have sold fraction of the food aid received. The food items sold for cash predominately include pulses, rice and oil. Pulses, in particular, are least liked as they are not typically consumed as part of the Rohingya traditional diet. Households under the in-kind modality (rice, pulses, oil) were found to be more prone to selling parts of their assistance – predominately the pulses - as compared to households under the e-voucher modality. This was owing to their need to buy fresh food and vegetables, not provided in their current assistance package. A large share of e-voucher beneficiaries on the other hand, use their monthly cash allowance to purchase large amounts of rice at the outlets which is more often re-sold in the market. Anecdotal evidence suggest that rice is readily and easily re-saleable in the informal market, albeit at poor terms of exchange.

With the additional cash – either borrowed or through the sale of assistance - households predominately buy food items that are not part of their GFD ration or that are not sold in the e-voucher shops in order to ensure a more varied and culturally familiar diet. But cash is also needed to finance a number of non-food items and services, most importantly health-related expenditures, fuel/firewood, school books, clothes, as well as weddings and cultural events²⁴.

Purchasing behaviour of refugees in the E-voucher shops

Limited visits: refugees have been found to prefer one-off bulk redemption of their monthly entitlements. A number of factors, derived from focus group discussions with refugees could explain this: (i) access challenges in parts of the camps, due to poor road networks and relatively greater distance to the shops; (ii) low supply of certain commodities in the e-voucher shops like fresh foods. This is because refugees prefer to buy certain commodities in small quantities on a regular basis from informal retailers close to home. The low demand of fresh vegetables at the e-voucher shops in turn, results in low supply; and (iii) reported relatively long waiting time at e-voucher shops, which discouraged frequent visits. However, with the opening of more shops by WFP these constraints will gradually decrease over time.

²² WFP, REVA 2, November 2018

²³ JAM FGDs, May 2019

²⁴ JAM FGDs, May 2019

Bulk purchases: prices of food items in e-voucher shops are generally a little lower compared to the official markets outside of the camps that refugees cannot access easily due to movement restrictions. Refugees tend to buy rice in bulk at e-voucher shops which they resell to get cash in order to buy fresh foods outside e-voucher shops. These commodities tend to be lower in prices and are available to purchase in smaller

Price cycle of 50 kg of rice
(April 2019)

e-voucher shop <i>paid by beneficiary to EV Shop trader</i>	1,650 BDT
Informal market <i>paid by informal trader/broker to beneficiary</i>	1,200 BDT
e-voucher Shop <i>paid by trader in EV Shop to informal trader/broker</i>	1,400 BDT

quantities; however, the quality of these commodities tend to be lower. Similarly, dried fish is also avoided in e-voucher shops because the purchase price is slightly higher, as fish stocked in the outlets has preservatives not liked by many refugees.

Customers: Cultural practices and norms coupled with the nature of the camp environment see male family members responsible for collecting food entitlements. While female household members may be involved in deciding what food items to buy at the e-voucher shops, whether to sell part of the food rations or how to use the cash from the sale is entirely decided by the male at the household level. The result is the disempowerment of women with very little control in the decision making²⁵. This finding will need to be taken into consideration as cash-based interventions and voucher transfers are scale-up in 2019 and beyond as it may have implications on women's access to food.

Protection concerns

From focus group discussions with refugees, staff of the traders at e-voucher shops have been reported to display, at times, unfriendly behaviour towards beneficiaries, particularly towards women. They were also reported to discourage beneficiaries from frequenting the e-voucher shops too often, urging them to purchase in bulk²⁶.

There are rumours that one – maybe more – e-voucher shop traders and informal traders and/or brokers to whom beneficiaries sell their assistance, may have some mutual arrangement. If this is true, this potentially may leave the beneficiaries disadvantaged when trying to sell their assistance. Beneficiaries tend to sell part of their assistance to a trader or broker (either from the host or refugee community) at a comparatively lesser price than the buying price at the e-voucher outlet. The refugees generally have lesser to no room for price negotiation. The trader/broker then tries to force the WFP contracted trader in the e-voucher shop to buy the same rice at a higher price than the price paid to the beneficiary, as reported by some of the WFP-contracted traders being threatened by local “mafia gangs”. The example in the box below illustrates this transaction based on the price of 50kg of rice, captured during community discussions.

WFP has a porter system meant to support vulnerable individuals (e.g. the elderly, PLWs, children, etc.) to carry home their entitlements. While largely effective, some challenges were identified, especially concerning some vulnerable individuals who live far away from distribution points not being able to get porter services. On-site monitoring has revealed that some persons with specific

²⁵ JAM FGDs, April 2019; OXFAM, Rohingya Refugee Response – Gender Analysis, August 2018

²⁶ JAM FGDs, May 2019

needs are refused the service by the porters²⁷. Worth noting, there used to be abuse of the system with households purposely sending their most vulnerable member to collect rations – and leaving the able-bodied member at home in order to take advantage of the complementary porter services. The reported refusals may – at least in part – refer to such cases.

Recommendations – Food assistance modalities	
Improve access to diversified foods	➤ Identify opportunities for dialog between the refugee community (including Refugee Food Security Committee members) and WFP to discuss food preferences to ensure availability of preferred foods to reduce resale of aid-commodities
	➤ WFP to establish more e-voucher outlets, to increase easy access by refugees
	➤ Jointly explore ways to enhance dietary diversity and other options to provide complementary foods
	➤ Consider e-voucher balances at the end of the month to be carried over to the next month
Food storage	➤ Address the issue of food storage in shelters by providing appropriate food storage containers to ensure safety and hygiene and minimize food losses
Joint monitoring	➤ Jointly review monitoring activities as per the global MoU
Protection concerns at the food assistance points	➤ Ensure that the porter system is well-functioning, and porter services are provided to those most-in-need while mitigating potential abuse of the system
	➤ Minimize protection risks (including PSEA) in food assistance outlets by training traders and partners on the expected code of conduct when handling beneficiaries

2.2 Nutrition status and underlying causes of malnutrition

Nutrition assistance

Comprehensive nutrition services are provided by the Nutrition Sector partners and supported by UNHCR, WFP, UNICEF and other partners.

In the registered camps, UNHCR and WFP are collaborating in jointly providing of nutrition services in line with the Global Memorandum of Understanding governed by a local Tripartite Agreement. According to this arrangement, health and nutrition services are integrated to ensure an effective continuum of care for the prevention and treatment of malnutrition, growth monitoring, Infant and young child feeding practices (IYCF) and Blanket Supplementary Feeding Programmes (BSFP) supported by outreach community nutrition volunteers. In these cases, UNHCR supports the implementation of services while WFP provides technical support and nutrition products. Both agencies support the same partner (ACF).

²⁷ WFP PDM, January 2019, November 2018, October 2018 and JAM FGDs, May 2019

With the emergency in 2017 nutrition partners expanded services with an aim to address urgent nutrition needs and provide lifesaving nutrition services, with UNHCR and WFP supporting their partner through individual agency agreements, that was not necessarily in line with the Global MoU. The process was not well coordinated between the Nutrition Sector, the Nutrition partners and the UN agencies which were all entirely understaffed. The result was a fragmented response with separated nutrition programme components and a de-link from health facilities: a stark contrast to the Community Management of Acute Malnutrition (CMAM) model that had been established in the registered camps.

Acute malnutrition treatment is managed through the CMAM programme, stabilization centres, outpatient therapeutic programmes and targeted supplementary feeding programmes. The prevention of acute malnutrition, on the other hand, is addressed through blanket supplementary feeding programmes. Malnourished children are identified by community volunteers who regularly conduct door-to-door visits, to perform nutrition screening and refer identified cases to the respective nutrition centres. Table 1 provides an overview of the nutrition programmes in Cox's Bazar.

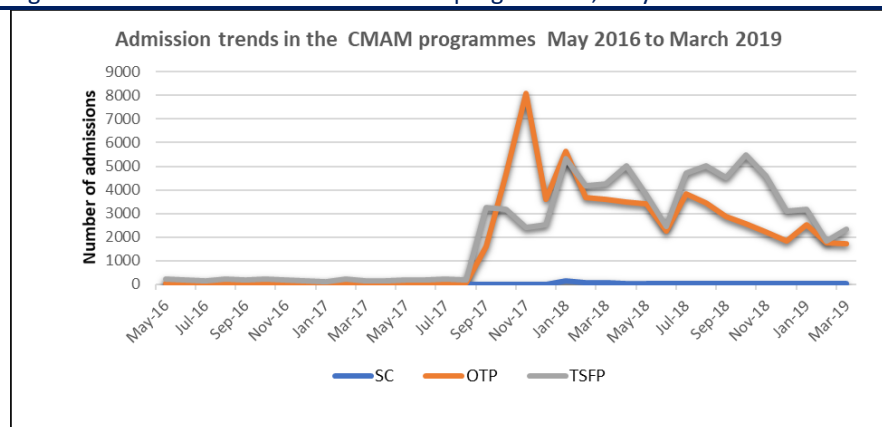
Table 1: Overview of nutrition programmes in Cox's Bazar

Nutrition programmes	Target group and activity	Nutrition products provided
Prevention of acute malnutrition		
Blanket Supplementary Feeding Programmes (BSFP)	• for non-malnourished children aged 6-59 months and WSB++	• 200g / person / day of wheat soy blend (WSB++)
	• Pregnant and Lactating women (PLW).	• 245g/ p/day of Wheat soy blend (WSB+)
Infant and young child feeding practices (IYCF)	• Nutrition education and counselling on appropriate IYCF practices targeting pregnant and lactating women and caregivers of children under 2years.	
Bi-annual vitamin A supplementation and de-worming campaigns	• Children 6-59 months	<ul style="list-style-type: none"> • 6-11 months Vitamin A 100,000 i.u • 12 -59 months Vitamin A 200,000 i.u
Treatment of Acute Malnutrition		
Stabilization Centres (SCs)	• Children aged 0-59 months with severe acute malnutrition (SAM) and with medical complications.	• Resomal, F75 and F100
Outpatient Therapeutic Programmes (OTPs)	• Children aged 6-59 months with SAM but without medical complications.	• RUTF (92g/500 kcal) sachets depending on weight of child
Targeted Supplementary Feeding Programmes (TSFP)	• Children aged 6-59 months and all Pregnant and Lactating Women (PLW)	• RUSF 92/100 g/500kcal 1 sachet per child/day
	• PLWs with moderate acute malnutrition.	• 245g/ p/day of Wheat Soy Blend (WSB+) with enhanced nutrition counselling and follow up
Community Outreach Activities		
	<ul style="list-style-type: none"> • Nutrition screening of children and PLW • Identification of malnutrition and referrals of malnourished children to nutrition programs • Education on hygiene and nutrition • Home visits and follow up of defaulters and non-respondents 	

	<ul style="list-style-type: none"> Community engagement with key members (religious leaders, community leaders etc). 	
--	---	--

As of March 2019, there were 34 blanket supplementary feeding sites, 40 targeted supplementary feeding sites and 56 outpatient therapeutic feeding sites in the makeshift camps. The integration of nutrition services into one facility is an ongoing process. Presently, there are still 33 stand-alone OTPs and 24 stand-alone BSFP and TSFP facilities located across all camps. Of a total of 85 nutrition sites, 28 are currently providing integrated services.

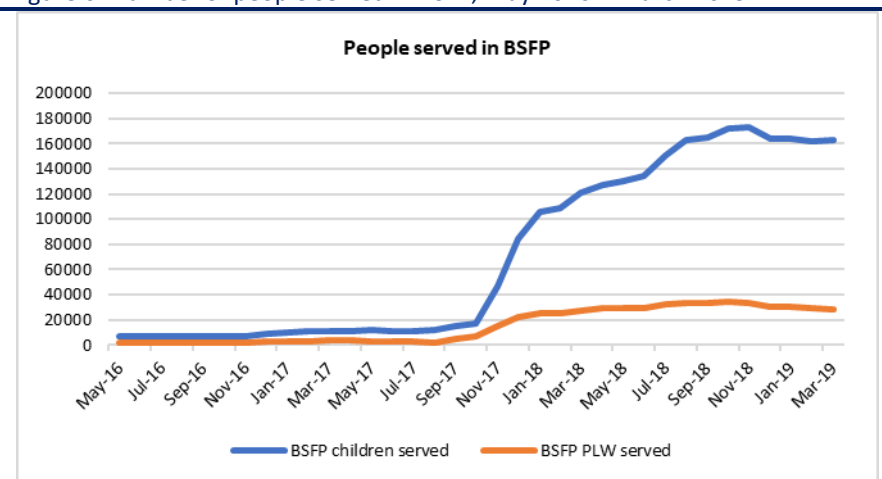
Figure 5: Admission trends in the CMAM programmes, May 2016 – March 2019



Source: Nutrition Sector, Cox's Bazar, June 2019

Prior to the August 2017 influx the trends of admission in nutrition programmes was relatively stable. With the arrival of new refugees, there was a sharp increase in the number of children in the camps and the prevalence of acute and severely acute malnutrition, which resulted in a sharp increase in admissions to OTPs and TSFP (see Figure 5). In 2018, with an increase in the number of facilities offering BSFP and TSFP, the number of admissions to OTP gradually declined. Greater focus has been placed on enhancing community outreach activities to ensure early detection of malnutrition and

Figure 6: Number of people served in BSFP, May 2016 – March 2019



Source: WFP Nutrition Unit, 2019

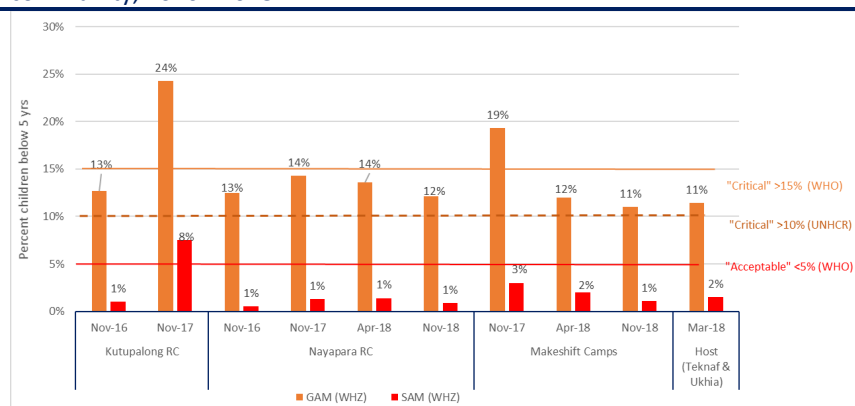
prompt treatment of acute malnutrition at an early stage.

Acute and Chronic Malnutrition

Global Acute Malnutrition (GAM)

Prior to fleeing Rakhine state, Global Acute Malnutrition (GAM) among Rohingya children - as defined by low weight for height - was close to the emergency threshold at 14 percent while Severe Acute Malnutrition (SAM) was recorded at almost 4 percent²⁸. The highly strenuous journey further exacerbated nutritional status (GAM and SAM) of the Rohingya population. The nutrition survey conducted in November 2017 reported GAM prevalence of 24.3 percent in Kutupalong RC (where many of new arrivals stayed temporarily) and 19.3 percent in the makeshift camps, the two most populated locations where the large majority of the newly arrived refugees settled. Severe Acute Malnutrition had reached “unacceptable” levels in Kutupalong with 8 percent. In Nayapara RC GAM prevalence were just under the 15 percent “critical” threshold with 14 percent of children acutely malnourished.

Figure 7: Global acute malnutrition in makeshift and registered camps & host community, 2016 - 2018



Source: SENS, Nov 2016; SMART Surveys, November 2017; April 2018; November 2018

Note: Kutupalong RC was not included in the SMART surveys of April and November 2018

Nearly two years into the crisis, refugees’ nutrition status remains critical. Two SMART surveys conducted in 2018²⁹ indicated that SAM prevalence among children under five years have reduced to 1 percent. However, while GAM prevalence has seen a downward trend particularly in the makeshift camps, it

remains above UNHCR’s “critical” 10 percent threshold in refugee camps and within the serious state as per the WHO classification of acute malnutrition (10-14 percent) across all the camps³⁰.

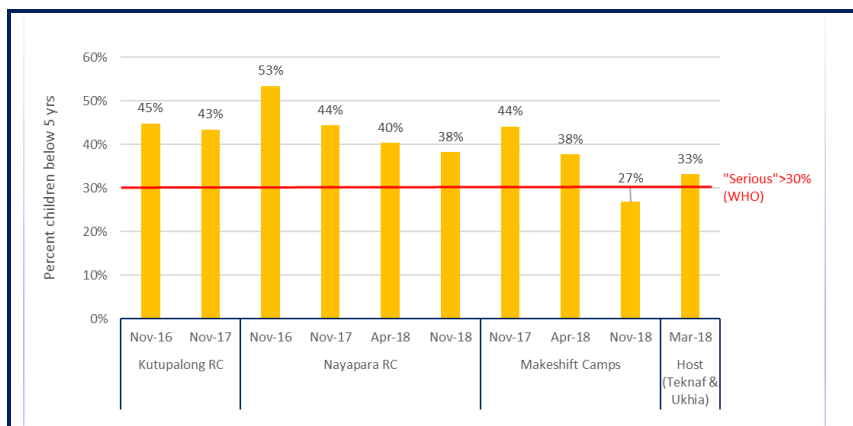
The reduction of GAM prevalence in the makeshift camps from 19.3 percent in November 2017 down to 11 percent in November 2018 was significant. There was a significant change in Nayapara registered camp, while the situation in Kutupalong registered camp is not known due to the cancellation of the surveys planned in 2018 because of the refusal by the refugee community to be interviewed during the nutrition survey. The camp’s malnutrition levels had very similar levels as the host community. Acute malnutrition prevalence among “newer” and “older” refugees, remains unacceptably high despite providing nutritional assistance prior to the crisis. These findings therefore suggest there is a weaker correlation between food-related factors and malnutrition, and that non-food related factors are more influential than initially envisaged.

Figure 8: Chronic Malnutrition in makeshift and registered camps & host community, 2016 - 2018

²⁸ Demographic Health Survey, Myanmar, 2015/16

²⁹ Action Against Hunger, Emergency Nutrition Assessment, November, 2017; May 2018; November 2018

³⁰ Kutupalong was not included in the SMART in April and November 2018.



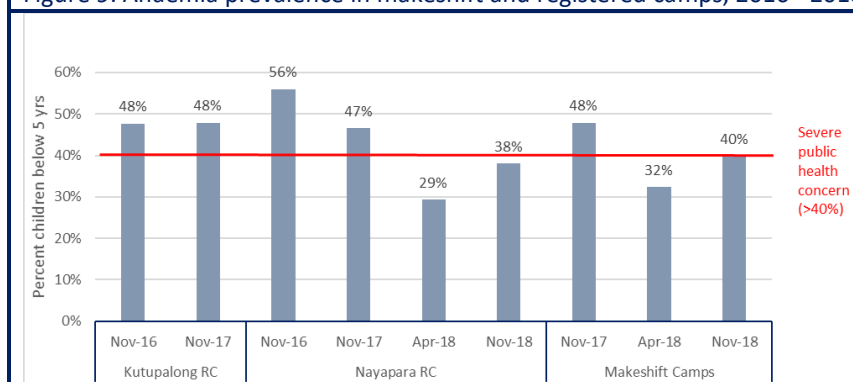
Source: SENS, Nov 2016; SMART Surveys, November 2017; April 2018; November 2018
Note: Kutupalong RC was not included in the SMART surveys of April and November 2018

Chronic malnutrition

In Cox's Bazar refugee camps in 2017, chronic malnutrition prevalence rates - as defined by low height for age - were significantly higher than the 30 percent "serious" threshold. In November 2017, 44 percent of children in the two registered camps and in the makeshift camps

were recorded as stunted. Similarly, high stunting rates (33 percent) were reported for children below five years in the host community, according to a nutrition study conducted in March 2018. Interestingly, similar trends were observed in Rakhine state, where 38 percent of children were chronically malnourished or stunted in 2016.

Figure 9: Anaemia prevalence in makeshift and registered camps, 2016 - 2018



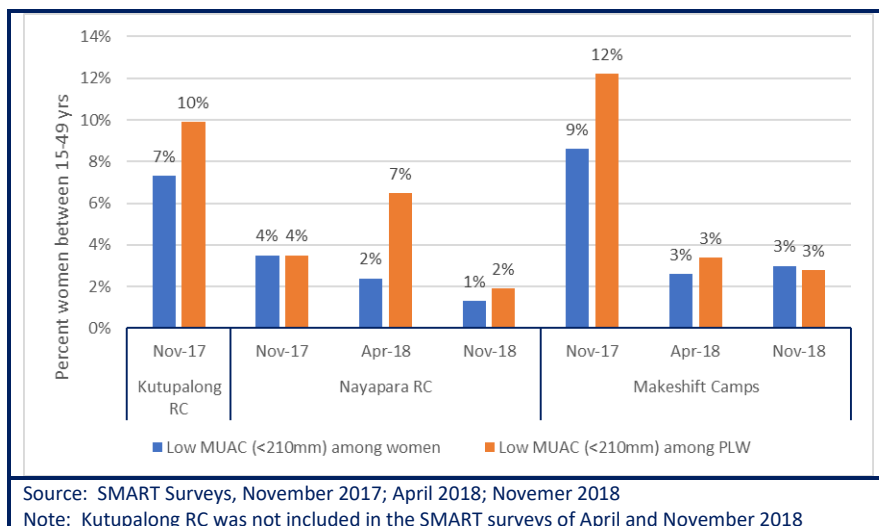
Source: SENS, Nov 2016; SMART Surveys, November 2017; April 2018; November 2018
Note: Kutupalong RC was not included in the SMART surveys of April and November 2018

Anaemia - a form of chronic malnutrition - was particularly high in November 2017. More than half of the children in Nayapara registered camp were anaemic and approximately 48 percent in Kutupalong registered camp and makeshift camps were, as well. While anaemia prevalence significantly

decreased in 2018, it remains a severe public health concern: as of November 2018, 40 percent of children in the makeshift camps and 38 percent in Nayapara registered camp suffered from anaemia. This was particularly correlated with the younger children aged 6 to 23 months, where over 50 percent were diagnosed with anaemia in the 3rd round of SMART surveys in November 2018.

Nutrition status of women of reproductive age

Figure 10: Underweight (MUAC <210mm) among women and PLWs (15-49 years), Nov 2017 - Dec 2018



Malnutrition among women aged 15 to 49 years and pregnant and lactating women (PLW) within the same age decreased substantially in 2018. Two months into the crisis in November 2017, 12 percent of PLWs in the makeshift camps and 10 percent of PLWs in Kutupalong registered camp were malnourished.

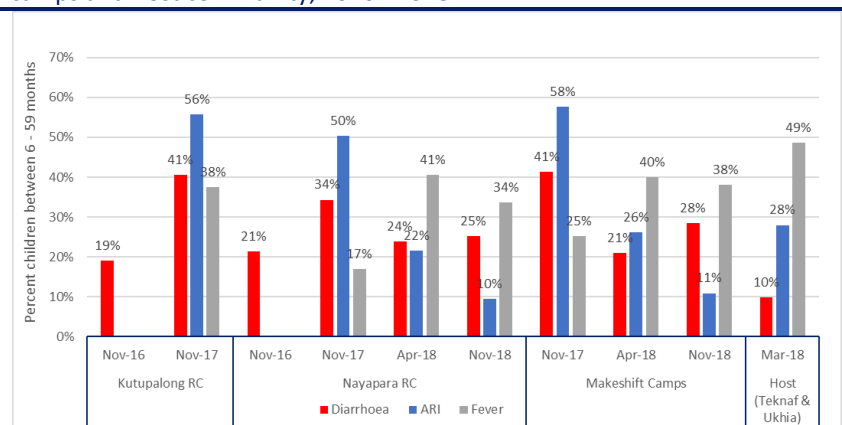
This is potentially related to the difficult journey refugees undertook to reach Cox's Bazar. The rate reduced to 3 percent in the makeshift camps by November 2018: malnutrition levels similar to women who were neither pregnant nor lactating. The reduction potentially results from all PLW receiving support from the BSFP programme, which provides additional nutritional support, screening and health education, as well as individual counselling on maternal and child nutrition.

Underlying causes of malnutrition

In spite of the large-scale prevention and treatment interventions provided prior to and since the August 2017 influx, malnutrition prevalence in the camps remains at unacceptable levels. The underlying causes of malnutrition are manifold. They potentially include the morbidity status of children, the continuation of poor infant and young child feeding practices, poor quality drinking water and suboptimal WASH facilities. Fragmented nutrition programmes may also adversely impact the early identification of malnourished children and the systematic continuum of care.

Morbidity

Figure 11: Morbidity in children below 5 years in makeshift and registered camps and host community, 2016 - 2018



Source: SENS, 2016; SMART Surveys, November 2017; April 2018; November 2018
Note: Kutupalong RC was not included in the SMART surveys of April and November 2018

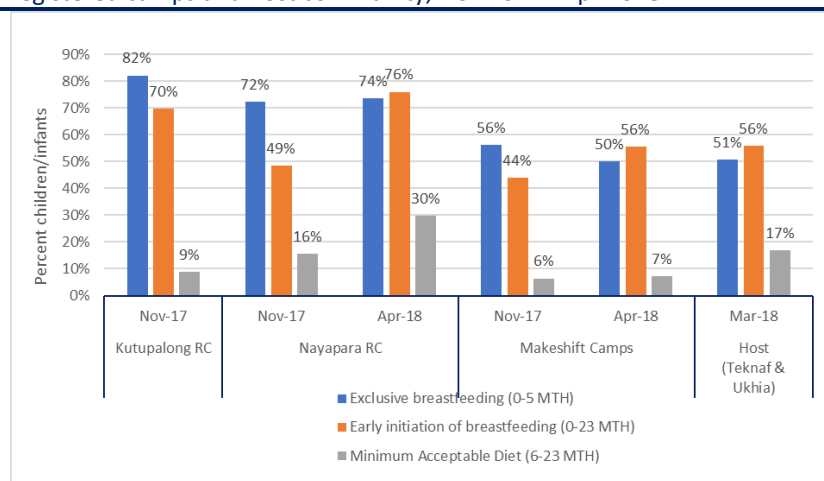
Overall, incidences of acute respiratory infections (ARI) and diarrhoea among children under five years was high in 2017 at the time of the influx and declined as of November 2018. Especially ARI has seen a continuous decline in makeshift camps and Nayapara registered camp and currently affects approximately 11 percent of children under five years. Diarrhoea

prevalence has also decreased during the same period, though levels were within the same range

between April and November 2018 in both camps (see Figure 12). Prevalence of fever, on the other hand, increased quite significantly over the 12 months period, affecting more than one in three children in both, makeshift camps and Nayapara registered camp, in November 2018.

Poor infant and young child feeding practices

Figure 12: Young Infant and Child Feeding Practices in makeshift and registered camps and host community, Nov 2017 - Apr 2018



Source: SENS, 2016; SMART Surveys, November 2017; April 2018

Note 1: Kutupalong RC was not included in the SMART surveys of April and November 2018

As part of the IYCF programme which targets pregnant and lactating mothers with children under two years, breastfeeding is strongly encouraged. It has multiple benefits including (a) contributes to saving children's lives; (b) supporting children's growth and development; (c) preventing malnutrition; (d) ensuring adequate diets for infants; (e) protecting maternal and child health among others.

Breastfeeding is even more critical in the Cox's Bazar camp environment as it provides a safe and sustained source of nutrition and critical protection against infection.

IYCF counselling also provides information on minimum acceptable diets for children between 6 and 23 months. If a child meets the minimum feeding frequency and minimum dietary diversity for their age group and breastfeeding status, they may be eligible to receive a minimum acceptable diet.

only 52 percent of the target for IYCF counselling of PLW was achieved, with 41,000 PLWs reached between March and December 2018³¹. Despite extensive advocacy and health promotion activities, recent figures from a SMART survey conducted in April 2018³² show that exclusive breastfeeding for the first six months remains low, especially in the makeshift camps. Breastfeeding until the age of two is more commonly practiced, yet remains particularly low, specifically in makeshift camps.

Most worrisome is the small proportion of children below two years who did not reach the required minimum levels of an acceptable diet in April 2018, i.e. 7 percent of children in the makeshift camps and 30 percent in Nayapara registered camp³³. These findings are consistent with results from the 2015 DHS Survey conducted in Rakhine State, which reflected the low prevalence of exclusive breastfeeding and children achieving MAD. Consequently, IYCF-related trainings provide greater emphasis on counselling women and helping them to identify the problems related to breastfeeding and their children's diet.

Finally, there is evidence of a lack of sensitization or understanding on the importance of carers which is part of the IYCF programme³⁴. Given the extensive sale of RUTF and WSB++ in the markets -

³¹ JRP 2019, Nutrition Sector Dashboard, March – December 2018

³² The third round of SMART conducted in November 2018.

³³ SMART, April 2018

³⁴ Coverage Assessment of CMAM Services, SLEAC assessment and qualitative investigation, July/ August, 2018

which was confirmed during JAM FGDs - carers allegedly perceive those therapeutic foods as a food ration as opposed to essential medicines needed to improve the health of their children, greatly diluting the intended positive impact on children's nutritional status.

Poor quality of drinking water/ WASH

Poor quality drinking water is a main driver of malnutrition. The REACH/UNICEF WASH household assessment (October 2018) highlighted that water samples at household level are often contaminated while ground water quality at water points had considerably improved and meets the required standards. In July, 71 percent of household samples of drinking water were contaminated with faecal coliforms and 35 percent with E.coli. Furthermore, secondary contamination of drinking water – contamination during the collection and storage of water – remains a challenge across all camps. Limited availability of and access to hygienic latrines are also additional challenges that undermine the nutritional and health status of the camp population (see more details in WASH section).

Fragmented nutrition programmes

The traditional CMAM approach should integrate prevention and treatment services into a single location to ensure a continuum of care for beneficiaries and provision by one nutrition partner. However, Cox's Bazar nutrition programmes are fragmented, making it difficult to ensure maximum coverage (see annex 3). A simplified LQAS evaluation of access and coverage (SLEAC) performed in July 2018 showed that SAM and MAM treatment coverage were "low", with 28 percent of SAM cases covered by OTP services and 34 percent of MAM cases covered by TSFP services, respectively.

One of the main challenges associated with poor attendance and low completion of the TSFP treatment include: a lack of clearly defined catchment areas for the nutrition facilities. This leads to low coverage in some areas and overlapping services in others. Similarly, referral systems between the different facilities are sub-optimal.

Against this background refugees are confronted with a number of challenges which were reiterated during the JAM focus group discussions – including alleged long distances to nutrition facilities (plausibly due to poor road connectivity), long waiting time due to overcrowding, rude behaviour of staff at facilities towards beneficiaries, etc. Others include the refugee's need for cash which in turn results in widespread sale and sharing of therapeutic foods. Also, a large share of caregivers still lack knowledge of a child's optimal nutritional status and its preconditions. Lastly, another factor that may undermine the quality of the CMAM programmes is based on anecdotal information about children's having access to multiple SFP/BSFPs programmes in cases where facilities are close to one another. Records at nutrition centers are kept on paper making it difficult to cross-check for multiple registrations.

Low enrolment and attendance rate of PLWs is partially attributable to women reportedly not liking super-cereal's taste – a product distributed as part of the TSFP programme. Another potential factor is the distance pregnant women must walk during their last trimester to the center and immediately after giving birth

The ongoing process of rationalizing the locations of nutrition centres will help provide refugees with greater access to nutrition assistance and community outreach activities. The Nutrition Sector's Strategic Advisory Group, which includes UNHCR and WFP, has agreed to provide a more integrated

set of integrated services in 2019; to merge OTPs and TSFPs when possible; and to provide one set of facilities per camp. The facilities would be managed by a single cooperating partner to ensure comprehensive acute malnutrition treatment and continued care. A lack of access to physical space as well as the camps' topography are several challenges associated with integrating sites. Once created, this approach will yield cost savings and a more integrated, effective set of programming. The process of adopting the Tripartite Model in the makeshift camps will require collaboration with UNICEF and other agencies.

Recommendations - Nutrition	
Nutrition Programming	➤ Transition implementation of nutrition programmes in line with the global MoU in the makeshift camps
Joint assessments	➤ Jointly agree on assessments to be done, (REVA, SMART/SENS, Fill the Nutrient Gap, Nutrition Causal Analysis, etc.)
	➤ Jointly review results and use findings to adjust programme interventions
	➤ Joint lobbying for SENS surveys in the camps in future
Use of digital systems in Nutrition programmes registers	➤ WFP and UNHCR at HQ level to discuss protection concerns associated with using SCOPE Coda in refugee nutrition programmes
	➤ WFP to initiate the shift to digital records to track nutrition assistance in order to avoid “double dipping” or multiple registrations
BSFP Programme	➤ Review implementation of BSFP assistance twice per year based on prevalence of malnutrition and resources available
	➤ Explore ways of improving BSFP coverage and utilization of the food commodities
CMAM programmes	➤ Strengthen nutrition community outreach activities performed by Nutrition Volunteers to improve coverage and follow up
Social and behavioural change communication	➤ Review and develop a social and behavioral change communication (SBCC) strategy which emphasizes the increased engagement of key influencers in nutrition-related SBCC activities

2.3 Health status and access to facilities

Health status

Many Rohingya refugees arrived in Bangladesh in August 2017 with wounds, injuries, or were weak with sickness. They arrived with low vaccination coverage rates, suffered from malnutrition and demonstrated poor health-seeking behaviour shaped by their experiences in Myanmar³⁵. Key indicators such as the Crude Mortality Rate initially exceeded the emergency threshold in 2017. As a result, WHO labelled the situation as a Level 3 emergency in October 2017, its highest possible rating.

The overall health situation has improved since then. A rapidly expanding health infrastructure has been providing primary health care services through health posts and primary health care centres in the camps, supported by field hospitals. Mass vaccination campaigns combined with epidemiological surveillance and community outreach helped to prevent diseases such as cholera, rapidly controlled outbreaks of measles and diphtheria. The crude death rate (CDR) has declined from levels above the emergency threshold in both, makeshift camps and Nayapara registered camps (1.36 deaths/10,000/day and 0.75 deaths/10,000/day respectively) in November 2017, to below the 0.4 deaths/10,000/day threshold by April 2018.

Still, the health situation remains fragile. Poor WASH conditions, overcrowding and faecal contamination risks caused by communal latrines proximity to shelters and continued low vaccination rates contribute to the risk of communicable disease outbreaks. In November 2018, 28.4

³⁵ UNHCR, Bangladesh Refugee Emergency, FactSheet, December 2018.

percent of children in the new camps suffered from diarrhoea in the two weeks prior to the survey (SMART Nov 2018) compared to 25.2 percent in the registered camps. The high diarrhoea incidence is likely to contribute to the high malnutrition rates.

The low utilisation of available sexual and reproductive health services remains of concern. Less than 30 percent of the deliveries in the camps are attended by a skilled health worker while most deliveries continue to be performed by traditional birth attendants at home. The uptake of antenatal care (ANC) increased with at least 78 percent of pregnant women attending at least one ANC visit, however only 50 percent attended postnatal care (PNC)³⁶. These preventive and promotive health services play a key role in ensuring the wellbeing of mothers and new-borns and the prevention of malnutrition, increasing their uptake will contribute to the prevention of malnutrition. This could be achieved for example through the review of ANC and PNC cards at nutrition referrals and active referral of pregnant women to health facilities. Similarly, the review of vaccination cards at nutrition centres could boost vaccination coverage. Health services could likewise engage in more systematic nutrition screening of children under 5 years and refer those identified as malnourished to nutrition centres to boost programme coverage.

Access to health facilities

As of January 2019, there were 158 health posts, 27 health centres and 8 hospitals. While there is an oversupply of health posts, gaps remain in the provision of 24/7 services in primary health care centres (PHC). Currently, one PHC serves an average of 54,000 refugees while the standard is one PHC per 25,000 refugees³⁷. Over 90 percent of Rohingya seek and receive treatment when sick, with the large majority utilizing NGO clinics and health workers. Regular access to private and government doctors and facilities is becoming increasingly important when seeking medical treatment. Hospitals/clinics are also the main point of contact for refugees residing in Nayapara registered camp; however, a large share also turns to local pharmacies³⁸.

REVA 2 found that despite free health care provision, a significant share of refugees pays for medical treatment. The financial resources required to access healthcare likely come from loans, which contribute to refugees incurring debt. Approximately 9 percent of refugees who took a loan purchased medicines at pharmacies while 6 percent sought private facilities for diagnosis and treatment. Another 12 percent paid for transport to travel to governmental facilities beyond the camps.

According to the Multisector Needs Assessment (MSNA) 2019, key concerns regarding health services access included unavailable supplies, unavailable treatment, overcrowded facilities and long distances to reach medical facilities.

Recommendations – Health	
Linking health with nutrition facilities	➤ Develop systems to strengthen referrals between health and nutrition facilities to increase the uptake of nutrition and health services

³⁶ BRAC; Situation Analysis for Delivering Integrated Comprehensive SRHR Services for Rohingya Refugees in Cox's Bazar, Bangladesh; December 2018, unpublished

³⁷ JPR, 2019

³⁸ SMART, April 2018

2.4 Water, sanitation and hygiene

The WASH sector has made noteworthy progress in Kutupalong and Nayapara camps since the influx. High population density and challenging environmental conditions resulted in acute water, sanitation and hygiene needs. While in the early stages of the response humanitarian actors rushed to set up a basic, often temporary WASH infrastructure, the WASH sector has since been following a strategy emphasising quality over quantity. Instead of focusing on the construction of high volumes of emergency infrastructure, efforts have been channelled towards the rationalization and improved construction and maintenance of water points and semi-permanent toilets, taking into consideration gender-sensitive construction and guided by community consultation. Also, a greater emphasis has been placed on hygiene and overall community engagement, as well as the initiation of solid waste disposal³⁹.

Despite these efforts, substantial gaps remain and likely contribute to the consistently camps' high malnutrition rates. These gaps result from uneven coverage of WASH facilities across the camps, restricted access to WASH facilities - especially for women and girls, and limited access to WASH education.

Water

Table 2: Indicators for water quantity, access and quality – Status quo and SPHERE standards

	Indicators	Current <i>as of March 2019</i>	SPHERE Standard
Water Quantity	Average no. of litres of potable water available per person per day	Not available	>=20 litres
	Average no. l/p/d of potable water collected at HH level	17,9 Kutupalong 11,9 Nayapara	>=20 litres
	Percent HHs with at least 10 litres/person potable water storage capacity	58% Kutupalong 85% Nayapara	>=80%
Water Access	Maximum distance from HH to potable water collection point		Below 200m
	Number of persons per usable handpump/well/spring	68 Kutupalong 415 Nayapara	<=250
	Number of persons per usable water tap	N/A	<=100
Water Quality	Percent HHs collecting drinking water from protected/treated sources	100% Kutupalong 90% Nayapara	>=95%
	Percent water quality tests at non-chlorinated water collection locations with 0 CFU/100ml	80%	>=95%
	Percent of water quality tests at chlorinated collection locations with FRC in the range 0.2-2mg/L and turbidity <5NTU	Not monitored at scale	>=95%

³⁹ REACH, Water, Sanitation & Hygiene Baseline Assessment, April 2018

Source: UNHCR monitoring; UNHCR's partner monitoring

With over 5,700 tube wells in the camps the SPHERE standard of a single tube well per 250 people has been met⁴⁰. Access to improved water sources is universal with tube wells being the primary source for drinking water. However, coverage varies greatly across camps: while some camps had more than double the number of tube wells required to meet the 1:250 standard, other camps had very few tube wells with a tube well gap of up to 55 percent⁴¹. Highest gaps are found in Teknaf camps which are known to have limited ground water.

Considering the average family size of 5 to 6 members and the size of water containers, approximately five trips to water points per day are required to meet the drinking, washing and cooking needs of a typical refugee family⁴². While 90 percent of households meet the SPHERE minimum standard of three litres of drinking water per person per day, approximately half of all households collect 15 litres of drinking and non-drinking water⁴³. The REACH assessment also concluded that between August and October 2018, 38 percent of households stated that they still encountered water collection problems. The main causes included long waiting times, distance, malfunctioning water points, and difficult terrain on the way to water points.

While water quality studies in the camps reveal that most water from underground aquifers is safe for consumption, the quality of water samples at household level is often contaminated⁴⁴. More specifically, water quality is compromised between the collection and the storage of water in peoples' homes. Between March and July 2018, over 14,000 water samples were tested in the camps, with 87 percent of samples from decontaminated tube well mouths found not to contain faecal coliforms. However, in July 2018, 71 percent of household samples were found to be contaminated with faecal coliforms and 35 percent were contaminated with *E. coli*⁴⁵. UNHCR has started the distribution of narrow-necked jerry cans to ensure safe and hygienic storage of drinking water in the homes.

Latrines and bathing facilities

Table 3: Indicators for sanitation – Status quo and SPHERE standards

	Indicators	Current <i>as of March 2019</i>	SPHERE Standard
Sanitation	Number of persons per latrine/toilet	23 Kutupalong 19 Nayapara	≤20
	Percent HHs with HH latrine/toilet	8 % Kutupalong 8 % Nayapara	≥85%
	Percent HHs reporting defecating in a toilet	91% Kutupalong 92% Nayapara	≥85%

Source: UNHCR monitoring; UNHCR's partner monitoring

By October 2018, approximately 41,100 functional latrines were installed, yielding an overall gap of 9 percent. Yet, coverage remained highly uneven across camps. Some camps had a latrine gap above

⁴⁰ Needs and Population Monitoring, Wash Needs and Key Priorities, March 2019

⁴¹ REACH, Water, Sanitation & Hygiene Baseline Assessment, April 2018

⁴² ACF, Save the Children, Oxfam, Rohingya Refugee Response – Gender Analysis, August 2018

⁴³ UNICEF/WASH Sector, Water, sanitation and hygiene Assessment – Monsoon Follow-Up, October 2019

⁴⁴ WASH Sector, Water, sanitation and hygiene, Assessment Monsoon Follow up, October 2018

⁴⁵ ACAPS/Need and Population, WASH needs and key priorities, March 2019

50 percent with more than 40 people per latrine⁴⁶ compared to the SPHERE standard of one latrine per 20 people. Similarly, bathing facilities remain a challenge due to a lack of space and construction limitations: merely 12,500 bathing facilities were built, leaving an overall gap of 72 percent. At camp level, the gap of bathing facilities varied between 22 percent in Camp 20 Ext and 100 percent in Nayapara registered camp⁴⁷.

From the refugees' perspective, their main challenges when using the latrines include too many people using one latrine, resulting in long waiting times; a lack of latrines assigned by gender; unclean and unhygienic latrines; lack of lighting; and non-functional latrines. Despite those challenges, the large majority of the refugee population uses designated communal latrines.

However, open defecation continues to be practiced and is a public health concern as it remains the most common defecation practice for children under five⁴⁸. 17 percent of households across all camps reported at least one family member use self-made latrines, with large variations across the camps. In some camps the share of households using self-made latrines reached 46 percent and 38 percent⁴⁹. The practice of open defecation coupled with high rates of households using self-made latrines and bathing facilities poses a significant risk of disease transmission and contamination of drinking water.

Significantly larger shares of women than men experience latrine access problems⁵⁰ and these challenges impact them beyond immediate WASH needs. While queueing reduces the time, they have for other chores such as collecting water and cooking, the use of WASH facilities – latrines and bathing facilities alike - is associated with significant safety concerns, particularly for women and for children. Based on a number qualitative and quantitative data, women generally report feeling unsafe at WASH facilities due to the lack of gender separation, facilities being in unsafe locations and latrines not being secure at night (OXFAM, Nov 2018) due to missing lights and lack of locks installed.

Women reported to cope by consuming less water and food to avoid having to use latrines especially at night, having someone accompany them to WASH facilities⁵¹ and by using makeshift bathing areas within the shelter. The use of private latrines is a means for women to avoid the above-mentioned challenges and about 68 percent of women and girls reported to do so, while majority of men and boys bathe in communal facilities⁵².

Persons with disabilities make up another segment of the refugee community whose access to WASH facilities is greatly constrained due to the camp terrain and lack of customized assistive devices. While disability disaggregated WASH data remains a significant information gap, FGDs conducted as part of the JAM confirmed that persons with disabilities are entirely dependent on others regarding access to sufficient drinking water and WASH facilities, leaving them vulnerable and with a damaged sense of dignity.

Hygiene – Soap

⁴⁶ WASH Sector, Water, sanitation and hygiene, Assessment Monsoon Follow up, October 2018

⁴⁷ *ibid*

⁴⁸ *ibid*

⁴⁹ UNICEF/WASH Sector, Water, sanitation and hygiene assessment – Monsoon follow up, October 2018

⁵⁰ *ibid*

⁵¹ Oxfam, Women's Social Architecture project, September 2018

⁵² Needs and Population Monitoring, Round 12, October 2018

Hygiene is of utmost importance in congested environments such as the Cox's Bazar refugee camps and affects disease transmission. Hygiene levels improved significantly during 2018⁵³. This is – among other interventions – due to soap distribution across all camps. By October 2018, nearly all households were found to possess soap for handwashing compared to only 65 percent in April 2018.

Table 4: Indicators for hygiene – Status quo and SPHERE standards

	Indicators	Current <i>as of March 2019</i>	SPHERE Standard
Hygiene	Number of persons per bath shelter/shower	33 Kutupalong 36 Nayapara	<=20
	Number of persons per hygiene promoter	665 Kutupalong 466 Nayapara	<=1,000
	Percent HHs with access to soap	85% Kutupalong 85% Nayapara	>=90%
Solid waste	Percent HHs with access to solid waste disposal facility	21.2%Kutupalong 21.3%Nayapara	>=90%

Source: UNHCR monitoring; UNHCR's partner monitoring

Despite the distribution of hygiene kits and related training, households continue to possess relatively low levels of hygiene-related knowledge of handwashing practices. Women, particularly, lack this critical knowledge because men generally attend the hygiene trainings and demonstrations. To offset this, hygiene promoters and community health workers are conducting home visits to spread messages.

REACH survey results from November 2018 found 82 percent of survey respondents to wash their hands before eating and after defecation. This still leaves a large share of people who do not wash their hands at those critical times. Handwashing around childcare is lacking, with 40 percent of people washing their hands before preparing food for their children or before feeding them. And less than 20 percent reported washing their hands after having handled child faeces⁵⁴.

Based on these findings and the fact that soap is included in WFP's e-voucher outlets, UNICEF and WFP should closely monitor households' soap purchasing behaviour. The lack of soap influences hand washing behaviour. Around 25 percent of households reported the distributed soap for handwashing to be of insufficient quantity. Many households purchase soap in the market, which – as part of toiletries – makes up 5 percent of a households' monthly expenditures⁵⁵.

Hygiene – Solid waste management

Managing solid waste has been a challenge in the congested camps. It is essential in order to reduce the risk of communicable diseases spreading and to preserve acceptable health and nutrition levels among the camp population. In October 2018, a gradually increasing share of refugee households were making use of either designated open areas (46 percent) or communal pits (37 percent) to dispose household waste.

⁵³ UNICEF/WASH Sector, Water, sanitation and hygiene assessment – Monsoon follow-up, October 2018

⁵⁴ ACAPS/Need and Population Monitoring, WASH needs and key priorities, March 2019

⁵⁵ WFP, REVA 2, November 2018

However, there remains significant room for improvement. Households with children under five, for example, were asked how they dispose of children's faeces. 36 percent reported employing safe methods. Participants of JAM FGDs reported an increasing number of rodents in the camps which can have serious health implications. More research is needed on how households store their food which they tend to buy in bulk. JAM FGDs revealed that households cope by hanging their food from the ceiling of the shelter. Variations across camps are stark in terms of waste disposal methods. Still, there is an urgent need to address those remaining challenges through the provision of basic hygiene training across all camps and through strong advocacy with the GoB for land allocation to install waste management facilities which would benefit the refugee population and the host community.

Recommendations - Water, Sanitation and Hygiene	
Coordination WASH, Nutrition, Food Security	➤ Ensure coordination between the WASH, Nutrition and Food Security units with the aim to strengthen the linkage for joint analyses and knowledge management for an integrated response
Access to WASH facilities	➤ Increase access to and safe use of WASH infrastructures (latrines and bathing facilities) for women, girls and persons with disabilities to minimize the hygiene and health concerns
Water supply (quality and quantity)	➤ Continued improvements in water service provision to meet the SPHERE standards in all the refugee camps. ➤ Strengthen WASH education among the refugee population to minimize secondary contamination of drinking water at the household. ➤ Provision of appropriate water storage containers
Hygiene	➤ Continue the blanket distribution of soap to all households ➤ Address the issue of open defecation among children in the community
Solid waste management	➤ Joint advocacy towards sustainable solutions for solid waste management and for land allocation for landfills ➤ Explore possibilities of constructing an incinerator, composting and recycling facility for the camps and the host community
	➤ Mainstream solid waste management in future assessments

2.5 Livelihoods and opportunities for self-reliance

Livelihoods

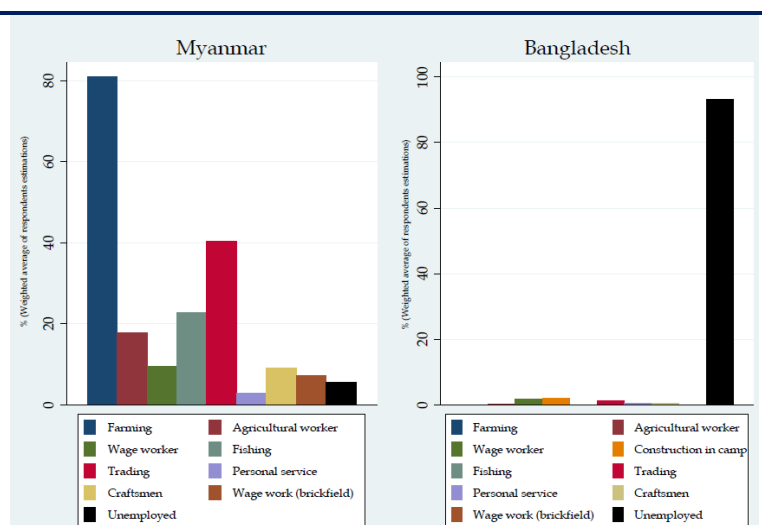
In Myanmar the majority of Rohingya were engaged in numerous livelihood activities, including agriculture, fishing, small business activities, and daily labour prior to fleeing. According to an IFPRI survey⁵⁶, on average most men in Myanmar were farmers (81 percent), fishermen (23 percent), and

⁵⁶ IFPRI/BIDS, Economic Activities of the Forcibly Displaced Rohingya Population – An Analysis of Business Enterprises in Southeastern Bangladesh, September 2018

traders (40 percent), while women were mostly unemployed (75 percent) or working as farmers (6 percent).

Following arrival in Bangladesh, the Rohingya refugees could no longer pursue their livelihoods. JAM FGD participants reported that unemployment and lack of activities that keep people busy were found to create frustration and psychological ill-health and high levels of emotional distress. This is particularly applicable to male members of the household who cannot perform their traditional role as the breadwinner of their household. Evidence indicates that the economic disempowerment of Rohingya men is a contributing factor to domestic violence⁵⁷.

Figure 13: Main employment activities in Myanmar and Bangladesh



Source: IFPRI, September 2018

Also, data showed the absence of income as synonymous with poverty, the sale of assistance, low dietary diversity, poor or borderline food consumption, and the borrowing of money to access essential needs. In November 2018, approximately 56 percent of refugee households lacked access to income generating activities⁵⁸ as compared to 10 percent of households in the host community. The 44 percent of refugee households that have at least one source of income generally engage in unskilled

casual labour (46 percent) or rely on informal assistance from friends and family (31 percent). Stable wages from skilled wage labour, petty trading and small businesses, as well as the receipt of remittances from abroad are rare.

Labour market

While unemployment is increasing, the demand for economic opportunities is high and continues to increase. The IFPRI/BIDS study⁵⁹ found that of those Bangladeshi-run enterprises in the area that hire labour, nearly half of the individuals employed are Rohingya refugees.⁶⁰ The Rohingya refugees predominantly work in road construction, food distribution, and other sundry activities because they accept a wage rate that is 50 percent lower than what Bangladeshi counterparts demand⁶¹. The sheer number of able-bodied refugees in desperate need of an income has significantly impacted the local labour market by lowering wages because of the high supply of labour. This development raises a number of protection concerns. For example, with refugees in direct competition for jobs with the local population, resentment among the host community towards the refugee population has increased. Also, there is the risk of refugees becoming vulnerable to exploitation⁶².

⁵⁷ UNHCR, Culture, context and mental health of Rohingya refugees, 2018

⁵⁸ WFP, REVA 2, November 2018

⁵⁹ IFPRI/BIDS, Economic Activities of the Forcibly Displaced Rohingya Population – An Analysis of Business Enterprises in Southeastern Bangladesh, September 2018

⁶⁰ *ibid*

⁶¹ Save the Children, BRAC, World Vision, WFP and UNHCR (2018), Self-reliance situation in host communities in Cox's Bazar.

⁶² IFPRI/BIDS, Economic Activities of the Forcibly Displaced Rohingya Population – An Analysis of Business Enterprises in Southeastern Bangladesh, September 2018

The importance of providing formal public works programmes to both - the host community and the refugee population – cannot be understated. Not only for poverty reduction but also to keep at bay a number of protection-related concerns that have crystallized in the local labour market. In this regard, IFPRI/BIDS conducted a study (2019) simulating the impact of the refugee influx on the local (Cox’s Bazar) and regional (Chittagong) economy by looking at a number of different scenarios and assumptions. The simulations show that the impact of the influx of refugees and its inherent increase in labour supply on the local and regional economy is not negative by default. They argue that if:

- refugees were allowed to enter the labour market of the Chittagong region,
- refugees and the host community were assisted with an unrestricted cash transfer
- capital investments were to be made in the region

The overall demand would increase substantially, the impact on wage rates would be minimal and the economy would be expected to benefit and grow as a result.

Opportunities and challenges for self-reliance

The implementation of self-reliance activities in the camps is challenging as most self-reliance projects have been designed to be of six months duration. Also, restrictions placed on the disbursement of income generating activity grants leaves training graduates with limited opportunities to continue utilizing their newly acquired skills and know-how. Both, the short duration and lack of funding greatly impede the sustainability of current self-reliance programmes.

A number of self-reliance programmes have been implemented by the humanitarian community on the ground, including WFP and UNHCR in close collaboration with their cooperating partners. They are termed “skills development for self-reliance”, and at this stage, participants acquire important skills that will help them be self-reliant in the future. Most programmes pay participants a conditional cash incentive and/or they are being provided access to the necessary tools and items (e.g. seeds, manure, sewing machines, etc.). These programmes range from self-help groups to trainings that are designed to provide income opportunities by developing a range of specific skills. They include life-skills trainings and behaviour change communication (i.e. literacy classes, sessions on nutrition, protection, disaster risk reduction, etc.), vocational trainings (i.e. tailoring, mobile repairing, embroidery, etc.) and trainings on vegetable gardening. Other programmes include the small-scale production of humanitarian items, such as sanitary napkins, soap and toothbrushes. However, until the GoB authorizes the disbursement of income generating activity grants as part of the self-reliance programmes, most participants will not be able to start their own businesses and cannot be considered self-reliant.

In addition, there are a number of other hurdles that have crystallized at the operational level. One being the Rohingya cultural practices: role of women is restricted to the four walls of the household. Based on regular monitoring and interviews with the managers of women centres, there are groups that allegedly advocate for women not to participate in self-reliance activities⁶³.

Another challenge is related to (some of) the Majhis. There are alleged reports of them attempting to manipulate the selection of participants for self-reliance activities and other projects, by putting

⁶³ WFP, Livelihoods Unit, May 2019

pressure on the cooperating partners' staff involved in this process. Their intention is to prioritize specific individuals over others based on personal preference⁶⁴.

The lack of linkage between the self-reliance activities and the national or international retail markets presents another challenge. To date, products produced by participants such as vegetables, ornamental items, clothing, etc. have remained within the camp community. Attempts are being made to open up the market ecosystem beyond camp level, with some projects already having success. For instance, the project implemented by Ayesha Abed Foundation (AAF)/BRAC and supported by UNHCR. It was initiated in February 2019 and involves both, women from the Bangladeshi host and the refugee communities who participate in a six-months training for which they receive a monthly stipend. While the Bangladeshi women are being trained in silk screen, block printing and tailoring, Rohingya refugee women are trained in hand embroidery. The end products – a combination between the garments produced by the Bangladeshis and the embroidery produced by the refugees - will be sold in Aarong, one of Bangladesh's best-known retail outlets. It is a social enterprise launched by BRAC more than forty years ago which provides income sources to rural, impoverished women. The current goal is to train 500 women of which half will be Rohingya refugees. The long-term goal is to scale-up this programme if feasible.

Supporting the host community with targeted livelihood assistance, as well as infrastructure and basic services improvement is key to enhancing their well-being as well as builds their local capacity. The Bangladeshi population living in Ukhia and Teknaf depend on insecure and fragile livelihoods. Ensuring access to income generation through public works, for example, will help promote the peaceful coexistence with the refugee population which is coming under significant strain.

Recommendations – Livelihoods	
Joint advocacy	➤ Joint advocacy at district and national level on the use of cash modalities and livelihood activities in the response
New, innovative approaches to self-reliance	➤ Explore alternative opportunities for livelihood and self-reliance activities
Women participation	➤ Increase women participation in livelihoods and self-reliance activities
Market linkage between camps and host community	➤ Increase collaboration in identifying potential market access opportunities for both refugees and host communities' self-reliance and livelihood activities' product
Vocational skills training for youth	➤ Expand options for refugee youth (15-25 years) to participate in vocational skills trainings
Information sharing	➤ Enhanced collaboration and coordination, on self-reliance and livelihoods activities- to create synergies and avoid duplication

Cash-based transfer initiatives

Additional income, apart from assistance was found to significantly protect refugee households from poverty, unacceptable food consumption, adoption of high-risk coping mechanism and from food

⁶⁴ Protection Sector Working Group, Protection considerations on the "Majhi System", June 2018

insecurity⁶⁵. Households with members working as little as two to three days per month engaging in low-wage activities and unqualified casual labour have been found to be better off. Similarly, households benefitting from an additional transfer such as conditional cash for assets have better food consumption patterns⁶⁶. With an average actual expenditure of eight dollars per person per month, an injection of a few dollars into households' economy makes a sizeable difference to their overall well-being. These findings underscore the need to ensure access to some formal or informal income generation.

UNHCR and WFP have been implementing a number of projects under the umbrella of Self-Reliance and Disaster Risk Reduction (DRR)-related public works which provide conditional, restricted incentives for volunteers. Self-Reliance programmes pay a conditional cash incentive for the participation in skills trainings and DRR and Site Management projects – which includes the inter-agency (IOM, UNHCR and WFP) Site Management Engineering Project (SMEP) initiative - that employs over 1,700 volunteers (25 percent female) on a daily basis for a range of activities. These include slope stabilisation to ensure large-scale relocation of the most vulnerable to flooding and landslide population to safer land. Overall, there are about 14 national and international agencies implementing small-scale conditional cash projects across the camps in Ukhia and Teknaf. Some of the lessons learnt so far from these programs include the need for greater coordination between the different agencies involved in cash-based initiatives, increased information sharing between all implementing partners in order to avoid overlaps and the need for standardization of how these initiatives are implemented which includes selection of beneficiaries.

Unconditional, unrestricted, multi-purpose cash-based projects are also implemented by WFP and UNHCR in the host community. WFP implements cash-for-work and cash-for training projects, while UNHCR is in the process of scaling up its assistance to the shock-responsive social protection system. In the camps unconditional, multi-purpose cash grants have not yet been permitted by the government. In 2018, UNHCR in coordination with the government, BRAC and Bangladesh Red Crescent Society conducted a cash assistance pilot in the camps, whose results were evaluated to be highly positive⁶⁷. The pilot involved cash assistance to 9,015 families in Kutupalong settlement who received a one-off payment of 2,500 BDT (around 30 US dollars) to cover basic household needs, including food, health, clothing, debt repayment and fuel. A monitoring survey, post-delivery, revealed that cash is a safe assistance modality and that refugees reported no difficulties in finding the items and services required in the market, both in quantity and quality. It was not just well-received by the refugees, but also by the host communities who saw the positive impact of cash assistance on the local economy, especially for small and medium size businesses. The positive impact of the pilot has since been corroborated by a study conducted by IFPRI/BIDS (2018) which argues that cash transfers stimulates demand and reduces any adverse impacts on wages and host population incomes while increasing growth in the local economy⁶⁸.

Markets

⁶⁵ REVA 2, November 2018

⁶⁶ *ibid*

⁶⁷ UNHCR, Cash assistance to Rohingya refugees in Bangladesh, 2018

⁶⁸ IFPRI/BIDS, The Rohingya: Displacement, deprivation and resilience, May 2019

As noted in REVA 2, since August 2017 Kutupalong and Teknaf's expansion sites have turned into somewhat well-organized settlements with its own economies that gradually emerged and developed in the camps during the course of 2018. With intensifying contact and transactions with the host community, emergence of retailers, providers from humanitarian organisations and private companies, an increasingly diversified supply of food and non-food products has become available to the refugee population. Interestingly, despite the lack of resources, market access-related challenges and perceived safety concerns, localized market surveys have found a high degree of market dependency for regular access to various food items to complement food assistance entitlements. During focus group discussions, over 80 percent of interviewed households declared sourcing meat, fish and fresh vegetables through markets regardless of whether they received in-kind assistance or benefited from e-vouchers.

The market situation in and around the camps, their interlinkage, functionality, etc. can safely be assumed to have changed quite substantially during the course of 2018. Relative price increases of main food commodities, market distortions due to aid commodities being sold and decrease in the wage labour rate are but a few challenges that have been reported. Yet, concrete and updated information on the market ecosystem is currently not available, until a planned multi-sectoral market assessment is conducted in the third quarter of 2019.

Types of markets

In November 2017, there were some 20 markets of varying sizes along the Ukhia-Teknaf road (see annex 4 for map on markets monitored by WFP), 12 of which are included in WFP's regular market/price monitoring exercises. Four of them - Court Bazar, Ukhia City Bazar, Nhilla Bazar, and Teknaf Bazar are important because many of the commodities which are sold in smaller markets servicing the areas around the refugee camps, transit via these four main markets. They have a larger wholesaler-to-retailer ratio compared to the other markets and as a result tend to set the prices for many staple commodities. This seems especially true for commodities whose supply chain flows into the area from Chittagong and North Bengal and includes rice, lentils, wheat flour, soybean oil), as well as some manufactured non-food items such as hand soap.

Two months into the crisis, traders reported a substantial increase in trade based on an increase in daily customers of up to 188 percent, compared to an estimation of customers prior to the sudden influx⁶⁹. At that time, majority of refugee demand (as measured by the proportion of average daily Rohingya customers to local customers) was concentrated in the six local markets nearest to the camps and spontaneous sites and included Kutupalong, Balukhali, Thinkghali, Palongkhali, Leda, and Nayapara. They lie along the interior of the Ukhia-Teknaf road and receive their supplies of many commodities (e.g., lentils, wheat flour, soybean oil) and some manufactured non-food items (e.g., hand soap) from the four larger markets (Court Bazar, Ukhia City Bazar, Nhilla Bazar, and Teknaf Bazar). These local markets are physically smaller and have fewer wholesalers but a large with a growing number of small traders. For example, Kutupalong was estimated to have more than 150 small traders selling rice and other commodity food items.

Availability/supply in local markets

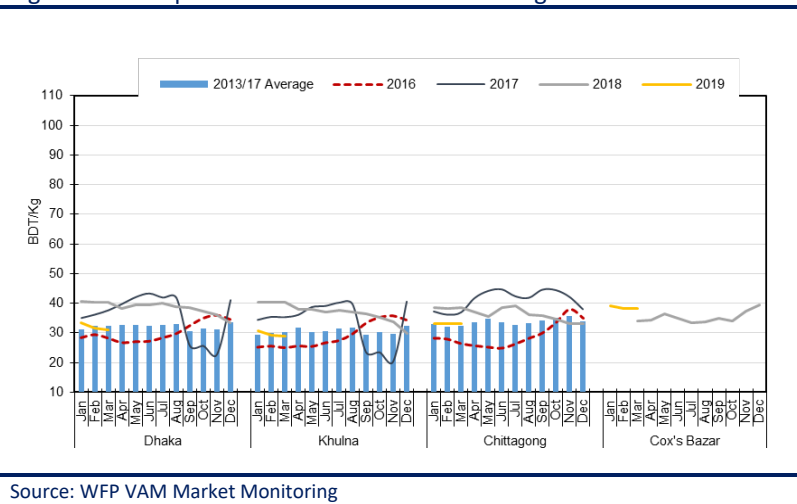
The increasing market demand that resulted from the sudden influx of more than 700,000 refugees into Cox's Bazar encouraged a large number of Bangladeshi traders from other markets to set up

⁶⁹ OXFAM, Rapid protection, food security and market assessment, November 2017

shops and stalls around the “mega-camp” in Kutupalong – driven by the potential for profit⁷⁰. The assessments at the time already suggested that markets had sufficient capacities and food commodities to serve both, Bangladeshi and refugee customers. Refugees themselves indicated that items were generally available at their nearest markets⁷¹. Almost one year later, IFPRI reports that regardless of the location, all of the markets assessed were found to sell fruit, 91 percent had a tea stall, 91 percent sold meat, 75 percent fish, 53 percent medicines, and 38 percent clothes⁷².

Commodity prices

Figure 14: Rice prices in different markets in Bangladesh



Regular price monitoring by WFP found that retail prices of main commodities have remained elevated at above average levels since 2017 across most monitored markets in Bangladesh (see Figure 14). While current prices in other markets (Dhaka, Khulna, Chittagong) remain below 2018 price levels, the sustained high demand resulting from the large number of refugees in the

area has kept commodity prices, especially rice, in Cox's Bazar above last year's levels. Consequently, purchasing power of Rohingya has since reduced due to the declining availability of savings and assets over the past 12 months, and limited income opportunities to support market purchase.

Access to markets

The majority of refugees access just one market which is partly explained by their physical location in the camps, as well as restriction on movements outside the camps. Markets are predominately accessed on foot: about 30 percent of households access the nearest market between 15 to 30 minutes. On average, distance to markets was calculated to be 15 to 20 minutes with 21 percent of households needing more than 30 minutes⁷³. The distance and the hilly terrain of the camps pose a challenge to accessing markets, particularly for the elderly, the vulnerable and persons with disabilities. In September 2018, over 60 percent of communities in the camps⁷⁴ had some kind of shop, but only one of the sampled communities had a permanent market and none had a periodic market⁷⁵. Based on a number of monitoring reports and confirmed by the JAM FGDs, markets are

⁷⁰ OXFAM, Rapid protection, food security and market assessment, November 2017

⁷¹ *ibid*

⁷² IFPRI/BIDS, Economic Activities of the Forcibly Displaced Rohingya Population – An Analysis of Business Enterprises in Southeastern Bangladesh, September 2018

⁷³ MSNA, 2019

⁷⁴ Defined as the block or sub-block camp level – which have on average between 150-200 households each

⁷⁵ IFPRI/BIDS, Economic Activities of the Forcibly Displaced Rohingya Population – An Analysis of Business Enterprises in Southeastern Bangladesh, September 2018

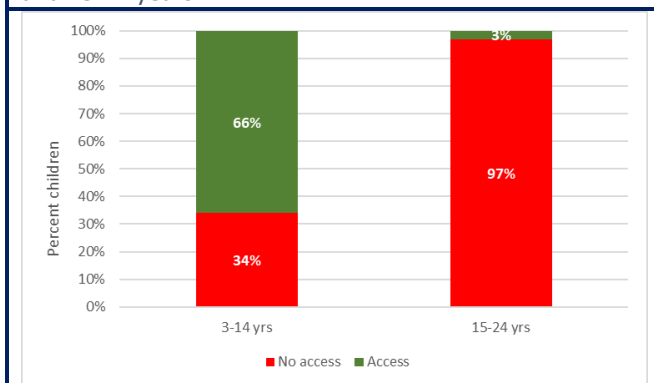
often considered unsafe places, one reason why women generally do not frequent them as they feel at risk of harassment, as well as GBV.

2.6 Education

Against a background of limited education opportunities, humanitarian actors on the ground have channelled all their efforts into finding ways and means to provide children with the necessary know-how and skills needed to build a life for themselves. By February 2019 3,377 learning centres had been established (roughly 25 percent short of the targeted 3,500 spaces) and 5,100 teachers had been trained. The Learning Competency Framework Approach (LCFA) was developed and rolled out by UNICEF in January 2019 as a new structured learning programme that defines learning competencies that are comparable to those that children would achieve through a formal school curriculum. Subjects taught include English and Burmese language, mathematics, life skills and science. Classes are currently being formed on the basis of children's assessed literacy and numeracy levels, instead of their age. According to a recent UNICEF/REACH survey (April 2019), about 71 percent of caregivers found that changes to the education situation in the camps had improved over

a period of 12 months⁷⁶.

Figure 15: Access to education – Children between 3-14 and 15-24 years



Source: Education Sector Dashboard, December 2018

Yet, it has been and continues to be a challenge meeting the educational needs in the camps where school-aged children (aged 6 to 14 years) account for 40 percent of the total refugee population, but where education is considered “informal”. The curriculum for refugee children cannot be aligned to the Bangladeshi education system, classes are restricted to levels 1 to 5 and subjects are taught in Rohingya, Burmese, or English but not Bangla. With age, school attendance declines due to the

lack of educational facilities, teachers, materials. While 66 percent of children between 6 and 14 years attended school in December 2018, almost none of the adolescents between 15 and 24 years did (see Figure 16). Despite potential for implementing vocational and skills training, the absence of sustainable livelihoods makes it difficult to programme appropriate and relevant activities for adolescents.

The JAM FGDs confirmed earlier reports of a large share of refugee parents not being able to see the added advantage of “informal education” that is not certified upon completion of fifth grade. The teaching material is also very highly condensed. The primary/fundamental education for children aged 6-14 years normally takes 8 years, however in this context it is covered in 5 years with daily contact time of 3.5 hours per day. The quality of the education is questioned by many, yet, with the gradual adoption of the LCFA, this perception may change in the future.

JAM FGDs highlighted socio-cultural factors to be the largest barriers to children's education. Already among the younger cohorts of children who have the opportunity to go to school, attendance rates start to decline starting from 10 years. While there is no significant difference in school attendance between boys and girls at a young age, as soon as girls reach puberty, parents

⁷⁶ UNICEF/REACH, Education Needs Assessment – Preliminary findings, April 2019

become increasingly reluctant to let them attend school⁷⁷. Some social norms among the Rohingya tend to prevent the mixing of boys and girls and restrict movement outside the household after the onset of puberty. In fact, safety concerns, including fear of harassment and being exposed to PSEA hinder girls and young women to go to and attend mixed-sex teaching centres. Similarly, female teachers remain a rarity which poses a great challenge in this cultural setting where many female students are not allowed to be taught by male teachers⁷⁸.

While Rohingya parents generally see the advantage of education⁷⁹, it tends to be considered of limited use especially for girls who will grow up to primarily fulfil domestic responsibilities. While young girls are often kept at home to assist with household chores, young boys are expected to contribute to households' resources. There is evidence that children work to earn money so that their family can afford access to a variety of food items⁸⁰. About 7 percent of boys aged 15 to 18 years were found to have engaged in at least one hour of economic labor in the week prior to the data collection exercise conducted by UNICEF/REACH between February and April 2019⁸¹. In fact, work at home or outside home was identified as one major barrier by 20 percent of parents of primary aged children (6-14) and by 50 percent of parents with adolescents (15-18 years)⁸², while the lack of education opportunities for this age group might have negatively impacted this figure.

WFP's School Feeding Programme intends to encourage school attendance by providing each student with micronutrient fortified biscuits as a supplement to their daily meals. Each Learning Centre within the camps is included in the programme. As of May 2019, 241,108 students in 3,041 learning centers are being served through the school feeding programme. The plan for 2019 is to scale up the coverage to 300,000 students.

Recommendations - Education	
School Feeding	➤ Continue the School Feeding Programme with the current modality including high energy biscuits
Joint Advocacy	➤ Joint advocacy with government partners for access to meaningful education for all

2.7 Shelter and Energy

Shelter

The emergency response was highly reactive when refugees arrived in Cox's Bazar in September 2017, with agencies taking rapid decisions on behalf of the affected community in order to meet their most urgent needs. Emergency shelter kits were distributed to refugee households and community level structures constructed, including mosques and learning centres.

Currently, the Rohingya refugee camp in Cox's Bazar is the largest and most densely populated camp in the world. The construction of shelters for over 724,000 refugees in a limited space has resulted in an average camp area of 18.76 square metre per person, significantly lower than the SPHERE

⁷⁷ Foresight, An insight into the emerging concerns in the Rohingya response – Education, March 2019

⁷⁸ USAID, Rapid Education & Risk Analysis, Cox's Bazar, October 2018

⁷⁹ BBC Media Action, Foresight, An insight into the emerging concerns in the Rohingya response, Education, March 2019

⁸⁰ Child Protection Strategy, 2018

⁸¹ UNICEF/REACH, Education Needs Assessment – Preliminary findings, April 2019

⁸² Education Sector, Joint education needs assessment: Rohingya refugee in Cox's Bazar, June 2018

standard recommended for site planning of 45 square metre per person. Consequently, most shelters do not adhere to the covered living space of 3.5 square metre per person⁸³. Due to lack of space, almost two-thirds of households (50 percent) were found to share their shelter with another household in January 2019⁸⁴. The highly congested nature of the camps poses significant health risks.

A number of concerns about the shelters have been expressed by humanitarian actors and refugees alike. One of the main concerns relates to the quality of the materials used⁸⁵. Shelter materials across all sites are relatively homogenous. They exclusively consist of tarpaulin sheets and bamboo for roofing and walls, respectively, across the vast majority of the camp. Most of the bamboo used is of poor quality, untreated and in direct contact with the ground, creating perfect conditions for pest infestations and rotting. By September 2018, extensive pest damage could already be seen throughout the camps and the life-span of the existing bamboo was estimated to be about 20 months.

In addition, other concerns relate to the quality of the shelter material and their limited strength to withstand severe weather conditions (including monsoon and cyclones). Refugees are concerned about the lack of private bathing spaces, ventilation and privacy provided by their shelters. Due to security concerns at public bathing facilities, households tend to construct their own private facilities: 68 percent of women and girls were reported to bathe in private, makeshift facilities in their shelters⁸⁶. This practice contributes to unhygienic conditions in a congested environment such as the camps in Cox's Bazar. Additionally, three quarters (75 percent) of households did not have any ventilation mechanism, neither in the form of a window or ventilation mesh, with large variations across camps. Health implications cannot be overestimated, especially because cooking often takes place inside the shelters, creating fumes and smoke. For women and children who are obliged to spend most of the day inside their home, not having any ventilation poses health risks. A prominent factor driving acute respiratory infections is cooking smoke which is prevalent among adults and children below five years (see *Health* section). Furthermore, the lack of space and privacy has been found to create significant distress among women, men and children alike.

Energy

With the set-up of the camps, about 6,000 hectares of forest was cleared⁸⁷. Large-scale soil erosion due to deforestation in the area has been caused by a number of factors, including the construction of latrines, roads, power lines, and the need for energy. Until the middle of 2018, few organizations distributed cooking fuel and refugee households were often unable to prepare their dry rations. As a result, refugees were eating uncooked food or skipping meals altogether⁸⁸. The majority had no alternative but to venture into nearby forests to collect firewood. A recent report by the Forest Department, projected that if the depletion of forest resources continues unabated, then the forestlands of Teknaf and Ukhia would disappear⁸⁹.

Firewood collection in ever more distant forests, has become associated with very high protection risks. Refugees have been exposed to extortions, kidnapping, animosities and violence from the host

⁸³ JPR 2019

⁸⁴ MSNA, January 2019

⁸⁵ Needs and Population Monitoring, Round 14, December 2018

⁸⁶ Needs and Population Monitoring, Round 12, October 2018

⁸⁷ FAO, IOM, WFP, SAFE PLUS, Brief 2019.

⁸⁸ Ibid.

⁸⁹ <https://www.dhakatribune.com/bangladesh/2018/03/20/rohingya-influx-a-threat-to-forest-resources>

community, while women are vulnerable to GBV when venturing out into the forests. Also, the host communities' livelihoods have been impacted with the loss of crop and grazing land which disproportionately affect the poorer Bangladeshi residents⁹⁰. This impact on the host communities' livelihoods contributes to increase in resentment towards Rohingya refugees.

In addition to collecting firewood in the forests, a large share of refugee households have also been buying firewood in the markets. In many instances, it has been the host community selling the firewood for an average of 18 to 20 taka per kg⁹¹. In November 2018 firewood expenses took up around 15 percent of households' average monthly food and non-food expenditure budgets⁹². Spending on firewood diverts essential resources needed for accessing food, increasing the likelihood of incurring debts and triggering the need to sell portions of assistance. This chain reaction of collaterals is expected to be curbed with the introduction of LPG as part of the assistance package.

Since August 2018, an LPG package has been distributed to 123,440 households. The package consists of LPG-related training, stoves and cylinders distribution, with both UNHCR and IOM involved independently in providing LPG assistance.

Based on regular monitoring exercises, some findings already call for adjustments to the programme. Apart from the lack of standardization of LPG trainings provided, it appears that fire safety information acquired at the trainings does not reach the individuals who use LPG. The women who cook household meals are not always those who attend the training and do not receive the necessary information from the person who attended the training. Numerous household visits confirmed that beneficiaries had only basic knowledge of what to do in case of fire or how to safely store their stove within the household. However, the gas provided to households lasts until the next refill cycle and they no longer need to collect firewood or buy it in the market. Additionally, the added benefit is they can cook their food faster and ensure better quality. Based on a UNHCR's M&E, households were found to have reduced their consumption of LPG three months after distribution which led to a refill extension of 4 days depending on the family size.

Recommendations – Energy	
Joint Advocacy	➤ Jointly advocate for continued provision of LPG intervention in the refugee camps
LPG distribution and scale-up	➤ Continue distribution of LPG in refugee camps and host community, and ensure timely refills
LPG utilization and Health & Safety	➤ Ensure provision of standardized sensitization and trainings on utilization of LPGs including health and safety measures
Monitoring	➤ Develop a framework for monitoring and evaluating LPG utilization and safety concerns

2.8 Protection

“The Rohingya refugee crisis is a protection crisis at its core”⁹³. The refugees who arrived in Bangladesh are seeking refuge from continued persecution and violence they experienced in

⁹⁰ FAO, IOM, WFP, SAFE PLUS, Brief 2019

⁹¹ UNHCR, Energy Unit, May 2019

⁹² WFP REVA 2, November 2018

⁹³ JPR, 2019

Myanmar. The psycho-social distress they experienced prior to their flight is now coupled with new daily stressors inherent in living in largest refugee settlements in the world. Factors such as congested living conditions, disrupted family structures and community support networks and constrained access to information and services contribute to refugees' psychosocial distress. Discussions with community members during the JAM field visits corroborated previous findings from regular monitoring⁹⁴ that indicate limited accessibility to a number of locations and facilities due to perceived safety concerns. These locations include WASH facilities, firewood collection sites, distribution points and markets. Some of the other concerns mentioned include the lack of income/cash due to government restrictions on engaging in income generating activities and difficult terrains accessing food distribution points in some places. Also, refugees are worried about the consequences of the ban to formal education which has meant that many children and adolescents are not constructively occupied in any way and have no viable prospects for their futures.

Vulnerable groups

Some groups in the refugee population are more vulnerable than others and are at heightened risk of not being able to access the services and facilities that are provided. About one in three refugee families have been identified as having at least some form of protection vulnerability, meaning they have at least one person with a specific need. They predominately include households with single mothers, persons with serious medical conditions, older persons at risk and persons with disabilities⁹⁵.

Persons with mobility restrictions including the elderly, persons with physical disabilities face the additional challenge of the hilly camp terrain and the distances to the various facilities. They are entirely reliant on their family members, neighbours or other refugees for support, including for the collection of food and non-food items, reaching latrines and bathing areas, etc. This not only affects their ability to live in a dignified manner but may also have serious health implications. While persons with disabilities did not feature in latest WASH surveys, there is anecdotal evidence that they – similar to women and girls – make frequent use of private makeshift latrines and bathing facilities, thereby greatly increasing health-related risks. To address access challenges to food assistance points, WFP has introduced porter services, whereby the entitlements of vulnerable individuals are being carried directly to their homes. However, most recent Post Distribution Monitoring (PDM) reports revealed that porter services have been limited and persons with specific needs were either denied porter services⁹⁶ or had not been properly identified. Making more systematic use of the GoBs/UNHCRs registration database may facilitate the targeting of persons with specific needs in the future.

Family structures have been significantly disrupted since the onset of the crisis which has impacted refugee children, that constitutes half of the entire camp population. Based on the 2018 Child Protection Strategy, almost 10,000 children have been identified to be "at risk"⁹⁷. Among those at risk, are around 6,000 unaccompanied minors or children who got separated from their families prior to, during or after their flight to Bangladesh. This state makes them particularly vulnerable to forceful child labour, child marriage, sexual and physical violence, trafficking and sexual exploitation. Many of those children have been taken care of by other refugee families or distant family members

⁹⁴ Multi Sectoral Needs Assessment, July 2019

⁹⁵ UNHCR, Culture, context and mental health of Rohingya refugees, 2018.

⁹⁶ WFP PDM, January 2019; November 2018; October 2018

⁹⁷ Child Protection Sub-Sector Strategy, 2018

or friends. Yet, continuous child protection monitoring has shown that some of those families have been experiencing profound stress and are struggling to care for all children under their custody.

These children may be perceived as a burden or may not fit into the new family constellations that naturally form over time. Given their special status in the household they are at risk of being neglected and denied their entitlements. Child protection agencies have been trying to identify those cases to refer them to alternative care, but many remain unidentified. Based on the 2018 Child Protection Strategy around 1,230 children have been placed in formal foster care families, receiving regular follow up services⁹⁸.

There is anecdotal evidence from Child Protection monitoring exercises that refugee households marry-off their children as young as 13 years – their own or adopted - in order to profit from the additional food ration that the newly registered family would bring. Given that child marriage is a deep-rooted cultural Rohingya practice it is difficult to know to what extent it is actually used as a coping strategy to help alleviate household-level financial pressures and to what an extent it may have increased in response to increasing vulnerability levels. Yet, these findings call for expanded sensitization on the implications of child marriage, as well as stricter measures needed to be put in place to mitigate the use of child marriage as a means to access more humanitarian assistance.

From the onset, the refugee crisis has had a particularly “gendered nature”⁹⁹ as over half of the refugee population are women and girls¹⁰⁰. Rohingya culture traditionally sees the role of the woman in the home and requires the adherence to *purdah*¹⁰¹. Given the congested living conditions of the camp, with men and women living together side by side on greatly limited space and with very little room for privacy, many women and adolescent girls are required to spend the days in their shelter and limit their participation in public life to a minimum¹⁰². Women and girls are disproportionately exposed to risks of GBV, including domestic and intimate partner violence, forced marriage and harassment¹⁰³. In December 2018, 29 percent of women indicated not feeling safe walking around the camp alone¹⁰⁴ and for about half of refugee girls below 18 years kidnapping, and sexual violence are the main concerns¹⁰⁵. Fears around perceived lack of safety was voiced by all female participants in the JAM FGDs and most reported not to leave their homes unless in the company of a male family member. Specific areas where women felt unsafe include water collection sites, WASH facilities and on their way to and at distribution sites and EV shops.

With family structures having been disrupted as a result of the mass displacement, 31 percent of female headed households have appeared¹⁰⁶ who the REVA 2 has found to be particularly vulnerable to food insecurity and poverty. Changing family constellations and shifting roles and responsibilities at household level has manifested itself in an increasing number of women engaging in some form of income generating activities, thereby financially supporting their households. Self-reliance and cash for work activities in the camps have been specifically targeting women. Men’s

⁹⁸ ISCG, Sitrep Feb 2019

⁹⁹ ISCG, Review of gender mainstreaming, August 2018

¹⁰⁰ RRRC-UNHCR, Family Counting

¹⁰¹ *Purdah* literally means “curtain” and refers to the practice of preventing women to be seen by other men other than their husbands.

As part of *purdah*, Rohingya women are expected to remain inside the home and take up traditional gender roles such as household and childcare. When women do leave the home, they have to be covered by a hijab or headscarf (Ripoll, October 2017).

¹⁰² Action Against Hunger, Save the Children, Oxfam; Rohingya refugee response – Gender analysis: Recognizing and responding to gender inequalities, August 2018

¹⁰³ UN Women, Gender Brief on Rohingya Refugee Crisis Response in Bangladesh (October 2017)

¹⁰⁴ ACF, Save the Children, Oxfam (December 2018), Gender Analysis

¹⁰⁵ MSNA, January, 2019

¹⁰⁶ IFPRI/BIDS, The Rohingya: Displacement, deprivation and resilience, May 2019

perception of this shift in traditional gender roles has been varied: while some have expressed overall approval and appreciation of women's increasing involvement in contributing to households' economies, it has also been found to have created tensions within families, with men disapproving of this gradual change. More sensitization is required to ensure the support and buy-in of the male refugee population if women's involvement in income generating activities is to be expanded.

Recommendations – Protection	
Monitoring and assessments	➤ Ensure joint monitoring and sensitization on protection incidences that are related to food assistance
Child protection	➤ Jointly address issues related to “at risk children” access to food assistance
Gender	➤ Increase community engagement through community participation sessions and sensitization campaigns on “positive masculinity” in identifying entry points for positive role models among male refugees

Accountability to affected populations

As part of the Transformative Agenda, the IASC confirmed the fundamental importance of accountability to affected people (AAP). Complaints and feedback mechanisms are essential to ensure accountability through a two-way communication channel between beneficiaries and the humanitarian community. Much progress has been made in Cox's Bazar since September 2017 with 68 info hubs providing face-to-face services to refugees¹⁰⁷, agency-specific hotlines, help desks, etc. Based on the MSNA (2019), 65 percent of households confirmed of being aware of the Complaint and Feedback Mechanisms existing across WFP's programme sites (food distribution points, nutrition sites etc) which compares to 54 percent in July 2018.

Yet, significant gaps remain. Many mechanisms – including UNHCR's and WFP's complaint boxes, hotlines, etc. still have insufficient capacity for full camp coverage. According to the MSNA (2019) most households had not used a complaints and feedback mechanism in the 30 days prior to data collection (74 percent) – possibly there was nothing to complain about - yet 25 percent did but consulted the Mahji and 5 percent NGO staff, a finding corroborated by the JAM FGDs. Refugees themselves do not see any particular barriers in using those mechanisms but generally prefer to give feedback face-to-face which is likely due to low literacy levels, as well as people not being used to having the option to share their concerns anonymously¹⁰⁸. Yet, there has been a substantial amount of recurrent complaints about some Mahjis' code of conduct and tendency to abuse their power, jeopardizing their roles as trustworthy, effective intermediaries between the refugee population and the humanitarian actors on the ground¹⁰⁹. Also, there appears to be a divide between men and women accessing and using those mechanisms with a higher proportion of men making use of them than women¹¹⁰. For example, according to WFP's Annual Call Centre Report 2018, 32 percent of women made use of the hotline, compared to 68 percent of men.

¹⁰⁷ BBC Media Action, How effective is communication in the Rohingya refugee response? September 2018

¹⁰⁸ MediaAction, July 2018

¹⁰⁹ Protection Sector Working Group, Protection considerations on the “Majhi System”, June 2018

¹¹⁰ BBC Media Action How effective is communication in the Rohingya refugee response? September 2018

While almost all humanitarian actors collect community feedback, even covering multi-sectoral feedback, the large majority of them do not have a structured mechanism in place to refer issues that does not relate to their own mandate, to other organisations or sectors. The standard operating procedures in place that give guidance on how to handle, analyse and use the feedback collected remain somewhat ineffective. However, there is still room for improving those initiatives to ensure they work effectively and to the benefit of the community they are trying to serve.

The Communication with Communities Working Group in Cox's Bazar is currently developing a common, inter-agency complaints and feedback mechanism through a taskforce headed by UNHCR and which WFP is recommended to join. This will function as a one-stop shop for information dissemination and for refugees to make their voices heard and be properly supported. Until such mechanism is in place, greater collaboration between UNHCR and WFP can be initiated by exchanging hotline reports, developing joint messaging on food security- and nutrition-related information and using each agency's help and information desks (mobile or static at distribution points, e-voucher shops, nutrition or health facilities) for dissemination. Particularly, WFP Help Desks in each of its retail locations and distribution points are a good opportunity to build referral pathways, and linkages between UNHCR's registration process and WFP's SCOPE enrolment in a systematic way.

Also, both UNHCR and WFP involve refugees in their activities as community mobilisation volunteers enabling better communication with refugees. They are trusted more since they are from the same community and can build a rapport more easily. These volunteers also have a good understanding of the community's needs and issues. UNHCR's Community Outreach Volunteers are trained in a range of topics (including protection), and they conduct house-to-house visits, disseminate information and raise awareness on themes such as nutrition, GBV, targeting criteria, etc. They assist in identifying the most vulnerable, provide support to community solutions and ensure referrals to service providers.

WFP has established Refugee Food Security Committees at the camp level to promote a people-focused, participatory and representative beneficiary committee. WFP aims to strengthen their capacity to ensure they operate effectively as they are meant to ensure that WFP programme activities are truly accountable to the affected population. They are meant to assist in defining beneficiary selection criteria and be involved in the targeting process to help identify the most vulnerable. Besides, the committees assist in the dissemination of key messages, raising awareness and listen to refugees' complaints for follow up. If their work could be increasingly interlinked and greater collaboration and information sharing be established between those two groups - who currently work in isolation from each other - the added advantage from joint messaging and from smooth referral pathways could be immense.

Recommendations – Accountability to affected populations	
UNHCR & WFP complaints and feedback mechanisms	➤ Map and streamline UNHCR/WFP complaint and feedback mechanisms in place (hotlines, help desks, outreach), and sharing of the key issues for follow up and feedback
WFP and UNHCR Help and Information Desks	➤ Strengthen and review referral pathways and linkages between WFP /UNHCR Help Desks to ensure prompt response in addressing issues raised

Link between WFP Refugee Food Security Committee and UNHCR Community Outreach Volunteers	<ul style="list-style-type: none"> ➤ UNHCR volunteers to actively participate in Refugee Food Security Committee meetings at field level and provide feedback to key WFP/UNHCR staff. ➤ Link Refugee Food Security Committees with Community Outreach Volunteers, ensuring complementarity in providing messages and establishing a feedback loop in line with the rationalization process ➤ Orientation of UNHCR outreach volunteers on food assistance related issues for effective support in dissemination of information, and provision of feedback to refugees
---	---

Part 3: Overarching Cooperation Areas

3.1 Coordination

The objective of the JAM was to provide strategic directions for joint UNHCR-WFP programming and identify opportunities for greater collaboration in areas of particular interest to both agencies. Coordination is one of those areas that UNHCR and WFP had jointly identified to be in need of improvement. At the beginning of the mass influx when 724,000 refugees arrived between September and December 2017– provision of assistance to cover the most basic needs had to be fast. During that process coordination between the main stakeholders – including UNHCR and WFP - was a challenge and there is further room for improvement.

Two years after the crisis, the situation has stabilized and the operational focus in all of the sectors has shifted to quality improvement. Greater coordination in this regard is essential. The recommendations / strategic directions that have been jointly formulated during the JAM process, cannot be implemented without greater coordination between the two agencies. UNHCR and WFP will have to put certain mechanisms in place and put the necessary time aside on a regular basis at both, Dhaka and Cox’s Bazar level, to ensure key information – relevant to both - is being exchanged and followed up on (for informed decision making).

Equally important for improved coordination is joint advocacy to ensure continued support and buy in from the GoB and the international community. It is essential for UNHCR and WFP to ensure joint messaging on the importance of addressing food security and protection concerns. Protection and food security are highly interlinked and cannot be addressed as separate from one other, especially when taking into consideration the local context of Cox’s Bazar.

Recommended action points – Coordination	
Joint Advocacy	<ul style="list-style-type: none"> ➤ Joint messaging on the linkage between food security and protection ➤ Joint advocacy at district and national level on the use of cash modalities and livelihood activities in the response.
Regular meetings	<ul style="list-style-type: none"> ➤ Improve operational collaboration between UNHCR and WFP
Information sharing	<ul style="list-style-type: none"> ➤ Share assessment and monitoring reports (REVA, PDMs, etc.) in a timely manner ➤ Conduct joint assessments

3.2 Data sharing and system inter-operability

The global UNHCR/WFP MoU emphasises collaboration between the two agencies for “defining standards and developing a mechanism for exchanging information on beneficiaries, including geographic information and associated technologies”. The Addendum on Data Sharing further sets out the necessary framework with the terms, conditions and processes for data sharing.

In Bangladesh UNHCR and WFP have been collecting a huge amount of refugee-specific data in parallel. UNHCR acted on its mandate, and jointly with the Government of Bangladesh, registered incoming refugees as they arrived. WFP on the other hand, enrolled refugees in its blanket food assistance programme starting in October 2017. Both agencies recognize the need for data-sharing and are working to consolidate the two databases, in order to have one source of data going forward.

Recommendations – Data sharing and inter-operability	
One single registration database	<ul style="list-style-type: none"> ➤ Use the GoB/UNHCR refugee database as the single source of registration database for refugees ➤ Share data based on purposes specificity outlined in the Data Sharing Addendum
Harmonization of unique identifiers and biometrics	<ul style="list-style-type: none"> ➤ Harmonize the unique identifier that can link the two databases proGress and SCOPE and biometrics
Joint registration service centres	<ul style="list-style-type: none"> ➤ WFP’s SCOPE team to have a desk at UNHCR registration/verification sites to identify household requiring an update on SCOPE based on family attestation (this is after the family has passed through the registration)- to be done until UNHCR’s registration exercise is complete (a one-stop shop for refugees). UNHCR updates biodata and family composition and issues appointment slips for households to proceed to WFP’s extension sites the following day. This will help in manually mirror UNHCR updated data in SCOPE ➤ Inclusion of SCOPE card number into UNHCR proGress database during the registration exercise
Privacy Impact and Data Protection Impact Assessments	<ul style="list-style-type: none"> ➤ Each agency to support Privacy Impact Assessments and Data Protection Impact Assessments where possible to inform data sharing arrangements
Continuous access to updated proGres data	<ul style="list-style-type: none"> ➤ Enable WFP to continuously access updated refugee data including biometrics through the automated synchronization process (without the need to duplicate via a parallel data updating process, e.g. Sudan)
Tracking/ managing assistance	<ul style="list-style-type: none"> ➤ Put in place a more effective (i.e. digital) system for the management and tracking of beneficiary assistance (including cash for work and related interventions) and information sharing. WFP uses SCOPE while UNHCR uses Global Distribution Tool (GDT) which leverages biodata from proGres and biometrics from BIMS.

3.3 Targeted assistance

The Joint UNHCR/WFP Targeting Principles make differentiate between the prioritization and targeting of assistance. While the prioritization is “driven by inadequate resources to meet the needs, targeting of assistance aims to meet the established needs”. In both cases, “all efforts are to be made to ensure that the needs of the most vulnerable are covered in ways that strengthen protection outcomes, foster self-reliance and durable solutions and contribute to community cohesion.

Prioritizing some refugee households for food assistance over others has not been necessary due to sufficient funding and high levels of vulnerability that continue to prevail among the refugees. The latter, coupled with high poverty levels, has made blanket food assistance the most appropriate response.

The most recent vulnerability exercises, however, have highlighted different levels of vulnerability which could be addressed through different forms of assistance. This could involve the provision of additional assistance for most vulnerable individuals, on the one hand, as well as assistance that draws from and builds on the capacities available to some refugees, on the other. Even with current levels of food assistance, 54 percent of the refugee population falls below the MEB, with 18 percent below the food MEB. The current blanket assistance, while crucial, still does not cover all food and non-food needs of more than half of the refugee population. The most vulnerable refugees are therefore recommended to be identified for additional targeted assistance now. This additional assistance could include a top-up in the form of cash, cash for work, livelihoods support or “volunteer” opportunities with UN/NGOs. It would cover expenses for essential non-food household needs without the need to sell assistance. The type of additional assistance should be guided by the type and level of household vulnerability. For example, while PLW as head of households would qualify for an unconditional e-voucher top-up, other households with able-bodied members could engage in cash-for-work activities.

There are a number of projects in the camps within Cox’s Bazar that have been providing conditional assistance to a selected few that larger-scale needs-based targeting exercises for food assistance can draw from. For example, training participants under WFP’s self-reliance activities are paid a conditional cash transfer. The selection process takes place under WFP’s and the local government’s guidance (incl. Camp-in-Charge (CIC) and Refugee, Relief and Repatriation Commissioner (RRRC)) but implemented by a cooperating partner. It involves detailed consultations with the community, data collection exercises and cross-verifications to target the most vulnerable families based on the following criteria: female-headed households or child-headed household (14 years minimum), households with more than six family members, households with no income/livelihood source and/or heavily dependent on assistance, households who have members with a disability, households with no productive assets, women and adolescent girls with no or limited literacy.

Apart from the SMEP, there has not been any collaboration between UNHCR and WFP for targeted assistance. There hasn’t also been an agreement reached on appropriate, most feasible and context-specific socio-economic and protection-related vulnerability criteria to be applied for needs-based targeting. Drawing from lessons learned from the ongoing small-scale targeted self-reliance and cash for work projects, UNHCR and WFP have agreed to initiate this process on the basis of their Joint

Targeting Principles¹¹¹. As a start, the REVA 2 (November 2018) can be used to guide the development of practical criteria for needs-based targeting in combination with other data sources. The survey identified a number of social, demographic and protection-related characteristics associated with high levels of vulnerability to food insecurity. REVA 3 is scheduled to be implemented towards the end of 2019 and provides an opportunity to jointly reassess options for introducing targeted assistance and to identify most appropriate and feasible criteria to be used for targeting.

¹¹¹ UNHCR/WFP Joint Principles for Targeting Assistance to Meet Food and Other Basic Needs to Persons of Concern (December 2017) mark a significant shift and new milestone of corporate collaboration on refugee programming, acknowledging a systematic collaboration throughout the programme cycle to ensure assistance is targeted to those most in need

Recommendations – Targeted assistance	
Blanket food assistance	➤ Continue general food assistance due to the continuing high levels of vulnerability and maintain current levels of food assistance package
Targeted food assistance	➤ Continue implementation of targeted assistance to top up blanket food assistance based on vulnerability profiles
Vulnerability and targeting criteria	➤ Work collaboratively on additional analyses for identification of vulnerability framework and criteria, using existing data with the aim to develop a targeting strategy for Cox's Bazar in line with the Joint UNHCR/WFP Targeting Principles

3.4 Common cash platform

There has been a lot of advocacy – including from the Cash and Markets Working Group – promoting the expansion of CBIs in camp locations. The statement on the UN Common Cash System from the principals of OCHA, UNHCR, WFP and UNICEF on cash assistance in December 2018¹¹², has further paved the way for joint, inter-agency collaboration with a focus on cash to be delivered to vulnerable refugees in ways that are simple, safe and easily accessible and that maximize the value of the assistance provided.

UNHCR's and WFP's first joint unrestricted cash pilot as part of the monsoon response in 2018 was put on hold by the Government due to the elections. Both agencies are eager to re-initiate the project.

The preconditions for such a joint, inter-agency enterprise are manifold and include a common cash system that is collaborative, inclusive and that builds on a single transfer mechanism approach and joint cash programming. It would involve joint feasibility assessments, joint procurement, coordinated targeting of beneficiaries, a single transfer mechanism, joint post-distribution monitoring, and ensuring accountability to affected populations through agreed complaints and feedback mechanisms. In the context of Cox's Bazar, this type of cash collaboration is beyond just UNHCR and WFP and as per the Principles' statement would include UNICEF and OCHA, as well as IOM.

¹¹² Statement from the Principals of OCHA, UNHCR, WFP and UNICEF on cash assistance, 5 December 2018

Recommendations – Common Cash Platform	
Joint advocacy	➤ Jointly advocate with the GoB for the provision of cash- based interventions for refugees
Common Cash Platform	<ul style="list-style-type: none"> ➤ Use Joint four Principals’ statement as guide for collaboration on cash interventions (involving UNICEF and IOM) and ensure coordination with other operational actors (including Cash and Market WG) ➤ Use UNHCR/GoB refugee registration database as a single source of data for beneficiary enrolment (<i>more details see section on data sharing</i>)
Unrestricted cash pilot – Seasonal response	➤ Both agencies to take forward multi-purpose cash pilot at Cox’s Bazar level in collaboration with other key Stakeholders (UN agencies and NGOs)
Joint market assessment	➤ Plan and prepare for the periodic market assessments to provide in-depth understanding of the key features and characteristics of the market systems in Cox’s Bazar
Joint procurement	➤ Consider undertaking a joint procurement for financial service providers (FSPs)
Joint monitoring	➤ Develop joint monitoring strategy for cash-based interventions
Minimum Expenditure Basket	➤ Review the MEB for adoption in Cox’s Bazar operation
Vouchers (value and commodity)	➤ Explore opportunities for collaboration on provision of non-food items in the e-voucher outlets

References

- ACAPS, Review: Rohingya Influx since 1978, December 2017
- ACAPS/NPM, WASH needs and key priorities, March 2019
- ACF, Save the Children, Oxfam, Rohingya Refugee Response – Gender Analysis, August 2018
- Action Against Hunger, UNHCR, UNICEF, WFP, SMART Survey, November, 2017; May 2018; November 2018
- BRAC, Situation Analysis for delivering integrated comprehensive SRHR services for Rohingya refugees in Cox’s Bazar, Bangladesh, December 2018, *unpublished*
- Coverage Assessment of CMAM Services, SLEAC assessment and qualitative investigation, July-August, 2018
- Demographic Health Survey, Myanmar, 2015/16
- Education sector, Joint Education Needs
Assessment: Rohingya Refugee in Cox’s Bazar, June 2018
- FAO, IOM, WFP, SAFE PLUS, Brief 2019
- Food Security Sector Dashboard, March 2019
- Global Nutrition Cluster Mission Report, March 2018
- Ground Truth Solutions, Needs and Services, 2018, 2019
- IFPRI/BIDS, Economic Activities of the Forcibly Displaced Rohingya Population – An Analysis of Business Enterprises in Southeastern Bangladesh, September 2018
- IFPRI/BIDS, The Rohingya: Displacement, deprivation and resilience, May 2019
- Integrated SMART Survey in Ukhia and Teknaf Upazilas, March 2018
- ISCG, Situation Reports, 2018, 2019
- Joint Response Plan for Rohingya humanitarian crisis, January – December 2018
- Media Action, How effective is communication in the Rohingya refugee response? September 2018
- Multi-sectoral needs assessment, 2018, 2019
- Needs and population monitoring, Site Assessment, Round 1-13
- Needs and population monitoring, Site Assessment, Wash Needs and Key Priorities, March 2019
- OXFAM, Rapid protection, food security and market assessment, November 2017
- OXFAM, Rohingya Refugee Response – Gender Analysis, August 2018
- Oxfam, Women’s Social Architecture project, September 2018
- Protection Sector Working Group, Protection considerations on the “Majhi System”, June 2018

- REACH, Water, Sanitation & Hygiene Baseline Assessment, April 2018
- Save the Children, BRAC, World Vision, WFP and UNHCR (2018), Self-reliance situation in host communities in Cox's Bazar
- UNHCR, Cash assistance to Rohingya refugees in Bangladesh, 2018
- UNHCR, Culture, context and mental health of Rohingya refugees, 2018
- UNHCR, Post distribution monitoring of cash-based interventions, July 2018
- UNICEF, Knowledge, Attitudes, Practice, Behaviours, October 2018
- UNICEF/WASH Sector, Water, sanitation and hygiene assessment – Monsoon Follow-Up, October 2019
- USAID, Rapid education and risk analysis – Cox's Bazar, October 2018
- WFP Post Distribution Monitoring, January 2019, November 2018, October 2018
- WFP Refugee Influx Emergency Vulnerability Assessment, January 2019 and November 2017
- WFP, Pre-Assessment Baseline, November 2017
- WFP/UNHCR Joint Assessment Mission, 2016
- WHO, Health Sector Bulletins, 2018, 2019

Annexes

Annex 1: UNHCR/WFP JAM Terms of Reference

1. CONTEXT AND RATIONALE

Since 25 August 2017, more than 740,000 Rohingya crossed into Bangladesh, fleeing large-scale violence and human rights abuses in Rakhine state, Myanmar. The recently displaced Rohingya people added to a pre-existing Rohingya community in Cox's Bazar refugee operation with the current estimated total population of 909,235¹¹³. The majority of the displaced Rohingya population are living in the Kutupalong Makeshift camps and other spontaneous settlements as well as in the Kutupalong and Nayapara registered camps.

The displaced Rohingya have settled in a relatively small geographical area, characterized by rough hilly terrain that is prone to landslides and floods, putting significant pressure on the pre-existing camps and host communities. The refugee population is largely dependent on external assistance from the humanitarian community and the government. Humanitarian assistance and services that are provided include physical protection, provision of basic needs such as food, water and sanitation, shelter, health and nutrition services, education, and mental health and psychosocial support.

In line with the Memorandum of Understanding (MoU), UNHCR and WFP are conducting Joint Assessment Missions (JAM) every two years. The last JAM in Bangladesh was conducted in 2016, in a very different situation. The purpose of the 2019 JAM in Bangladesh is to review the food security, nutrition, self-reliance opportunities and protection situation of the refugee population and make strategic recommendations to strengthen UNHCR and WFP's collaboration and joint efforts to improve the conditions of the affected population. The JAM will include a review of the ongoing food security, nutrition and other basic assistance programmes, protection risks related to food security and livelihoods opportunities. It will also consider strategic issues on targeting food and other basic assistance, potential for cash assistance and data sharing/systems inter-operability – with a focus on identifying opportunities for greater collaboration and joint response. The recommendations will form the basis of the Joint Plan of Action which will be a key deliverable of the JAM process.

Relevant reference materials

- ✓ Original MoU
- ✓ UNHCR/WFP Cash addendum
- ✓ UNHCR/WFP Joint targeting principles
- ✓ UNHCR/WFP Joint self-reliance strategy
- ✓ UNHCR/WFP Data sharing addendum

2. OBJECTIVES OF THE JOINT ASSESSMENT MISSION

The overall objective of the JAM is to provide strategic directions for joint programming to enhance Rohingya refugees' capacities to meet their food and other basic needs, strengthen their livelihoods and increase their self-reliance, ensuring gender considerations are prioritized.

The JAM assessment will consist of two phases: The first phase will be a secondary data review to identify, consolidate and review relevant secondary data on the food security, socio-economic,

¹¹³ UNHCR, link: https://data2.unhcr.org/en/situations/myanmar_refugees (accessed on 8 Feb 2019)

nutrition, livelihood and protection situation in the camps and settlements. The relevance of food and other basic assistance will be reviewed and key information gaps identified.

The second phase will consist of a qualitative assessment in Cox's Bazaar involving senior experts from both agencies to inform the UNHCR /WFP joint plan of action (JPA). This phase will include the collection of qualitative data during spots checks, field observations, key informant interviews and age-and gender disaggregated focus group discussions to verify the finding of the secondary data review and fill any information gaps identified as far as possible.

The specific themes and deliverables under each phase are listed below:

Phase I: Identify, consolidate and review secondary data on the following areas

1.1 Food security and socio-economic status

- Overview of household food consumption, food sources, economic vulnerability
- Adoption of food and livelihood coping strategies
- Profile of food insecure and economic vulnerable groups
- Utilization of food at household level, including but not limited to food sharing practices within the household; food preparation, storage, and hygiene practices
- Assess refugees skills, capacities and potential for self-reliance

1.2 Access to basic services and other non-food needs

- Access to water & sanitation and hygiene
- Health care services and medicine
- Education and school materials and school feeding.
- Shelter, cooking fuels, lighting

1.3 Nutrition status and underlying causes

- Nutrition status of children and pregnant and lactating women
- Review of childcare practices (breast feeding, young child feeding practices, disease management, etc.)
- Review of quality and coverage of the nutrition interventions such as targeted supplementary feeding programmes (TSFP), blanket supplementary feeding programmes (BSFP), outpatient therapeutic programme (OTP), young child feeding programmes in emergencies (IYCF-e)
- Access to food, hygiene/care practices and health as underlying causes

1.4 Market functioning covering both food and other essential needs

- Structure of markets inside and outside the camps
- Food availability and price trends
- Supply of essential non-food items

1.5 Effectiveness of food, nutrition and other basic needs assistance

- Food assistance actual/planned (by transfer modality, who it's targeted to, sex and age breakdown of beneficiaries)
- Nutrition assistance actual/planned (by transfer modality, who it's targeted to, sex and age breakdown of beneficiaries)
- Other basic assistance ongoing/planned (by transfer modality, who it's targeted to, sex and age breakdown of beneficiaries)

1.6 Impact of refugee crisis on host communities and social cohesion

- Review effects of the influx of refugees on the host communities, including impact on the labour, food prices, etc.

1.7 Key protection issues related to meeting food and other basic needs

- Identify key protection issues based on monitoring reports (PDM), beneficiary feedback mechanisms as well as third party monitoring reports and initial key informant interviews (will be further covered during operational review phase below)
- Identify groups with special needs

Phase I - Deliverables

- ✓ Report summarizing key findings of the secondary data review
- ✓ Annexes with key data tables
- ✓ List of references/data sources
- ✓ List of key data gaps
- ✓ Checklist for focus group discussions (to be conducted during the second phase)

Phase II: Review strategic and operational areas of joint interest

2.1 Review of food assistance

- Timeliness and regularity (in-kind & CBT)
- Appropriateness of the current transfer modalities
- Appropriateness of logistics/supply chain management
- Appropriateness of monitoring systems

2.2 Review of nutrition assistance and school feeding

- Review of quality of the nutrition interventions such as targeted supplementary feeding programmes (TSFP), blanket supplementary feeding programmes (BSFP), outpatient therapeutic programme (OTP), young child feeding programmes in emergencies (IYCF-e)
- Review of quality of school feeding and other education interventions

2.3 Use of cash-based transfers to meet basic needs (including food needs)

- Review existing MEB / SMEB basket (or ongoing processes to revise it) in close consultation with the Cash Working Group
- Explore opportunities for a common approach to cash assistance, ideally including collaboration around systems interoperability, joint transfer mechanisms/delivery platform

2.4 Opportunities for livelihood strengthening and self-reliance

- Review the implementation of the current livelihood and self-reliance interventions, including cash and food assistance for assets (FFA) programmes
- Identified opportunities and constraints for reinforcing self-reliance

2.5 Needs-based targeting and recommendations on prioritization (if required)

- With existing data, review potential vulnerability classification which includes food insecurity, socio-economic vulnerability and protection risk to determine if it is appropriate to conduct needs-based targeting for food and other basic assistance
- Evaluate the feasibility of introducing needs-based targeting of food and other basic assistance in support to food insecurity, socio-economic vulnerability and protection

- If needs-based targeting is determined to be appropriate, identify working arrangements between UNHCR and WFP offices to ensure harmonized, joint approach
- Provide recommendations for prioritization in case of future resource shortfalls

2.6 Protection and accountability mechanisms to affected populations

- Factors that inhibit the receipt of assistance entitlements, taking into account age, gender, disabilities and socio-cultural dynamics, with special emphasis on vulnerable/ at risk individuals
- Adoption of negative coping mechanisms which may place specific groups at protection risks
- Arrangements for registration/revalidation of refugee documents used in providing access to food and other basic assistance (including synchronization/ exchange between UNHCR and WFP beneficiary data)
- Current mechanisms for refugee participation in coordination planning, distribution and monitoring of food and other basic assistance. Provide recommendations on how to strengthen existing systems to enhance transparency, inclusiveness and minimize protection risks
- Review mechanism(s) to provide information on availability of food and other basic assistance, entitlements and eligibility criteria. Review complaints and feedback mechanisms (CFMs) to provide means for affected people to voice complaints and provide feedback throughout each stage of the project cycle in a safe and dignified manner
- Prevention of sexual exploitation and abuse (PSEA)
- Referrals systems and feedback to the community

2.7 Data and system inter-operability

- Review systems for refugee registration/revalidation of refugee documents used in providing access to food and other basic assistance (including synchronization/ exchange between UNHCR and WFP beneficiary data) and identify potential for inter-operability with recommendations for improvements

2.6 Existing coordination mechanisms and opportunities for enhanced partnerships and collaboration

- Review the monitoring systems by UNHCR and WFP and explore opportunities for increased joint assessments and monitoring activities relating to refugee food and basic needs and associated protection situation
- Assess the coordination mechanism that exists between UNHCR, WFP, IOM, Government, and other partners in relation to assistance to meet food and other basic needs of the people of concern
- Identify relevant areas of synergies of different types of assistance and modalities and how these could be strengthened

Phase II - Deliverables

- ✓ Report summarizing key findings from key informant interviews, spot checks and focus group discussions as well as recommendations based on a joint response analysis (covering all thematic areas above and potentially involving key stakeholders operating in the refugee response)
- ✓ Joint Plan of Action in line with the UNHCR/WFP global MOU including roles and responsibilities and timelines that will be reviewed on a regular basis as agreed between the two agencies

3. METHODOLOGY

The methodology will consist of a detailed secondary data review conducted by a consultant which will be complemented by a qualitative assessment component during the in-country visit, including spot checks, key informant interviews, and age and sex-disaggregated focus group discussions to triangulate existing information and fill-in information gaps.

A joint UNHCR/WFP mission comprised of senior technical experts (e.g. food security, nutrition, protection, livelihoods, targeting, cash assistance, refugee database systems) will review the findings of the secondary data, conduct field visits to cross-check/collect additional information and consult with the affected population. The mission team will discuss and agree on strategic and operational recommendations to be incorporated in the Joint Plan of Action. Mission leaders will be appointed by both agencies who will coordinate closely.

UNHCR and WFP will invite donor representatives, representatives from the relevant sectors and working groups, staff from the key government local administration, UN agencies (UNHCR, WFP, IOM, FAO, UNICEF, UNFPA, and UN-Women), international and national NGOs to actively participate throughout the process. A debriefing meeting/workshop with all key stakeholders will be conducted at the end of the mission to discuss preliminary findings and recommendations.

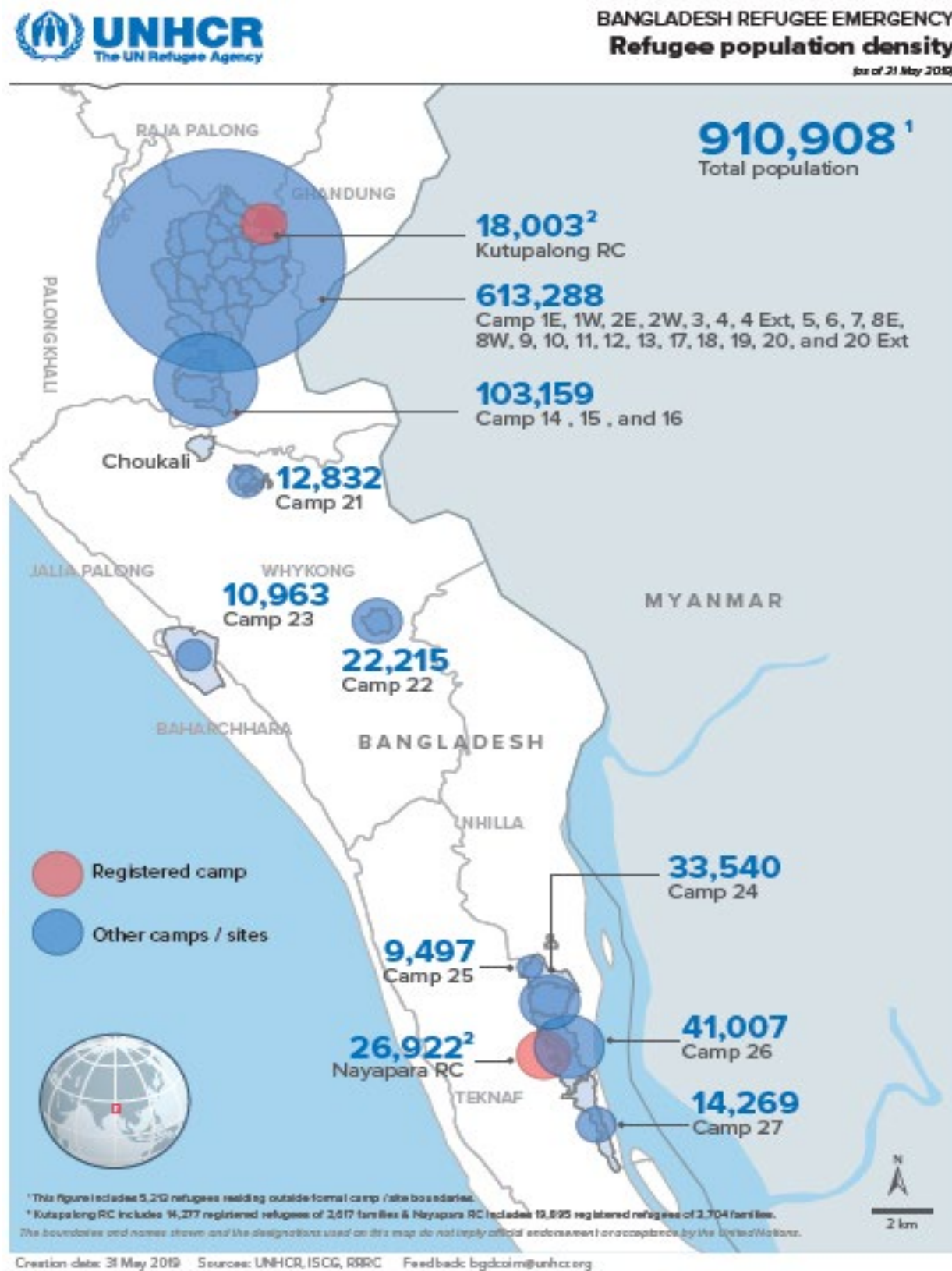
Relevant secondary sources (Not limited to):

- ✓ UNHCR Multisectoral Needs Assessments (MSNA)
- ✓ UNHCR monthly camp profile(s)
- ✓ WFP Refugee influx Emergency Vulnerability Assessments (REVA)
- ✓ Nutrition Sector Emergency Nutrition Assessments (SMART)
- ✓ UNHCR and WFP monitoring reports
- ✓ IOM NPM reports
- ✓ Market assessments and price monitoring
- ✓ WASH KAP assessment
- ✓ *More reports consolidated by both agencies will be included in the review.

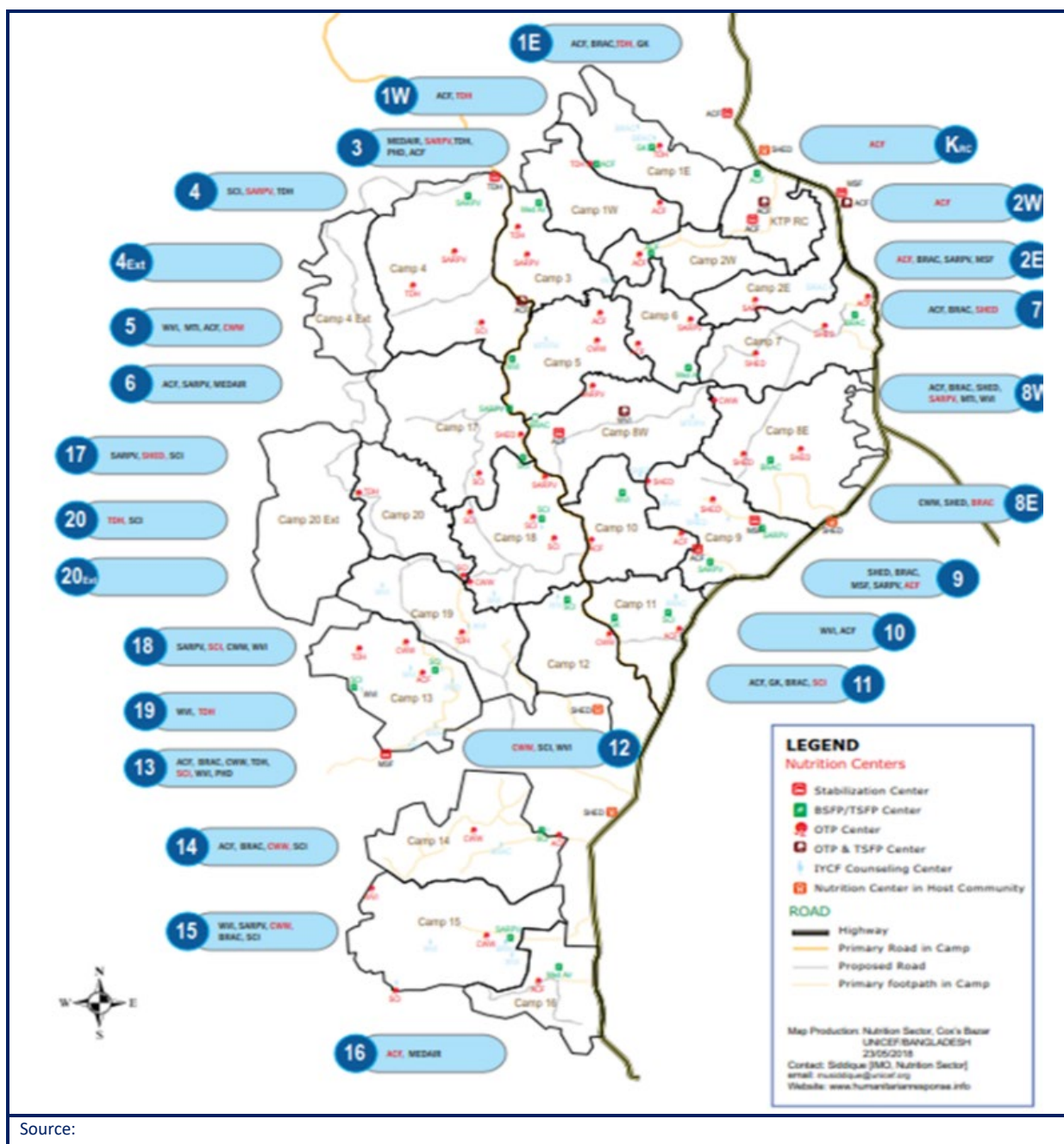
Field data collection methods

- ✓ **Field visits:** food distribution points, electronic voucher shops, markets, water sources, access to roads, schools, nutrition centres and health facilities
- ✓ **Key informant interviews:** refugee group leaders (e.g. marji leaders), camp management representatives, government officials, sector coordinators, UNHCR/WFP's senior management and programme managers (Cox's and Dhaka), representatives from other UN agencies/NGOs
- ✓ **Semi-Structured focus group discussions (FGDs):** these will contain a set of questions to be used in the different sampled groups such as, women, men, youth, elderly, disabled, etc.

Annex 2: Refugee population map as at May 2019

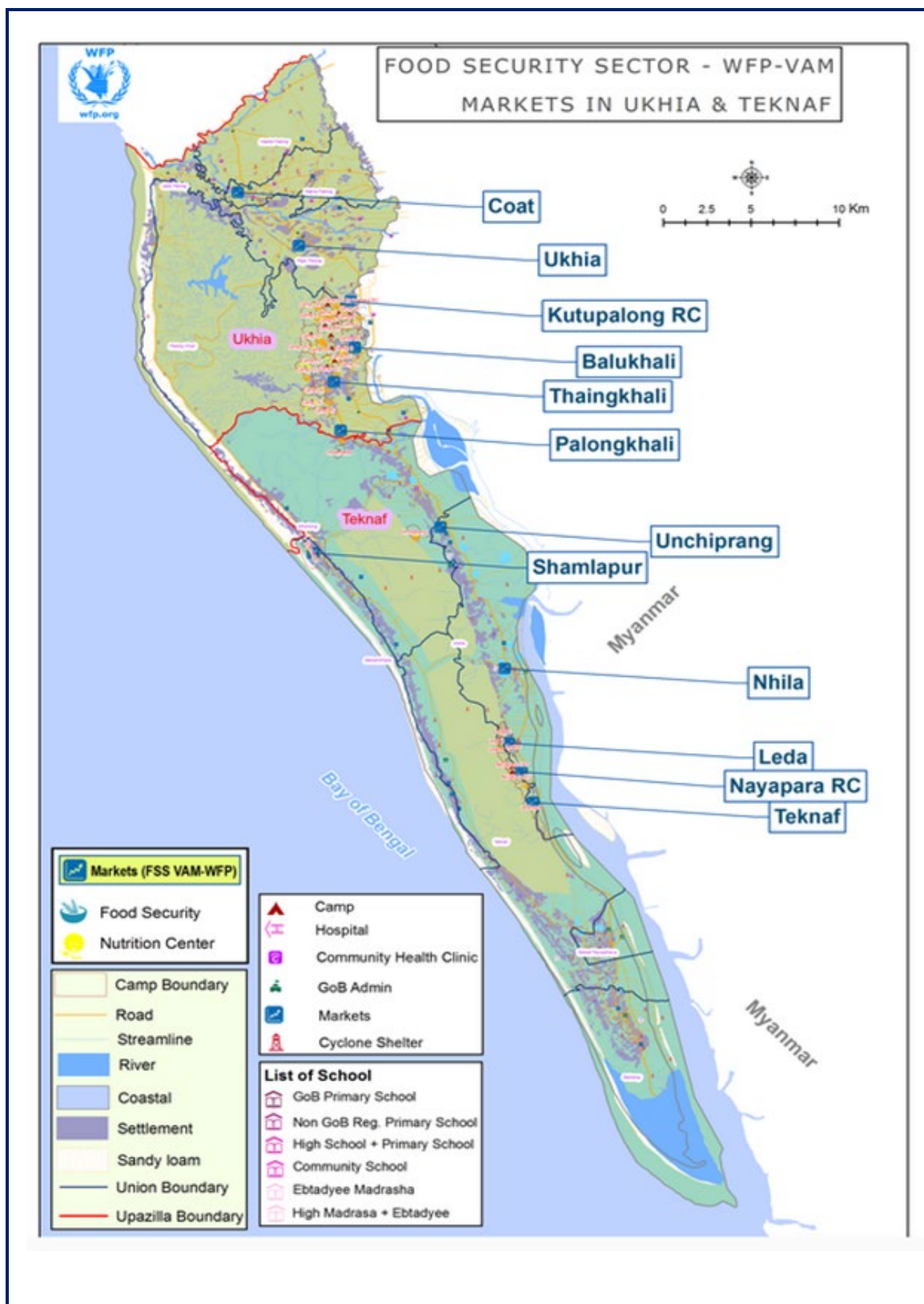


Annex 3: Fragmentation of nutrition services in the camps

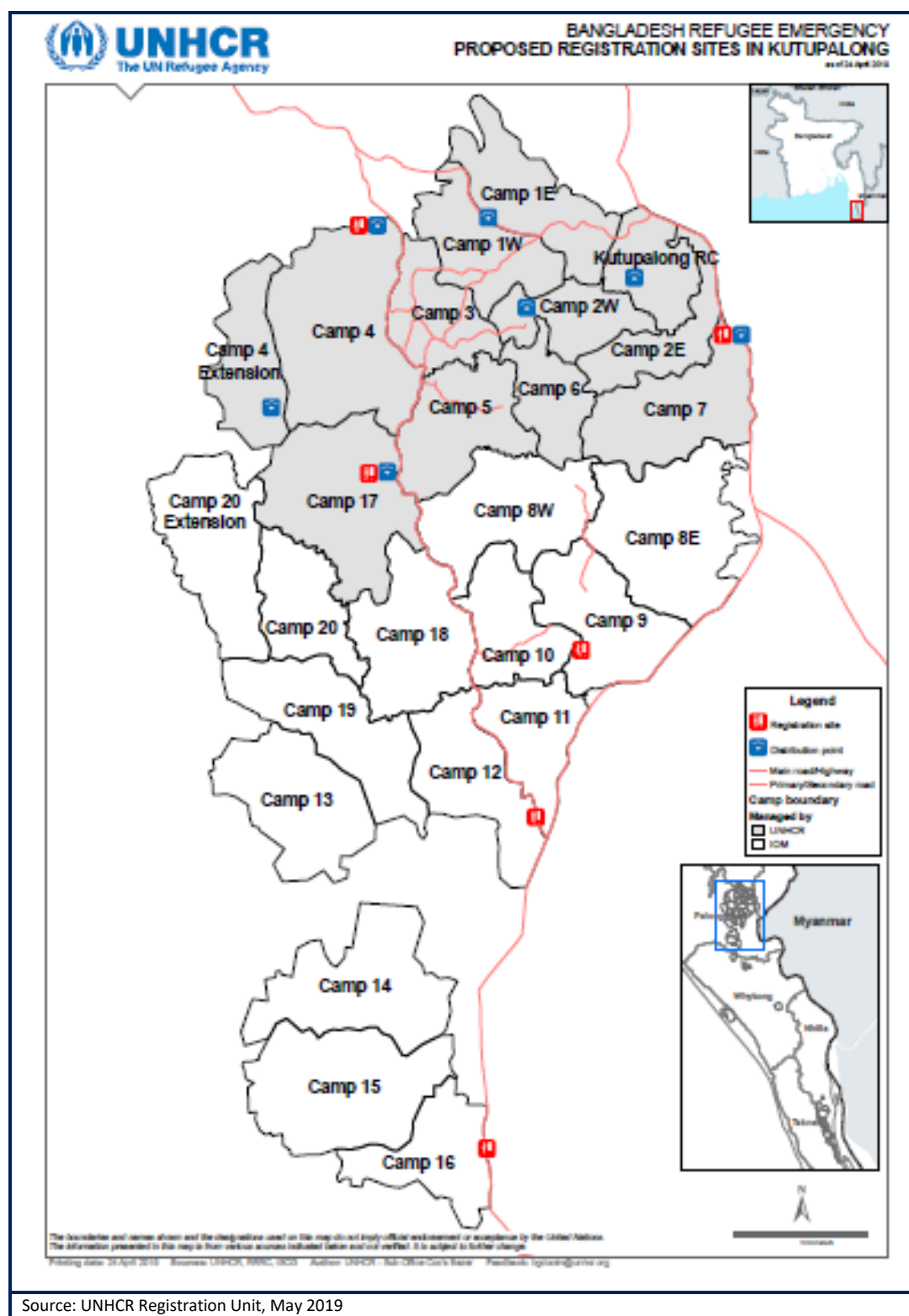


Source:

Annex 4: Markets in Ukhia and Teknaf monitored by WFP



Annex 5: Proposed registration sites in Kutupalong RC



Source: UNHCR Registration Unit, May 2019