



JAM Cox's Bazar 2021

UNHCR-WFP Joint Assessment Mission Report
Cox's Bazar, Bangladesh, July 2021

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ACRONYMS

ANC	Antenatal care
API	Application Programme Interface
BB	Building Blocks
BDT	Bangladesh Taka
BIMS	Biometrics Identity Management System
BSFP	Blanket supplementary feeding programme
CBI	Cash-based intervention
CFRM	Complaints feedback and response mechanism
CIC	Camp-in-Charge
CRRF	Comprehensive Refugee Response Framework
EETWG	Energy and environment technical working group
FAO	Food and Agriculture Organisation
FDMN	Forcibly Displaced Myanmar Nationals
FGD	Focus group discussion
FSP	Financial services provider
FSTP	Faecal Sludge Treatment Plant
GAM	Global Acute Malnutrition
GBV	Gender-based violence
GNC	Global Nutrition Cluster
GTAM	Global Technical Assistance Mechanism
HEB	High energy biscuits
ICT	Information and communication technology
IEC	Information, education, and communication
IGA	Income Generating Activity
IOM	International Organisation for Migration
iRHIS	Integrated Refugee Health Information System
ISCG	Inter-Sector Coordination Group
IUCN	International Union for Conservation of Nature
IYCF	Infant and Young Child Feeding
JAM	Joint Assessment Mission
J-MSNA	Joint Multi-Sector Needs Assessment
JPA	Joint Plan of Action
LCSI	Livelihood-based coping strategy indicator
LPG	Liquefied Petroleum Gas
MAM	Moderate Acute Malnutrition
MEB	Minimum Expenditure Basket
MOU	Memorandum of Understanding
MUAC	Mid-upper arm circumference
NCA	Nutrition Causal Analysis
NGO	Non-governmental organisation
OTP	Outpatient Therapeutic care Programme
PDM	Post-distribution monitoring
PNC	Post-natal care
PSEA	Prevention of sexual exploitation and abuse
rCSI	Reduced coping strategy index
REVA	Refugee influx Emergency Vulnerability Assessment
RRRC	Refugee Relief and Repatriation Commissioner

RUSF	Ready-to-use supplementary food
RUTF	Ready-to-use therapeutic food
SAFE	Safe access to fuel and energy
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
SC	Stabilisation centre
SEA	Sexual exploitation and abuse
SEG	Strategic Executive Group
SENS	Standardised Expanded Nutrition Survey
SFP	Supplementary Feeding Programme
SMART	Standardized Monitoring and Assessment for Relief and Transitions
SOP	Standard operating procedure
TOR	Terms of reference
TSFP	Targeted supplementary feeding programme
TWG	Transfer Working Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USD	United States Dollars
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WSB	Wheat Soya Blend

ACKNOWLEDGEMENTS

The Joint Assessment Mission (JAM) is the outcome of the coordination between the World Food Programme (WFP) and the United Nations High Commissioner for Refugees (UNHCR) with the support of the sector personnel and staff from other UN agencies (including IOM, UNICEF, FAO and WHO) and NGOs.

This partnership ensured that all relevant secondary data was provided, and technical discussions and interviews were able to take place as planned. A special mention goes to the office of the Refugee Relief and Repatriation Commissioner (RRRC), who gave authority for the assessment and primary data collection to take place in the refugee camps under strict prevention measures considering the COVID-19 pandemic situation in the country, including the camps.

UNHCR and WFP JAM team appreciates the refugee leaders, youth, men, and women who took part in key informant interviews and focus group discussions which provided important insight in terms of understanding the overall situation of refugees.

JAM 2021 EXECUTIVE SUMMARY

The Joint Assessment Mission (JAM) 2021 for Cox's Bazar Rohingya refugee operation was conducted between April and July 2021, two years after the first Cox's Bazar JAM (2019). With a general objective of reviewing the areas of cooperation outlined in the UNHCR/WFP Memorandum of Understanding (2011), this JAM aims to review the food security and nutritional situation of the Rohingya refugee population established in Ukhia and Teknaf megacamp, including the evaluation of the adequacy of WFP and UNHCR programmes, and the identification of appropriate interventions. An internal evaluation of the 2019 Joint Plan of Action informed the specific objectives of this JAM 2021. The methodology comprised secondary data review, primary qualitative data collection and joint strategic discussions between UNHCR and WFP on the different thematic areas of cooperation.

Summary findings and recommendations of the 2021 JAM

Food security and socio-economic status

Between 2019 and 2020, vulnerability and food security indicators deteriorated, partly attributed to the COVID 19 related restrictions. By November 2020, 96 percent of refugee households were moderately to highly vulnerable and 58 percent had unacceptable food consumption, which confirmed the need of continuing blanket food assistance. The e-voucher modality scaled up from 65 percent in 2019 to all refugees in 2021, who can redeem their vouchers in 21 outlets, including 16 fresh food corners. Although WFP tops-up the e-voucher of the most vulnerable with an additional 3USD per month, 49 percent of households were not able to cover the Minimum Expenditure Basket (MEB) and in 63 percent of households monthly food rations did not last till next distribution cycle, mainly due to the limited portion size. In this situation, the persistence of refugees selling part of their food assistance, although reduced from 53 to 32 percent between 2019 and 2020, reflects refugees' need of additional assistance to cover their basic needs. Refugees, especially the most vulnerable, expressed their preference for cash assistance in addition to e-vouchers to cover other needs.

Recommendations include the revision of the e-voucher value considering the future updated MEB; the continuation of the expansion plan for e-vouchers outlets and fresh food corners; the increase in household's ability to cover basic needs by scaling up self-reliance programmes and exploring feasible assistance alternatives, as well as sensitization to optimize the use of assistance provided and generation of further evidence on food needs coverage at individual level.

Nutrition status and underlying causes

Although the nutrition status of children under five years has improved since 2017, malnutrition levels remain high. Overall global acute malnutrition (GAM) significantly reduced from 18.2 to 11.4 percent in 2020, but it is in the "high" category, while stunting prevalence (34.1 percent) continues in the "very high" category. The prevalence of anaemia among children 6-23 months (55 percent) is particularly concerning considering the public health thresholds of 40%. Due to COVID-19 pandemic, GAM slightly increased in Nayapara up to 14.8 percent, close to the emergency public health threshold of >15%.

The key determinants of malnutrition in the camps are inadequate dietary diversity, poor maternal and childcare practices, diseases, low birth-spacing, early pregnancy, and non-optimal hygiene practices¹. The development of a joint multisector SBCC strategy to improve dietary diversity, address the high malnutrition rates, improve WASH practices and health seeking behaviours as well as a strategy for the reduction of anaemia is recommended.

¹ ACF 2019. Emergency Nutrition Assessment Final report.

Self-reliance

Refugees are not allowed to work, and half percent of them do not have any sort of income, excluding the sale of assistance². Self-reliance interventions have been limited by COVID-19 restrictions, delays in approval from camp authorities that led sometimes to the non-implementation of the planned activities, and restrictions on the number of days refugees can work to 16 in a month and 90 in a year. Refugees requested an increase in self-reliance activities, with special attention to uneducated and unskilled persons, and expressed their preference for direct cash. A sustained joint advocacy to ease restrictions on cash, self-reliance opportunities and days worked is recommended, as well as strengthening UNHCR and WFP coordination and data sharing on skill development activities.

Cash-based interventions/transfers

Large scale cash assistance is not allowed in the camps due to government restrictions. Recommendations include the generation of context specific evidence on the impact and risks of cash interventions as key advocacy tool with the host government; collaboration on market assessments to allow regular monitoring of the MEB and household purchasing power; update of the current MEB, developed in 2018, to account for price changes after COVID 19; UNHCR-WFP continued collaboration to ensure piggybacking with Financial Service Providers is accessible for both agencies.

Energy and environment

The Energy and Environment Technical Working Group coordinates a camp greening strategy that includes IOM and UNHCR activities such as reforestation, provision of Liquefied Petroleum Gas (LPG) stoves and solar lightning. The use of LPG, which is the main source of cooking fuel in all refugee households, reduced firewood demand by 80 percent and improved food security and resilience by reducing household expenditure on firewood. Refugees expressed concerns about inadequate distribution points and the fixed dates for LPG distribution and half of them run out of LPG before the next distribution³. Noting the three LPG UNHCR depots under construction, it is recommended to consider the potential establishment of additional distribution locations. UN agencies and donors are recommended to continue exploring a shift from the current fully subsidized blanket distribution towards a more sustainable funding model and recommended Improvements in lightning and waste management have been identified as cross-cutting areas with linkages with self-reliance, WASH, protection or food security working areas.

Health

Crude and under five mortality rates remain below the emergency thresholds⁴ but COVID-19 infections continue rising⁵. Bed occupancy of Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) was 50% in Ukhiya and 49% in Teknaf, out of which 74% were mild cases. Health activities focus on the COVID-19 response in addition to the routine lifesaving prevention and treatment health programmes, which include systematic health promotion through Community Health Workers, and curative services such as integrated management of childhood illnesses, sexual and reproductive health and rights, mental health and psychosocial support and general communicable and non-communicable diseases. Referral services to secondary and tertiary intra camp and out-side camp health facilities is maintained. The project on sustainable integration of nutrition and maternal and child health implemented by UNHCR and partners in three refugee camps should be evaluated and determine the feasibility of expansion.

² REVA 2020.

³ MSNA 2021

⁴ SMART 2020.

⁵ As of 29 July 2021, 2,415 confirmed COVID-19 cases and 27 deaths amongst the refugees.

Households that got into debt mainly due to health/medical cost increased from 28% in 2019 to 36%⁶ in 2020, pointing out the need to address challenges in accessing healthcare.

Water Sanitation and Hygiene (WASH)

WASH indicators improved between 2019 and 2020 but sanitation coverage, quantity water collected at household level and access to handwashing devices remain below standards. Half of Rohingya households faced difficulties in accessing drinking water and 59% in accessing sanitation facilities³. Coverage of protected/treated water is nearly 100 percent and refugees are satisfied with its quality, but not with the quantity, with the long distances, queuing time and functionality problems. Sanitation concerns referred to the inadequate number of latrines, waiting time, cleanliness, lighting, as well as poor drainage. The reduced space in the camps limits the increase of WASH facilities and other services like solid waste management sites. The use of WASH facilities is highly gendered, and women and girls expressed concerns about the distance to latrines and grave fears of sexual abuse when using them. It is recommended to address water supply and sanitation needs with a gender approach.

Education and school feeding

Refugee children have access to non-formal basic education from age 14 through learning centres run by non-governmental organizations but those who attended school in Myanmar cannot continue education in the camps. Bangladeshi school curriculum and Bangla language are restricted. COVID-19 led to a closure of all learning centres (6,000) leaving 325,000 children without access to education, as remote learning was not possible due to restrictions in internet and communication technology in the camps. The technology task team continues exploring solutions acceptable by the government. Advocacy is required by Education Sector to continue home-based learning, easing restrictions on low-level technology solutions. Since the closure of learning centres, WFP continued with school feeding to all children aged 3 to 14 years through general food assistance sites, which should continue.

Protection, gender, and accountability mechanisms

Refugees continue experiencing insecurity incidents, mainly related with thefts, but also showing gender differences³³, that were exacerbated during the pandemic, mainly due to an increase in gender-based violence (GBV). Lack of lighting was the most cited reason by female respondents for feeling unsafe. Reports of child labour and missing children increased by 16%⁷.

Strengthening linkages among WFP and UNHCR community-based volunteer networks is recommended to address individual challenges to access food assistance. Increased targeted assistance for female headed households is recommended to improve their ability to cover basic needs and gender specific barriers should be addressed for an equal benefit from self-reliance opportunities. Strengthening PSEA is recommended at all levels. Complaints, feedback and response mechanisms are well understood, but the processes should be reviewed to ensure complaints are resolved in a timely manner.

Data and system inter-operability

Three data sharing agreements allows WFP to receive UNHCR refugees' biographic data and facilitates biometric transfer and access. Following JAM 2019 agreements, WFP realigned the SCOPE cards as per the GOB/UNHCR verification and registration exercise. UNHCR and WFP team's collaboration improved data quality and data mapping between UNHCR and SCOPE and biometric transfer. UNHCR, and WFP collaboration should continue based on the data sharing agreements. Governance of shared data and data protection concerns will be discussed by both agencies, concluding on the feasibility of the use BB-BIMS/BB-PRIMES access in Cox's Bazar that allows WFP

⁶ REVA 4.

⁷ MSNA 2020.

the online biometric authentication of fingerprints. This access has been suspended whilst these discussions take place.

Needs-based targeting and prioritisation

The level of vulnerability among refugees and their heavy reliance on humanitarian assistance confirms the adequacy of the current blanket assistance, which should continue to be revised annually based on vulnerability assessments that are also critical for advocacy purposes. While blanket assistance continues, based on evidence and with support of the global targeting hub, UNHCR-WFP could explore possibilities of common eligibility criteria for the current targeted programmes, such as self-reliance activities, as pilot for a joint targeting approach.

Host communities and social cohesion

The arrival of almost one million refugees impacted the economy and life of the host community at different levels⁸, with implications in social cohesion. Although the host population is benefiting from humanitarian interventions, including livelihood, nutrition or LPG programmes, cash assistance as emergency COVID 19 response and support to Government Social Safety net programme, or the isolation and treatment centres and the first intensive care unit (ICU) in the district, supported by UNHCR, there is scope for further collaboration between refugees and the host community. Joint advocacy is recommended for livelihoods and self-reliance activities that strengthen linkages between the two communities. Incorporate conflict risk mapping into every stage of the response and integration of indicators related to social activities in M&E frameworks is recommended to introduce a social cohesion perspective across the programme cycle. Current coordination and collaboration between UNHCR and WFP on livelihoods programmes could be reinforced.

Monitoring systems and joint assessments

It is recommended further collaboration on the regular and ad-hoc UNHCR and WFP assessments to provide a more holistic understanding of the refugee situation and programme's impact while optimizing resources. A desk review of all past assessments is recommended to inform the development of a joint analytical framework for Cox's Bazar.

⁸ Centre for Humanitarian Leadership. Where will most of the Rohingya be by 2022? Attachment: key driver analysis and hypotheses February 2020.

1. CONTEXT

1.1. Description of population and operational context

Cox's Bazar refugee operation is hosting the Rohingya population that fled from Myanmar to Bangladesh through a series of influxes attributed largely to violence dating back to 1978, then 1991-1992 and 2016. Majority of refugees returned to Myanmar over the years. However, the most recent influx which occurred from August 2017, was by far the most severe with approximately 700,000 refugees fleeing to Bangladesh after a military campaign in Rakhine state. The refugees are living in Ukhiya and Teknaf Upazilas with the newly arrived concentrated in the Kutupalong area and some of the newly established camps in Teknaf.

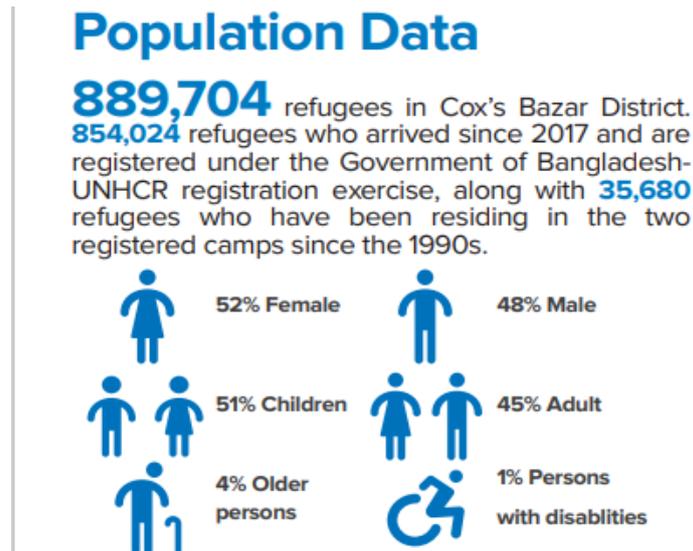


Figure 1. Refugee population profile June 2021¹⁰

There are a total of 34 camps where the refugees reside, and most are hilly and rugged. There was an initial allocation of 2,000 acres of protected forest land by the government, which has since become the Kutupalong-Balukhali expansion site, recognised as the largest refugee camp in the world⁹. As of June 2021, the refugee population in Cox's Bazar was 889,704 of which 854,024 arrived since 2017, along with 35,680 who have been in the two registered camps (Nayapara and Kutupalong) since the 1990s¹⁰. Children make up 52% of the refugee population. Conditions become more difficult during the monsoon season between May and September, as Cox's Bazar is subject to frequent flooding and landslides due to its terrain. Bangladesh is not a signatory to the 1951 Refugee Convention and recognises Rohingya refugees as "Forcibly Displaced Myanmar nationals" (FDMN) rather than refugees, but they have generously hosted more than 800,000 refugees since the 2017 influx. The government has been leading the humanitarian response in Cox's Bazar in collaboration with UN and humanitarian agencies to ensure basic assistance and protection services are provided. Refugees receive monthly food assistance from WFP through e-vouchers, in addition to non-food assistance, including blanket LPG cooking fuel distribution from IOM and UNHCR. Additionally, self-reliance programmes are implemented to further improve their well-being. Due to the policy environment, there are restrictions in terms of freedom of movement, as well as economic activity, including the use of cash. Congestion is a constraint which affects service provision and setting up of different facilities. As a solution to the overcrowding in the camps, the Government of Bangladesh decided to relocate 100,000 refugees to Bhasan Char,

⁹ Humanitarian response Plan 2018: Rohingya Refugee Crisis

¹⁰ UNHCR. Bangladesh. Operational update. June 2021.

a remote silt island located in the Bay of Bengal. Concerns have been expressed in terms of vulnerability to storms and floods as well as access to food, water, schools, and health care.

1.2. Coordination mechanisms

The Rohingya response is led and coordinated by the Government of Bangladesh. The National Strategy on Myanmar Refugees and Undocumented Myanmar Nationals issued in 2013 established the National Task Force, chaired by the Ministry of Foreign Affairs, which provides oversight and strategic guidance for the overall response. In early 2021, a new committee in charge of security, law and order was established and is chaired by the Ministry of Home Affairs.

In Cox's Bazar, the Refugee Relief and Repatriation Commissioner (RRRC), under the Ministry of Disaster Management and Relief, is responsible for management and oversight of the Rohingya refugee population, while the District Deputy Commissioner, leading the civil administration in Cox's Bazar District, has crucial responsibilities for coordinating the response to the needs for Bangladeshi host communities, including during natural disasters, and for ensuring security and public order. For the humanitarian agencies, strategic guidance, and national level government engagement (including liaison with the National Task Force, and relevant line Ministries for sector-specific issues) is provided by the Strategic Executive Group (SEG) in Dhaka, which is co-chaired by the Resident Coordinator, UNHCR Representative and IOM Chief of Mission.

At the field level in Cox's Bazar, the Senior Coordinator of the Inter-Sector Coordination Group (ISCG) ensures the overall coordination of the Rohingya Refugee Response, including liaison with the RRRC, District Deputy Commissioner and government authorities at the Upazila level. The ISCG Senior Coordinator chairs the Heads of Sub-Office Group which brings together the heads of all UN Agencies and members of the international and national NGO community working in the response, as well as donor community representatives based in Cox's Bazar. The Senior Coordinator also convenes the Sector Coordinators Group to ensure inter-sector coordination in the response.

The ISCG leads the development of annual joint response plan that guides the humanitarian services and funding portfolio for the Rohingya response. The 2021 Joint Response Plan (JRP) for the Rohingya Humanitarian Crisis was launched in May 2021¹¹.

1.3. Major developments: 2019-2021

1.3.1 COVID-19 outbreak

The World Health Organisation (WHO) declared the COVID-19 outbreak on 11 March 2020. In Cox's Bazar, the first case was subsequently reported on 23 March 2020 in the host community, and the first Rohingya refugee case was confirmed on 14 May 2020⁴. The latest statistics as of 29 July 2021¹² indicated that a total of 53,085 tests had been conducted among refugees, with a total of 2,415 cases and 27 deaths since the first case was identified. In Cox's Bazar, there was a complete lockdown from April 2020, which led to significant changes in the humanitarian access to the camps and continued provision of services such as health and nutrition, protection, WASH, livelihood activities, LPG distribution and food assistance. All programmes which were considered non-essential were temporarily halted and a significant number of programmatic changes were introduced as a result.

According to the 2020 (J-MSNA)¹³, COVID-19 restrictions resulted in aid being disrupted and a reduction in self-reliance activities and cash among those who were highly dependent on assistance. Needs related to food security, health-seeking behaviour, education, and child protection increased in comparison to 2019. There was also a reduction in the capacity of

¹¹ ISCG 2021. Joint Response Plan. Rohingya Humanitarian Crisis

¹² WHO Cox's Bazar Data Hub, COVID-19 Dashboard | WHO Cox's Bazar Data Hub (cxb-epi.netlify.app)

¹³ ISCG. Joint Multi Sector Needs Assessment. Cox's Bazar, Bangladesh. May 2021.

households to deal with service gaps, and they reverted to more negative coping mechanisms, which are expected to have a long-term impact on their well-being. Due to COVID-19 restrictions in movement, the resolution of issues such as gaps in shelter provision were less likely to be addressed in a timely manner. More challenges were experienced in terms of the updating of household information due to a reduction in the personnel available, leading to food assistance access concerns. Movement restrictions resulted in the loss of income-earning opportunities for many households. Food markets were negatively affected, as the prices of some key commodities, including rice, lentils, oil, and vegetables increased with the introduction of lockdown measures which disrupted the supply chain.

There was a temporary change to the commodity voucher, which was composed of a fixed and pre-determined basket of food items, rather than the value voucher, in line with efforts to adhere as much as possible to COVID-19 prevention measures. It was observed that COVID-19 lockdown measures had a negative impact on diet quantity and quality.

In terms of health-seeking behaviour, only 9 percent reported being sick enough to require treatment, compared to 35 percent in 2019. Education enrolment already low before the COVID-19 measures was expected to further deteriorate. An increase in child protection issues was reported, especially the proportion of children going missing, which increased by 16 percent.

1.3.2. Fire outbreak incident

In the midst of the COVID-19 pandemic, on 22 March 2021, there was a massive fire which broke out in the refugee camps within Ukhiya Upazila⁶. The fire spread to camps 8E, 8W and 9, leading to loss of life and extensive destruction of property and facilities. Hospitals, primary health care facilities, learning centres, and women friendly spaces were among the facilities which were razed by the fire. The Government of Bangladesh and humanitarian agencies launched a response to assist those who fell victim and to rebuild essential facilities. A joint needs assessment established that 48,300 people were directly affected, and 10,100 households were in need of shelters. The distribution of shelter kits enabled those who had been displaced to return to their homes. A total of 11 deaths were reported, and a significant number suffered injuries, including burns. Mobile medical teams were deployed for the response. The reconstruction of damaged infrastructure is ongoing, with a view to re-establish as many of them as possible. As part of the response, there was also a deployment of 300 staff for mental health and psychosocial support to refugees and frontline workers, reaching 9,500 people within the first few days. As part of the emergency assistance, high energy biscuits (HEB) were provided for 15,000 households immediately after the fire. In addition, over 1.4 million cooked meals were provided from the day of the fire incident to affected households. Given that many persons of concern lost their essential documents, the printing of new documents was necessitated.

Using Building Blocks, the affected beneficiaries were biometrically identified, and the relevant SCOPE and UNHCR documents reprinted. Building Blocks is online and does not require any beneficiary document for transactions. Assistance to beneficiaries on Building Blocks was not affected with the support of UNHCR biometrics system (BIMS) and deploying registration teams to the distribution points in order to identify vulnerable individuals, mostly elderly, among whom it is usually difficult to capture their biometrics with BB. The rapid re-printing of SCOPE cards allowed IOM to continue delivering key non-food items (such as LPG, shelter kits, and hygiene kits). The quick resumption of assistance following the fire in Cox's Bazar camps was possible by re-identifying beneficiaries through well integrated digital systems such as Building Blocks and UNHCR beneficiary database. This process also enabled the restoration of lost beneficiary documentation, such as SCOPE cards. Integrated nutrition facilities were also destroyed in camps 8E and 9, and temporary facilities are in use.

2. INTRODUCTION TO JOINT ASSESSMENT MISSION (JAM)

The basis of the Joint Assessment Mission (JAM) is the Memorandum of Understanding (MOU)¹⁴ which was revised in 2011 and outlines the UNHCR/WFP partnership in terms of ensuring that the food security and nutrition needs of refugees, asylum seekers, internally displaced persons and returnees are met. The collaborative effort outlined in the MOU specifically seeks the following:

- “Restoration and/or maintenance of a sound nutritional status through culturally acceptable food assistance that meets internationally acceptable standards of assessed nutritional requirements; and
- Promotion of self-reliance among the beneficiaries, through the implementation of appropriate programmes to develop food production or income generation, which facilitate a progressive shift of the response from general food distribution towards more targeted assistance and sustainable development-oriented activities and create suitable conditions for durable solutions.”

Key achievements since 2019 JAM

The last JAM conducted in 2019 resulted in strengthened coordination between UNHCR and WFP streamlining of programmes and joint advocacy. An internal evaluation of the joint plan of action showed good progress in the implementation of the planned activities from third quarter of 2019 to December 2020 despite the emergency triggered by the COVID-19 pandemic in 2020. The outcome of the evaluation was used to prioritize the key areas of focus in the 2021 JAM.

Summary of achievements

- The use of the Government of Bangladesh/UNHCR refugee database as the single source of registration data for refugees. This was followed by successful realignment of beneficiary data to facilitate verification and access to humanitarian services in the camps.
- The scaling up of e-voucher assistance to 100 percent from 65 percent in 2019, introduction of the fresh food corners and e-voucher top-up for the most vulnerable.
- Nutrition programmes are implemented in line with the UNHCR/WFP MOU, and in UNHCR areas of operation nutrition partners operate under tripartite agreements. Partners , implement integrated nutrition services, coordinated at sector level.
- Collaboration within the framework of the common cash platform including procurement and contracting of financial service providers.

2.1. Specific objectives of Joint Assessment Mission (JAM)

A Joint Assessment Mission (JAM) has the following standard objectives according to the Joint Assessment Missions guidance¹⁵:

- To document the food security and nutritional situation of refugees
- To review the quality and appropriateness of on-going food security and nutrition-related interventions
- To identify effective food security, nutrition and/or livelihood interventions to protect and ensure the food security and nutritional status of refugees
- To identify timing, location, and duration for identified interventions
- To assemble data to enable UNHCR and WFP Country Offices to develop a Joint Plan of Action (JPA) for the next 2 years.

¹⁴ Memorandum of Understanding between UNHCR and WFP. January 2011

¹⁵ WFP/UNHCR. Joint Assessment Missions: a Practical Guide to Planning and Implementation.

The JPA, which is reviewed periodically, is used as a basis for making positive changes to the design and impact of programmes as well as to aid fund raising efforts for programmes to improve the lives of refugees and their host communities.

2.2. Joint Assessment Mission (JAM) methodology

After the joint agreement on the JAM the starting point is the development of the terms of reference (ToR), after which there is a comprehensive review of secondary data, which is summarised in a matrix. The secondary data review process identifies gaps and areas for which further insight may be required in the form of primary data collection using qualitative methods of data collection. The primary and secondary data is then reviewed and triangulated, leading to a report with major findings and recommendations, which is the basis for the development of the Joint Plan of Action (JPA).

In JAM 2021, the following steps were followed in terms of the primary and secondary data collection process:

- i. A comprehensive review of secondary data based on technical reports, updates, survey reports and bulletins.
- ii. A presentation of secondary data review findings to implementing partners and agencies.
- iii. Key informant interviews with 17 implementing agencies and sector focal coordinators.
- iv. Focus group discussions with the refugee community in 7 selected refugee camps (camps 7, 12, 14, 18, 21, 27 and Nayapara RC). There were two groups for each camp (1 for men and 1 for women).

Data collection tools are shown in Annex 3.

2.3. Limitations

The assessment was conducted during the nation-wide lock-down, which began in early April 2021 following a surge in COVID-19 cases. This resulted in most of the activities related to the JAM being conducted virtually. These included the presentation of the secondary data review findings, as well as the numerous technical consultations, and the key informant interviews. However, special permission was obtained from RRRC which enabled the team to conduct focus group discussions with refugees in 7 refugee camps, which was a timely and welcome development.

Given the limited representativeness of the sample and qualitative character of JAM primary data collection, the results should be considered as complementary to sector specific assessments that were included in the secondary data review.

3. MAIN FINDINGS

3.1. Food security and socio-economic status

3.1.1. Status of food assistance

As reported by the previous JAM, as of March 2019, about 65 percent of refugees were receiving monthly food assistance in-kind, made up of rice, lentils, and oil. The remainder 35 percent were provided with e-vouchers redeemed at WFP-contracted retail outlets where 20 different food items were available. Currently, 100 percent of refugees receive food assistance through 21 e-voucher outlets that, as of May 2021⁹, served 862,875 refugees in 34 camps. There are plans to set up an additional 4 outlets to replace those which are now outside the security fence and therefore inaccessible to the refugee population. The e-voucher value was increased from 11 to 12 USD in May 2021 to reflect changes in market prices.

In 2020, fresh food corners were established outside the e-voucher outlets in order to give access to fresh vegetables, fish, chicken, and other fresh foods; currently, 19 fresh food corners are operational, with a plan to increase them to 21. The fresh food corners were set up based on the realization that refugees were purchasing a significant proportion of fresh foods, mainly chicken and fish, out of the e-voucher shops.

Vulnerable households receive a top up of 3 USD (250 BDT) per month to access fresh food items, while the rest of the population is able to access them through their current e-vouchers. Nearly one third of the refugee population (31 percent) is targeted for this 3 USD top-up, including single mothers, those with serious medical conditions, older persons at risk, persons with disability, separated children, older persons with children, unaccompanied children, and single male parents with infants.

Selling food assistance continues to be a challenge. REVA 4 showed the percentage of Rohingya households selling portions of their assistance decreased from 53 percent in 2019 to 32 percent in 2020. This reduction was attributed to the progressive shift from in-kind to e-voucher assistance, which increased food offer, together with other WFP interventions such as sensitization efforts, limitation on the quantity of rice beneficiaries can redeem per month, and scale-up of fresh food corners. However, JAM focus group discussions pointed out that selling food assistance continues to be a generalized coping mechanism to meet other food and non-food needs, driving refugees to sell about 20% of the food assistance received. WFP will continue monitoring this coping behaviour and main causes to increase the efficiency of food assistance to the extent possible in the camps current context.

WFP carries out regular monitoring of market prices to inform the adjustments of the voucher value and enable beneficiaries to meet their food needs. With the aim of ensuring the continued supply of food in the e-voucher outlets, WFP supported the traders to increase their retailer stocks and warehouse capacity to ensure no food pipeline breaks in the camps during the ongoing pandemic.

3.1.2. Beneficiary perceptions on food assistance

The shift from in-kind to e-voucher assistance, through e-voucher outlets and fresh food corners, has provided the refugee population with the ability to access food items of their preference in terms of type and quantity. The freedom to select from different vendors within each outlet also gives freedom to make decisions in terms of quality. REVA-4 findings indicated that half of refugees preferred a hybrid modality of assistance (e-voucher and cash), while about 40 percent preferred e-vouchers only. The hybrid modality was preferred by households with lower income levels, so they could have cash in hand to cover non-food needs while protecting their food purchasing power from external price spikes. JAM focus group discussions revealed that the e-voucher programme is generally appreciated by beneficiaries, although they raised concerns about the insufficient voucher value and proposed a review to increase the value.

Refugees indicated that direct cash would be a welcome addition to facilitate access to other needs which cannot be availed through the e-voucher modality. Unfortunately, government restrictions on cash provision in the refugee operation hinder humanitarian actors' ability to provide physical cash, particularly unconditional cash. There was also a general feeling that prices in the e-voucher outlets are high, and should be reduced, as some observe in the local camp markets that prices may be slightly cheaper. While WFP acknowledges this perception, WFP's market monitoring demonstrates that some items indeed have slightly higher prices in the outlets (such as fish) due to higher quality standards for WFP products compared to public market, while other items have lower prices in the WFP outlets (such as rice). The strengthening of the self-reliance programmes is a potential contributor to the fulfilment of food and non-food needs by increasing household incomes. The policy constraints on this matter, however, makes this difficult, and sustained and strategic advocacy is required.

3.1.3. Vulnerability and coping strategies

The Refugee Influx Vulnerability Assessment (REVA) applies the essential needs approach¹⁶ in determining vulnerability in terms of current food consumption (using the food consumption score), coping strategies and economic vulnerability (using per capita expenditure to establish the ability of households to meet the minimum expenditure basket-MEB).

The MEB was established in REVA-2¹⁷ at 8,681 BDT for a five-member household per month, and this was endorsed by the Transfer Working Group (TWG) in 2019. In the MEB, 66 percent is the food component (food or survival MEB), while 34 percent is the non-food component. The MEB was established on the basis of the cost of the WFP e-voucher food basket (2100 kcal) and average consumption pattern of the reference cohort, and their average non-food expenditures. The 2019 MEB inflation-adjusted translated to 1,824 BDT/capita/month. In REVA-4 (2020) the 2018 MEB of 1,736/capita/month was recommended for transfer value considerations.

REVA 4 results showed a deterioration in refugee households vulnerability between 2019 (REVA-3¹⁸) and 2020 (REVA-4¹⁹). Highly vulnerable households increased from 70 to 86 percent and the proportion of high and moderate vulnerable households reached 96 percent¹³. This change was attributed to the COVID-19 lockdown, which resulted in disruption in assistance and loss of income-earning opportunities, exposing the population to higher vulnerability. Another factor was with respect to food prices, as rice cost was 52 percent higher in October 2020 than in 2019, vegetable oil was 32 percent higher and lentils was 22 percent higher.

Household level analysis can conceal additional vulnerability, and unmet needs, depending on the household members' individual age, gender, mental or physical impairment, gender identity, sexual orientation, or other diversity characteristic. An inter-agency report (UNHCR, ActionAid, CARE)²⁰ revealed the following:

- As the allocation and distribution modality is based on household size without considering family composition in terms of gender, age, or specific needs such as pregnant or lactating women, there are information gaps about the coverage of food needs at individual level. Similarly, the distribution of non-food items also lacks consideration of differential household or gender needs.

REVA 4 findings revealed that the proportion of households falling below the food (survival) MEB was 85 percent in 2020 compared to 68 percent in 2019, representing a significant increase in

¹⁶ WFP. Essential Needs Assessment Guidance Note December 2020.

¹⁷ WFP. Refugee influx Emergency Vulnerability Assessment (REVA). 2018.

¹⁸ WFP. Refugee influx Emergency Vulnerability Assessment (REVA). 2019.

¹⁹ WFP. Refugee influx Emergency Vulnerability Assessment (REVA). 2020.

²⁰ UNHCR, ActionAid, CARE. An Intersectional Analysis of Gender Amongst Rohingya Refugees and Host Communities in Cox's Bazar. October 2020.

dependency on food assistance for survival, an indication of increased vulnerability. It is also important to note that almost half of refugees would still be below the MEB even with the current food assistance (Figure 2), highlighting the inadequacy of the food assistance to meet non-food needs.

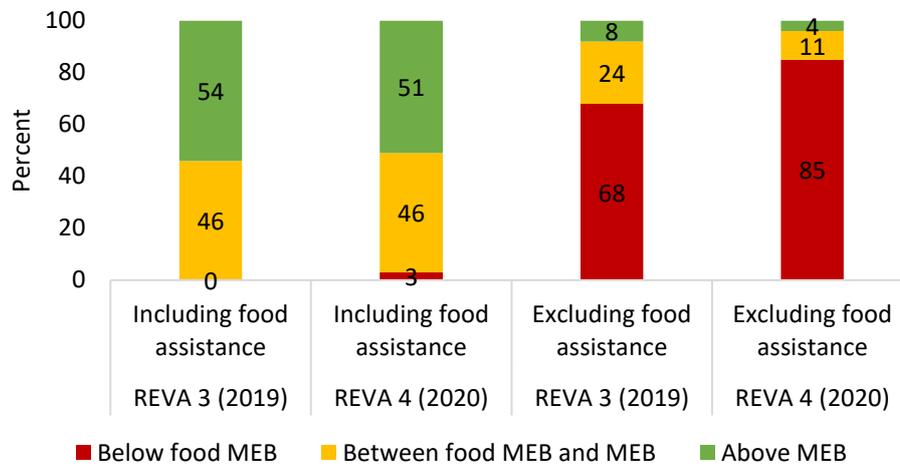


Figure 2. Proportion of households below MEB with/without food assistance. Data source: REVA 1-4.

REVA looks at coping mechanisms in two ways: the reduced coping strategy index (rCSI), which assesses food-related coping strategies, and the livelihood-based coping strategy indicator (LCSI), which assesses coping mechanisms which have an impact on the ability of households to produce income which is sustainable. As would be expected, the consumption of less preferred food and borrowing of food were consistently reported as the most prevalent food-based coping mechanisms. This was followed by the reduction in the number and portion of meals. The livelihood-based coping strategies were mainly borrowing money to buy food, buying food on credit, and selling jewellery.

3.1.4. Household food consumption patterns and dietary diversity

REVA reports showed a decrease in the share of refugees with an acceptable food consumption score: From 67 percent in 2017²¹ to 56 percent in 2018²², a slight increase to 58 percent in 2019²³, and a considerably decline down to 50 percent in 2020 according to the most recent REVA 4²⁴ (Figure 3). The decline was attributed to economic challenges brought by the COVID-19 lockdown.

²¹ WFP. Refugee influx Emergency Vulnerability Assessment (REVA). 2017.

²² WFP. Refugee influx Emergency Vulnerability Assessment (REVA). 2018.

²³ WFP. Refugee influx Emergency Vulnerability Assessment (REVA). 2019.

²⁴ WFP. Refugee influx Emergency Vulnerability Assessment (REVA). 2020.

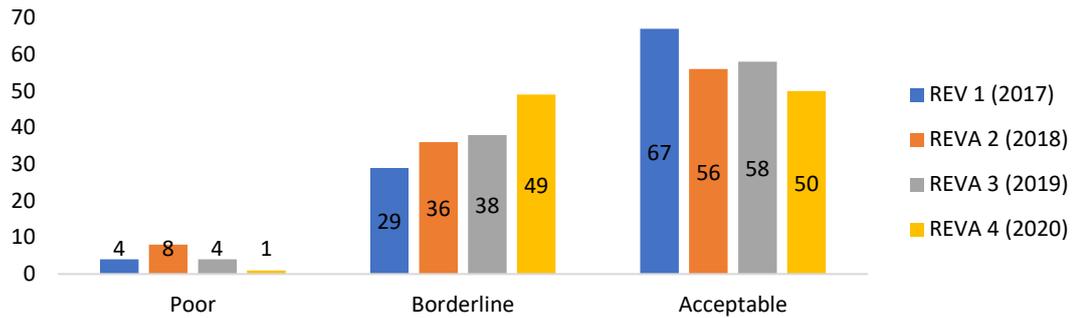


Figure 3. Trend in food consumption score: 2017-2020

A typical food plate was constructed in REVA 4 based on food expenditures. The results showed that 70 percent of the caloric intake came from carbohydrates, with only 4 percent from plant proteins, only 5-8 percent from animal and fish proteins, and 14 percent from fat. There is very limited consumption of plant and animal proteins, and the consumption of dry fish is in small quantities as it is primarily to add flavour to the food. Expenditure share on cereals is the highest, at 41 percent, followed by fish at 17 percent, then vegetables (10 percent), meat/eggs (8 percent), and oil at 7 percent (Figure 4). Successive REVA findings have revealed a trend in which there is a decrease in expenditure on non-food items and an increase in expenditure on food for refugees, a sign of increasing vulnerability as those who are more vulnerable are generally characterized by spending relatively less on non-food items (Figure 4).

The collaboration with the nutrition sector, which plans to develop a Social and Behaviour Change Communication (SBCC) strategy is recommended to increase dietary diversity through behaviour change communication, among other benefits.

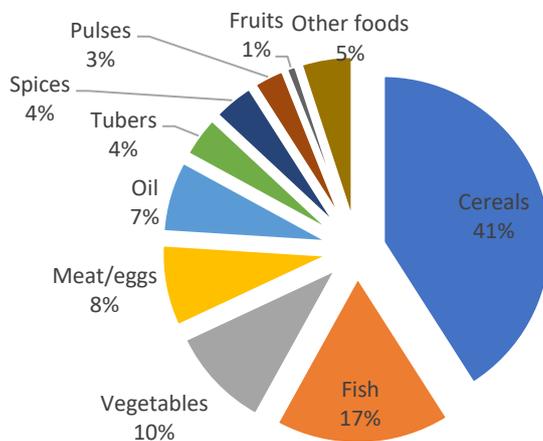


Figure 4. Food expenditures break down for refugees based on REVA-4

3.1.5. Recommendations

- UNHCR and WFP in collaboration with the TWG to review the MEB and adjust voucher value accordingly, if necessary.
- Self-reliance programmes should be strengthened as they ultimately contribute to covering food and non-food needs by increasing household incomes.

- Given the prevailing restrictive policy on the use of cash, it is recommended to explore feasible alternatives for households to be able to cover non-food needs, contributing to reducing food assistance sale.
- UNHCR and WFP to collaborate in the development of a Social and Behaviour Change Communication (SBCC) strategy, to increase dietary diversity through behaviour change communication.
- Generate further evidence on food needs coverage at individual level from an age, gender, and specific needs perspective.

3.2. Nutrition status and underlying causes

3.2.1. Nutritional status of refugee population

There has been a general improvement in the overall global acute malnutrition²⁵, from 18.2 percent to 11.4 percent in 2020, though this is still within the “high” category (10-14 percent). In the mega camp and Kutupalong camp, Global Acute Malnutrition (GAM) has decreased progressively, moving from “very high” (>=15%), which represents the global emergency threshold, to the “high” category (10-14%). In Nayapara camp, after an initial decrease, an increase has been observed in the last three surveys, with a movement towards the “very high” category (Figure 5). The efforts to further reduce malnutrition must be sustained, to prevent the population from falling back to emergency levels.

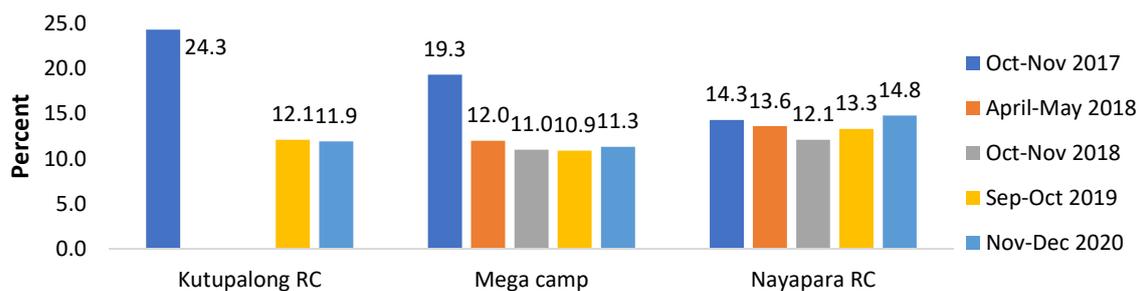


Figure 5 Prevalence of Global Acute Malnutrition (GAM) among refugee children (6-59 months)

Chronic malnutrition (stunting) prevalence, at 34.1 percent, remains in the “very high” category (30 percent and above) across camps. Stunting has been increasing in Nayapara camp (Figure 6), but it is important to note that stunting was not assessed in recent surveys in Kutupalong camp.

²⁵ SMART survey reports

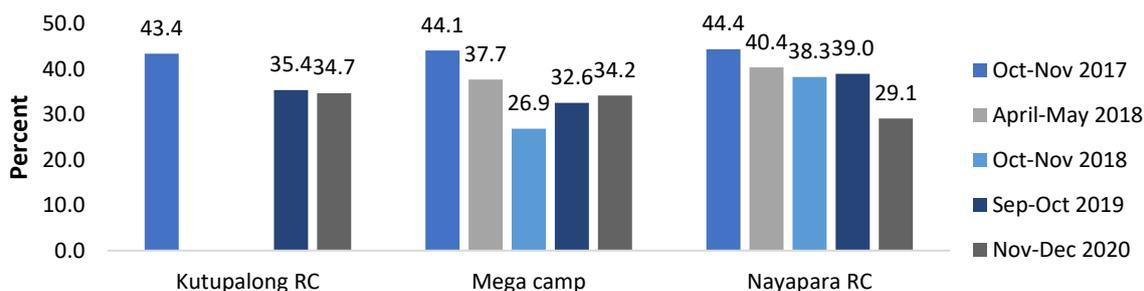


Figure 6 Prevalence of stunting among refugee children (6-59 months)

A similar trend has been observed in terms of anaemia (Figure 7), with a decrease in the mega camp in the last survey, while there has been an increase in the last three surveys in Nayapara camp. The prevalence of anaemia is a cause for concern, which needs to be addressed. A strategy for reduction of anaemia should be developed for the Rohingya refugees. The feasibility of using locally produced lipid-based nutrient supplements should also be explored for the population.

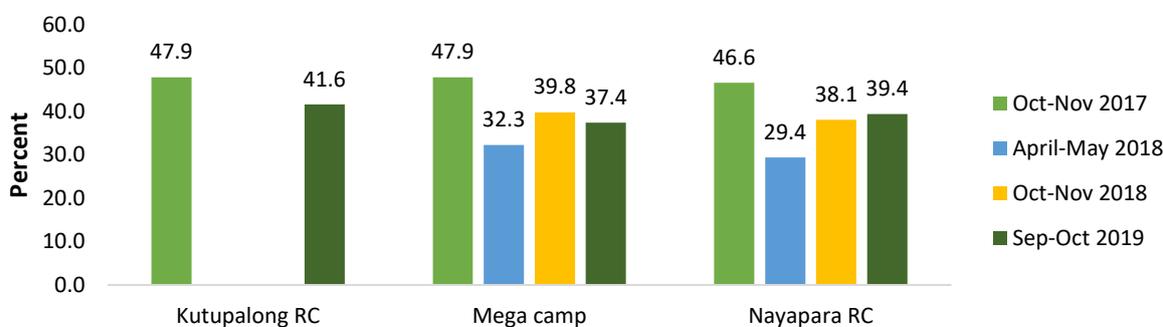


Figure 7 Prevalence of anaemia among refugee children (6-59 months)

COVID-19 adaptations were made to the Standardised Monitoring and Assessment of Relief and Transitions (SMART) survey methodology in Cox's Bazar by employing the recommended survey guidance from the global SMART technical team. The survey focused on the key indicators required to determine the health and nutrition situation such as child health, anthropometry, and mortality while applying strict measures to prevent the transmission of COVID-19²⁶. The experience showed that the measures put in place enabled the team to conduct the survey successfully during the pandemic. Based on what was previously recommended in the last JAM, there are plans to conduct a Standardised Expanded Nutrition Survey (SENS), to be led by UNHCR, and taking into consideration the prevailing COVID-19 situation.

3.2.2. Causes of malnutrition

As highlighted in the 2019 JPA, and upon realisation that undernutrition among Rohingya refugees has remained relatively high, UNHCR and WFP agreed to conduct a nutrition causal analysis (NCA)²⁷ to determine the causal mechanisms of undernutrition. The 2019 assessment results provided insight in terms of causal pathways for different forms of undernutrition in the refugee

²⁶ Field Exchange issue 65. Adaptations to SMART surveys in the context of COVID-19 in Cox's Bazar, Bangladesh, May 2021, www.enonline.net/fex

²⁷ Action Against Hunger. Nutrition causal analysis. August-December 2019. Kutupalong makeshift settlements, Cox's Bazar, Bangladesh.

population. Children below 2 years of age were identified as the most vulnerable to acute malnutrition, and vulnerability increased as the age of their mothers decreased. The findings highlight the importance of the widely held view that “the first 1,000 days”, from conception until the child reaches 2 years of age, is the critical window in which the health and well-being of a pregnant and lactating woman has a direct bearing on the growth and health of the child. Ensuring that the mother and child both receive good nutrition is an important determinant of the child’s growth and development, as well as the mother’s health status.

With stunting, however, children older than 2 years were found to be most vulnerable. The findings resonate with the general observation in nutrition surveys that acute malnutrition decreases with age while stunting increases with age. As with acute malnutrition, children below 2 years of age were most vulnerable to anaemia.

Overall, the two major risk factors identified for undernutrition were low birth spacing and/or early marriage/pregnancy, which relates to maternal health, and non-optimal hygiene practices, which relates to water, sanitation, and hygiene. The findings highlight the need to put emphasis on Social and Behaviour Change Communication (SBCC) with a focus on women of reproductive age and children below 2 years of age. The key risk factors identified require intervention to influence positive behaviour to improve nutritional status among women and children. The 2019 JPA highlighted the need for a SBCC strategy, to develop appropriate information, education, and communication (IEC) materials on infant and young child feeding (IYCF) practices, water, sanitation, and hygiene (WASH), and health. Due to COVID-19, no progress was made so it is further recommended that UNHCR and WFP jointly recruit a consultant to develop the SBCC strategy, which is expected to address malnutrition. as well as WASH and food security aspects.

3.2.3. Quality and coverage of nutrition programmes

There is a comprehensive package of nutrition interventions within the context of the global MOU and a local tripartite agreement between UNHCR, UNICEF and WFP (Table 1). The services include prevention of malnutrition through the blanket supplementary feeding programme (BSFP), promotion of infant and young child feeding (IYCF), and bi-annual Vitamin A supplementation and deworming. Treatment of severe and moderate acute malnutrition is through the stabilisation centre (SC), outpatient therapeutic care programme (OTP), and targeted supplementary feeding programme (TSFP). Outreach services involve the identification and referral of malnourished children to nutrition sites, nutrition, health and hygiene education, home visits and follow up of defaulters and non-responders.

Table 1: Package of nutrition interventions in Cox’s Bazar refugee camps

Programme category	Nutrition programme	Target group and activity	Nutrition products provided
Prevention of malnutrition	Blanket supplementary feeding programme (BSFP)	Non-malnourished children aged 6-59 months and WSB++	200g / person / day of wheat soy blend (WSB++)
		Pregnant and lactating women (PLW)	200g/ p/day of Wheat soy blend (WSB+)
	Infant and young child feeding (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 deworming campaign	Children 6-59 months	6-11 months Vitamin A 100,000 I.U -59 months Vitamin A 200,000 I.U	12
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		Nutrition screening and referral Nutrition, health, and hygiene education Home visits and follow up of defaulters and non-responders		

3.2.4. Integration of nutrition sites

At the time of the 2019 JAM, nutrition services were provided without integration as there were 34 BSFP sites, 40 TSFP sites and 56 OTP sites. As per the recommendation to transition the nutrition programmes to be in line with global MOU, UNHCR and WFP are working under the tripartite agreements with partners, where UNHCR provide funds and WFP provides nutrition products for treatment of moderate acute malnutrition and blanket supplementary feeding programmes for the past two years. It is recommended to continue with the tripartite agreement while strengthening coordination and joint monitoring of nutrition programmes.

Leveraging on the UNHCR/WFP co-ordination after the 2019 JAM, the nutrition sector and UNICEF supported the restructuring at the beginning of 2020 with one nutrition partner per camp and a total number of 45 integrated nutrition facilities providing all the comprehensive nutrition programmes (OTP/TSFP/BSFP and IYCF) in one location. This shift ensured access to all services and efficient follow up of the children under five and pregnant and lactating women who are the targeted beneficiaries in the various programmes. Outreach activities are being implemented by community nutrition volunteers covering allocated blocks within the camps.

It is important to highlight that the long-term goal is to integrate nutrition with health. UNHCR is currently implementing a programme for integration between nutrition and maternal and child health in 3 refugee camps.

3.2.5. Nutrition programme coverage

A coverage assessment conducted towards the end of 2019²⁸ revealed that there had been a marked improvement in the coverage of OTP (76.9 percent from 27.7 percent) and TSFP (61.0 percent from 34.1 percent) compared to the previous year. The significant improvement was

²⁸ Action Against Hunger. Follow up coverage assessment of CMAM services. Rohingya Registered Refugee Camps and Makeshift Settlements in Cox's Bazar, Bangladesh November-December 2019.

attributed to the experience of implementing agencies in terms of Community-Based Management of Acute Malnutrition (CMAM), community outreach and coordination, as well as changes in the MUAC (Mid Upper Arm Circumference) cut-off points for referral to nutrition facilities. Other changes were the switch to Ready-to-Use Supplementary Food (RUSF) from Wheat Soya Blend for the treatment of MAM. The SAM (Severe Acute Malnutrition) protocol was also revised to be compatible with the 2013 World Health Organisation (WHO) guidelines.

3.2.6. Programme modifications due to COVID-19

The national lockdown which followed the outbreak of COVID-19 in Bangladesh came at the beginning of the monsoon season, when cases of malnutrition tend to increase, associated with higher morbidity among children, especially in terms of respiratory infections and incidence of diarrhoea. The Government of Bangladesh provided guidelines in determining the essential activities and services. Under ISCG, only critical nutrition services were approved. As a result, CMAM and individual IYCF counselling continued, whereas community-based activities, growth monitoring were suspended. Blanket supplementary feeding programme was temporally adjusted, and distribution was done at the e-voucher outlets.

The restrictions included a reduction in the number of staff providing services in the integrated nutrition sites in the camps, from 15 down to 3 at the beginning of the onset of the pandemic and to 7 during the JAM assessment. The nutrition programme, particularly the CMAM protocols, were adjusted in light of COVID-19²⁹, following the global guidance from UNICEF, the Global Nutrition Cluster (GNC) and the Global Technical Assistance Mechanism (GTAM)³⁰. As the measurement of weight and height, to enable the use of the weight-for-height (WFH) indicator for acute malnutrition was considered a risk, the nutrition sector developed interim guidelines. Only Mid-Upper Arm Circumference (MUAC) and oedema were used for classification, referral, admission, and discharge. MUAC thresholds were adjusted given that it had been found this indicator identified much fewer children as malnourished in comparison to WFH.

Community outreach activities were temporary disrupted due to limited access to beneficiaries by community outreach volunteers. In order to continue the screening and identification of malnourished children during this period, mother led MUAC was introduced by the nutrition sector between March and April. Mothers were trained to use MUAC tapes to measure their children and visit the nutrition centres.

In terms of programme follow-up for treatment programmes, the period of follow-up was modified for OTP (from weekly to bi-weekly), TSFP (bi-weekly to monthly), and BSFP (monthly to bi-monthly) due to the need to reduce the risk of transmission. COVID-19 messages as well as information on the modifications to the nutrition programme were communicated through megaphones, radio, posters, food distribution sites as well as tom-tom drivers engaged by WFP. Given that the modifications have had a significant impact on case finding and treatment, and that COVID-19 has persisted, there is a need to advocate for a return to WHO treatment protocols, with appropriate infection prevention and control measures, on identification of malnutrition and treatment, with exceptions for high-risk camps, for which more stringent measures would be required.

3.2.7. Coordination, capacity building and information management

Nutrition treatment programmes have achieved a high level of performance in terms of outcome indicators across the integrated facilities with recovery rates > SPHERE standards. - Whereas WFP is present in all camps providing support for BSFP and TSFP, the OTP sites are split between UNICEF and UNHCR working under a local agreement and the global MOU respectively with WFP.

²⁹ Field Exchange issue 63. Adaptations to CMAM programming in Cox's Bazar in the context of the COVID-19 pandemic., October 2020, www.enonline.net/fex

³⁰ UNICEF, GNC, GTAM. Management of child wasting in the context of COVID-19. Brief No. 1, 27 March 2020

This presents challenges in terms of harmonising approaches and maintaining uniformity in all nutrition sites. In addition to this, the 2019 JAM highlighted the fact that data collection in the nutrition sites had not yet been digitalised, but rather was based on manual data entry, a situation which remains unchanged. The digitalisation is key to ensure uniformity and accuracy in reporting. It is also important to harmonise capacity building initiatives across agencies, including setting requirements for competencies for all key positions, harmonised training, monitoring, and evaluation. The WFP SCOPE CODA version 2 is planned to be rolled out in 2022 as the earlier version had some features which needed to be updated. UNHCR integrated Refugee health information system (iRHIS) was also previously tested but system issues were identified, which have been resolved. The revised version is currently being rolled out in one refugee camp and may be extended to other camps.

3.2.8. E-voucher pilot project for BSFP and beneficiary perspectives

Following the general improvement in the nutrition situation with respect to global acute malnutrition (GAM) to below emergency levels (>15 percent prevalence), and the realisation that Super Cereal was being widely sold in the local market, a review of the BSFP was proposed by WFP. The proposal led to an e-voucher pilot programme implemented in camps 25 and 27, which began in February 2021. In the pilot programme camps, Super Cereal was restricted to children 6 to 23 months of age, with a conditional e-voucher top-up for children 24 to 59 months of age, based on attendance of growth monitoring sessions to enable access to nutritious foods. Although the programme is still in the pilot phase, beneficiary mothers in one of the intervention camps, camp 27, were asked to give their views on the programme thus far. They expressed satisfaction with the programme and did not have any concerns. Given that this was only assessed in camp 27, a more comprehensive evaluation of an expanded pilot would be more useful. The programme is soon expected to be expanded to an additional 10 refugee camps.

3.2.9. Recommendations

- Subject to the prevailing COVID-19 situation, conduct the SENS in the refugee camps from 2021.
- Develop a joint food security, health and nutrition and WASH social and behaviour change and communication strategy (SBCC) to address the high malnutrition rates.
- Develop an anaemia reduction strategy.
- Harmonize capacity building initiatives on nutrition programming for all agencies, which includes setting requirements for competencies for all key positions, harmonized training, monitoring, and evaluation.
- Strengthen coordination and the joint implementation of nutrition programmes.
- Advocate for a return to WHO treatment protocols on identification of malnutrition and treatment, with exceptions for high-risk camps, for which more stringent measures would be required.
- Determine the feasibility of expanding the UNHCR integrated refugee health information system (iRHIS) to other refugee camps.

3.3. Self-reliance

3.3.1. Refugee skills, capacities, and potential for self-reliance

The Global Compact on Refugees states that: “Humanitarian assistance remains needs-driven and based upon the humanitarian principles of humanity, neutrality, impartiality and independence. Wherever possible, it will be delivered in a way that benefits both refugees and host communities. This will include efforts to deliver assistance through local and national service providers where appropriate (including through multipurpose cash assistance), instead of establishing parallel systems for refugees from which host communities do not benefit over time. Increasingly,

refugees find themselves in urban and rural areas outside of camps, and it is important to also respond to this reality.”

It has been observed that income-earning opportunities are a key driver of well-being at the household level, so households with access to income were more likely to be less vulnerable. The type of income source is of great importance in terms of vulnerability. Temporary sources of income such as sale of assistance, casual labour and unskilled wage labour have been associated with higher vulnerability whereas high income earning sources are associated with lower vulnerability.

REVA-3 revealed that 66 percent of the refugee population reported having earned at least some income, but that this proportion would be reduced to 49 percent if the sale of assistance was excluded, highlighting the vulnerability and negative coping mechanisms. As refugees have no access to formal employment, casual (non-farm) and unskilled labour are their main sources of income mainly cash-for-work opportunities within humanitarian programmes. Fish farming (4 percent) and skilled wage labour (5 percent) receive higher wages, but account for a lower proportion (Figure 8). This in contrast to the host community, in which income-earning opportunities include labourers, drivers, land-owning farmers, fishermen, and shop owners. Refugees are mainly engaged in construction, while those in the host community are mainly engaged in agricultural activities. Negative coping mechanisms make up a third of refugees’ income sources.

According to REVA-4, there are large differences in terms of labour force participation between men and women, with 70 percent of refugee men participating in the labour force compared to only 10 percent of women. Furthermore, whereas unemployment rates have remained constant among men since 2019, unemployment rates have tripled among women during the same period. The inadequate involvement of women is an area to be addressed. Further discussions between WFP and UNHCR are required, with the view of increasing the involvement of women in self-reliance activities. In terms of the type of economic activity, the same report revealed that men were more engaged in daily wage labour or small businesses/shops, while women were more engaged in home-based activities (such as tailoring and weaving) or more secured salaried employment.

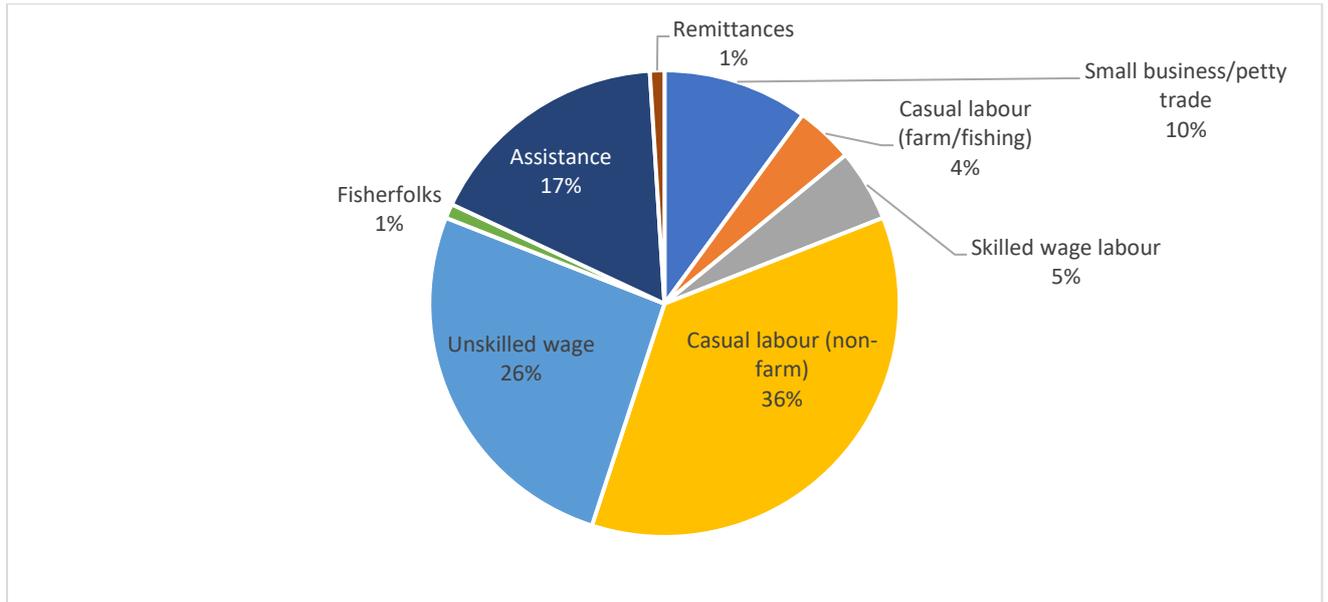


Figure 8. Sources of income for refugee households. Source: REVA 3.

3.3.2. Current self-reliance opportunities for refugees

There are several constraints which exist in terms of self-reliance opportunities for refugees, which are mainly with respect to the restrictions on the type of income-earning opportunities in which they are permitted to engage, and also in terms of the shortage of space in the crowded camps. Additionally, refugees do not have access to external markets and, therefore, cannot sell any product outside the camps should they engage in production. Despite the challenges, there are quite a number of self-reliance programmes which are implemented.

UNHCR has been continuing production of female hygiene kits (panty, sanitary napkin, soap, etc.) and jute bags as part of self-reliance programmes. COVID-19 further reduced the scope of activities as it brought further restrictions, with only mask production continuing uninterrupted during the lockdown period. UNHCR produced 350,000 cloth masks in the camps engaging refugee women.

WFP-led self-reliance activities also include the engagement of women with disabilities in mask packaging. Refugees are also engaged in agriculture activities, which include homestead vegetable production and fish production. Additional activities include skills training for youth, women, and people with disabilities with the aim of enhancing the cleanliness of the environment. There is also a sanitary pad production component.

The difficulties in securing approval from the camp-in-charge (CIC) in refugee camps has been a major stumbling block for self-reliance activities, and an area which requires sustained and strategic joint advocacy between UNHCR, WFP and the sector working groups with RRRC and relevant authorities at Cox's Bazar and Dhaka levels. The shortcomings in coordination between WFP and UNHCR on beneficiary profiling was also identified as an area that needs close review. Joint beneficiary selection from the skills development activities and mapping of the camps or locations between WFP and UNHCR is recommended, as well as continuing coordination in the food security and livelihoods sector, and improved data sharing to avoid duplication. .

3.3.3. Refugees' perceptions on self-reliance programmes

The views of refugees were sought on how they perceive the current activities and opportunities and what changes they would like to see. They agreed that the present opportunities had a positive

impact on the population in the sense that the community is able to turn to those who benefit from them when in need. They however felt that the opportunities were too limited, especially for those who were less skilled or educated and that more should be done. They felt that more opportunities should be created in terms of activities such as tailoring, fish net making and handicraft. They also expressed concern with the cap in terms of the number of days in which they are permitted to work (maximum of 16 days per month and 90 days per year), which limits their income. They also expressed preference for direct cash over other modalities.

3.2.4. Recommendations

- UNHCR/WFP and partners to continue advocacy with the government for more self-reliance opportunities and relaxation of restrictions on the use of cash as well as days worked.
- Sustain strategic joint advocacy by UNHCR, WFP and the sector working groups on self-reliance activities for approval by RRRC at Cox's Bazar and Dhaka levels.
- Further discussions between WFP and UNHCR on increasing the involvement of women in self-reliance activities.
- Joint beneficiary selection from the skills development activities and mapping of camps or locations between WFP and UNHCR.
- Improve data sharing related to skills development activities between WFP and UNHCR.

3.4. Cash-based interventions/transfers (CBI/CBT)

3.4.1. Institutional background and advocacy requirements

JAM discussions within the different sectors identified CBI/CBT as a key tool towards meeting refugees' basic assistance and food needs, as well as minimizing their protection risks. However, since the start of the crisis, the Government has introduced restrictions on the use of cash within the camps and refugees' access to financial services is also limited. As example, although both UNHCR and WFP implementing partners avail themselves of refugee volunteers, there are restrictions on their payments, such as a cap on the number of days refugees can engage in cash-for-work activities, which are limited to 16 days a month and 90 days per year per person. At 50 BDT per day, it is very difficult for beneficiaries to meet their minimum expenditure basket.

As large-scale implementation of direct cash is also not allowed in the camps, it is for refugees to meet non-food needs. As per REVA findings, this can result in refugees selling their food and other assistance to buy other items, reducing the effectiveness of food assistance, and hampering the efforts to promote dietary diversity.

Joint analysis and generation of evidence on the benefits and risks of the use of cash in the camps has been identified by both agencies as a key element to support the advocacy efforts towards greater flexibility on the use of cash for refugees.

3.4.2. Minimum expenditure basket (MEB), market assessments and evidence base

The 2018 review of the Minimum Expenditure Basket (MEB) was based on the realisation that despite the assistance provided, refugees were still unable to meet their food and non-food needs, and that the sale of assistance, as earlier described, was a challenge (which still remains). A hybrid methodology was applied to review the MEB which was in use by combining expenditure and consumption data. The MEB was calculated on the basis of the cost of a food basket of 2100 kcal based on average consumption of the reference cohort as well as average non-food expenditure. The result was an MEB of 8,681 BDT for a 5-member household, with 5,691 BDT for the food component (66 percent), and 2,990 for the non-food component (34%). As there has not been a review since that time, and as there have been many prices variations over time (particularly in the context of COVID-19), MEB revision is required, including both expenditure compositions and price determination. This should be led by the Transfer Working Group with the participation of UNHCR and WFP.

During JAM discussions, both agencies expressed interest and benefits of joining efforts and resources for market assessments and collaborating on strengthening existing data sources, ensuring that ongoing surveys can serve both UNHCR and WFP project design, to avoid duplication and maximising existing activities.

3.4.3. Procurement of Financial Service Provider (FSP)

Currently, UNHCR and WFP cash assistance is distributed through implementing partners. The delivery of CBI/CBT solutions to beneficiaries via a Financial Service Provider (e.g Mobile Money and Cash in Hand) is being explored by both agencies in order to reduce transaction costs, minimize risks associated with cash in hand distributions and increase incrementally the value for money in CXB operation. The overall objectives of obtaining direct contract with a FSP include the following:

- Higher value for money compared to cash distribution through partnership agreements (although verification and distribution might still require some support of implementing partners through PPAs)
- Lower CBI/CBT transaction costs compared to implementation through NGOs/PPA
- Increased traceability of funds
- Leveraging modern money transfer technology at the disposal of FSPs.

In the context of Mobile Money, WFP already secured a contract with a FSP (bKash), on which UNHCR piggybacked in 2020 – resulting in both agencies benefiting from the same FSP, and related negotiated fees and benefits. While WFP is in the process of further enhancing their contract with bKash, UNHCR will avail itself of further piggybacking on the updated agreement. In the context of cash in hand, UNHCR has launched a RFI (Request for Information) for potential FSPs in 2021, and coordination is ongoing between the two agencies to ensure that piggybacking on any contract that might result will be accessible to WFP in the near future, depending on operational needs and programmatic priorities.

While piggybacking is intended to reduce the time of procurement for CBI services, it also involves certain limitations, since the terms of contract between the piggybacking agency and the FSP shall be identical to those included in the initial contract stipulated between the FSP and the other UN Agency, also including the length of contract's validity and agreed fees. It is therefore important that UNHCR and WFP maintain an open channel of communication and timely information sharing on this, to ensure successful collaboration.

When WFP selected bKash as their FSP, a clause was included which allowed other UN agencies to piggy-back and make use of the FSP. Joint advocacy is an area which requires continuous and enhanced strategic engagement given the prevailing environment in which the host government prohibits the use of cash for the refugee population.

3.4.4. Recommendations

- Generation of evidence on the impact of CBI/CBT in the host communities as a key element to support advocacy efforts towards easing cash restrictions for the refugee population.
- Analysis of the use of cash from different sources in the camps and potential benefits and risks of CBI/CBT interventions within the refugee community to support advocacy efforts with the relevant authorities.
- Joint revision of the MEB through the Transfer Working Group, with participation of WFP and UNHCR.
- Collaboration on market assessments, to stay abreast of market changes and developments on food and non-food commodities.
- Continue collaboration on the procurement of Financial Service Providers, including the possibility of piggybacking.

3.5. Energy and environment

3.5.1. The impact of the refugee influx and the “greening” concept

A Rapid Environmental Impact Assessment (REIA) was commissioned in 2018 regarding the Rohingya refugee camps formed in 2017, after more than 800,000 refugees were forcibly displaced from Myanmar to the vicinity of Cox’s Bazar, Bangladesh. The REIA found that more than 1700 hectares of forest and various ecosystem services were impacted by the camps with resulting pressures on the surrounding environment and natural resources. A study of the soil properties in the vicinity of the camps conducted in 2020 showed negative impacts to ecosystem services provided by the soil such as nutrient recycling, habitat for micro-organisms, carbon pool, load bearing service for structures and filtration of water.

To address the impacts to soil health and enhance disaster risk reduction through environmental restoration and camp greening efforts, members of the Energy and Environment Technical Working Group, in consultation with the Bangladesh Forest Department and other government actors, brought more than 544 hectares of degraded land under mixed vegetation cover over three years using five plantation types i.e. slope stabilization, riparian protection, roadside erosion control, windbreak plantation and homestead or institutional plantation. The efforts were guided by the 2019 Camp Greening Strategy which sought to stop deforestation by reducing the demand for cooking fuel by introducing LPG, and then to embark on reforestation to restore the environment³¹.

LPG cooking fuel and stoves (specified to meet international and national safety standards), together with training, were provided to all Rohingya refugee households as well as the most vulnerable host community households by IOM and UNHCR since September 2018.

In addition, when the project was set up it envisioned to be a catalyst for the articulation of linkages between private sector and self-reliance and livelihoods of refugees and host communities, respectively. The project had a critical impact to support the development of the logistical infrastructure to distribute and ensure demand availability at scale in the district.

3.5.2. LPG cooking fuel programme and pressure cooker pilot: progress and beneficiary perceptions

Access to energy for cooking is an essential and basic need closely linked to food security and nutrition. A joint initiative by UNHCR, IUCN, the Government of Bangladesh and partners led to the introduction of LPG as an alternative source of cooking fuel. At the time of inception of the LPG Programme, other fuel types such as compressed rice husks (CRH), firewood and charcoal were evaluated but were not feasible especially given land and biomass requirements to produce sufficient fuel to meet the total energy demands and the electrical energy to produce CRH requires 30 percent of the regional national grid capacity. Appropriate cooking stoves were distributed together with LPG by UNHCR and IOM from August 2018³². Blanket LPG assistance continues in place since last JAM 2019, constituting the main source of cooking fuel for 100 percent of refugees. On average, 0.34 Kg of LPG are provided per household per day by refilling 12 kg LPG cylinders every 26-45 days depending on household size, including a 20 percent increase in refill from December to February to account for increased fuel usage during winter months. From January to June 2021, IOM and UNHCR distributed an estimated 1 million LPG cylinder refills to refugee households Preliminary results of MSNA 2021 indicated that 53 percent of refugees households reported that they run out of fuel before their next refill cycle, 60 percent purchased firewood, 23 percent collected firewood and 22 percent purchased LPG refills as a secondary fuel source.

³¹ www.fao.org/bangladesh/news/detail-events/en/c/1200069/ .Reforestation activities launched in Cox’s Bazar refugee camps

³² UNHCR/IUCN. The Greening of Cox’s Bazar - The Positive Impact of Liquefied Petroleum Gas (LPG) distribution among the Refugee and Host communities. December 2019.

LPG has proven to be one of the most appropriate energy solutions for the high-density population of almost 900,000 Rohingya refugees to meet their basic needs. Provision of sustainable, clean cooking energy to Rohingya refugees is essential to mitigate protection risks associated with sexual and gender-based violence (SGBV), improve food security and nutrition, health (air quality), environmental degradation and climate change.

Based on current cumulative LPG consumption rates for Rohingya refugees and host communities, provision of clean cooking energy is estimated to prevent extraction of over 533,000 tonnes per year of firewood from the mixed hilly forest area in Cox's Bazar District, equivalent to some 10,700 hectares and 655,000 tonnes of carbon dioxide. A study carried out in 2019 by UNHCR, IUCN, and the EETWG among 1,200 refugee households found that LPG had led to a notable reduction in the demand for firewood, estimated at 80 percent. This is essential to protecting the local vegetation cover and recent gains in environmental restoration.

At the household level, there were additional positive changes related to nutrition as cooking became easier and cleaner. The number of food items which the households were able to cook increased. The need of collecting firewood decreased so the exposure to gender based-violence during firewood collection also was reduced³³. In discussions, beneficiaries agreed that the LPG stoves had enabled them to reduce the time required to prepare food. An ongoing study by Kwong *et al.* (2021)³⁴ from Stanford University has recently determined that since the inception of LPG distribution in the district, there has been an increase in food security and resilience, with household expenditures on fuelwood decreasing by US\$4.92 per month while expenditures on food increasing by US\$3.92 per month.

According to the Government of Bangladesh National Action Plan on Clean Cooking for 2020-2030³⁵, LPG cooking stoves are also roughly four times more energy efficient than traditional firewood cooking stoves and three times more than charcoal briquettes from bamboo or wood. Per the national strategy, LPG is intended to be the primary source of cooking fuel in most household in Bangladesh to achieve Sustainable Development Goal 7 by 2030, followed by natural gas where services exist.

In an effort to increase fuel efficiency and reduce costs, UNHCR initiated a pre-pilot research to test the use of pressure cookers that demonstrated the potential for increased fuel efficiency savings in terms of gas usage (IUCN, 2021)³⁶. This initiative is intended to be further scaled up to a pilot of 6,000 households in November 2021. A joint UNHCR/WFP review of the feasibility of expanding the programme to other camps is recommended.

Concerns were expressed by refugees regarding inadequacy of distribution points for LPG, and the fixed dates for distribution. At the time of this assessment, three additional LPG depots are under construction by UNHCR, which are expected to partially solve some of these concerns. An evaluation of the travel distance to distribution points is recommended to evaluate connectivity adequacy and feasibility of adding distribution points considering the space limitations.

To address the long-term financial sustainability and predictability of LPG access for all and to promote self-reliance in refugees, a long-term strategy is being developed by relevant UN agencies and donors. This will include several elements including climate action, efficient stove technology,

³³ UNDP Bangladesh and UN WOMEN Bangladesh 2018. Report on Environmental Impact of Rohingya Influx. Dhaka, Bangladesh

³⁴ Kwong et al., EETWG Update. Human and environmental costs and benefits of firewood versus liquid propane gas for cooking in Bangladesh's Rohingya refugee camps. 2021.

³⁵ [http://old.sreda.gov.bd/files/National%20Action%20Plan%20for%20Clean%20Cooking_Revised_26.12.19%20\(1\).docx](http://old.sreda.gov.bd/files/National%20Action%20Plan%20for%20Clean%20Cooking_Revised_26.12.19%20(1).docx)

³⁶ UNHCR/IUCN/DRC/WFP/IOM. Pressure cooker pre-pilot: Activities so far and preliminary findings.

and cost sharing to reduce the residual cost and improve the sustainability of and increase affordability and purchasing power to enable sustained access to LPG refills.

3.5.3. Other environmental rehabilitation components

Other activities within the greening strategy are mainly land stabilisation, forest restoration, afforestation, seedling distribution, nursery development and enhancement of the blue-green network including connectivity and walkways that support access to services such as food and fuel distribution points³⁷. Land restoration is achieved by planting trees and legumes, ensuring that there is no disruption of the current vegetation cover. Where necessary, terraces are stabilised by planting grasses, trees, leguminous shrubs and biological reinforcement. In order to restore forests, fast-growing trees are planted, and legumes are also planted for nitrogen fixation. Afforestation focuses on areas affected by the cutting of trees for firewood. Tree seedlings and bamboo cuttings are provided to households that are built on slopes for protection against landslides. Nurseries are established in areas which have enough air circulation, water, and light, as well as a low risk of flooding. The activities are implemented through cash-for-work. The camp greening strategy has certainly made a significant difference in terms of restoring the environment and improving living conditions, and the difference is visible, as comparison pictures below clearly show³⁸. The key stakeholders have welcomed and greatly supported the strategy.



Previous scenario of Kutupalong at Rohingya refugee camps on 30.03.2018



Present scenario of Kutupalong at Rohingya refugee camps on 17.07.2020

Insufficient lighting has been reported by refugees, especially by females, as one of the most common reasons for feeling unsafe in the camps and for limiting their access to services, pointing out the need of improvement. Given the linkages with food access, through for example a safe access to e-voucher outlets and markets from an inclusive perspective, it is recommended for UNHCR and WFP to explore opportunities for collaboration, such as self-reliance activities related with lightning maintenance.

3.5.4. Recommendations

- Evaluate the number of LPG distribution points with consideration for adequate connectivity and potentially additional locations to address the distance issue based on the available space in the camps.
- Explore medium to long-term strategic shift from the current fully subsidized blanket distribution model of LPG towards cost-sharing through partial subsidy with relevant UN agencies
- Explore cash-based modalities for cooking fuel, stove and pressure cooker distribution.
- UNHCR and WFP to jointly review the scaling up the pressure cooker pilot in the camps.
- Improve solar street lighting in camps.

³⁷ Bangladesh WOCAT Symposium. Ecosystem based Disaster Risk Reduction in Rohingya Refugee camps of Cox's Bazar, 2019.

³⁸ NPM. Satellite Detected Tree Coverage Change: November 2019 to January 2021,

- Mainstream climate resilience and environmental sustainability (including solid waste management) across UNHCR and WFP operations and interventions
- Integrate energy needs into MEB calculations and vulnerability assessments.
- .

3.6. Access to basic services

3.6.1. Health

The general health status of refugees in Cox's Bazar remains stable, as crude mortality rate and under 5 mortality rates are well below emergency thresholds. According to the health sector, as of March 2021, the crude mortality rate was 0.16/1,000 population/month, while under five mortality rate was 0.38/1,000 population/month³⁹.

COVID-19 infections continued to rise in the camps at the time of this assessment. As of 29 July 2021, there were 2,415 confirmed cases of COVID-19 amongst the refugees and 13,531 cases amongst the host community. Worryingly, more than 1,700 of these cases were recorded in the months of May to July, which is over 75% of the number for the entire period March 2020 – July 2021. Cumulatively since the beginning of the pandemic, 53,085 tests have been conducted amongst the refugees. The cumulative test positivity rate (TPR) is at 4.6% and 11.3% among refugees and host community respectively. There have been 17 new deaths amongst the refugees so far in 2021 bringing the cumulative death toll to 27 amongst refugees and 153 amongst the host community. In 2020, UNHCR established the first ever intensive care unit (ICU) in the district at Sadar District Hospital. COVID-19 isolation and treatment centres were also established by various stakeholders in the camps with 641 functional beds and 276 additional beds on standby for COVID-19 case management as of 29 July 2021. The bed occupancy of SARI ITCs was 50% in Ukhiya and 49% in Teknaf. Out of these, 74% were mild, 14% moderate and 12% were severe cases.

Other infections such as upper respiratory infections, diarrhoea continue to be reported in the camps. Notably in the past three months (May-July) there have been increased incidence of acute watery diarrhoea which is being closely monitored by the health and WASH sectors.

Health services are provided by a total of 40 primary health centres and 97 health posts free of charge to all in the refugee camps, in line with the health sector minimum service package. However, the 2020 REVA assessment found out that there was an increase in the proportion of households that got into debt mainly due to health/medical cost from 28% to 36%. There is a need for UNHCR and the health sector to address challenges faced by refugees in accessing healthcare services provided in the camps to enhance utilization in order to reduce in-debtiness to meet medical needs.

The health facilities mentioned above are not integrated with nutrition programmes except in one camp (Camp 4 Extension) out of the 34 camps. The separate health and nutrition services have a missed opportunity for ensuring the continuum of care for pregnant and lactating women who require the SRH services and nutrition support in the BSFP programmes. The overall coverage of complete antenatal care (ANC) is 85 percent, and 85 percent of deliveries take place at the health facility in UNHCR supported facilities. The coverage of complete post-natal care is 94%⁴⁰. There is an ongoing project in 3 camps, in which the process of integrating maternal and child health with nutrition has begun. There are plans to integrate community health workers and to have a single partner implementing health and nutrition within the same primary health facility. The process of integration will also facilitate the process of harmonising health, nutrition, and WASH messaging. This will also facilitate a strengthening of the linkages between WFP and UNHCR in terms of

³⁹ Health Sector Cox's Bazar. Health Sector Bulletin Number 14. January to March 2021.

⁴⁰ Data obtained from programme personnel

improving coverage of BSFP for pregnant and lactating mothers. The current project should be evaluated, to determine the feasibility of scale-up to other camps.

Recommendations

- UNHCR, in collaboration with the nutrition and health sectors, to determine the feasibility of expansion of health and nutrition integration in facilities.
- Guided by experience from the current integration project, an assessment and plan is recommended towards scaling up of integration between health and nutrition, including community outreach and messaging.
- UNHCR and the health sector to address challenges faced by refugees in accessing healthcare services provided in the camps to enhance utilization in order to reduce in-debtness to meet medical needs.

3.6.2. Water, sanitation and hygiene (WASH)

In general, access to drinking water in the camps is fairly good with almost 100% of the population having access to protected/treated water sources. However, the distribution of WASH facilities is not uniform, leaving gaps in some parts of the camps that are filled by the WASH partners in a progressive manner. Below are the overall key WASH indicators:

- 14.3 litres/person/day of potable water collected at household level (compared to a standard of ≥ 20)
- 99% of households collect water from protected treated sources (against a standard $\geq 95\%$)
- 22 persons per latrine (against a standard of ≤ 20)
- 62% of households with access to handwashing devices (against a standard of $\geq 90\%$)

The main sources of drinking water are underground water in Kutupalong and surface water in Teknaf camps. The refugees access safe water through tap stands from piped water networks and tube wells. Due to seasonal variations, Teknaf camps usually face water shortage during the dry season which requires establishing water rationing and sometimes water trucking in order to fill the gap.

In terms of sanitation, there are no household latrines, and refugee population makes use of shared family latrines and bathing facilities. Latrine coverage is still low but space in the camps limits the possibilities of increasing coverage to meet the required standards. There is one centralised Faecal Sludge Treatment Plant (FSTP) functioning, one FSTP under construction in the mega camps and one FSTP in the planning phase to be constructed in Teknaf to ensure proper management of faecal matter, thereby contributing to the well-being and public health of the refugees and nearby host community. Solid waste composting sites are used for the solid waste management component, but again, space is the limiting factor.

Hygiene promotion is a crucial part of the WASH programme focused on disseminating information and improving the hygiene practices of the beneficiaries, such as handwashing with soap and water to prevent/minimize diarrhoeal related diseases and COVID-19 during this pandemic.

Access to water and sanitation improved between 2019 and 2020, with fewer households reporting difficulties in REVA 4. Still, half of Rohingya households reported problems accessing water and 59 percent pointed out problems with sanitation facilities. The main challenges mentioned regarding access to drinking water were distance and lack of sufficient water points, queuing time and the functionality of water points, whereas the most common issues reported for sanitation were waiting times, cleanliness, distance from facilities and overcrowding⁴¹. JAM FGDs confirmed these results and revealed that the quality of drinking water was good, but the

⁴¹ WFP 2021. REVA 4. Refugee influx Vulnerability Assessment in Cox's Bazar 2020.

quantity was insufficient, as it was reportedly not available throughout the day. They were of the view that efforts should be made to increase the quantity by installing more drinking water facilities. They were also dissatisfied with drainage, which they felt should be upgraded.

Refugee concerns with, and use of, WASH facilities are highly gendered. Refugee women and girls have expressed grave fears of rape and sexual abuse when using latrines. Unlike majority of males, female refugees bathe inside shelters instead of using communal facilities. Female refugees reporting concerns about the distance of latrines is twice the reporting rate of males. This is related to social norms that restrict females' mobility and shame them about menstruation, which leads women and girls to use WASH facilities under cover of night, when they are also more vulnerable to attacks, including sexual violence. This was emphasised in the JAM focus group discussions where they also felt that the latrines were insufficient and should increase in number. In addition, they were of the view that the lighting for toilets was not enough and should be improved.

Recommendations

- UNHCR in collaboration with the WASH sector should endeavour to improve the water production and supply in the camps.
- UNHCR and partners to scale up the gender segregated latrines for the refugee population.
- More collaboration with the WASH and site management sectors to improve the hygiene and sanitation through improvements in the drainage system management in the camps.

3.6.4. Education and school feeding

In Cox's Bazar, refugee children have access to non-formal, basic education from the age of 14 through temporary learning centres which are run by NGOs. There is currently no scope for continuing education for those who attended school in Myanmar. There are restrictions on the use of the Bangladeshi school curriculum and Bangla language as a medium of instruction. English, Burmese, and Arabic are the languages of instruction.

Following the outbreak of COVID-19 in Bangladesh, the RRRC in Cox's Bazar released formal instructions on the 24th of March 2020, which specified which activities in the 34 camps would be defined as essential and critical. Education facilities (almost 6,000) were closed indefinitely. This disrupted learning activities for more than 325,000 children⁴² in the camps. This also limited communication between teachers and learners due to low capacity for online learning, especially due to lack of access to internet in the camps, coupled with the restrictions on access to information and communication (ICT) technology in the camps.

To support and ensure the continuation of learning at home, the Education Sector has been working with parents and caregivers to enable them to better support their children in learning at home during the COVID-19 pandemic. In order to support families meaningfully, different types of methodologies are being used for children's learning. The primary layer has been the provision of learning materials and caregiver led education to children, engaging teachers on a need basis to support learners and their caregivers, giving also due consideration for teachers training. Guidance notes were developed and shared with caregivers and parents that contain instructions for both parents and children on ways to ensure that learning continues at home. This again has been restricted from April 2021 onwards by the RRRC office in the context of COVID-19 restrictions.

Under the umbrella of the Education Sector, a technology task team has been established to look at available solutions that are acceptable by the government. The EdTech strategy identified and recommended seven different technology solutions for the education program. These are: radio programming, Learning Management Systems (LMS), Interactive Voice Response (IVR), Short

⁴² Education Sector, Cox's Bazar. COVID-19 response strategy. 2020

Message Service (SMS) Technology, educational game applications, WhatsApp, or messaging platform for sending education materials -audio/video lesson and data collection platforms. Most of the identified solutions are prohibited for use in the Rohingya camps. Education Sector is working on education information management system that captures learner's information that is linked with family data

WFP has been implementing school feeding in the camps which provided 50 g of high energy biscuits (HEB) per day in learning centres to all children aged 3 to 14 years. . The HEB provided 14 vitamins and minerals, covering about half of daily micronutrient requirements for that age group. There was a plan to expand the activities to new learning centres, but their closure led to programme adjustments and school feeding is now provided through the general food assistance sites. This will continue until the re-opening of learning centres, when it is expected that the programme will revert to what it was before closure.

Recommendations

- WFP to continue school feeding in the camps as per the number provided by Education Sector.
- The School Feeding Programme plan for 2021 in the camps to continue (HEB distribution) in the learning centres when they are reopened. Until then, the take home ration through GFA outlet will continue.
- Sustained and strategic advocacy is required by the Education Sector and relevant stakeholders for:
 - The continuation of home-based learning through house visits by refugee teachers
 - Distribution of materials and guidelines for students and parents/caregivers.
 - Opening opportunities for use of low-level technology solutions.
 - reopening of learning centres.

3.7. Protection and accountability mechanisms

3.7.1. Key protection issues

The joint Multi-Sector Needs Assessment conducted in 2020⁴³ looked at the main security issues which were of concern to refugees since the COVID-19 outbreak. A total of 13 percent of households reported at least one security concern. The main reported concern was theft (11%), followed by disputes over resources (3%), and a low proportion reported disputes over housing, extortion, community violence and criminal groups (all 1%). These findings are in agreement with REVA 4⁴⁴, which found that the main insecurity incidents experienced by the 33 percent of households that reported at least one, were movement restrictions and theft/robberies. REVA 4 showed an increase in the number of insecurity reports among the registered Rohingya population compared to previous years. Results also indicated that harassment and discrimination were reported more often by women, while men made more references to killings, murder, theft and robbery³³.

Rapid gender analyses, focusing on the differentiated needs and experiences of women and girls, found that safety and security risks increased during the pandemic for everyone, but pre-existing gendered risks were exacerbated. Gender-based violence (GBV) including intimate partner violence (IPV), polygamy, transphobic violence and violence against female sex workers increased while access to support was more restricted. An increase in early, forced and child marriage due

⁴³ ISCG. Joint Multi-Sector Needs Assessment (J-MSNA). July-August 2020.

⁴⁴ WFP 2021. Refugee influx Emergency Assessment 2020.

to financial pressure resulting from the containment measures also had taken place⁴⁵. Pre-pandemic research found that rape and sexual abuse, domestic violence and IPV, child/early/forced marriage, and human trafficking were among the top GBV issues for female refugees across age ranges and other diversity characteristics (disability and sexual orientation)⁴⁶. The MSNA 2019 stated that the lack of light was the reason by female respondents (50%) for feeling unsafe exacerbating protection risks, especially for women and girls. It also identified that households reporting child protection issues increased by 16% in child labour and missing children. Child labour is considered a negative coping strategy to meet basic needs at the household level. Given the operational context, sexual exploitation and abuse (SEA) by humanitarian workers is a significant risk. It is important to continue reducing protection concerns at assistance access points and reduce the risk of sexual exploitation and abuse (SEA). All frontline humanitarian workers, including porters, should be trained in PSEA and assistance recipients, especially the extremely vulnerable, should be informed of their rights and reporting mechanisms.

In terms of community-based protection, there are different community structures and mechanisms such as the community outreach members (COMs) or the food security mobilizers/volunteers that have been established to support the community-based activities on protection and food security related concerns. UNHCR and WFP community-based volunteers should be aware of the structures each agency has in place with the purpose of leveraging support on food assistance related issues. This would allow better information dissemination and provision of feedback to the community. It would also allow for identification of persons with specific needs who require additional support on food assistance, including porter services. During JAM FGD the main protection concerns reported specifically, for humanitarian assistance, were with respect to carrying of food items from the distribution centre to the household, both in terms of the weight and distance. Linkages between volunteer groups facilitated by both agencies should be strengthened; WFP could provide orientation to community volunteer structures on food assistance, including referral pathways and communication with communities messaging on food assistance.

Recommendations

- Protection mainstreaming in food security related programming is necessary to advance in gender equality and support the participation and self-reliance of women.
- Ensure food access, self-reliance and nutritional activities are implemented in an age, gender, and diversity sensitive manner, promoting the safety, dignity and integrity of people receiving assistance, while considering the diverse needs of all.
- The needs of women of concern should be assessed so that they are able to benefit equitably from self-reliance opportunities that are jointly advocated for by WFP and UNHCR, including by considering gender specific barriers such social norms, domestic care burden and child-care, mobility restrictions and GBV risks.
- Child protection mainstreaming should be improved in food security and nutrition programmes.
 - Inclusion of child-friendly messages in food security and nutrition interventions,
 - Training of food security/nutrition staff and volunteers on child safeguarding policies and procedures,
 - Setting up child-friendly feedback mechanisms
 - Establishing child zones at distribution points

⁴⁵ ISCG ACAPS NPM CARE OXAM UN Women report In the Shadows of the Pandemic: The Gendered Impact of COVID-19 on Rohingya and Host Communities. October 2020.

⁴⁶ University of New South Wales research report Addressing SGBV and Empowering Refugee Women (research conducted Nov. 2019-Feb. 2020)

- Efforts should be made to ensure adequate representation of children in the decision-making process on issues related to nutrition and food supply.

3.7.2. Complaints feedback and response mechanisms

Within the framework of accountability to affected populations, there are several mechanisms for receiving complaints on assistance. Information centres are available for refugees to submit complaints through staff members and help desks located in the different camp facilities as well as hotlines supported by UNHCR, WFP and the implementing partners. The community outreach is also used for receiving complaints. In discussion with programme personnel, it was highlighted that there are frequent delays in addressing and providing feedback on complaints between UNHCR and WFP mostly caused by the delays in the registration process conducted by UNHCR during COVID-19 pandemic.

Likewise, in line with an age, gender, and diversity approach, inclusivity and accessibility of the feedback and SEA reporting mechanisms could be improved for women and girls, people with disabilities, people with diverse gender identities or sexual orientations, and other diversity characteristics. It is recommended that complaint and feedback mechanisms are accessible to everyone in terms of timing, language, location, and method of dissemination (such as audio or visual in relation to specific needs). Service providers must give feedback in a timely manner in a way that is safe. The change of alternate food collectors was highlighted as one of the complaints which frequently takes time before it is addressed. To reduce delays, a unified common feedback mechanism could be set up across sectors to ensure clarity on focal points and timely response, with referral SOPs between UNHCR and WFP.

UNHCR and WFP complaints and feedback mechanisms must be safe and accessible for people of all ages, genders, and other diversity characteristics.

From JAM FGDs feedback it was noted that refugees had some understanding and knowledge of the complaints and feedback mechanisms available to them, but they were not satisfied with the time taken to address complaints. One particular issue which was highlighted was the change in household composition, which they felt always takes too long, and have implications in the assistance that is provided according to household size, such as e-voucher or fuel distribution. They requested for the process to be resolved in a timely manner.

Recommendations

- Ensure that the process of updating household composition is resolved in a timely manner.
- Assess the need for a common feedback mechanism to be set up across sectors, incorporating referral SOPs between UNHCR and WFP in order to harmonize complaints and feedback mechanisms and reduce delays.
- Have focal points for each type of complaint, spell out timelines for each type of complaint and confirm that feedback is provided when changes are made.
- Ensure complaints and feedback mechanisms are accessible to everyone in terms of timing, language, location and method of dissemination (such as audio or visual in relation to specific needs).
- All staff working on complaints and feedback mechanisms, frontline distribution workers, including porters, to be trained in PSEA, particularly code of conduct, work with LGBTIQ+ individuals, responsibilities, and reporting lines.
- Assistance recipients, especially the extremely vulnerable, to continue to be informed of their rights and existing reporting mechanisms.

- Linkages to be strengthened between volunteer groups facilitated by both agencies. WFP to provide orientation to community volunteer structures on food assistance, including referral pathways and communication with communities messaging on food assistance.

3.8. Data and system inter-operability

3.8.1. Data sharing agreements and interoperability solutions

Three data sharing agreements exist in the operation. The first agreement, signed in 2015, allows WFP to receive biographic data for registered refugees (UNHCR does not currently have biometrics for this population). The second agreement was the annex to the 2019 global data sharing addendum, Bangladesh being the first country to implement the agreement at national level. The 2019 Data Sharing Annex facilitated biographic data transfer of the FDMN population. The third agreement, signed in 2020, facilitates both biometric transfer (for printing onto SCOPE cards) and biometric access (for online authentication against BIMS at field-level). On a monthly basis, UNHCR shares biographical data (age, name, sex etc) to WFP who imports it into SCOPE, constituting the basis for allocating food assistance. Biometric data, for which three APIs (Application Programme Interfaces) or access points were developed to allow WFP to access UNHCR biometrics offline and online: i. direct biometric writes from UNHCR to SCOPE cards for offline scenarios (SCOPE-BIMS “Get Template” API), ii. SCOPE one-to-few online lookups (SCOPE-BIMS “Online Authentication” API), and iii. BB one-to-many online lookups (BB-BIMS Online Authentication access).

UNHCR and WFP team’s coordination and collaboration around data sharing interoperability was remarkable during the past year. Practically all beneficiary data (99,95%) has been uploaded to the scope system within 6 months, starting in December 2020. The remaining 0.05 percent has not been uploaded due to data anomalies consequence of delays in registration/realignment due to COVID 19 restrictions. As of June 2021, 852,364 out of 852,792 beneficiary data was updated in SCOPE system.

Both SCOPE technical and UNHCR registration teams has been collaborating continuously to troubleshoot and fix any issues found. The teams maintain biweekly data sharing interoperability meetings where progress, issues faced and way forward are discussed. One of the results of this collaboration is the significant reduction of anomalies in the recent data shared compared to initial times. In addition, different mapping updates were introduced on DGT logic and SCOPE to improve the processes around data mapping between UNHCR and SCOPE and biometric transfer using API.

The joint UNHCR and WFP efforts and collaboration on SCOPE-BIMS Online and Offline (Get Template) API, the card printing using *get template* Application Programming Interface (API) started around December 2020 and the distribution started in January 2021. By June 2021, cards for 178,460 households were printed and 165,945 distributed, representing 97% of the total. Both API are functioning perfectly and UNHCR and SCOPE technical teams work closely on resolving any issue that arises.

WFP uses Building Blocks (BB) for inter-organizational assistance coordination and online transfer management supporting 96% of the refugee population with food assistance on a monthly basis. WFP uses the existing BB-BIMS access provided by UNHCR for online biometric authentication of fingerprints against the UNHCR biometric database. In order to maintain the effective collaboration between both agencies in the future, further bilateral discussions are required to establish data governance, define and document roles and responsibilities, address data protection concerns raised by UNHCR and conclude on the feasibility or not of the use of BB-BIMS/BB-PRIMES access in Cox’s Bazar, Bangladesh. In the meantime, WFP proposes to maintain status quo for current modus operandi - WFP will continue to identify refugees using QR codes and cease pinging BIMS. BB’s access to BIMS for Cox’s Bazar will be suspended whilst the above discussions take place.

3.8.3. Recommendations

- Continue with the existing collaboration based on the data sharing agreement.
- With respect to the use of Building Blocks (BB) to BIMS access, WFP and UNHCR, jointly across Country Office, Regional Bureau and Headquarter levels, will discuss the governance of data shared by UNHCR to WFP and clarify and document the roles and responsibilities of each agency with respect to the use of BB to BIMS access.
- UNHCR and WFP will also continue technical discussion to address data protection concerns which UNHCR has raised and to conclude on the feasibility of the use BB-BIMS/BB-PRIMES access in Cox's Bazar, Bangladesh.

3.9. Needs-based targeting and prioritisation

3.9.1. Progress and challenges

Needs-based targeting and prioritisation has been the subject of previous discussions between UNHCR and WFP. As per the 2019 JAM outcomes the following key steps were agreed upon

- Continuation of general food assistance for the refugee population, together with an annual assessment of vulnerability to establish appropriateness and feasibility of targeted assistance, while continuing to advocate for additional resources.
- additional targeted assistance to the most vulnerable, with an annual re-assessment and adjustment as appropriate.
- The agreement that a targeting approach for Cox's Bazar should be guided by Joint UNHCR/WFP targeting principles, with the REVA being key in terms of refining the criteria for targeting.

Blanket assistance have continued to be provided to refugees based on REVA 3 and 4 results. According to REVA 4 (2020), without assistance, 96 percent of the refugees would be highly vulnerable. A revision of assistance coverage is expected by the end of 2021 based on the upcoming REVA 5, currently ongoing.

As response to JAM 2019 recommendations, WFP started toping-up the e-voucher value for the most vulnerable households. Currently, the top-up value is 3 USD or 250 BDT, to be spent on the fresh food corners of e-voucher shops. According to REVA-4, the most vulnerable households were those with at least one member who was disabled or chronically ill, those with children below 5 years, those who had adolescent girls, those who had more than 5 members, those who had no male members of working age, and those that were involved in irregular earnings. It is also important to note that the households with higher vulnerability were also highlighted in the same report as being more likely to sell their food assistance to cover other food and non-food needs (household with a high number of children 5-14 years, households with chronically ill members, and households with few active male members). Figure 9 shows the proportion of the refugee population represented by the different categories, which equals 31 percent of the population. Despite the assistance provided, REVA 4 found that 7 percent of refugee households were still highly vulnerable and 49 percent were not able to cover the MEB, pointing out the necessity of more coordinated efforts to cover the needs of the most vulnerable.

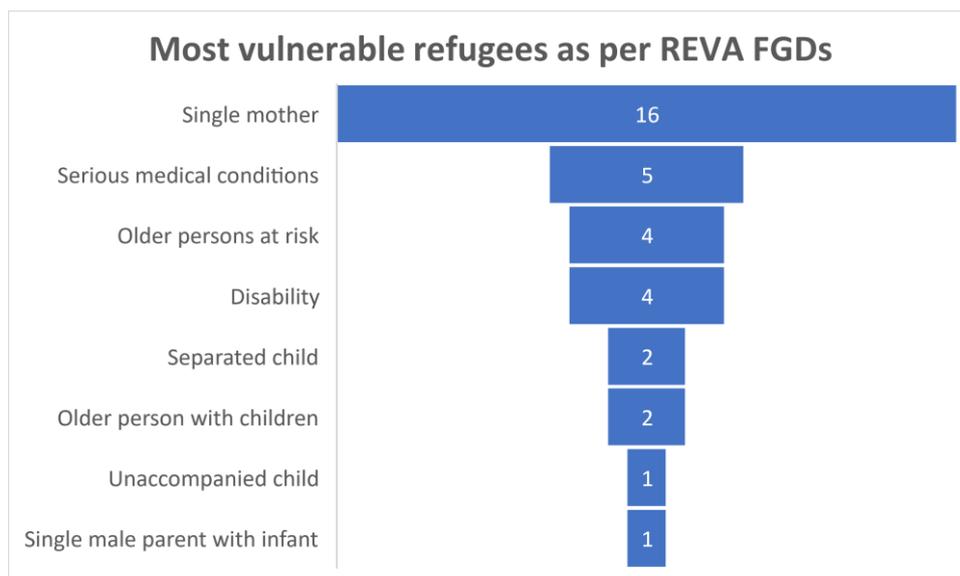


Figure 9. Most vulnerable refugees according to REVA 2 FGDs and their proportion in the camps.

Following JAM 2019 recommendations, in August 2019, UNHCR and WFP agreed on the ToRs for a joint targeting approach for food and other basic needs assistance for Rohingya refugees in Cox's Bazaar. In 2020, an inception report⁴⁷ was developed by a jointly hired consultant as starting point to lay the foundations for the targeting process and guide the next steps. It is recommended to resume this joint targeting process that was postponed due to the COVID 19 pandemic. Initially guided by this inception report, recommended next steps include the identification of targeting focal points in both agencies, and potentially other key agencies (IOM, UNICEF, etc.) and the establishment of a inter-agency steering committee and technical working group including WFP, UNHCR, IOM and UNICEF representatives to guide the process, starting with the agreement on the ToRs.

Recommendations

As agreed in the joint targeting approach for Cox's Bazar, so as to move forward with needs-based targeting, the following follow-up actions are recommended:

- WFP/UNHCR to continue with the current blanket support to provide food and non -food items and basic services to the refugees in Cox's Bazar until new vulnerability results indicate the opposite
- Annual revision of assistance coverage based on annual vulnerability assessments, like REVA. The next review to take place at the end of 2021 based on REVA 5 results.
- Strengthen coordination efforts to cover the needs of the most vulnerable, by complementing the current additional targeted assistance with other modalities according to household vulnerability profile and capacities. Based on evidence, explore possibilities of common UNHCR-WFP criteria for the identification of the most vulnerable refugees as potential beneficiaries of the current targeted programmes such as self-reliance or e-voucher top-up activities, with the aim of increasing intervention efficiency in reducing vulnerability.

⁴⁷ UNHCR/WFP. Joint WFP/UNHCR Targeting Approach for Food and Other Basic Needs Assistance for Rohingya Refugees in Cox's Bazar, Bangladesh.2020.

Digitalization of programme beneficiaries and basic programme details (type of programme and timing) to facilitate coordination, ensure an adequate coverage of targeted programmes and avoid duplications.

- UNHCR and WFP to resume the process towards a joint targeting approach initially guided by the ToRs agreed by both agencies in 2019 and the inception report of 2020.
- UNHCR and WFP to jointly work on generating evidence-based analysis to understand the vulnerability status of the refugees looking at the socio economic status, food security and protection risk of the refugee population.

3.10. Host communities and social cohesion

3.10.1. Impact of refugee influx on the host community

The refugee influx led to price changes as the sale of assistance had an impact on prices. Labour wages were also affected. There was also a significant amount of land which was initially meant to be for cropping which was destroyed as refugee settlements were constructed. Fishing was also negatively affected. Due to the flow of sand from slopes, a lot of agricultural land was no longer suitable for farming. The levels of ground water were also lowered due to the increase in demand. One of the major impacts, as highlighted earlier, was the environmental damage, which is estimated at 4,618 acres with a value of US\$55 million worth of forest which was destroyed due to deforestation. The influx also affected the supply and delivery of public services, including waste management⁴⁸. However, the influx of refugees provided an opportunity for humanitarian agencies to contribute to national development, and different agencies to support programmes for collaboration and social cohesion between refugee and host community programmes.

3.10.2. Host community supported programmes

In March 2018, UNHCR embarked on livelihoods programmes in the host community, which presently include activities such as vegetable gardening and other agricultural production, income generation, cloth making and embroidery. UNHCR Cash Based intervention for the host community provides multi-purpose cash to vulnerable individuals, complementing the national Social Safety Net Programme. Persons with specific needs receive a monthly unconditional transfer. Following the COVID-19 outbreak, UNHCR scaled up its cash assistance programme within the host communities as part of its COVID response efforts, providing mobile money to vulnerable families selected through a combination of socio-economic indicators. The ultra-poor programme implemented by BRAC and other partners of UNHCR has been continuing livelihood support to 5,800 households (Ukhiya and Teknaf) of which 90% direct beneficiaries are women. Skills development in Ukhiya also targets 300 women.

Within the “Enhancing Food Security and Nutrition” (EFSN) multiyear program, WFP also provides livelihood support in the form of monthly subsistence allowance, trainings and grant capital to start either on-farm or off-farm Income Generating Activities (IGAs). The women beneficiaries are grouped in Self-Help Groups made of 20 to 25 individuals to get trained in SBCC, nutrition, entrepreneurship development, farming, post-harvest, and value chain, among others. A new dimension of the program is the market linkage component, to ensure the best opportunities possible for the new micro-entrepreneurs. There are 4,500 beneficiaries, with those who graduate receiving capacity support.

During the COVID-19 lockdown in 2020, under the “Special Support for Host Communities” program, WFP provided a combination of in-kind and cash assistance to 111,000 households across Ukhiya, Teknaf, Kutubdia, Pekua, , Ramu, Sadar and Chakaria. As the conditions seem to

⁴⁸ Centre for Humanitarian Leadership. Where will most of the Rohingya be by 2022? Attachment: key driver analysis and hypotheses February 2020.

replicate in 2021, WFP plans to distribute one-off cash assistance to 100,000 beneficiaries over the district, beginning in August 2021. The host community also benefits from school feeding which is implemented in all sub-districts of Ukhia and Teknaf through household distribution. The host community had also benefited through UNHCR-led support in terms of COVID-19, which led to the establishment of 14 isolation and treatment centres and the first intensive care unit (ICU) at Sadar District hospital. WFP also supports the treatment of moderate acute malnutrition (MAM) and SBCC activities. In early 2020, FAO, WFP and IOM launched the SAFE Plus project, which seeks to contribute to social cohesion by providing LPG to the host community, reducing deforestation, and livelihood support to increase local food production. In addition to the provision of LPG, the project includes a reforestation component as well as technical support to farmers on vegetable production. The host community also benefits from school feeding which is implemented in all sub-districts.

3.10.3. Opportunities for further collaboration between refugee and host population in food and non-food needs and social cohesion

Support to host communities has been key in enhancing relations between the refugee and host community, as there would not be expected to be tensions in an environment in which there is mutual benefit. However, the opportunities for collaboration between refugees and the host community in livelihoods and self-reliance are still not available, and it would be useful to advocate for opportunities for both communities to participate in joint self-reliance and livelihoods initiatives. This is in line with the Comprehensive Refugee Response Framework (CRRF), which emphasizes the need to “Take measures to foster self-reliance by pledging to expand opportunities for refugees to access, as appropriate, education, health care and services, livelihood opportunities and labour markets, without discriminating among refugees and in a manner which also supports host communities”. It is important to ensure sustainability of host community livelihood programmes, including the deployment of multi-year funds to ensure a medium-long term planning. Advocacy for continued support to the host community livelihood programmes is important for sustainable implementation.

In December 2020, WFP conducted a study to pilot methodological approaches for measuring WFP contribution to peace (WFP 2021)⁴⁹. The recommendations included the need to foster understanding between refugees and host community as contributor to peaceful coexistence, to work with the government to enhance common platforms of interaction, such as linkages between farmers and fresh food corners, to integrate key indicators linked to social activities in monitoring and evaluation frameworks, and to incorporate conflict risk mapping into every stage of the response.

Under the UN-UN agreement, WFP and FAO collaborates in the Farmers Group Production Forecasting programme to support the supply chain between host farmers and WFP e-vouchers outlets.

Recommendations

- Joint advocacy for opportunities for both communities to participate in joint self-reliance and livelihoods initiatives.
- Advocacy for continued support to the host community livelihood programmes in a sustainable manner.
- Stronger collaboration between UNHCR and WFP in terms of programme implementation and coordination.
- Incorporate conflict risk mapping into every stage of the response.

⁴⁹ WFP 2021. WFP Peace Measure. Conflict sensitivity and social cohesion measurement. Cox's Bazar, Bangladesh. June 2021.

- Integrate key indicators linked to social activities in monitoring and evaluation frameworks.

3.11. Monitoring systems and joint assessments

Both agencies maintain several monitoring systems in place in the operation based on the different sector needs. . UNHCR and WFP conducts several assessments bilaterally and some jointly. UNHCR has been supporting the implementation of the NFI and shelter post distribution monitoring (PDM) and the joint Multisectoral Needs Assessments, nutrition, and WASH assessments while WFP conducts regular market assessments, PDMs for food assistance and every year the Refugee influx Vulnerability Assessments.

The JAM identified the need for collaboration on the assessments to have more holistic approach and understanding of population needs. In order to achieve this, a comprehensive desk review of all past assessments is recommended to inform the development of a joint analytical framework for Cox's Bazar. The joint analytical framework could act as a basis for future assessments in terms of methodology, data needs, analysis and reporting. This approach would allow UNHCR and WFP to develop a joint assessment agenda.

Recommendations

- Further collaboration on assessments in order to have a more holistic approach and understanding and implement joint assessments to inform programming.

A comprehensive desk review of assessments in Cox's Bazar operation to inform the development of a joint analytical framework.

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ANNEX 1 Terms of Reference for Joint Assessment Mission (JAM)- Cox's Bazar 2021

1. CONTEXT AND RATIONALE

Cox's Bazar refugee operation hosts an estimated number of 866 457⁵⁰ Rohingya refugees as per the most recent Government of Bangladesh (GOB) and UNHCR population data after the verification exercise that was completed at the end of 2019. Prior to the influx in 2017, there were only 35,519 refugees mainly living in the original two registered camps in Nayapara and Kutupalong. As per the most recent statistics, the camp-based population is composed of 52% children, 45% adults, 3% elderly persons. The refugee profiling identified at least 4.3% of the total population to have specific needs and 1% living with a disability, while the average family size was found to be 4.6 persons per household.

The government has settled the most recently displaced Rohingyas in a relatively small geographical area, characterized by rough hilly terrain prone to landslides and floods, putting significant pressure on the pre-existing camps and host communities. The refugee population is mostly dependent on external assistance from the humanitarian community and the government. Humanitarian assistance and services being provided to date by the Government of Bangladesh, UN agencies, International and National Non-governmental organizations 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 the past two years, all the refugees underwent a verification and registration exercise, and all the refugee data is available in the UNHCR/GOB databases. The estimated population figures are currently being used as the single source of refugee data for all the humanitarian actors in estimating the persons in need across the sectors. The refugee's situation is slowly transitioning from an emergency response to a more protracted crisis characterized by limited freedom of movement, fencing of the camps, no legal employment opportunities, very limited access to productive assets such as land for economic activities and the relocation of refugees to Bhasan Char Island.

The health and Nutrition situation remains within the serious category with the prevalence of acute malnutrition reported in the 2019 nutrition survey at 11.0%⁵¹, high anaemia rates, and increased vulnerability to diseases and infections. As per the last Refugee vulnerability assessment, close to 94% of refugee households were characterized as moderate to highly vulnerable to food insecurity, and the majority have adopted various food and livelihood coping mechanisms to meet the food and non-food needs. Limited access to livelihood and self-reliance opportunities remains the main driver of vulnerability within the camp economy. The situation renders the refugees entirely dependent on humanitarian assistance as the primary source of support to meet their basic needs. UNHCR, WFP and other stakeholders have been at the forefront in advocating for the inclusion of refugees in relevant GOB national plans and adopting new initiatives to improve the lives of the refugees to ensure that their dignity is maintained while living in the camps.

Rationale of the Joint Assessment Mission

⁵⁰ [Document - Joint Government of Bangladesh - UNHCR Population factsheet as of 31 December 2020](#)

⁵¹ [2019 SMART nutrition surveys and Nutrition causal analysis.](#)

UNHCR and WFP's Joint Assessment Missions (JAM) is carried out every two years in refugee operations in accordance with the global Memorandum of Understanding (MoU)⁵². The purpose is to assess the food security and nutrition situation of a given refugee population. The JAM process allows the review/evaluation of the ongoing food security and nutrition programmes, identify protection risks related to food security, community participation, and the existing capacities that can be adopted to come up with effective solutions. The findings of the assessment across all the sectors are used to come up with key recommendations to improve the overall nutrition and food security situation among the refugees.

The last JAM in Bangladesh was conducted in 2019. It covered strategic areas of joint interest to UNHCR and WFP in addressing the ever-increasing needs of the refugees since the influx. UNHCR and WFP have been working on the areas identified in the 2019/2020 Joint Plan of Action (JPA) based on the recommendations on the key thematic areas; coordination, food assistance, health and Nutrition, WASH, Energy, protection (Community-based, Gender, child protection and education), livelihoods and self-reliance, cash-based interventions and registration. The JPA review and evaluation in December 2020 done by thematic focal persons from both agencies indicated good progress and collaboration in meeting some of the agreed-upon activities (70% achievement/partial achievement in the 2019-2020 JPA recommendations). The joint review exercise also identified priority areas to focus on in the 2021 JAM.

The 2021 JAM will include a review of the ongoing food security, health and nutrition, WASH, environment and energy and other basic assistance programmes, protection risks related to food security and livelihoods, and self-reliance opportunities. It will also consider strategic issues on targeting food and other basic assistance, the potential for data sharing, systems interoperability, and coordination – with a focus on identifying opportunities for greater collaboration and effective joint response. It will also look at the contingency planning for any emergencies in the future. The recommendations will form the basis of developing the Joint Plan of Action (JPA) which is a key deliverable of the JAM process.

The 2021 JAM will take into consideration key prioritized issues in both the refugee camps and host community population living in the nearby Upazilas in Ukhiya and Teknaf to explore the social co-existence with the refugee population, the impact of the influx and to determine the potential areas of collaboration with the local government authorities to improve social cohesion and peaceful co-existence in the coming years.

Relevant reference materials

- ✓ Original UNHCR/WFP MoU
- ✓ UNHCR/WFP Cash addendum
- ✓ UNHCR/WFP Joint targeting principles
- ✓ UNHCR/WFP Joint self-reliance strategy
- ✓ UNHCR/WFP Data sharing addendum
- ✓ Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies
- ✓ joint UNHCR, UNICEF, and WFP Guidance for Collaborative Procurement for Humanitarian Cash Transfer.
- ✓ UNHCR/UNICEF/WFP Joint Data Sharing Agreement (2020).
- ✓ Refugee influx Emergency Vulnerability Assessment 1,2, 3, and 4.
- ✓ 2021 JRP

⁵² [WFP / UNHCR Memorandum of Understanding.](#)

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 and host community capacities to meet their food and other basic needs, strengthen their livelihoods and increase their self-reliance, ensuring age and gender considerations are prioritized. Of interest will also be to analyze how the changing macro-economic context in Cox's Bazar (government policy framework and COVID-19 pandemic) are likely to affect joint programming efforts.

The JAM assessment will consist of the following three phases:

1. **2019 Joint Plan of Action review and evaluation:** to determine the progress of implementation of the agreed-upon activities in 2019 and to prioritize thematic areas of focus in the 2021 JAM, taking into consideration the evolving context in Cox's Bazar.
2. **Secondary data review:** consolidation and review of relevant secondary data on the food security, socio-economic status, health, nutrition and other basic needs, livelihood, and protection situation in the camps. The relevance of food and other basic assistance will be reviewed, and key information and service gaps identified. This will involve a consultative process between the JAM consultant and key focal persons to clarify further the information collected in the desk review.
3. **Qualitative assessment:** this phase will include collecting qualitative data through spot 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. The JAM consultant will develop the data collection tools with technical support from the various thematic focal persons. The different UNHCR/WFP partners will support the implementation of the actual data collection

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 the e-vouchers food assistance modality (including interventions like farmers markets and fresh food corners) in meeting the Nutrition and food security needs of the refugees.
- Overview of household food consumption patterns, food sources, economic vulnerability.
- Adoption of food and livelihood coping strategies.
- Profile of food insecure and economically vulnerable groups.
- Utilization of food at the 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 to improve food security.

1.2 Access to basic services and other non-food needs

- Uptake of the health care services provided in the camps by the general population, including sexual reproductive health services such as ante-natal and post-natal care among the pregnant and lactating women.
- Assess the extent to which health and nutrition activities are integrated and opportunities for better and more efficient integration.
- Access to water, sanitation, and hygiene services.
- Review effectiveness of the drainage system and solid waste management interventions in the refugee camps.
- Education activities in the learning centers, school materials, and school feeding programmes.

1.3 Shelter, Energy, and Environment

- Energy sources for cooking, lighting source in the camps.
- Review the pressure cooker pilot initiatives and explore the outcomes for further scaling up across all the camps and the host community.
- Review the findings of the environmental impact assessment to evaluate the efficiency and effectiveness of LPG among the refugees and host community.
- Review the current environmental activities being implemented and explore linkages in addressing environment-related issues in the camps including new opportunities for collaboration with the Energy and Environment technical working group.
- Review the impact of agricultural activities (kitchen gardens/seed distribution on the soil inside the camps based on the recent soil study.
- Review the different distribution modalities for distribution and refill of LPG gas (inter-organizational Building Blocks [BB], UNHCR Global Distribution Tool [GDT], and WFP SCOPE).

1.4 Nutrition status and underlying causes

- Nutrition status of children under five years, pregnant and lactating women, and other vulnerable groups such as the elderly persons.
- Review of maternal and childcare practices (breastfeeding, 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 of acute and chronic malnutrition in the camps.
- Review effectiveness of the proposed cash-based intervention pilot modality in place of in-kind supplementary food commodities (WSB++) for children between three to five years.
- Review the nutrition programmes information management systems.

1.5 Market functioning covering both food and other essential needs

- Review the current structure of markets inside the refugee camps and those in the host community.
- Food availability and price trends and the impact of COVID-19 on access and overall impact on the food security situations.
- Supply of essential food and non-food items.

- Map out skills development efforts so far and how they align with market needs.

1.6 Effectiveness of food, nutrition, and other basic needs assistance

- Actual/planned food assistance (by transfer modality, targeted beneficiaries, and their sex and age breakdown).
- Actual/planned nutrition assistance (by transfer modality, targeted beneficiaries, and their sex and age breakdown).
- Other ongoing/planned basic assistance (by transfer modality, targeted beneficiaries, and their sex and age breakdown).

1.7 Impact of the refugee crisis on host communities and social cohesion

- Review effects of the influx of refugees on the host communities, including impact on the labor market, food prices, etc.
- Review the host community-supported programmes in areas of health and Nutrition, food security, energy, livelihoods and self-reliance activities and review the potential for scale-up.
- Identify the potential/opportunities for further collaboration among the refugee and host population in meeting their food and non-food needs and the overall objective of maintaining social cohesion.

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

- Identify key protection issues related to food access and the potential issues that arise due to food insecurity at the household level.
- 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 (e-vouchers).
- Appropriateness of the current transfer modalities.
- Appropriateness of logistics/supply chain management.
- Appropriateness of monitoring systems.
- Refugee engagement and systems of addressing the complaints and feedback mechanisms.

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), and Social and Behaviour Change Communication (SBCC).
- Review of quality of school feeding, other education interventions such as integration of early childhood care and development (ECCD) activities with Nutrition programmes.
- Review the progress of implementing the school feeding programmes using the newly proposed education sector data collection system.

2.3 WASH, Energy, and shelter

- Review the application of a unified distribution modality for LPG, including timely refill for the refugees across all the camps and the host community.
- Explore the long-term solutions /support through food assistance for assets (FFA) and Disaster Risk Reduction (DRR), Site Maintenance Engineering Project (SMEP), and sustainability of the LPG support amidst the reduction in the funding situation or future donor fatigue.
- Address the shelter and site planning needs related to site development and improvement.
- Under SMEP, review the implementation and scale-up plans of WASH projects- drainage, watershed projects and solid waste management.

2.4 Use of cash-based interventions to meet basic needs (including food needs)

- Explore the feasibility and identify ways for joint advocacy with the Government of Bangladesh on the issue of cash-based interventions within the refugee camps.
- Review existing minimum expenditure basket (MEB) and survival minimum expenditure basket (SMEB) in close consultation with the Transfer Working Group and propose potential options on MEB adjustment for inflation.
- Identify any market-related information gaps and explore a joint approach to market assessment in 2021, on a need basis.
- Continue exchange of information on the procurement of the Financial Service Provider/s (FSPs) and consider joint action on a need basis.
- Review the impact of the existing cash-based interventions in the host community.
- Review implementation plan for Common Cash System pilot jointly between WFP, UNHCR, and UNICEF.

2.5 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.
- Review existing livelihood activities in the host community and camps and explore their potential capacity to support the upcoming camp-based demands for fresh food corners and farmers markets.
- Explore potential opportunities and modalities of more women involvement in income-generating activities in the camps.

2.6 Needs-based targeting and recommendations on prioritization

- With existing data, review potential vulnerability classification, including 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.
- Review the targeting strategy documents developed for the Bangladesh refugee operation.
- Evaluate the feasibility of introducing needs-based targeting of food and other basic assistance supporting 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.

2.7 Protection and accountability mechanisms to affected populations

- Determine factors that inhibit the receipt of assistance entitlements, consideration of age, gender, disabilities, and socio-cultural dynamics, with particular emphasis on vulnerable/ at-risk individuals and make recommendations on how to address.
- Review adopted negative coping mechanisms, which may place specific groups at protection risks.
- Assess 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).
- Review current refugee participation mechanisms 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 the 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.
- Review protection from sexual exploitation and abuse (PSEA) protocols and measures in place and provide recommendations on strengthening the protocols around PSEA.
- Assess the effectiveness of referral systems and feedback to the community.
- Review criteria for selecting beneficiaries for porter services to ensure inclusion of all vulnerable individuals and more support to cover women.
- Review the mechanisms for tailored food assistance for GBV cases and assess food assistance's impact on GBV.

2.8 Data and system inter-operability

- Assess existing data-sharing agreements that have been put in place at the operational level and identify existing challenges and provide recommendations for any improvements.
- Review the implementation and the operational effectiveness of the existing UNHCR-WFP interoperability solutions, including biographical and biometric data sharing between proGres and SCOPE.
- Jointly assess feasibility of and identify projects to implement the WFP-UNHCR online authentication, in accordance with the Data Sharing Request 2020.

- Conduct a joint comparative review for existing online authentication solutions, including assessment of beneficiary experience, operational effectiveness and technical robustness.”
- In accordance with the agreement outlined in the Data Sharing Request 2020, to continue to provide regular review and report to each Agency’s Representatives on the WFP and UNHCR’s joint data connectivity project led by ETS and determine its effectiveness in improving the delivery of assistance to the beneficiaries.
- Explore the role of technology-powered solutions in supporting all other objectives,

2.9 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 mechanisms that exist 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.

2.10 Emergency response coordination mechanisms

- Review the food assistance modalities, heavy engineering, emergency telecommunication, and logistics sector services, considering the current dynamics in operations (i.e., contingency planning for the potential influx, relocations, monsoon, and cyclones with a high impact on the food security and welfare of the refugees).
- Review effects on the COVID-19 pandemic on the service provision, specifically on food assistance modalities, health and Nutrition, market dynamics and other basic needs.

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 regularly as agreed between the two agencies

3. METHODOLOGY

The methodology will consist of a detailed secondary data review conducted by a consultant, 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, health nutrition, WASH, energy and environment, protection (Community based protection, education, child protection, SGBV), livelihoods, cash-based interventions, technology, and registration 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)
- ✓ Nutrition Causal Analysis report
- ✓ UNHCR and WFP monitoring reports
- ✓ IOM NPM reports
- ✓ Market assessments and price monitoring
- ✓ Health Sector data
- ✓ 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., Mahji 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 questions to be used in the different sampled groups such as women, men, youth, elderly, disabled, etc.

ANNEX 2: PRIMARY DATA COLLECTION TOOLS

Guide for focus group discussions with refugees

FOOD SECURITY AND SOCIO-ECONOMIC STATUS

1. What do you feel about the current food assistance you are receiving in terms of the amount and type of food you are able to buy?
2. Are there any problems in terms of accessing food items in e-voucher outlets? Which improvements would you like to see?
3. Given a choice, which food assistance modality would you prefer? What are your reasons?
4. When you receive your e-vouchers, which are the food items you prioritize for purchase and which ones are a lower priority and why?
5. Do you make special consideration for any type of household member and why?
6. Do you make special provision for young children in your household in terms of how you prepare food and share food?
7. Do you have any problems in terms of food storage and preparation?

LIVELIHOODS, CASH-BASED INTERVENTIONS AND SELF-RELIANCE

1. Are you aware of self-reliance activities in the camp?
2. Do you feel that the current activities have had a positive impact on the population?
3. What are the challenges you face in terms of accessing self-reliance opportunities?
4. Which changes would you like to see in terms of the current self-reliance activities?
5. Which new self-reliance activities would you like to see?
6. Are there any persons with disability or persons with specific needs in the household? Are there any problems in accessing services?

NUTRITION STATUS AND UNDERLYING CAUSES

1. What are your feelings in terms of the cash pilot programme for BSFP and how it has changed the previous programme?
2. Have you used the e-voucher top-up to buy any specific food items and why?
3. Do you feel that the pilot should be scaled up to more camps to cover a wider population? What are your reasons?

WATER, SANITATION AND HYGIENE

1. Are you satisfied with the drinking water supply in terms of quantity and quality?
2. What are your reasons for not being satisfied?
3. What improvements would you like to see?
4. Are there any protection-related issues related to access communal latrines and bathrooms?

ENERGY AND ENVIRONMENT

1. What is your assessment of the pressure cooker programme? In your view, what are the benefits and challenges which it has brought?
2. How convenient has the re-filling process for LPG been?
3. Which changes would you like to see in the projects: LPG project and pressure cooker programme?

PROTECTION, INFORMATION MANAGEMENT AND ACCOUNTABILITY

1. Are you satisfied with the process of accessing food assistance when household composition changes in terms of registration?

2. What are the main complaints in terms of accessing food assistance? 3. Do you feel that you have a way of presenting complaints and that they are addressed? What improvements would you propose for complaints and feedback?

Guide for key informant interviews with partners and sector coordinators

1. What are the main challenges in your sector related to food security, health nutrition, protection, child protection, education, WASH, CBI, livelihood, and self-reliance.?
2. What are your main observations in terms of collaboration between UN agencies (mainly UNHCR, WFP, IOM, FAO) within your sector?
3. What are the strengths/successes in inter-agency collaboration?
4. What are the weaknesses you have observed in inter-agency collaboration?
5. How can agencies better work together?
6. What impact has covid-19 had on your programming?
7. What key government policy challenges affecting your work within this sector and how can they be addressed?