

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 revising 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 Ukhiya 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 lockdown. 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 (FFC). Although WFP tops-up the e-voucher of the most vulnerable with an additional USD 3, 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 expressed their preference for cash assistance in addition to e-vouchers to cover other needs.

Recommendations include the revision of the e-voucher based on an updated MEB; the continuation of the expansion plan for e-vouchers outlets and FFC; the increase in household's ability to cover basic needs by scaling up self-reliance programmes and exploring feasible assistance alternatives; sensitization to optimize the use of assistance provided and generation of further evidence on food needs coverage from an age, gender and specific needs perspective.

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, high malnutrition rates, WASH and health seeking practices as well as a strategy for the reduction of anaemia are recommended. Strengthen coordination and the joint implementation of nutrition programmes and harmonization of capacity building initiatives was also recommended as well as determining the feasibility of expanding the UNHCR integrated refugee health information system (iRHIS) to other refugee camps.

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

¹ ACF 2019. Emergency Nutrition Assessment Final report.

² REVA 2020.

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 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

To restore the environmental damages caused by the refugee influx, 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 training. The use of LPG reduced firewood demand by 80 percent in the camps 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. *It is recommended to: consider the potential establishment of additional LPG distribution points; UN agencies and donors to continue exploring a shift from the current fully subsidized blanket distribution towards a more sustainable funding model; improve lightning and waste management; and jointly evaluate the expansion of pressure cookers pilot programme.*

Health

Crude and under five mortality rates remain below the emergency thresholds³ but COVID-19 infections continue rising⁴. 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. Households that got into debt mainly due to health/medical cost increased from 28% in 2019 to 36%⁵ 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

³ SMART 2020.

⁴ As of 29 July 2021, 2,415 confirmed COVID-19 cases and 27 deaths amongst the refugees.

⁵ REVA 4.

(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 the Education Sector to continue home-based learning and 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 to theft, 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%⁶.

Recommendations include strengthening linkages among WFP and UNHCR community-based volunteer networks to address individual challenges to access food assistance, increased targeted assistance for female headed households to improve their ability to cover basic needs, address gender specific barriers for an equal benefit from self-reliance opportunities and strengthening PSEA 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 of BB-BIMS/BB-PRIMES access in Cox's Bazar that allows WFP 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 and WFP are recommended to 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 levels⁷, with implications on social cohesion. On the positive side, the host population is benefiting from humanitarian interventions, including UNHCR and WFP livelihood and nutrition programmes, cash assistance as emergency COVID 19 response and support of Government Social Safety net programme. UNHCR also supported the first intensive care unit (ICU) in the district and Severe Acute Respiratory Infection isolation and treatment centres (SARI ITC). However, 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. Coordination and collaboration between UNHCR and WFP on livelihoods programmes could also 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.*

⁶ MSNA 2020.

⁷ Centre for Humanitarian Leadership. Where will most of the Rohingya be by 2022? Attachment: key driver analysis and hypotheses February 2020.