

The Government of Bangladesh approved the provision of COVID-19 vaccines for Rohingya refugees in Cox's Bazar and the first round of vaccination was delivered in the camps from 10 to 23 August. 86 percent of the targeted population, refugees aged 55 years and above, received their first vaccine. A total of 36,943 of 43,093 targeted individuals were vaccinated. The second round of vaccinations will start in September.

Lockdown measures in place since April 2021 including in the Rohingya refugee camps, were lifted on 19 August. However, humanitarian access to the camps is still limited as per a memo issued by the Refugee Relief and Repatriation Commissioner (RRRC) dated 10 August, instructing 'psychosocial healthcare', Gender-based Violence (GBV) and awareness raising activities, among other protection services, to remain suspended.



Context

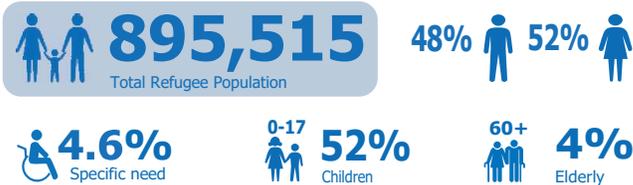
A particularly wet monsoon season brought flooding and landslides killing tens of people and displacing some 24,000 refugees. UNHCR, the UN Refugee Agency, and partners have been providing emergency response support to those most affected, including repairing shelters, over 1,300 WASH facilities, community centres, access pathways, bridges and replenishing stoves and Liquid Gas Petroleum (LPG) cylinders. Community psychosocial volunteers also provided support to over 1,000 individuals affected. Some refugee families were relocated to their relatives' shelters, while over 150 are receiving sand cement bags for flooring and extended pathways.

Bangladesh continued to see an increasing number of COVID-19 positive cases which have now surpassed 1.5 million. In the refugee camps in Cox's Bazar, as of 31 August, some 3,000 positive cases and 30 deaths had been recorded. Worryingly, over 1,100 of these cases and 10 deaths occurred in July and August alone.

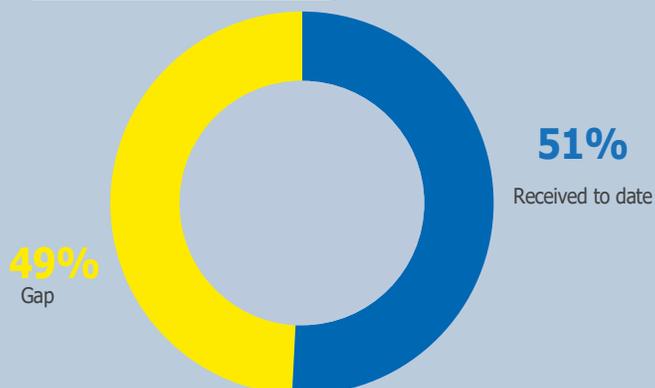
While the Government has relaxed the countrywide lockdown, restrictions on activities in the camps remain in place.* Accordingly, facilities that offer services and safe spaces particularly for women and children, including learning centers, remain closed. UNHCR and some protection actors are still able to access camps for monitoring and delivering critical protection services. In some cases, access has been restricted on an ad hoc basis by Camp in Charges (CiC). UNHCR continues to advocate for the resumption of all protection services. Registration is a good example of a service permitted to have resumed since 16 August. This has helped to address the backlog which accumulated since 2020, as registration sites were closed due to the COVID-19 pandemic. Refugee and host community volunteers continue to contribute significantly to the humanitarian response while access to the camps remains limited.

*All protection activities were allowed to resume through a memo issued by the RRRC's office on 9 September.

Population Update



Funding Update



COMMUNITY BASED AND LEGAL PROTECTION

Refugee protection volunteers, including Community Outreach Members, imams and female religious continue to be the backbone of the response during lockdown. Among the main results of their activities were:



-  100,000 refugees reached through awareness campaigns on COVID-19, monsoon and cyclone preparedness, child protection, hygiene, gender-based violence, and health.
-  6,000 home visits, reaching some 13,300 refugees and identifying 5,560 persons with specific needs who were referred to service providers accordingly.
-  Some 50,000 refugees – almost 50 percent girls and women - supported through 323 service projects, ranging from cleaning campaigns to infrastructure repairs.
-  488 shelters from extremely vulnerable individuals repaired. 317 were women led households.
-  100,000 calls sharing pre-recorded recommendation messages were made through the Interactive Voice Response project.

Among the main needs and gaps identified, is the lack of access to remote support and activities of female refugee volunteers, due to lack of mobiles and connectivity. Also, face to face support and feedback mechanisms are still extremely limited, reflected in the 2,700 calls received by the Information Service Centres.

GENDER-BASED VIOLENCE AND CHILD PROTECTION

- An online session on prevention and response to human trafficking was conducted for 40 participants and two “train the trainer” sessions took place, aimed at mitigating child protection risks by improving identification and referral skills for more than 70 community volunteer supervisors (50 percent women) who will in turn transfer the knowledge to outreach volunteers improving services and enhancing prevention of sexual exploitation and abuse.
- 150 individuals from government institutions and protection agencies joined a webinar led by UNHCR and UNICEF on Child Protection Minimum Standards to ensure preparedness, prevention, mitigation, and response to Sexual and Gender-based Violence.
- Despite remote case management efforts, challenges remain as many requests for in-person counselling and legal assistance, are pending.

CASH-BASED INTERVENTIONS

- 5,000 out of 15,000 extremely vulnerable Bangladeshis residing in Cox’s Bazar Sadar, Kutubdia and Moheshkhali identified by the District Administration based on their increased needs due to the economic impact of the COVID-19 lockdown, received a one-off cash transfer from UNHCR, during an event hosted by the Deputy Commissioner. An additional 10,000 individuals will receive support in the coming months.



PUBLIC HEALTH

Some 37,000 refugees received their first COVID-19 vaccine within the context of the national vaccination plan with the support of UNHCR and partners. Since June, volunteer Community Health Workers (CHWs) conducted a further 64,140 small group sessions on COVID-19, where they informed refugees on vaccination to promote acceptance and reduce hesitancy. The CHWs visited over 470,000 households reaching 950,000 refugees with messages on COVID-19 prevention and identified over 6,300 individuals with mild or severe COVID-19 symptoms whom they referred to health facilities. As of 31 August, Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centres (ITC) in the camps operated with an average occupancy rate of 57 percent. Patients continue to receive mental health support through psychologists, and their families through psychosocial volunteers. Preventative sanitation work and hygiene promotion continues. 184,000 WASH facilities and public spaces were disinfected. Additionally, CHWs identified and supported 1,700 cases of Acute Watery Diarrhoea.

- Over 23,000 children aged six to 59 months were screened for malnutrition, and 755 were identified with severe and moderate malnutrition and admitted to treatment programmes. More than some 50 sessions on improving nutrition were held reaching over 700 mothers/caregivers of children under two years.



SHELTER AND SITE PLANNING

- By the end of August, 49 families were relocated inside the camps from a congested Transit Centre (TC), following the approval by the RRRC. UNHCR has been advocating for faster relocations of refugees who arrive from other part of the country, third countries or Myanmar and are registered at the Transit Centre to assigned plots in the camps because of its limited space capacity and temporary features of the facility.
- Several construction projects such as LPG depots and health facilities have resumed after the COVID-19 lockdown was lifted. As part of the site plan to improve access and safety in the camps, 22 bridges needing repairs were refurbished.



ENERGY & ENVIRONMENT

- 1.7 hectares of camp areas were planted with over 7,000 different plant saplings to prevent deforestation and landsliding. Additionally some 2,000 streetlamps were installed to improve safety in the camps, while a second round of household surveys for solar mini-grid has begun as part of comprehensive efforts to enhance access to electricity.
- Refugee volunteers from the Elephant Response Teams prevented six incidents by redirecting elephants to different paths away from the camps. They also completed their capacity development training.



COMMUNITY EMPOWERMENT AND SELF RELIANCE

More than 6,600 refugee and over 3,000 host community households received agricultural products and materials to ensure their nutritional security and provide earning opportunities from surplus produce. Additionally, some 700 refugee and 340 Bangladeshi women were supported in diversifying their income, indirectly empowering them and reducing sexual and gender-based violence risks.



Working in Partnership

UNHCR is a co-chair of the Strategic Executive Group (SEG) in Bangladesh together with the UN Resident Coordinator and IOM. UNHCR also leads the protection response as head of the Protection Working Group in Cox's Bazar. UNHCR has partnerships with UN agencies and coordinates the delivery of its assistance with humanitarian partners through the various sectors and working groups as part of the Inter-Sector Coordination Group (ISCG). UNHCR's main government counterpart in Cox's Bazar is the Ministry of Disaster Management and Relief and its Refugee Relief and Repatriation Commissioner (RRRC), as well as the Ministry of Foreign Affairs and Ministry of Home Affairs in Dhaka, among other government ministries and entities. UNHCR staff work closely with the RRRC's Camp-in-Charge officials in the 34 refugee camps, as well as a range of international and national actors. UNHCR would also like to acknowledge the role played by refugees in the response, with over 7,000 volunteers who are often the first responders on the ground.

UNHCR Partners

Ministry of Disaster Management and Relief | Action Aid Bangladesh | ACF | Bangladesh Red Crescent Society | Bangladesh Legal Aid and Services Trust | Bangladesh Rehabilitation Assistance Committee | Caritas Bangladesh | Center for Natural Resource Studies | COAST (Coastal Association for Social Transformation Trust) | CODEC (Community Development Centre) | Danish Refugee Council | FH Association | Gonoshasthaya Kendra | Handicap International | Helvetas Swiss Intercooperation | International Union for Conservation of Nature and Natural Resources | Light House | Mukti Cox's Bazar | NGO Forum for Public Health | Oxfam GB | Relief International | Research, Training and Management International | Save the Children International | Social Assistance and Rehabilitation for the Physically Vulnerable | TAI (Technical Assistance Incorporated) | Terre des Hommes

Donors

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