SITUATION OVERVIEW

Under the leadership of the Government of Bangladesh, the humanitarian community continued providing lifesaving assistance and support to Rohingya refugees and members of the vulnerable host community in an increasingly resource-strained environment. The COVID-19 pandemic, compounded by the effects of devastating monsoon rains, has exacerbated suffering and humanitarian needs.

The emergency health response was scaled up according to the rising trends of COVID-19 cases in the refugee camps and host communities, while increases in cases of Acute Watery Diarrhoea (AWD) required a simultaneous multi-sectoral response. In end-July, flash floods and landslides battered the camps, tragically causing six fatalities and affecting thousands of refugees. It is the second year in a row that the monsoon season was preceded by a period of reduced preparedness and disaster risk reduction activities due to COVID-19 lockdown restrictions, contributing to a need for a more robust emergency response.

In line with a strict national COVID-19 lockdown, humanitarian activities in the camps were delivered at drastically reduced levels. Thousands of Rohingya refugee and host community volunteers worked tirelessly to deliver the most critical services in the response with COVID-19 prevention measures in place. However, the humanitarian community remained concerned by the deterioration of the overall protection environment in the camps; the need for reliable access to services including case management, psychosocial support and referrals, particularly in response to cases of gender-based violence and child protection issues, remained as critical as ever.

Despite these vast challenges, preparations for the upcoming launch of the COVID-19 vaccination for Rohingya refugees -- a demonstration of equity and inclusiveness as part of the Government’s National Deployment and Vaccination Plan -- brought hope for vulnerable Rohingya refugees in Bangladesh.

2021 JRP KEY FIGURES

FUNDING STATUS

Funded $284M

30% Funded

Funding gap $659M

FUNDING BY DONOR

USA $95.4M
UK $49.5M
ECHO $27.6M
Australia $21.2M
Japan $19.6M
Canada $15.9M
CERF $15.4M
Norway $7.0M
Germany $5.8M
Others $21.9M

943M TOTAL REQUIREMENTS

185 PROJECTS

134 PARTNERS

9 UN agencies

56 International NGOs

69 Bangladeshi NGOs

136M PEOPLE IN NEED AND TARGETED

49.1% Men & Boys

50.9% Women & Girls

Host communities 472K

Rohingya refugees 884K
**FUNDING COMPARISON WITH PREVIOUS YEARS**

<table>
<thead>
<tr>
<th>Month</th>
<th>JRP 2020</th>
<th>JRP 2021</th>
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<tbody>
<tr>
<td>Jan</td>
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<td>Nov</td>
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<td>Dec</td>
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</tbody>
</table>

**FUNDING BY SECTOR**

- **EDUCATION**
  - Received: 2.2M
  - Requested: 85M
  - Percent: 3%

- **FOOD SECURITY**
  - Received: 31.6M
  - Requested: 247M
  - Percent: 13%

- **HEALTH**
  - Received: 11.9M
  - Requested: 135M
  - Percent: 9%

- **NUTRITION**
  - Received: 2M
  - Requested: 42.3M
  - Percent: 5%

- **PROTECTION**
  - Received: 16.8M
  - Requested: 92M
  - Percent: 18%

- **SHELTER and NFIs**
  - Received: 10.8M
  - Requested: 112M
  - Percent: 10%

- **SMSD**
  - Received: 2.7M
  - Requested: 94M
  - Percent: 3%

- **WASH**
  - Received: 4.2M
  - Requested: 109M
  - Percent: 4%

- **LOGISTICS**
  - Received: 0M
  - Requested: 1.6M
  - Percent: 0%

- **EMERGENCY TELECOMMUNICATIONS**
  - Received: 0.4M
  - Requested: 3.9M
  - Percent: 9%

- **COMMUNICATION with COMMUNITIES**
  - Received: 2.2M
  - Requested: 10M
  - Percent: 22%

- **COORDINATION**
  - Received: 8.1M
  - Requested: 10.3M
  - Percent: 79%

*Funding status reflects figures reported in Financial Tracking Service (FTS) as of 31 July 2021. These figures do not account for multi-year funding, pledges, or funding outside of the JRP. Total contributions have increased marginally since the reporting period.
COVID-19 RESPONSE

Following an increase in COVID-19 infections detected in June 2021, operational capacity at the 12 Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs), which serve refugees and the host community, was scaled up to increase active bed capacity from 475 to 641 beds. High occupancy rates were observed, due in part to the continued mandatory admission of mild cases, comprising 80% of admissions. Cumulative COVID-19 Case Fatality Rates amongst the Rohingya refugees remained <1.5%. The number of sentinel testing sites was increased from 33 to 38, and a 29% increase in testing was observed among the refugee population by end-June, compared to the first quarter of the year.¹ In July, testing rates decreased slightly, likely due to the heavy monsoon rains and associated transportation and access constraints for patients.

The initiative of the Government of Bangladesh to include Rohingya refugees in its national vaccination campaign was welcomed globally, and the humanitarian community supported preparations to begin providing the vaccines in August 2021. Over 43,000 persons over age 55 will be targeted in the first round, and as more vaccines become available, it is expected that additional age groups and categories of volunteers may be included in the coming months. Recognizing the threats from virus variants, limited availability of vaccines, and challenges related to implementing public health measures in the Rohingya refugee camps and host communities, it is anticipated that the COVID-19 response will continue to require resources in the immediate future.

KEY ACHIEVEMENTS AND UPDATES BY SECTOR

FOOD SECURITY

Funding received: USD 31.6M²

<table>
<thead>
<tr>
<th>Achievement</th>
<th>Jan-May achievement</th>
<th>June-July achievement</th>
<th>Gap against 2021 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>865,822 refugees received regular food assistance on a monthly basis in June and July. (OB1, IN1, monthly indicator)</td>
<td>98%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>54,065 refugee households received capacity building/self-reliance support in June and July. (OB2, IN1)</td>
<td>35%</td>
<td>28.5%</td>
<td>36.5%</td>
</tr>
<tr>
<td>In June and July, 66,080 host community households received livelihoods and/or social safety net support. (OB3, IN1+2+3, monthly indicator)</td>
<td>100%</td>
<td></td>
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</tr>
</tbody>
</table>

¹ 11,143 tests in January – March 2021; 14,427 tests in April-June 2021.
² Some financial contributions have been received and recorded in FTS after the reporting period.
HEALTH

Funding received: USD 11.9M

| 9% | 91% |

Achievements
- In response to an increase of AWD cases in the camps, critical prevention and response measures were delivered by Health, WASH, and CwC actors. Over 1,400 Community Health Workers identified and referred cases, disseminated key health messages, and distributed ORS/Zinc in households reporting symptoms. An application to the International Coordinating Group (ICG) for Oral Cholera Vaccination is under development with the Government of Bangladesh.
- Essential healthcare services in the camps continued without interruption, despite significant challenges from the monsoon rains and simultaneous COVID-19 restrictions and AWD responses. Over 1 million consultations took place in the second quarter of 2021 for the Rohingya and nearby host community.

Challenges
- A slight decline in utilization of essential health services was observed, likely linked to the worsening COVID-19 situation and effects of the heavy monsoon rains. Delays in seeking healthcare for non-COVID-19 related conditions are likely to result in poorer health outcomes, and partners continue to promote uninterrupted access to essential health care.
- Mental health and psychosocial support activities located outside of health facilities have largely been put on hold during the COVID-19 lockdown.

SHELTER AND NON-FOOD ITEMS

Funding received: USD 10.8M

| 10% | 90% |

- There is a critical funding shortfall for Liquified Petroleum Gas (LPG) refills in 16 camps as of end-October 2021 (USD 5.9M), and for replacement of stoves that have reached their standard lifespan (USD 2M).

Achievements
- 5,529 Rohingya households were assisted with Transitional Shelter Assistance Phase 1 and 2, and repair

Health Sector Dashboards

An average of 2.8* health consultations/person/year was achieved as of July 2021. (OB1, IN2)

764 functional beds at isolation and treatment facilities, including SARI ITCs as of July 2021 (target 600). (OB2, IN6).

100% households were visited every two weeks by community health workers in June and July. (OB3, IN3)

*Annualized figure for Rohingya refugees and nearby host population as of July 2021

Shelter/NFI Dashboard

23,167 households were assisted with emergency shelter support in June and July. (OB1, IN1)*

| 35.3% | 49.4% | 15.3% |

*15.3% gap represents shelters not eligible for assistance (no damages qualified for shelter material support), or material support distribution was restricted by CiCs. Jan-May achievement, June-July achievement

As of end-July, 71% of Rohingya HH had benefitted from durable shelter materials (treated bamboo, steel shelters, reinforced concrete posts), of a targeted 81% of the population in need. (OB2, IN4)*

*67% represents cumulative achievement from Jan. 2020 – May 2021 June-July achievement, gap against 2021 target
and maintenance, including support for improving shelter durability.\(^3\) To date, partners have reached 32,463 of the 169,654 households (HH) targeted in 2021.

- 2,735 mid-term shelters were built in camps 12 and 18. To date, partners have reached 4,071 of the 6,066 HH targeted in 2021.
- 296,129 LPG refills were provided in June and July to Rohingya refugees and 19,189 refills to host community households. 5,153 extremely vulnerable Rohingya HHs received porter support for LPG delivery.

**Challenges**

- The use of temporary shelter materials and limitations on carrying out shelter and DRR activities during the COVID-19 lockdown has increased risks during the monsoon season and contributed to more costly shelter repairs. Consistent access for shelter repairs and household-level site improvement\(^4\) are needed, as well as permission for use of more durable shelter materials that withstand inclement weather.
- Partners built 7,198 new shelters in the camps affected by the March 2021 fire\(^5\), a resource-intensive activity that was not planned under the JRP. The shelter design that was approved by the RRRC for rebuilding the fire-affected camps has generally not been accepted by the refugee community due to its small size. The humanitarian community is concerned that continuing to provide this design for shelters that do not provide privacy to refugee families may increase the likelihood of protection issues and cases of child marriage. Discussions are ongoing regarding the provision of previously approved larger shelters that would provide more dignified living conditions.

**WATER, SANITATION AND HYGIENE**

**Funding received: USD 4.2M**

| 4% | 96% |

**Achievements**

- Menstrual hygiene management (MHM) items were distributed in the emergency monsoon response in end-July. This follows the WASH Sector SAG’s recent approval for MHM items to be included in the 72-hours WASH emergency kit, though this decision is still to be fully implemented as part of the standardized response. Specific allocation of funding and planning for storage space is required.
- To fully understand the current landscape of the WASH response and inform JRP activities, a series of mappings were undertaken, including AWD geographical distribution of confirmed and suspected cases,

\(^3\) Materials include bamboo, footing, rope, heavy duty wire, tarpaulin, vinyl pipe, padlock, chain, and jute bags.

\(^4\) Household-level site improvement may include ensuring proper drainage around the shelter and building small retention walls.

\(^5\) On 22 March 2021, a devastating fire broke out on three Rohingya refugee camps (8W, 9E, and 9) in Ukhiya, Cox’s Bazar, killing 11 refugees and leaving some 10,100 households without shelter.
indicative flood vulnerability mapping, Water Network construction status, and block-level presence of partners throughout the camps.

Challenges
- WASH infrastructure was significantly damaged as a result of monsoon rains in end-July. In the camps and in the host communities, partners repaired 60% of the damaged latrines and bathing cubicles, 72% of the damaged tube wells, and nearly 50% of the damaged tap stands. COVID-19 restrictions contributed to delays in the response by limiting access for technicians.

Challenges
- During the reporting period and earlier in the year, COVID-19 movement restrictions impeded the supply chain of materials and labor for site development activities. This challenge, compounded by restrictions on approved activities during the COVID-19 lockdown, negatively impacted monsoon preparedness and DRR activities that are critical to the safety of Rohingya refugees.
- Inconsistent construction quality and field-level coordination of contracted services contributed to additional challenges and setbacks in providing quality infrastructure.

Achievements
- To mitigate the effects of the monsoon rains, including soil erosion and landslides, SMSD partners constructed or repaired 38,601 meters of drains, desilted 183,675 meters of drainage, and completed 551 soil retention activities, covering 30,425 meters of slopes. 153 bridges/water-crossings were repaired or installed across all 34 camps.
- A total of 56,334 Rohingya and Bangladeshi volunteers contributed to the construction and repair of 26,365 meters of pathways and vehicular roads, 2,449 meters of bridges, and 10,791 meters of staircases.
- Formal election-based representation systems are currently in place in five camps (Nayapara Registered Camp, Kutupalong Registered Camp, Camp 4E, Camp 20E, and Camp 26) and humanitarian actors continue to support the development of community representation systems.

SITE MANAGEMENT AND SITE DEVELOPMENT

Funding received: USD 2.7M

| 3% | 97% |

SMSD Incident Reporting Service Monitoring

100% of refugees live in camps where a multi-hazard emergency preparedness and response plan has been updated and tested. (OB1, IN2)

In June and July, 40% of site development and improvement works were identified through community consultations and/or referrals (target 50%). (OB2, IN2, monthly indicator)

As of July, 15% of camps had operational camp representation systems (target 60%). (OB2, IN2)

As of July 2021 achievement, gap against 2021 target

PROTECTION

Protection Service Mapping Dashboard

General Protection
- 6.6M received
- 40M requested
- 16%

Child Protection
- 0.2M received
- 26M requested
- 1%

Gender Based Violence
- 10M received
- 26M requested
- 39%

• Critical case management and systems strengthening activities for the refugee and host communities are under-funded for the remainder of 2021.
Achievements
- 52 Protection Emergency Response Units (PERU)\(^6\) provided critical protection support in 32 camps, including awareness-raising, basic emergency case management, and child protection and GBV expertise. Since their activation in June, they reached 31,109 individuals (35% minors, 51% adults and 13% over the age of 60), including 1,670 persons with disabilities.
- To support the rollout of the COVID-19 vaccination programme, 36 PERU Team Leaders attended an orientation for disseminating key messages approved by the Civil Surgeon.
- Community Outreach Members (COMs) conducted 39,216 awareness sessions on Protection issues for 63,101 refugees, including 7,482 older persons and 387 persons with disabilities. The COMs also conducted 3,603 home visits and 313 monitoring assessments for 9,054 individuals.
- The Anti-Trafficking Working Group held a ‘Creative Story-telling’ activity in the camps that encouraged community groups, committees, youth groups, and volunteers to raise awareness of trafficking risks.

Challenges
- A substantial reduction of humanitarian actors in the camps, including protection actors, during the COVID-19 lockdown has reduced refugees’ access to key protection services such as registration, legal aid, psychosocial support, community engagement, and referrals for critical services. Vulnerable individuals, especially persons with disabilities and limited mobility, have faced significant challenges following monsoon rains and other emergency situations. The Protection Sector, through the Age and Disability Working Group is continuing discussions on how to improve aid delivery across Sectors to ensure that specific needs are met.

Child Protection

Achievements
- CP partners provided home-based positive parenting support in the Rohingya refugee camps to 1,989 parents and caregivers (965 female, 1,024 male) to help prevent violence in the home. In the host community, partners conducted one-on-one child protection awareness sessions with 6,313 people (3,332 children, 2,981 caregivers, including 75 persons with disabilities).
- Placing an emphasis on building existing capacities and supporting community actors, partners strengthened community mechanisms for child protection (8 in the camps, 88 in the host community) and carried out community-based child protection

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\(^6\) PERU Teams are comprised of four NGO staff and two-four Rohingya community members per team.
initiatives, including awareness messaging and meetings with religious leaders (95 initiatives in the camps, 4 in the host community).

- A total of 35 health workers in SARI ITCs participated in a virtual training on childcare and 280 caseworkers were trained on trafficking issues.

Challenges

- In the COVID-19 context, the humanitarian community has witnessed increases in child protection concerns including violence, child marriage, child labour, and psychological and emotional abuse.
- In June and July, 1,469 case management cases were recorded (669 girls, 800 boys), yet due to restrictions on protection activities, only emergency cases were addressed, often through volunteers providing life-saving support. Challenges with internet connectivity and electricity limit the ability for humanitarian actors to provide remote support. To improve and adapt the response to the COVID-19 context where possible, a guidance note on remote child protection case management was developed.

Gender-Based Violence (GBV)

Achievements

- Awareness sessions on COVID-19 and GBV core concepts were conducted both remotely and on-site for 39,590 Rohingya refugees (23,029 female, 16,561 male) and 9,136 host community members (1,721 female, 771 male). Partners continued implementing structured social mobilization approaches, including men and boys engagement through gender transformative programmes focused on social norms and GBV prevention.
- Psychosocial support and psychological first-aid were provided to 186 Rohingya refugees (149 female, 27 male) and 174 host community members (169 female, 5 male).
- A total of 3,638 items were distributed to women and girls in need in the camps and host community, including dignity kits, reusable cloth masks, and clothing items (thami and baju).

Challenges

- Permission for in-person GBV-related activities, which can be implemented with COVID-19 mitigation protocols in place, are needed to provide effective life-saving support for the increasing numbers of GBV cases, including intimate-partner violence.
- Remote provision of PSS and case management during the COVID-19 lockdown was inhibited by poor network connections, refugees’ hesitation to share confidential information over the phone, the gender divide in accessing connectivity, and practical barriers to using phone devices. GBVSS is supporting the development of GBV/CP SOPs on case management and guidance on remote service provision to extend service coverage, and to strengthen confidentiality safeguards and informed consent adjusted to the remote modality.

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7 Social mobilization programmes include Engaging Men in Accountable Practice (EMAP), which engages men in transformative individual behaviour change; SASA! Together, a community mobilization approach to preventing violence against women; and Girl Shine, a programme model that seeks to support, protect, and empower adolescent girls.

8 Phone devices are often owned or controlled by the perpetrator of violence. GBV survivors often lack privacy from the perpetrator of IPV, which has been exacerbated by COVID-19 movement restrictions.
JRP Implementation Update, June-July 2021

**EDUCATION**

**Funding received: USD 2.2M**

| 3% | 97% |

**Achievements**

- Preparations for the Myanmar Curriculum Pilot (MCP)° continued where possible, with the finalization of the Quality Assurance Guideline and Teachers’ Pre-Induction Training Package. The MCP is ready for implementation as soon as Learning Centres are re-opened.
- The costing and implementation plan for the Myanmar Curriculum scale-up was drafted, for the eventual roll out for Grades 1 and 2, followed by Grades 3, 4, and 5 in 2022.
- Rohingya and Bangladeshi volunteers¹⁰ spread messaging on COVID-19 awareness and prevention, providing critical information to children, adolescents, and youth, reaching 49,136 Rohingya refugees (560 female, 375 male) and 2,689 host community members (1,202 female, 1,487 male).

**Challenges**

- Since March 2021, authorities have restricted home-based learning and training for Burmese Language Instructors (BLIs).¹¹ Limitations on the use of radios, phones, and tablets remain, therefore widening the critical gaps in access to education for refugee children and youth. Until Learning Centres are re-opened, support for home-based learning is needed to avoid a lost generation of Rohingya lacking the basic education and skills to reintegrate in Myanmar when return becomes possible.
- Education partners are facing challenges in providing renumerations to Rohingya volunteers in light of government restrictions. The humanitarian community is seeking a harmonized approach to volunteer payments in coordination with authorities.

**NUTRITION**

**Funding received: USD 2M**

| 5% | 95% |

**Nutrition Dashboard**

- As of end-July, 112 learning facilities in the refugee camps had been rehabilitated/constructed. (OB1, IN4)
- As of end-July, 8,491 crisis-affected host community and Rohingya refugee girls and boys aged 3 to 24 years old had received education and play materials, supplies, and equipment. (OB2, IN1)
- As of end-July, 6,445 educators, managers, and planners had been trained on crisis-sensitive planning, management, and coordination for quality provision of learning opportunities for all learners. (OB3, IN2)

Achievement as of July 2021, gap against 2021 target

- 27.8% 12.7% 59.5% 3% 97%

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° The roll-out of the Myanmar Curriculum Pilot (MCP), which will target 10,000 children in Grades 6-9, has been delayed due to restrictions during the COVID-19 pandemic. As the MCP is rolled out, preparation work for the scale-up will continue simultaneously.

¹⁰ Awareness-raising activities were undertaken in the refugee camps by a total of 935 Rohingya volunteers (560 female, 375 male) and 38 Bangladeshi in the host community (20 female, 18 male), primarily using banners, posters and leaflets, in line with COVID-19 prevention measures.

¹¹ Since the closure of Learning Centres in March 2020 due to the COVID-19 pandemic, Rohingya refugee children and youth have been solely dependent on home-based learning, led by caregivers in the household with the support of Burmese Language Instructors (BLIs).
Achievements

- 6,822 Rohingya caregivers of children under five and pregnant and lactating women (PLW) received one-on-one and small group infant and young child feeding in emergencies (IYCF-E) counselling sessions in June and July (reaching 60% of the 2021 JRP annual target).
- In the host communities, 5,875 children under five and PLW received treatment for severe or moderate acute malnutrition, and 24,304 adolescent girls were reached with the anemia preventive programme.
- Despite heavy rainfall and flooding and the inability to carry out some activities in integrated nutrition facilities in the camps, Rohingya volunteers and the use of the mother-led measuring mid-upper arm circumference (MUAC) approach helped maintain community nutrition screening activities.

Challenges

- The COVID-19 lockdown and 50% reduction in presence of nutrition service providers in the camps during the COVID-19 pandemic has limited the ability to provide consistent and quality nutritional care. Rohingya nutrition volunteers have formed the backbone of the nutrition response by delivering critical services, yet access is also needed for professional nutrition staff to provide quality nutritional care.

CwC Dashboard

<table>
<thead>
<tr>
<th>Funding received: USD 2.2M</th>
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</thead>
<tbody>
<tr>
<td>751,829 Rohingya refugees and host community members have been reached through CwC services in 2021. (OB1, IN1)</td>
</tr>
<tr>
<td>As of July, 13 partner agencies/organizations were following the common technical standards for Referral of Community Feedback. (OB2, IN1).</td>
</tr>
<tr>
<td>90 individual agencies, Sectors and platforms have used services and tools produced by CwC Working Group, reaching the 2021 JRP annual target. (OB3, IN1)</td>
</tr>
</tbody>
</table>

Achievements

- In June and July, a total of 240,394 Rohingya refugees and 62,904 host community members were reached with information on COVID-19 (including vaccinations and wearing masks), AWD, emergency preparedness and safety, women’s empowerment, child trafficking, and other issues.
- Activities included 89,910 household visits/inter-personal communication sessions, 29,081 loudspeaker miking events, and 77,421 other small-group sessions. 12 168 resources (printed materials, audio, and video) were developed and disseminated that promote inclusive communication and consultation with women, girls, men and boys and other diverse groups, reaching a total of 629 resources in 2021. A total of

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12 Small-group sessions include community consultations, awareness-raising/sensitization sessions, community theatre and drama, discussions with religious leaders, and video screening sessions.
3,051 Rohingya refugees and host community members, and 172 humanitarian staff/volunteers were also trained on CwC principles.

**Challenges**
- Some awareness-raising activities in the camps and host communities were limited by COVID-19 lockdown restrictions, yet they are part of the COVID-19 Risk Communication and Community Engagement (RCCE) strategy endorsed by the RRRC and Civil Surgeon’s office. Ensuring the widespread circulation of information is critical to curbing the spread of the virus, as well as preventing the spread of rumours, which have contributed to stigma and place vulnerable populations at greater risk.

**ACHIEVEMENTS**

**Funding received:** USD 0M

- Critical funding needs are currently covered.13

**Funding received:** USD 350k

**Achievements**
- 945 UN staff members from 11 agencies used security communications services through the radio network.
- 441 sites were provided with data connectivity as of July, exceeding the annual target for the 2021 JRP.

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13 JRP funding status does not reflect multi-year funding, pledges, and funds provided outside of the JRP.
• A new connectivity site was installed and activated in Camp 8W for a WFP e-voucher site.

Challenges

• Continued delays in obtaining government approvals to import telecommunications equipment and utilize the network, and operational restrictions related to the COVID-19 lockdown have halted some ETS programmes.
• Heavy rainfall and storms have caused disruptions in the network and affected the ability of staff to reach sites and resolve some connectivity issues.

COORDINATION

Funding received: USD 10.3M

Achievements

• Despite COVID-19 restrictions, constant effort was made to ensure uninterrupted delivery of critical services. To strengthen and harmonize advocacy efforts on these issues, the Humanitarian Access Working Group (HAWG) and Cox’s Bazar Access Monitoring and Reporting Framework (AMRF) were launched.
• The ISCG established a ‘forward agenda’ to strategically up-stream key policy issues through Cox’s Bazar and Dhaka level forums. Within this framework, Sector/WG Coordinators, Heads of Sub Offices Group (HOSOG) and the Strategic Executive Group (SEG) endorsed common advocacy messages on security measures in the Rohingya refugee camps, including the need for additional pocket gates in the perimeter fencing to ensure access to life-saving facilities and services.
• The ISCG and Gender in Humanitarian Action (GiHA) Working Group jointly identified the percentage of 2021 JRP projects that specifically promote gender equality and empowerment of women and girls, as part of its ongoing efforts to strengthen gender mainstreaming through a data-driven approach.
• JRP Funding Updates and a cross-Sectoral ‘Critical Incidents Report’ were issued to strengthen strategic information-sharing.

Challenges

• The humanitarian community faced challenges related to the implementation of new Directives on COVID-19 restrictions, as well as restrictions on (I)NGOs related to FD6/FD7 and visa processes. The ISCG and NGO Platform conducted a survey with (I)NGOs to inform on the key gaps and potential solutions.
Achievements

- Through the UN's Critical Health Services Support (CHESS) project, the COVID-19 Medical Treatment Facility (MTF) was operationalized in June 2021 and began providing in-patient medical services. Admissions were made based on the clinical criteria of UN Medical Directors Model of Care.
- The implementing partner, IQARUS, completed the mobilization of the Rapid Deployment Team with local national staff members and with the supervision of international IQARUS staff.

Challenges

- Processes for local registration, visa, and licensing processes for international IQARUS staff have taken longer than expected with the Bangladesh Investment Development Authority (BIDA) due to documentation requirements, travel restrictions, and the COVID-19 lockdown. As an interim solution, IQARUS began working with a local third-party provider for recruitment and licensing of international staff.
- As the MTF was designed to respond to the treatment needs of moderate, severe, and critical cases of humanitarian personnel engaged in the response, the project is developing eligibility requirements and processes for frontline (I)NGO staff, as demand will exceed the capacity of the facility.
- With the current financing and implementing arrangements, the project will end on 30 November 2021.

COMMON INDICATORS

As of July, 34 camps had effective camp focal points and service monitoring in place as per Standard Operating Procedures (SOPs).

As of July, 8 Sectors had gender, protection (including child protection and GBV) and diversity action plans that were developed, monitored, and implemented.

751,829 beneficiaries were reached through different community engagement initiatives in June and July 2021.

From January to July, an average of 33,887 refugee volunteers were engaged through various initiatives on a monthly basis.

67 Bangladeshi non-governmental organizations (JRP partners) were active in the response in June and July.
VOICES OF THE RESPONSE

“We have been trained and aware of what to do at this time, how to follow good hygiene, and now we are spreading it to others as well.” – Noor Jahan, Rohingya refugee volunteer and Community-Based Child Protection Committee member.

Like any parent, 37-year-old Noor Jahan wants the best for her children. But as a Rohingya refugee, Noor also faces the challenges of raising children in exile. In November 2017, she decided to volunteer her time to improve the environment in her camp, not just for her own children, but for all Rohingya girls and boys living there.

As a Rohingya refugee volunteer and a member of the Community-Based Child Protection Committee in her camp, Noor is seen as a leader. “My work encourages me to do something important in my community,” she says proudly. “It is not very normal for women to work outside in our society.”

Through the Committee, Noor supports adolescent girls, and has worked with aid agencies to stop incidents of child marriages in the camp. Noor also raises awareness on good hygiene practices among children, as part of critical efforts to curb the spread of COVID-19.

She remains hopeful for the future of her family. “All my dreams are about my children. I dream they’ll study a lot, that one of my children will be a doctor one day.” Noor’s husband, Alam, recognizes the importance of her work in the camp, until they are able to return to Myanmar one day. “We dream of returning to our own country safely,” he says. “And I dream of educating our children, so that they grow up and do good things.”

SUPPORT TO HOST COMMUNITIES

A number of JRP partners have come together to improve income generation opportunities and food security of local communities in Cox’s Bazar by setting up aggregation centres, a trading place for locally grown produce. These aggregation centres create new market opportunities for local farmers by connecting them with traders.

One such aggregation centre is run by HELVETAS, in partnership with Shushilan, a Bangladeshi NGO. Farmers are provided with agricultural kits, high value crop seeds, saplings, tools, and fertilizer, as well as technical support and mentoring for commercial vegetable production. HELVETAS and Shushilan have helped over 1,000 local farmers develop business plans.

“The roadside condition of our village is very poor. It took a long time to carry our crops to the local market and to get a fair price,” recalls Islma Mia, a local farmer in Ukhiya. “Now we have a collection centre near to our house or farming land, where we are able to bring our vegetables directly and get a fair price.”

Ansari Begum, a female Bangladeshi farmer in Cox’s Bazar benefitting from an aggregation centre set up by FAO, says that it has opened up opportunities for her. “Before, it was not possible for women like us to bring one calabash [bottle gourd] to the market. Thanks to the aggregation centre, now we can market whatever vegetables we produce. The traders used to deprive us of a fair price but now they can’t.”
CROSS-CUTTING ISSUES

PROTECTION MAINSTREAMING - AGE, GENDER, AND DIVERSITY

The following activities have played an important role in mainstreaming protection and AGD approaches in the Rohingya humanitarian response:

- The Gender in Humanitarian Action (GiHA) Working Group and Gender Hub have supported eight Sectors\(^\text{14}\) in establishing, implementing, and monitoring ‘Gender and Inclusion Action Plans,’ as well as technical gender support for the development of Sector-specific guidance materials.
- Three online Sector-specific trainings on gender equality and women’s empowerment were conducted in June and July by the Gender Hub.
- A technical working group on women’s empowerment and leadership was revitalized under the GiHA Working Group.
- The Health Sector conducted an assessment on gender and inclusion and is following up on key outcomes. While 99% of health facilities have female medical personnel, only 67% of facilities had accessibility measures for persons with disabilities.
- Child Protection Sub-Sector (CPSS) and Protection Working Group Gender and Inclusion Action Plans were finalized and will be formally endorsed in August 2021.
- The Age and Disability Working Group updated its service matrix for persons with disabilities and older persons for the camps and host communities as of June 2021, to support all humanitarian actors with referral services.
- A comprehensive CPSS disability survey identified gaps, challenges, best practices, and priority needs that will be addressed in the coming months. A ‘Training of Trainers’ initiative on disability is being rolled out in partner agencies.
- Forty-five Nutrition Facility supervisors were trained on disability inclusion.
- Food Security Section (FSS) created a ‘Protection Monitoring Checklist’ for porter services and alternate collectors and held monthly meetings of FSS Gender Focal Points to promote gender equality in livelihoods programming.
- Extremely vulnerable individuals received support with shelter repairs and porter assistance, and older persons and women were involved in shelter activities and small-scale works at the distribution points.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

In June and July, the PSEA Network\(^\text{15}\) rolled out the ‘Saying No To Sexual Misconduct Training’ for 25 humanitarian staff; produced and disseminated ‘No Excuse Cards,’ that share the contact information of PSEA focal points within organizations; and produced a new awareness-raising PSEA animation video in the Rohingya language, to be broadcasted in all 34 camps. The ‘COVID-19 Tip Sheet,’ was updated, which provides guidance for humanitarian agencies and organizations to ensure that PSEA prevention and response mechanisms are in place within the COVID-19 response.

The PSEA Network held various consultations and produced an updated draft of the SEA Complaint Referral Standard Operating Procedure (SOP), that will be finalized upon receiving forthcoming global guidance.

Other PSEA initiatives across various Sectors in the humanitarian response include:

- PSEA messages for the monsoon response were disseminated in all camps by Protection and CwC Working Groups.


\(^\text{15}\) The **PSEA Network** is comprised of 40 humanitarian agencies and organizations operating in Cox’s Bazar. The Network functions under the auspices of the UN Resident Coordination in Bangladesh, with the leadership of the PSEA Network Coordinator (ISCG) and two Co-Chairs (IOM and UNICEF).
• 89 social workers at the Department of Social Services (60 male, 29 female) were trained on PSEA by CPSS partners.
• 358 GBVSS staff (primarily case workers and case managers) were trained on PSEA.
• The Education Sector is in the final stages of developing a Child Safeguarding Policy.

ACCOUNTABILITY TO AFFECTED POPULATIONS

As of end-July, a total of eight partners had adopted the Common Feedback Platform, which was established by IOM, UNHCR, DRC, and CwC WG earlier in 2021 to harmonize the collection, referral, and management of community feedback and engagement in the response. Discussions will continue in the coming months to expand the use of the Common Feedback Platform among other JRP partners. As government-led feedback systems are also in place, discussions are ongoing regarding streamlining approaches to ensure that feedback is responded to in a holistic manner. In some cases, parallel systems and related challenges have limited or delayed humanitarian actors’ direct and transparent dialogue with beneficiaries.

Other key AAP activities include:

• Across all 34 camps, partners operated 64 information service centres/info hubs and 69 help desks in June and July, where refugees could receive information and provide feedback.
• The Health Sector developed an AAP framework that is under review through consultations and is expected to be finalized in August 2021. It will provide technical AAP guidance for Health partners in the Cox’s Bazar context, particularly for the development and planning of activities in 2022.
• ‘Guiding Principles for Community Engagement in WASH Infrastructure Planning and Design’ were developed, including practical checklists and guidelines.
• FSS partners (28 female and 32 male staff) were trained on AAP, focusing on strengthening feedback mechanisms.

EMERGENCY PREPAREDNESS AND RESPONSE

The humanitarian community rapidly responded to severe flooding from monsoon rains in end-July, with site repairs, emergency shelter assistance, deployment of mobile medical teams, rapid food assistance, distribution of AquaTabs, immediate repairs to safeguard water provision, and provision of storage and contingency stocks. Psychological first aid, psychosocial support, and referrals through PERU Teams; continuous information-sharing on safety risks and services; and the engagement of women leaders and volunteers were also critical aspects of the emergency response. ISCG supported a coordinated inter-Sector response with the Sector/WG Coordinators and Heads of Offices Groups, and publication of Flash Updates.

Sectors undertook several preparedness activities as part of ongoing EPR initiatives:

• Simulation exercises and training sessions for volunteers were held on a regular basis by the SMSD Sector, according to camp-level emergency preparedness and readiness plans.
• Over 30 metric tons of fortified biscuits were prepositioned in containers located in and around the camps for rapid response, in addition to a 15-day contingency stock for dry food rations.
• Mobile Health and Nutrition were activated and on standby for deployment as needed.

ASSESSMENTS AND REPORTS

Recent resources produced by JRP partners to inform the Rohingya humanitarian response:

• CPSS Localization Agenda Dashboard
• Water Quality Test Results (Field Agency) Dashboard
• FAO-WFP Joint Market Monitor
• WFP Peace Measure: Conflict Sensitivity & Social Cohesion Measurement
• EETWG Joint Assessment of the Fire-Affected Camps

Inter Sector Coordination Group (ISCG)
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