IOM BANGLADESH: ROHINGYA HUMANITARIAN CRISIS RESPONSE

MONTHLY SITUATION REPORT



APRIL 2021



Voices from the Field

"It seems that the Rohingya community who was trying to forget the traumas of the past has once again being traumatized. I never thought that I was going to be faced such horrific incidents as the 2017 violence in Myanmar. People are grieving - for their loved ones, for their possessions, for their lives back

When we first came here, the camp wasn't as structured as it is now so I am hopeful that these efforts can now be replicated for the fire response. People and humanitarian organizations are now aware what the needs are and how to respond to them. You can already see the immense progress that has been

Mohammad Alam is a Rohingya volunteer working with IOM in Cox's Bazar.

These volunteers are essential in supporting aid agencies to refugees. Read more about Alam's



Rohingya arrivals since 25 August 2017



Rohingya in Cox's Bazar



Fire Response: One Month Later

Since March 22, IOM has been responding to the massive fire that broke out in three IOM-managed camps (9, 8W, 8E) in the Kutupalong area in Cox's Bazar. According to the Rapid Joint Needs Assessment, the disaster affected 48,267 individuals, including 24,809 women and girls.

IOM continues to assist affected refugees and host community members with their immediate needs. Since day one, refugees have been able to access live-saving services, such as food, water, protection and health services, emergency shelters and non-food items. Nonetheless, IOM is now focused on the long-term needs of those affected. Rebuilding efforts have already started, access roads have been cleared, some facilities rehabilitated and services reinstated.

Efforts to protect those affected are ongoing and coordination with other humanitarian actors is continuously strengthened to ensure a coherent response. Despite these efforts, with the monsoon season ahead, significant challenges remain. IOM is mobilizing all its resources to ensure the urgent and long-term needs of all those affected are met, and that fire preparedness mechanisms are in place to prevent and mitigate similar incidents.

Prior to the fire, IOM had projected a total of USD 139 million as its Humanitarian Needs for 2021. This new tragedy brings a considerable increase in costs for IOM's operations for 2021, as USD 20 million had to be planned to the fire response. A staggering 88% of the funds required to respond to the fire have been provided so far.

The remaining funds urgently needed will be directed at mobilizing additional staff, community mobilizers and volunteers to support the response and rebuild the camp from the ground up. IOM also aims to engage community members, particularly women, in several livelihoods projects that will give them access to tailored income-generating activities.

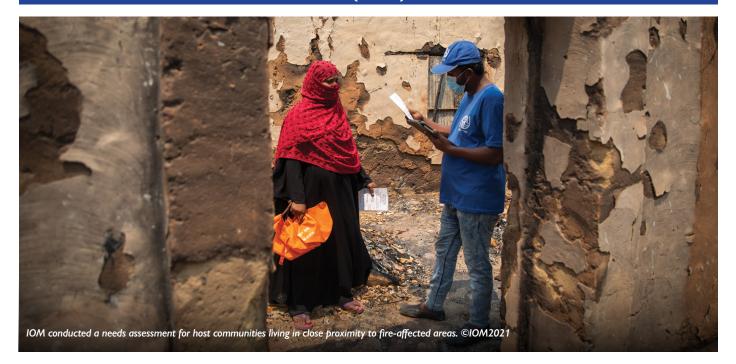








SHELTER AND NON-FOOD ITEMS (SNFI)



To assist fire-affected families this April, IOM Shelter and Non Food Item (SNFI) teams distributed SCOPE cards, and kitchen sets donated by UNHCR. The teams also collected burned Liquid Petroleum Gas (LPG) cylinders and distributed new cylinders and stoves to those affected.

To identify the shelter needs of host communities, SNFI teams conducted <u>a needs assessment</u> for fire-affected families living in Camps 8E and 9. The technical assessment and data collection covered 140 shelters and 135 local carpenters. These carpenters will be essential for upgrading the shelters in fire-affected areas. The assessment provided critical information on the damage done to the shelters in host communities and ensured the most appropriate assistance will be provided as part of the safe shelter upgrade.

In coordination with WFP, the team launched the distribution of <u>SCOPE cards</u>. Through these cards, affected individuals can access a variety of <u>non-food items</u> depending on their needs, including shelter materials, kitchen sets, face masks, and Menstrual Hygiene Management (MHM) and dignity kits.













During the reporting month, 11,841 SCOPE cards were distributed in Camps 8E, 8W and 9. A total of 7,040 kitchen sets and masks were distributed in Camp 9, 1,412 in Camp 8E, and 6,402 in Camp 8W. A total of 10,881 fire-affected families received their LPG kits comprised of cylinder, regulator, hose pipe and stove. Among them, 2,397 were from Camp 8W, 1,465 from Camp 8E, and 7,019 from Camp 9.

In April, as part of IOM's regular distributions, 263 LPG kits were distributed to beneficiaries in 12 different camps as well as host communities living in the Palong Khali union. A total of 78,956 refills were conducted in 17 camps and nine unions. A total of 3,357 extremely vulnerable individuals (2,038 women; 1,319 men), such as elderly individuals, pregnant women and persons with disabilities, received essential door-to-door porter support. To date, a total of 30,439 individuals have received this type of assistance.

During the reporting month, 1,618 households in Camps 10, 15, 16 and 24 received Transitional Shelter Assistance 2 (TSA-2) in-kind and via vouchers. Out of these, 241 households from Camp 10 and 264 households from Camp 24 received the shelter support in-kind and via vouchers directly from IOM. Another 1,160 households in Camp 16 and 7 households in Camp 15 received the shelter support in-kind and via vouchers through IOM's Pipeline Partner. A total of 55 extremely vulnerable families in Camps 10 and 24 received shelter construction and porter support.

IOM directly distributed 331 emergency shelter kits to households affected by harsh weather and relocations linked to protection issues across seven camps, based on a rapid damage assessment. Among the 331 households assisted, 48 extremely vulnerable families were also helped with porter and construction support. Additionally, IOM's Pipeline Partners distributed 121 emergency shelter kits to households affected by harsh weather and relocations across six camps.

This April, at IOM's Bamboo Treatment Facility (BTF), 12,000 Nipa pallets were produced for the Rohingya Cultural Memory Centre (RCMC) refugees engaged in the Cash-for-Work (CfVV) programme in Camp 24 and host community members in Hnila.

MIGRATION HEALTH DIVISION (MHD)

Responding to the needs of the fire-affected population, IOM Health teams have continued operating the temporary health post in Camp 9 and five Mobile Medical Teams (MMT). In April, 56 deployments and 9,130 consultations took place. A total of 16,764 affected households were visited by Community Health Workers (CHW). During the reporting period, a meeting with MMT partners who participated in the fire response took place, aiming to document the best practices and lessons learned.

Essential Primary Health Services

In April, IOM continued to address the essential health needs of Rohingya refugees and vulnerable host communities, by providing 76,566 consultations at 35 primary and secondary healthcare facilities. The services provided included outpatient and inpatient consultations, SRH services, 24-hour ambulances, MHPSS and Gender-based Violence (GBV) services, laboratory facilities, and child health services.

<u>World Immunization Week</u> promotes the use of vaccines to protect people of all ages in all regions of the world. In 2020, 5,973 children under five years old received their vaccination at IOM-supported facilities. This month, 592 children were immunized as per the country's Expanded Programme on Immunization (EPI).

IOM also supports basic and comprehensive emergency obstetric and newborn care services in the Health Complexes in Ukhiya and Teknaf as well as in 27 health facilities across the camps. Several comprehensive SRH services are available in these facilities, including deliveries, antenatal (ANC) and postnatal care (PNC), modern family planning, and menstrual regulation services. In April, SRH outreach activities reached 1,015 Rohingya refugees and host community members.

IOM has been operating HIV testing and counseling services at five facilities. During the reporting period, 423 individuals received counseling and testing services from those facilities, which also offer Prevention of mother-to-child transmission (PMTCT) services.

The health packages at five IOM Primary Health Care Centres (PHCCs) in Ukhiya and Teknaf include integrated palliative care as part of the services provided. During the reporting period, 186 patients were consulted, 43 people with disabilities were referred to physiotherapy and rehabilitation services, 34 follow-up visits for cancer patients took place, seven patients were referred to specialized care, and 174 people were reached through community outreach activities.

Communicable diseases and outbreak control remain a key component of essential primary healthcare services. In April, 514 Acute Watery Diarrhea (AWD) cases, 4,881 flu corner patients and 217 suspected chickenpox patients were treated in IOM facilities. IOM also operates four Oral Rehydration Points (ORPs) and inpatient isolation areas for AWD in its PHCCs, which also conduct rapid diagnostic tests for malaria as part of its monitoring activities for vector-borne diseases.

Infection Prevention and Control and Surveillance

The two IOM Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) and seven health facilities are sample collection sites for suspected and confirmed Acute Respiratory Infections (ARIs) cases. During the reporting period, 2,752 samples were collected from these facilities and transported to the laboratory in Cox's Bazar for analysis. During the reporting period, 61 new suspected cases and 51 confirmed cases of COVID-19 were admitted to the two SARI ITCs.

The Dispatch and Referral Unit (DRU) transported 145 people (suspected and confirmed cases, deceased and discharged). The three ambulance decontamination units are continuing their operations in Camps 20 Extension and 24. During the reporting period, 28 ambulances were cleaned and disinfected.



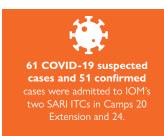
Risk Communication and Community Engagement

Three health outreach teams continue to implement outreach activities aimed at enhancing COVID-19 community-based surveillance, Risk Communication and Community Engagement (RCCE) and the continuity of other essential health services. In April, these teams conducted 2,161 household visits and 36 outreach sessions, and facilitated 477 community referrals. Since the beginning of the response, the teams have visited 81,391 households, conducted 1,687 outreach sessions and made 12,477 community referrals.

Mental Health and Psychosocial Support

IOM's Mental Health and Psychosocial Support (MHPSS) team continues to provide facility and community-based support, including individual and group counseling, emotional support, psychoeducation, awareness-raising sessions and case management, including referrals for physiotherapy, protection and legal aid support, and specialized care from psychiatrists.

During the month of April, the most common stressors identified were related to the fire, safety and security concerns, food and shelter issues, relational conflicts, critical medical conditions, drug abuse, uncertainty about the future, lack of livelihoods, child protection concerns, and worries related to COVID-19.In April, 16,428 individuals were reached through various MHPSS services.





230,671 door-to-door visits and 9,457 courtyard meetings were conducted by IOM's Risk Communication and Community Engagement (RCCE) teams



collected and transported to the aboratory in Cox's Bazar for analysis from IOM's 2 SARI ITCs and 7 additional sentinel sites.



76,566 consultations

were provided in IOM-supported health facilities, including outpatient and inpatient care, SRH services, and integrated palliative care.

PROTECTION



General Protection

The fire on March 22 led to an integrated emergency response led by IOM, as the Protection lead in Camp 9, and saw interventions from General Protection, Child Protection and Gender-Based Violence teams from various agencies. Inter-agency Protection mobile teams were set up to ensure maximum protection coverage of the camps with responses centered around family tracing and reunification, distribution of dignity kits to women and girls of a reproductive age, dissemination of information on the availability of services, psychosocial counseling, individual protection assistance and vulnerability screening. Through these interventions, IOM's Protection team was able to reach and assist a total of 27,158 individuals.

During this reporting period, IOM Protection team assisted 52 individuals seeking inter-camp relocation as part of the individual protection assistance. The majority of these relocation cases were requests from individuals who wanted to reunify with their extended family members as a result of the closure and transfer of Rohingya refugees from Camp 23.

Counter-Trafficking

IOM and its partners continued to sensitize Rohingya refugees on human trafficking issues and COVID-19. The outreach messages promoted personal hygiene and physical distancing while discouraging mass gatherings and disseminated messages on the possible risks of human trafficking during the pandemic. The efforts reached 3,279 individuals through 475 sessions. Additionally, 2,558 comic pocketbooks, leaflets, posters and masks that featured the CT hotline were distributed.

Four training sessions on basic concepts of human trafficking were organized for women committee members in Camps 18 and 20 Extension. Two more sessions were organized for 154 IOM Site Management staff.

Child Protection

During the reporting period, CP teams reached 2,067 fire-affected individuals through Psychosocial Support (PSS) and Psychological First Aid (PFA). CP teams registered three lost and 10 missing children, and successfully reunited seven children with their families. Several high-risk cases have been identified among the newly registered 19 cases.

Around 3,000 cases have been referred to different services, including Health, MHPSS, GBV, Food, WASH, Shelter, and mobile Child Friendly Spaces. Additionally, CP teams referred 27 cases from Camp 23 to relevant child protection actors based in the camps where they were relocated.

Gender-Based Violence

IOM continues to provide life-saving information and awareness-raising activities via its 10 Women and Girls Safe Spaces (WGSS) as well as community-level outreach activities in line with RRRC guidelines. In April, IOM provided group-based PSS to 1,473 women and girls from the Rohingya and host communities.

Community mobilizers and volunteers continued rolling out outreach activities on GBV prevention. During the reporting period, IOM reached 7,904 people through awareness-raising activities conducted in WGSS and at the community level. IOM's partner PULSE reached 2,015 people in the camps and host communities with awareness-raising messages on COVID-19 and hygiene, GBV core concepts and safe referrals.

In April, IOM and its partner PULSE distributed 36 dignity kits with COVID-19 hygiene items to extremely vulnerable individuals, as well as 966 *thamis* (local clothing), 196 soap bars, 16 Menstrual Hygiene management (MHM) kits and 895 masks to host community members as a preventive measure against COVID-19. Furthermore, IOM supported 200 survivors of human trafficking by providing 757 dignity kits to health facilities and ITCs in Cox's Bazar.

IOM is supporting 640 <u>Community Advocates</u> or *Poribortok* (change maker) among the refugee and host community. The volunteers conduct outreach activities meant to prompt dialogue and reflection within their respective community groups, challenging the social norms that perpetuate violence and power imbalances in the communities.









WATER, SANITATION AND HYGIENE (WASH)











A dedicated WASH team comprised of staff, volunteers and partner NGOs worked tirelessly throughout the month, installing emergency WASH facilities to meet the critical water, hygiene, and sanitation needs of the fire-affected population.

A total of eight bladders with a capacity of $6m^3$ were installed for water supply and 6,097,500 liters of water were distributed through water trucking in Camp 9. With support from IOM's implementing partners, a total of 440 handpumps, 793 latrines, and 298 bathing sheds in Camp 9 were repaired. During the reporting period, partners also removed $1,282m^3$ of sludge to make the latrines in Camp 9 functional.

During the reporting month, WASH teams distributed 38 hygiene kits (comprised of 5 bathing soap bars, 5 laundry soap bars, 120 aquatabs, 1 jerry can for 10L, 1 bucket with lid for 10L) and 5,109 Menstrual Hygiene Management (MHM) kits to the fire-affected population in Camp 9.

Another 419 full hygiene kits were distributed, each kit comprised of 8 bathing soap bars, 7 laundry soap bars, 2 pairs of child flip-flops and 2 pairs adult, 2 waste bins, 1 plastic *bodna* (water pot with a spout), and 1 baby potty, to the affected population in Camp 9. Partner organizations distributed soap kits door to door, while maintaining physical distance. Since March 22, IOM WASH teams have distributed 8,104 emergency WASH kits, 7,143 MHM kits, and 419 full hygiene kits.

Hygiene promotion volunteers conducted 91,217 door-to-door visits, reaching 38,122 people. The main topics of the sessions were the proper use of aquatabs, handwashing practices, access to safe water, and the proper use of toilets.

As part of its regular programme activities, the unit has completed the construction of 18 bathing cubicles and installed three deep tube-wells in Camp 20 Extension. Between January and April 2021, IOM WASH teams built 42 latrines, upgraded 62 latrines and retrofitted 461 latrines.

IOM WASH teams distributed Menstrual Hygiene Management (MHM) kits to women and girls, through its implementing partners in Camps 9, 12, 20, and 20 Extension.

During the reporting period, IOM distributed 31,092 soap kits through its partners across nine camps. Each soap kit contains eight bars of bathing soap and seven bars of laundry soap, meant to last for a month for the average refugee family in the camps. Partner organizations distributed soap kits door to door, while maintaining physical distance.

IOM's implementing partners continued disseminating messages on COVID-19 prevention measures, food safety, waste management, and hygienic practices. Partner organizations conducted a total of 148,413 household sessions, reaching 269,482 beneficiaries. IOM partners also conducted 5,439 awareness-raising sessions using megaphones, reaching an estimated 156,439 people.

IOM WASH teams are facilitating the disinfection of WASH facilities in key camp locations with 0.5% chlorine solution. During the reporting period, the teams distributed 120 kg of 65% HTH chlorine to implementing partners to continue the disinfection of WASH facilities, and key communal places within the camps. Between March 2020 to April 2021, IOM provided 204 backpack sprayers and 6,413 kg of 65% HTH chlorine.



SITE MANAGEMENT AND SITE DEVELOPMENT (SMSD)



Site Management

Following the tragic fire on March 22, SM teams immediately assisted those displaced, recorded and maintained the data, coordinated the food and non-food assistance with other organizations and referred vulnerable individuals to the Protection team.

In April, SM's focus was on <u>coordinating</u> partners to start the recovery and reconstruction activities in fire-affected camps. SM co-chaired the daily sector meeting with the Camp-in-Charge (CiC) to ensure smooth coordination among partners and mobilized the teams at block level to capture feedback from the community. The teams conducted eight Service Recovery Assessments with the aim of tracing functional services.

Site Maintenance and Engineering Project

SMEP is a joint venture of IOM, UNHCR and WFP mandated to maintain and improve all vehicular roads within the camps. Taking into account the Build Back Safer approach, the SMEP team has started slope stabilization works in Camp 8E. In April, SMEP staff and volunteers continued the fire debris cleaning campaign in the three fire-affected camps. Throughout the month, 200 staff worked each day to segregate and move waste from affected areas to a temporary location.

Communication with Communities

IOM and ACAPS have completed a large qualitative study entitled "Our Thoughts" on accountability within the response, gathering critical feedback in the process from over 200 interviews with the Rohingya population living in Cox's Bazar. The report explores recurrent themes within the response, such as the treatment of Rohingya refugees, their inclusion in the decision-making process, and complaints and feedback mechanisms.

Women's Participation Project

During the reporting period, IOM conducted two training sessions on "Women's Participation and Leadership" for 26 women in Camp 15. The training aimed to strengthen the leadership and decision-making skills for Rohingya women at the individual, household, and community level. An orientation training on cyclone preparedness was conducted for 183 women representatives in Camps 15, 19 and 20 Extension.

A total of 92 awareness-raising sessions and 16 meetings were conducted for 904 women in five different camps. Several topics were discussed, including COVID-19, cyclone preparedness, fire safety, basic literacy, and hygiene promotion.

A cleaning campaign was organized in Camp 20 Extension for 39 women representatives. A fan making training was conducted in Camp 15 for 14 Women Committee members. Women representatives in Camp 20 Extension donated 25 handmade fans to fire-affected women in Camp 9.

Emergency Preparedness

In April, in coordination with the American Red Cross, all 100 Disaster Management Unit (DMU) volunteers in fire-affected camps were provided with Personal Protective Equipment (PPE) comprised of life vests, torch lights, gum boots, raincoats and helmets, as well as search and rescue materials and first aid kits.

SM teams conducted an orientation session on how to control and respond to fire incidents, preventive measures, crowd control and fire breaks. The message also extended to the existing women committees. IOM also prepositioned 25 kg fire extinguishers in key locations in the more congested parts of Camps 22, 23, 24 and 25.

As part of its disaster preparedness activities for the cyclone season, IOM held several Disaster Management Committee (DMC) meetings in Camps 22 and 23. Together with the CiC, staff, sector focal points, Army, Police and the Upazila Chairmen, a camp contingency and emergency preparedness response plan has been drafted.





















TRANSITION AND RECOVERY DIVISION (TRD)

Disaster Risk Reduction

With the cyclone season approaching, IOM has started renovating the cyclone shelters in Ukhiya and Teknaf to improve the DRR response capacity of host communities in the two sub-districts. During the reporting period, multiple meetings with the cyclone shelter management committees were organized to ensure the sustainability of the renovation works. The renovation for two out of the 16 shelters has already begun, with the other works to begin soon.

Several small-scale mitigation interventions have been finalized for the 40 schools used as cyclone shelters in Ukhiya. These Cash-for-Work activities will be carried out by host community members as an opportunity to generate an income. Under the same activity, COVID-19 preparedness materials have been distributed to 40 schools in Ukhiya which are used as cyclone shelters. Another 30 small-scale renovation interventions were implemented in 11 Multi-Purpose Community Structures (MPCS) used as cyclone shelters in Teknaf.

IOM assisted the local Disaster Management Committees (DMCs) to organize their monthly meetings, advising on upcoming disasters, revisiting community risk assessments and disaster preparedness plans, as part of its regular capacity building support to host committees.

The Union Disaster Management Committees (UDMC) provided a list of 46 proposed small scale DRR intervention schemes. IOM followed up with the technical and feasibility assessments and found 20 schemes which are technically and administratively feasible. The selected activities are now in the implementation stage conducted by IOM's Infrastructure unit.

IOM has been working with the Cyclone Preparedness Programme (CPP) in Cox's Bazar since 2018, providing capacity building support and equipment for response. During the reporting month, IOM provided emergency equipment to 1,440 CPP volunteers in Ramu and Moheshkhali, and trained them on their correct use.

The items distributed included first aid boxes, stretchers, helmets, torch lights with batteries, goggles and nose masks. These will ensure their appropriate response in pre- and post-disaster contexts and significantly reduce loss of life and resources.









Livelihoods

During the reporting month, under the SAFEPlus programme, IOM's implementing partner Prottyashi conducted a skill development training on electrical wiring and repairing electronics for 15 host community members. Also in the Training Hub, another 15 host community members attended a skill development training on plumbing and repairing accessories. After completing the training, the participants will be able to use their new-found skills to generate an income.

Under SAFEPlus, implementing partner SHED is regularly following up on the project's 2,000 beneficiaries to ensure they are generating an income. These beneficiaries have already attended a skill development training and recieved in-kind support to start an income-generating activity. In April, 35 individual meetings were conducted with participants, to discuss practical information such as business plans and opening a bank account to receive their grants. Participants also received information on COVID-19 prevention measures, such as social distancing, the importance of handwashing, and wearing masks.

IOM's livelihoods partner United Purpose transferred conditional cash grants to each of the project's 99 beneficiaries to help them start their own business and generate an income. The partner also transferred conditional cash grants to another 73 beneficiaries who had attended a skill development training under the SAFEPlus programme.



NEEDS POPULATION AND MONITORING (NPM)



IOM NPM continues to support the Site Management Sector with the Incident Reporting Mechanism. More information on incidents can be found in this dashboard. NPM also supported SMSD in developing the tool for Daily Incident Mechanism 2021 (to be launched this May).

In collaboration with UNHCR and under the coordination of the SMSD Sector, NPM continued mapping facilities and monitoring activities. Information on 6,223 facilities has been collected; data collection will be completed the first week of May.

During the reporting period, NPM continued to support the SMSD unit with the Street Solar Lights Assessment and the Cyclone Preparedness and Response workshop. The unit also provided technical support to the SNFI Sector to analyze and contextualize the findings of the first Shelter Standard Assessment.

A working document on information gaps was produced, as well as a concept note on a 4-year Joint Multi Sector Needs Assessment (J-MSNA) comparison. The Hub continued to support ISCG with the planning and coordination regarding qualitative and quantitative tool development, data collection, data analysis and reporting.

NPM collaborated with WFP to conduct the Rapid Host Community Profiling Assessment for the host community living in the fire-affected area. The key findings were presented during the Sector meeting and a full report has been shared with ISCG.

The ACAPS-NPM Analysis Hub has completed the second phase of the audio consultancy with Arete. The final audio report - a conversation between ACAPS and IOM's CwC unit – has been released; the post-pilot survey will be completed by the end of the month. Arete has produced an analysis of the post-pilot report and shared it with ACAPS for feedback on the project.

The Hub organized the second Coffee Meeting session, including a broad conversation around research and data collection amidst COVID-19 restrictions and ways to adequately collect protection data when access is

NPM is supporting DMC Dhaka in setting up Key Informant Interviews with relevant Government officials and UN agencies in Cox's Bazar, in close collaboration with the Ministry of Disaster Management and Relief (MoDMR).

Funding for IOM's response is provided by















































