

IOM BANGLADESH: ROHINGYA HUMANITARIAN CRISIS RESPONSE

MONTHLY SITUATION REPORT

January 2019





712,700 Rohingya arrivals since 25 August 2017 to Cox's Bazar



925,700 total Rohingya Population in Cox's Bazar



2018 ACHIEVEMENTS

In 2018, IOM and its partners provided aid to over 1.2 million refugees and host community members.

IOM has significantly scaled up its protection programming in Cox's Bazar and represents one of the largest integrated and specialized protection portfolios for IOM, ensuring the Centrality of Protection in humanitarian operations, decision-making and accountability structures.

At the beginning of the year, IOM continued to run the diphtheria isolation and treatment centers. In total, almost 6,000 patients were triaged for suspected diphtheria.

In February, Upgrade Shelter Kits (USKs) distribution began. In total, over 43,000 households received a kit alongside with Disaster Risk Reduction orientation.

In May, IOM started the relocation of over 24,438 individuals due to risk of landslide, flooding and infrastructure work in IOM's Areas of Responsibility.

IOM has also been working to strengthen its Accountability to Affected Populations and Communication with Communities through the distribution of 75,000 hand cranked/ solar radios as well as Feedback and Information Centers in all IOM managed camps.

Finally, the joint FAO/IOM and WFP Safe Access to Fuel and Energy (SAFE PLUS) project was launched. A total of 17,841 households from both Rohingya and host communities have received cooking kits, including stove set and gas to date/

In 2019, IOM will adopt an integrated approach to support life-saving and sustaining assistance as well as early recovery activities.

KEY FEATURES

- Cyclone Preparedness Programme (CPP) and Disaster Management Trainings for Safety Volunteers Units and IOM volunteers were organized in several camps in conjunction with the American Red Cross and German Red Cross.
- ♦ A three day training on clinical management of rape survivors was conducted in partnership with the IOM Protection team this month.
- ♦ IOM also contributed to strengthen the current capacity of child protection stakeholders by cofacilitating case management trainings.
- Seven new and improved varieties of vegetable seeds were procured for the women's groups (25 individuals) engaged in mediumscale vegetable production.















Site Management

In January 2019, a total of 1,132 community meetings with Majhis, Camp Coordination Committees, Women's Committees, the IOM WASH team, the IOM Health team and Education actors were organized across the camps. Support for Complaints and Feedback Mechanisms (CFM) is ongoing. In order to adequately address the complaints, IOM and its Implementing Partners continue to refer complaints and feedback received to relevant teams for action.

Radio Listening Sessions were held to raise awareness on various issues such as chicken pox, pneumonia, safe water management, fire safety, pregnancy and neo-natal care.

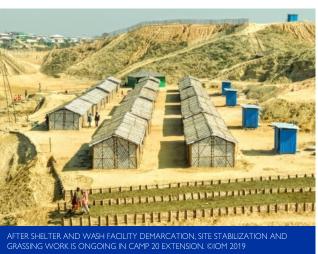
Additionally, Cyclone Preparedness Programme (CPP) and Disaster Management Trainings for Safety Volunteers Units and also for IOM volunteers were organized in several camps in conjunction with the American Red Cross and German Red Cross.

Protection Workshops were also held in various camps with relevant stakeholders in protection over the course of the month. Finally, the first batch of Training of Trainers (ToT) on Site Management was held at the end of January. Ms. Jennifer Kvernmo (Global CCCM Cluster Adviser) and Ingrid Daba (Capacity Building Coordinator) both facilitated the training. The training was composed of 21 participants (male: 17, female: 4) attended from the Refugee Relief and Repatriation Commissioner (RRRC), IOM, and Implementing partners.

Site Development

Land and block demarcation is ongoing across the camps and flagpole installation is continuing across multiple camps. Installation of Solar Street Lights is ongoing across camps as well as tree planation maintenance across all plantation areas. Finally, Construction work is on going for drainages, bridges, pathways and community hubs.









Creative Arts Therapy in Refugee Emergencies: Using Music, Dance and Visual Storytelling for psychosocial support

The Creative Arts Therapy sought to reveal new ways of working with psychosocial support, using the artistic mediums of music, dance and photography to provide emotional, mental and physical support to the beneficiaries, many of whom were survivors of Gender-Based Violence (GBV), to help restore their sense of self-worth, empowerment and trust.

The project involved a two-phase system. The first phase was a three-day Training of Trainers (ToT) program, working with 45 IOM staff members, on using music, dance and photography to enrich communications with Rohingya. The second phase involved 45 Rohingya women and girls, over a five-day workshop series.

The three key concepts for training of IOM staff were: *learning by doing, the driver seat analogy* and *do no harm*. The first two concepts dictate that there is no set structure to the project and it all depends on the participants, their energy, willingness to share and the pace. By doing this an environment of safety, trust can be created and creativity is used to unlock potential. This project showed that creativity goes deep into the issues that women and girls are struggling with in this context. The participants shared what happened when they lived in Myanmar and fled to Bangladesh. One of the songs utilized talks about the birds in their home village they cannot hear anymore. They also shared stories about their life in the camps and there were many positive stories. One being a photo story about a girl who met her new best friend in the safe space and took photographs for the first time with her.

All the different art modalities IOM worked with complement one another: photography is about being empowered to tel your own story in your own words, movement is settling into a comfortable space in your body and mind and music is all about memories, sharing and telling stories—fitting all three components together.

To assess the efficacy of the program, a method called "Most Significant Change" was used to gather data from the participants.

All participants (both beneficiaries and IOM staff) said they learned new skills. Most participants expressed feelings of happiness, less shyness, along with feelings of safety and

"I was very sad from the last couple of days, but I'm very happy after coming here. I enjoyed doing movement, music and photography. I think my dream has come true after attending this." - A Rohingya participant



THE SECOND PHASE INVOLVED 45 ROHINGYA WOMEN AND GIRLS USING THE SAM TECHNIQUES SUCH AS MUSIC, DANCE AND PHOTOGRAPHY. ©IOM 2019

empowerment resulting from the project. A significant number of women and girls said they had been changed through the process of working and creating as a group. A few participants were already looking forward to practicing and teaching their new skills in their daily lives. A significant number of participants, both beneficiaries as well as local staff, said the project helped them to relieve stress.

A significant number of participants also expressed that they wanted to learn even more skills they had acquired through the program.

Creative arts therapy is now a regular activity integrated in all IOM Women and Girls' Safe Spaces (WGSS) with dedicated sessions for adult women and adolescent girls. The holistic approach and three aforementioned concepts also guide all capacity building for all IOM staff (community mobilisers, Psychosocial Support officers, caseworkers and case managers). Moreover, women and girls can come outside of the dedicated scheduled creative arts therapy activities to develop their skills in particular areas of interest such as photography or music.







SHELTER AND NON-FOOD ITEMS (NFIs)

PHASE I Emergency PHASE II Upgrade Shelter Kits PHASE III Transitional Shelter Assistance

After rolling out distribution of Emergency Shelter Kits (ESK – phase 1) and Upgrade Shelter Kits (USK - phase 2) with training or technical assistance to upgrade/construct shelters, IOM has started rolling out the Transitional Shelter Assistance (TSA - phase 3) programme in Camps 18 & 8E. The main objective of this programme is to support Rohingya households to increase the durability and habitability of their shelters while taking ownership of shelter maintenance and improvements. Challenges to the Rohingya population's shelters remain, particularly 1) durability of materials, and 2) improvement of safely and habitability. Through the provision of durable shelter materials (via in-kind distribution), household shelter maintenance trainings, technical support, and additional shelter materials (voucher-based distribution), IOM seeks to address these challenges. Rohingya refugees will also be engaged in Cash-for-Work activities to support shelter construction for extremely vulnerable Rohingya households such as female-headed households, elderly, and persons with disabilities.

In addition, the design of mid-term shelters has been finalized in conjunction with the Site Management, WASH and Shelter/NFI Sectors, including outdoor private bathing spaces and cooking areas to increase protection and reduce fire risks.



ORIENTATIONS ON "SHELTER MAINTENANCE AND IMPROVEMENT" AS PART OF PHASE 3 TSA PROGRAMME. ©IOM





5,820 pieces of treated borak bamboo produced at IOM's pilot bamboo treatment facility



117 extremely vulnerable households (EVI) supported for material transportation and transitional shelter assistance



98 field staffs have received ToT on "Shelter Maintenance and Improvement"

WATER, SANITATION AND HYGIENE (WASH)



305,000

individuals benefitting from operation and maintenance of WASH facilities

IOM WASH has completed the laying of the 8.5 kilometer water pipeline in Camp 12. The installation of tap stands will begin following the completion of pipe fittings. IOM began the installation of reservoir tanks and crib wall—a type of gravity retaining wall, constructed from interlocking, precast, concrete components—at the reservoir site, in collaboration with the Site Management and Engineering Project (SMEP) team and IOM WASH following the relocation of families from the reservoir site. This proposed water network will serve around 30,000 people living in Camps 12 and 19. The construction is expected to be completed and functional by the end of March 2019.

Construction of a Decentralized Waste Water Treatment System (DEWATS) in Shamlapur (Camp 23) is complete and will remain under close monitoring of the IOM WASH team to analyze the performance of the facility regarding wastewater treatment.

Finally, IOM set up two bladders in Alikhali (Camp 25) to supply approximately 30,000 liters of water every day to about 2,000 people residing in Katamurapara and Tulabagan. The intervention aims at reducing water scarcity prior to the upcoming dry season and will replace water trucking. Water from Leda canal will be treated using the water treatment facility established in Camp 24 and delivered to bladders in Alikhali using a water pipeline.



26,325

top-up hygiene kits distributed to date





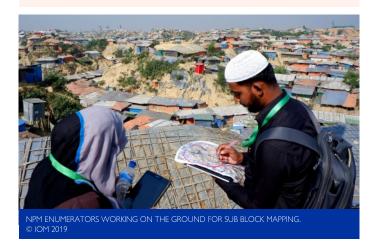
SETTING UP OF BLADDERS FOR WATER SUPPLY IN ALIKHALI (CAMF 25). ©IOM 2019

NEEDS AND POPULATION MONITORING (NPM)

IOM NPM, in coordination with the Inter-Sector Coordination Group (ISCG) and the Site Management Sector, began conducting facility identification and mapping data collection in all IOM camps. This activity will identify newly built facilities, record key information on their functionality, update the GPS coordinates of previously identified facilities, and assign unique ID codes to each. Data collection has been completed in 10 out of 18 IOM-camps and data cleaning and verification exercises are ongoing in order to validate the data before sharing. In addition, the NPM Information Management team is developing facility monitoring tool.

This month, NPM in coordination with the Site Management Site Development Sector, also worked on the geographical redesign of administrative boundaries throughout all IOM camps. This six-month project has resulted in the division of 18 IOM camps into 86 blocks and 492 sub blocks. Boundaries were designed in consultation with Rohingya refugee representatives on the ground, respecting local community dynamics whilst also ensuring the division of resources and access to services. The redesign and final validation of these new administrative boundaries is the first official step towards the introduction of the new governance system throughout all camps in 2019.

NPM published the result of the <u>NPM Round 14 Baseline Assessment exercise</u>. The data collection was conducted across 2,052 locations. Along with its Baseline 14 exercise, NPM also updated its Majhee Blocks Atlas, GIS tools packages by camp, UAV imagery. The products are available on <u>NPM Bangladesh Portal</u>.



PROTECTION

IOM continues to support an integrated protection response including: mitigation and prevention of Gender Based Violence (GBV), addressing all forms of exploitation and abuse of children, addressing human trafficking, protection monitoring at camp level and strengthening community capacities to self-protect and ensure resilience to protection threats/risks. IOM supports standalone protection, ensures accountability and responsibility through mainstreaming and is integrated with Site Management to support coordinated protection presence in the camps managed by IOM. The Cox's Bazar protection programme is also complemented by IOM's national protection activities that engage on capacity strengthening with duty bearers, research, and broader issues of migration. Key achievements include:

- 10 camp coordination meetings for protection actors were led to ensure distribution of referral pathways, monitoring of trends in camps, coordination of activities, and engagement with local authorities regarding critical protection issues.
- ♦ 85 newly arrived and existing resident households were supported to relocate safely. IOM continues to ensure protection presence during all phases of relocation community consultation, mobilization, at point of origin and destination providing dedicated follow up and referrals from then on.
- ◆ Three community risk mapping sessions for 40 female Rohingya in Unchiprang, were conducted following a request by IOM Site Management, as part of IOM's community resilience approach.
- 241 community members (including 24 male leaders) were provided with awareness raising on GBV mitigation, prevention and referrals mechanisms, including dialogue on the necessity of GBV support and addressing barriers to access.
- 4,963 (2,221 female, 2,742 male) participants attended and received awareness raising messages on trafficking risks utilizing IOM's adapted materials. Both refugee and host communities were targeted for these activities.
- ♦ IOM supported the District level Counter Trafficking Committee (CTC) of 40 local government officials to exchange best practices and measures to address trafficking this month.
- ♦ A total of 36 Persons with Disabilities (PWD) received home-based rehabilitation services during the reporting people and a total of 298 rehabilitation sessions were conducted with PWD, including children. Assistive devices were also provided to 18 PWD. 22 PWD were referred and followed up after receiving appropriate services.
- ♦ IOM also contributed to strengthen the current capacity of child protection stakeholders, including civil society and Government of Bangladesh actors, by co-facilitating case management trainings for 75 staff and contributing to tools and procedures related to case management.
- Over 86 extremely vulnerable individuals (EVIs) were directly assisted with access to services, support and additional referrals following routine protection monitoring over the month.

HEALTH

Emergency Outbreak and Response

An increased trend of Varicella (chickenpox) is being observed in makeshift camps of Cox's Bazar - 9,972 suspected cases were reported in January 2019 with no fatalities. Out of these, IOM health facilities have diagnosed and treated 2,027 cases. A joint investigation in collaboration with the Health Sector and other UN partners was conducted to assess the situation of varicella in the camps. In response to the potential outbreak, IOM has initiated a Chickenpox outbreak preparedness and response plan, which includes clinical management, referral, risk communication and capacity building. Community health workers (CHW) are conducting community messaging and risk communication on varicella. 15 of the IOM facilities are accepting "high risk" cases for providing antivirals. IOM is also contributing to surveillance of varicella through daily line-listing and weekly EWARS reporting. IOM is also taking part in the Varicella Case management Committee in Cox's Bazar.

Sexual and Reproductive Health Services

IOM continued provision of quality sexual reproductive health services through the provision of 24/7 delivery care services at three facilities and daytime delivery care services at six facilities as well as provision of a comprehensive package of Antenatal/post-natal Care and family planning services at 23 health facilities. In January, IOM conducted a total of 273 safe deliveries, 3,836 antenatal care sessions and 620 post-natal care sessions at all the facilities with a marked increase number in all the services provided as compared to December.

Efforts for capacity strengthening of health workers continued: in January, a total of 21 health workers from all IOM facilities received a three-day training on clinical management of rape survivors in collaboration with the IOM protection team. In addition, continuous medical education sessions (CMEs) for all IOM midwives from Teknaf and Ukhia to strengthen their skills and improve the quality of reproductive health care services continued in January.

Mental Health and Psychosocial Services (MHPSS)

Over the month of January, the MHPSS team reached 4,120 beneficiaries through direct provision of services and community mobilization activities in Ukhya and Teknaf. Additionally, family dialogue sessions have been conducted for 45 family households, reaching 225 individuals. The aims of these sessions are to acknowledge the role of women in the community and families, and to tackle and transform negative and violent relational/gender patterns.

IOM is part of the Mental Health Working Group of the Government of Bangladesh to support the implementation of national mental health laws. A draft plan was developed, which has been accepted as a part of the implementation strategies of the national Mental Health and Psychosocial Support Progamme. Finally, a new programme called 'Collective Kitchens' has commenced under the MHPSS programme. This programme brings one member from ten different families together to cook a recipe in someone's house which is subsequently shared with the members of those ten families. Each participating family contributes with an ingredient for the recipe. The programme aims to strengthen solidarity and community cohesion.



Balukhali Makeshift Primary Health Care Centre (PHCC) is currently in the process of being renovated. These renovations will ensure that the PHCC facility has the increased capacity it requires to serve the increasing need for health services and maternity care for the Rohingya refugee population.



1,659

Average daily consultations in IOM facilities



470

Average daily consultations with <5-year-olds



4.749

Antenatal care sessions conducted in January



273

Deliveries conducted in IOM facilities by skilled birth attendants in lanuary



ONE OF THE 'COMMUNITY KITCHENS' RUN BY THE IOM MHPS: PROGRAMME. ©IOM 2018

TRANSITION AND RECOVERY

Safe Access to Fuel and Energy (SAFE)

KOICA and Join Together Society (JTS) Korea officially handed over 100,000 cook stoves to WFP and IOM. The handover ceremony took place in the Camp 11 LPG depot and was attended by RRRC, the ITS Chairperson, KOICA President, IOM Chief of Mission and WFP Country Director. The stoves will go a long way in increasing access to LPG by both host and Rohingya communities.

In January 2019, LPG refills continued and have benefited 15,858 households (1,067 host community members and 14,791 Rohingya). A total of 2,752 households have benefited from LPG for the first time in Shamlapur and Camp 11. To date, 23,783 households have befitted from LPG in IOM managed

Livelihoods and Social Cohesion

Ongoing Livelihoods support to host communities within the Ukhiya sub-district reached a total of 400 households. The coverage during the month included;

- 1,830 assets in livestock and poultry transferred to beneficiaries.
- Seven new and improved varieties of vegetable seeds were procured for the women's groups (25 individuals) engaged in medium-scale vegetable production.
- Support to off-farm small income generation increased to 86 beneficiaries of ultra-poor whose conditions have been exacerbated by loss of their lands . Through small business training, the beneficiaries identified 25 high demand essential goods for their start-up retail businesses.
- One group of 12 beneficiaries trained on business planning have set up tailoring shops and IOM has supported each member with full set of kits (sewing machines, tape, etc.)

IOM held leaders' consultations on building social cohesion in host communities. The consultations, being part of introducing IOM projects, were officiated by the Head of the Upazila Administration (UNO). It engaged local stakeholders of affected host communities on issues of practical action, community participation in prioritizing needs, and the obligations of local leaders in mitigating grievances against the Rohingya populations. IOM will be institutionalizing these platforms across the two sub-districts.

Resilience and Disaster Risk Reduction (DRR)

IOM has completed Community Risk Assessments and Risk Reduction Action Plans (CRA & RRAP) in all wards of six unions. Communities, members of Union Disaster Management Committees (UDMC), and different occupational and professional members of the community took part in the CRA & RRAPs conducted through the following process:





Transect walk and rapport building

Risk and resource mapping (through hazard, vulnerability and capacity assessment)

Risk identification, risk reduction measures identification, risk prioritization

Identification of risk reduction options

Formulation of RRAP and building common consensus for validation and endorsement from **UDMCs**

Funding for IOM Response Plan is provided by

























