

ROHINGYA INFLUX OVERVIEW

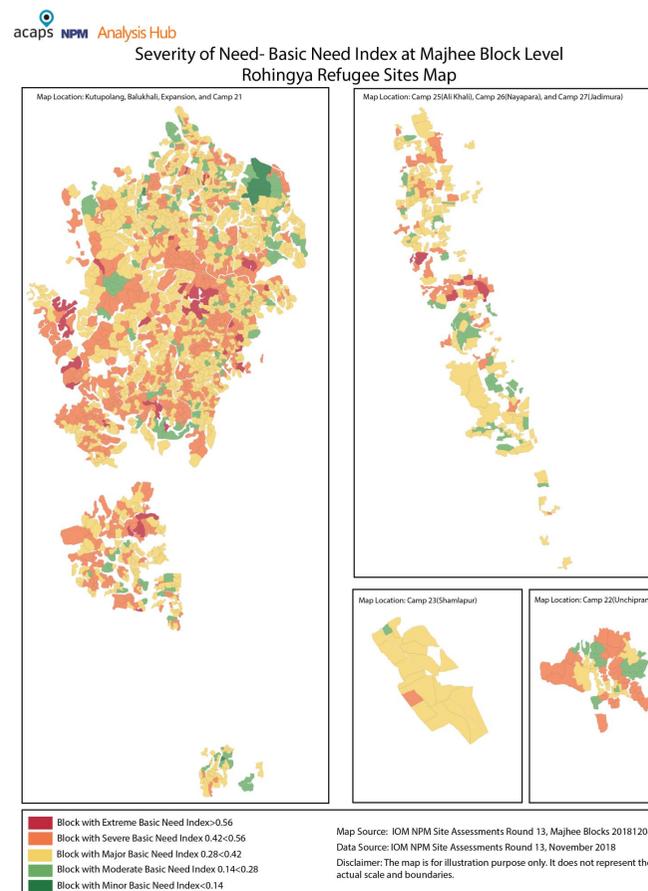
Key issues and needs

This Rohingya Influx Overview (RIO) details how needs of the Rohingya population in Cox's Bazar district have evolved in key sectors and identifies new issues that have arisen. The report covers data collected in November and draws comparisons between previous rounds of data collection from September and July.

Key findings:

- In comparison to data gathered in September, a slight shift away from the use of firewood toward more **sustainable sources of fuel** can be observed.
- **Barriers to access water** as well as **sanitation and hygiene** facilities remain significant.
- The provision of **quality healthcare** continues to be a challenge. In many blocks, issues such as long wait times and lack of adequate medicines were reported.
- Although plans to begin voluntary repatriations to Myanmar were halted, **concerns and fears** among the Rohingya population, particularly around documentation, have increased as a result.

The Basic Needs Gap Index illustrates that needs vary greatly across the camps, with some areas being more affected than others by gaps in key sectors.



Map 1: Basic Needs Gap

About this report

This report covers changes and key issues recorded in the Rohingya refugee camps in Cox's Bazar district of Bangladesh between July, September, and November. It includes a review of secondary data, as well as the results of a multi-sector prioritisation tool developed by the Analysis Hub: the *Basic Needs Gap Index*. This index is based on Needs and Population Monitoring (NPM) Round 13 data and covers gaps in shelter and NFIs, food, health, sanitation and water supply, and is meant to illustrate the severity of need across camps and blocks in the Rohingya settlements.

Key priorities



High barriers
to access WASH facilities



Protection
Fears of forced returns



Winter NFIs
To cope with lower temperatures

Overview

CAMP NAME	Blocks	Population	Block with extreme basic needs	Population with extreme basic needs	% of Population with extreme basic needs	% of Blocks with extreme basic needs	Block with severe basic needs	Population with severe basic needs	% of Population with severe basic needs	% of Blocks with severe basic needs
Camp 08W	79	33953	13	5865	17%	16%	26	10802	32%	33%
Camp 14 (Hakimpara)	50	32707	5	3879	12%	10%	28	17934	55%	56%
Camp 09	90	35506	7	3282	9%	8%	53	20700	58%	59%
Camp 26 (Nayapara)	88	42966	9	3047	7%	10%	29	9858	23%	33%
Camp 07	63	38888	3	2320	6%	5%	18	11194	29%	29%
Camp 20 Ext	20	5058	5	1480	29%	25%	8	2004	40%	40%
Camp 01W	99	39768	4	1091	3%	4%	17	6518	16%	17%
Camp 12	56	26288	1	764	3%	2%	23	12035	46%	41%
Camp 05	48	25344	2	665	3%	4%	26	13703	54%	54%
Camp 19	66	22279	2	550	2%	3%	42	13786	62%	64%
Camp 17	42	16076	1	493	3%	2%	18	6955	43%	43%
Camp 18	74	29696	1	480	2%	1%	30	11584	39%	41%
Camp 13	95	42434	1	452	1%	1%	51	23227	55%	54%
Camp 08E	79	32853	1	448	1%	1%	16	6385	19%	20%
Camp 16 (Potibonia)	52	23316	1	245	1%	2%	16	6918	30%	31%

Table 1: Basic Needs

The Basic Needs Gap illustrates the differences in needs across camps. Table 1 shows the camps with the highest aggregate cross-sectoral needs. The camps with the highest proportions of people living in blocks with extreme basic needs are Camp 20 Extension (29% of the camp population), Camp 8W (17%), and Camp 14 (12%). Camps 8W is the camp with the highest total number of people living in blocks with extreme basic needs (over 5,800 people), followed by Camp 14 with 3,800 people.

WASH

Water

Table 2 illustrates the severity of water needs across camps. The camp with the highest number of people living in blocks with extreme water needs is Camp 01E, where over 4,700 people face extreme water needs. It is also the camp with the largest share of the population with extreme water needs (12%). Other camps with high water needs are Camp 02E and Camp 14, each having more than 10,000 people with severe water needs, accounting for over 30% of their respective camp populations. In Map 2, water needs are displayed at block level in order to identify block-level gaps in water needs.

CAMP NAME	Blocks	Population	Block with extreme water needs	Population with extreme water needs	% of Population with extreme water needs	% of Blocks with extreme water needs	Block with severe water needs	Population with severe water needs	% of Population with severe water needs	% of Blocks with severe water needs
Camp 01E	103	39731	12	4782	12%	12%	17	7398	19%	17%
Camp 05	48	25344	2	1646	6%	4%	10	5234	21%	21%
Camp 02E	61	31339	3	1675	5%	5%	19	10220	33%	31%
Camp 20	21	8069	1	386	5%	5%	2	918	11%	10%
Camp 11	79	32275	4	1508	5%	5%	12	4471	14%	15%
Camp 08E	79	32853	4	1499	5%	5%	8	3609	11%	10%
Camp 19	66	22279	3	1014	5%	5%	10	3388	15%	15%
Camp 26 (Nayapara)	88	42966	5	1871	4%	6%	21	9495	22%	24%
Camp 07	63	38888	2	1218	3%	3%	14	8276	21%	22%
Camp 02W	46	25682	2	711	3%	4%	5	2808	11%	11%
Camp 09	90	35506	2	837	2%	2%	26	9973	28%	29%
Camp 04	66	29668	1	635	2%	2%	13	6486	22%	20%
Camp 03	87	38549	2	764	2%	2%	11	5301	14%	13%
Camp 16 (Potibonia)	52	23316	1	460	2%	2%	12	4924	21%	23%
Camp 13	95	42434	2	716	2%	2%	26	11398	27%	27%
Camp 24 (Leda)	70	34317	2	576	2%	3%	16	4695	14%	23%
Camp 01W	99	39768	2	619	2%	2%	13	4735	12%	13%
Camp 15 (Jamtoli)	101	51091	1	342	1%	1%	12	6057	12%	12%

Table 2: Water Needs

Water access challenges have remained fairly constant between September and November. The main problems are long waiting times (affecting 55% of the population), insufficient water points (41%), long walking distance to water points (40%), and water points not being functional (36%) (NPM Round 13). This is a strong indication that many people in the camps still face considerable barriers to accessing water, despite the fact that minimum standards in terms of number of tube wells per person have largely been met. The situation not only affects the amount of water people have available for consumption and hygiene, but also impacts protection considerations related to safety risks during water collection. In focus group discussions, Rohingya women have further indicated that water collection is a time-consuming activity due to the queues at tube wells, and that pumping water requires a lot of physical strength (BBC Media Action 05/12/2018).

Sanitation & Hygiene

As shown in Table 3, the sanitation severity index shows that sanitation needs are particularly high in Camp 09, where 15% of the camp population (over 5,100 people) live in blocks with extreme sanitation needs, as well as Camp 07, where over 3,500 people live in blocks with high sanitation needs, accounting for 9% of the camp population.

Another location of concern is Camp 03. Although only 865 people have extreme sanitation needs, 28% of the camp population (over 10,800 people) is affected by severe sanitation needs.

Latrine access: According to majhee key informants, many people continue to face latrine access problems, although a few of the access challenges have seen minor improvements between September and November (NPM Round 13, NPM Round 12). The main access challenge is the lack of separation, which is an issue for 70% of refugees. Equally

CAMP NAME	Blocks	Population	Block with extreme sanitation needs	Population with extreme sanitation needs	% of Population with extreme sanitation needs	% of Blocks with extreme sanitation needs	Block with severe sanitation needs	Population with severe sanitation needs	% of Population with severe sanitation needs	% of Blocks with severe sanitation needs
Camp 09	90	35506	13	5176	15%	14%	21	7773	22%	23%
Camp 07	63	38888	6	3584	9%	10%	17	9642	25%	27%
Camp 02W	46	25682	3	1912	7%	7%	13	6395	25%	28%
Camp 01W	99	39768	5	1837	5%	5%	20	7756	20%	20%
Camp 26 (Nayapara)	88	42966	6	1495	3%	7%	16	6053	14%	18%
Camp 14 (Hakimpara)	50	32707	2	1423	4%	4%	8	5780	18%	16%
Camp 01E	103	39731	4	1396	4%	4%	23	8836	22%	22%
Camp 03	87	38549	3	865	2%	3%	22	10883	28%	25%
Camp 08E	79	32853	2	819	2%	3%	15	6238	19%	19%
Camp 13	95	42434	2	797	2%	2%	8	3970	9%	8%
Camp 19	66	22279	2	678	3%	3%	7	2677	12%	11%
Camp 08W	79	33953	1	556	2%	1%	16	7220	21%	20%
Camp 05	48	25344	1	509	2%	2%	7	3174	13%	15%
Camp 04	66	29668	1	500	2%	2%	9	4400	15%	14%
Camp 15 (Jamtoli)	101	51091	1	455	1%	1%	12	6375	12%	12%
Camp 11	79	32275	1	452	1%	1%	6	2161	7%	8%
Camp 16 (Potibonia)	52	23316	1	438	2%	2%	7	3242	14%	13%

Table 3: Sanitation Needs

unchanged, the second most common access challenge is non-functional latrines, affecting 49% of the population (NPM Round 13).

Regarding defecation practices, in 69% of blocks, most people defecate in communal latrines. In 20% of blocks, most people use household latrines. Both figures represent a slight increase in comparison to September (NPM Round 13, NPM Round 12). Conversely, the share of blocks where most people defecate outdoors markedly decreased from 18% to 9%. (In regards to open defecation, note that key informant and household-level data vary significantly) (NPM Round 13, NPM Round 12).

Access to bathing facilities: Some barriers to accessing bathing facilities have seen slight improvements, though as with latrine access, challenges remain significant. The most common access barrier is the lack of gender separation in bathing spaces, which is an issue for 73% of the population, unchanged from September. This is followed by lack of sufficient water at bathing facilities and lack of lighting, both affecting around 40% of the population (NPM Round 13, NPM Round 12).

The survey further reveals that bathing practices vary. Women and girls predominantly bathe in bathing spaces inside their shelters (in 66% of blocks), while the majority of men (in 51% of blocks) use communal bathing spaces or bathe in open areas (in 44% of blocks) (NPM Round 13). This is corroborated by the REACH household survey, which finds that most women bathe in makeshift spaces inside their shelters or at communal bathing facilities, whereas the majority of men bathe at tube well platforms (REACH 11/2018). Increased use of bathing spaces inside shelters creates challenges for adequate drainage systems, as well as for monitoring the facilities available to people (ISCG 29/11/2018).

Protection concerns in relation to water collection and the use of WASH facilities are particularly high for women and girls. In over 45% of blocks, majhee key informants (KIs) report that women face safety problems at water points, at latrines, and at bathing facilities. While according to majhee key informants, girls only face protection risks at latrines in 5% of blocks, they face safety problems at bathing facilities in 49% of blocks and at water points in 39% of blocks (NPM Round 13). Additionally, interviews conducted by NPM with female KIs confirmed that women and girls attempt to collect water early in the morning and in the early evening to avoid the verbal, and sometimes physical, harassment they face while collecting water at busier times of day. They report that if water is needed during the day, younger children or elderly people are sent, if possible. If water collected at these “safer” times is insufficient, female KIs report that women will often bathe less (NPM Site Assessment, 19/12/2018).

Severity of Need- Water Need Index at Majhee Block Level Rohingya Refugee Sites Map



Health

In Table 4, health needs are displayed at camp-level. In each of Camp 5 and Camp 19, over 30% of the camp population lives in blocks that face extreme health needs. This accounts for 8,700 and 6,900 people, respectively. Furthermore, in each of Camp 9 and Camp 8W, over 40% of the camp population face severe health needs. Another camp to highlight is Camp 15, where a combined 20,000 people have either extreme or severe health needs. In Map 3 (p.7), health needs are displayed at block-level to show where needs are concentrated.

Healthcare access: NPM data shows that health access problems are persistent among Rohingya refugees. The key health access problem is that waiting times at health facilities are too long, which affects 70% of the Rohingya population. Another major access problem is the limited variety of health services available in health facilities. As of November, this affects 50% of the population, up from 22% in September. Other access issues include long distances to health facilities (affecting 50% of people) and lack of medicines in the health facilities (affecting 11% of people) (NPM Round 13, NPM Round 12). This shows that the quality of the services offered in health facilities is insufficient to meet people's needs. Further critical health gaps include lack of 24/7 health service provision, psychiatric and psychological care, and surgical capacity (ISCG 29/11/2018).

CAMP NAME	Total Blocks	Total Population	Blocks with extreme health needs	Population with extreme health needs	% of Population with extreme health needs	% of Blocks with extreme health needs	Blocks with severe health needs	Population with severe health needs	% of Population with severe health needs	% of Blocks with severe health needs
Camp 05	48	25344	18	8765	35%	38%	15	8445	33%	31%
Camp 19	66	22279	21	6961	31%	32%	23	7073	32%	35%
Camp 07	63	38888	8	5896	15%	13%	10	6133	16%	16%
Camp 15 (Jamtoli)	101	51091	11	5582	11%	11%	27	14463	28%	27%
Camp 13	95	42434	9	4579	11%	9%	26	10803	25%	27%
Camp 12	56	26288	8	4335	16%	14%	6	3080	12%	11%
Camp 01W	99	39768	12	4066	10%	12%	23	9344	23%	23%
Camp 03	87	38549	8	3238	8%	9%	8	3135	8%	9%
Camp 18	74	29696	8	3225	11%	11%	16	6334	21%	22%
Camp 26 (Nayapara)	88	42966	7	2773	6%	8%	20	6795	16%	23%
Camp 25 (Ali Khali)	23	9716	5	2202	23%	22%	3	1189	12%	13%
Camp 01E	103	39731	5	2046	5%	5%	21	7755	20%	20%
Camp 09	90	35506	3	1653	5%	3%	39	15912	45%	43%
Camp 02E	61	31339	4	1497	5%	7%	20	11487	37%	33%
Camp 08W	79	33953	3	1254	4%	4%	34	14562	43%	43%

Table 4: Health Needs

People also face significant obstacles when accessing health care at night. 72% of the population are affected by challenges in accessing health facilities at night. The main access barrier is the closure of many health facilities at night, which affects night health access of more than half of the population. Other challenges are distance to health facilities (affecting 21% of the population) and difficult terrain (17%) (NPM Round 13).

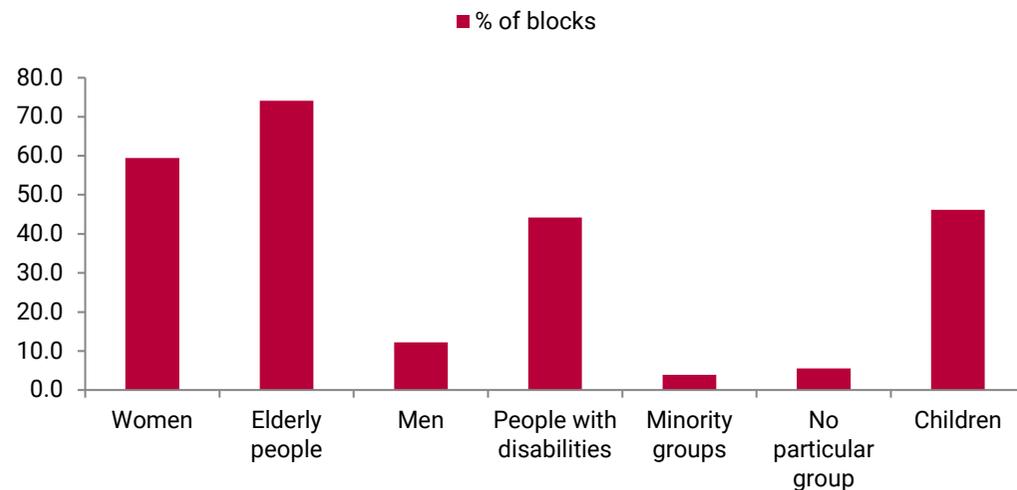
In the NPM survey, majhee key informants were asked which population groups face additional challenges when accessing healthcare. Elderly people, women, children, and people with disabilities were reported to face significantly more access problems than men (see figure 1). More research is necessary to better understand these access challenges and inform ways to overcome them.

Severity of Need- Health Need Index at Majhee Block Level
Rohingya Refugee Sites Map



Map 3: Health Needs Gap

People who face additional problems accessing health care (as of November)



Graph 1: Health access

Common diseases: As of the beginning of December, acute respiratory infections (ARI) and acute watery diarrhoea (AWD) are the health problems with the highest reported morbidity. ARI have shown an increasing trend since the last week of August 2018. In Week 48 (26 November to 2 December), over 14,500 cases of ARI were reported, with more than 524,000 cases reported in 2018. AWD case rates have been fairly stable over time, with a slight increasing trend since the end of August. 4,800 AWD cases were reported in Week 48 (WHO 06/12/2018). As for these and other disease figures, it is important to note that not all health facilities are reporting case figures to WHO's Early Warning, Alert and Response System (EWARS) system. As of Week 48, 75% of all health facilities in the camps were registered in the EWARS system, with 86% of these having submitted reports (WHO 06/12/2018). This leaves potential for a significant gap in cases that are not being centrally reported.

Protection

Efforts to begin voluntary repatriations of Rohingya to Myanmar were halted on 15 November, as none of the Rohingya shortlisted for the voluntary repatriation expressed willingness to return to Myanmar (ISCG 29/11/2018). Bangladesh government authorities stated that none of the Rohingya would be forcibly returned to Myanmar and that all returns would be voluntary (Dhaka Tribune 15/11/2018; ISCG 29/11/2018; ISCG 15/11/2018). Despite this reassurance, the announcement of the plan had sparked fear and confusion among

the Rohingya population, which contributed to suspicion toward data collection and registration activities (ISCG 29/11/2018; BBC Media Action 05/12/2018). This also extends to cards Rohingya already possess. Some Rohingya reportedly do not want to show their vaccination or nutrition cards anymore, out of fear of repatriation (BBC Media Action 05/12/2018).

Language is likely a factor that contributed to repatriation fears. As there is no specific word for "repatriation" in the Rohingya language, the phrase used most commonly is *Burmat wafis fatai don*, meaning "to be returned to Myanmar", which implies that something is "done to" people, as opposed to them having agency or the right of choice (BBC Media Action 05/12/2018).

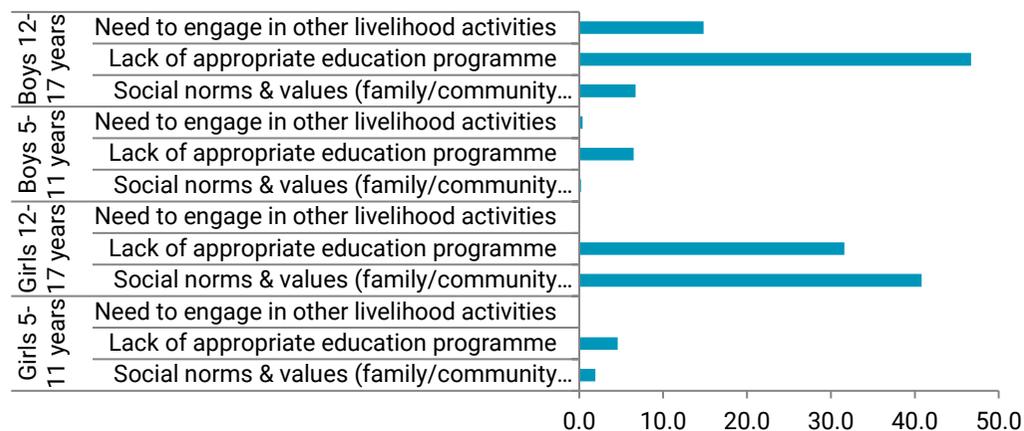
The events surrounding the repatriation plans highlight the need for appropriate, culturally sensitive communication between Rohingya and the humanitarian community around the issue of returns, allowing for Rohingya refugees to feel informed and consulted and avoiding spread of misinformation, confusion, and fears.

Small numbers of Rohingya continue to arrive to Bangladesh from Myanmar, which contributes to a sense that conditions in Rakhine state are currently not conducive for returns (IOM 11/2018). Between 28 October and 10 November, 65 people entered Bangladesh from Myanmar (UNHCR 15/11/2018).

Education

The most recent NPM data offers some insights into how girls and boys of different age groups are affected differently by barriers to education. Girls and boys of primary school age (5-11) face very few education barriers. In about 90% of sites, majhees state that children between 5 and 11 years did not face any education barriers, with no major differences in terms of how barriers affect girls and boys (NPM Round 13). However, differences between girls and boys become apparent in the adolescent age group (see figure 2). Girls between 12- and 17-years face education barriers in 81% of blocks. The most common barriers are social norms and values (affecting girls in 41% of blocks) and the lack of appropriate education programmes (32% of blocks) (NPM Round 13). Boys of the same age encounter education challenges in 75% of blocks. The lack of appropriate education programmes affects boys in 47% of blocks, with the second most common barrier being the need to engage boys in livelihood activities, which affects boys in 15% of blocks. In only 7% of blocks do social norms and values impact boys' access to education (NPM Round 13). This data illustrates how girls and boys of different ages face different challenges to obtain an education. Previous research has highlighted the lack of targeted education services for adolescents beyond primary education (Education Sector 01/06/2018).

■ % of blocks



Graph 2: Education access

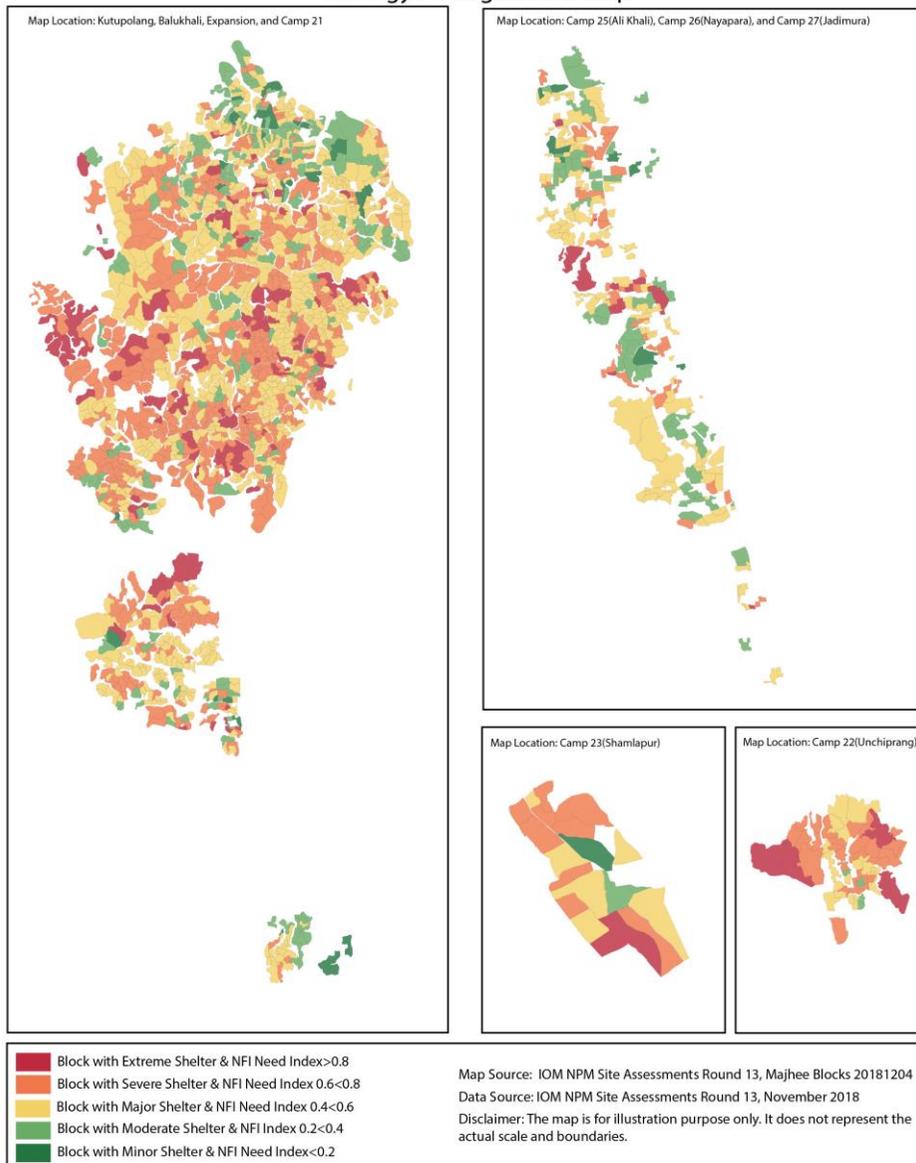
CAMP NAME	Blocks	Population	Block with extreme shelter&NFI needs	Population with extreme shelter&NFI needs	% of Population with extreme shelter&NFI needs	% of Block with extreme shelter&NFI needs	Block with severe shelter&NFI needs	Population with severe shelter&NFI needs	% of Population with severe shelter&NFI needs	% of Blocks with severe shelter&NFI needs
Camp 12	56	26288	17	8434	32%	30%	21	10393	40%	38%
Camp 09	90	35506	19	7171	20%	21%	37	15206	43%	41%
Camp 14 (Hakimpara)	50	32707	10	7035	22%	20%	28	18026	55%	56%
Camp 08E	79	32853	14	5751	18%	18%	20	8270	25%	25%
Camp 22 (Unchiprang)	55	22181	9	4610	21%	16%	25	9408	42%	45%
Camp 08W	79	33953	10	4566	13%	13%	22	9734	29%	28%
Camp 26 (Nayapara)	88	42966	13	4262	10%	15%	21	7297	17%	24%
Camp 05	48	25344	6	3220	13%	13%	14	6865	27%	29%
Camp 18	74	29696	8	3082	10%	11%	36	14496	49%	49%
Camp 20	21	8069	6	2679	33%	29%	14	4902	61%	67%
Nayapara RC	14	21933	3	2530	12%	21%	1	65	0%	7%
Camp 20 Ext	20	5058	8	2283	45%	40%	12	2775	55%	60%
Camp 03	87	38549	5	2275	6%	6%	27	11907	31%	31%
Camp 16 (Potibonia)	52	23316	6	2147	9%	12%	18	8031	34%	35%

Table 5: Shelter Needs Gap

Shelter/NFI

The camps with the highest shelter needs are displayed in Table 5, with the severity of needs at block-level illustrated in Map 4. In Camp 20 Extension almost half of the population live in blocks with extreme shelter needs, accounting for over 2,200 people. In each of Camp 12, Camp 9, and Camp 14, more than 7,000 people have extreme shelter needs, which is more than 20% of the respective camp populations. The severity ranking further reveals that in eight camps, 50% or more of the camp population have severe shelter needs, which is well over 15,000 people in some of these camps. The camp with the highest number of people with severe shelter needs is Camp 13, where 22,500 people (53% of the camp population) have severe shelter needs.

Severity of Need- Shelter & NFI Need Index at Majhee Block Level
Rohingya Refugee Sites Map



Map 4: Shelter Needs Gap

Data on cooking sources reveals that camp populations seem to be moving away from the use of firewood, and self-collected firewood in particular, for cooking fuel, although it remains the predominant fuel source (see figure 3). 14% of the population are using cooking gas cylinders, a significant increase from 9% in September and 2% in July (NPM Round 13, NPM Round 12, Round 11). This tracks with information from the Shelter/NFI Sector on gas stove and cylinder distribution. As of the end of November distributions had reached 33,289 households, up from 24,269 households at the end of September, an increase of almost 10,000 households (Shelter/NFI Sector 02/10/2018, 27/11/2018). Another alternative fuel source is compressed rice husks, which are now used by 3% of the population. Self-collected firewood is used by 27% of the population, down from 35% in September (NPM Round 13, NPM Round 12).

Main sources of cooking fuel

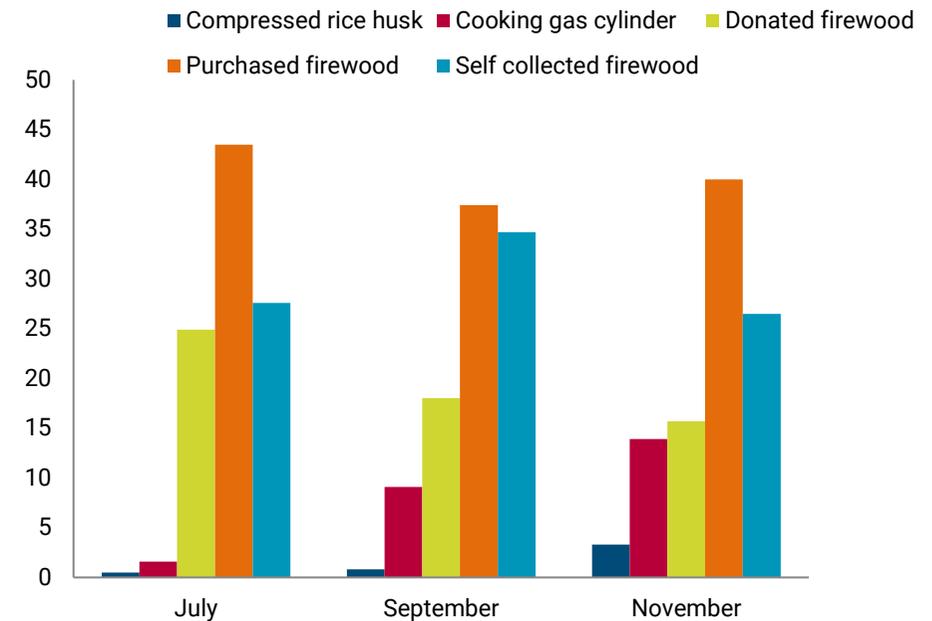


Figure 3: Sources of cooking fuel

The substitution toward alternative and more sustainable fuel sources is key to reducing the environmental impact of the refugee influx, as well as to alleviating protection risks for people engaged in the collection of firewood. In November, firewood collection was identified as a safety risk for men in 61% of blocks and for boys in 41% of blocks (NPM

Round 13). The dangers of firewood collection are related to refugees being harassed and attacked or encountering wild animals while collecting firewood (UNHCR 23/11/2018; EFE 19/12/2017). The usage of firewood for cooking inside shelters also carries health risks related to smoke inhalation (UNHCR 23/11/2018; BBC Media Action 05/12/2018). Evidence from community feedback suggests that refugees sometimes use other items such as plastic and rags as fuel, which children collect in the camps (BBC Media Action 05/12/2018).

Regarding other NFIs, a high demand for blankets reflects the shift in weather conditions and temperatures since the end of the monsoon season. Blankets are a key NFI need for 82% of the population, up from 58% in September and 7% in July (NPM Round 13, NPM Round 12, Round 11). First results of a winter needs assessment conducted by BRAC also indicate significant needs for winter NFIs including blankets and clothes (ISCG 29/11/2018; The Daily Star 12/12/2018).

Aid distributions

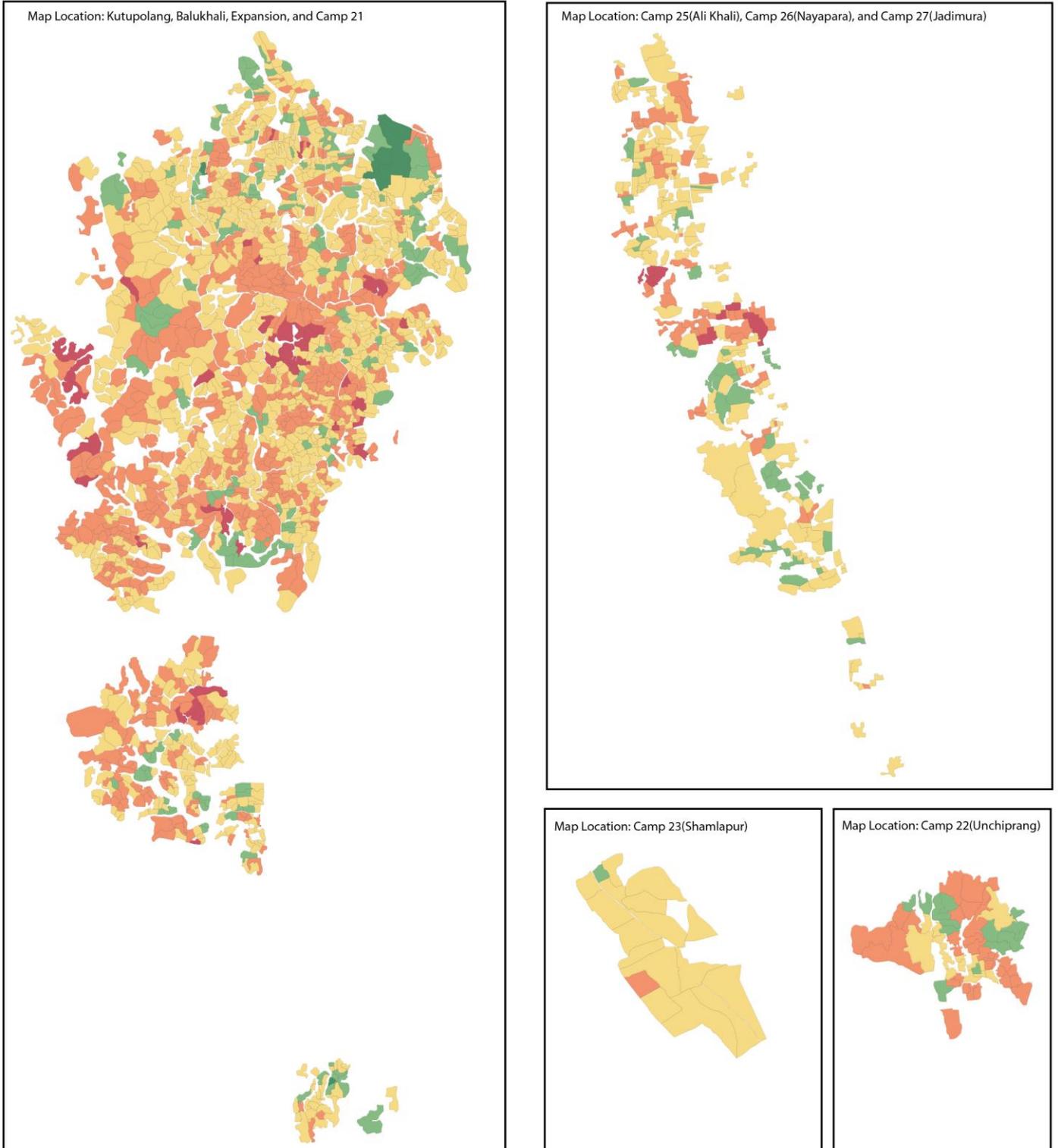
Considering the refugee population's dependency on aid, it is concerning that many people face challenges regarding aid distributions. Waiting times at distribution points for general relief items are an issue for 48% of the population, followed by distribution points being too far away, which affects 31% of people. This is mirrored by challenges people face during food distributions. Waiting times at food distribution points affect 50% of the population, while 32% are affected by food distribution points being too far away (NPM Round 13). These findings raise concerns that relief items may not be reaching all people in need.

Methodology

The Needs and Population Monitoring (NPM) Site Assessment, upon which the Basic Needs Gap Index is based, is a regular key-informant survey across all camp blocks in the Rohingya settlements.

The Basic Needs Gap is a composite index made up of indicators from the NPM Round 13 dataset. Indicators have been evaluated for their suitability for inclusion, and then combined and weighted according to the Betti-Verma formula, based on the amount of variation they represented. This means the weighting of high correlated variables would be reduced so as to avoid redundancy and overrepresentation.

Severity of Need- Basic Need Index at Majhee Block Level Rohingya Refugee Sites Map



- Block with Extreme Basic Need Index >0.56
- Block with Severe Basic Need Index 0.42<0.56
- Block with Major Basic Need Index 0.28<0.42
- Block with Moderate Basic Need Index 0.14<0.28
- Block with Minor Basic Need Index <0.14

Map Source: IOM NPM Site Assessments Round 13, Majhee Blocks 20181204
 Data Source: IOM NPM Site Assessments Round 13, November 2018
 Disclaimer: The map is for illustration purpose only. It does not represent the actual scale and boundaries.