

ROHINGYA REFUGEE IN BANGLADESH, COVID 19 & LONG TERM PERSPECTIVE

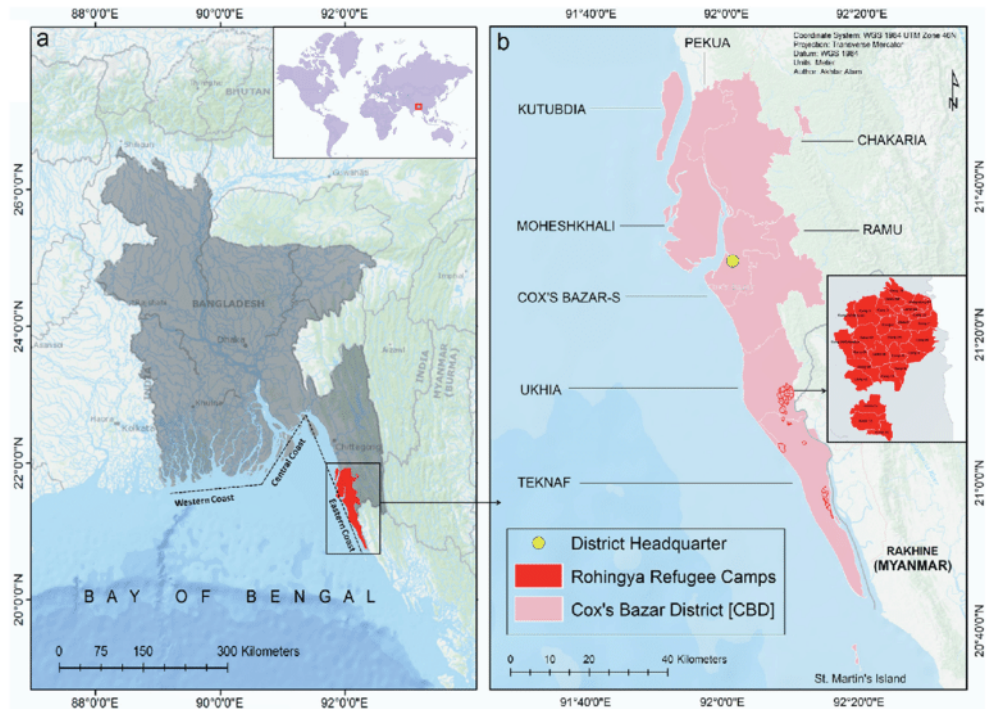
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www.coastbd.net, www.cxb-cso-ngo.org



The Situation

- 1.1 million Rohingya Refugee in Cox's Bazar, biggest influx was in August 2017
- Locals CSOs and citizens were the first responders.
- Living in Ukhiya and Teknaf the two boarder sub-districts of Camp.
- Although Cox's Bazar is a sea beach tourist town but it is the low HD index and poor district in Bangladesh.
- Per square KM refugee 44,000, and host community or Bangladesh per square km.1400.



Well prepared COVID 19 Response led by UN agencies by ISCG

Study says it will be needed hospital bed for 11,000, majority of the preparation has done already. All most all hospitals and isolation centre being run by INGOs. But, social distancing is difficult, water scarcity is also there.



What is whole of society approach

- A change to be of benefits for refugees
- To respond to refugee crisis in a different way
- **A shift from a vertically-led response** (where the normative framework for refugee protection is translated into a response formally led by the hosting government, frequently with a strong UNHCR-lead in practice)
- **to a horizontally- coordinated response** (where multiple actors respond to needs based on comparative advantages, rather than formal mandates)



Long term issue, how the response will be continued

- Localization, operation by local CSO, UN and INGOs should only be limited in monitoring and technical assistance.
- UN and INGOs have little knowledge of WoSA and Global Compact on Refugee, where the CSO role is fundamental.
- Demanded local CSO and Local govt participation in UN leded ISCG, but very little have happened.
- Approximately 65 % of management costs, little of aid transparency, and disaggregated data.
- Visit Coxsbazar CSO NGO Forum (CCNF) www.cxb-cso-ngo.org, to promote localization and human/refugee rights society in Coxsbazar.





Thank you!

