

Period: 01 December - 31 December 2020



Crisis type: Epidemic

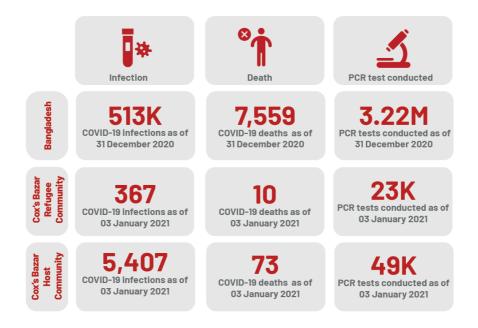
The outbreak of disease caused by the virus known as Severe Acute Respiratory Syndrome (SARS-CoV-2) or COVID-19 started in China in December 2019. The virus quickly spread across the world, with the WHO Director-General declaring it as a pandemic on 11 March 2020.

The virus's impact has been felt most acutely by countries facing humanitarian crises due to conflict and natural disasters. As humanitarian access to vulnerable communities has been restricted to basic movements only, monitoring and assessments have been interrupted.

To overcome these constraints and provide the wider humanitarian community with timely and comprehensive information on the spread of the COVID-19 pandemic, iMMAP initiated the COVID-19 Situational Analysis project with the support of the USAID Bureau of Humanitarian Assistance (USAID BHA), aiming to provide solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.

Executive Summary / Highlights

Figure 1: COVID-19 data summary for Bangladesh



Source: WHO sitreps and HEOC & Control Room, IEDCR, DHIS2

COVID-19 infection rates across Bangladesh gradually decreased in December compared to October and November. The number of tests conducted on a monthly basis has also increased with approximately 11% more tests (454,897) conducted in December compared to November (410,999). While schools in Bangladesh have remained closed, the majority of other national COVID-19 containment measures have been reversed, and public health measures such as wearing masks are not being properly adhered to in public places due to poor enforcement measures. In Cox's Bazar, COVID-19 infection rates continue to drop gradually in both host communities and the refugee population.

- While COVID-19 containment measures have been mostly rescinded there are still restrictions on humanitarian activities as a mitigative measure to prevent the spread of COVID-19.
- Preliminary findings from a recent SMART survey indicate that Global Acute Malnutrition rates within the camps are well below emergency thresholds but chronic malnutrition is still widespread.
- Hundreds of Rohingya refugees have been relocated to Bhashan Char, a remote island
 in the Bay of Bengal and further relocations are ongoing. Officials stated that only
 refugees who are willing to go will be moved and that relocations are needed to
 alleviate overcrowding. International rights agencies have requested access to the
 site.
- Schools remain closed. Access to distance learning remains challenging for refugee children and children from the host community's poorer families.

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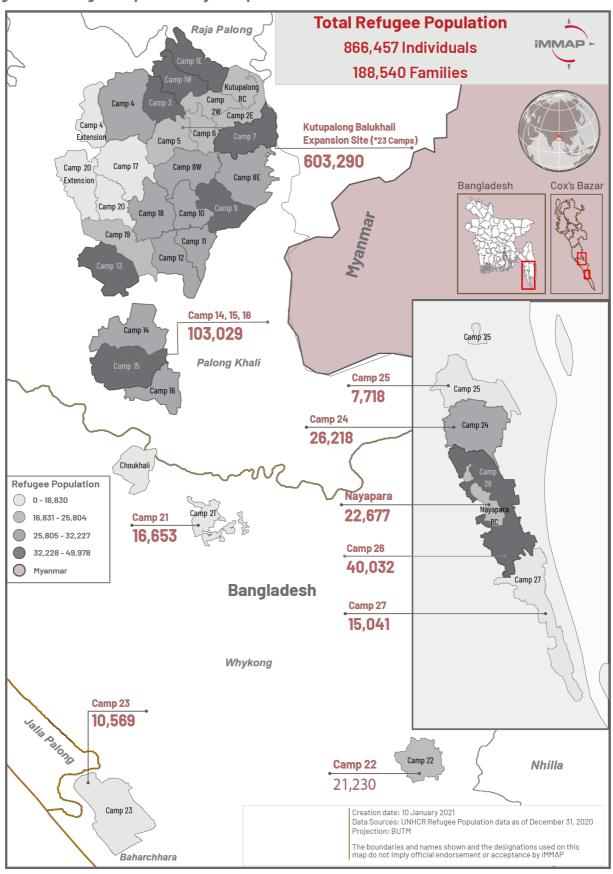
Figure 2: Timeline of Major Events

03/08/2020	GoB Ministry of Health confirms first COVID-19 cases in Bangladesh	*	3 CASES	Ů	D EA
03/16/2020	GoB Ministry of Education orders closure of all educational institutions to prevent the spread of COVID -19	if		+0	O DEA
03/18/2020	GoB Ministry of Health confirms first COVID-19 death in Bangladesh	+11	14 CASES	+1	1 DEA
03/23/2020	GoB Ministry of Public Administration declared general holidays from from 26 March to 4 April to prevent the spread of COVID-19	+19	33 CASES	+2	3 DEA
03/25/2020	Prime Minister Sheikh Hasina announced a stimulus package of TK 50 billion for the owners of exporting industries affected by COVID-19	+6	39 CASES	+1	4 DEA
03/26/2020	GoB Ministry of Road, Transport and Bridges announced transport ban on all modes of transport accross the country from 26 March to 4 April. GoB Ministry of Civil Aviation and Tourism suspends international flights to all countries except for the UK and China.	©		1	
03/27/2020	BGMEA instructed members to keep knit factories closed until 4 April with exception of factories which have export orders and factories producing personal protection equipment (PPE), masks, hand wash, and medicine	+9	48 CASES	+1	5 DEA
04/02/2020	GoB Ministry of Public Administration extends general holidays till 9 April 2020	+8	56 CASES	+1	6 DEA
04/03/2020	DIFE (Ministry of Labour and Employment) estimated that between 19-31 March, 1,904 export-oriented ready made garment (RMG) factories shut down, leading to unemployment of 2,138,778 workers	+0	56 CASES	+0	6 DEA
04/05/2020	GoB Ministry of Public Administration extends general holidays till 14 April 2020 GoB Ministry of Road, Transport and Bridges extends transport ban till 25 April 2020	+32	88 CASES	+3	9 DEA
04/10/2020	GoB Ministry of Public Administration extends general holidays till 25 April 2020	+336	424 CASES	+18	27 DEA

04/22/2020	GoB Ministry of Public Administration extends general holidays till May 5, 2020	+3,348 3,772 ** CASES	+93 DEAT
04/29/2020	BGMEA reports that 1,150 factories have lost export orders worth \$3.18 billion (982 million pieces), and that 2.28 million workers have been affected	+2,690 6462 ** CASES	+35 155 DEAT
05/04/2020	COVID-19 recorded cases nears 10,000	+2,993 9,455 ★ CASES	+22 DEAT
05/04/2020	GoB Ministry of Public Administration extends general holidays till May 16, 2020	+2,993 9,455 CASES	+22 177 DEAT
05/15/2020	GoB Ministry of Health confirms first COVID-19 cases in Rohingya Refugee Camp	+9,408 18,863 CASES	+106 283 DEAT
05/31/2020	GoB Ministry of Public Administration ends lockdown despite the rise in COVID-19 cases	+28,290 47,153 A CASES	+367 650 DEATI
06/01/2020	GoB Ministry of Civil Aviation and Tourism approves resumption of domestic commercial passenger flights on a limited scale	+0 47,153 CASES	+0 650 DEAT
06/15/2020	GoB Ministry of Education extends closure of educational institutions until August 6, 2020	+43,466 90,619 A CASES	+559 1209 DEATI
06/18/2020	Directorate General of Health Services (DGHS) confirmed that COVID-19 cases has exceed 100,000 in Bangladesh	+11,673 102,292 A CASES	+134 1343 DEAT
07/18/2020	Directorate General of Health Services (DGHS) confirmed that COVID-19 cases has exceed 200,000 in Bangladesh	+99,774 202,066 A CASES	+1238 2,581 DEAT
07/21/2020	GoB Ministry of Health made wearing of masks mandatory for all	+5,387 207,453 CASES	+87 2,668 DEATI

08/26/2020	Directorate General of Health Services (DGHS) confirmed that COVID-19 cases has exceed 200,000 in Bangladesh with nearly 4,100 deaths in Bangladesh	+94,607 302,147 \$\display\$ CASES	+1,374	4,04 2 DEAT
09/27/2020	WHO report confirm that COVID-19 cases in Cox's Bazar exceed 4,500 with nearly 4,400 host community people and 200 rohingya refugees infected	+57,001 359,148 CASES	+1.119	5,161 DEAT
10/26/2020	WHO report confirm that COVID-19 cases has exceed 400,000 with over 5,800 deaths in Bangladesh	+41,103 400,251 ** CASES	+657	5,818 DEAT
11/30/2020	WHO report confirm that COVID-19 cases has exceed 484,932 with over 6,644 deaths in Bangladesh	+64,681 464,932 ** CASES	+826 S	6,644 DEAT
12/04/2020	GoB Ministry of Foreign Affairs confirmed Bangladesh has relocated 1,642 of the Rohingya refugees in the country to Bhashan Char, an island in the Bay of Bengal	+8,969 473,901 * CASES	+128	6,772 DEAT
12/14/2020	WHO report confirm that COVID-19 cases has exceed 490,533 with over 7,045 deaths in Bangladesh	+16,632 490,533 ** CASES	+273 S	7,045 DEAT
12/31/2020	WHO report confirm that COVID-19 cases has exceed 513,510 with over 7,559 deaths in Bangladesh	+22,467 513,510 ** CASES	+514	7,559 DEAT

Figure 3: Refugee Population by Camp



Source: UNHCR 31/10/2020

Context - Economic

Socio-economic Impact and Poverty Level in Bangladesh

Bangladesh is facing similar challenges that many emerging market countries have suffered from COVID-19; domestic slowdown caused by the containment measures which has caused a sharp decline in exports, particularly in the Ready-Made Garment (RMG) sector, and a corresponding drop in remittances. The trend in rapid economic growth witnessed over the last few years has dramatically slowed in recent months. The impact has been reflected in two main areas; firstly through depressed domestic demand and supply disruptions in the local economy, and secondly through a slowdown in global economic activities affecting global trade and international financial flows. The pre-pandemic GDP growth forecast was around 7.5%, however in 2020 GDP growth stood at 3.8%, declining by about 4.5 percent points relative to the 2019 Fiscal year, the largest one-year decline in the last three decades (IMF, 12/06/2020).

While Bangladesh has recorded strong performance in income growth and human development in the past decades, it remains economically vulnerable with about 39 million people still living below the national poverty line. The pandemic worsened the scenario with lower private investment, and job losses resulting from the impacts of the containment measures both at the global & national level. Investment and exports are likely to continue to suffer amid uncertainty about the recovery of global demand. Poor and vulnerable groups are predicted to be most affected by income losses which may result in a rise in poverty (World Bank, 14/10/2020).

Though official figures are not yet confirmed, unofficial estimates place the number of COVID-19-induced 'new poor' at between 16 and 42 million people, which may increase the poverty rate up to 44 percent (UNCT Bangladesh, 16/09/2020). This will impact on many families who are struggling to maintain minimum livelihood standards, causing them to quickly slide back into poverty. Anecdotal data from a recent study of UNDP, covering 20 municipalities, has shown that urban poverty has increased three-fold in the country. Different studies showed that the overall poverty rate of the country had increased by 7% to 10% (Dhaka Tribune, 07/12/2020).

The repercussions are severe for those underserved by social protection programmes, with knock-on effects on human development across society. For example, school closures affect nearly three million ultra-poor¹, primary school children enrolled in Government school-feeding programmes. The fall in household incomes along with missed meals can also accelerate risks of primary school dropout, which in turn, can lead to early and child marriage

¹ According to the World Bank, the extreme poor refers to people globally who live on less than \$1.90 USD per day. The ultra-poor live on less than this and are the lowest-earning and most vulnerable subset of the extreme poor population (<u>Ultra-poor Handbook</u>, Brac/WVI).

with its attendant health, educational, economic and gender-based violence risks and consequences.

Government Fiscal and Monetary Policy

The Government fiscal policy has been prioritized to provide additional funds to address the severely affected population while monetary and financial sector policies focus on ensuring adequate liquidity to the banking system to support access to credit. Large economic stimulus and social protection packages equivalent to approximately 3.7 percent of the country's GDP has been announced at the very early stages. In addition to extending financial assistance, the government helped reduce regulatory burdens on businesses. The authorities have pledged their commitment to promoting strong and inclusive growth while preserving macroeconomic stability. Key policy challenges include tax revenue mobilization, addressing the high level of non-performing loans in the banking sector, and improving infrastructure and governance to enhance the business environment and attract foreign direct investment (IMF, 12/06/2020).

Impacts on Trade and Labor Market

The global downturn in market & trade caused a downward trend for local trade, despite relatively relaxed contaminant measures in place and the local market trying hard to recover within limited exposure capacity. Bangladesh's trade deficit narrowed 30.77 percent year-on-year to \$4.7 billion while the country's export earnings grew only 0.86 percent to \$15.5 billion in the first five months of the fiscal year. The deficit fell by \$2.09 billion to \$4.7 billion during the July-November period, according to data from the Bangladesh Bank (BB). The trade deficit narrowed due to the negative import growth, which indicates stagnated economic activities and weak domestic demand. Import growth dropped about 9 percent during the period to \$20.2 billion from a year earlier. Earnings from garment exports fell 1.48 percent year-on-year to \$12.89 billion in the July-November period of the fiscal year. The country's foreign exchange reserves on December 15 crossed the \$42 billion mark for the first time amid the pandemic (Dhaka Tribune, 30/12/2020).

Between July and December, over the six months following the lockdown, export demand began to recover but remained below the levels of 2019. Government programs to stimulate demand worked quite well but the magnitude was insufficient to lift production very far. Exports were below the 2019 level. Nevertheless, the economy definitely started to improve by September 2020 but the necessary momentum to recover a reasonable growth rate has not yet been achieved (Dhaka Tribune, 12/12/2020). Recent surveys showed that around 21% of firms had temporarily shut their businesses due to the pandemic during the lockdown. The containment had further repercussions as 94% of firms reported declining sales figures, 70% of workers were in a vulnerable position as they were employed in businesses that were either temporarily closed or were partially open and 37% of the workers lost their job eventually (IFC, 20/10/2020).

Employment and Labor Market

The global lockdown and movement restriction undermine Bangladesh's economic achievement by directly reducing the employed formal sector labor force's wage earnings. In 2016–17, the economically active employed labor force (15 years and above) of the country was 60.8 million, of which 85.1% were informal workers. The share of informal workers is the highest in the farm sector, in which out of a total of 24.7 million employed workers, 95.4% of them are informally employed (BBS, 2018).

Figure 4: World Economic Outlook Database for Bangladesh, October 2020

Main Indicators	2018	2019	2020	2021
GDP (Billions USD)	274.0	302.5	317.8	338.4
GDP (Annual % Change)	7.9	8.2	3.8	4.4
Government Gross Debt (in % of GDP)	34.6	35.8	39.6	41.9
Inflation Rate (%)	5.8	5.5	5.6	5.9

Source: IMF, October 2020

Socio-economic Profile and Poverty Level in Cox's Bazar

Cox's Bazar District had a high level of poverty even before the pandemic and has among the lowest development indicators in the country before the 2017 refugee influx (UNICEF 13/08/2020). The direct and indirect socio-economic impacts of COVID-19 in the district are worsening. The poverty rate for refugee and host community households is increasing due to the impact of COVID-19, particularly in host communities where there has been rising unemployment. Reports from the World Bank Group on data collected during the lockdown show that about two-thirds of the host community population reported that they were employed during the lockdown were not actively working or temporarily absent from work due to COVID-19 related restrictions.

Workers who receive income through wages were more affected by a temporary absence from work due to COVID-19 lockdown, and they reported to have experienced a reduction in their earnings. In contrast, non-wage workers were more affected by a decrease in their income, resulting from lockdown measures. For instance, the COVID-19 mobility constraints at the Rohingya camps at Cox's Bazar led to a closure of all site development works, shops & other IGA's, many of which were staffed by refugees & the host population (IRC, 08/07/2020).

COVID-19 Epidemic Overview

Bangladesh remains at 27th position globally with 516,019 confirmed COVID-19 cases reported since the beginning of the outbreak in the country on 8 March 2020, through rRT-PCR, GeneXpert, and Antigen tests conducted in facilities nationwide. The death toll has risen to 7,626 with a CFR (Case Fatality Rate) of 1.48% (WHO, 04/01/2021). The number of newly diagnosed positive cases each month appears to have been decreasing since the end of, even as the number of monthly tests conducted in December increased to 487,626 in December compared to 410,999 in November. Whilst public health measures such as wearing masks in public and institutional quarantine measures after screening the incoming international passengers remain in place, most of the containment measures remain relaxed.

Figure 5: Total tests, COVID-19 cases and deaths for Bangladesh

Bangladesh	28-Sep	02-Nov	30-Nov	31-Dec
Total # of tests conducted	1,921,382	2,361,702	277,2701	3,227,598
Total confirmed cases	360,555	410,988	464,932	513,510
Total deaths due to COVID-19	5,193	5,966	6,644	7,559
Tests this month	371,179	440,320	410,999	454,897
Cases this month	47,559	50,433	53,944	48,578
Deaths this month	912	773	678	915

Source: WHO sit reps and HEOC & Control Room, IEDCR, DHIS2

Other essential health services that have been impacted by the COVID-19 pandemic, i.e. maternal, newborn, and child health services (MNCH) and supply chain of essential medicines for non-communicable diseases (NCD) have been gradually reinstated. The impact of infections among frontline health workers & the change in health-seeking behaviour of communities triggered by the secondary outcomes of the pandemic (trauma & Loss of livelihood) have been instrumental factors in affecting the utilization rate and access to routine health services (WHO, 24/12/2020).

Cox's Bazar

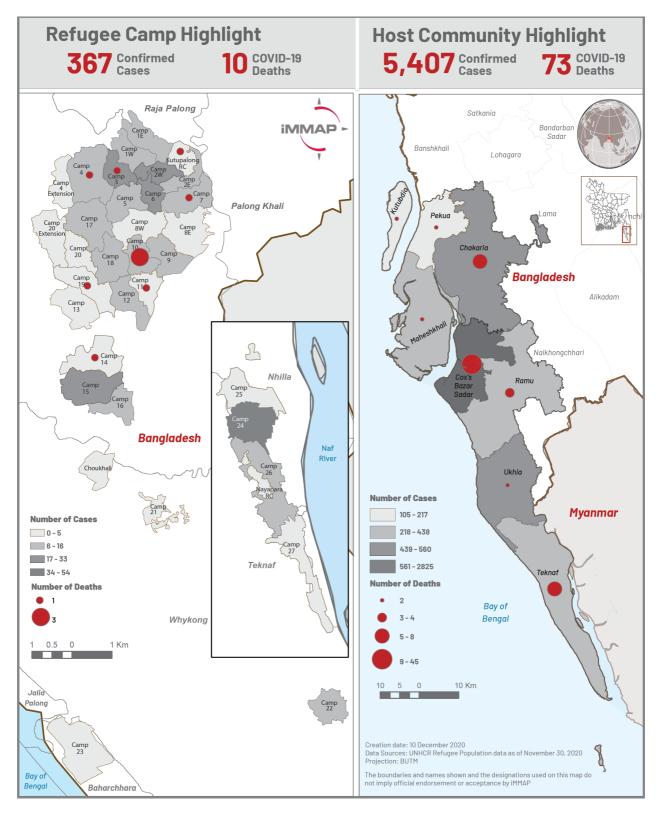
Nine months after the first confirmed case of COVID-19 in Cox's Bazar, the number of confirmed COVID-19 positive cases has increased to 5,774. In the host community, reported cases have increased to 5,407 with 73 deaths. Within the same period, 367 Rohingya refugees have also tested positive for CoVID-19 and 10 deaths have been recorded (WHO, 03/01/2021). Contrary to earlier speculations at the start of the pandemic about potential catastrophic case numbers and consequences for Cox's Bazar, confirmed case numbers and mortality have been low, notably in Rohingya camps. The most likely reasons indicated for the low

COVID-19 cases are due to; low participation in testing early in the outbreak, under-reporting, and a high proportion of mild disease among the young camp population (WHO, 23/12/2020). Amongst host communities, the number of newly reported cases reduced to around 46-56 per week in December, compared to 63-82 weekly cases in November. In the refugee camp sites, the trend in infection rates is falling as there were only 11 refugee cases reported in the past 4 weeks (compared to 20 cases within a similar period in November and 63 cases in October). In contrast to the situation in other parts of the world, there is little indication in Cox's Bazar of a second wave or serious outbreak in the camps (WHO situation reports September to December 2020).

Overall, there has been a gradual decline in the number of patients in isolation in the host community since November, while in the refugee communities there was a remarkable drop from 28 people on the 6th December to one person by the 3rd of January 2021 (WHO situation reports August to November 2020).

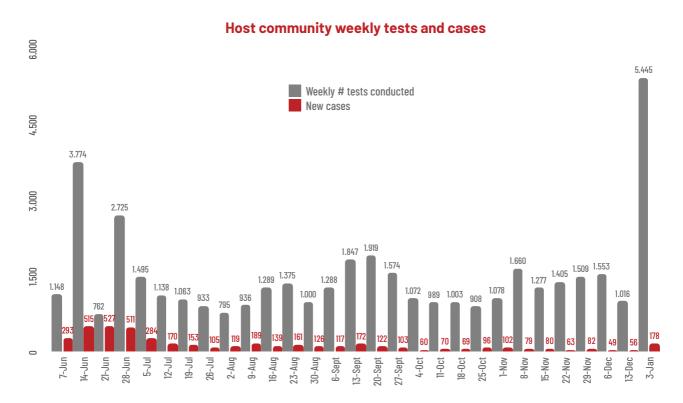
The Trajectory of COVID-19 in Cox's Bazar

Figure 6: COVID-19 Cases in Cox's Bazar as of 03rd January 2021



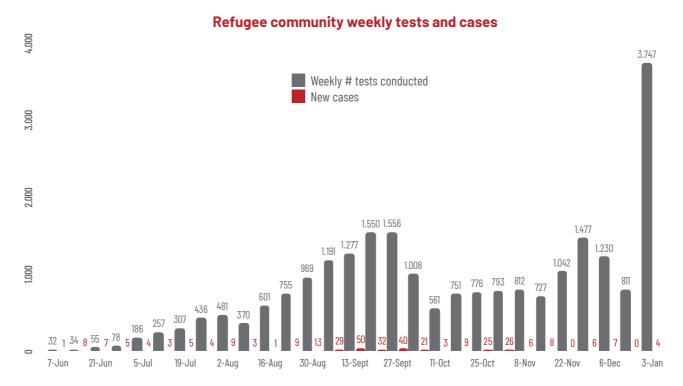
Data Source: WHO 31/12/2020

Figure 7.1: Weekly tests and cases in the host community (Cox's Bazar)



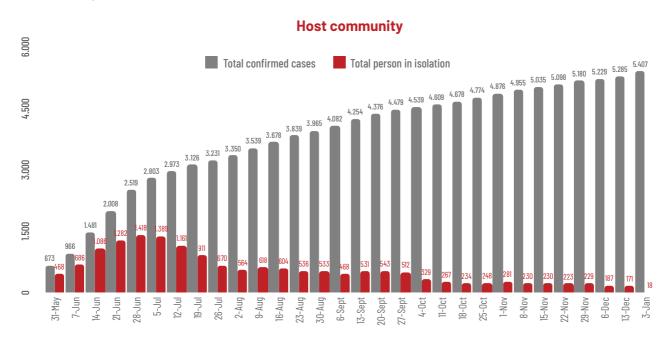
Source: WHO situation reports

Figure 7.2: Weekly tests and cases in the refugee community (Cox's Bazar)



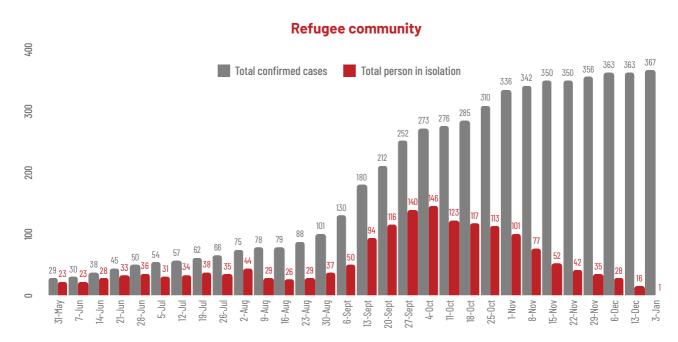
Source: WHO situation reports

Figure 8.1: Weekly trend of confirmed cases and number of person in isolation for host community (Cox's Bazar)



Source: WHO situation reports

Figure 8.2: Weekly trend of confirmed cases and number of person in isolation for refugee community (Cox's Bazar)



Source: WHO situation reports

Future Risks and Mitigation Efforts

During an outbreak, early detection and timely response mechanisms to break the chain of transmission are critical to protecting vulnerable and most-at-risk populations. Institute of Epidemiology Disease Control And Research (IEDCR) and World Health Organization (WHO) conducted a two-day training for 86 participants on sample collection for the COVID-19 seroprevalence study among Rohingya refugees and developed micro plans for the study, which will offer insight into the level of exposure to COVID-19 across the camps. The findings of the first seroprevalence study in Bangladesh will provide important information for the future provision of healthcare services across the camps (WHO, 23/12/2020).

There has been a constant effort ongoing to strengthen the health service support mechanism. Currently, 26 sample collection sites are operating for suspected COVID-19 patients. A camp level dedicated Contact Tracing (CT) network (34 supervisors and 311 volunteers) have been embedded in the Rapid Investigation and Response team (RIRT) for COVID-19. To enhance preparedness for COVID-19 in Cox's Bazar, WHO has been training healthcare workers on Infection, Prevention and Control (IPC) from Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centres (ITC) partners and Government facilities. A total of 2390 humanitarian health care workers and government staff from SARI ITC partners and government facilities went through IPC training (WHO, 03/01/2020).

Currently, there are 15 operational SARI ITCs in the camps with a total of 652 open and 579 stands by beds. One additional SARI ITC is being constructed. WHO and partners have established – and further strengthened – a referral pathway to allow for the safe transfer of critically ill COVID-19 patients to the newly established Intensive Care Unit (ICU) at the Cox's Bazar District Sadar Hospital. All Basic Emergency Care (BEC) training was completed in December meeting the target set and ensuring a total of 64 Basic First Aid staff trained among SARI ITCs, 32 of which had the additional BEC training (WHO, 03/01/2020).

COVID-19 Containment Measures

Since the gradual restart of economic activities in all districts of Bangladesh, many of the movement restrictions within Bangladesh have been lifted. The COVID-19 containment measures put in place are being now poorly adhered to due to minimal enforcement. However, in Cox's Bazar camps existing COVI-19 related restrictions have been sustained for humanitarian activities within the camps. Organizations are still required to follow strict protocols to limit the spread of COVID-19, including physical distancing, hand-washing, and mask-wearing. Schools have remained closed until the end of December 2020.

COVID-19 Containment Measures at the National Level

By the end of December 2020, COVID-19 had killed more than 1.8 million people and infected more than 82.8 million people around the globe including frontline workforce, physicians, nurses, and others, according to data compiled by Johns Hopkins University. Since Bangladesh reported its first confirmed COVID-19 case on 8 March 2020, the task of containing the spread of COVID-19 has involved conducting COVID-19 tests, isolation of infected cases, contact tracing and quarantine, and appropriate measures for overseas returnees. As with elsewhere around the world, these measures also had a significant impact on the economy and social life (BMRCBD, 01/06/2020).

The Government of Bangladesh has been strict in its decision to close schools since March 18 due to the pandemic (Dhaka tribune, 13/12/2020). Whilst the Government of Bangladesh set up a policy not to offer services and fine members of the public who do not wear masks, the government has not been able to adequately enforce regulation (United News of Bangladesh, 25/12/2020). Daily activities on the streets appear much the same as the days before the pandemic; with no social distancing and low and inappropriate use of masks (Dhaka tribune, 29/12/2020). The Government of Bangladesh is maintaining strict enforcement of the international travel COVID-19 containment protocols such as making COVID-19 certificates compulsory for travellers and fining airlines that do not comply with COVID-19 containment protocols (Dhaka tribune, 16/12/2020).

Containment Measures in Cox's Bazar

National level COVID-19 containment measures in Bangladesh are being adapted locally at the district level in Cox's Bazar. With the easing of COVID-19 restrictions nationally, livelihood and income generating activities are restarting in Cox's Bazar for Rohingya refugees and host communities.

The list of "essential" interventions was expanded after a revised version of the protocols was issued in July and since then humanitarian access into the camps has improved with the restart of suspended activities. Humanitarian operations allowed continued use of preventative measures, including social distancing, handwashing, and use of personal protective equipment by staff. In addition, social distancing and handwashing by beneficiaries is promoted at distribution points. On arrival, beneficiaries are encouraged to wash their hands. Mobilization for distributions is carried out one block at a time, with bamboo sticks and markings used to indicate where to stand to ensure a one-metre distance. Additional temporary distribution points have also been created to help prevent overcrowding (IOM, 16/10/2020).

The continued screening of passengers and pedestrians at points of entry (POE) to the camps is another critical step towards containing the COVID-19 spread. Fifteen out of nineteen entry points (POE) were operational in various strategic locations in the Cox's Bazar refugee camps, and a total of 180,006 individuals were screened between 30th November to 3rd January

(WHO situation report, 03/01/2020). Site management teams continue to coordinate the "No Mask No entry in Service Point" campaign with all service providers (WHO, 01/12/2020; IOM, 24/11/2020). Women volunteers have also been leading outreach and awareness-building efforts in the camp and the nearby host community. They have disseminated information about COVID-19 to over 700 women and adolescent girls through COVID-19 awareness sessions in the district (IOM, 03/11/2020).

Information and Communication for COVID-19

Awareness campaigns are currently implemented by The Government of Bangladesh to prevent the spread of COVID-19. The Prime Minister has been warning of a second COVID-19 wave and urging people to properly follow health guidelines to avoid getting infected. The government is strictly implementing a 'no mask, no service' policy (Dhaka Tribune, 13/12/2020), and working to increase awareness and improve hygiene practice, distributing leaflets, disinfecting public places, distributing food, face-masks, and food parcels to people affected by COVID-19.

In the Cox's Bazar district 62,276 people participated in 7,005 group listener sessions to raise awareness on COVID-19 hygiene practices, cyclone preparedness, nutrition, psychosocial support, vaccinations, and shelter preparedness. Four new communication materials and 26 audio/podcast programs were developed to inform refugees on routine immunizations, cyclone preparedness flag system, mask-wearing, differences between COVID-19 and the flu, and malaria (UNHCR 14/12/2020, ISCG 03/12/2020).

Information Channels and Means

In order to prevent COVID-19 national and international nonprofit organizations disseminated various awareness campaigns and sensitized communities. Communications with Community (CWC) partners are gathering complaints and feedback, and disseminating information on COVID-19 related topics to strengthen community engagement efforts.

Improved internet access in Rohingya camps is strengthening information sharing

Considering that internet access has been a major challenge affecting communication and information sharing in most camp locations in Cox's Bazar, the Emergency Telecommunication Sector (ETS) is providing data connectivity to 31 sites, including evoucher outlets, logistic and residential hubs, and severe acute respiratory infection treatment centres. Community Outreach Members (COMs) from the refugee communities are continuously providing messaging and information dissemination (WFP, 21/12/2020, UNHCR, 14/12/2020).

Humanitarian actors are innovating to maximize information channels and means for COVID-19 messaging.

There has been an enhanced focus on engaging communities, health partners and other key stakeholders to develop, implement and monitor action plans to effectively inform and help prepare populations and protect them from COVID-19.

The lifting of many movement restrictions has boosted the capacity of humanitarian actors to scale up community engagement activities around key COVID-19 messaging. Key messages were provided through community consultation and awareness meetings, listening group sessions, communication sessions conducted by religious leaders, and loudspeakers/ megaphones. In order to reach the camp, community agencies continue to employ different channels of community engagement such as household visits, the distribution of information, education and communication materials, the dissemination of audio messages by community volunteers using hand mikes, and religious leaders (imam) using mikes at mosques, and meeting people at 'info hubs' as well as 'info desks' set up at distribution points (BRCS, 09/12/2020).

Since religious leaders play a big role in influencing behavioural change & adaptation in both host communities & refugees settings, agencies are conducting routine dissemination sessions in targeted religious sites including mosques, temples, and pagodas as well as government hospitals in districts where the risk of COVID-19 is high (ICRC, 17/12/2020). Other agencies are also taking some measures to mitigate the information barriers and introduced some new information channels and means, arranged courtyard discussion to maintain health norms, introduced the hotline, and strengthened relationships with the community and religious leaders as major information channels and means. (CWCWG interview Inputs 02/12/2020).

Mixed-media messages including general information on COVID-19, hand washing, physical distancing and mask-wearing, risks and vulnerabilities, safe and dignified burials, quarantine, isolation, and treatment centres, etc. are still ongoing in camps and host communities. Communications with Communities Working Group (CwCWG) and the Risk Communication and Community Engagement Working Group (RCCE WG) are coordinating with agencies across the response to ensure that all information around COVID-19 and health issues are of high quality, technically correct, and easily understandable by communities (WHO, 03/01/2021).

Information Challenges

The coverage of information and communications channels has improved since the easing of restrictions on humanitarian programs in the camps as eighty-six percent of individuals that attended any form of learning or communication session were reported to have continued learning/sessions remotely. The Emergency Telecommunications Sector (ETS) has provided data connectivity to 286 users in 34 sites, including retail outlets, logistic and residential

hubs, and Severe Acute Respiratory Infection (SARI) treatment centres with almost half of the ETS connected sites being solar powered (WFP, 20/02/2021).

Setbacks such as mobility challenges still pose significant barriers to free and unbiased information flow. Households with adult males were found to be significantly more likely to report mobility challenges. Forty-three percent of households reported facing mobility challenges inside and/or outside their shelter (J-MSNA, 12/11/2020).

COVID-19 and related measures created challenges in understanding how an increased focus on COVID-19 has impacted information collection and data sharing activities for regular humanitarian programs. It has affected overall data collection due to limited engagement with the community, reduced number of volunteers, reduced number of camp workers, and less comfort of respondents in ICT based data collection tools. COVID-19 also affected sector members' capacity to mobilize staff in conducting assessments and data collection due to less access, lower sample size, and lower number of events (sometimes no event). COVID-19 has also affected sector analysis activities due to lower collaboration opportunities in analyzing data (Sector Feedback, 12/2020).

Overview of Impact and Humanitarian Conditions

The findings from the December situation analysis reflect that there are significant gaps in information required to understand the current impact of COVID-19 on refugee and host communities, including COVID-19 impacts on the provision of humanitarian services. Currently, there are still fears of a second wave after the number of positive cases increased in November, however, the infection rate has leveled off in both Bangladesh as a whole and in Cox's Bazar. Measures such as the continued closure of schools remain in place as well as certain restrictions on program implementation modalities.

- **Protection risks to children** continue to be a major concern as schools remain closed and the financial impact of COVID-19 is still felt, especially by low-income families. Early marriage (for girls) and child labor (for boys) are two of the major concerns.
- The relocation of some Rohingya refugees to Bhashan Char island has begun despite a lack of access to the site for UN and aid agencies.
- **Schools remain closed,** with fears of a second wave of COVID-19 infections. Children (especially adolescent girls) face many challenges in engaging with distance learning and home-schooling. There is concern that children from poor and marginalized groups will be the most likely to drop out of education.
- Accessing health services is still reduced probably due to fears of COVID-19 infection or the stigma associated with it.
- Recent preliminary nutrition survey results show that Global Acute Malnutrition rates are well below emergency thresholds, but chronic malnutrition is still widespread in the camps.

• Shelter construction is hampered due to a lack of space but much of the damage to shelters caused by heavy rains and flooding are being repaired.

Protection

Protection risks to children continue to be a major concern as schools remain closed and the financial impact of COVID-19 is still felt, especially by low-income families. The 2021 Protection Sector Joint Response Plan overview looks ahead to 2021 protection programming highlighting issues faced by vulnerable groups including the elderly, disabled and gender diverse minorities. Increasing the protection footprint in the camps by adapting programming modalities to new working guidelines is identified as a key challenge. Finally there are concerns over the relocation of refugees to Bhasan Char island.

Information Sources, Gaps, and Challenges

Sources available in December include an overall summary of protection issues related to COVID-19 are found within the 2021 Protection Sector Joint Response Plan overview, as well as through the regular UNHCR operational update (November). Diversity and gender issues that are carefully explained in the ISCG Gender Hub study are still relevant. In addition, summaries of community feedback (from communities around Bangladesh) can be found in the Corona Kotha bulletins (note there is no methodology or sample size given).

These sources provide a more overall context analysis of issues that have arisen or increased due to the COVID-19 pandemic and challenges in terms of response. The following analysis therefore, highlights some of the key issues at the end of December 2020 as opposed to a snapshot of the current situation.

School closures linked to increased child protection issues in the host community

Adolescent girls in Bangladesh are concerned about the risk of being forced into an early marriage due to long time school closure. Girls from secondary schools who are migrating back to villages with their families fear they might not return to school, increasing feelings of anxiety and depression. In lower-income families, boys are being drawn into child labor, there is increased potential for school dropout and more girls being harassed by in-laws and married off (BBC Media Action, 02/12/2020, 20/12/2020).

The smaller protection footprint has increased protection risks and led to more people resorting to traditional dispute resolution methods

The COVID-19 pandemic has significantly reduced the footprint of service providers in the refugee settlements and halted the implementation of important protection support mechanisms, such as learning centres and child-friendly spaces. Consequently, the number of cases related to child marriage, child labor, violence, exploitation, and psychological distress have all increased in 2020. Whilst there are significant gaps in information, we know

from global studies that COVID and corresponding containment measures lead to an increase in violence against children in the home (Save the Children, 01/09/2020, UN NEWS, 18/08/2020). Adolescents, particularly males, were often engaged in negative coping mechanisms in the absence of learning, skills, or other opportunities UNHCR, 14/12/2020). With the reduced footprint of protection actors as well as authorities, access to formal and informal justice mechanisms, psychosocial support including MHPSS, as well as mediation and legal/physical protection services have been negatively affected, leaving space for Majhis to mediate disputes and conflicts with practices not in line with protection principles (PWG, 21/12/2020).

COVID-19 has increased vulnerabilities and driven a reliance on negative coping mechanisms

The socio-economic impact of COVID-19 and related containment measures have exacerbated pre-existing protection risks and the reliance on negative coping mechanisms for refugees and host communities alike (e.g. child labor, child marriage, trafficking/smuggling networks) (PWG, 21/12/2020). The Overlap between the pandemic and the monsoon and cyclone seasons have reduced disaster preparedness activities leading to the degradation of sanitary facilities, shelters, and clogged drains — all of which have impacted communities, including exposing women and girls to GBV risks. Incidents of intimate partner violence have also increased (PWG, 21/12/2020).

Groups already affected by issues of marginalization and vulnerability are facing new and increased protection risks arising from COVID-19

Lack of awareness activities, knowledge on gender diversity, human rights and specific needs, and personal bias, is limiting the access to basic services of gender diverse minorities in the camps (PWG, 21/12/2020). The ISCG Gender Hub study highlighted the new and increased protection risks faced by women, girls, men and boys, transgender persons, and female sex workers (discriminated by social and religious norms, rumors, and social stigmatization) arising from COVID-19. Individuals of diverse gender and sexual identities, including transgender persons, report difficulties in accessing health (SRH as well as for general communicable diseases) and protection services of the humanitarian response in Cox's Bazar, due to stigma and discrimination (PWG, 21/12/2020). In addition, older people and people with disabilities struggle to access protection services as well as health, education, WASH, livelihood, and appropriate shelter (PWG, 21/12/2020).

Protection issues and threats of eviction are increasing due to the inability to pay rent, especially in the Teknaf camps

Host communities continue to be the primary providers of land for refugees, particularly in the Teknaf camps. The majority of refugees are paying rent through cash for work, in-kind (through food rations, NFI materials), and labor (working on fishing boats and agricultural farms owned by the host communities). However, there has been a marked increase in

exploitative practices, with those who cannot pay the high rent resorting to negative coping mechanisms, including illicit activities/yaba, sexual favors/trafficking—leading to many living in constant fear of eviction and homelessness (PWG, 21/12/2020).

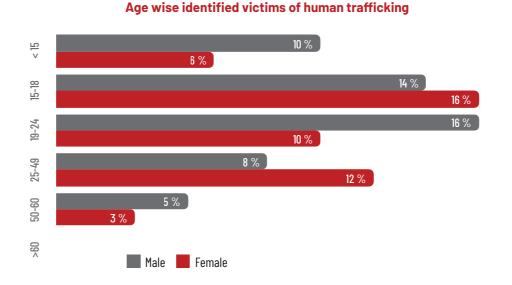
Relocation of refugees to Bhashan Char island

The Government of Bangladesh started relocating Rohingya refugees to Bhashan Char island with 1,642 refugees moved in early December and 1,804 at the end of the month. This is in addition to the 306 Rohingya refugees who were rescued at sea and relocated to the island in April, bringing the total number of refugees on Bhashan Char to approximately 3,750 (WFP, 20/02/2021). There are concerns that the UN and aid agencies have not been able to access the island to undertake the necessary assessments to ensure the safety, feasibility, and sustainability of Bhashan Char as a place for refugees to live, nor to develop the framework for the protection and the assistance and services they would be able to access on the island (UN Bangladesh, 02/12/2020).

Human trafficking continues despite the pandemic

Human trafficking continues to be reported, even during COVID-19, with a noteworthy number of Rohingya victims in forced labor situations in Bangladesh. 33 incidents have been reported since September 2020 involving a total of 49 individuals (UNHCR, 22/12/2020).

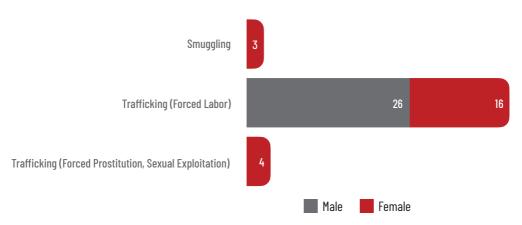
Figure 9.1 Age group distribution for Victims of Human Trafficking in Cox's Bazar



Source: UNHCR, 22/12/2020

Figure 9.2 Incident Type for Human Trafficking in Cox's Bazar

Incident type for human trafficking



Source: UNHCR, 22/12/2020

According to current trends, Rohingya women and girls are often recruited with false promises and exploited as domestic workers, while Rohingya men and boys tend to be exploited in the fishing, construction, and agriculture industries. As with other protection issues, many victims of trafficking do not self-identify and often do not realize they are a victim of a crime and are entitled to support programs including legal assistance (PWG, 21/12/2020).



Education

Information sources, gaps, and challenges

These were few new sources of information on the education sector in December. As schools remain closed, information about online learning include bulletins based on community feedback and local media such as the Dhaka Tribune. Some issues are also highlighted in UNICEF's Humanitarian Action for Children Appeal. With current restrictions and home learning, there are limited opportunities to obtain data on the success of online learning, especially in the refugee communities, or to understand the impact on dropout rates until schools reopen.

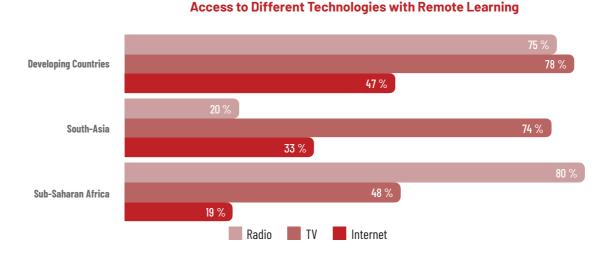
Schools remain closed, exams and admission tests suspended

The school closure continues to be extended due to fear of the second wave of COVID-19 and classes have been continuing through online and television in Bangladesh. Also, exams and admission tests continue to be suspended (Dhaka Tribune 13/12/2020, BBC Media Action 03/12/2020).

Children from low- and middle-income families struggling with remote learning

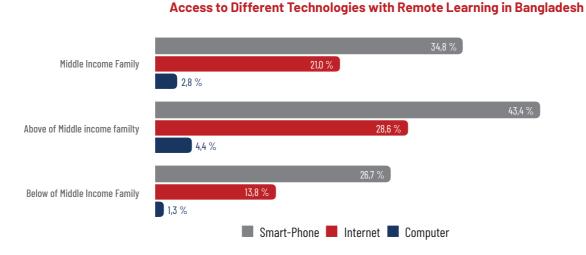
Students living in remote areas cite poor internet provision as a barrier to online learning. Children from vulnerable households, including those with no wage earners, report lower levels of access to alternative learning modalities where financial instability in their families makes internet packages and devices such as smartphones and laptops unaffordable (BBC Media Action 20/12/2020, UNICEF 14/12/2020). As well as internet access barriers in rural and semi-urban areas, factors such as a lack of skilled teachers, quality content, satisfactory environment, and financial support also need to be addressed (Dhaka Tribune, 31/12/2020). Some students say they are concerned and upset about falling behind in certain subjects, but besides their studies, students say they miss extracurricular activities which they used to do when schools were open (BBC Media Action, 20/12/2020).

Figure 10.1 Technology accessibility for remote learning (Global)



Source: World Bank, 10/11/2020

Figure 10.2 Technology accessibility for remote learning (Bangladesh)



Source: World Bank, 10/11/2020

Country: Bangladesh Period: 01/12 to 31/12 # Update: 4 Report Status: Public

Increase in school dropouts feared especially girls

There are concerns school dropouts will increase, mainly through early marriage for girls, or due to engagement in income generating activities for boys. Many adolescent girls from secondary schools are migrating to villages with their families and are worried they will not be able to pursue their education will be unable to return to school. Many girls are also being asked to take on more household tasks, disrupting their ability to study online. Prolonged school closure is putting girls at increasing risk of being married off (BBC Media Action 20/12/2020, BBC Media Action 31/12/2020). There is also evidence that adolescent boys have found work such as transporting vegetables, fruit, and bamboo. They may be either tempted or forced to leave school to continue earning income (BBC Media Action, 20/12/2020).

These concerns are in line with findings from a worldwide position paper from UNICEF outlining how disruptions to instructional time in the classroom can severely impact a child's ability to learn. The longer marginalized children are out of school, the less likely they are to return. Children from the poorest households are already almost five times more likely to be out of primary school than those from the richest (UNICEF, 12/10/2020).



Information sources, gaps, and challenges

There were limited sources for information on the health section outside of the COVID-19 response during December. Community feedback from around Bangladesh was provided through BBC Media Action Factsheets. IOM issued updates on health initiatives to strengthen emergency care and support to the disabled. Other information was derived from the UNHCR Public Health Factsheet, Food Security Periodic Monitoring Report, and the UNICEF Humanitarian Appeal for Children. Although these are recognized as generally reliable sources, the scale and prevalence of issues (percentage of missed appointments, vaccination coverage, waiting times, etc.) could not be determined without access to the underlying data sources and assessments used to create the documents.

In general, there is a lack of current information to determine whether previous trends are continuing to have an impact on health provision and health-seeking behaviour. Issues, where current information is needed include; how the lack of gender disaggregation in treatment and waiting rooms is preventing women from accessing health services (IOM, 30/11/2020); if refugees are still avoiding health treatment due to the continued fear and stigmatization related to COVID-19 (WHO 28/10/2020, WHO 29/07/2020, ISCG Gender Hub 14/10/2020); and whether poorer treatment and the reluctance of health workers to treat patients due to COVID-19 continues (IOM 31/07/2020, ISCG 18/10/2020). The extent of mental health issues is often mentioned (IOM, 24/11/2020) but the scale and prevalence is unclear. It is often referenced regarding specific causes such as recent inter-gang violence (BRAC Whatsapp

transcripts 08/10/2020) or the impact of school closures on children and adolescents (BBC Media Action, 20/12/2020).

The multidimensional impacts of the COVID-19 pandemic have reduced access to health care and eroded progress in advancing health statistics for the refugee community

The primary and secondary impacts of COVID-19 have compromised access to health and nutrition services for Rohingya refugees, reversing some of the gains made in the past few years and leading to a deterioration of overall health status. This included a reduced uptake of preventive health services such as antenatal care and immunization as well as poor infant and young child feeding and maternal care practices among children under 2 years (UNICEF 14/12/2020, Food Security 12/10/2020, UNHCR 10/12/2020).

Fear of COVID-19 continues to impact access to health services

Findings from community consultations across Bangladesh suggest that in order to cope with the COVID-19 pandemic, sexual and reproductive health (SRH) services have been sidelined. Pregnant women are avoiding health centres for pregnancy care because of a lack of doctors, long waiting times, and fear of being infected. During the lockdown, women have opted for home delivery to avoid exposure to COVID-19 patients (BBC Media Action 03/12/2020, BBC Media Action 31/12/2020).

In the Rohingya community, there are still reports of a reduced uptake of preventive health services such as antenatal care and immunization (UNHCR, 10/12/20) which could be in part caused by a reluctance to access health facilities due to the fear of catching COVID-19 or the stigma associated with it (ISCG, 18/10/20).

Efforts are made to strengthen emergency health care and identify support needed for disabled persons

Within the refugee camps, many emergency cases arrive in Primary Health Care Centres, facilities that are often not prepared to receive them in terms of equipment, training, and protocols. Efforts are being made to strengthen emergency health care, including training for pregnancy-related emergencies (IOM, 15/12/2020). Almost half of the persons with disabilities living in the camps in Cox's Bazar do not own assistive devices or have access to rehabilitation services putting Rohingya refugees in need of more support to obtain access to basic services. IOM along with Christian Blind Mission (CBM) and the Centre for Disability in Development (CDD) have conducted several outreach activities to identify the needs of people with disabilities in the camps (IOM, 03/12/2020).

Barriers remain in accessing Menstrual Health and Hygiene services and products

Challenges faced by women and girls in practicing proper Menstrual Health and Hygiene (MHH) are widely documented; inadequate access to safely managed water and sanitation facilities, lack of affordable menstrual hygiene products, and limited reproductive health services and social support are some of the underlying challenges that can cause adverse

effect on women's physical and mental well-being (WaterAid, 05/08/2020). MHH has become more difficult during the pandemic due to delays in distribution of materials and increased difficulty for women and girls to wash and dry their menstrual cloths due to taboos around menstruation, resulting in increased risk of infection (ISCG Gender Hub, 14/10/2020). Recent community feedback continues to indicate that this is still a problem, with daily necessities such as food prioritized over sanitary napkins. Adolescent girls with menstruation-related problems such as severe abdominal cramps have avoided health centres for fear of being infected by COVID-19 patients (BBC Media Action, 03/12/2020).

Recent SMART survey shows a reduction in diarrhoea prevalence and crude and under 5 children mortality rates in three survey locations.

In the Round 5 Emergency Nutrition Assessment (November – December 2020) in Cox's Bazar, preliminary findings show there is a significant reduction in diarrhoea prevalence observed in all three survey areas. Rates were below 15% in three survey locations. Similarly, rates of crude and under 5 death rates (CDR & U5DR) were well below the emergency thresholds with no major concern. On average crude death rate (CDR) slightly decreased in Cox's Bazar when compared to Round 4 (1.12 – 0.3 in Round 4 and 0.08 – 0.21 in Round 5). Under 5 Death Rate (U5DR) also decreased overall from Round 4 to Round 5 (0 – 0.68 in round 4 and 0 – 0.58 in round 5). These were well below the Sphere standards considered a critical public health emergency (CDR >1 deaths/10,000/day and U5DR >2//10,000/day) (Action Against Hunger, 12/2020).

Nutrition

Preliminary findings of the 2020 SMART survey indicate that the nutritional status amongst refugee children was below critical levels and has in terms of Global Acute Malnutrition in some places it has improved. Chronic malnutrition however remains widespread. Nutrition services are continuing with continued screening and enrolment of infants and pregnant and lactating mothers into appropriate programs. The fear of COVID-19 may still be impacting the willingness of parents to take up available health services.

Information sources, gaps, and challenges

Information sources are limited for the nutrition sector in December but there are some preliminary findings from the Action Against Hunger (COVID-19 modified) round five SMART nutrition survey that was undertaken in refugee camps during November - December 2020. Other basic data comes from the latest ISCG situation report and the latest UNHCR Factsheet on Public Health for the Rohingya community. Looking at the wider potential impact of COVID-19 on poverty and how this could raise malnutrition rates is discussed in an article in the Lancet which backs the wider picture provided in the Immediate Socioeconomic Response to COVID-19 provided by the UNCT under the UNDAF. Both sources somewhat look at the longer-term impact of COVID-19. Reference is made to the J-MSNA which provided some investigation of community attitudes towards COVID-19.

SMART Survey Preliminary Findings

- Global Acute Malnutrition (GAM) rates by weight-for-length/height z-score (WHZ) were below the 15% critical threshold in all the camps. Mid-Upper Arm Circumference (MUAC) based GAM rates further slightly declined while WHZ based GAM rates slightly increased (except for KTP camp) possibly due to MUAC based expanded programming since the start of the COVID-19 pandemic. Younger children (6-23m) were found more prone to acute malnutrition. Relatively higher GAM by WHZ observed among boys than girls (AAH SMART Survey² 19/01/2021).
- **Chronic Malnutrition**: Stunting rates continue to remain "Very High; ≥30%" in both MakeShift (MS) and Kutupalong (KTP) Rohingya Camp (RC).
- **Underweight**: Prevalence of underweight also remains generally unchanged although a slight increase observed in KTP RC. All the rates were found around or above 30%.

Screening for Malnutrition continues in both the Refugee and Host Communities

In the host community, over 36,128 children were screened for malnutrition during October. A total of 62 children with Severe Acute Malnutrition (SAM) (0.2%) and 402 children with Moderate Acute Malnutrition (MAM) (1.1%) were admitted to the Outpatient Therapeutic Program (OTP) and Target Supplementary Feeding Program (TSFP) (ISCG, 03/12/20). SAM/ MAM numbers are not available for October for the refugee community (ISCG, 03/12/20). 5,658 mothers were however trained on screening for malnutrition in their children and 5,657 malnourished children aged 6-59 months and Pregnant and Lactating Women (PLW) were admitted to the respective nutrition treatment program. Insecurity has also had an impact on the provision of nutrition services with two integrated nutrition facilities in two camps being forced to close temporarily due to a period of unrest at the start of October. Mobile nutrition teams for emergency field response were suspended for several days until the clashes subsided (ISCG, 03/12/20). Poor infant and young child feeding and maternal care practices among children under 2 years is also cited as a challenge by the nutrition sector (UNHCR, 10/12/20).

The impact of COVID-19, specifically on livelihoods and the economy has the potential to drive up poverty and with-it malnutrition rates

Estimates from an article published in the Lancet suggest there could be a 14.3% increase in the prevalence of moderate or severe wasting among children younger than 5 years due to COVID-19-related country-specific losses in the global nutritional index (GNI) per capita (Lancet, 27/07/2020). In Bangladesh, while official figures on the consequences of the COVID-19 crisis on poverty are not yet confirmed, unofficial estimates place the number of COVID-19-induced 'new poor' at between 16 and 42 million people, which could bring the poverty rate up to 44 percent (UNCT, 16/09/2020). As the number of COVID-19 cases increase

² Preliminary findings provided by the nutrition sector.

fears that a second wave of the virus and its attendant containment measure could lead to further negative economic impact.



Information sources, gaps, and challenges

There are few new information sources available in the December period. An overview is provided by the UNHCR Shelter Factsheet & Dashboard (October 31) with additional information from the ISCG October Situation Report. Information on the relocation of refugees to Bhashan Char island came mainly from international news sources such as The Guardian (UK) and Al Jazeera (Qatar), with UN and aid agencies currently unable to access the island. It is expected that data will be available soon from the Shelter Standards Survey that has been rescheduled for January 2021.

COVID-19 restrictions have hampered field-level shelter need assessment while access to land remains a challenge for partners doing shelter constructions.

Due to the disruption caused to regular activities by COVID-19, there have been very limited opportunities to conduct field assessments to identify shelters in immediate need of assistance. The majority of Shelter assistance delivered since COVID-19 was declared has been emergency in nature and despite the restriction challenges more than 50,000 families were allocated shelter materials, following rapid technical assessment, enabling light repair to full replacement by families themselves (UNHCR, 10/12/2020).

Numerous shelter constructions are hampered due to the inability of shelter partners to find space for the construction. Moreover, an estimated 500 HHs are expected to be relocated due to the upcoming ADB and WB road expansions. There is not enough shelter or space to accommodate all displaced families (UNHCR, 10/12/2020).

Rohingya households have been relocated to Bhashan Char Island to reduce overcrowding concerns.

Hundreds of Rohingya refugees have been relocated to Bhashan Char, a remote island in the Bay of Bengal and further relocations are ongoing. Government authorities stated that approximately 1,600 Rohingya refugees have been moved to the island which is necessary to ease the chronic overcrowding in camps. Officials also stated that only refugees who are willing to go will be moved. However, international rights agencies suspect that refugees have been listed without their consent and have called on Bangladesh to allow an independent inspection of the island (Amnesty International 03/12/2020, The Guardian 28/12/2020, Al Jazeera 04/12/2020).

The outbreak of violence damages shelters and causes temporary relocations

Insecurity and violence have been of increasing concern. Violence between two criminal groups in the camps escalated at the beginning of October, resulting in the intra-camp displacement of at least 1,000 households and damage to dozens of shelters (ISCG, 03/12/2020).





Information Sources, Gaps, and Challenges

There are limited sources for the food and livelihoods sectors for December and therefore an analysis of the current food security and livelihoods situation particular to Cox's Bazar is not possible. However, there are some interesting analyses available for the situation entering into the final quarter of 2020 and for both the longer-term impact of COVID-19 and of how COVID-19 affected communities during the height of the pandemic (April to August 2020). The impact of COVID-19 containment measures and other factors (such as seasonal rains) can be found in the Food Security Sector Joint Monitoring Framework - Factsheet (October). This presents the level of impact across various factors related to food security and livelihoods for the host communities and the Rohingya refugees and is disaggregated by Upazila. An overview of the most recent food security response can be found in the November ISCG sitrep and within the latest WFP sitrep.

The Immediate Socioeconomic Response to COVID-19 provided by the United Nations Country Team (UNCT) under the United Nations Development Assistance Framework (UNDAF) considers the longer-term impact of COVID-19, and an analysis of the impact of COVID-19 containment measures during the height of the pandemic (April to August 2020) can be found in several sources. A phone study carried out in April/May 2020 analyses the impact of COVID-19 containment measures on work and wages in Cox's Bazar (World Bank Group, 13/12/2020). The Multi-Sector Needs Assessment (MSNA) provides analysis based on data collected during July and August 2020 (ISCG 18/10/2020, ISCG 12/11/2020, ISCG 12/11/2020).

It would be interesting to have some insight about where and how Cox's Bazar host communities are getting their food sources since the easing of lockdown which started in August. Earlier in July (at the peak of the COVID-19 crisis), the World Food Programme (WFP) had reported that about 53 percent of host community households in Cox's Bazar were dependent primarily on external food assistance from humanitarian agencies, while 43 percent of them relied on food purchase from local markets. With the gradual reopening of businesses in Cox's Bazar, new assessment insight on host community food sources is necessary.

Another related information gap is the lack of recent data on the **food consumption level** of households in host communities and camps. WFP August Monitoring Report showed that

acceptable Food Consumption Scores (FCS) were nearly 80% in both refugee and host communities in July 2020. However, latest assessment information is needed to better understand how food consumption is changing following the restart of socio-economic activities in Cox's Bazar. Moreover, early improvement in host community food consumption level (from 42% FCS in April to 80% in July) was attributed to the expanded humanitarian assistance to cover host population food needs following lockdown measures.

As business activities restart in Cox's Bazar, identifying the level of people's **access to the market** can provide an insight on the impact of COVID-19 on market access. In July, the WFP report showed that 22% of the host population reported they had no access to the market. Fifty-six percent of these people without access to the market cited "travel restrictions" while 22% of them cited "concerns about going outside due to disease outbreak" as the reasons for not accessing markets.

Other related information gaps such as the **livelihood coping strategies** adopted by refugee and host community households are needed to evaluate if the post-lockdown economic and livelihood situation has translated into reduced coping strategy or if in contrast, the coping situation of the host are refugee communities are getting worse due to post-lockdown livelihood challenges.

Poverty has risen across Bangladesh and host communities in Cox's Bazar will be similarly affected

Media reports cite a significant increase in poverty across the country. The overall poverty rate of the country had increased by 7% to 10% as Covid-19 affected families, reduced jobs, and forced migration from cities to rural areas in the last few months (Dhaka Tribune 07/12/2020, Dhaka Tribune 17/12/2020). Income inequality has increased in the economy affecting laborers, informal workers in the services sector, and internal migrants the most (Dhaka Tribune, 16/12/2020). The garment industry has also been hard hit with reports that at least 70,000 Bangladeshi garment workers lost work after big brands rushed to cancel orders early in the pandemic (Dhaka Tribune 08/12/2020).

Livelihoods activities and new food distribution modalities support access to fresh vegetables

A holiday market was organized where 18 partners showcased and sold items locally produced by refugee and host communities. Over 280,000 kg of vegetables were produced from 22,000 micro gardens between March and December. According to partner surveys, 95 percent of households recognized health improvements from increased consumption of vegetables and 46 percent spent less on vegetables (WFP, 20/02/2021). WFP opened two new Fresh Food Corners bringing the total to 11. WFP also reported that in December vulnerable households with more than six members purchased fresh food every two weeks, rather than every month. WFP launched the first global Retail in a Box (RIAB) pilot in Camp 23 on 6 December enabling 2,400 households to receive monthly food assistance through e-vouchers, rather than in-

kind. RIAB is a mobile storage unit that enables WFP to rapidly set up retail outlets. It can be used as a solution to kickstart retail networks and ultimately build a reliable market (WFP, 20/02/2021).

About this report

IMMAP and DFS currently implement the OFDA COVID-19 support project in six countries: Bangladesh, Burkina Faso, Nigeria, DRC, Syria, and Colombia. The project duration is twelve months and aims at strengthening assessment and analysis capacities in countries affected by humanitarian crises and the COVID-19 pandemic. The project's main deliverables are a monthly country-level situation analysis, including an analysis of main concerns, unmet needs, and information gaps within and across humanitarian sectors.

The first phase of the project (August-November 2020) focuses on building a comprehensive repository of available secondary data in the DEEP platform, building country networks, and providing a regular analysis of unmet needs and the operational environment which humanitarian actors operate. As the repository builds up, the analysis provided each month will become more complete and robust.

Methodology: To guide data collation and analysis, IMMAP and DFS designed a comprehensive Analytical Framework to address specific strategic information needs of UN agencies, INGOs, LNGOs, clusters, and HCTs at the country level. It is essentially a methodological toolbox used by IMMAP/DFS Analysts and Information Management Officers during the monthly analysis cycle. The Analytical Framework:

- Provides with the entire suite of tools required to develop and derive quality and credible situation analysis;
- Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;
- Offers end-users with an audit trail on the amount of evidence available, how data was processed, and conclusions reached;

The two most important tools used throughout the process are the Secondary Data Analysis Framework (SDAF) and the Analysis Workflow.

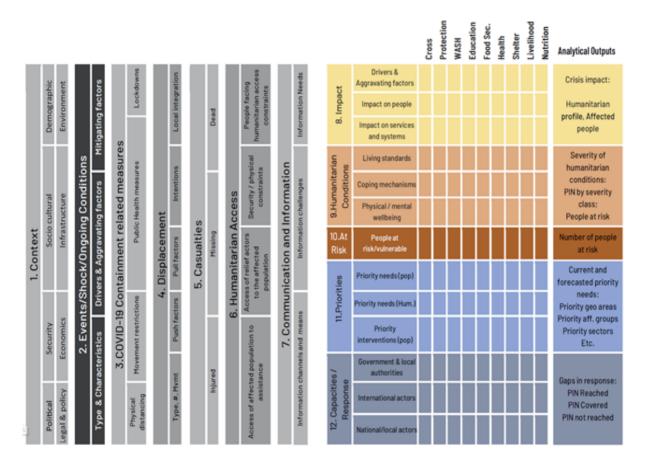
The Secondary Data Analysis Framework was designed to be compatible with other needs assessment frameworks currently in use in humanitarian crises (Colombia, Nigeria, Bangladesh) or developed at the global level (JIAF, GIMAC, MIRA). It focuses on assessing critical dimensions of a humanitarian crisis and facilitates an understanding of both unmet needs, their consequences, and the overall context within which humanitarian needs have developed, and humanitarian actors are intervening. A graphic representation of the SDAF is available in figure 15.

On a daily basis, IMMAP/DFS Analysts and Information Management Officers collate and structure available information in the DEEP Platform. Each piece of information is tagged

based on the pillars and sub-pillars of the SDAF. In addition, all the captured information receives additional tags, allowing to break down further results based on different categories of interest, as follows:

- 1. Source publisher and author(s) of the information;
- 2. Date of publication/data collection of the information and URL (if available);
- 3. Pillar/sub-pillar of the analysis framework the information belongs to;
- 4. Sector/sub-sectors the information relates to:
- 5. Exact location or geographical area the information refers to;
- 6. Affected group the information relates to (based on the country humanitarian profile, e.g., IDPs, returnees, migrants, etc.);
- 7. Demographic group the information relates to;
- 8. The group with specific needs the information relates to, e.g., female-headed household, people with disabilities, people with chronic diseases, LGBTI, etc.;
- 9. Reliability rating of the source of information;
- 10. Severity rating of humanitarian conditions reported;
- 11. Confidentiality level (protected/unprotected)

Figure 11. IMMAP/DFS Secondary Data Analysis Framework (SDAF)



The DEEP structured and searchable information repository forms the basis of the monthly analysis. Details of the information captured for the Bangladesh Cox's Bazar report are available below (publicly available documents primarily from 23 October to 30 November were used).

Figure 12: Documents by location, timeline, and primary categories (analytical framework)

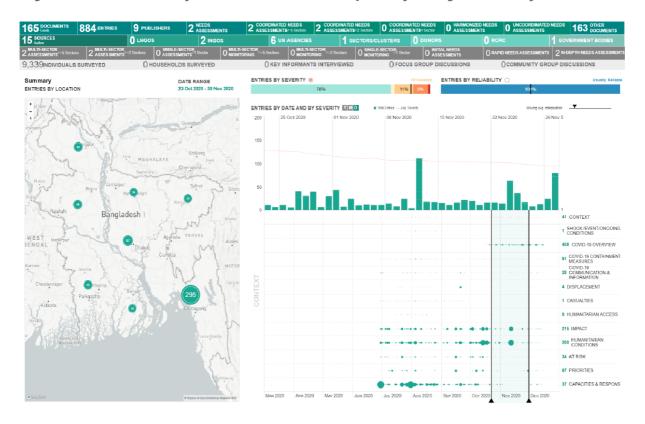
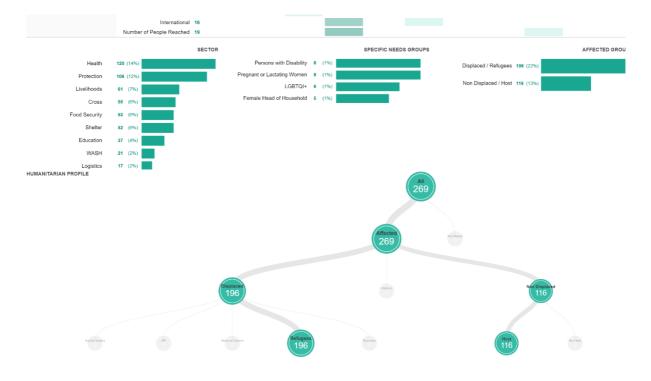


Figure 13: Documents and entries by sector and affected group



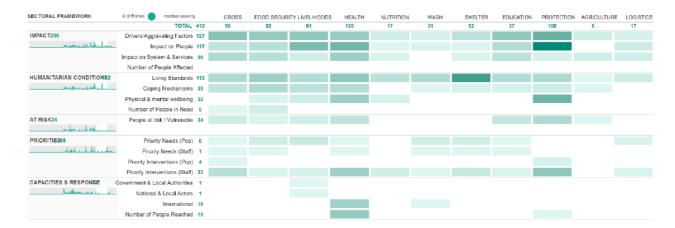


Figure 14: Entries by sector and sub-categories (analytical framework)

Analysis Workflow IMMAP/DFS analysis workflow builds on a series of activities and analytical questions specifically tailored to mitigate the impact and influence of cognitive biases on the quality of the conclusions. The IMMAP/DFS workflow includes 50 steps. As the project is kicking off, it is acknowledged that the implementation of all the steps will be progressive. For this round of analysis, several structured analytical techniques were implemented throughout the process to ensure quality results.

- The ACAPS Analysis Canvas was used to design and plan for the September product. The Canvas support Analysts in tailoring their analytical approach and products to specific information needs, research questions or information needs.
- The Analysis Framework was piloted, and definitions and instructions set to guide the selection of relevant information as well as the accuracy of the tagging. A review workshop was organized in October 2020 to review pillars and sub pillars.
- An adapted interpretation sheet was designed to process the available information for each SDAF's pillar and sub pillar in a systematic and transparent way. The Interpretation sheet is a tool designed so IMMAP/DFS analysts can bring all the available evidence on a particular topic together, judge the amount and quality of data available and derive analytical judgments and main findings in a transparent and auditable way.
- Information gaps and limitations (either in the data or the analysis) were identified. Strategies have been designed to address those gaps in the next round of analysis.

The analysis workflow is provided overleaf (Figure 15).

Figure 15. IMMAP/DFS Analysis Workflow

	1.Design & Planning	2.Data collation & collection	3.Exploration & Preparation of Data	4.Analysis & Sense Making	Sharing & Learning
Main activities	Definitions of audience, objectives and scope of the analysis	Identification of relevant documents (articles, reports)	Categorization of the available secondary data	Description (summary of evidence by pillar / sub pillar of the framework)	Report drafting, charting and mapping
	Key questions to be answered, analysis context, Analysis Framework	Identification of relevant needs assessments	Assessment registry	Explanations (Identification of contributing factors)	Editing and graphic design
	Definition of collaboration needs, confidentiality and sharing agreements	Data protection & safety measures, storage	Additional tags	Interpretation (priority setting, uncertainty, analytical writing)	Dissemination and sharing
	Agreement on end product(s), mock-up and templates, dissemination of products	Interviews with key stakeholders	Information gaps identification	Information gaps & limitations	Lessons learnt workshop, recommendation s for next round
Tools	 Analysis Framework Analysis Canvas Data sharing agreements Report template 	 SDR folder Naming convention 	 DEEP (SDAF) DEEP (Assessment registry) Coding scheme 	Interpretatio n sheet	 Revised report template Analytical writing guidance Lessons learnt template

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