



**USAID**  
FROM THE AMERICAN PEOPLE

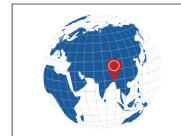


Main Implementing Partner



# COVID-19 SITUATION ANALYSIS

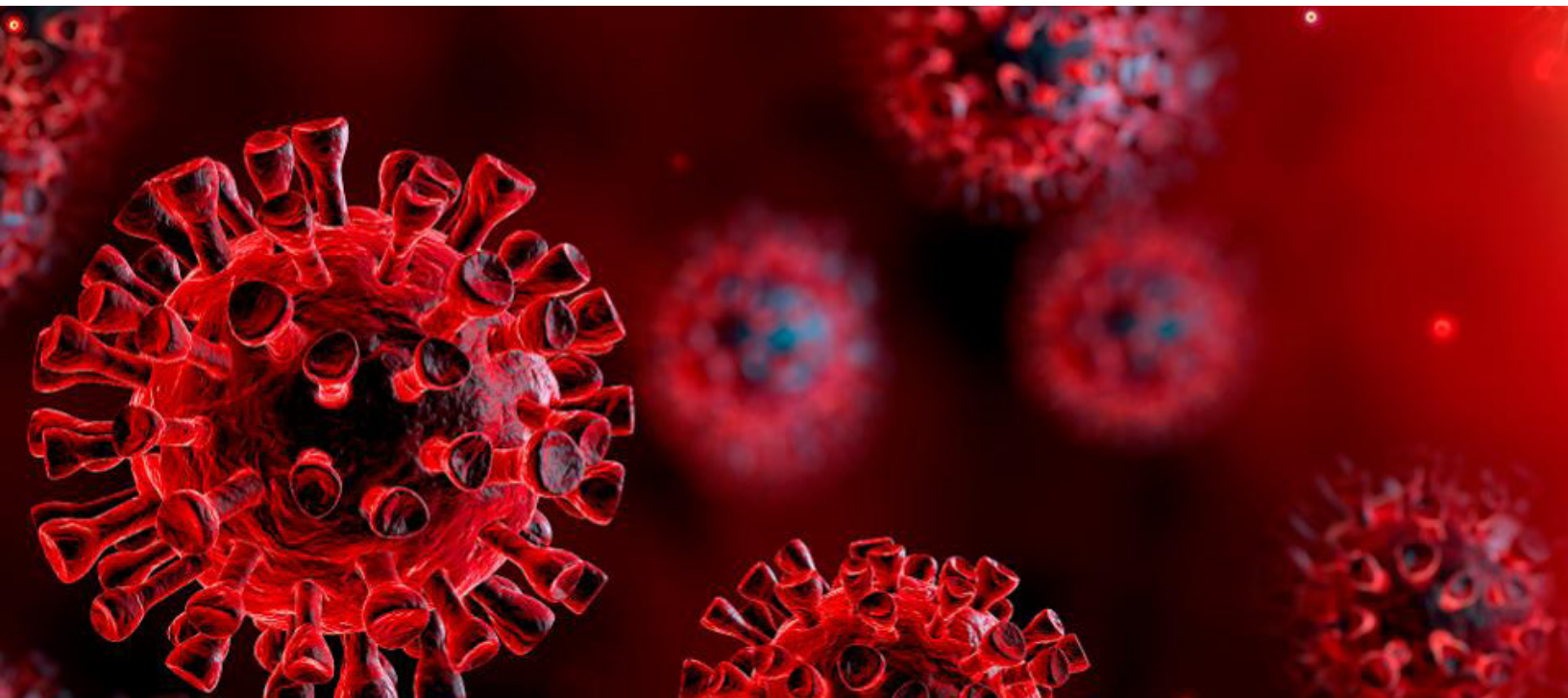
CRISIS TYPE: EPIDEMIC



**Cox's Bazar  
BANGLADESH**

**MAY 2020 - JULY 2021**

## **SECTORAL ANALYSIS** **ANNUAL REVIEW - PART ONE**



**Better Data | Better Decisions | Better Outcomes**

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 March 11th, 2020.

The virus's impact has been felt 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 timely solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.









# CONTENTS

## 1. Executive Summary

Page 4

## 2. Introduction

Page 5

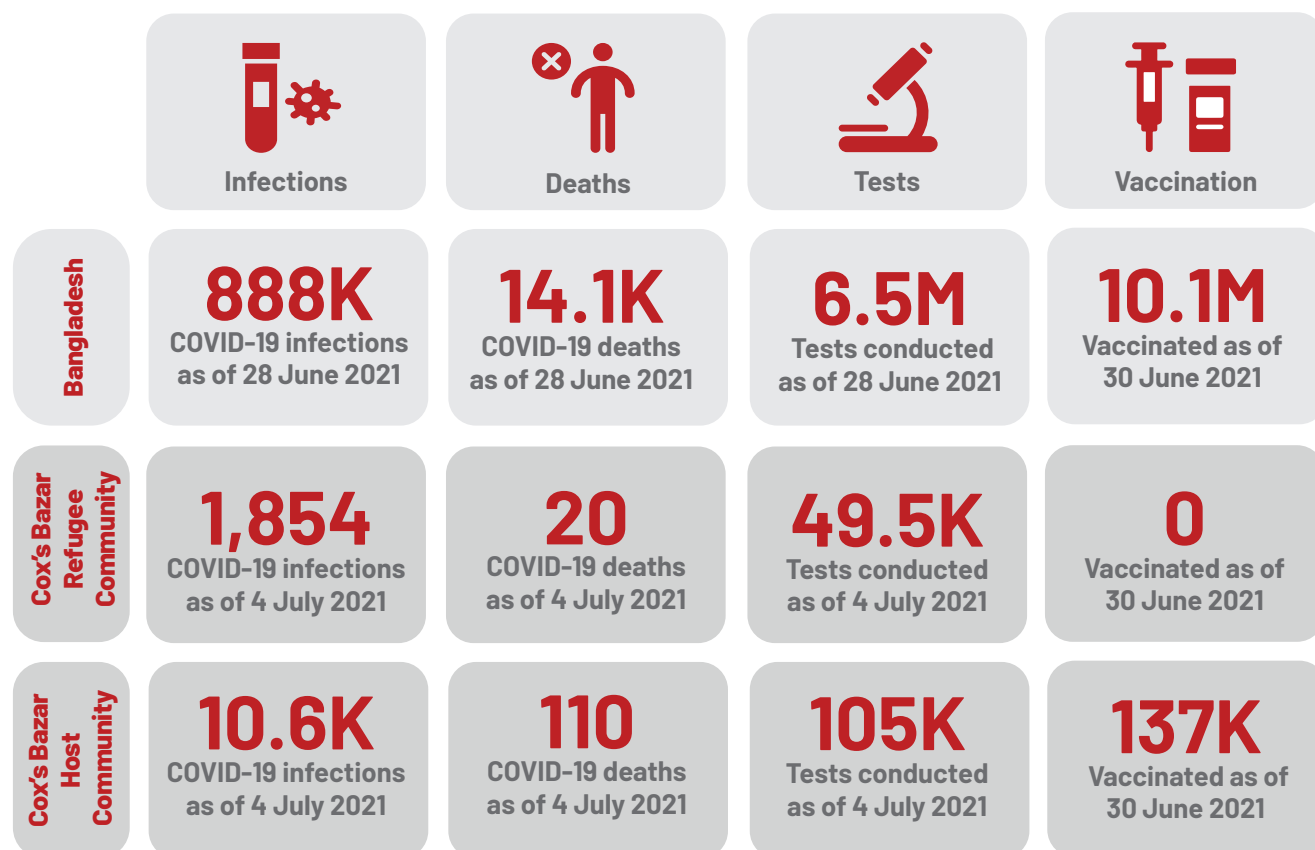
 Livelihoods Sector.....	5
 Food Security Sector.....	7
 Shelter Sector.....	9
 WASH Sector.....	12
 Protection Sector.....	14
 Education Sector.....	18
 Health Sector.....	21
 Nutrition Sector.....	23

## 3. About this report

Page 25

# EXECUTIVE SUMMARY

**Figure 1. Overall COVID-19 data for Bangladesh** (Source: (WHO sitreps and HEOC and Control Room, IEDCR, DHIS2))



The first wave of COVID-19 cases started in early to mid-March 2020, the rise in cases and deaths was followed with a strict lockdown and associated containment measures. Following 8 April 2020 a Government directive was adopted to curb the spread of COVID-19, and humanitarian activities were reduced to critical operations only. The lockdowns were gradually lifted from June 2020. The approval to resume essential self-reliance activities was communicated on 12 July 2020. However, a second wave of COVID-19 in Bangladesh started in mid-March when the number of daily recorded cases and deaths started rising sharply. By that time a strict lockdown was imposed on 14 April 2021 which continues to be extended.

Since the start of the pandemic in 2020, the Rohingya

and host community have been experiencing the impacts of the containment measures and the contraction of the local economy as a result of successive nationwide lockdowns. This has resulted in exacerbated needs across all humanitarian sectors, livelihoods, food security, shelter, WASH, protection, education, health and nutrition. These impacts were compounded by other humanitarian emergencies such as the monsoon season in 2020 and 2021, in addition to multiple fires that have ravaged the camps in 2021. In March 2021 a devastating fire broke out in three Rohingya refugee camps, coinciding with the second wave of COVID-19, which have exacerbated many of the humanitarian needs, primarily shelter, protection and health.

# INTRODUCTION

This report reviews secondary data collected between May 2020 and July 2021 and highlights the main issues and evolution of humanitarian needs in the Rohingya and Bangladeshi communities in Cox's Bazar district. This review is divided into two parts published in August. The first part – covered by this report – is a sectoral analysis of the following livelihoods, food security, shelter, WASH, protection, education, health, and nutrition. The report analyzes the impacts, needs and challenges across all sectors, and the evolution of these factors across the year in review.

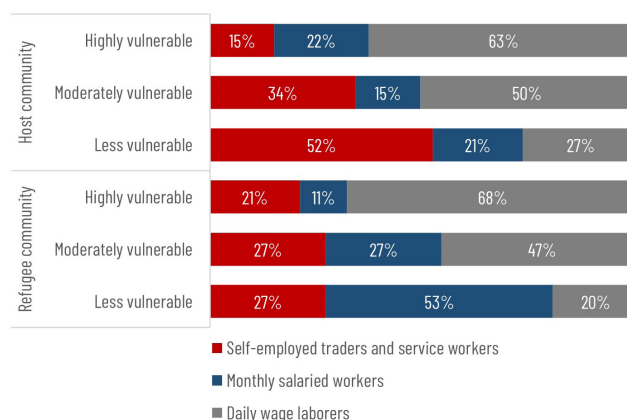
The second part presents an overview of the overall context in Bangladesh across the time period in review. This includes a review over changes in the economic context, including highlighting the macro and micro-economic developments that have emerged over the year. It also includes a review of the epidemiological situation, containment measures and the information around COVID-19. – See [Annual Review Part 2](#).

## LIVELIHOODS SECTOR

**Despite that the level of income generating activities recovered in both the refugee and host community by October 2020, the absence of sufficient income for almost eight months during the tougher containment measures have led both communities to engage in livelihood-based coping strategies. Findings indicate that the pandemic has primarily impacted the host community, who depend on daily labour work which were suspended during tougher periods of the lockdown, the Rohingya community is especially lacking capacity in coping with future emergencies including the renewed nationwide lockdown, fires and floods. These constant crises reduce their already limited coping capacity, as most of them have no place to seek money in an emergency situation**

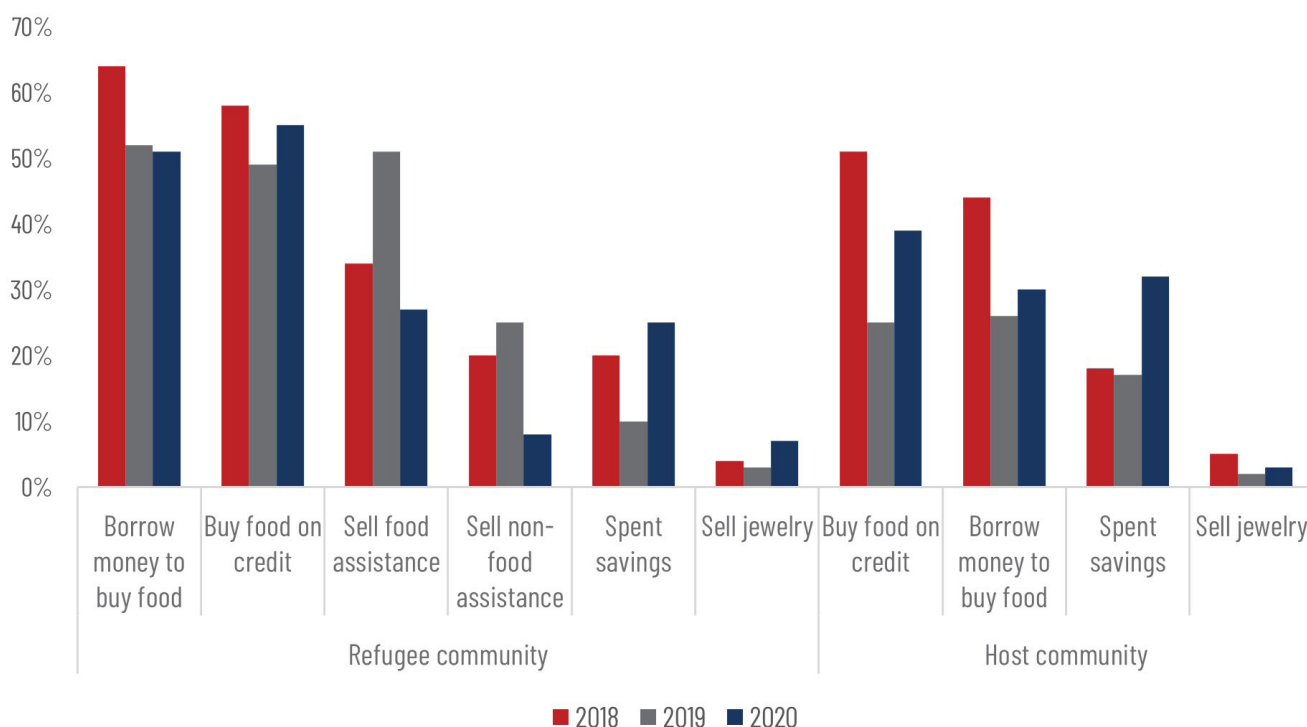
The outbreak of COVID-19 and its associated lockdowns have significantly disrupted income-generating and self-reliance activities of both the host communities and refugees in Cox's Bazar. The suspension of many organisations' programs due to containment measures is one of the main drivers that has impacted income sources of Rohingya households, who are highly dependent on humanitarian assistance. Among the refugee community, 39% of men and 36% of women reported that containment measures limited their income ([ISCG, Care, Oxfam, UN Women, and ACAPS 14/10/2020](#), [WFP 26/01/2021](#)). The lack of livelihoods since the onset of movement restrictions have specifically impacted the host community, who had little to fall back on such as humanitarian assistance. In the host community, 84% of men, 57% of women reported that containment measures had limited their livelihoods activities ([ISCG, Care, Oxfam, UN Women and ACAPS 14/10/2020](#), [World Bank 18/07/2020](#)).

**Figure 2.** Different income-generating activities, by vulnerability levels (Source: [REVA 4 15/04/2021](#))



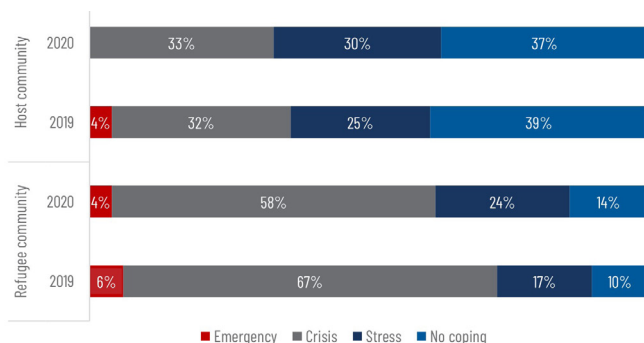
The impact of the first lockdown was captured in the findings from the J-MSNA, conducted mid-2020, and REVA 4 conducted in November 2020. The J-MSNA found that almost all refugee and host community households reported engaging in coping mechanisms due to a lack of money to meet their basic needs ([J-MSNA 12/11/2020](#), [J-MSNA 12/11/2020](#)). However, by October 2020, economic activity recovered along with income generating activities in both communities. According to the REVA 4 economic activity in the refugee community contracted to around 30% in May 2020, which climbed back and reached pre-crisis levels (75%) by October 2020, with the start of the soft lockdown (October 2020 to December 2020). Amongst the host community, it was around 60% in May, however it recovered reaching pre crisis level of over 90% around October ([REVA 4 15/04/2020](#)).

**Figure 3.** Trends in the adoption of livelihood-based coping strategies, 2018-2020 (Source: REVA 4 15/04/2021)



By the end of 2020, and in absence of sufficient income for almost a year, refugee and host community households continued to engage in livelihood based coping strategies. The most frequently used livelihood based coping strategies by both refugees and host communities are 'buying on credit', 'borrowing money to buy food' and 'spending savings' all of which have increased relative to 2019. 58% of refugee households were dependent on crisis strategies, 24% on stress and 4% on emergency coping strategies (REVA 4 15/04/2020).

**Figure 4.** Trends in the prevalence of livelihood-based coping strategies, 2019-2020 (Source: REVA 4 15/04/2021)



**Throughout 2020 refugees and host communities increasingly depended on borrowing and spent savings to deal with secondary impacts of COVID-19 on self-reliance and livelihoods activities. But as Bangladesh is going through a second strict lockdown, the ability of households to cope is reduced**

The host community especially has experienced an increase in credit dependency from 41% to 53% (REVA 4 15/04/2020), which reflects the impact of the pandemic on the community. The rise in credit dependency is in line with the national trend, as the percentage of households taking a loan has doubled between February 2020 and March 2021 in Bangladesh (Dhaka Tribune 20/04/2021, BIGD and PPRC 20/04/2021).

According to the REVA 4 findings, when households were asked how they would cope with an unforeseen future emergency expense, close to half of Rohingya and host community households said they would seek to borrow from friends or relatives, while 36% in the Rohingya community stated that they had no source of getting money - as opposed to 8% in the host communities (REVA 4 15/04/2020).



## FOOD SECURITY SECTOR

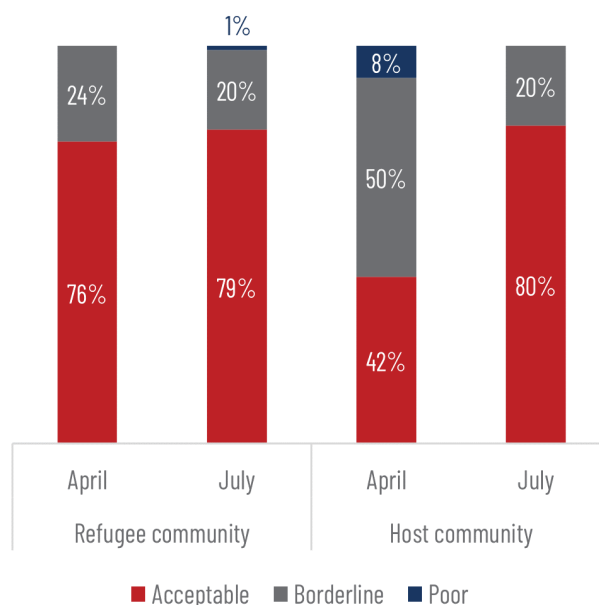
### Shift in food assistance modality to fixed food baskets from April to November 2020 due to COVID-19 regulations

To minimize virus transmission risks during distribution, WFP shifted from a value voucher to a commodity voucher system between April to November 2020. Commodity vouchers, a new modality, allowed refugees to receive a fixed, pre-packaged food basket of 14 items (based on community's purchasing pattern) – down from 20 items – and it was meant to last for more than a month. The main difference in this modality from the previous method of assistance (value or e-vouchers) was that beneficiaries could not choose the food items from the outlets and everyone received the same products scaled to family size. Although the variety of food items provided decreased due to supply chain disruptions, the monetary value of the food basket provided increased from USD 8 to USD 12 to address market fluctuation and preserve beneficiaries' purchasing power (WFP 06/11/2020). All refugee households also received additional high-energy biscuits. Thus, the drawback of the shift from value voucher to commodity voucher was that value voucher could be redeemed multiple times a month, while a commodity voucher could only be used once a month (WFP 06/11/2020, WFP 01/2021). However, by April 2021, 100% of refugees received assistance through e-voucher, each refugee receiving BDT 933 (USD 11) to purchase up to 32 food items using e-voucher (WFP 01/2021, [Food Security Sector](#) 27/04/2021). Despite this continued food assistance, refugee households witnessed a marginal decline in food consumption levels with 5% of the Rohingya still having consumption below the food MEB according to data collected between November and December 2020 (REVA 4 15/04/2020).

### Food consumption outcomes decreased by the end of the 2020 in comparison to 2019 for both communities

According to the [WFP August Monitoring Report](#), by July 2020, the proportion of households with acceptable FCS was nearly 80% in both refugee and host communities in July 2020, in comparison to 76% and 42% respectively. However, food consumption outcomes decreased by the end of the 2020 (and in comparison to 2019), with the proportion of households with acceptable FCS decreasing from 58% in 2019 to 50% in 2020. For the host community, 67% of households had acceptable FCS compared to 79% in 2019 (REVA 4 15/04/2020). Work and income shocks particularly impacting the host community, translate into greater difficulty in accessing food, especially during the COVID-19 lockdowns ([World Bank](#) 18/07/2020).

**Figure 5.** Food consumption score (Source: [WFP August Monitoring Report](#))



Throughout 2020, and consistent with findings from 2019, 80% of the Rohingya households and 40% of the host community were adopting consumption-based coping strategies to deal with food shortages in 2020. There was a 7% increase in the share of Rohingya households relying on less preferred foods, possibly a result of the commodity vouchers being used at the time of the REVA 4 survey. For host communities, food-based coping strategies were also being used but at a much lower scale than previous years. Female-headed households and households with disabled members were significantly more likely to adopt food-based coping strategies among both refugee and host communities. In the host community, female-headed households and households with disabled members were more likely to report relying on food rations and/or friends/relatives as a source of food (REVA 4 15/04/2020).

**Since August 2020, the price of the food basket has been gradually increasing, reaching BDT 1,113 (13 USD) in April, this has contributed to reduction in household purchasing power, limited purchasing power and low access to economic resource have continued to push refugees into selling food assistance**

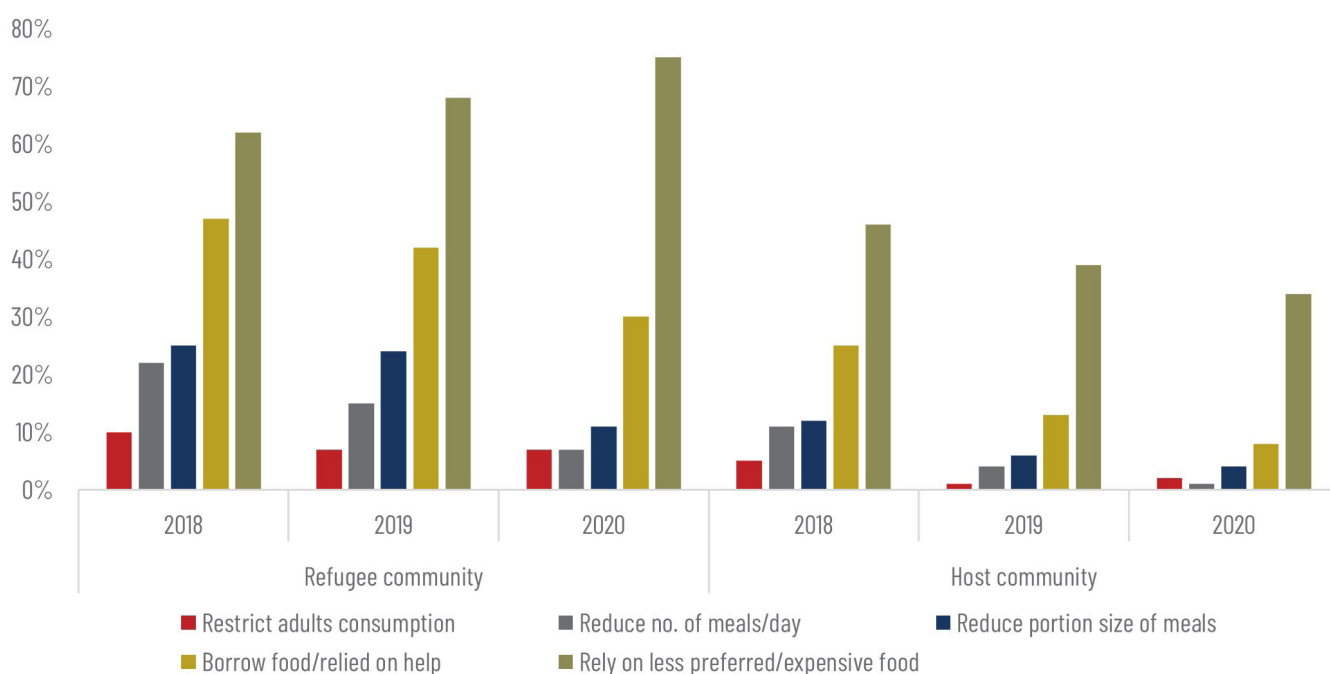
In July 2020, on average, the cost of food basket across most markets in Cox's Bazar dropped by around 10% to 15% since the peak in May 2020 with the cost remaining relatively high in Ukhia compared to other markets. However, since August 2020, the cost of a food basket has been gradually increasing, surpassing the peak price in May (WFP 07/2020, WFP 04/2021). In addition, the markets were impacted across the country in September 2020 with

the major trade hub in Chattogram operating at less than 50% capacity ([WFP 19/10/2020](#)).

In April 2021, the cost of the food basket increased by 5%, from BDT 1,057 (12 USD) in March to BDT 1,113 (13 USD) in April ([WFP 04/2021](#)). The rise in the food basket is likely due to multiple factors, including flooding, import disruptions, and supply chain disruptions in Bangladesh ([Food Security Sector 27/10/2020](#), [WFP 07/2020](#)). However, as of April 2021, the camp markets are functional between 10 a.m. to 5/6 p.m.. Balukhali Bazar, which was a major market hub, remains non functional since the fire in the camps ([WFP 04/2021](#)).

The increase in the cost of the food basket combined with the labor restrictions imposed by the lockdown and lower wages in some sectors continue to lead to reduction in household purchasing power ([WFP 04/2021](#), [Food Security Sector 27/10/2020](#)). As of April 2021, selling food assistance, especially rice, oil, eggs and pulses continued to be reported due to the increased household's need of cash to cover other food and non-food needs. This has been consistently reported throughout 2020 ([WFP 04/2021](#), [REVA 4 15/04/2020](#)).

**Figure 6.** Trends in the adoption of consumption-based coping strategies, 2018-2020 (Source: [REVA 4 15/04/2021](#))



**Price of rice increased in the March-April 2020 period. A day's wage in April 2021 would buy 2 kg less rice compared to the same period the previous year. Price hikes for a staple food such as rice will continue to push households into poverty as food expenditure continues to dominate expenditure patterns of families, and exert direct pressure on the share of non-food items expenditure**

As a result of the pandemic, there was an increase in rice prices in Dhaka market particularly starting the March-April period of 2020 until the first two months of 2021 due to drawdown in stock levels, shortfall in production following severe flooding in June/July, low import volumes, tight supplies and market availability and an upsurge in domestic demand ([FAO 15/02/2021](#)).

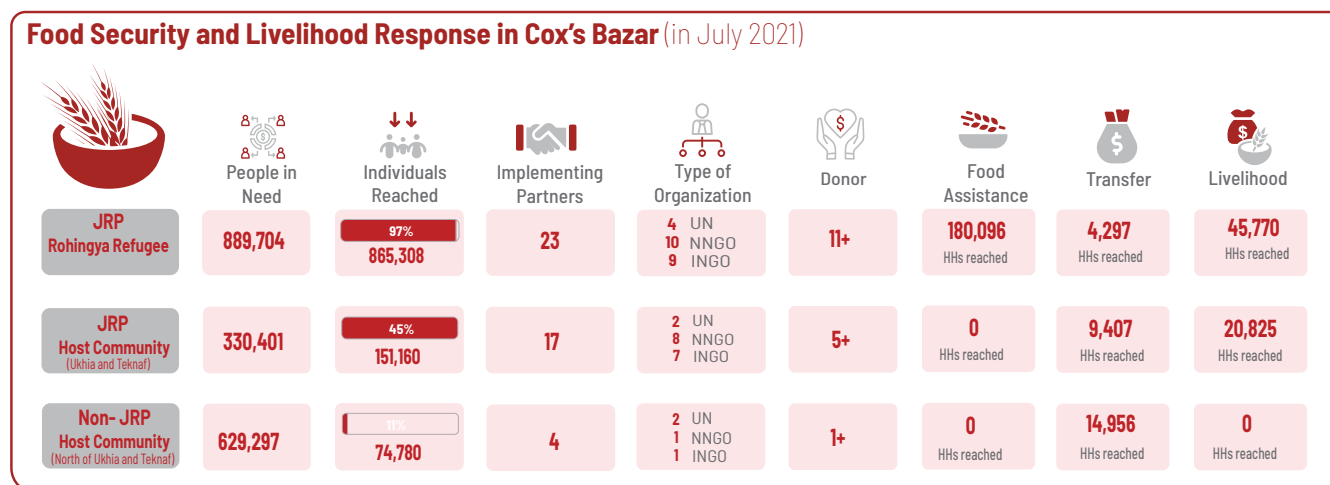
In January 2021, prices of rice were more than 35% above their year-earlier values and at their highest level since October 2017 ([FAO 15/02/2021](#)). Rice prices stabilized in March 2021 yet it remained 60% higher than a year before and is expected to remain high until mid-2021 as more imports are expected when Boro harvest reaches the markets ([WFP 30/04/2021](#)). In April 2021, the price of rice only decreased slightly but still higher than the same period last year. In April 2020, a household was able to buy about 11 kg of rice from a day's wage. The same daily wage would afford about 9 kg of rice in April 2021, depicting the erosion in purchasing power. Rice is an out-of-pocket payment for the host community and in the absence of universal food assistance, they are more vulnerable to price increase and food insecurity ([WFP 24/05/2021](#), [WFP 22/09/2020](#)). Cereals including rice expenditure remained to dominate



food expenditure patterns for both the Rohingya and host

community compared to 2019 ([REVA 4 15/04/2020](#)).

**Figure 7.** Food Security & Livelihood services in Cox's Bazar, Bangladesh (Source: [FSL 23/08/21](#))



## SHELTER SECTOR

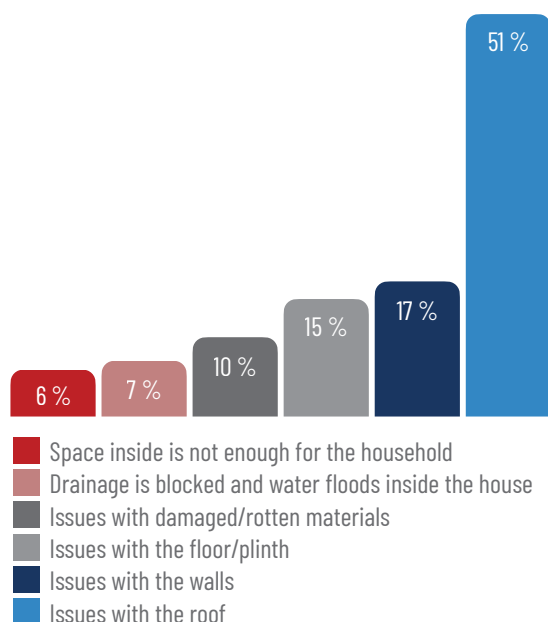
**The lockdowns in 2020 and 2021 were the main driver for shelter issues. Needs relating to shelter materials increased in the first six months of 2020, likely due to movement restrictions and reduced camp activity, and impact of monsoon season. During the last quarter of 2020, the shelter situation slightly improved. A possible reason is the easing of movement restrictions and the resumption of some non-critical operations like regular shelter maintenance**

Even before the spread of the COVID-19 pandemic, Rohingya refugees were facing challenges in regards to shelter, primarily due to the highly-congested settlements and limited options for relocation to safer areas. Settlements and their infrastructure are also extremely fragile, making them prone to disasters such as cyclones and fires ([UNHCR 14/06/2020](#)). With the onset of COVID-19 and its related containment measures, the shelter sector faced compounding challenges, primarily stemming from movement restrictions and limited activities allowed in the camps. This meant that necessary shelter maintenance and monsoon season preparedness were impacted. Since the beginning of the first lockdown until the end of 2020, humanitarian organisations reported that regular shelter activities were disrupted and there were very limited opportunities to assess and identify shelters in immediate need of assistance ([UNHCR 28/02/2021](#), [UNHCR](#)

[10/12/2020](#)). 2021 marks the second year of reduced shelter activities preceding the monsoon season, increasing vulnerability to weather related damage.

According to the J-MSNA carried out between July and August 2020, the most commonly reported needs were shelter materials and access to food. The percentage of households which reported shelter materials as priority needs in 2020 increased in comparison to 2019. More than half of the Rohingya households and less than half of the host communities reported the biggest issues in shelter are related to the roof ([J-MSNA 12/11/2020](#)). Moreover, the most sought assistance through the response-wide Community Feedback and Response Mechanism has been shelter-related assistance, with more than 18,000 referrals made between March and September 2020 ([ACAPS 20/08/2020](#)). Non-critical operations resumed progressively from late November and early December, this has likely translated into improved shelter support. In data collected during November to December 2020, shelter needs were the fourth priority following food, livelihoods and water ([REVA 4 09/06/2020](#)). A noticeable improvement was captured in an assessment conducted in the Rohingya camps in July 2020 (Round 1), shortly after the lockdown, and again in September 2020 (Round 2), which showed a decrease in the proportion of the Rohingya reporting small shelter space as an issue (from 21% to 10%). A possible reason could be also the loosening of movement restrictions in the camps ([IOM 09/2020](#)).

**Figure 8.** Most frequently shelter support related issues by the refugee community (Source: J-MSNA 12/11/2020)



However, as of April 2021, there has been a second nationwide lockdown in light of a spike in COVID-19 cases, which will likely cause further disruption to assistance (RRRC 05/04/2021). Shelter-related assistance remained some of the top needs as of April 2021, as per the monthly common feedback platform (CFP 04/2021). Suspension of all activities prior to the monsoon and cyclone seasons is expected to impact shelter and infrastructure (ACAPS 31/05/2021).

**Multiple factors throughout 2020 impacted shelters and caused relocations. About 1,800 shelters were totally damaged during the 2020 monsoon season. In the fourth quarter of 2020 violence between two criminal groups and relocations to Bhasan Char were some of the key issues impacting the shelter situation for refugees**

Between June and August, during the 2020 monsoon season, about 1,200 shelters were partially damaged and about 1,800 were totally damaged, increasing by 100% when compared to the same period in 2019 (IOM 20/09/2020). This was partly due to stronger rainfall and reduction in shelter programming and monsoon preparedness activities (IOM 20/09/2020, UNHCR 18/01/2021). The lack of regular shelter improvements during the weeks leading up to the monsoon season because of COVID-19 restrictions, as well as the arrival of heavy rains a month earlier than the previous year, resulted in further deterioration of shelter conditions. The rainy season continued through October and shelters remained susceptible to the impacts of weather events. Heavy rains and winds exacerbated the poor condition of

shelter materials, such as untreated structural bamboo, tarpaulins, ropes and bamboo mats. These constraints, coupled with the harsh climate particularly during the monsoon season, have progressively increased damage to shelters (ISCG 10/2020, shelter sector). Overall, COVID-19 restrictions negatively impacted the monsoon preparedness activities, shelter construction and programming and opportunities to conduct field assessments to identify shelters in immediate need of assistance and repair (UNHCR 10/12/2020, UNHCR 18/02/2020).

In October, violence between two criminal groups took place, displacing about 1,000 households and damaging dozens of shelters. By the end of the month, most refugees had returned to their shelters and the unrest had subsided. Such incidents may contribute to tensions and rise in insecurity among communities (ISCG 03/12/2020, UNHCR 10/12/2020).

At the end of December 2020, government authorities started to relocate approximately 1,600 Rohingya refugees to Bhashan Char to ease the chronic overcrowding in the camps of Cox's Bazar. Despite government assurances that relocation will be on a voluntary basis, there have been claims by international rights agencies to the contrary (The Guardian 28/12/2020, Al Jazeera 04/12/2020). As the government aims ultimately to relocate 100,000 refugees to the island, similar monthly relocations are expected to continue.

**Fires in 2021 led to the destruction of many Rohingya shelters, reconstruction remains ongoing, but it faces some challenges due to the ongoing lockdown. With shelters burnt and nowhere to live, women, girls, people with disabilities, and older people faced greater threats to their personal safety**

In January 2021, a fire broke out at Nayapara Camp and Camp 26, destroying 600 shelters (including two belonging to Bangladeshi families in the host community) (UNHCR 19/01/2021). Another massive fire broke out on 22 March in the Kutupalong mega map, affecting camps 8E, 8W, 9 (FSC 31/03/2021). According to the last available update, many remain with their relatives and friends, or in facilities like schools or child friendly centers. Additionally, temporary shelters built in the three affected camps have been damaged due to strong winds and rainstorms in the first week of April (ISCG 06/04/2021). Refugees whose shelters are on host community land who have shelter are facing potential eviction threats by some host community landowners. After two massive fires; shelter has been the top most priority of the refugees (ISCG 25/03/2021).

Overall, from February to April 2021, fires have occurred

across 25 out of the 34 camps, with twelve incidents recorded in the first ten days of April 2021 (ISCG 06/04/2021, IOM 29/04/2021). As of July, reconstruction in affected camps are still taking place, however, with limited manpower due to movement restrictions (RRRC 30/06/2021, RRRC 15/07/2021). Shelter Sector has completed the construction of 3,729 shelters in the three fire-affected camps and work continues on 1,352 other shelters (ISCG 30/06/2021). These fires leave many women and children sleeping in unsafe areas and some children unaccompanied. Refugees are worried about staying in temporary shelters during the monsoon season, which begins in June and runs until October (BBC Media 18/05/2021).

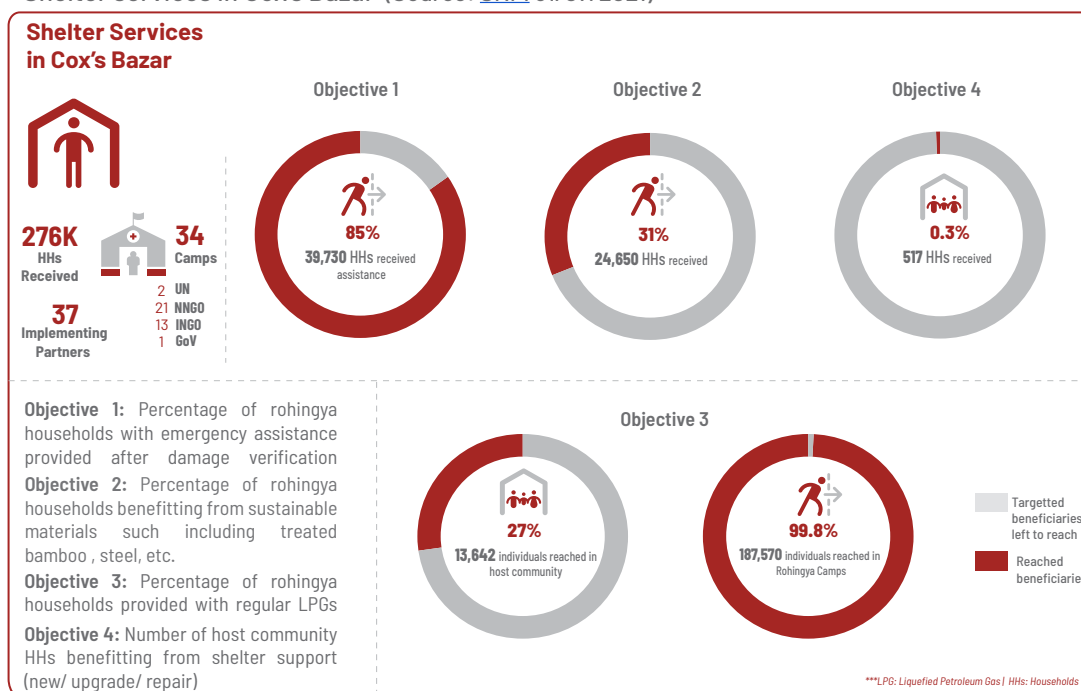
### Response to shelter needs during COVID-19 has been effective but faces other challenges

Regular shelter response activities in both camps and host communities were severely affected since the early part of the COVID-19 pandemic in 2020 and resulted with limitations to provide only emergency shelter assistance included the delivery of LPG refills, provision of assistance to households with shelters in poor conditions, and NFI distribution for older people and to quarantine centres. Shelter/NFI partners had to adjust their interventions to meet COVID-19 prevention/mitigation measures and the restrictions/lockdowns. These eventually led to further deterioration of the shelter conditions following the heavy monsoon during later weeks. As a result, by the end of 2020 Rohingya refugee households required more regular shelter assistance to meet their basic shelter needs.

The urgent provision of shelter assistance remained a key priority, particularly for the most vulnerable households, including those headed by women, the elderly, transgender persons, sex workers and those with disabilities. Shelter reinforcement activities resumed in August 2020, but the initial lockdown guidelines in 2021 left the continuation of SMSD and shelter activities to be determined by individual Camps in Charge (CiCs) as directed by RRRC in May 2021. Referral schemes were also affected, resulting in delays in adequately responding to complaints around lack of shelter materials and feedback on maintenance from refugees. Later in May 2021 all shelter and site development activities were suspended with another directive from the government. Fire in the camps in March 2021 required the mobilization of emergency shelter support; limiting shelter and site development reinforcements conducted prior to the second lockdown in 2021. As a result regular shelter assistance in May 2020 – June 2021 was less than half of that in May 2019 – June 2020.

Ongoing heavy rains since mid-July 2021 led to an increase in the emergency response and less regular assistance as it was in 2020. This is the second year in a row that reduced programming precedes the monsoon season. With the use of non-permanent materials, exposure to the harsh climate, reduction of the shelter assistance due to the COVID-19 restrictions, shelter is feared to continue to deteriorate. Furthermore, with less or no shelter emergency assistance, people might remain unprotected from the elements and may seek shelter in neighbouring households, increasing the risk of COVID-19 transmission.

**Figure 9.** Shelter services in Cox's Bazar (Source: SNFI 31/07/2021)



**Despite overall improvements in access to enough water for domestic use, COVID-19 related containment measures have limited the access to camps and host communities. This has in turn impacted implementation of some critical WASH activities. All negative coping mechanisms reported for insufficient water increased in the first six months of the lockdown, including collecting water from a source further away than the one normally used, and reducing hygiene practices**

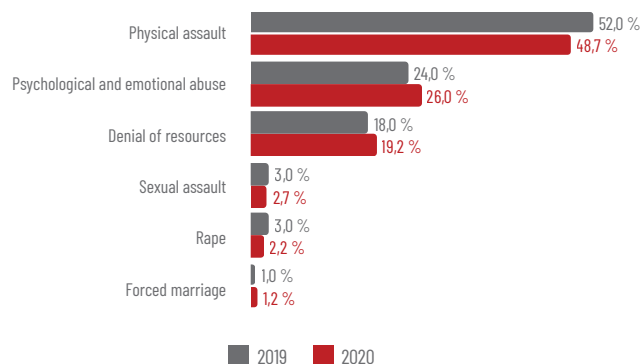
According to NPM-IVR Needs Assessment<sup>1</sup> round 1, almost five months into the first nationwide lockdown, 57% of respondents reported issues with hygiene, 60% reported issues with water, and 70% issues with sanitation (IOM 07/2020, IOM 09/2020). These reports came at a time when containment measures have limited the access to camps and host communities which have impacted implementation of some critical WASH activities (ISCG 27/07/2020, WASH sector 31/12/2020)

In round 2 of the NPM-IVR Needs Assessment, conducted in the camps between 29 July–12 August 2020, the percentage of respondents reporting issues with hygiene and sanitation decreased by 19% and 5% respectively. However, all negative coping mechanisms reported for insufficient water increased between the two rounds. Among the reported negative coping mechanisms in both rounds was collecting water from a source further away than the one normally used, followed by reducing hygiene practices such as bathing and washing hands. The lack of water could prevent the ability to undertake basic hygiene measures for the prevention of COVID-19 (IOM 07/2020, IOM 09/2020). J-MSNA data collected, between July and August 2020, in the same period as round 2 of the NPM assessment, show that the majority of households in both refugee and host communities reported to use improved drinking water sources. However, 6% of households reported loss or diminished access to clean water and sanitation as an impact of the pandemic. This likely explains the increase in WASH related negative coping mechanisms reported during the same period.

It is however important to note that the proportion of households reporting having enough water to meet domestic needs was high, reported by 88% of households, representing a considerable increase from the 44% in 2019 (J-MSNA 01/10/2020). Access to adequate sanitation remains a challenge in the camps, mainly due to the lack of space and the need for constant maintenance and

improvements to sanitation facilities (J-MSNA 12/11/2020, J-MSNA 12/11/2020).

**Figure 10.** Coping strategies reported for insufficient water drinking and non-drinking. (Sources: IOM 07/2020, IOM 09/2020)



Findings from the REVA 4 assessment (data collected from 7 November to 3 December 2020) also shows an overall improvement in water-related issues year-on-year. While 60% of the Rohingya and 50% of host households face water problems in 2019 according to the REVA 3, the percentage of people reporting water-related problems is now down to almost half (49%) of the Rohingya and to 42% of host households. Distances to water points and lack of sufficient water points remain the most reported issues for both groups, the same as in 2019 (REVA 3 04/2020, REVA 4 15/04/2021). 59% of Rohingya and 27% of the host communities face sanitation problems, facilities not functioning is the most frequently cited problem in both communities (REVA 4 15/04/2021). This is likely attributed to insufficient clean sanitation facilities and dysfunctional latrines across all camps, which is compounded by camps being overcrowded (J-MSNA 01/10/2020).

**There was a 30% increase in the number of WASH facilities at risk of flooding in 2021 in comparison to 2020. Both monsoon seasons coincided with reduced preparedness due to movement restrictions**

In April 2021, WASH-related services including repair and maintenance were exempted from the latest RRRC directives, which were put in place due to the recent surge in COVID-19 cases. Refugees have to use damaged or unhealthy latrines or latrines that are far away from their houses, which increases insecurity for children, adolescents, and women. According to the WASH sector, in refugee camps in Ukhiya and Teknaf Upazilas 9% of latrines and bathing cubicles are at risk of being damaged

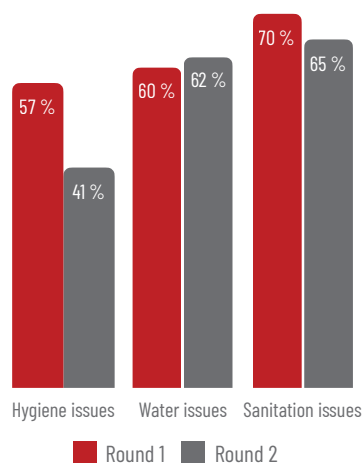
<sup>1</sup> Findings are indicative only and are not representative at the camp or overall response level. This is because the phone numbers were not distributed evenly to achieve a representative sample. The majority (90%) of the respondents are male

by floods in 2021. For latrines, this constitutes an almost 30% increase in comparison to last year and 27% for bathing cubicles ([ISCG 28/04/2021](#)).

**Women, girls and people with disabilities are among the people most affected by lack of access to appropriate WASH facilities. While WASH issues have been identified, the extent of the problem after the spread of COVID-19 and the implementation of containment measures remain unknown**

Issues relating to women and girls and their access WASH facilities and services have been especially reported since the spread of COVID-19 and the subsequent movement restrictions implemented in the camps. This shows that girls and women are disproportionately affected by poor sanitation and hygiene facilities. Assessments highlighting this reported increase are lacking. Some of the issues reported were the lack of gender separation at bathing spaces and latrines, and the lack of lighting which exposes them to risk of SGBV, especially at night, with distances to WASH facilities continuing to be a problem ([IOM 20/09/2020](#), [IOM 31/07/2020](#), [Conflict and Health Biomedcentral 26/02/2021](#), [ACAPS 08/02/2021](#), [BBC Media Action 17/09/2020](#)).

**Figure 11.** Problems respondents faced accessing WASH facilities (Sources: [IOM 20/09/2020](#), [IOM 31/07/2020](#))



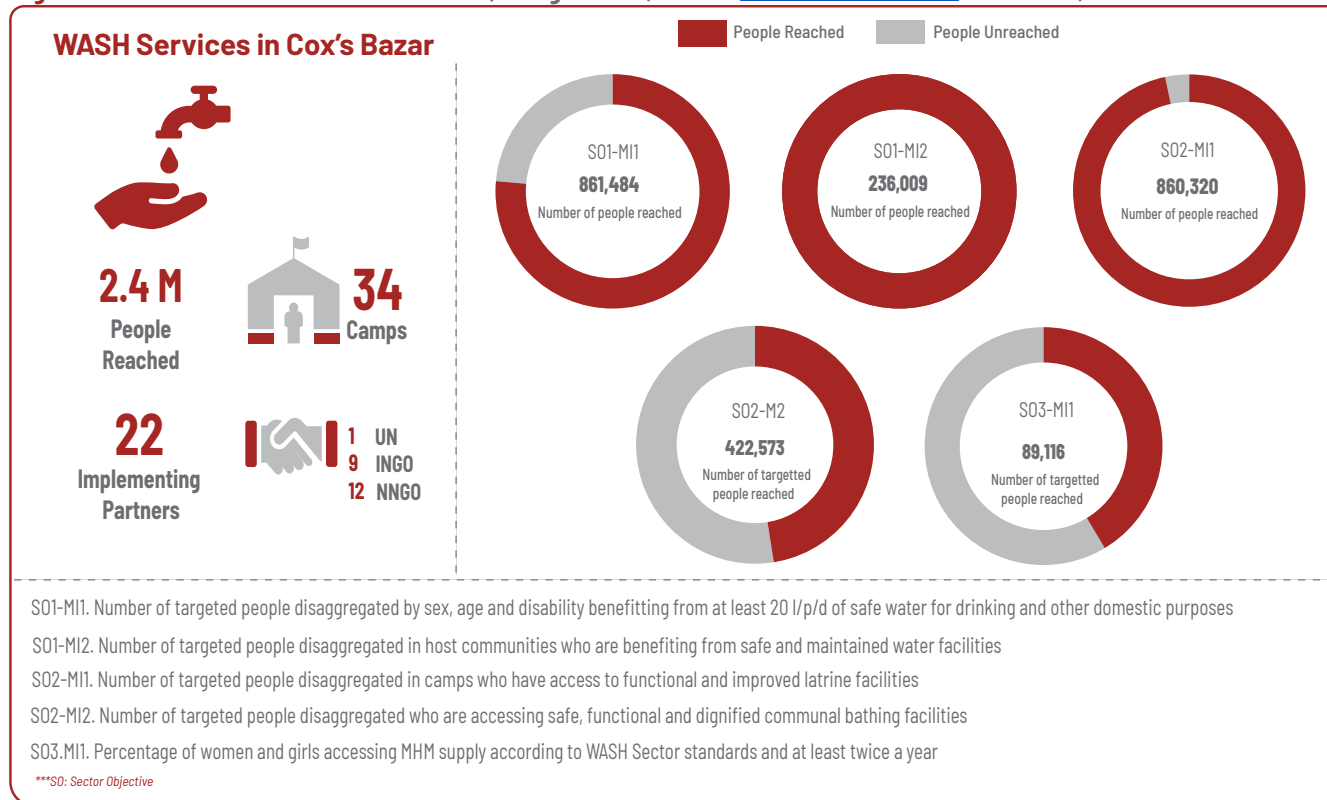
People with disabilities (PwD) and the elderly face similar problems ([Groupe URD 01/04/2021](#)). PwD and older people struggle to access essential services such as latrines and water points. According to the most recent assessment by [REACH](#) (data collected between November 2020 and January 2021) of the PwD needing support to use latrines, the majority (67%) stated that they need support while using the toilet, half of them (50%) stated the toilet is too far, and 33% stated they need support while using squat latrines ([ACAPS 08/02/2021](#)). It was also reported by [REACH](#) that among PwD (including the elderly) who face problems in washing, 65% reported being unable to reach water or that accessing water is too difficult ([PWG 11/2020](#)).

**Multiple fires in the Rohingya camps since the beginning of 2021 damaged several WASH facilities, compounding WASH issues in the camps, and increasing risks for women**

On January 14 fire broke out at Nayapara camp, Cox's Bazar damaging 180 latrines and 46 bathing spaces as well as 600 shelters. Immediate efforts were made to repair or reconstruct the facilities and within 5 days 90% of the 180 latrines and 72% of the bathing spaces were operational along with the functioning hand washing devices and water supply in the impacted area ([MSF 21/01/2021](#), [UNHCR 19/01/2021](#)). On March 22, 2021, another massive fire broke out in the Rohingya refugee camps, destroying 4,000 WASH infrastructure mainly within camp 9 ([ISCG 31/03/2021](#), [ISCG 25/03/2021](#)). The fire also destroyed hygiene items stored by camp residents ([IFRC 26/03/2021](#)). According to community feedback by [BBC Media Action](#) conducted following the fire, some women have stated that there are no shower spaces for women. Women are also left using temporary latrines built using tarpaulin to create walls, which provide limited privacy as they have no roofs. As of 18 April, and according to the most recent available update, in camp 9, the most affected camp by the fire, up to 71% of latrines and 76% of bathing spaces are now functional. It is unclear the extent of reconstruction of WASH facilities in fire-affected camps 8E and 8W ([iMMAP/DFS 28/05/2021](#)).



**Figure 12. WASH services in Cox's Bazar, Bangladesh** (Source: [WASH 4W Dashboard](#) 31/03/2021)



## PROTECTION SECTOR

**Increased restrictions during the first nationwide lockdown, loss of livelihoods, suspension of educational activities, and increased criminality have compounded sexual and gender based violence (SGBV) risks as well as violence against children in the home and community. The lockdown also hampered access to life-saving GBV services and channels to report protection-related incidents. The most recent nationwide lockdown is likely to continue to heighten these risks, as protection services remain to be considered non essential**

The containment measures and the financial pressure resulting from the pandemic resulted in a rise in protection issues including criminality and heightened sexual and gender based violence (SGBV) (ISCG, Care, Oxfam, UN Women and ACAPS 14/10/2020, PWG 21/12/2020). Women,

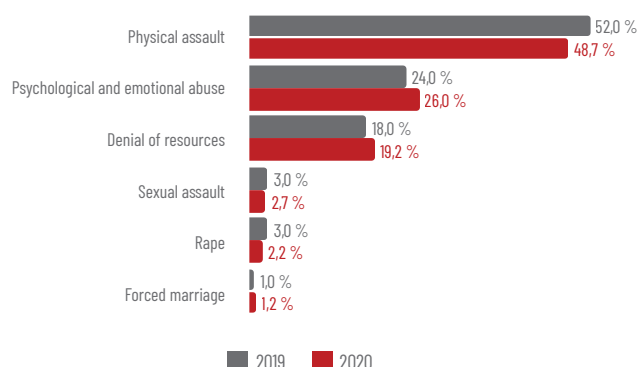
who are mostly engaged in the informal economy, and vulnerable populations dependent on daily work, such as transgender persons and female sex workers, are hit the hardest (UN Women 27/10/2020). Based on data from January to October 2020, an average of one in four women and girls screened reported incidents of GBV (consistent with the findings of IRC's July - December 2019 data) (IRC 22/01/2021). Most of the cases were reported as intimate partner violence (IPV) in both 2020 and 2019, accounting for 82% of GBV cases in 2020 and 79.2% in 2019 (WASH sector 01/04/2021). This is in line with GBV Information Management System (GBVIMS) data<sup>2</sup> where the vast majority of GBV cases (94%) were perpetrated by intimate partners (IRC 22/01/2021). It is important to note that GBV incidents tend to be underreported as they are considered sensitive. Due to cumulative factors including mobile network restrictions, limited presence of essential humanitarian staff in the camps, channels available to

2 GBV Information Management System (GBVIMS) data is collected and securely shared by the IRC and partner organisations through an anonymised and centralised database. GBVIMS data is collected from GBV survivors who are receiving services such as case management or psychosocial services.



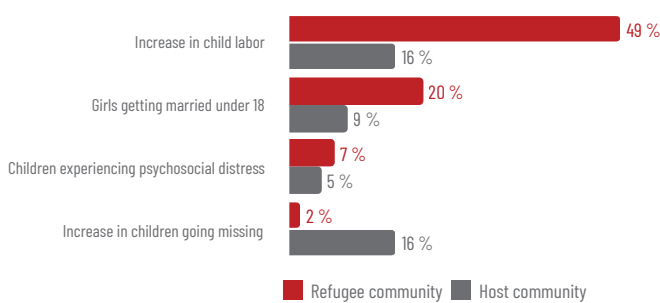
report cases, “stay at home policy” and limited access to mobile phones by women and girls, there are reasons to believe that GBV incidents are underreported ([UN Women 27/10/2020](#)).

**Figure 13.** GBV types reported in refugee community  
(Source: [WASH sector 01/04/2021](#))



Throughout 2020, child labor has also been a significant concern in host communities as well as the refugee community. Data collected for the J-MSNA (July-August 2020) show that 16% of households reported an increase in child labor rate ([J-MSNA 2020, Refugee community](#)). Data also showed that 16% of households reported a rise in reports of children going missing in refugee communities. Increasing levels of child marriage are also flagged as a concern in both communities (20% in host and 9% in refugee) ([J-MSNA 2020, Refugee community](#), [J-MSNA 2020, Host community](#)). Children’s increased risk is partly driven by the continued closure of education centers, lack of humanitarian actors and by the loss of livelihoods and income that has put financial pressure on households, leading to the adoption of negative coping mechanisms which impacts children – see [thematic report: COVID Impact on Children](#).

**Figure 14.** Children exposure to protection risks  
(Sources: [J-MSNA 2020, Refugee community](#), [J-MSNA 2020, Host community](#))



There has been a reduction in the types of activities allowed in the camps, hence reducing the number of GBV service facilities to only individual case management ([ISCG 01/11/2020](#), [ISCG, Care, Oxfam, UN Women and ACAPS 14/10/2020](#)). Protection services including GBV prevention activities were reduced from April – with the start of the lockdown – to September 2020, as protection services were considered non-essential ([IRC 22/01/2021](#)).

The overall reduction in humanitarian footprint as a result of containment and risk mitigation measures to prevent the spread of COVID-19 has compounded protection issues. Many protection services were suspended or scaled back, child friendly spaces closed, and psychosocial support systems halted, causing indirect adverse impacts on vulnerable children who are now facing heightened protection risks. Only case management for children was considered a critical service and permitted to continue in the camps, but was also scaled back by around 50% (Child Protection Sub-Sector). A significant number of GBV case workers transitioned into providing remote support through teleworking ([UN Women 27/10/2020](#)).

As of April 2021, Cox’s Bazar district has been under new lockdown measures ([RRRC 05/04/2021](#)). Similar secondary impacts as the first lockdown are expected as protection services have again been limited to prevent the spread of COVID-19. The ongoing strict lockdown is likely to lead to further economic deterioration which would contribute to an increase negative coping mechanisms such as child labour and child marriage. Movement restrictions are also likely to drive up SGBV cases, especially IPV.

**Other factors such as the monsoon season during 2020, relocations to Bhasan Char island and the several fires in the camps, including a massive fire in March 2021, contributed into increasing already exacerbated protection risks**

The monsoon and cyclone season have been one of the contributing factors into increasing protection risks during the first lockdown. The restriction on critical activities only curtailed routine disaster preparedness actions, leading to the degradation of shelters and sanitary facilities, which severely impacted communities and exposed women to GBV risks ([JRP mid-term review 2020](#)).

The massive fire on 22nd March 2021, damaged a substantial number of child and women-friendly spaces in the camps. Many among the refugees and host community have also lost their personal documents, such as birth certificates and identity cards; an unknown number of children have been separated from their parents. Children and women affected by the fire were more vulnerable to protection issues and are at risk of exploitation, GBV,

trafficking, or injury (iMMAP/DFS 07/04/2021, iMMAP/DFS 04/03/2021, ISCG 25/03/2021, ISCG 06/04/2021).

In December 2020, the Government of Bangladesh started relocating Rohingya refugees to Bhashan Char island (a remote island in the Bay of Bengal), and by the end of the month 1,800 had been relocated (UNHCR 21/01/2021). By early April, the government had relocated around 9,000, bringing the total population of the island to around 19,000. The government first indicated that the move was a measure to curb the spread of COVID-19 and later stated that those on the Island would remain there until such time as they can return to Myanmar (UNHCR 14/07/2020).

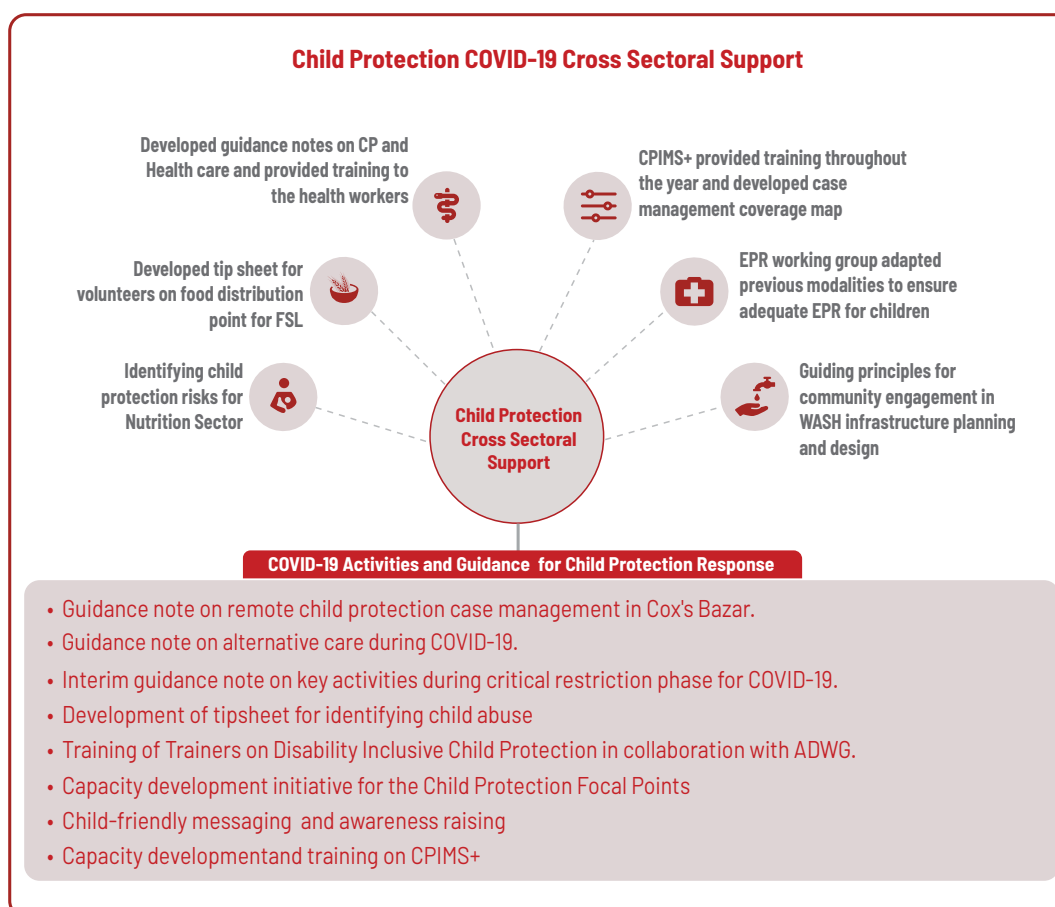
In March 2021 the government organised a four-day visit to the island for an 18-member team of UN officials, through which humanitarian and protection needs were identified (HRW 07/06/2021), earlier humanitarian actors were unable to access the island and be involved in the transfer of refugees. Some refugees described being forced to relocate without informed consent, however, the government maintains that the relocation is voluntary (HRW 07/06/2021, UN Bangladesh 02/12/2020, Reuters 20/01/2021). Given that the government announced its plans to relocate as many as 100,000 refugees to Bhasan

Char Island, more relocations are expected to take place and increase in associated risks (UNHCR 14/02/2021). Some of the risks include family separation, vulnerable refugees in need of protection, and custody and registration issues (UNHCR 14/02/2021, HRW 07/06/2021).

### Response to child protection needs during COVID-19 have been collaborative, yet humanitarian access remains a major challenge for child protection activities

Following the reduction in humanitarian presence in Cox's Bazar at the beginning of the COVID-19 pandemic, child protection activities were severely limited to case management. In adapting with the new containment measures, the Child Protection Sub-Sector (CPSS) initiated alternative modalities to deliver child protection services, and this relied heavily on building capacity of volunteers and community level child protection mechanisms (CLCPMs) to undertake child protection activities. To streamline child protection mechanisms during COVID-19, the CPSS developed several key guidance documents for CPSS partners (see figure 14), while initiating task oriented working groups for the development or adaptation of tools to ensure continuity of care for children in a changing humanitarian context.

**Figure 15.** Child Protection COVID-19 Cross Sectoral Support (Source: CPSS 31/07/2021)



Disability inclusion and capacity building for CPFPs was also prioritized for CPSS, including bi-weekly capacity building and information management training on CPIMS+, development of guidance notes and a TOT to ensure disability inclusive child protection in this COVID-19 context. Through the engagement and capacity building of volunteers and community level child protection mechanisms in both camps and host communities, CPSS partners ensured that other child protection services continued. The Emergency Preparedness and Response Working Group (EPRWG) adapted several modalities to ensure adequate EPR for children. Training was provided to child protection staff on all EPR related issues and cascaded down to volunteers and communities in camps. This included development of standardized Key messages on Child Protection in EPR and corresponding training

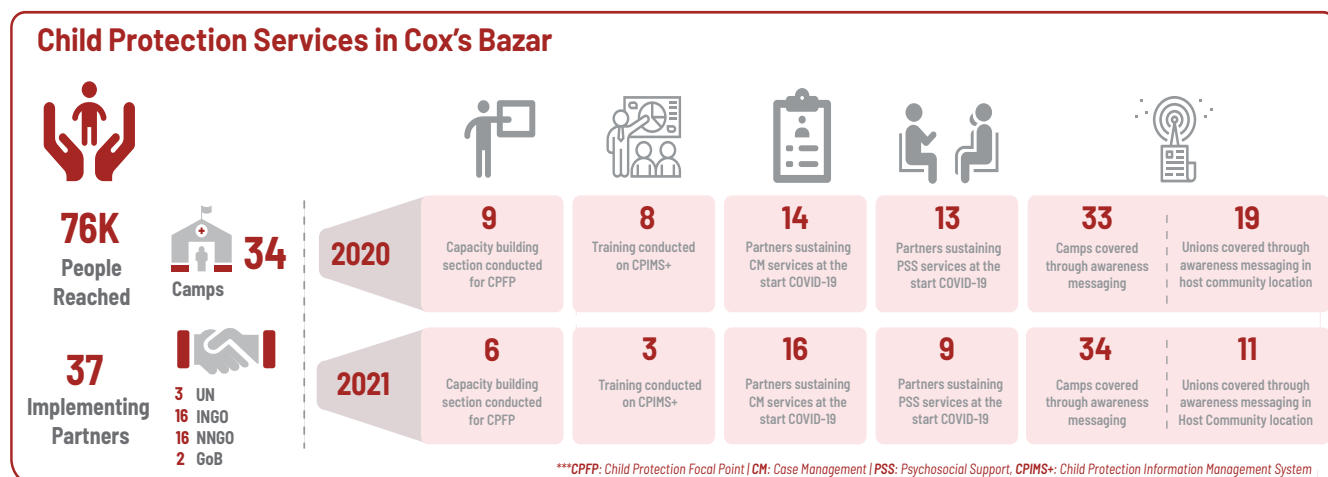
so communities and partners could disseminate these messages.

To strengthen a joint response to COVID-19 needs, Child Protection collaborated extensively with other sectors including nutrition, health, food security, protection, shelter, WASH, EPR, etc (see figure 14). These efforts ensured that children's unique needs are captured and prioritized in COVID-19 response across all the sectors. Specific child protection response challenges include the severe disruption of child protection presence although few case management activities were allowed in some locations depending on severity of the child protection cases being managed by case workers. Information management remains a major challenge due to limited humanitarian presence.

**Figure 16.** Protection services in Cox's Bazar (Source: [Protection Sector](#) 30/06/2021 )



**Figure 17.** Child Protection Services in Cox's Bazar (Source: [CPSS](#) 31/07/2021 )



**Figure 18.** Gender Based Violence Services in Cox's Bazar (Sources: [Protection Sector](#) 30/06/2021, [ISCG](#) 30/06/21, [GBVSS Facility mapping](#) 31/12/2020)



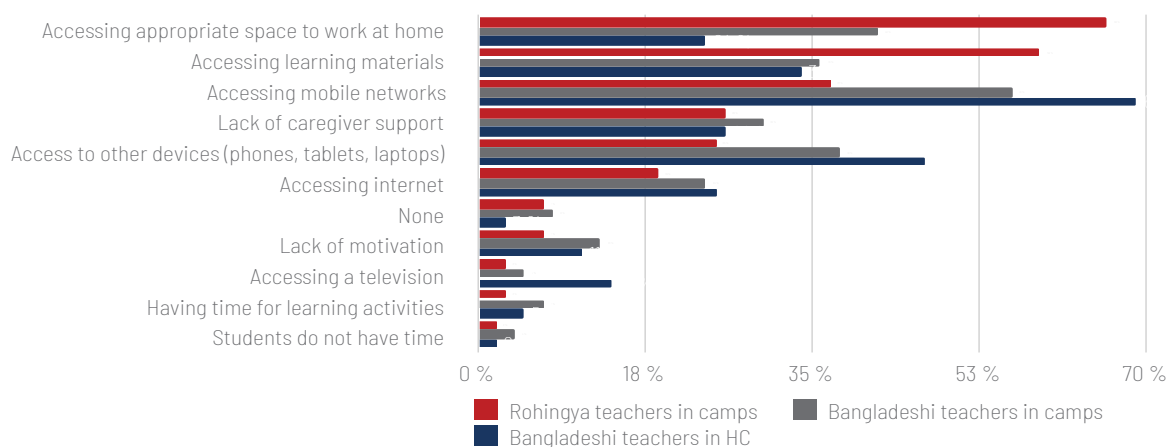
## EDUCATION SECTOR

**Access to and uptake of alternative learning methods - through television, mobile phones, radio and the internet - has been low among the Rohingya children. Children in camps were struggling to access education even before the pandemic, but as students were forced to move to distance learning, the Rohingya community have been further disadvantaged in terms of education service provision**

Even before the pandemic, Rohingya children were not able to attend formal schools, leaving the Rohingya community relying on the education services provided by the humanitarian agencies ([REACH](#) 29/03/2021), remote learning created more challenges to the population. During the first six months of lockdown when stricter measures were in place, 62% of refugee households reported having faced challenges in supporting their children's remote

learning. The main challenges cited for remote learning for Rohingya children were: lack of learning materials (43%); lack of guidance from teachers (15%); and no one available to support the children (12%) ([ISCG](#) 18/10/20). Findings from the REACH assessment conducted between October 2020 and February 2021, when the lockdown was easing, show a continuing trend, with the most commonly reported barriers according to teachers in the camps were: access to appropriate work space in the home, access to learning materials and to mobile networks. Challenges relating specifically to accessing remote learning were lack of access to electricity for learning purposes (65% of caregivers) and children are unable to access the internet (90% of caregivers) ([REACH](#) 29/03/2021). Similar challenges were identified in October by humanitarian organisations where the use of educational technology, such as pre-recorded audio lessons and telephone-based lessons, was considered unreliable due to limited 3G/4G connectivity in the camps ([ISCG](#) 13/01/2021).

**Figure 19.** Barriers to students' in remote learning, as reported by teachers (Sources: [REACH](#) 29/03/2021, [ISCG](#) 18/10/20)



**Caregiver-led education by one-to-one communication became the primary method of education for Rohingya children likely due to limited access to the internet and appropriate methodologies. Despite these efforts challenges continue to be reported with this approach, for example caregivers do not have adequate education to be able to support the children**

Given that the Rohingya community rely on the education services provided by humanitarian agencies, and education was identified as non-essential activity and were not allowed to resume, Rohingya children had limited avenues to access education ([Education Sector](#) 12/10/2020).

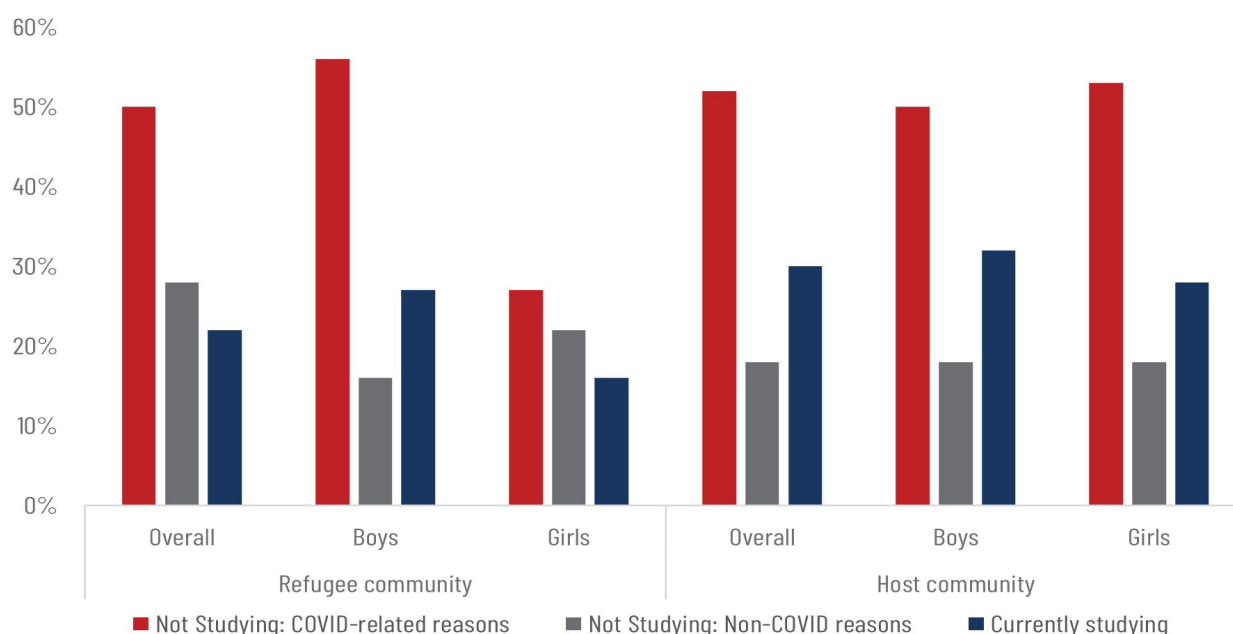
The lack of electricity and internet connectivity were the main barriers to accessing remote education. The government directive imposed in 2019 banning internet access within the camps citing “security” reasons ([IRC](#) 25/08/2020), has impacted the learning modalities adopted in the camps. Internet methodologies were not fully developed or utilised in the camps, therefore access to the internet which was already limited did not necessarily mean accessibility to education ([REACH](#) 29/03/2021). In response to this limitation, humanitarian agencies have instead depended on caregiver-led education by one-to-one communication since April 2020; for example by supporting each child individually for 20-30 minutes, this way each facilitator can support 10-12 children per day ([INEE](#) 02/07/2021). One challenge relating to this method, is that most caregivers do not have adequate education to be able to support the children ([INEE](#) 02/07/2021). However, as reported by caregivers and teachers, home visits are the most common modality used by teachers in camps,

this is mostly likely due to the aforementioned lack of access to remote learning. While in the host community, teachers are more likely to rely on phone calls ([REACH](#) 29/03/2021). In April 2021 as a risk mitigation measure to the rise in COVID-19 cases once again, all kinds of face-to-face intervention stopped ([INEE](#) 02/07/2021).

**Data collected throughout 2020 and first quarter of 2021 show that within the host community the main barriers to education remain economic, same as 2019**

For the host community, school closures have disrupted the learning of over 700,000 Bangladeshi children in Cox’s Bazar District ([UNICEF](#) 23/04/2021, [Dhaka Tribune](#) 25/03/2021). According to data from October to February, economic constraints remained the main barrier to education for the host community, with a large proportion of households reporting costs are too high ([REACH](#) 29/03/2021). This is consistent with findings from J-MSNA (July – August 2020) where one of the main barriers reported for accessing distance learning for the host community was the inability of parents among poor families to support due to lack of education and lack of money (J-MSNA 01/10/2020). Financial constraints translate into limited ability to use the internet and electricity-based technologies such as online and television classes ([REACH](#) 29/03/2021). At the same time, findings from the REVA 4 with data collected at the end of 2020, show that less host community households have taken out credit for education-related purposes in 2020(2%) in comparison to 2019(6%)([REVA 4](#) 09/06/2020, [REVA 3](#) 20/03/2020). This is likely due to credit being spent on other basic needs, or the overall decrease in credit available due to the impact of the pandemic.

**Figure 20.** Education Continuity and gender gaps (Sources: [REVA 4](#) 09/06/2020, [REVA 3](#) 20/03/2020)





Other challenges relating remote learning cited across Bangladesh from October to December was lack of learning materials and lack of guidance from teachers ([BBC Media Action 20/12/2020](#), [UNICEF 14/12/2020](#)). Teachers across Bangladesh also faced challenges in providing online learning: 83.2% teachers are demotivated and overworked, 34.33% need better quality devices and 24.63 need training to develop skills ([Dhaka tribune 25/01/2021](#)).

**Findings show an increase in the rate of children dropping out of school and from other learning opportunities as a result of the prolonged closure of schools and learning centres. Some of the main problems identified in the direct and long term consequences include increased risk of child, early, and forced marriage**

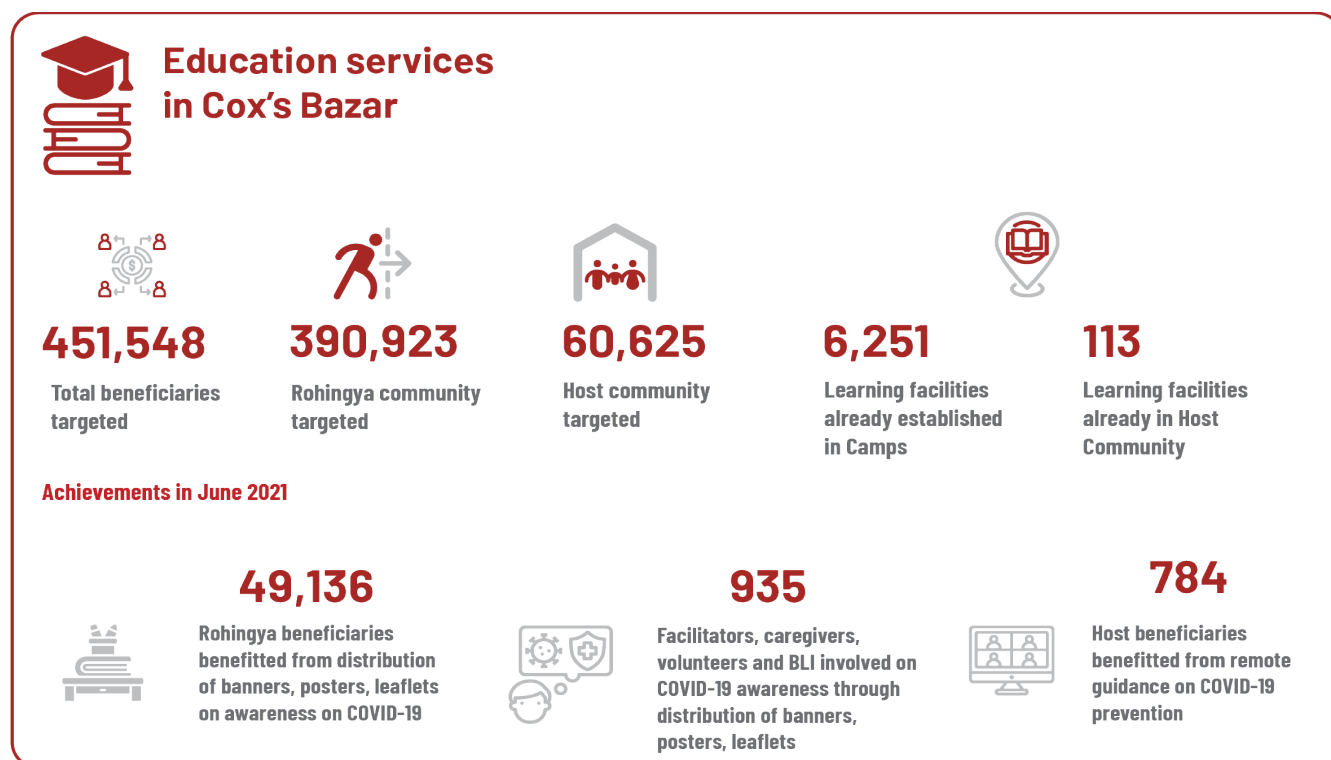
As of the writing of this report, schools and other educational institutes remain closed, leaving thousands of children missing out on education. Despite attempts by humanitarian organisations to mitigate the impacts of school closures, challenges continue to be reported by organisations and caregivers ([INEE 02/07/2021](#)). One of the concerns reported is the increase in the rate of children dropping out of school and from other learning opportunities as a result of the prolonged closure of

schools and learning centres. Higher rates of dropout have an implication on increased risk of child, early, and forced marriage. This could be further exacerbated the longer schools remain closed ([Education Sector 12/10/2020](#), [ISCG, Care, Oxfam, UN Women and ACAPS 14/10/2020](#), [J-MSNA 2020](#), Refugee community).

In addition, during the period of school closures, new students are not able to enroll and will have to wait until educational activities resume ([INEE 02/07/2021](#)). This means that these new learners are missing out on educational opportunities and will likely face issues in reintegrating into the education system if no efforts are made to include them. Older male children in poor families who are capable of earning an income are also some of the most at risk of not going back to school and girls are likely to be experiencing pre-existing gender bias affecting their enrolment rate ([J-MSNA 01/10/2020](#), [CARE International 14/10/2020](#), [BBC Media Action 20/12/2020](#), [BBC Media Action 31/12/2020](#)). Dropping out of school has long-term implications on child and youth growth and skills development, and in turn will impact future prospects and earnings ([Citizen's Platform for SDGs, Bangladesh 01/2021](#)).

## Response to Education Needs

**Figure 21. Education services in Cox's Bazar** (Source: [Education Sector 30/06/2021](#))





## HEALTH SECTOR

### Some of the critical indirect impacts observed in 2020 have been severe disruptions to the delivery and use of routine services, including health services

According to the REVA 4, more than half of the households, in both communities, who had sought medical attention reported encountering difficulties. Overcrowded health care facilities reported to be major difficulty faced by refugees in accessing healthcare (17%) followed by unavailability of medicine or treatment (16%) whereas high cost of medication continues to be the major difficulty faced by host communities (36%) followed by distant health facility (11%) (REVA 4 15/04/2020). Both refugee and host communities reported a decrease in going into debt to pay for health care in comparison to 2019 (J-MSNA 18/10/2020).

### COVID-19 has also impacted health seeking behavior

The total regular consultation dropped by 50% in four months following the first lockdown (May–August 2020) (WHO 21/06/2020). The reduction in curative consultation may have been the result of a combination of mistrust and misinformation, fear and stigma of COVID-19 (Journal of Migration and Health 25/06/2021, MSF 20/07/2020) and prevailing access restrictions which were the result of containment measures imposed by local authorities. This health seeking behaviour of the refugee population has continued and was reflected in data collected in J-MSNA between July and August 2020, although healthcare seeking behavior recovered to pre-COVID levels in the last months of 2020. The proportion of individuals reported sick enough to require medical treatment has dropped from 35% in 2019 to 9% in 2020 (J-MSNA 06/05/2021).

**The first lockdown had an impact on the delivery of routine immunization programmes, and fears from the pandemic and poor health seeking behavior led to the poor uptake of routine immunization in the Rohingya community. Routine immunizations resumed in July 2020 and trends in vaccine uptake started increasing as of early 2021, thanks to “catch-up” measures that were implemented through a revised microplan, including mobilization of eligible children at household level, and increasing the number of fixed sites and hours during which vaccination was available**

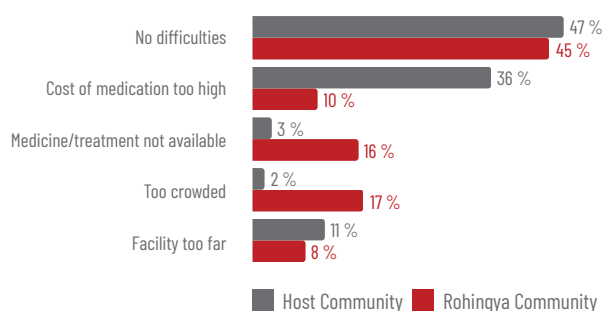
Due to the lockdown, there has been a drop in vaccination sessions held in the camps (Gavi alliance 01/07/2020). The immunisation fixed sites that remained open during the lockdown experienced a very low number of beneficiary visits. Despite routine immunisation resuming in July 2020 (WHO 29/07/2020, UNHCR 09/11/2020), misconception about vaccines, poor health seeking behavior and fear

of injections affect the uptake. Vaccines are especially important in the Rohingya refugee camps due to the densely populated camp areas (WHO 30/09/2020). Another possible impact on vaccine uptake is the fire incident on 22nd March which caused loss of official medical records and other essential documents (WHO 02/04/2021). However, by early 2021, the trend of uptake for routine immunization was reported to have increased (WHO 02/04/2021).

### In 2020, the high cost of healthcare was the main challenge for the host community in accessing healthcare, and the main reason for host community households to go into debt

The J-MSNA also showed a decrease in refugee households paying for health care from 57% in 2019 to 41% in 2020 while an increase from 53% to 83% among host communities in 2020 compared to 2019. This difference could be attributed to the fact that Rohingya refugees continue to seek medical attention mostly from healthcare services provided by humanitarian organisations, host communities seek it mostly at pharmacies in Cox's Bazar. In the absence of universal health coverage, Bangladeshi rely on out-of-pocket expenditures for healthcare. The financial burden of healthcare for the host community can explain the increase in debt incurred primarily to finance healthcare expenses (REVA 4 15/04/2020). This is consistent with J-MSNA data, where host communities reported seeking community support to pay for health care that increased by four times over a year period, from 4% in 2019 to 16% in 2020 (J-MSNA 18/10/2020).

**Figure 22.** Main difficulties faced in accessing healthcare facilities (Source: REVA 4 15/04/2020)



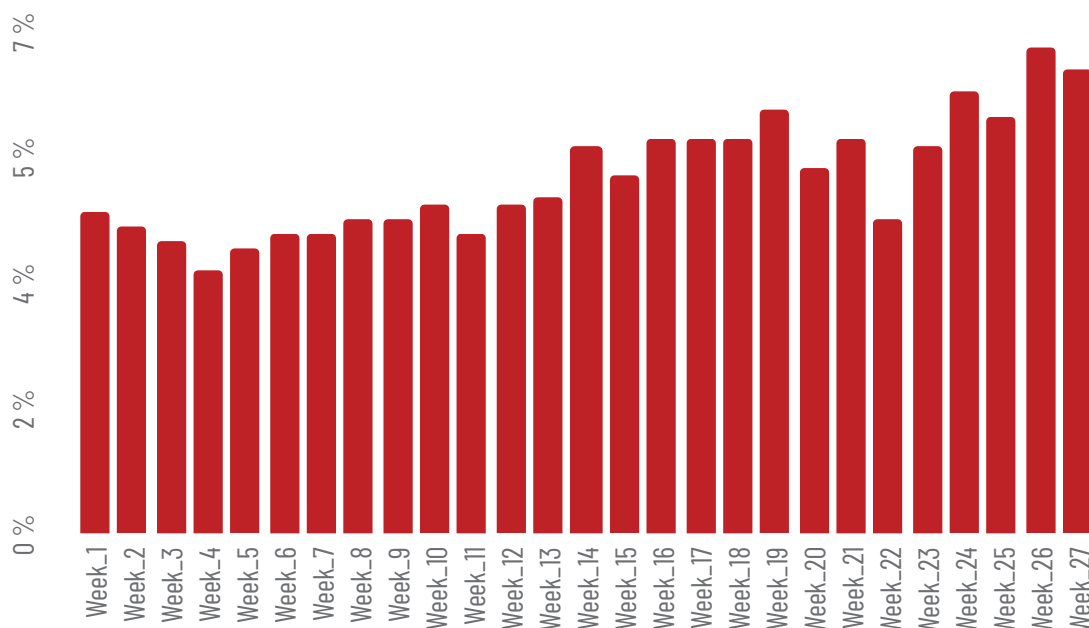
### Prevalence of acute respiratory infections, diarrheal diseases and unexplained fever throughout 2020. The likelihood of contracting infectious diseases increases in congested camp settings

Based on the Early Warning Alert and Response System (EWARS), acute respiratory infections (ARI), diarrheal diseases and unexplained fever were the diseases with the highest proportional morbidity in the year 2020. This

trend continued into 2021 with data showing prevalence of ARI, diarrheal diseases and unexplained fever at 15.3%, 5.5% and 1.5% respectively as of the beginning May 2021

([Week 21](#)). There has been a gradual increase in cholera cases since May 2021. ([WHO Epidemiological Highlights](#)).

**Figure 23.** Morbidity trend of diarrheal diseases in 2021 (Source: [WHO Epidemiological Highlights](#))



#### Trends of emergency, antenatal care and postnatal care services throughout 2020 and 2021

Across Bangladesh, the delivery of emergency health services was at its peak in February in 2020, but started decreasing gradually after the onset of the COVID-19 related lockdown. Emergency health services were gradually in an upward trend from July to September 2020. The service delivery again started declining from October to December 2020 with the number of services reducing in January 2021 ([WHO 22/02/2021](#)).

In addition to that, antenatal care (ANC) and postnatal care (PNC) services were highest in the first quarter of 2020 but dropped considerably after the initial outbreak of COVID-19 and lockdown restrictions were imposed. Services were reaching pre-pandemic levels around October to December 2020 but dropped again by January 2021 ([WHO 01/03/2021](#)). However, among the Rohingya, child birth in a facility that dropped during the lockdown period, around April and May 2020, slowly increased over the following months of November and December 2020 with around 70% of births taking place in facilities, which is above pre-lockdown figures ([UNHCR 18/01/2021](#), [UNHCR 06/02/2020](#)).

#### Isolation during periods of lockdown and financial pressures within the household are some of the main

#### issues found to be impacting the mental health of both population

Data analysed throughout 2020 show that a pressing issue identified was the mental health impact from COVID-19 and its related containment measures. The lockdown, isolation, and fear about the pandemic impacted the mental health of both the refugees and host communities in Cox's Bazar ([Groupe URD 01/04/2021](#)). Stress on families due to income loss, reduced access to schooling, and changes to children's behavior during quarantine also contributed to poor mental health ([IOM 22/07/2020](#), [World Vision 07/07/2020](#)).

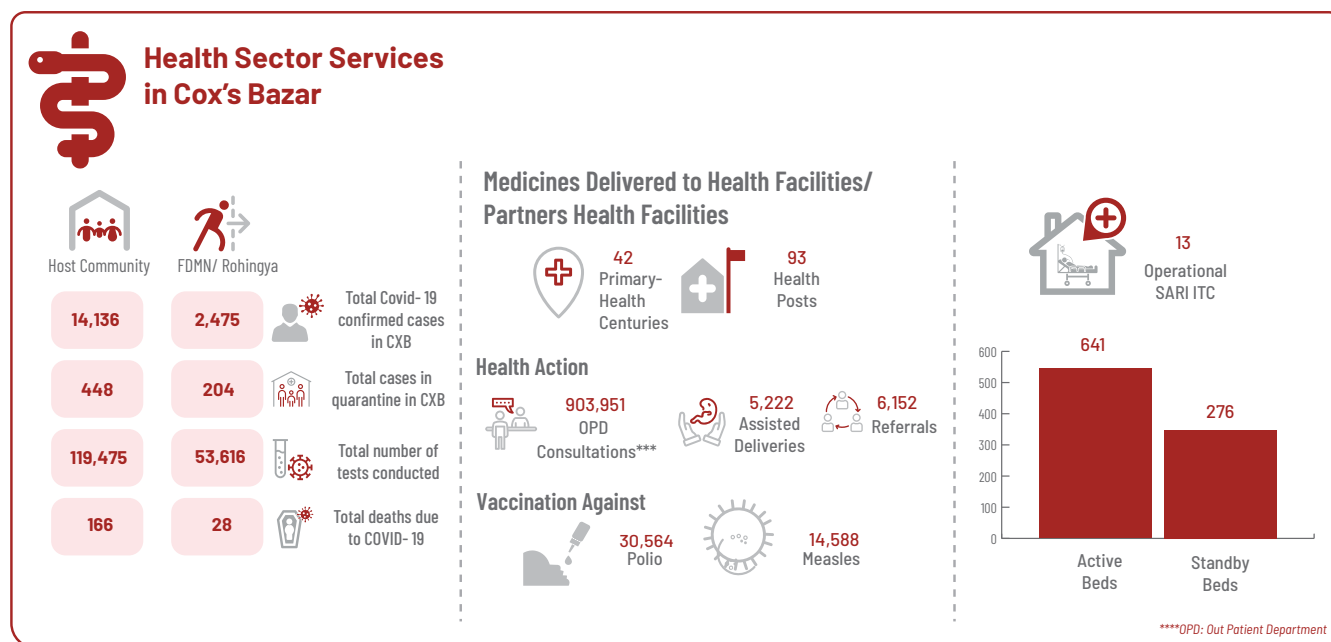
According to a study conducted last year (data collected 15 April and 10 May 2020) on the impact of the COVID-19 pandemic among the general Bangladeshi population, the majority of those surveyed (between 15 and 65 years old) experience loneliness, anxiety, and sleep disturbance ([BMJ 09/04/2021](#)). Another study conducted between July and August among adolescents in Bangladesh shows similar experiences by adolescents' whose mental health have been adversely affected, as they felt isolated from normal life in addition to being tense and anxious because of their family's financial struggles ([QDI 30/04/2021](#)).

MSF's figures also show the impact of COVID-19 on the refugees' mental health. According to their data, there was

a 61% increase in the number of people seeking mental health services in 2020 compared to the year prior. The strain on Rohingya refugees is represented in these MSF figures which show an estimated 74% increase for

group mental health consultations and a 51% increase in individual mental health consultations in 2020 (MSF 21/01/2021).

**Figure 24. Health services in Cox's Bazar** (Sources: WHO Situation Report 01/08/2021, Health Sector Bulletin #15 30/06/2021, SARF ITC mapping 01/08/2021)



## NUTRITION SECTOR

### Nutrition services have been stalled due to COVID-19

Regarding the access to nutritional services, 16% of refugee households reported nutrition assistance/services did not go well before the pandemic, which rose to 25% since COVID-19 and 28% of host community households reported nutrition assistance/services did not go well before the pandemic, which rose to 32% since COVID-19 (J-MSNA 12/11/2020). 70% of pregnant and lactating women (PLW) and 57% of children aged 6-59 months of refugee households are reported to be enrolled in nutrition feeding programs. Only 12% of PLW and 15% of children aged 6-59 months of host communities households are reported to be enrolled in nutrition feeding programs. This is likely linked to more limited nutrition programmes in the host community, but also to low levels of awareness

or understanding of nutrition services and their benefits (J-MSNA 12/11/2020, J-MSNA 12/11/2020).

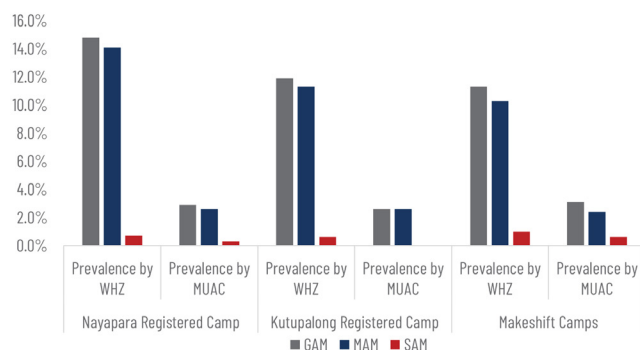
### GAM and SAM prevalence in Rohingya camps

According to a nutrition assessment conducted in Makeshift, Nayapara, and Kutupalong registered camps between November and December 2020, Global Acute Malnutrition (GAM) rates amongst children aged 6-59 months have slightly increased in Nayapara and Kutupalong camps according to combined criteria (WHZ<sup>3</sup> and MUAC<sup>4</sup>) in comparison to the previous round conducted in late 2019 (pre-COVID-19), while they decreased slightly in the Makeshift camps. The current GAM rates for all three camps were found to be in the High/Serious range (10-15%) according to WHO/UNICEF classification and were highest in Nayapara RC. Severe Acute Malnutrition (SAM) rates increased in the Makeshift and Nayapara camps but decreased in the Kutupalong camps. (ACF 26/01/2021).

3 Weight-for-Height Z Score

4 Mid-Upper Arm Circumference

**Figure 25.** Acute malnutrition rates in refugee camps  
(Source: [ACF 26/01/2021](#))

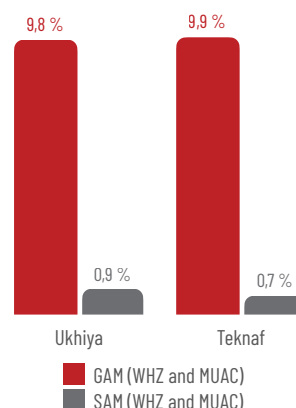


While GAM and SAM differences between round 4 and round 5 in the nutrition survey appear to have been small, the impact of COVID-19 on malnutrition is likely to manifest in the long-term. This is evident by the gradual increase in GAM malnutrition rates of children under 5 based on mass screening throughout 2020 – as shown below. However, SAM rates remained unchanged throughout 2020 by MUAC indicator ([UNICEF 01/02/2021](#)).

### GAM and SAM prevalence in the host community

According to a nutrition survey conducted in the host community in Ukhiya and Teknaf between January and February 2021, the GAM prevalence by WHZ in Ukhiya is 1% higher than Teknaf, whereas GAM prevalence by combined criteria (GAM and MUAC) is at similar levels in the two upazilas (considered of medium severity by WHO/UNICEF classification). The prevalence of SAM measured by both the WHZ and combined criteria in Ukhiya is 0.9% and in Teknaf it is 0.5% (WHZ) and 0.7% (WHZ and MUAC) ([ACF 25/03/2021](#)).

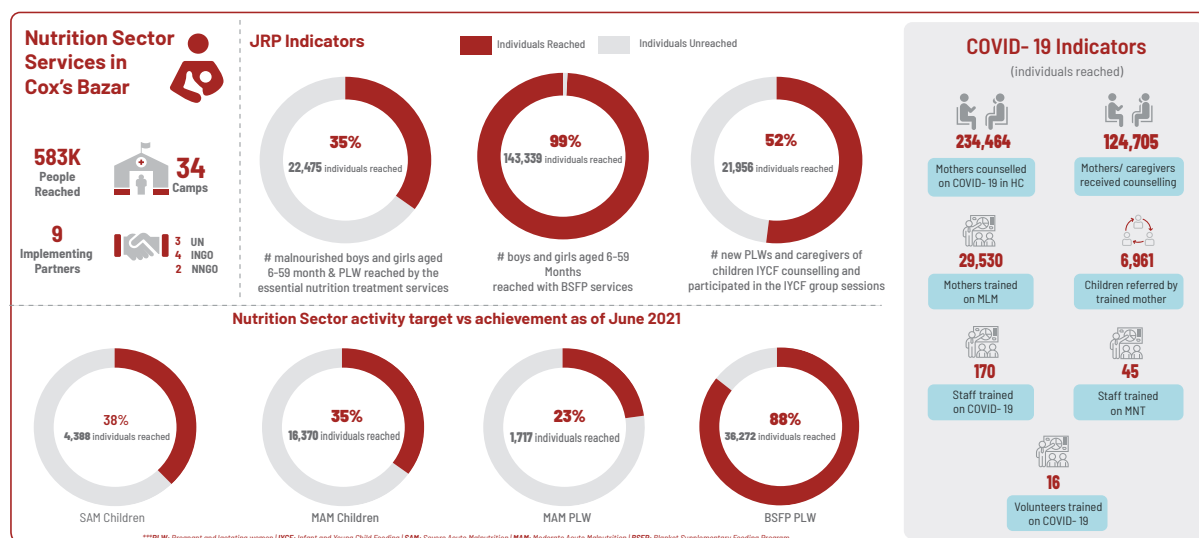
**Figure 26.** Acute malnutrition rates in host community  
(Source: [ACF 25/03/2021](#))



### Nutrition facilities forced to closed due to period of unrest in October 2020 and a massive fire in March 2021 destroyed two nutrition sites and forced others to close

At the beginning of October 2020, two integrated nutrition facilities in two camps were forced to close temporarily due to a period of unrest. Also, mobile nutrition teams for emergency field response were suspended for several days until the clashes subsided ([ISCG 03/12/20](#)). The massive fire on 22 March in refugee camps (8W, 8E and 9) in Ukhiya has negatively impacted nutritional services. The fire destroyed two nutritional centers and forced WFP to close two other nutrition sites until teams on the ground can assess the damage ([ISCG 31/03/2021](#)). Temporary nutrition facility sites provided emergency nutrition services to the affected persons. As of 17 April, around 14,000 children under five and PLW of the affected communities had been screened for malnutrition ([ISCG 18/04/2021](#)).

**Figure 27.** Nutrition services in Cox's Bazar (Source: [Nutrition Sector 4W Dashboard 30/06/2021](#))



# ABOUT THIS REPORT

IMMAP and DFS are currently implementing the COVID-19 Situational Analysis project in six countries: DRC, Burkina Faso, Nigeria, Bangladesh, Syria, and Colombia, and it is funded by USAID Bureau of Humanitarian Assistance (USAID BHA). The project duration was initially twelve months, from August 2020 to July 2021 (now extended for two additional 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 monthly country-level situation analysis, including an analysis of main concerns, unmet needs, and information gaps within and across humanitarian sectors.

**Coordinating Sectors and Agencies:** ACF, Child Protection Sector, CwCWG, Food Security and Livelihood Sector, GBV Sector, Health Sector, IOM, ISCG, Nutrition Sector, Protection Sector, Shelter & NFI Sector, TWG, UNICEF, and WHO.

**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 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;

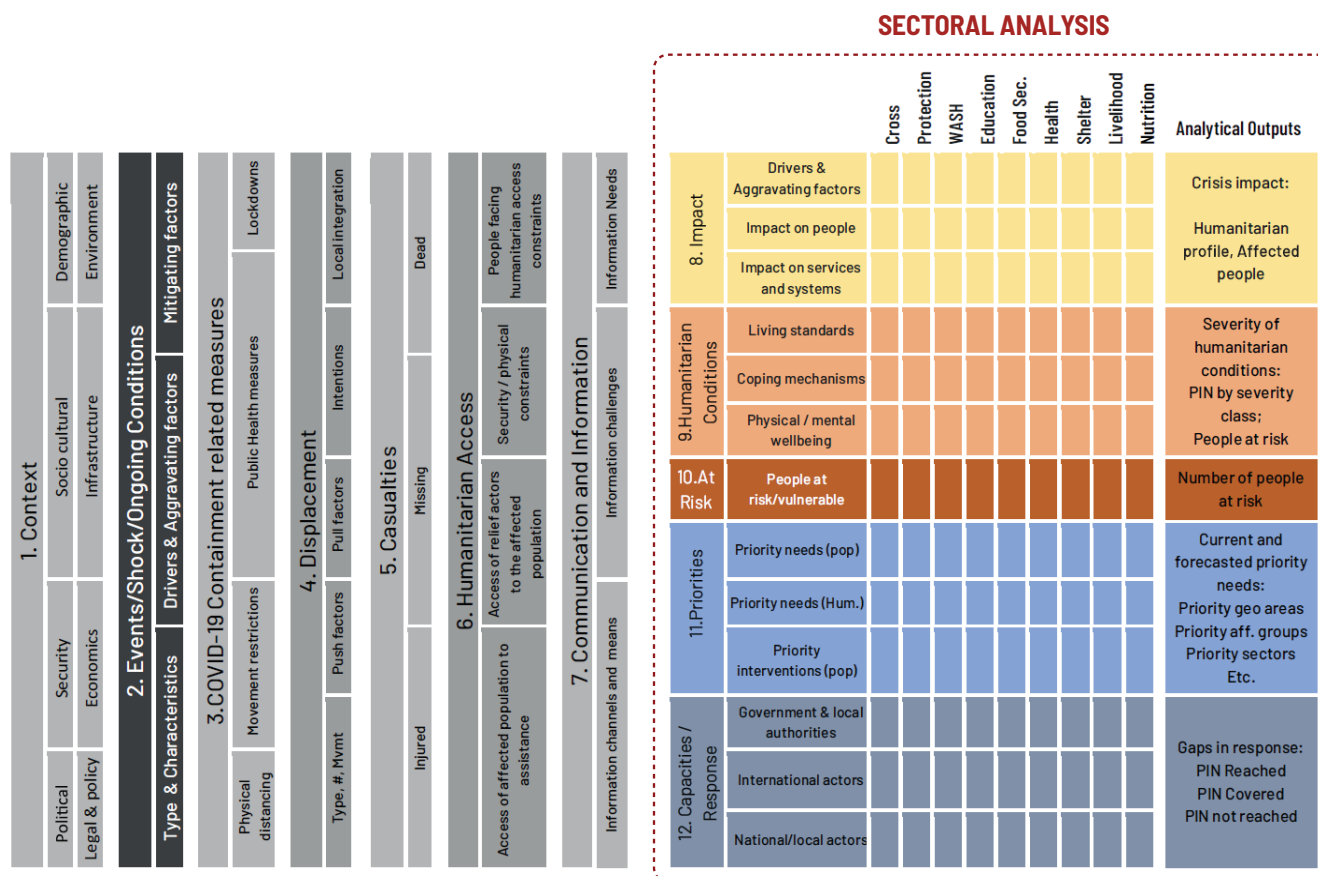
The two most important tools used throughout the process are the Secondary Data Analysis Framework (SDAF) and the Analysis Workflow.

**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 25.

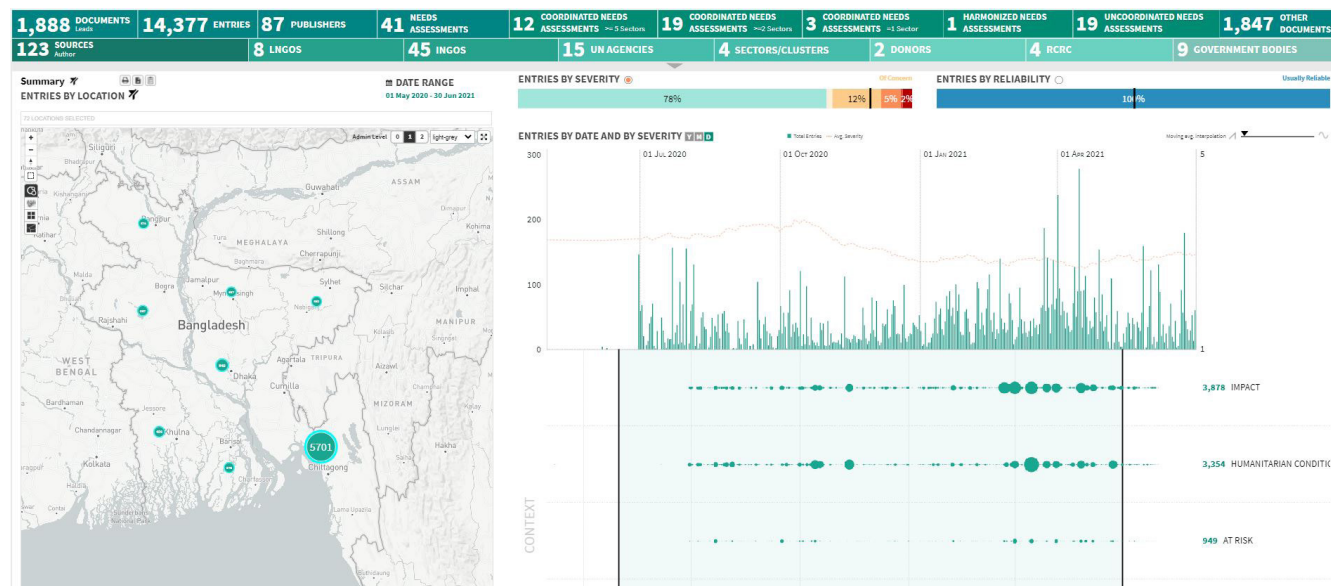
On a daily basis, IMMAP/DFS Analysts and Information Management Officers collate and structure available information in the DEEP Platform. Each piece of information is tagged based on the pillars and sub-pillars of the SDAF. The DEEP structured and searchable information repository forms the basis of the monthly analysis. Details of the information captured for the Bangladesh Cox's Bazar report are available below (publicly available documents primarily from 01 March to 30 June 2021 were used).



**Figure 28.** IMMAP/DFS Secondary Data Analysis Framework – Sectoral Analysis

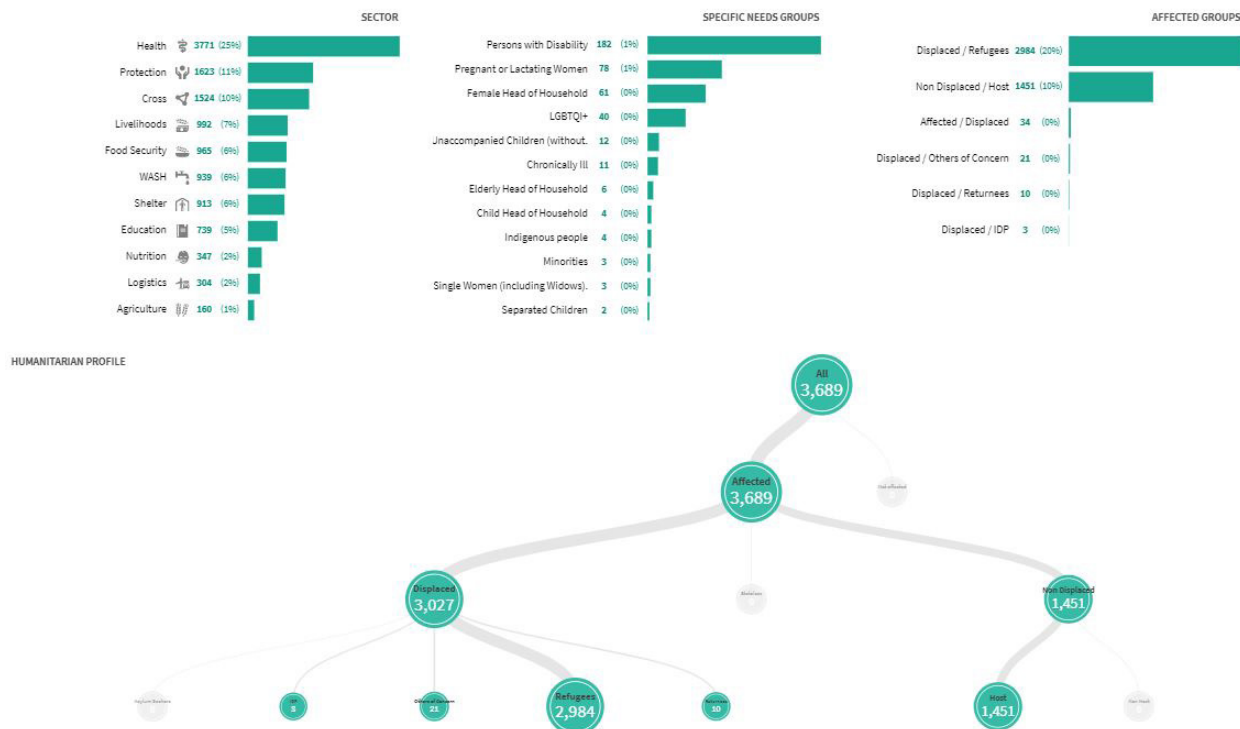


**Figure 29.** Documents by Location, Timeline, and Primary Categories (Analytical Framework)





**Figure 30.** Documents and Entries by Sector and Affected Group



**Figure 31.** Entries by Sector and sub-Categories (Analytical Framework)

SECTORAL FRAMEWORK	# of Entries	median severity	CROSS	FOOD SECURITY	LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS
<b>TOTAL</b>	<b>8,077</b>		1,367	880	947	3,557	280	824	851	666	1,392	121	261
<b>IMPACT</b> 3,307													
Drivers/Aggravating Factors	1155												
Impact on People	1773												
Impact on System & Services	1322												
Number of People Affected	140												
<b>HUMANITARIAN CONDITION</b> 2,860													
Living Standards	1186												
Coping Mechanisms	356												
Physical & mental wellbeing	1446												
Number of People in Need	30												
<b>AT RISK</b> 778													
People at risk / Vulnerable	778												
<b>PRIORITIES</b> 1,134													
Priority Needs (Pop)	131												
Priority Needs (Staff)	169												
Priority Interventions (Pop)	62												
Priority Interventions (Staff)	792												
<b>CAPACITIES &amp; RESPONSE</b> 516													
Government & Local Authorities	274												
National & Local Actors	381												
International	980												

**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 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.
- 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.

**Figure 32.** IMMAP/DFS Analysis Workflow

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, recommendations for next round
Tools	<ul style="list-style-type: none"> <li>• Analysis Framework</li> <li>• <a href="#">Analysis Canvas</a></li> <li>• Data sharing agreements</li> <li>• Report template</li> </ul>	<ul style="list-style-type: none"> <li>• SDR folder</li> <li>• Naming convention</li> </ul>	<ul style="list-style-type: none"> <li>• DEEP (SDAF)</li> <li>• DEEP (Assessment registry)</li> <li>• Coding scheme</li> </ul>	<ul style="list-style-type: none"> <li>• Interpretation sheet</li> </ul>	<ul style="list-style-type: none"> <li>• Revised report template</li> <li>• Analytical writing guidance</li> <li>• Lessons learnt template</li> </ul>



# THANK YOU.



---

## Contact

### Bangladesh Focal Point

Alex Nwoko

Email: [anwoko@immap.org](mailto:anwoko@immap.org)

### Global Project Manager

Benjamin Gaudin

Email: [bgaudin@immap.org](mailto:bgaudin@immap.org)

---

## Website

Direct Link : <https://immap.org/>



Scan to access the website