

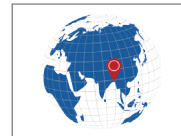


Main Implementing Partner



COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC

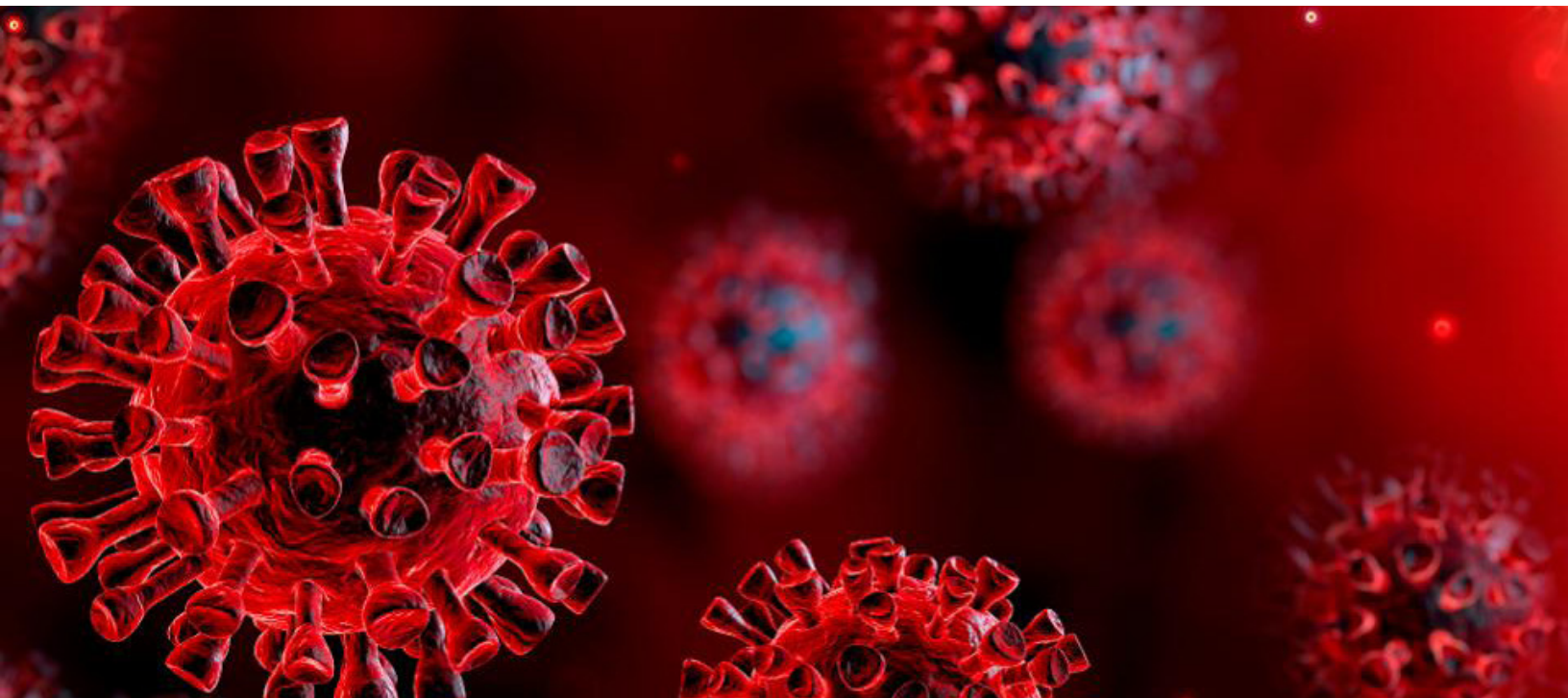


Cox's Bazar
BANGLADESH

MAY 2020 - JULY 2021

HUMANITARIAN OPERATIONAL ENVIRONMENT

ANNUAL REVIEW - PART TWO



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.

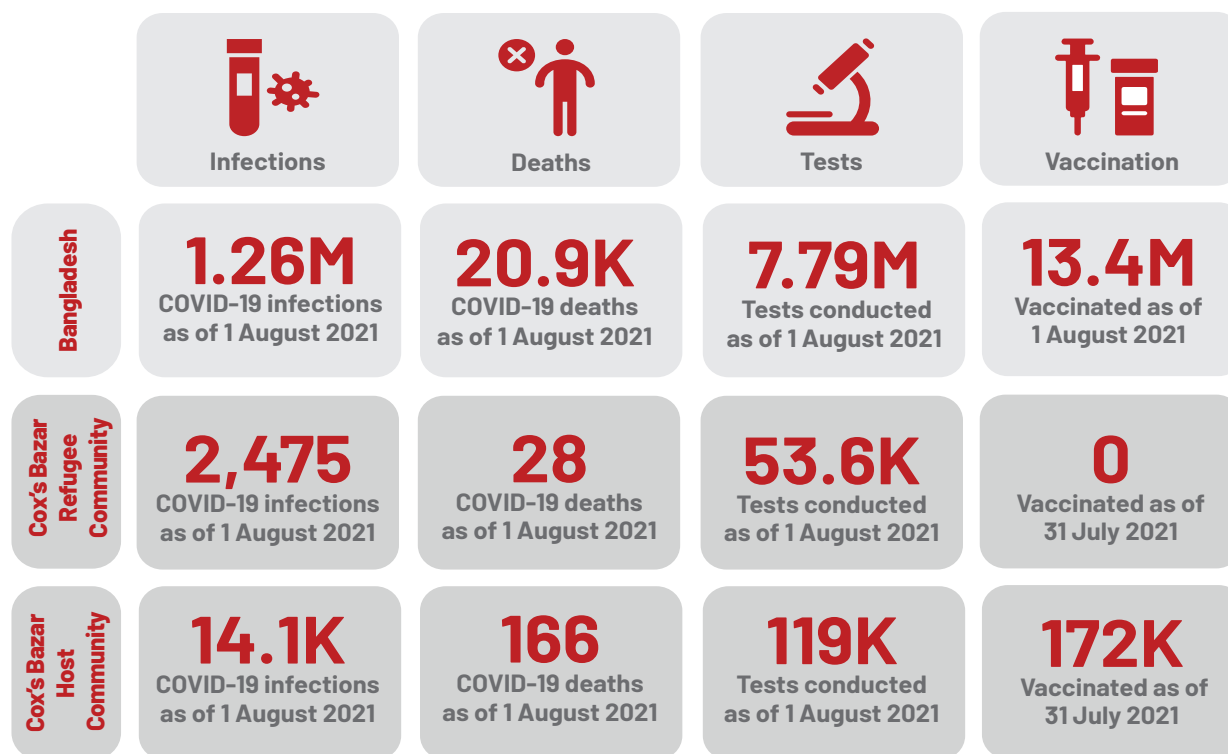
To overcome these constraints and provide the wider humanitarian community with timely and comprehensive information on the spread of the COVID-19 pandemic, iMMAP initiated the *COVID-19 Situational Analysis project* with the support of the USAID Bureau of Humanitarian Assistance (USAID BHA), aiming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

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EXECUTIVE SUMMARY

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



Since March 2020, Bangladesh has been experiencing multiple stages of COVID-19 pandemic which is impacting the health sector and the overall Bangladesh economy. The pandemic has unsettled Bangladesh's decade-long macroeconomic stability, while gradually undermining years of steady progress in poverty reduction in Bangladesh. At the micro level, the COVID-19 containment measures, especially lockdowns, have intensified the needs of vulnerable groups, including informal and returning overseas migrant workers. Despite the multi-layered interventions initiated by the Government and the economic rebound in the later part of 2020, Bangladesh overall economic recovery remains slow particularly due the second wave of COVID-19 infections in the country which resurfaced in mid-March of 2021, necessitating another series of strict nationwide lockdowns starting from 05 April 2021.

The spike in the COVID-19 caseloads and deaths is overwhelming the health sector with shortage in ICU facilities and challenging the overall health service delivery. Mass vaccination was initiated in early February 2021 with COVIDSHIELD (Oxford- AstraZeneca) vaccine from the Serum Institute in India, but the COVID-19 vaccination program faced initial challenges with vaccine shortages. Moreover, vaccine hesitancy among the Bangladeshi

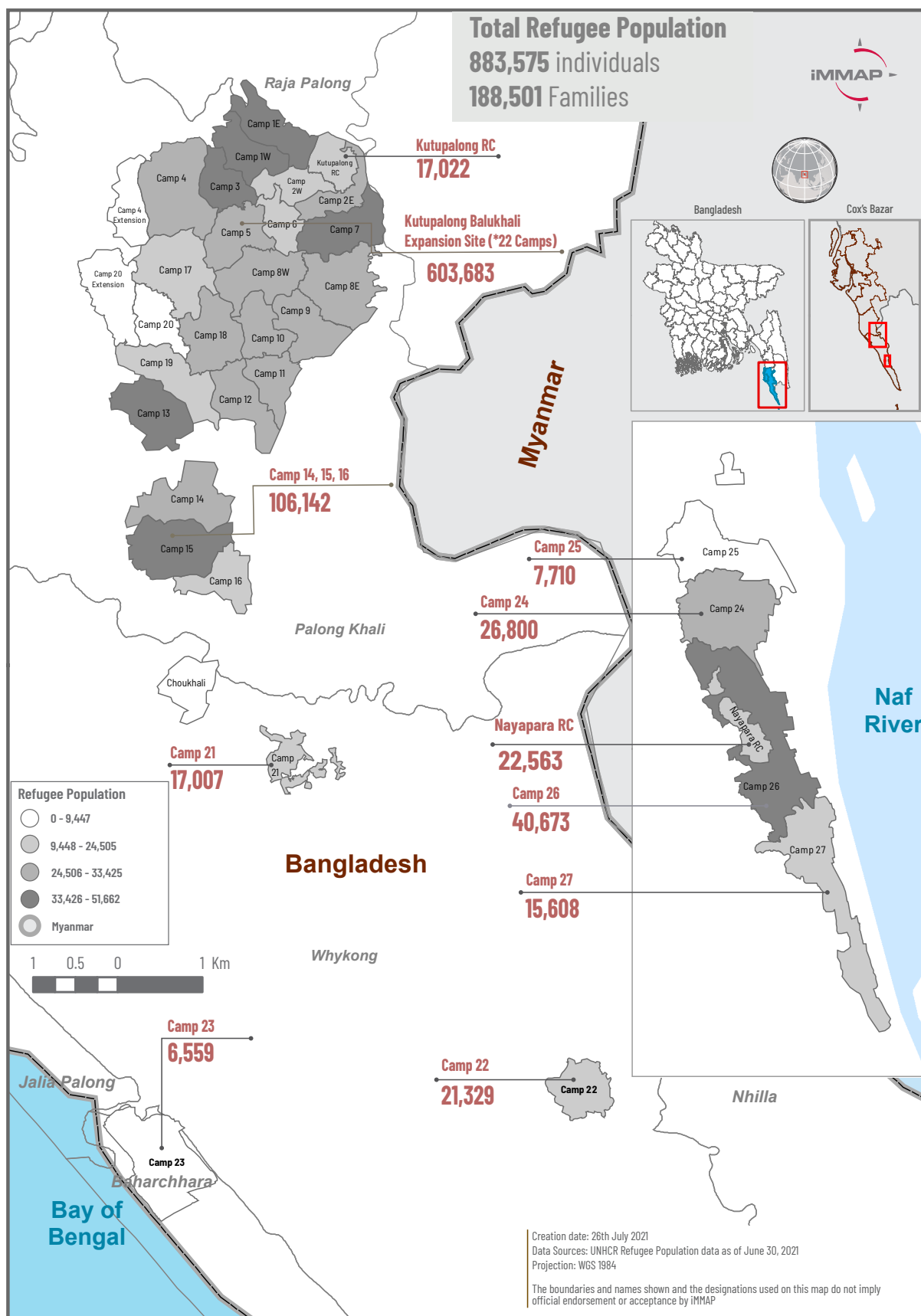
population also impacted the initial vaccination campaign. The global support from the international community (through vaccine donations and vaccine allocation from the COVAX facility) helped in addressing the vaccine shortages, enabling the vaccination program to progress in line with the vaccination plan for Bangladesh. These global joint efforts have facilitated the delivery of over 13 million doses of COVID-19 vaccine which has been administered in Bangladesh since February 2021.

Humanitarian activities in Cox's Bazar which host over 884,000 Rohingya population were significantly downscaled from April 2020, following the government directive on nationwide movement restrictions. These lockdowns and humanitarian access restrictions were gradually lifted from July 2020 following several revisions of the "essential intervention list", which allowed the resumption of self-reliance activities. However, another phase of strict lockdown since April 2021 moved the humanitarian access issue back to a similar situation during the same period in 2020. The absence of non-essential services, which is restricted in the refugee camp settings is impacting on protection needs and livelihoods of the Rohingya community, including their access to basic services, and awareness information.

Figure 2. Timeline of Major Events



Figure 3. Refugee population by camp as of 30th June 2021 (Source: [UNHCR 30/06/2021](#))



INTRODUCTION

Since the start of the pandemic in 2020, the Rohingya and host communities 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 ([iMMAP Sectoral Analysis](#)). 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.

This report reviews the humanitarian operational

environment using secondary data collected between May 2020 and July 2021 and highlights the socioeconomic context, COVID-19 situation, and humanitarian access concerns that perpetuate the vulnerabilities and humanitarian needs for Rohingya and Bangladeshi communities in Cox's Bazar district and the national level in Bangladesh. This report reviews the changes in the economic context, and highlights the macro and micro-economic developments that have emerged over the past year. It also includes a review of the epidemiological situation, containment measures and the information around COVID-19. This review is the second part of the situation analysis review that focused on sectoral analysis of COVID-19 impacts, living conditions, humanitarian needs and response to the livelihoods, food security, shelter, WASH, protection, education, health, and nutrition challenges. – See [Annual Review Part 1](#).

ECONOMIC CONTEXT

Socio-economic Impact and Poverty Level in Bangladesh

In Bangladesh the nationwide lockdowns initiated during the early phase of the COVID-19 pandemic in 2020 resulted in millions of people losing their jobs due to a series of COVID-19 containment measures and lockdowns which shutdown businesses and domestic economic activities across the country.

Decrease in economic activities and drop in gross domestic product (GDP) in 2020 due to COVID-19

COVID-19 containment measures and lockdowns led to a significant shortfall in the country's gross domestic product (GDP) compared to the previous years. In the past ten years before the pandemic, GDP growth for Bangladesh had improved, especially in 2019 when the annual GDP growth was estimated to have reached 7.9%. Though in Bangladesh, high GDP growth rate has not been effective in fostering faster poverty reduction ([World Bank Group 2019](#)). In 2020, although the Bangladesh GDP growth was projected to fall to 2% (a drop of 6 percentage from 2019) due to economic downturns resulting from the COVID-19 pandemic lockdowns ([IMF 04/2020](#)), IMF figures report that it reached a 3.8% growth due to a rebound in the later half of the year through a recovery in trade and remittances supported by the implementation of multi-phased plans

for high growth. The plans include but are not limited to rolled out some 23 [stimulus packages](#) involving a total sum of BDT. 1,24,053 crore [\$15.5 billion] to different sectors, Raising the Export Development Fund from \$ 3.5 billion to \$ 5 billion with the interest rate slashed to 1.75% and increasing the refinancing limit and a credit guarantee scheme for exporters, farmers, and SMEs ([IMF 08/2020](#)). Whilst, according to the government announcement, Bangladesh achieved 5.2% growth in the 2019-2020 fiscal year ([Dhaka Tribune 20/01/2021](#)).

In international trade, one of the most impacted areas in Bangladesh is in the ready-made garments (RMG) industry which represents over 80% of Bangladesh's export value. The RMG factories were strongly impacted, witnessing a 83% fall in their year-on-year exports as of April 2020 ([IMF 04/2020](#)). In April 2021, the [World Bank](#) updates on Bangladesh indicate that exports fell by 16.8% in FY20 due to supply chain disruptions and depressed external demand for RMG (which still made up 83% of the country's merchandise exports in FY20). Imports also declined by 12.1%. Lower industrial activity limited the demand for intermediate goods. A depressed business outlook and low investment growth weighed on capital goods and machinery imports which declined by 33.8% in FY20. As

a result, the trade deficit widened by 7.7% in FY20. In the first eight months of FY21, merchandise exports began to recover gradually, but total merchandise exports were still 1.1% below what they were over the same period of FY20. Likewise, the recovery in imports has also been slow, with total imports declining by 6.8% in the first seven months of FY21. Retail sales data from key export markets suggest that the apparel sector continues to struggle, with ongoing movement restrictions, particularly in Europe. Export earnings witnessed a growth of 2.54%. Meanwhile, the foreign currency reserves reached a record height of USD 43 billion, which was USD 39.31 billion on September 30, 2020. The annual average inflation rate reached 5.69% in September 2020 ([Dhaka Tribune 20/01/2021](#)).

Despite the rebound in the later part of 2020, COVID-19 continued to negatively impact the economy, resulting in further decline of the economic growth of Bangladesh. There has been a partial recovery in trade and remittances as the lockdown was lifted and containment measures were relatively relaxed after July 2020. Bangladesh, considered the fastest growing economy in South Asia, experienced a sharp downturn in economic growth in 2020, narrowed from 8.4% to almost a half according to [World Economic Situation and Prospects 2021](#) by UNDESA. While the country's economic growth has declined to 4.3% in the 2019-2020 fiscal year, growth is projected to be 5.1% in the 2020-2021 fiscal year and 7.6% in 2021-2022.

Rise in poverty and widening inequalities in Bangladesh

COVID-19 economic realities and globally and in Bangladesh led to a significant rise in the poverty rate. Estimation from the General Economic Division showed that 29.5% of the population lived below the poverty line (\$1.9/day) as of June 2020, marking a 9% increase from 20.5% in the 2018/2019 fiscal year. The localised impact of COVID-19 in Bangladesh pushed millions of people back into extreme poverty in 2020, especially people working in the informal economy, whose incomes dropped significantly since the start of the pandemic. This will make the achievement of Sustainable Development Goals (SDG) in Bangladesh even more challenging ([SDG Report 2020](#)).

Whilst the macroeconomy in Bangladesh has continued to gradually recover, the micro economic level is still faced with the impacts of the COVID-19 shocks, especially for the vulnerable low-income rural communities, slum dwellers, day laborers, migrant/overseas workers and the elderly, who have been hit hardest by the crisis which wrecked livelihoods across Bangladesh. As poverty and inequalities continue on a sharp rise, vulnerable people

face even greater repercussions. Women for instance are significantly more likely to work in high-risk sectors and have been reported to suffer from increased domestic abuse during lockdowns; and children, especially those in poor households and in rural areas, suffer disproportionately from school closures, which severely limited their lifetime earnings and increase their chances of ending up in poverty ([UNDESA 25/01/2021](#)). Anecdotal data from a study of UNDP, covering 20 municipalities, had shown that urban poverty had 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 overall human development. For example, school closures affected nearly three million ultra-poor¹ primary school children enrolled in government school-feeding programmes. The fall in household incomes along with missed meals also accelerated risks of primary school dropout, which in turn, lead to early and child marriage with its attendant health, educational, economic and gender-based violence risks and consequences ([UNCT Bangladesh 16/09/2020](#)).

Significant rise in unemployment

The country experienced a significant rise in unemployment among the low-income group, of which 90% of the employed work in the informal sector. A significant portion of these are the daily wage earners such as transport workers and vehicle drivers, street hawkers and vendors, small businesses, tea-stall or food stall owners and daily labourers. The RMG sector, which contributes to almost 80% of the country's export, was severely hit by the cancellation of orders worth USD 3.15 billion, resulting in massive layoffs. A rapid perception survey conducted by BRAC in the early lockdown period in all 64 districts of Bangladesh showed that the economic impact caused by the countrywide shut-down affected 93% of respondents. Daily wage earners in the non-agricultural sector reported the most significant income losses (77% respondents) compared to those in the agricultural sector (65% respondents). In urban areas, BRAC study showed a significant income drop for 69% of respondents, but was still lower than in rural areas where it reached 80% ([BRAC 01/09/2020](#)). A survey on the impact of the pandemic on Bangladesh's Micro, Small, and Medium Enterprises (MSMEs) in 2020, revealed that around 83% of firms reported losses and 64% closed temporarily. Across sectors, 94% of businesses have experienced

¹ According to the World Bank, the extreme poor refers to people globally who live on less than USD 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 ([Ultra-poor Handbook](#), Brac/WVI).

sharp drops in sales. These business losses have choked cash flows, with 33% of firms saying they are unable to pay installments on existing loans ([World Bank](#) 18/02/2021).

Second wave of COVID-19 worsening economic recovery efforts

Almost a year after the first confirmed cases of COVID-19 emerged in Bangladesh, the country experienced another socio economic disruption following new lockdowns due to a recent surge in COVID-19 cases and deaths beginning in April 2021. The pandemic had already unsettled Bangladesh's long-standing macroeconomic stability, intensifying the needs of vulnerable groups which is largely consistent with the global trend. The economic downturns emerging from the pandemic threaten to undermine years of steady progress in poverty reduction in Bangladesh. Bangladesh was leading the recovery process for the South Asian economy, due to higher-than-expected

exports and remittances, in spite of the concurrent spike in infections. As Bangladesh struggles with a new wave of the pandemic since April 2021, the economic recovery efforts are facing significant risks with the continued lockdowns. Many businesses need to make up for lost revenue and millions of workers from the informal sector still reel from job losses. Moreover, the plummeting income level for worsening inequalities and human capital deficits ([World Bank](#) 12/04/2021). The challenge for government policy is to sustain the effective response that Bangladesh made during the initial phase of the pandemic, including supporting its most vulnerable through social safety nets, through support for the agriculture sector, and so forth. Going forward, there is always the need to strengthen the fiscal revenue capacity of the economy to support expenditures. And again, working with development partners to also help fiscal cushioning ([IMF](#) 14/04/2021).

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 among the lowest development indicators in the country before the 2017 refugee influx ([UNICEF](#) 13/08/2020). According to the Bangladesh Bureau of Statistics, Cox's Bazar is one of the lowest-performing districts in Bangladesh in terms of education and skills training, with about 33% of the population living below the poverty line ([IOM](#) 26/02/2021). Adding to existing education deprivation and poverty, the region has been facing the impact of COVID-19 on the local economy. Almost 700,000 people have lost their source of income since the mid-March 2020 COVID-19 outbreak. Workers who receive income through wages were more affected by temporary absence from work due COVID-19 lockdown and they reported to have experienced reduction in their earnings, whereas non-wage workers were more affected by reduction in their income resulting from lockdown measures. Overall, individuals involved in home-based agricultural activities in Cox's Bazar were less severely affected compared to individuals in the service industry ([World Bank Group](#) 07/2020).

In the aftermath of the COVID-19 lockdowns, the loss of

livelihoods was compounded by unpredictable wage rates resulting in decrease in consumer demand and purchasing behaviour for many families in host communities and refugee camps ([WFP](#) 09/2020). About one year after the COVID-19 lockdowns in Cox's Bazar, most people still have limited access to jobs, and women are less likely than men to secure any job at all. Adding to the scarce employment opportunities, many migrant workers are forced back to Cox's Bazar due to job losses overseas, putting additional pressure on an already stressed job market. According to the Ministry of Expatriates' Welfare and Overseas Employment, over 400,000 international migrant workers have returned to Bangladesh since March 2020. The return of the migrants heightened competition over the already scarce livelihood opportunities and contributed to the collapse of the local economy due to their inability to pay back loans ([IOM](#) 26/02/2021). For refugees within the camp setting, the contraction of the local economy and the reduced humanitarian footprint as a consequence of the containment measures had a severe impact on their already unstable local income-generating and self-reliance activities- [See Annual Review Part 1](#).

COVID-19 EPIDEMIC OVERVIEW

Epidemic Overview at National Level

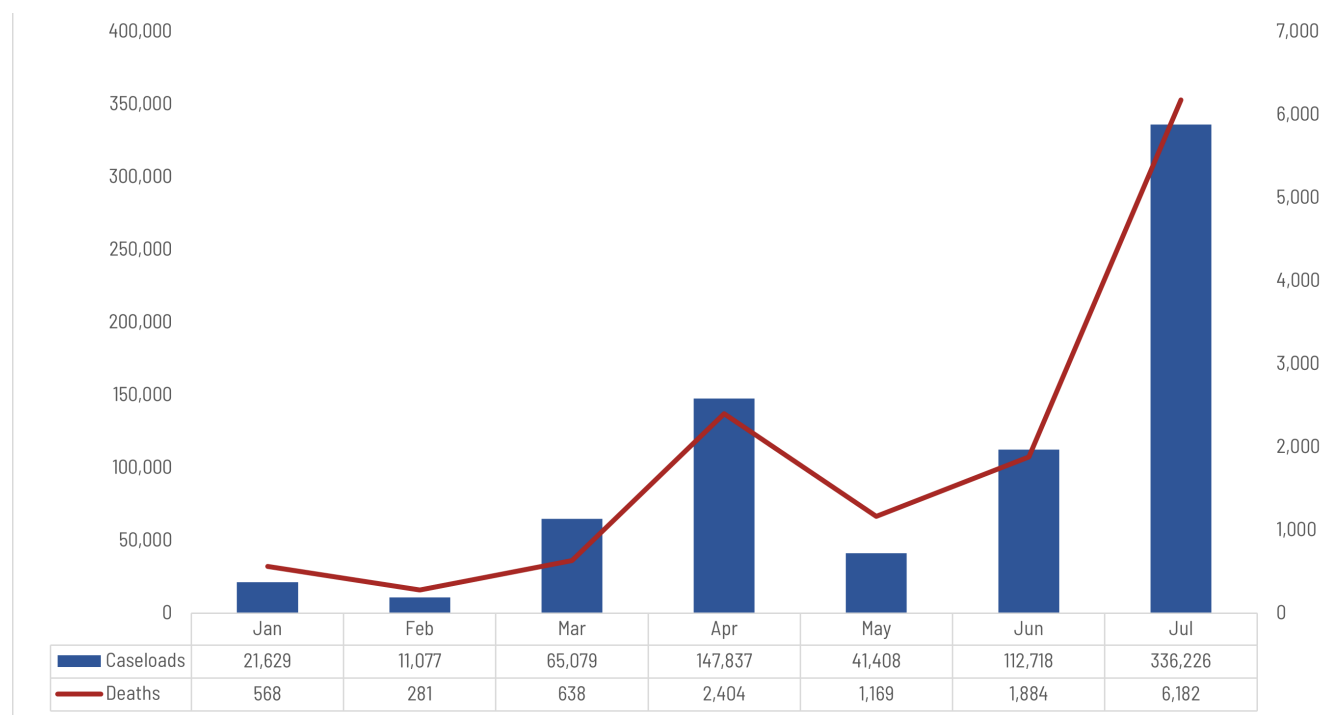
Bangladesh had experienced multiple waves of COVID-19 since the beginning of the pandemic in March 2020. Following the initial surge in April–July 2020, the caseloads and death trend remained stable till December 2020 and started to decline from January 2021. The cases spiked up again in April 2021 and June/July became the deadliest of the timeline of the pandemic ([DGHS 31/07/2021](#)). Health experts suggested poor adherence to health safety rules as the root cause of the surge in the virus infection rate in the country ([Dhaka Tribune 23/03/2021](#)). The spread of highly contagious Delta Variant in the country has also been another key factor behind the surge ([Dhaka Tribune 05/08/2021](#)).

As of 31 July 2021, there have been more than 1.2 million COVID-19 cases confirmed by RT-PCR, GeneXpert, and Rapid Antigen tests, and 20,916 related deaths (Case Fatality Rate/CFR 1.65%). As of reports coming from Directorate General of Health Service (DGHS) and WHO, between May to June 2021, there was a 272% increase in monthly caseloads and 161% increase in monthly deaths. Whereas, in July 2021 the increase was 298% and 328% from the caseloads and deaths than June 2021. The highest daily cases of 16,230 was recorded on 28 July 2021 and the highest daily death of 258 on 27 July 2021 ([WHO](#), [DGHS 01/08/2021](#)).

Figure 4. Total tests, COVID-19 cases, and deaths for Bangladesh (Source: [WHO sitreps](#))

Bangladesh	29-Mar-21	25-Apr-21	31-May-21	28-Jun-21	1-Aug-21
Cases per month	49,498	149,608	53,508	89,576	375,922
Total confirmed cases	595,714	745,322	798,830	888,406	1,264,328
Tests per month	544,803	756,671	583,834	577,446	1,283,642
Total tests conducted	4,588,830	5,345,501	5,929,335	6,506,781	7,790,423
Deaths per month	496	2,149	1,530	1,589	6,744
Total deaths	8,904	11,053	12,583	14,172	20,916

Figure 5. Monthly caseloads and death trend for Bangladesh in 2021 (Source: [DGHS 31/07/21](#))

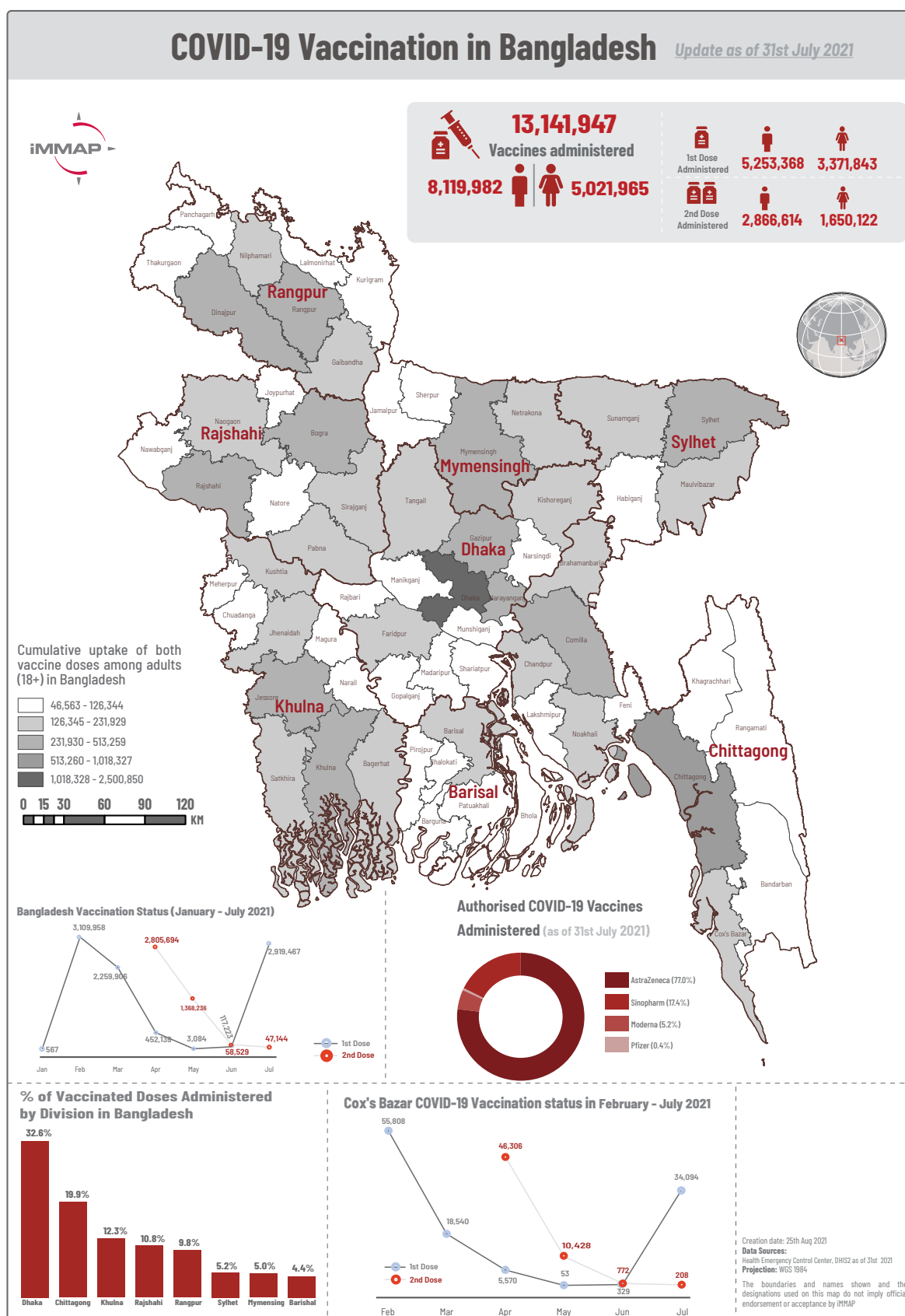


Every surge in caseloads left hospitals and health facilities overwhelmed throughout the period of the pandemic, a shortage of intensive care unit (ICU) beds is reported widespread especially during the second surge in 2021. According to DGHS, as of 01 August 2021, there are 16,338 general beds dedicated to COVID-19 treatment countrywide, 69.69% of which are occupied. It is worth mentioning that 36.8% of the dedicated general beds are in Dhaka city alone. Meanwhile, there are 1,319 dedicated ICU beds in the country, of which 67.7% of them are in Dhaka city, and 87.4% of the ICU beds in the country are occupied. The Barisal division experienced the overall highest general bed occupancy(104%) and the highest ICU occupancy observed in the Sylhet division(95%) followed by Dhaka (91%) and Chattogram (90%) as reported ([WHO 01/08/2021](#)).

Bangladesh government planned for a five-stage vaccination programme targeting 138 million people as the pathway to eradicating the prevalence of the COVID-19

pandemic in Bangladesh ([WHO, 16/02/2021](#)). As per the plan, Health workers, freedom fighters, law enforcement agencies, military and other forces, government officials, journalists, public representatives, employees of city corporations and municipalities, and religious leaders will get the shots initially. More than 17 million people will be inoculated in the two stages of the first phase. In the second phase, another 17 million people will be vaccinated while the rest 103 million in the third and final phase under two stages ([Dhaka Tribune 24/01/2021](#)). Bangladesh initiated its nationwide COVID-19 vaccination on 7 February 2021 and the second dose inoculation started on 8 April 2021. As of 01 August 2021, more than 13 million doses of COVID-19 vaccines were administered, whilst 9,108,144 people received the first dose, and 4,351,667 completed their two doses. A total of 5,527,672 (61%) males and 3,580,472 (39%) females received their first dose of vaccine, while 2,772,301 (64%) males and 1,579,366 (36%) females received their second doses of vaccine ([WHO 01/08/2021](#)).

Figure 6. Vaccination map of Bangladesh (Source: [DGHS 31/07/2021](#))



Bangladesh faced a shortage of vaccines as a result of India's vaccine exports, Bangladesh faced a shortage and as a result was constrained to temporarily halt its vaccination campaign for the administration of first doses. Bangladesh received 9 million doses of Oxford/AstraZeneca (COVISHIELD) vaccines before the pause. The COVID-19 first dose vaccination and registration in the "SUROKKHA" web portal had to remain temporarily suspended from 26 April 2021 ([WHO 26/04/2021](#)). Later, Bangladesh received 781,320 Oxford-AstraZeneca doses from Japan under the COVAX Facility scheme on 31 July 2021. The total AstraZeneca doses received from Japan as of 31 July 2021 is 1,026,520. Additional 616,780 doses of AstraZeneca is to be delivered to the country on 03 August from Japan. A total of 10,119,892 doses of Oxford/AstraZeneca (COVISHIELD) vaccine were administered,

with 5,820,033 population receiving their first dose and 4,299,859 receiving the second dose. Sinopharm vaccine (BIBP) vaccination has been continuously administered from all the Upazila Health Complex vaccination centres in the whole country. As of 01 August 2021, a total of 2,473,631 people received their first dose and 25,593 completed their two-dose schedule. Moderna vaccination has been continuously administered from all the selected vaccination centres in all the City Corporations in the whole country since 13 July 2021. As of 01 August 2021, a total of 764 225 people received their first dose. Pfizer-BioNTech vaccination has been continuously administered from 7 selected centres in Dhaka North and South City Corporations. As of 01 August 2021, a total of 50,255 people received their 1st jab, and 2,250 completed their two-dose schedule ([WHO 01/08/2021](#)).

Epidemic Overview in Cox's Bazar

From the very beginning of the pandemic, Cox's Bazar has been considered as one of the most vulnerable zones for COVID-19 with the largest and most densely populated refugee camps. Having the majority of families sharing one-room shelters, with limited access to WASH services, make containment measures such as social distancing very difficult to implement ([Independent Diplomat 27/07/2020](#)). Although, Cox's Bazar witnessed its first official case of COVID-19 on 24 March 2020 and the first casualty on 24 April 2020 ([WFP 07/09/2020](#)), it was not until 14 May 2020

that the first confirmed case of COVID-19 was reported in the refugee camps ([WHO 12/05/2020](#)). Available data showed an initial rapid increase in host community cases till June 2020, which has since levelled off to a steady rise with a relatively stable number of patients in isolation over the year in 2020. It took much longer for the refugee population case numbers to rise in September 2020 and again settling back to almost none, although the lack of testing makes any comparison difficult ([WHO Sitreps](#)).

The Trajectory of COVID-19 in Cox's Bazar

Figure 7. COVID-19 cases in Cox's Bazar as of 31st July 2021 (Source: WHO 31/07/2021)

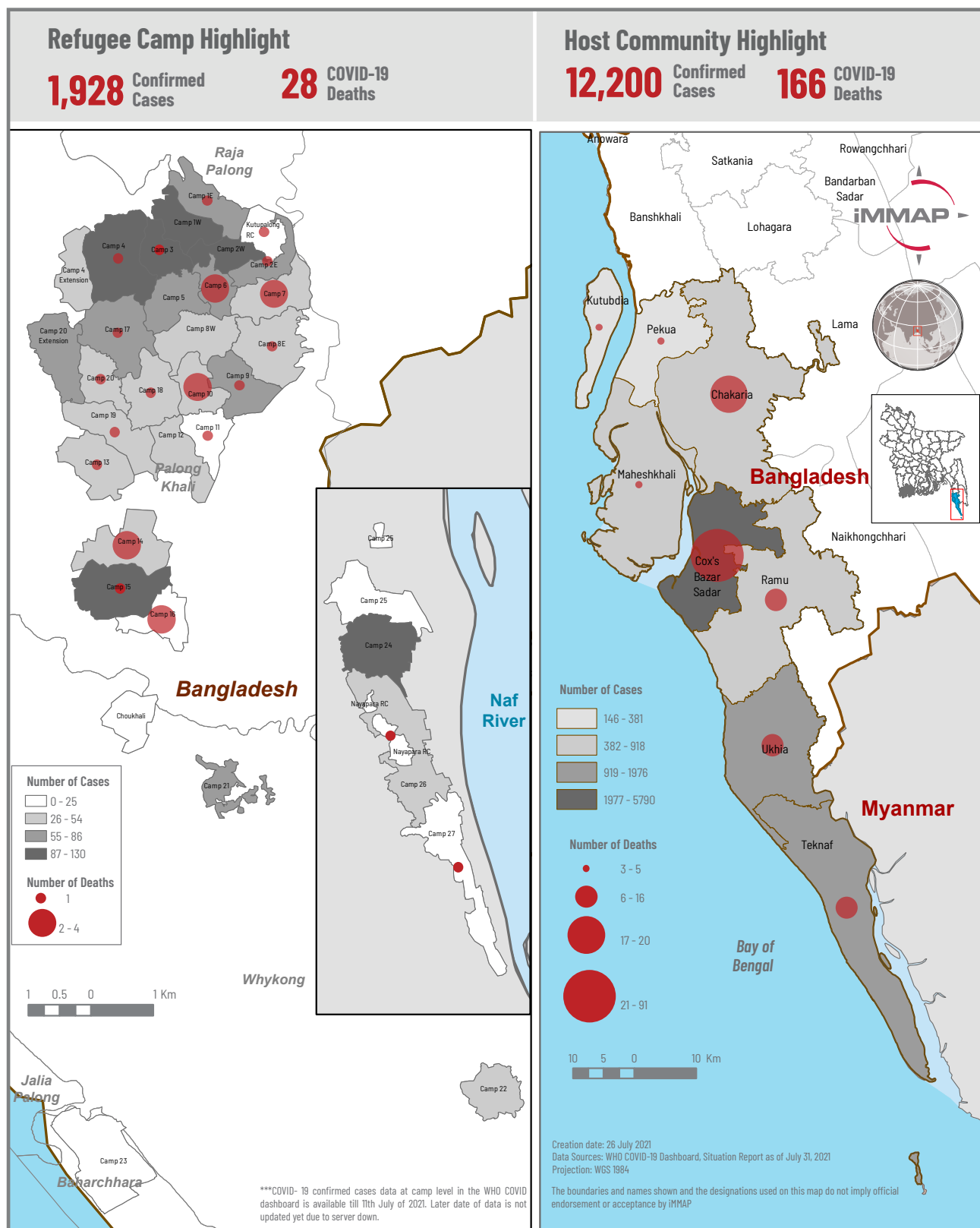


Figure 8. Bi-weekly positive case rate in host community and refugee community (Sources: WHO 01/08/2021, CXB Epidemiological Summary)

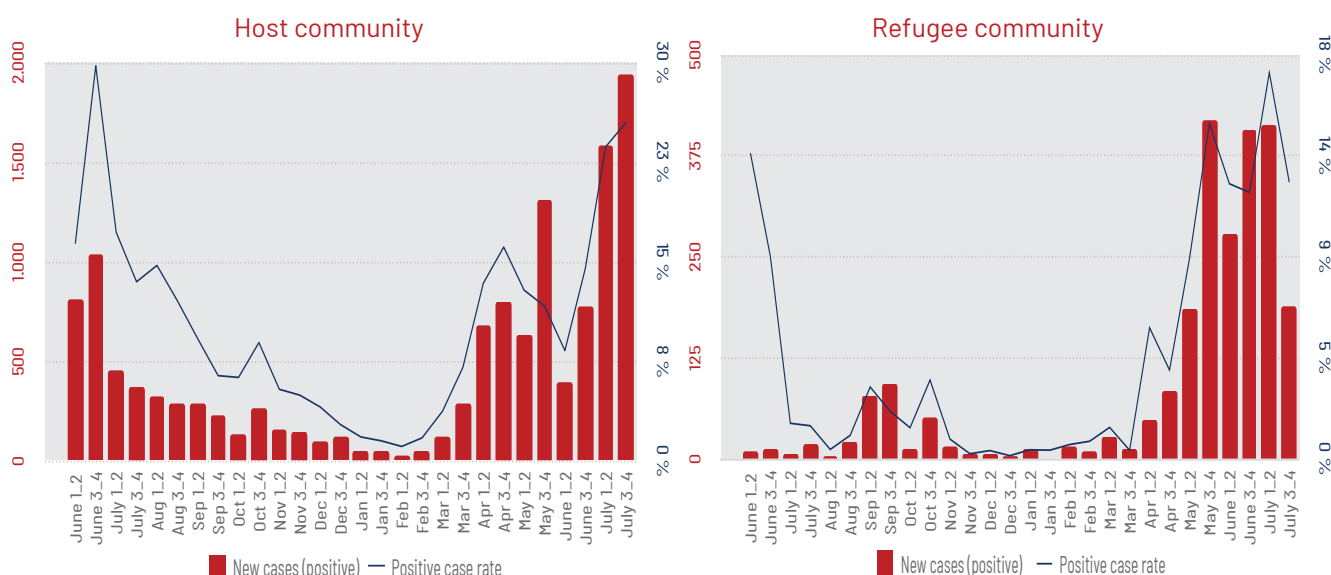
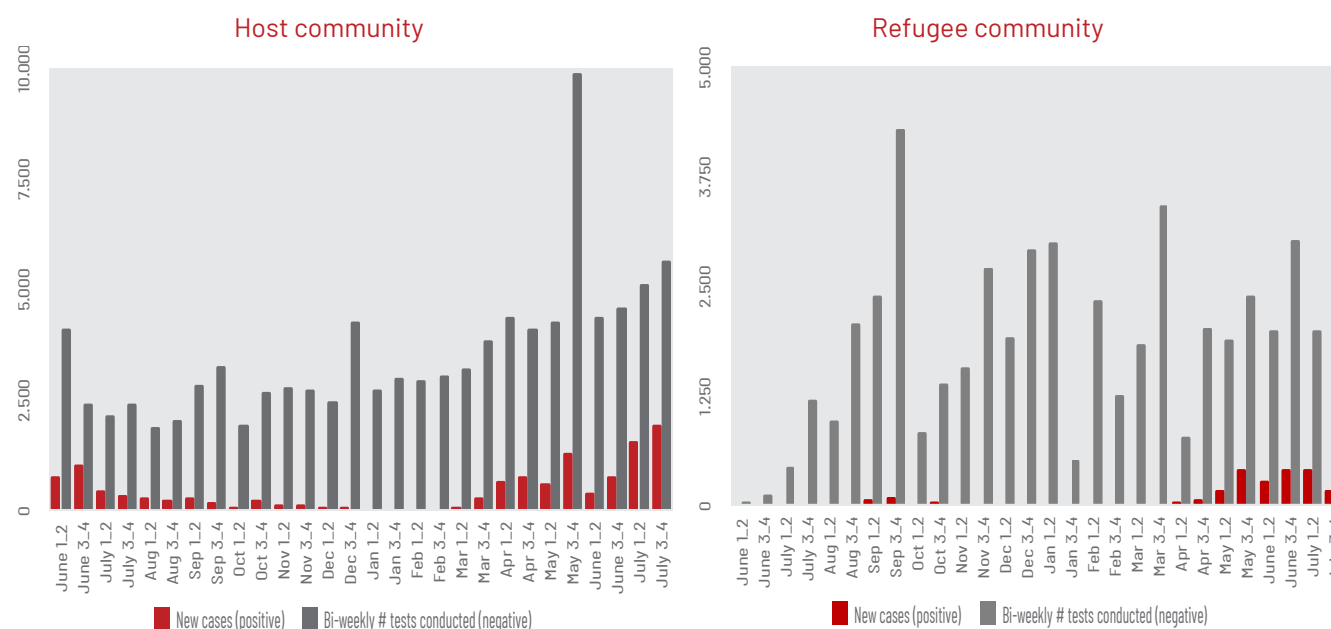


Figure 9. Bi-weekly caseload and death trend in host community and refugee community (Sources: WHO 01/08/2021, CXB Epidemiological Summary Bangladesh Government and WHO)



While an increasing trend in the positive cases among both host and refugee communities was observed in a few weeks in September 2020, the upward trend of deaths following the nationwide surge had not been seen in Cox's Bazar including the refugee camps till April 2021. In April 2021, a considerable increase in bed occupancy was observed, indicating the increased demand for hospitalization due to presentation of severe disease at admission (WHO

28/04/2021). Since May 2021 both caseloads and deaths started to rise with a spike following the nationwide trend. As of 18 July 2021, a total of 12,200 individuals from the host community and 2,475 Rohingya refugees reported COVID-19 positive, while 166 deaths reported from the host community and 28 from Rohingya refugees. The increase in the bed occupancy has still been observed during the period (WHO 05/08/2021, EWARS 01/08/2021)

Along with the countrywide COVID-19 vaccination campaign, vaccination for international humanitarian workers has started in Cox's Bazar. WHO and Health Sector partners continue supporting the Government of Bangladesh (GoB) in the preparation for the COVID-19 vaccination campaign for the Rohingya community, scheduled to start from 10 August 2021. As of 31 July 2021, a total of 114,394 people have received their first dose of vaccination, while 57,714 received their second dose ([DGHS 01/08/2021](#)). COVID-19 vaccination campaign for Rohingya refugees has been planned to commence from 10 August 2021 with the community leaders aged 55 years and above, followed by a population over 55 years on 16 August 2021. The Rohingya frontline volunteers above 18 years have recently been included in the campaign as per the

directive from GoB. As a part of the preparedness, training for Vaccination Site Supervisors, Community Health Worker (CHW) Supervisors and Adverse Events Following Immunization (AEFI) Focal Persons have been completed. In addition, Camp-in-Charges (CiC) were oriented on the COVID-19 Vaccination Campaign for the Rohingya population in camps. Age limit of COVID-19 vaccination registration for Bangladesh nationals was lowered to 25 years as indicated in the "[SUROKKHA](#)" web portal. In relation to this, the first phase of data collection for COVID-19 vaccination registration for national humanitarian workers in Cox's Bazar aged 18-34 years is complete. Around 7000 workers are expected to be registered in this process to the national database ([WHO 05/08/2021](#))

COVID-19 CONTAINMENT MEASURES

Containment Measures in National Level

The current (third) wave of COVID-19 has proved to be the deadliest in Bangladesh. The death count continues to climb, with confirmed cases having surpassed 1 million ([WHO, 2021](#)). Nearly 14,000 new COVID-19 cases were registered on 12 July 2021, almost double the daily number recorded at the peak of a second wave in April. Since the first cases of COVID-19 confirmed in Bangladesh on 08 March ([Reuters 08/03/2020](#)), the country has gone through a general holiday, closed down offices, shops, transports, imposed restrictions on public movements several times and then reopened everything after a certain period of time. Simultaneously, other measures in place include easing the access to COVID-19 testing process, isolation of infected cases, contact tracing and quarantine, strict enforcement of the international travel COVID-19 containment protocols such as making COVID-19 certificates compulsory for travelers and fining airlines that do not comply with COVID-19 containment protocols ([Dhaka Tribune 16/12/2020](#)). Temperature screening at most of the entry points ([WHO 22/02/2021](#)), and "No Mask, No Service" have also contributed to curb the spread of COVID-19. However, many people are still reluctant to follow the basic health guidelines and wear masks in public places. To stem the latest COVID-19 outbreak, the government this year initiated imposing fines on health guideline violations and launching movement passes allowing individuals to stay on roads not more than three hours per day ([UNB 15/04/2021](#)). Shop owners and traders staged protests demanding the reopening of businesses during the first days of the April lockdown. Other shops opened during the lockdown breaching the government imposed restrictions ([Dhaka Tribune 05/04/2021](#), [UNB](#)

25/04/2021). Meanwhile, Bangladesh closed the border with India till 30 June 2021 to restrain the outbreak of the Indian variant ([Dhaka Tribune 25/04/2021](#), [Dhaka Tribune 30/05/2021](#)).

Educational facilities have been closed since March 2020. As of February 2021, there was no announcement on schools reopening owing to the need to further monitor the evolving COVID-19 situation ([Dhaka Tribune 23/02/2021](#)). In August, 2020, the government allowed the Qawmi Madrasas to reopen with special consideration ([Dhaka Tribune 3/02/2021](#)). But amid the growing COVID-19 cases in April 2021, the government closed all Qawmi and other madrasas until further notice. The school closure has resulted in approximately one million teachers and staff being unable to earn their salaries, according to the claim of the National Committee for the Protection of Kindergartens and Equivalent Schools. In February 2021, several university students protested the resumption of educational activities ([UNB 30/03/2021](#)).

The most strict lockdown started nationwide from 28 June 2021, when the Bangladesh government announced a complete nationwide seven-day shutdown to curb the rate of COVID-19 transmission escalating at that time. All economic activities, vehicular movement and public gatherings were temporarily closed/banned except for emergency services. Members of the army and the Border Guard Bangladesh (BGB) along with the police were deployed to ensure proper enforcement of the lockdown ([Dhaka Tribune 30/06/2021](#)).

Containment Measures in Cox's Bazar

Even though the COVID-19 containment measures at the national level are being adapted locally at the district level in Cox's Bazar, slowing down the spread of the deadly virus in the complex setting has been a challenge since the onset of the pandemic. The containment measures effectively prevented the majority of aid workers from accessing the camps - roadblocks stopped an estimated 80% of aid workers from entering and leaving the district ([Independent Diplomat](#) 27/07/2020). From April 2020, humanitarian operations were limited to those identified as "critical services and assistance" ([RRRC](#) 08/04/2020). "Non-essential" interventions including activities such as health education and community mobilization for Tuberculosis (TB) awareness have been scaled down or suspended, ([WHO](#) 26/08/2020). Restrictions also reduced the provision of humanitarian services. For example, food distributions were changed from bi-monthly to once a month to reduce contact time with beneficiaries ([IOM](#) 22/07/2020). Later, the list of "essential" interventions was expanded after a revised version of the protocols was issued in July (Interview Site Management 15/11/2020). Since then, humanitarian access into the camps has improved with the restart of suspended activities. Humanitarian operations are required to follow preventative measures, including social distancing, handwashing, and personal protective equipment.

The continued screening of passengers and pedestrians at points of entry (POE) to the camps has been another critical step. 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 disseminated information about COVID-19 to over 700 women and adolescent girls in both the camps and nearby host community through COVID-19

awareness sessions in the district ([IOM](#) 03/11/2020).

Responding to the increasing number of cases among the host community and refugee camps this year, the Government of Bangladesh and the Office of the Refugee Relief and Repatriation Commissioner (RRRC) in Cox's Bazar restored imposing movement restrictions and other mitigation measures in district and camp areas. All tourist activities remained closed in the district as per the government directions. Organizations were asked to maintain strict protocols such as physical distancing, hand washing, and the use of masks. Following an upsurge in COVID-19 cases in May, 2021, the local authorities imposed a strict lockdown in five Rohingya refugee camps in the Teknaf and Ukhiya sub-districts in Cox's Bazar. Preparations for the vaccination campaign for over 900,000 Rohingyas living in the camps are ongoing, but a launch date has yet to be confirmed ([IOM](#) 15/06/2021).

Meanwhile, humanitarian actors are continuing to help in the detection of COVID-19 cases, provide COVID-19 hygiene education, and refer patients with fever to local health facilities for medical treatment. A camp-wide dedicated Contact Tracing (CT) network with 34 supervisors and 311 volunteers was embedded in October in the Rapid Investigation and Response Teams (RIRTs) for mitigation of the transmission of COVID-19. Following the Government and Health Sector's recommendations this May, capacity of two severe acute respiratory infections treatment centres of IOM inside the refugee camps scaled up from 120 beds to 173. A quarantine facility with 93 shelters for contacts of COVID-19 cases has also recently been established by the IOM within the camps. This facility, which offers food, health check-ups, and referrals to other support services, has so far quarantined 114 contacts ([IOM](#) 15/06/2021).

HUMANITARIAN INFORMATION AND COMMUNICATION

Information Channels and Means

Humanitarian Information delivery channels and methods have continued to evolve in Cox's Bazar from the early periods of the COVID-19 pandemic between March to May 2020. In the first three months following government-imposed lockdowns, there were strict movement restrictions, lack of access to the internet in refugee camps, and overall limited humanitarian footprint in Cox's Bazar (with exemption of essential intervention and services such health, food security, nutrition and WASH activities), and these sudden changes created distrust amongst communities, including the spread of misinformation and rumors ([iMMAP](#) 30/09/2020). The information and communication space improved remarkably from September 2020 to December 2020 after the Bangladesh government started easing some of the movements' restrictions, allowing humanitarian access in July 2020. This access improvement allowed UN agencies and NGO organisations who were innovating on new ways to optimize COVID-19 communications, awareness, and messaging, aiming to rebuild Rohingya and host community trust. Improved internet connectivity in the Rohingya camps and the Alapon helpline also helped in facilitating information sharing using different communication modalities as well as existing technologies such as radio and television ([ISCG](#), [Care](#), [Oxfam](#), [UN Women](#), and [ACAPS](#) 14/10/2020).

The restart of humanitarian intervention under the strict COVID-19 protocols in the last quarter of 2020 helped in boosting 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 ([ISCG](#) 18/10/20, [WHO](#) 07/10/2020, [WHO](#) 14/10/2020, [BRCS](#) 09/12/2020). The awareness sessions were supported with video and audio material created

in Bangla and helpline mobile numbers and health web portals. The DGHS and Institute of Epidemiology, Disease Control and Research (IEDCR) established hotline numbers for phone consultations with doctors ([NIRAPAD](#) 10/01/2021, [WHO](#) 02/03/2021). The Emergency Telecommunication Sector (ETS) provided data connectivity, which enabled access to e-voucher outlets, logistic and residential hubs, and severe acute respiratory infection treatment centers. Community Outreach Members (COMs) from the refugee communities also continuously provided messaging and information dissemination ([WFP](#) 21/12/2020, [UNHCR](#) 14/12/2020).

To aid communication with communities in response to COVID-related emergency needs, counter-trafficking comic pocketbooks, flyers, and posters on COVID-19 and human trafficking were provided to refugees and host communities ([ISCG](#) 13/01/2021). Toll-free national helpline service (Alapon) has been expanded to include the Rohingya camps in early 2021 for young people aged 10 to 24 and their parents who want to ask questions and get psychosocial support from expert counselors ([UNFPA](#) 13/02/2021, [WHO](#) 12/04/2021, [UNHCR](#) 18/03/2021). Humanitarian agencies have continued to broadcast essential messages about the COVID-19 pandemic and its prevention measures to the Rohingya displaced population and host populations in English, Bangla, and Burmese radio broadcasts, videos, and posters ([WHO](#) 02/03/2021). Other COVID-19 communication and engagement needs such as vaccination registration have been enabled through the [national web portal](#) adopted for receiving COVID-19 immunization registration. Humanitarian agencies are also using social media platforms utilizing their strong outreach to deliver risk communication messaging and community engagement ([UNCT](#) 23/03/2021). UN agencies like WHO and UNICEF are also supporting the sustenance of regular radio broadcasts to Bangladesh Betar and community radio ([WHO](#) 10/06/2021).

Information Challenges

The communication preference of the Rohingya community and host population in Cox's Bazar requires that different communication and engagement approaches need to be adopted to meet their varying information needs. For instance, the Rohingya community prefers information provided directly by people (door-to-door visits, loudspeaker announcements, informal discussions, and

public meetings were all considered trustworthy means of receiving information), while the news broadcast on television and other forms of communication technology is seen as reliable by the host communities ([ISCG Gender Hub](#) 14/10/2020, [ISCG](#) 18/10/20). Communication and information sharing challenges in Cox's Bazar also vary spatially depending on the community, infrastructure, and

unique government imposed access restriction in each location ([J-MSNA 12/11/2020](#)). Language and poor mobile connections have been identified as some of the main barriers to accessing information at the Rohingya camp ([ISCG, Care, Oxfam, UN Women and ACAPS 14/10/2020](#), [ISCG 18/10/20](#)).

Access to information may be restricted, and humanitarian assistance may be denied to those with disabilities. People with disabilities (PWD) were recognized as a group who struggled to obtain health information. More than three-quarters (84%) of people with disabilities had no idea where to go to access health services, and 58% had no idea what COVID-19 was ([ISCG, Care, Oxfam, UN Women and ACAPS 14/10/2020](#)). PwD and the elderly in the camps are less knowledgeable about COVID-19 prevention hygiene and social measures. Even before the epidemic, PwD and older people in the camps had limited access to the media and awareness-raising campaigns, making it difficult for them to properly comprehend the information supplied by the humanitarian response. They were less aware of COVID-19 preventative hygiene/social measures when the pandemic hit ([ACAPS 08/02/2021](#), [WASH Sector, ISCG, and ADWG 05/2020](#)).

Report from [ACAPS](#) indicates that the number of disabled women and girls in the camps risks being underreported due to barriers to adequate representation, potential caregiver neglect, social barriers that affect female mobility among the Rohingya, and social and physical barriers that PwD and older people face ([ACAPS 08/02/2021](#)). People living with disabilities from the Rohingya and host communities also face unique challenges accessing information and

this can be worsened by lack of disability sensitive data, and overall impeded humanitarian access which further complicates the communication channels, leading to exacerbation of the barriers to access aid and the lack of dignified inclusion for disabled people ([REACH 20/05/2021](#)).

Misinformation and rumors have been identified as important information communication issues from the start of the COVID-19 pandemic. Information recipients remain targeted to a range of COVID-19-related misinformation and rumors from both the host communities and the Rohingya community ([ISCG, Care, Oxfam, UN Women and ACAPS 14/10/2020](#), [ISCG 02/10/2020](#)). Public acceptance of the COVID-19 vaccines and their adherence to health safety measures is being harmed by misinformation and the spread of rumors ([Climate and Development Knowledge Network 28/01/2021](#), [Dhaka Tribune 13/03/2021](#)).

According to a recent [UNCT](#) online poll, the transmission of COVID-19-related disinformation and rumors has decreased, but the spread of misleading vaccination information has increased and misinformation and rumors are still among some of the most major challenges in combating the spread of the COVID-19 pandemic. Reports indicate, most refugee and host communities of Cox's Bazar who had COVID-19 symptoms did not want to get tested for COVID-19 due to misinformation and rumors about the virus: fear of being isolated, stigmatized, and deported. Some people believe that compared to other countries like the United States and Brazil, Bangladesh has not been hit hard by the virus, which has led to people underestimating its dangers ([GURD 01/04/2021](#), [Al Jazeera 01/04/2021](#)).

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 xx.

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 31 July 2021 were used).

Figure 10. IMMAP/DFS Secondary Data Analysis Framework – Sectoral Analysis

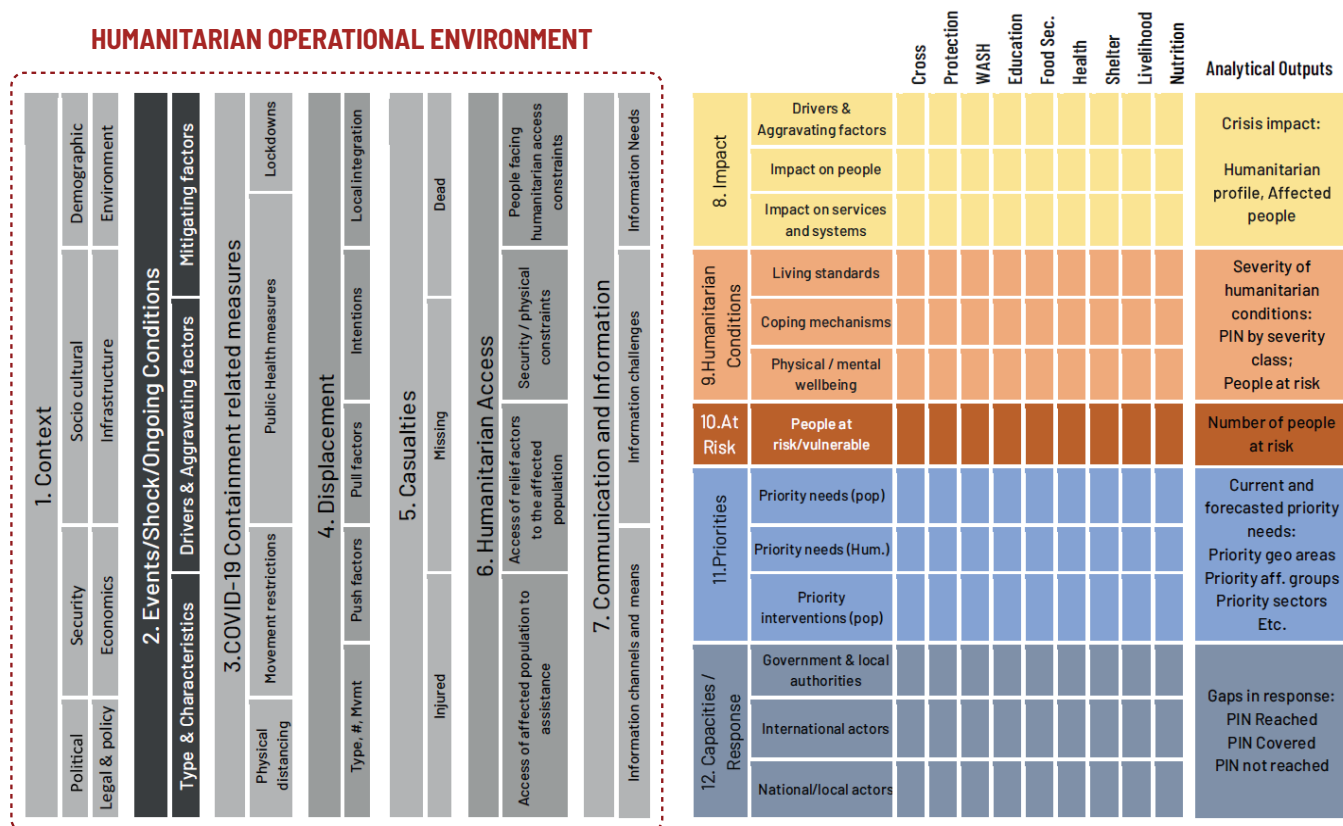


Figure 11. Documents by Location, Timeline, and Primary Categories (Analytical Framework)

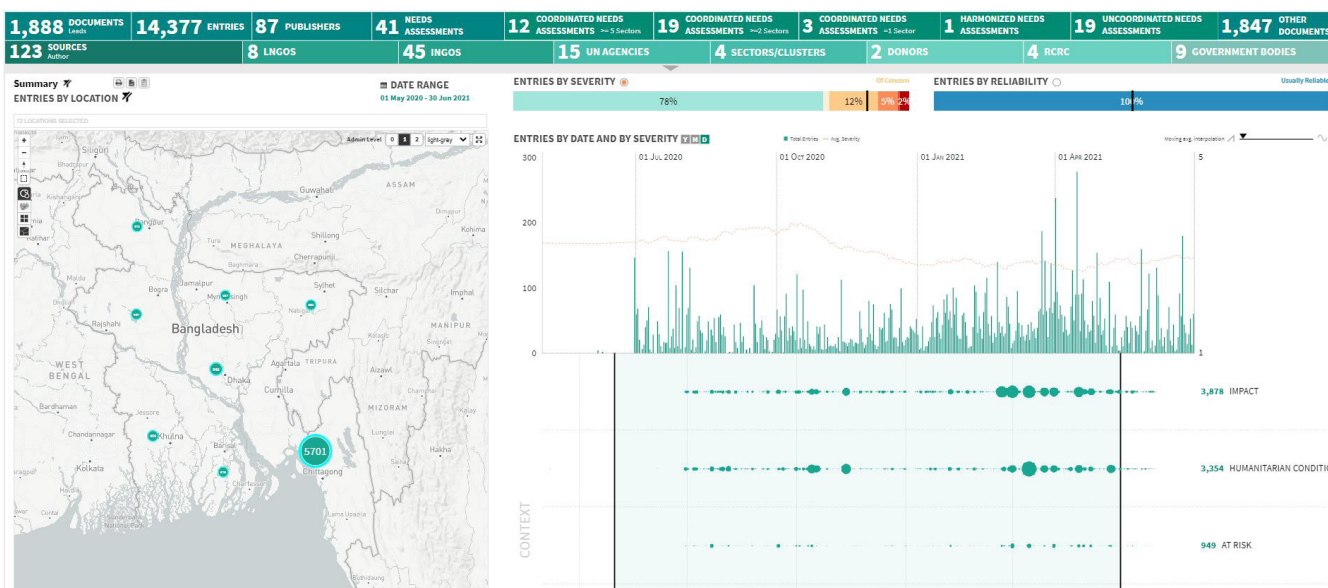


Figure 12. Documents and Entries by Sector and Affected Group

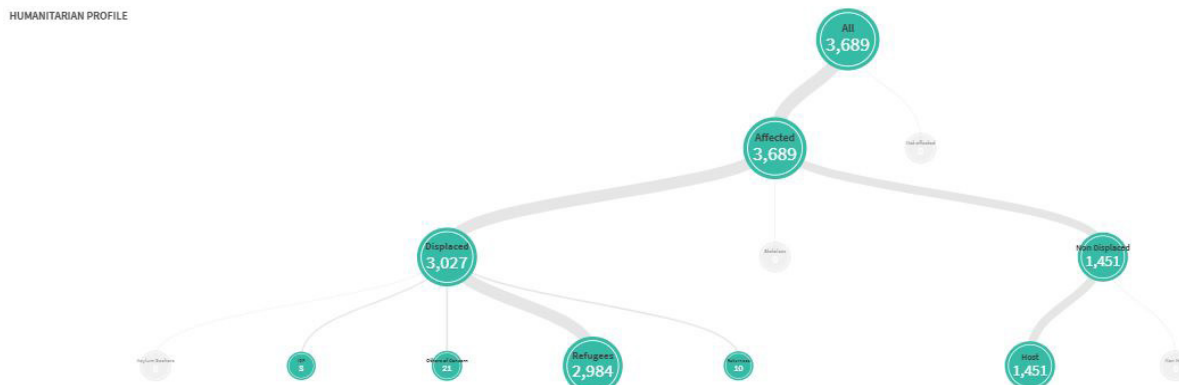
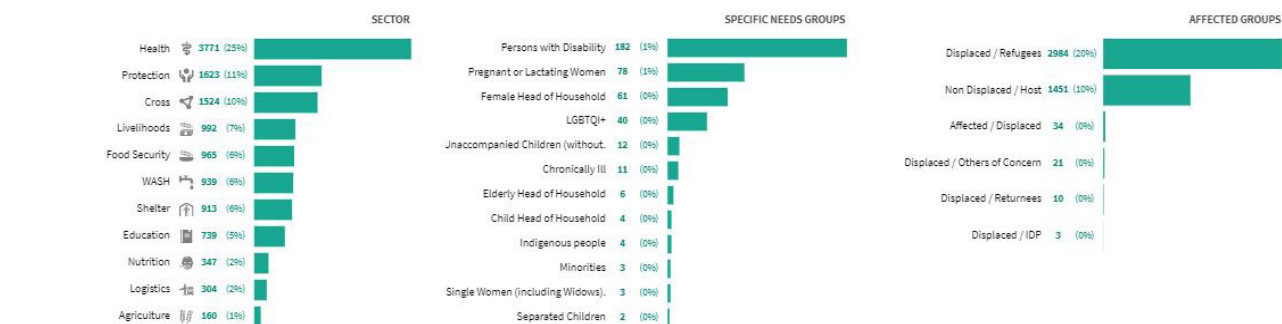


Figure 13. Entries by Sector and sub-Categories (Analytical Framework)

SECTORAL FRAMEWORK		# of Entries	median severity	CROSS	FOOD SECURITY	LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS
TOTAL		8,077		1,367	880	947	3,557	280	824	851	666	1,392	121	261
IMPACT 3,307	Drivers/Aggravating Factors	1155												
	Impact on People	1773												
	Impact on System & Services	1322												
	Number of People Affected	140												
HUMANITARIAN CONDITION 2,560	Living Standards	1186												
	Coping Mechanisms	356												
	Physical & mental wellbeing	1446												
	Number of People in Need	30												
AT RISK 778	People at risk / Vulnerable	778												
PRIORITIES 1,134	Priority Needs (Pop)	131												
	Priority Needs (Staff)	169												
	Priority Interventions (Pop)	62												
	Priority Interventions (Staff)	792												
CAPACITIES & RESPONSE 116	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 14. 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"> • Analysis Framework • Analysis Canvas • Data sharing agreements • Report template 	<ul style="list-style-type: none"> • SDR folder • Naming convention 	<ul style="list-style-type: none"> • DEEP (SDAF) • DEEP (Assessment registry) • Coding scheme 	<ul style="list-style-type: none"> • Interpretation sheet 	<ul style="list-style-type: none"> • Revised report template • Analytical writing guidance • Lessons learnt template



THANK YOU.



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