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COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



BANGLADESH

JANUARY 2021

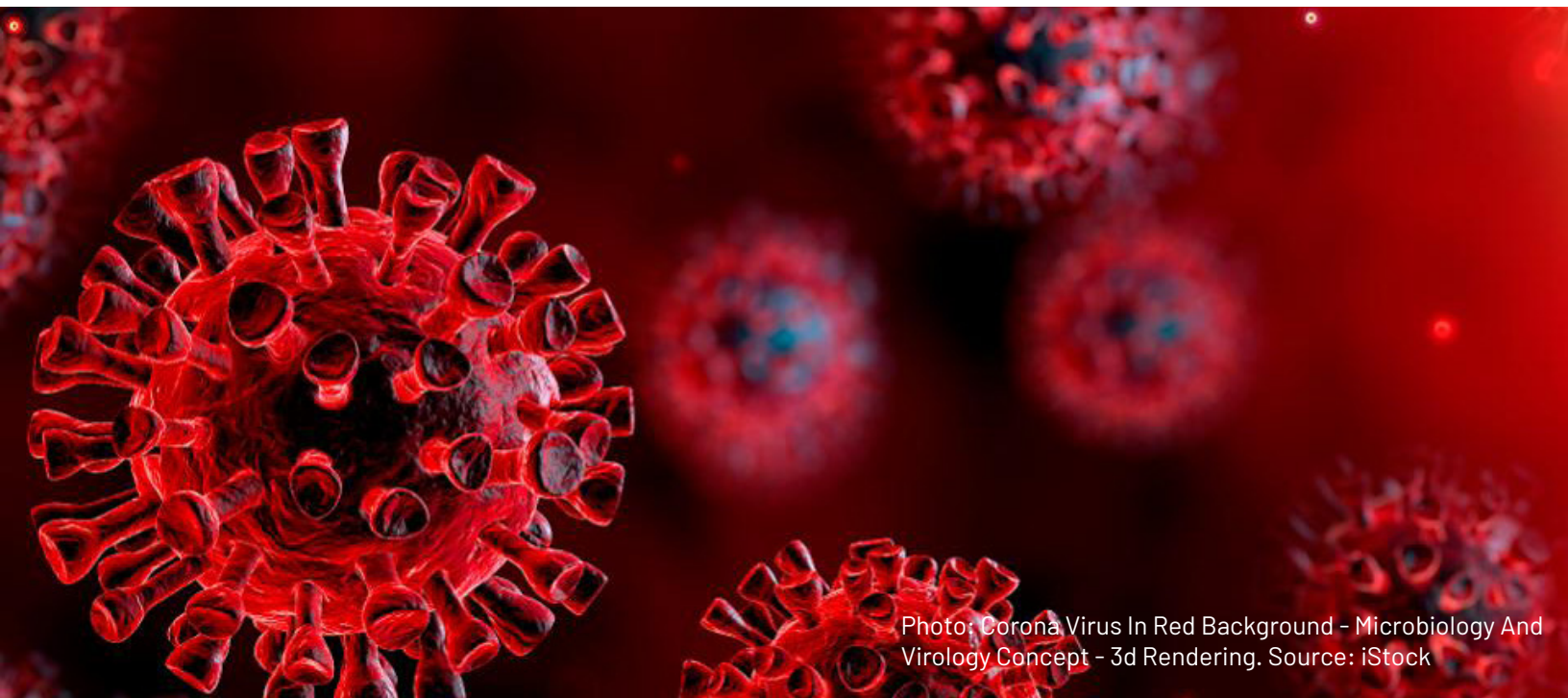


Photo: Corona Virus In Red Background - Microbiology And Virology Concept - 3d Rendering. Source: iStock

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 11 March 2020.

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

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

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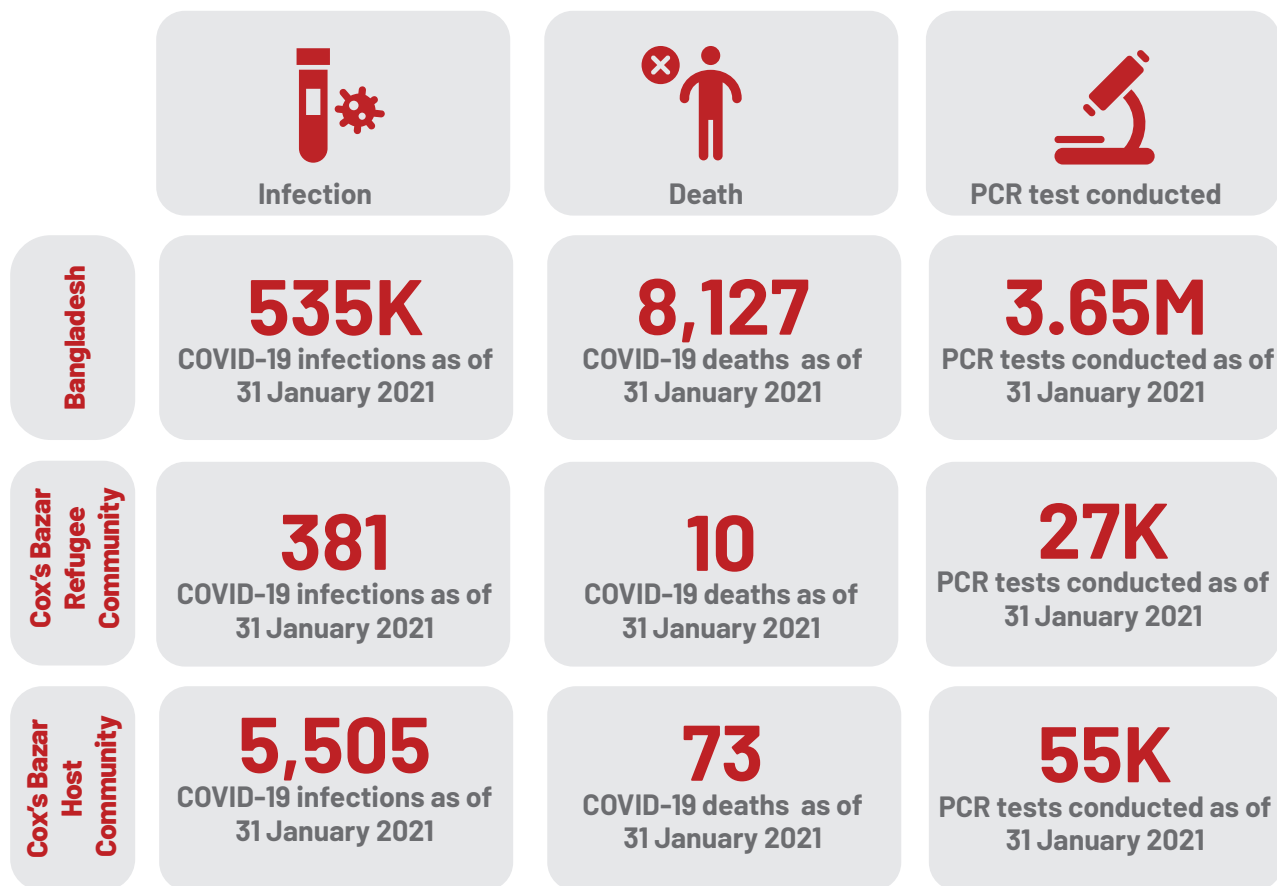
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EXECUTIVE SUMMARY / HIGHLIGHTS

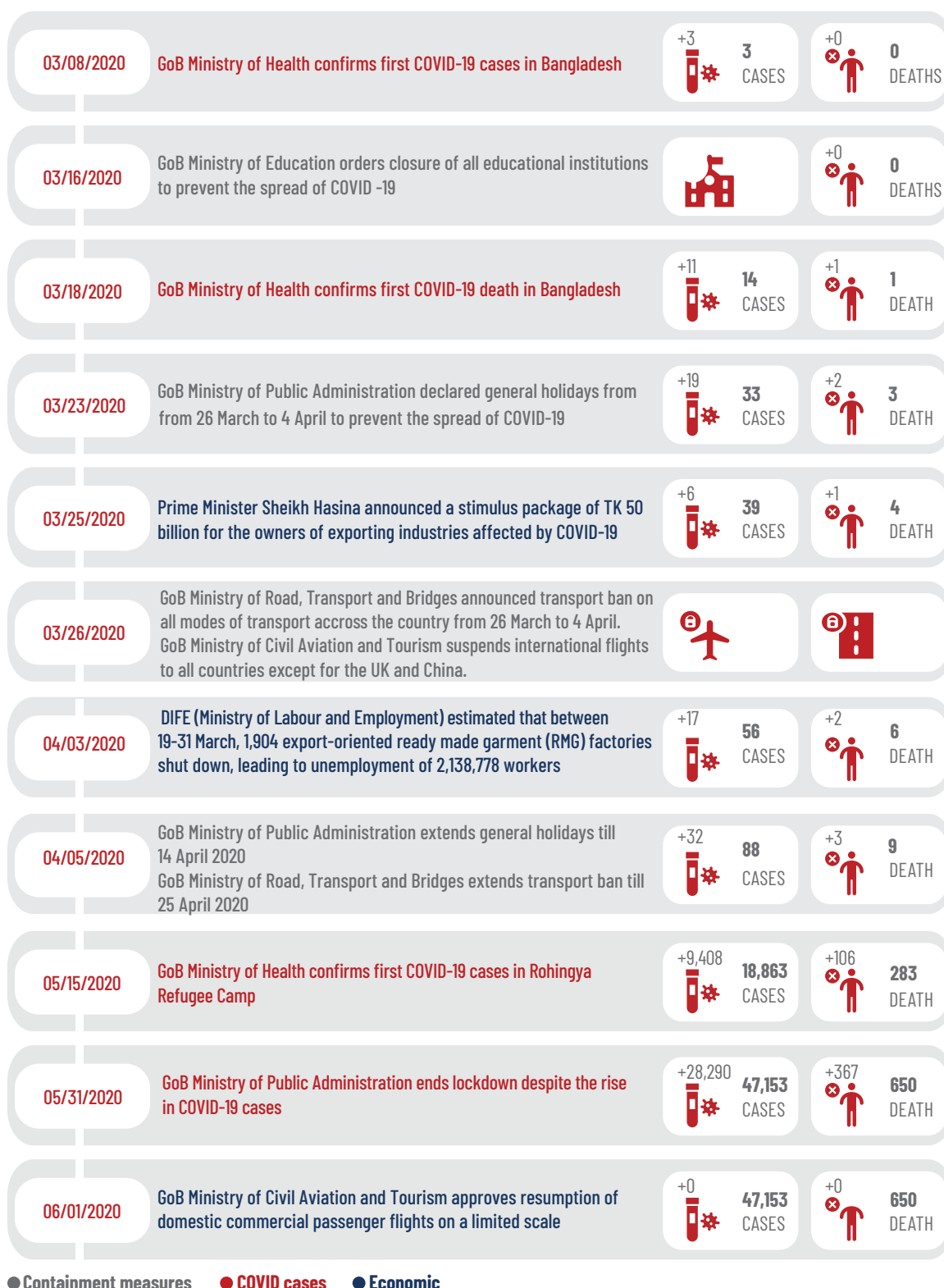
Figure 1. COVID-19 data summary for Bangladesh (Source: [WHO sitreps](#) and [HEOC & Control Room, IEDCR, DHIS2](#))

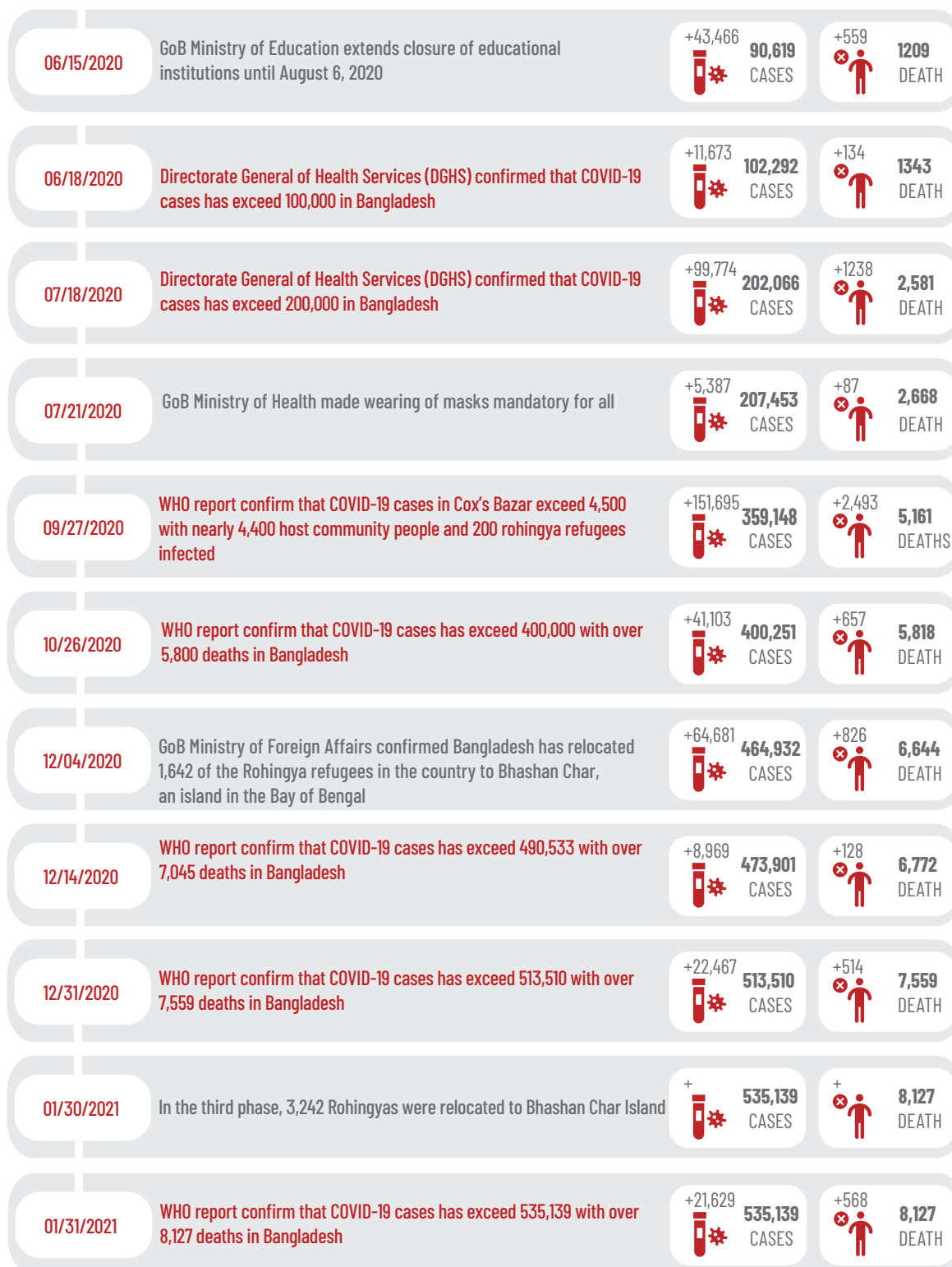


COVID-19 infection rates across Bangladesh decreased significantly in January, with 21,626 new cases (down from 48,578 in December). The majority of national COVID-19 containment measures have been rescinded and compliance with those measures that remain in place (such as wearing of face-masks in public) is weak. The government has pushed a public information and enforcement campaign “no mask no service” but with limited success. Nationally the largest remaining restriction is on education as schools and education establishments remain closed.

The situation in Cox’s Bazar is similar to the national picture with an overall decrease in total caseload (although there was a small increase within the Rohingya population). However, COVID-19 related restrictions for humanitarian activities have been maintained in Cox’s Bazar camps. To restrict the spread of COVID-19 organizations are still expected to obey strict protocols including physical distancing, hand-washing, and mask-wearing

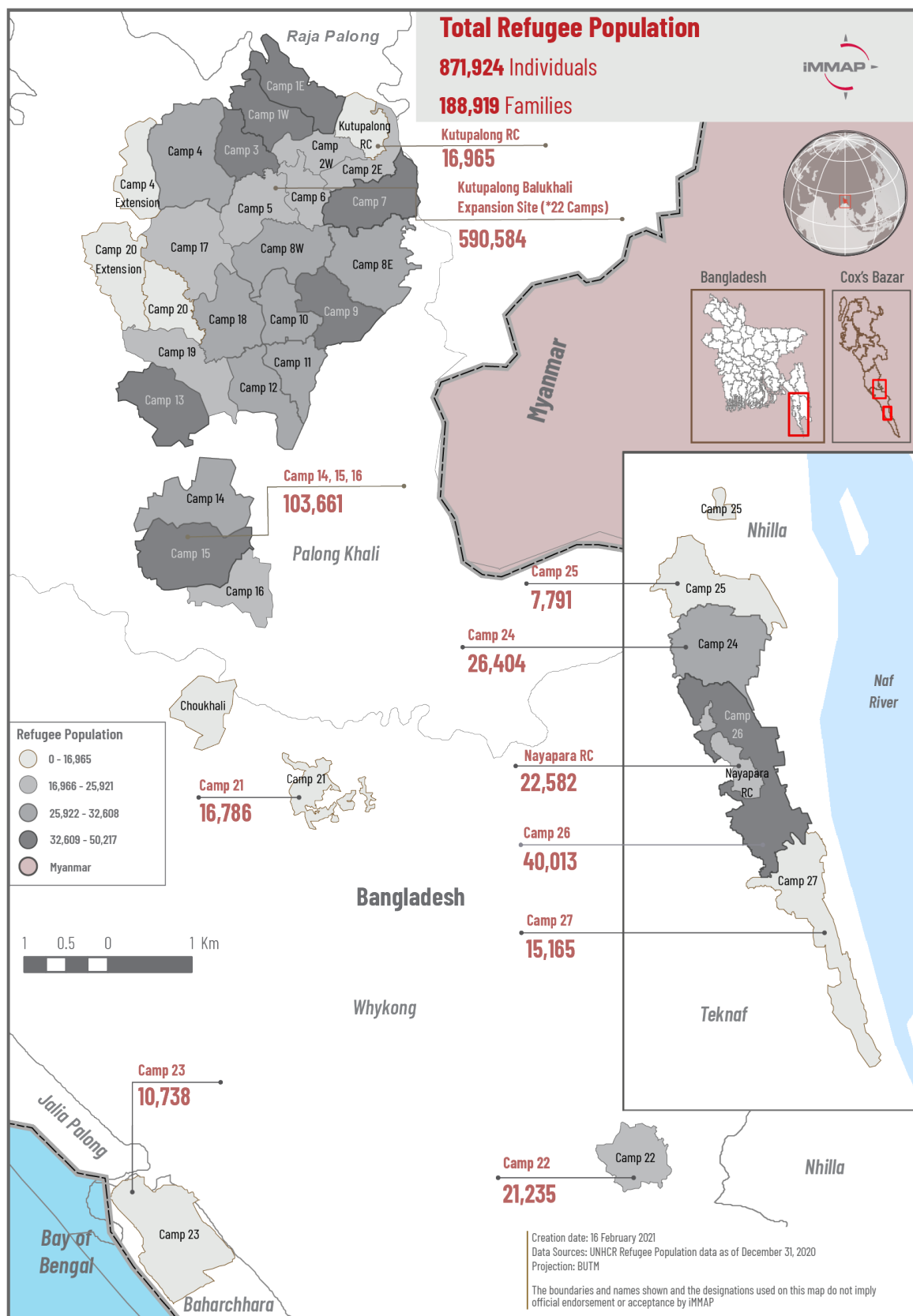
- While COVID-19 containment measures have been mostly rescinded there are still restrictions on humanitarian activities as a mitigative measure to prevent the spread of COVID-19.
- Relocation of Rohingya refugees to Bhashan Char (a remote island in the Bay of Bengal) continues. Officials stated that only refugees who are willing to go will be moved and that relocations are needed to alleviate overcrowding. Humanitarian agencies & partners continued to identify protection concerns for advocacy and response including family separation, vulnerable refugees in need of medical attention, and custody and registration issues.
- Recent analysis highlights that Gender Based Violence is a major issue for the Rohingya community where one in four of the women and girls screened in Cox’s Bazar is a GBV survivor.
- Global Acute Malnutrition rates within the camps are high, but well below emergency thresholds, chronic malnutrition is widespread. Data indicates that the situation has not changed dramatically since the previous survey in later 2019. This would suggest that COVID-19 has not had a significant impact on malnutrition within the camps.
- Schools remain closed. Access to distance learning remains challenging for refugee children and children from the host community’s poorer families.
- Community feedback indicates that the opportunities to generate cash (including activities such as the informal economy and work through humanitarian programs) have been slow to recover and this is driving households to sell food aid.

Figure 2. Timeline of Major Events



● Containment measures ● COVID cases ● Economic

Figure 3. Refugee Population by Camp (Source: [UNHCR](#), 31/01/2021)



CONTEXT - ECONOMIC

Socio-economic Impact and Poverty Level in Bangladesh

COVID-19 has caused a negative impact on the economy and resulted in further decline of the economic growth of Bangladesh despite the rebounding in later part of 2020. There has been a partial recovery in trade & remittances as the lockdown was lifted and relatively relaxed containment measures in place. Bangladesh, considered as the fastest growing economy of the South Asian region, 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, the growth is projected to be 5.1% in the 2020-2021 fiscal year and 7.6% in 2021-2022. According to the government announcement, Bangladesh achieved 5.2% growth in the 2019-2020 fiscal year while the World Bank estimated the economic growth at only 2% and the International Monetary Fund (IMF) at 3.8%. Export earnings witnessed a growth of 2.54% side by side the foreign currency reserves reached a record height of \$43 billion, which was \$39.31 billion in September 30, 2020. The annual average inflation rate reached 5.69% in September 2020 ([Dhaka Tribune](#) 20/01/2021).

Despite success in the macroeconomy, at the micro level it is the most vulnerable that including low income communities, slum dwellers, day laborers, migrant workers and the elderly, who have been hit hardest by the crisis. Women 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 could severely limit their lifetime earnings and increase their chances of ending up in poverty ([UNDESA](#) 25/01/2021).

Government Fiscal and Monetary Policy

The Government has been implementing various short, mid-term and long-term plans giving priority on attaining high growth, maintaining macroeconomic stability. The statements coming from the Government showed that the overall public expenditure in the FY20 stood at Tk4,15,548 crore [USD. 52 Billions], which is 6.03% higher than the previous fiscal year (FY19). To offset the shock from Covid-19, the government has so far rolled out some 23 stimulus packages involving a total sum of Tk1,24,053 crore [USD. 15.5 Billions], which is also 4.4% of the country's GDP (Gross Domestic Product). NBR (National Board of Revenue) attaining a revenue collection growth of 4.11%, overall public expenditure reduced by 7.57%, the rate of ADP (Annual Development Programme) implementation reaching 8.2% out of its overall allocation, inward remittance flow witnessing a growth of 48.54% following the incentive on remittance at 2% rate alongside simplifying the remittance sending process has been crucial in the recovering process ([Dhaka Tribune](#) 20/01/2021).

Impacts on Trade and Labor Market

Trade, remittances and investment are expected to pick up in 2021, as much of the global economy moves towards recovery from the widespread lockdown, investment and domestic consumption. As one of the countries in South Asia that are relatively more exposed to global economic conditions, with high share of foreign trade and dependence on remittances, Bangladesh is predicted to enjoy a stronger rebound in 2021. The recovery however, is subject to significant risks. The forecasts assume the effective containment of the virus in the region and the rest of the world, and assume no further lockdowns in 2021, the resurgence of global trade, and the effective continuation of fiscal stimulus and containment efforts. To grow back stronger, countries like Bangladesh may need to redouble their efforts to diversify their economies, while at the same time taking stock of global trends initiated

by the crisis, such as reshoring of global value chains (GVCs) and a decreased appetite for contact-intensive services. Economic diversification is in fact low or minimal in economies like Bangladesh,

with the near single-trade as Ready-Made Garments (RMG) especially exposed to external demand shocks ([UNDESA](#), 25/01/2021).

Figure 4. World Economic Outlook Database for Bangladesh, October 2020 (Source: [IMF, October 2020](#))

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

Employment and Labor Market

The country experienced a significant rise in unemployment among the low-income group, where 90% of the jobs are 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 Ready-Made Garments (RMG) sector, which contributes almost 80% of the country's export, was severely hit by the cancellation of orders worth 3.15 billion USD, resulting in massive layoffs.

A rapid perception survey done 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 loss (77%) compared to those in the agricultural sector (65%). In urban areas, the income drop was 69%, in rural areas it was even higher at 80% ([BRAC](#) 01/09/2020).

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

Cox's Bazar District had a high level of poverty even before the pandemic and has among the lowest development indicators in the country before the 2017 refugee influx. With 17% of people living below the extreme poverty line, compared to the national average of 12.9%, it is one of Bangladesh's poorest and most vulnerable areas (UNICEF, 13/08/2020).

While both the host & refugee community are experiencing direct & indirect economic degradation & vulnerability due to rising unemployment since the very early stages of the pandemic, recent findings coming out from [Refugee Influx Emergency Vulnerability Assessment \(REVA IV\)](#) indicate that vulnerability remains high in the Rohingya camps where the fragile economy is sustained fully by aid. Almost 42% of the Rohingya labor force is unemployed and the majority of work in camps are unstable, making the camp economy highly susceptible to market shocks.

COVID-19 EPIDEMIC OVERVIEW

Epidemic Overview at National Level

Bangladesh is experiencing a continued downward trend in both caseload & deaths since December 2020, which is in contrast to global spike due to the second wave of COVID-19 pandemic. Bangladesh ranks 31st in the world in terms of COVID-19 disease burden. Bangladesh has a total of 535,139 confirmed COVID-19 cases reported since the beginning of the outbreak in the country on 8 March 2020, accounting for 0.52% of the global total cases, as the death toll has risen to 8,127 with a CFR (Case Fatality Rate) of 1.52% ([WHO 31/01/2021](#)).

Meanwhile, Bangladesh launched the COVID-19 vaccination with AstraZeneca-Oxford University vaccine, Covishield manufactured by Serum Institute of India from 27 January 2021. Whilst public health measures such as wearing masks in public and institutional quarantine measures after screening the incoming international passengers remain in place, most of the containment measures still remain relaxed.

Contact tracing capacity at the Institute of Epidemiology, Disease Control and Research (IEDCR) has been further strengthened with a Training of trainers (ToT) supported by WHO and Global Outbreak, Alert and Response Programme (GOARN). As a part of ongoing COVID-19 studies, IEDCR has completed

data collection of FDMN (Forcibly Displaced Myanmar Nationals) seroprevalence study. In addition, IEDCR is collecting data for healthcare worker case-control study in four government COVID-19 hospitals. Data collection of a similar study on healthcare workers will be resumed in several private hospitals soon by icddr,b ([WHO 31/01/2021](#)).

Epidemic Overview in Cox's Bazar

Overall the situation in Cox's Bazar is similar to the national picture with a decreasing caseload. Only 98 new cases were recorded within the host community in January 2021 compared to 227 in December 2020. Amongst the Rohingya, 14 new cases were detected in January, a small increase on the 11 cases recorded in December. Testing rates were slightly lower for both populations in January, but still numbered over five and a half thousand for the host community and over three and half thousand for the refugee population.

Currently the second wave appears to be decreasing although there are still concerns that unidentified cases and the conditions in the refugee camps do pose a risk of a large outbreak. However contact tracing teams are in place and 376 confirmed cases (out of 381 to date) have been investigated by Rapid Investigation and Response teams (RIRTs) by 31 January, with contact tracing activities being conducted and captured through Go.data, including the 1400 contacts to be followed up.

Figure 5. Total tests, COVID-19 cases and deaths for Bangladesh (Source: [WHO situation reports](#))

Bangladesh	-28Sep	-02Nov	-30Nov	-31Dec	-31Jan
Total # of tests conducted	1,921,382	2,361,702	277,2701	3,227,598	3,651,722
Total confirmed cases	360,555	410,988	464,932	513,510	535,139
Total deaths due to COVID19-	5,193	5,966	6,644	7,559	8,127
Tests this month	371,179	440,320	410,999	454,897	424,124
Cases this month	47,559	50,433	53,944	48,578	21,629
Deaths this month	912	773	678	915	568

In addition in Cox's Bazar, a seroprevalence study aims to ascertain the population-level exposure to SARS-

CoV-2 across the Rohingya refugee camps. Sample collection and data collection took place between 2-30

December 2020 and the results will inform necessary public health action in the field and provide lessons for similar contexts ([WHO](#) 02/02/2021, 19/01/2020).

The Trajectory of COVID-19 in Cox's Bazar

Figure 6. COVID-19 Cases in Cox's Bazar as of 31 January 2021 (Source: [WHO](#) 31/01/2021)

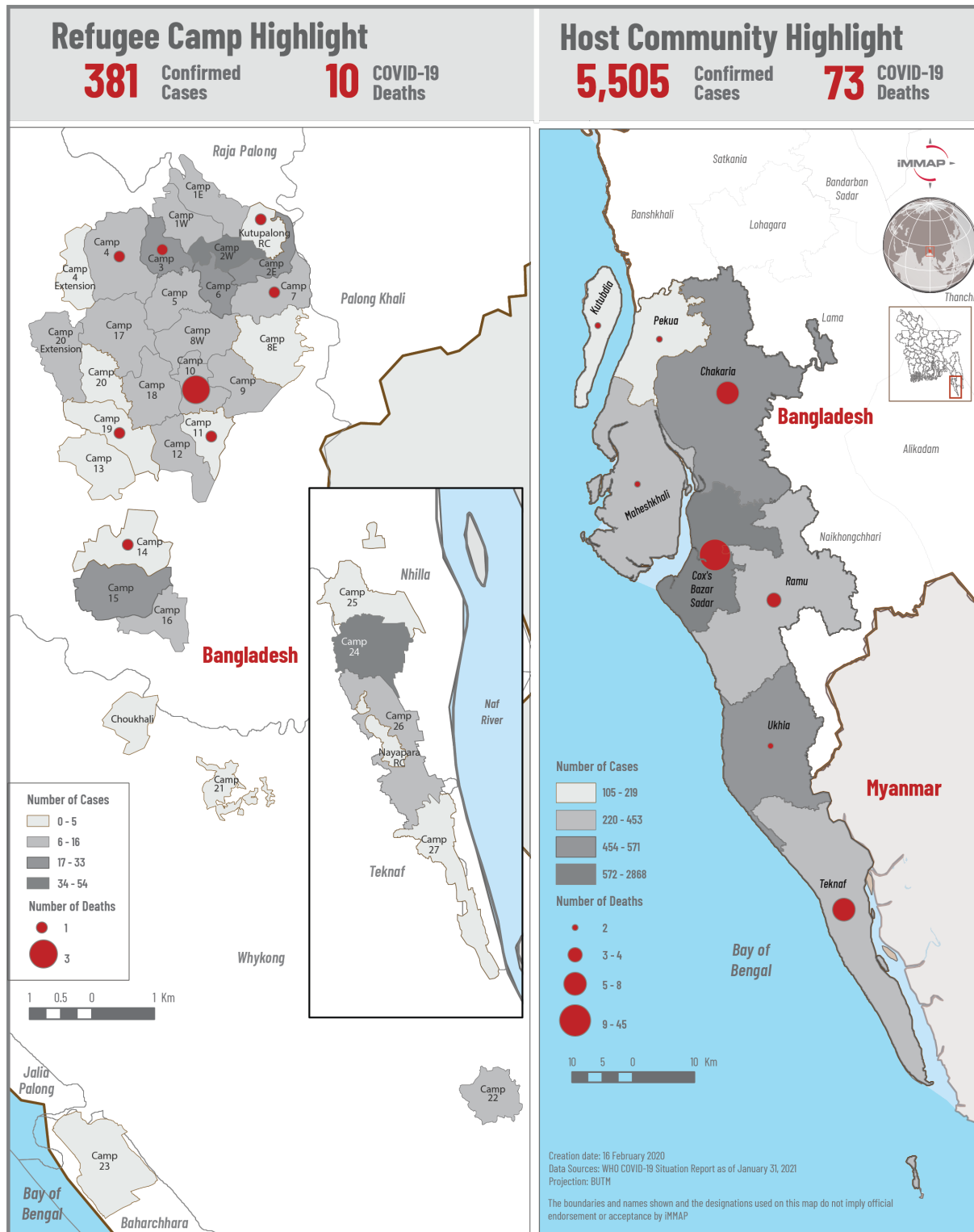


Figure 7.1. Bi-weekly negative and positive cases in host community (Source: [WHO situation reports](#))

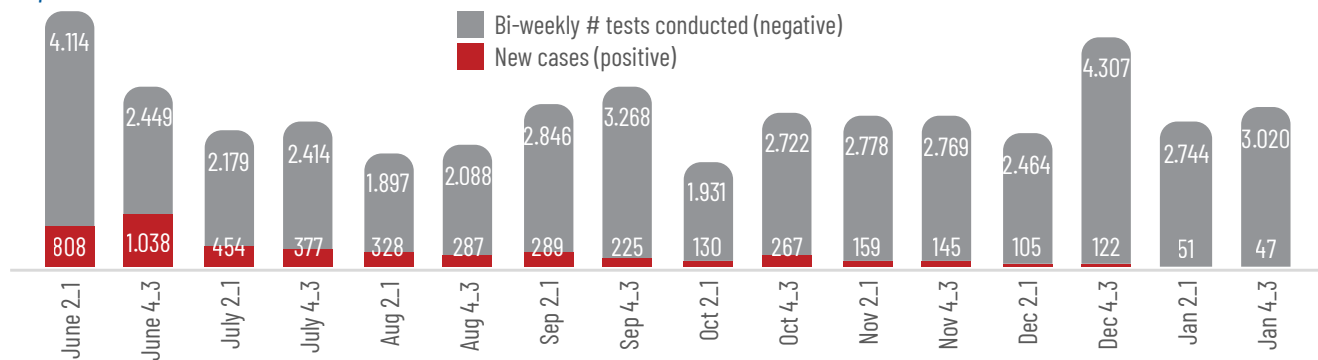


Figure 7.2. Bi-weekly negative and positive cases in refugee community (Source: [WHO situation reports](#))

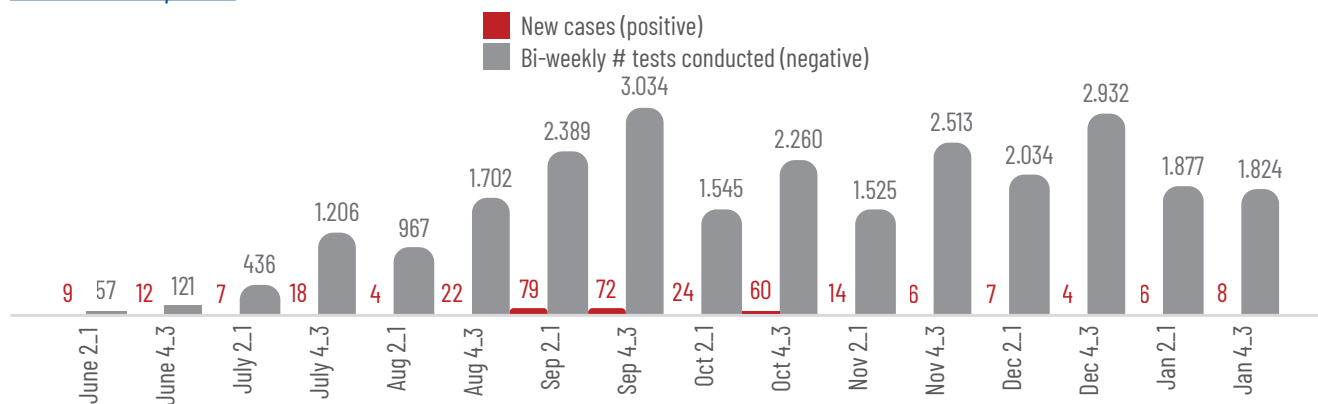


Figure 7.3. Total number of conducted test and new cases in host community (Source: [WHO situation reports](#))

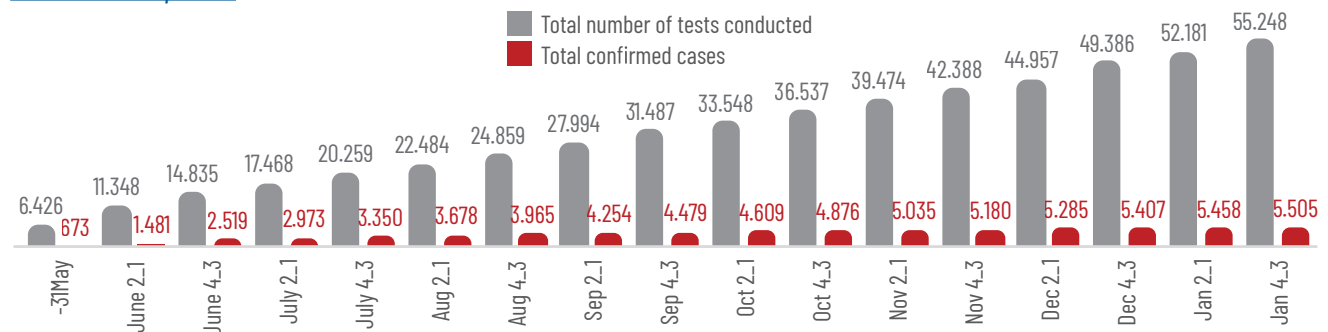
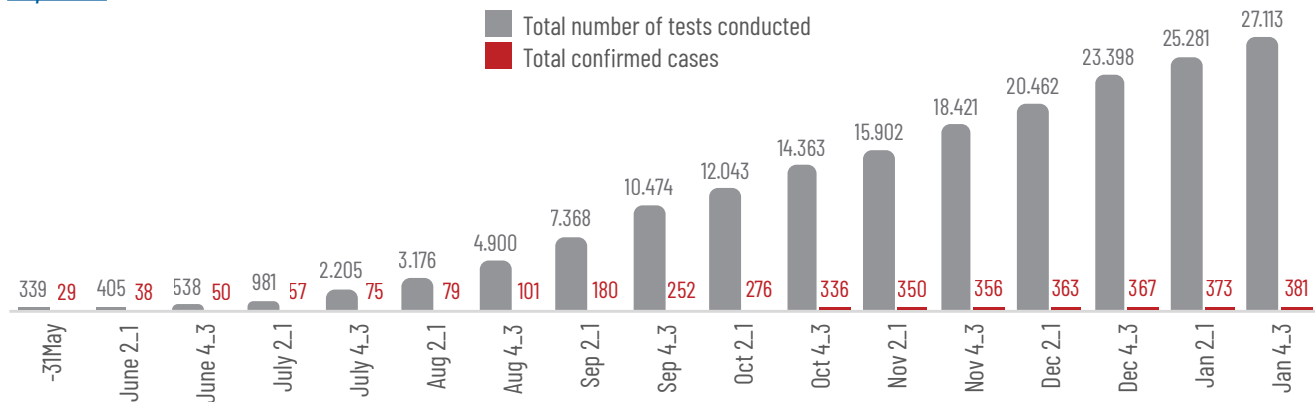


Figure 7.4. Total conducted test and new cases in refugee community (Source: [WHO situation reports](#))

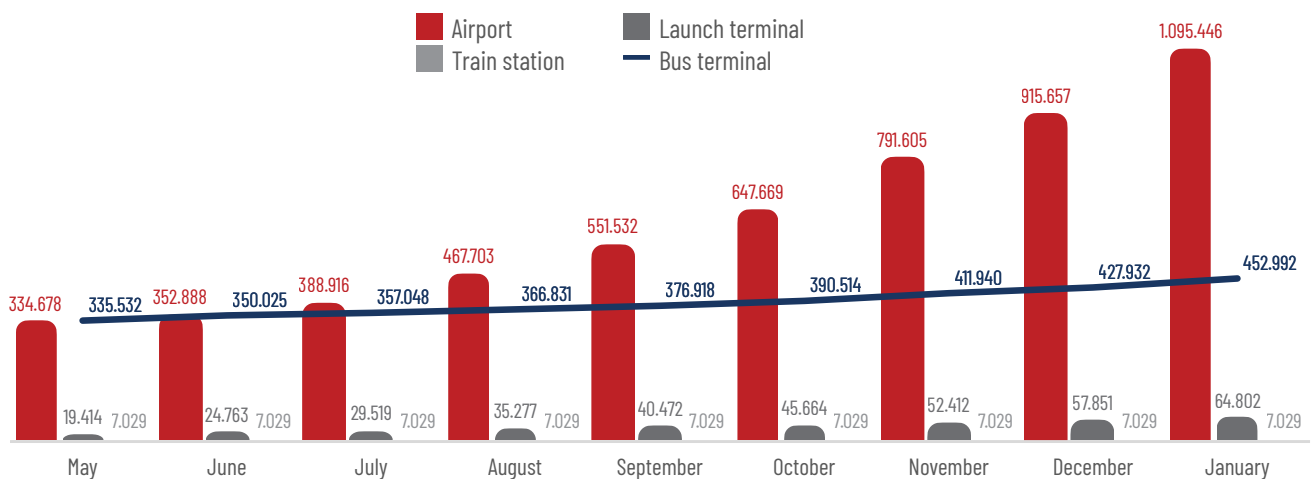


COVID-19 CONTAINMENT MEASURES

Many of the movement restrictions inside Bangladesh have been lifted since the gradual restart of economic activities throughout the country. As a result of minimal compliance, the COVID-19 containment mechanisms placed in place are now poorly adhered to. However, current COVID-19 related restrictions have been maintained in Cox's Bazar camps for humanitarian activities inside the centers. To restrict

the spread of COVID-19, including physical distancing, hand-washing, and mask-wearing, organizations are still expected to obey strict protocols. Until the end of January 2021, schools were already closed.

Figure 8. Point of entry screening around Bangladesh (Source: [WHO situation reports](#))



Containment Measures at the National Level

The government has agreed to extend the closure of schools until 14 February, based on the assessment that the coronavirus situation in Bangladesh had significantly improved ([United News of Bangladesh](#) 29/01/2021). The government of Bangladesh will reopen schools, maintaining necessary guidelines such as mandatory use of masks, monitoring health, and using different modes of teaching; they plan on opening schools for one day a week and take the tasks for the whole week at once ([Dhaka Tribune](#) 25/01/2021).

The government has warned people about the second wave of the virus and introduced a “no mask, no service” policy to prevent the spread of the virus; however, signs are that this rule has not been taken seriously by the public and enforcement is weak. Regular street events are almost the same as the days before the pandemic, without social distance and little and improper use of masks ([United News of Bangladesh](#) 09/01/2021, [Dhaka Tribune](#) 09/01/2021).

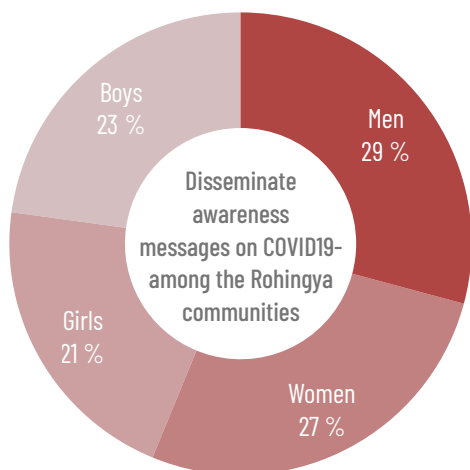
Containment Measures in Cox's Bazar

The national-level COVID-19 containment initiatives are being adapted locally at the district level in Cox's Bazar. In Cox's Bazar for Rohingya refugees and host communities, livelihood and income generation activities restart with the easing of COVID-19 restrictions nationally. In refugee communities, not only are hygiene promoters constantly working to raise awareness of the issue, but also humanitarian actors are briefing preventive measures, including social distancing, hand-washing, and personal protective equipment. Furthermore, at distribution sites, social distancing and hand-washing by beneficiaries are encouraged.

The temperature screening continues to take place at most of the points of entry. In the Cox's Bazar refugee camps, twelve out of nineteen entry points (PoE) have been functional in different strategic locations (World Health Organization, 31/01/2021). The child protection sector continued to disseminate awareness messages on COVID-19 among the Rohingya communities across the 31 camps through megaphones and loudspeakers ([BRAC](#) 15/01/2020).

Figure 9. Point of entry screening in Rohingya camps (Source: [WHO](#) 31/01/2021)



Figure 10. Awareness messaging in Rohingya camps (Source: [BRAC](#), 15/01/2020)

INFORMATION AND COMMUNICATION FOR COVID-19

To prevent the spread of COVID-19 in Bangladesh, the government implemented policies on 'no mask, no service' and conducting awareness campaigns but community feedback shows that compliance is low. The government offices including local government offices, hospitals, and major shops are promoting 'no mask, no service' through leaflets and posters but, in reality, most people are not complying, and no one is enforcing the mandate ([BBC Media Action](#) 14/01/2021).

While in Cox's Bazar National and international agencies continued COVID-19 related awareness campaigns and distributed masks and sanitizers to both host communities and refugees, along with installing additional hand-washing facilities within the camps to support the COVID-19 prevention campaign. COVID-19 awareness raisers were deployed to all distribution points ([UNHCR](#) 18/01/2021).

Information Channels and Means

With the lifting of many movement restrictions, humanitarian actors were able to step up community engagement around with COVID-19 key messages

provided through community consultation and awareness meetings, listening group sessions, communication sessions, radio sessions conducted by religious leaders, and loudspeakers/megaphones. Video and audio material was developed in Bangla and used to support these sessions and hotline mobile numbers and health web portals have been set up. DGHS and IEDCR have opened up hotline numbers for consultation with doctors through phone calls which have already attended to 23,282,295 phone calls ([NIRAPAD](#) 10/01/2021).

Developed four new communication materials and 26 audio/podcast programs were developed to inform refugees on the COVID-19 seroprevalence study, antenatal care, cyclone preparedness, and a public service announcement on birth registration. 1,731 counter-trafficking comic pocketbooks and leaflets and posters on the risks of COVID-19 and human trafficking were distributed to refugees and 2,042 were distributed among host communities ([ISCG](#) 13/01/2021).

WHO and UNICEF provided English and Bangla versions of the weekly radio script on COVID-19

confirmed cases and the number of tests conducted among refugee and host communities. The messages were shared with partners and the COVID-19 update news has been broadcasted through Bangladesh Betar (state-owned radio) and Community Radio Naf 99.2fm ([WHO](#) 19/01/2021).

Information Challenges

Community feedback indicates that some Bangladeshis want more information regarding COVID-19 preventive measures, the availability and cost of vaccines, and home remedies they can use to boost their immune system. People from different districts say they've heard there is a vaccine via different media platforms and they want to know when the vaccine will be available in Bangladesh, how they will be able to access it, and what it will cost ([BBC Media Action](#) 14/01/2021).

Community feedback also indicates that the people of Bangladesh have been exposed to a variety of misinformation and rumors about COVID-19. This includes that it only affects the rich and it will increase in winter. Some people are buying the medicine they believe can treat COVID-19 infections from local pharmacies without a prescription. Other rumors are that the vaccine will be made in India using cow urine and thus should avoid the vaccine, also some leaders are wearing masks since they preach that God is responsible for the pandemic and it will therefore not affect them ([Climate and Development Knowledge Network](#) 28/01/2021).

COVID-19 IMPACT AND HUMANITARIAN CONDITIONS

More recent data is available this month including detailed data on malnutrition rates from the AHH and nutrition sector SMART nutrition survey alongside and preliminary findings from the Refugee Influx Emergency Vulnerability Assessment (REVA IV). In addition, analysis on the prevalence of Gender-Based Violence (GBV) was provided by an IRC report. For some sectors a reflection on the major challenges and issues during 2020 is provided.

There continues to be an impact on the provision of humanitarian services due to COVID-19 prevention measures. Currently, fears of a second wave are receding as the number of positive cases within the camps has remained in single figures for each 2-week period in December and January. Measures such as the continued closure of schools remain in place as well as certain restrictions on program implementation modalities.

- The relocation of some Rohingya refugees to Bhashan Char island continues as aid agencies press for access to the site to assess needs and gaps.
- Gender Based Violence (GBV) is a prevalent issue in the refugee camps. A recent report from IRC aligns with previous analysis that GBV, (especially in the form of intimate partner violence (IPV)) increased during the lockdown. In addition, restrictions on protection services have been a barrier to GBV reporting.
- Schools and education centers remain closed, to prevent a second wave of COVID-19 infections. Both host community and Rohingya children face many challenges in engaging with distance learning and home-schooling and are also exposed to increased protection risks. Teachers are citing the pressures and difficulty of providing online learning.
- Acute Respiratory Infection and Diarrheal Diseases were the diseases with the highest proportional morbidity in 2020. Mental health concerns

have been highlighted in recent weeks as the impact of COVID-19 restrictions on income generation activities and the closure of education centers continue to take their toll on both adults and children.

- Recent preliminary nutrition survey results show that Global Acute Malnutrition rates are below emergency thresholds but are still high. Chronic malnutrition is still widespread in the camps. Although there was a spike in malnutrition rates during May/June, overall malnutrition rates are fairly similar to the previous round (2019) indicating that the pandemic may not have had a significant long-term impact on malnutrition rates within the camps.
- Livelihoods are still being negatively impacted by COVID-19 restrictions, reducing the opportunities to earn cash through humanitarian programming; the informal economy has also been slow to recover. Vulnerability levels remain high in the Rohingya camps and negative coping mechanisms such as the sale of food assistance are still widespread.
- Fire broke out destroying 600 shelters in Nayapara camp and Camp 26. This comes after a year where storm and flood damage to shelters was significantly higher and COVID-19 restrictions continue to constrain the shelter response.
- 2020 was a challenging year for the WASH sector with restrictions on “Non-essential” programming and COVID-19 prevention measures constraining many of the normal program activities.

Food Security | Livelihoods

Information Sources, Gaps, and Challenges

An overview of the food security and livelihoods situation and the impact of COVID-19 throughout 2020 is provided by the [WFP Cox's Bazar Information Booklet](#). A brief analysis of the use of Liquid Petroleum gas is given by the [UNHCR LPG Dashboard](#). Details of food and livelihoods response activities can be found in the latest [ISCG Sitrep](#) as well as the [WFP Sitrep](#) for December. Data on the impact of COVID-19 restrictions on food consumption scores or livelihood opportunities for Rohingya refugees was provided from the [Refugee Influx Emergency Vulnerability Assessment \(REVA IV\)](#) and through community consultations via the [What Matters? Humanitarian Feedback Bulletin Issue #48](#). The economic impact of COVID-19 on Bangladesh as a whole is discussed in the economic section of this report. Recently published preliminary findings from the [REVA IV](#) complemented in assessing the vulnerability and impact of the interventions.

Overall situation at the end of 2020: Vulnerability has increased from 2019 to 2020 across both Rohingya and host community population

There are over 866,000 Rohingya refugees in Bangladesh including almost 600,000 refugees in the Kutupalong mega camp, the largest refugee camp in the world. Rohingya refugees are almost entirely dependent on humanitarian assistance and face major challenges, particularly the lack of regular income and livelihood opportunities. COVID-19 heightened vulnerabilities for refugees with the suspension of non-essential activities in the camps impacting income opportunities, households' purchasing power, and threatening food security ([WFP](#) 26/01/2021). Preliminary findings of the Refugee Influx Emergency Vulnerability Assessment (REVA IV) indicated that 24% of refugee households and 30% of host community households reported increased vulnerability ([WFP](#) 07/02/2021). According to WFP, vulnerability levels remain high in the Rohingya camps because the fragile camp economy is sustained fully

by aid and no evidence of wealth/asset accumulation. Rohingya households' monthly income is almost 75% lower than host households as almost 42% of the Rohingya labor force is unemployed with the majority of work in camps are unstable making the camp economy highly susceptible to market shocks.

The Food Security Sector continues to seek the necessary approvals to resume self-reliance and other activities in the camps, which were temporarily suspended in March 2020 when activities were limited to only critical services due to the COVID-19 pandemic ([ISCG](#) 08/02/2021).

Overall situation at the end of 2020: Preliminary findings on food consumption and expenditure pattern

The recent findings from assessment indicates that the food consumption trend relatively declined compared to 2019. One of the driving factors may have been the shift to a once-a-month distribution of fixed food baskets during COVID-19. The modality reduced households' ability in planning ration utilization across the month, reflected in high reports of rations not lasting full cycle. Expenditure patterns also show that households continue to incur relatively high Non-Food Item (NFI) costs especially for health care. Whereas in host communities the result was impacted by a reduction in income due to economic contractions and price hikes on food items in the market, emphasizing the need for protection policies from market fluctuations. The assessment indicates the need for expanding access to more fresh food items (through market linkages to increase income for marginal farmers and scale-up of WFP Fresh Food Corners for Rohingya refugees) and more consideration to beneficiaries' preference along with additional efforts on creating awareness on good food utilization practices ([REVA IV Preliminary Findings](#) 07/02/2021).

Limited income-generating opportunities in the informal sector drives negative coping mechanisms and worsens livelihood situation

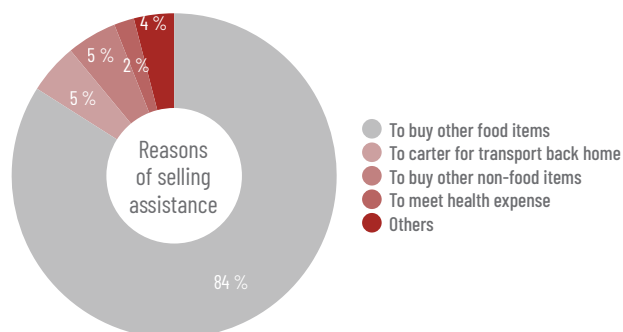
Preliminary findings of assessment and community feedback and follow up interviews provide some understanding of how COVID-19 restrictions and safety measures are still negatively affecting engagement in self-reliance activities and the food consumption of Rohingya households. The assessment also shows that one-third of income sources in camps come from negative coping strategies such as selling their food assistance. Female-headed households in both communities reported more deprivation than their male counterparts as the female unemployment rate is predominantly higher. REVA IV assessment recommends that there is need for more inclusive livelihood/self-reliance solutions (resilience lens) with improved targeting strategies in the camp and host community (for hosts: to spur economic growth again following pandemic) ([REVA IV Preliminary Findings](#) 07/02/2021).

The Rohingya community is provided with relief in terms of their basic needs such as food and shelter and is not allowed to work in the formal labor market. The community says they require a source of income for essential expenses such as education and medicine, along with additional expenses such as clothes, tea, betel-leaf, snacks, and cosmetics. Community feedback is also indicating a rising concern over finances, with the need to generate cash, making up 8% of feedback during Jul – Oct compared to only 1% for the preceding 3 months. In Camp 14 over a quarter (26%) of feedback was about money. Work opportunities, in general have decreased, including work within host communities, such as on plantations and as seasonal harvesters, day laborers, porters, or as betel nuts collectors ([TWB](#), 10/01/2021).

Lack of income can drive negative coping mechanisms. Some families sold relief items in order to have immediate cash, and with work opportunities reduced or non-existent, they say they must resort to selling even more of their relief items. They also report taking loans from friends, relatives, or neighbors during emergencies and/or to cover extra

costs. Communities also report that the amount of relief provided has been reduced since the COVID-19 outbreak and in some cases, interviews indicated this has resulted in them consuming less food ([TWB](#) 10/01/2021).

Figure 11. Reasons of selling assistance
(Source: [REVA IV Preliminary Findings](#))



From April to November 2020, WFP shifted from a value voucher to a commodity voucher system to minimize virus transmission risks. To address market fluctuation and preserve beneficiaries' purchasing power, monthly entitlements were increased from USD 10 to USD 12. To reduce contact and ensure physical distancing, beneficiaries received 11-14 pre-packaged food items once a month. In addition, WFP scaled-up porter services for older people who were shielding and supported 4,000 households with this service ([WFP](#) 26/01/2021).

From January 2020, WFP started distributing new SCOPE cards to beneficiaries to ensure complete alignment with UNHCR datasets. By the end of January, 18,376 households had received their new cards. WFP provided rapid in-kind food assistance to 4,576 Rohingya refugees, including those affected by fires, internal relocations, and displacements ([WFP](#) 07/02/2021).

Use of Liquid Petroleum Gas (LPG) as a cooking fuel

LPG has been adopted as an alternative fuel supply for refugees. LPG is available locally in Bangladesh and was assessed as the best fuel alternative. All refugees are presently using LPG, as well as more than 17,000 Bangladeshi households living in the host communities close to the refugee settlements in Cox's Bazar. A recent study found that LPG distribution has resulted in an 80% reduction of demand for firewood in the Rohingya households in the camps, reducing deforestation to well within sustainable forestry rates, while the overall demand for firewood in the area has dropped to well below pre-influx levels ([UNHCR 14/01/20201](#)).

Nutrition

Information Sources, Gaps, and Challenges

Preliminary findings are available from the [Action Against Hunger/Nutrition Sector \(COVID-19 modified\) round five SMART nutrition survey](#) that was undertaken in refugee camps during November-December 2020. The survey provides a comprehensive overview of current malnutrition levels and the trend compared to previous rounds although some indicators were not collected due to COVID-19 restrictions. Additional information comes from the [UNHCR End of year report](#), as well as looking back at the impact of COVID-19 on food security and access to nutrition services through the [Joint Multi-Sector Needs Assessment](#) and previous [IMMAP/DFS Cox's Bazar Situational Analysis](#).

Acute and Chronic Malnutrition rates in Cox's Bazar refugee camps

The following section provides an abridged overview of the preliminary findings from the Emergency Nutrition Assessment in Makeshift (MS) Camps, Nayapara (NYP) and Kutupalong (KTP) Registered Camps (RC) (Round 5) that was presented to the Food Security Cluster on January 26, 2021 ([AAH/FSC 12/01/20201](#)). The survey was organized by Action Against Hunger in collaboration with the Nutrition Sector and took place between November and December 2020. This summary is intended to provide pertinent information to non-technical specialists about the current malnutrition rates in the Rohingya refugee camps and how this compares with previous iterations of the assessment. It should be noted that round 5 was delayed and some aspects of previous rounds were not included due to COVID-19 related constraints.

Technical details about the methodology and sample size can be sourced from the AAH/Nutrition Sector, however survey data quality ranged from Good to Excellent:

- The overall survey data quality for the MS camps is considered "Good".

- The overall survey data quality for the NYP RC camp is considered “Excellent”.
- Overall survey data quality for the KTP RC camp is considered “Excellent”.

Prevalence of Acute Malnutrition

Global Acute Malnutrition (GAM) rates amongst <5 in all three target locations 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 were highest in Makeshift camps (1.0% WHZ, 0.6% MUAC)

([AAH/FSC 28/01/2021](#)).

The disaggregated GAM (WHZ) rates for boys was higher than for girls across all camps. Conversely, GAM (MUAC) rates were higher for girls compared to boys. Another compelling insight is that infants aged 6-23m had higher GAM rates (19.7%) in the Makeshift camps and Nayapara RC. In Kutupalong the younger children had lower GAM rates than the older age band where the 24-59m children had a GAM (WHZ) rate of 13.1% ([AAH/FSC 28/01/2021](#)).

Figure 12. Acute malnutrition rates in Makeshift camps, Nayapara RC and Kutupalong RC camps (Source: [AAH/FSC 28/01/2021](#))

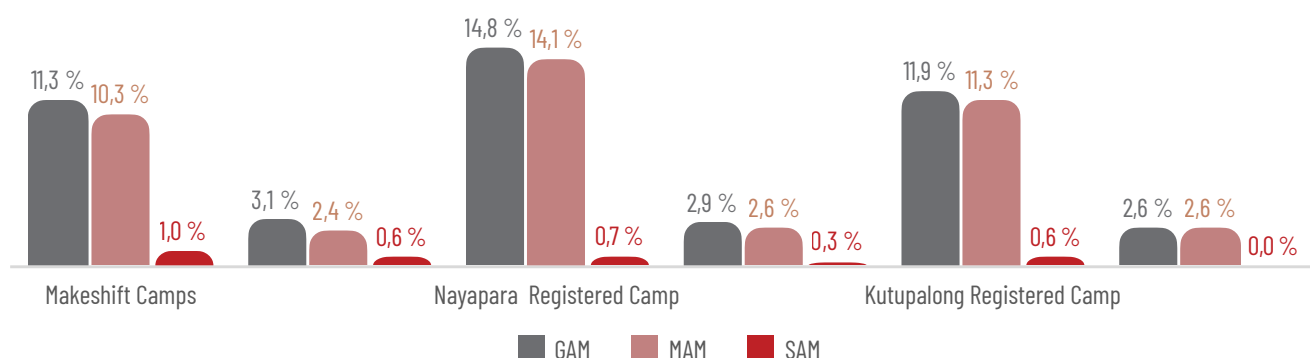
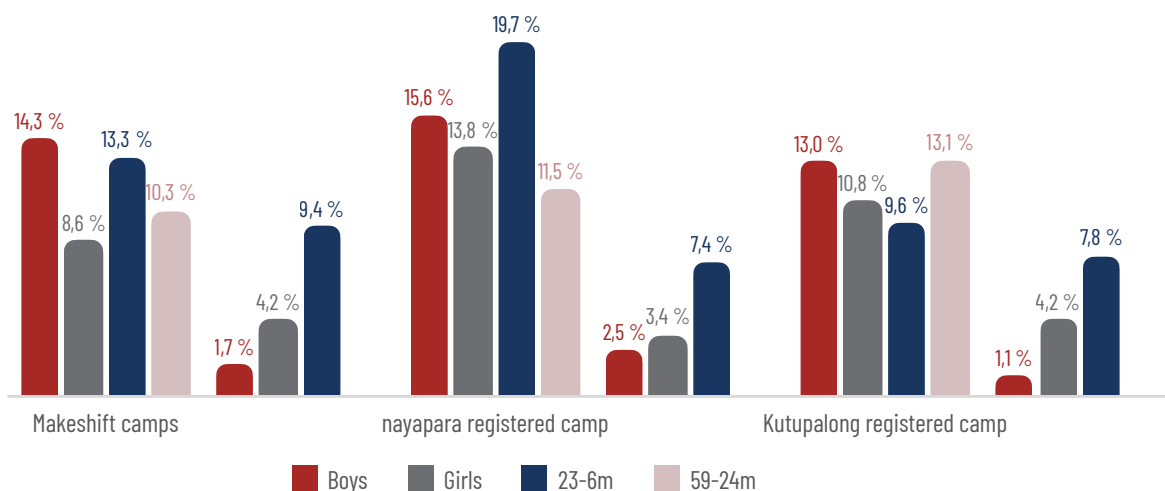


Figure 13. Disaggregated Acute Malnutrition Rates (Source: [AAH/FSC, 28/01/2021](#))



Prevalence of Chronic Malnutrition

Global stunting rates were just over 34% for Makeshift Camps and Kutupalong RC (in the very high range (≥ 30) according to WHO/UNICEF classification). However, it dropped below this level in Nayapara RC (29.1%). Amongst those children that are stunted, 80%-85% are moderately stunted whilst 15-20% are severely stunted. In terms of age, prevalence was higher amongst the older age groups (approx 34 – 37%), for the younger age group the rate was around 30% for Makeshift Camps and Kutupalong RC

and much lower at 20.8% for Nayapara RC ([AAH/FSC, 28/01/2021](#)).

This age differential suggests that children born in the last two years have had on average, better nutrition than older children. There was little difference by gender except for Kutupalong RC where the rate for girls was 38.7%, the worst figure across the dataset.

Figure 14. Prevalence of Stunting (Source: [AAH/FSC 28/01/2021](#))

Stunting children 59-6 months	Makeshift Camps	Nayapara RC	Kutupalong RC
Global CM	34.2%	29.1%	34.7%
Moderate CM	27.2%	24.1%	27.7%
Severe CM	7.0%	5.0%	6.9%
Overall	34.2%	29.1%	34.7%
Boys	34.6%	29.6%	30.9%
Girls	33.9%	28.6%	38.7%
23-6m	30.8%	20.8%	30.4%
59-24m	35.9%	33.7%	36.8%

Overall Results, Trends, and Anomalies

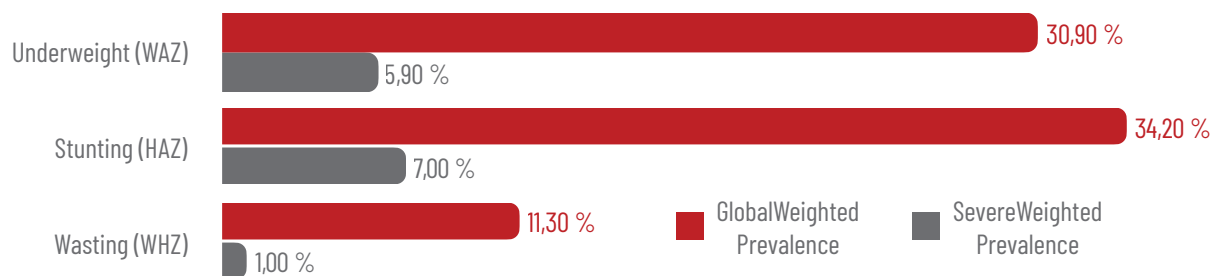
The overall results show a GAM (WHZ) of 11.3% which is in the High/Serious range (10-15%) according to WHO/UNICEF classification. The stunting rate was 34.2%, which falls in the Very High range (≥ 30) according to WHO/UNICEF classification.

When comparing back to round four, GAM, MAM and SAM prevalence by WHZ shows a minor increase in Makeshift Camps and Nayapara RC, as has MAM prevalence in Kutupalong RC. However, GAM, and SAM rates in Kutupalong RC have shown a slight decrease since round four.

For GAM, MAM, and SAM prevalence by MUAC the

results are more mixed.

- Makeshift camps have seen a significant decrease across GAM and MAM, but a small increase in SAM.
- All Acute Malnutrition (MUAC) rates saw a slight increase in Nayapara RC
- GAM and MAM rates increased slightly in Kutupalong RC, but the SAM rate dropped to 0.0% ([AAH/FSC 28/01/2021](#)).

Figure 15. Weighted Prevalence for Entire Population (Source: [AAH/FSC](#) 28/01/2021)

In terms of Chronic malnutrition, prevalence rates were similar to round four except in two cases:

- Stunting and Underweight rates in Nayapara RC dropped considerably with the stunting rate (HAZ) falling to 29.1%, below the high range threshold. One possible explanation is a sampling error, it is difficult to believe that interventions could have such an effect so quickly.
- Underweight prevalence in Kutupalong RC increased from 27.7% to 34.6% although the stunting prevalence rate remains almost unchanged. Again, this could be down to sampling to some extent ([AAH/FSC](#) 28/01/2021).

Finally, it is worth noting that the stunting rate in Nayapara RC is much lower than the other two assessed areas and yet Nayapara has the highest GAM rates both by MUAC and WHZ. This may indicate that longer-term interventions have been successful in the camp (even if the rate is higher than found), but more recent events have caused a rapid deterioration in the nutritional status of younger children (possibly related to COVID-19 situation but that is conjecture).

Effect of COVID-19 on Nutrition

The data from the nutrition survey shows both Acute and Chronic malnutrition rates remain mainly unchanged (with a couple of exceptions). In addition, significant improvement of diarrhoea prevalence was observed in all three survey areas with rates below 15% in three survey locations. Rates of crude and under 5 death rates (CDR & U5DR) were well below the emergency thresholds with no major concern. These

figures all suggest a limited impact of COVID-19 and associated containment measures on nutrition within the camps. This corroborates findings from the 2020 MSNA where 70% of respondents flagged that there were no issues with nutrition services during July/August last year ([J-MSNA](#) 12/11/2020).

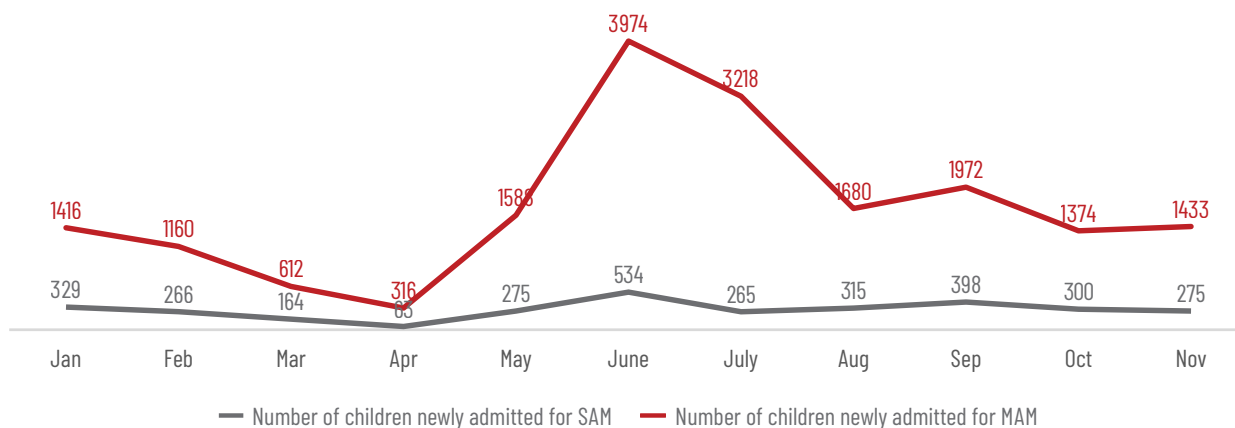
However, following graphs from UNICEF and UNHCR show a slightly different picture and also highlight the short-term effect of COVID-19 containment measures and the fear of catching COVID-19 (which has been reported to reduce access by Rohingya refugees to health and nutrition services ([iMMAP](#) 07/01/2021).

There is a very clear drop in admission (figure 16), which was at its lowest just after the imposition of containment measures at the end of March. This was probably caused by a combination of factors including fear of catching COVID-19, restrictions hampering service provision, and restrictions making it harder for mothers to access nutrition services. However, after measures were lifted (and significant efforts had been made in providing information on COVID-19 to the refugee population), admissions increased dramatically in May and June.

There are several possible drivers for this increase. Food insecurity issues caused by the pandemic which were most acute during April to July as humanitarian organizations adjusted modalities to comply with COVID-19 safety requirements. Markets were also closed for several weeks at this time. Another factor could simply be the increase was made up of the backlog of cases that would have appeared in March/April but didn't as COVID-19 restrictions and fear of catching COVID-19 kept mothers from visiting health

centres.

Figure 16. Trend in Admission of Children 6-59 months with Acute Malnutrition from UNHCR in 2020 (Source: [UNHCR](#) 10/12/2020)

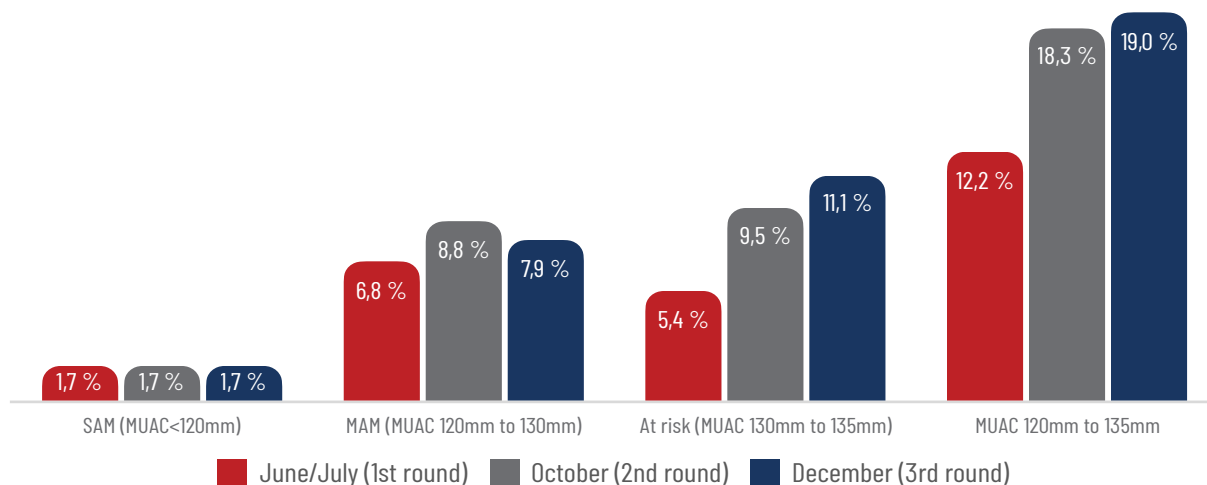


Finally admission although much reduced remains higher than at the start of the year.

UNICEF mass screening data shows that the SAM prevalence of 1.7% was unchanged over the 3 rounds of screening (June, October and December). But there was an increase in MAM prevalence (6.8% to 7.9%) and in children at-risk of acute malnutrition from (5.4% in June to 11.1%) between June and

December, so although headline GAM rates have not risen (yet) the number of children at risk has shown a significant increase. This reflects a worsening situation as COVID-19 impacts the underlying causes of malnutrition associated with food security ([UNICEF](#) 01/02/2021).

Figure 17. Malnutrition rates of children under 5 based on UNICEF mass screening in 2020 (Source: [UNICEF](#) 01/02/2021)

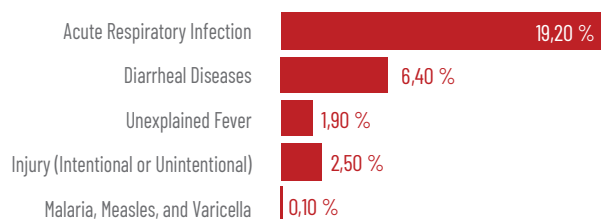


Health

Information Sources, Gaps, and Challenges

Sources of information on the health sector outside of the COVID-19 response remain infrequent. The [ISCG Sitrep](#) provides information on the health response and key challenges. Regular WHO [Bangladesh](#) and [Cox's Bazar](#) sitreps (which are now biweekly) have a focus on COVID-19 but include other health service and disease monitoring information. Information on morbidity was provided WHO sitreps and WHO [Week 1](#) and [Week 2](#) Epidemiological Highlights. An [MSF press release](#) highlighted increasing mental health needs. UNHCR's [End of Year Report from Field and Technical Units](#) provided information on the health response and health trends and finally, the impact of COVID-19 restrictions on family planning advice in Bangladesh was discussed in [bulletins based on community feedback](#).

Figure 18. Population morbidity rate in Cox's Bazar (Source: [WHO 15/12/2021](#))



Acute Respiratory Infection and Diarrheal Diseases were the diseases with the highest proportional morbidity in 2020

Based on the Early Warning Alert and Response System (EWARS) (Indicator-based surveillance), Acute Respiratory Infections (19.2%), Diarrheal Diseases (6.4%), and Unexplained Fever (1.9%) were the diseases with the highest proportional morbidity in the year 2020. Injury, either intentional or unintentional, was another condition reported through EWARS as contributing to higher proportional morbidity as well (2.5%). Fewer Malaria, Measles, and Varicella cases were reported compared to 2019 with a morbidity of 0.1% this year ([WHO 15/12/2020](#)). This trend continues into 2021 with Week 1 and Week 2

data showing Acute Respiratory Infection (18.9% both weeks), Diarrheal Diseases (4.5% and 4.3% respectively) & Unexplained Fever (0.9% and 1.2% respectively) were the diseases with the highest proportional morbidity ([WHO 29/01/2021](#), [WHO 17/01/2021](#)).

Diphtheria cases identified but the trend continues downwards

Surveillance systems have identified five new cases of Diphtheria in Cox's Bazar during the first two weeks of 2021, however the incidence rate of the disease has steadily declined in recent years with only 226 cases identified in 2020 compared to 617 cases in 2019 and 5334 cases in 2018. Two new Cholera RDT positive cases are reported between weeks 1 and 2 of January this year ([WHO 19/01/2021](#)).

More births are taking place at health facilities as opposed to at home

The percentage of women who gave birth in a facility dropped during lockdown (April/May) but have slowly increased over the following months in November and December with around 70% of births taking place in facilities, which is above pre-lockdown figure of 52.4% ([UNHCR 18/01/2021](#), [UNHCR 06/02/2020](#)). This could indicate that the population is less fearful of COVID-19 than during the early stages of the pandemic.

COVID-19 restrictions and long-term conditions placing a strain on refugees mental health

The strain on Rohingya refugees is represented in the increasing number of mental health services that were provided by MSF staff in Cox's Bazar in the last year, with MSF's figures showing an estimated 61% increase in the number of people seeking mental health services compared to the year prior. These figures 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](#)). Issues faced by the Rohingya population include a reduction in service provision due to

COVID-19 (education centers remain closed), an increase in violence and conflict (such as a 12-day clash between two Rohingya groups in the camps that occurred in October). Most recently a large fire destroyed the shelters and belongings of nearly 3,500 refugees ([MSF](#) 21/01/2021, [UNHCR](#) 19/01/2021).

Bangladesh Family Planning Services curtailed by COVID-19 restrictions

Community feedback indicates that some Bangladeshi adolescent brides are unaware of family planning methods. They usually learn about contraception from health workers who also provide free contraceptives. However, during this pandemic, health workers are not providing door-to-door service ([BBC Media Action](#) 14/01/2021).

FIRE OUTBREAK AT COX'S BAZAR DISTRICT SADAR HOSPITAL

A fire broke out at Cox's Bazar District Sadar Hospital on January 27. More than 20 patients were injured in the incident and a Rohingya patient died due to a lack of oxygen. The fire destroyed extensive equipment of the emergency department of the hospital. In addition, the hospital's blood bank, ECG room, and oxygen supply lines were severely damaged ([Dhaka Tribune](#) 28/01/2021).

WASH

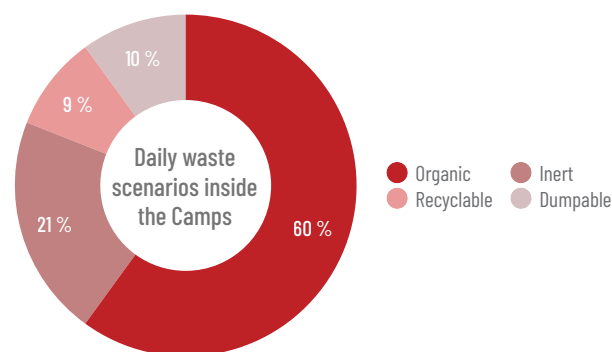
Information Sources, Gaps, and Challenges

Details of a serious fire that destroyed WASH facilities in Nayapara camp, Cox's Bazar can be found in [MSF](#), and [UNHCR](#) reports. Updates on the WASH response are provided in the latest [ISCG sitrep](#) as well as an overview of WASH activities and response during 2020 in UNHCR supported camps via the [UNHCR End of Year Report from Field and Technical Units](#). Although detailed response data is regularly provided there is a lack of updated information detailing gaps and needs with the [J-MSNA](#) (July – August) providing the most recent WASH data.

Solid Waste Management is a significant challenge

According to UNDP, 512m³ of solid waste is produced daily in the camps. To prioritize the safe and sustainable management of solid waste, WASH Sector is establishing a Solid Waste Management Technical Working Group with WASH Sector partners and support from other sectors ([ISCG](#) 13/01/2021). Systems will be implemented to track volumes and locations of desludgement and the destination of the sludge. Desludging teams also now have full PPE as well as a base for clothes storage, clothes washing and showers ([UNHCR](#) 18/01/2021).

Figure 19. Daily waste scenarios inside the camps (Source: [UNDP](#) 18/12/2020)



Fire destroys latrines and bathing spaces in Nayapara camp

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. 3000 cubic feet of waste was collected and disposed of in a safe place outside of the camp and a daily distribution of bottled water to the affected families was provided ([MSF](#) 21/01/2021, [UNHCR](#) 19/01/2021).

2020 a challenging year for WASH teams

The UNHCR WASH unit was particularly badly hit by COVID-19 infection with 50% of the team contracting the virus. Partners were also similarly badly hit with BRAC having eight WASH staff confirmed as COVID-19 positive. Working conditions during lockdown from March to July were difficult as markets and suppliers were closed, limiting the ability of agencies to procure necessary materials. UNHCR WASH teams supported the public health unit in delivering emergency responses during the critical phase of the COVID-19 outbreak.

This included hand-washing facilities, Isolation and Treatment Centers, quarantine centers, increased hygiene promotion, and targeted soap distribution. During the summer many activities had to be implemented remotely due to COVID-19 restrictions ([UNHCR](#) 18/01/2021).

Shelter

Information Sources, Gaps, and Challenges

There were only a few new information sources covering situation analysis available in the month of January. The [ISCG Sitrep](#) provides recent response information. There are several sources of information on a major fire incident at Nayapara camp including a [report by UNHCR](#) and a [press release](#) by the UN News Service. A review of achievements and the challenges faced by UNHCR's shelter and site planning unit can be found in the [UNHCR End of Year Report from Field and Technical Units](#), while more response-focused information was collected from the [IOM Bangladesh External Sitrep](#).

A SERIOUS FIRE INCIDENT OCCURRED IN NAYAPARA CAMP AND CAMP 26

Fire broke out at Nayapara camp and Camp 26, Cox's Bazar destroying 600 shelters (including two belonging to Bangladeshi families in the host community), 150 shops, and an NGO facility but fortunately, there were no fatalities. 3492 refugees lost their homes and belongings and are mostly now sheltering in schools buildings as efforts are made to support the rebuilding of their shelter ([MSF](#) 21/01/2021, [UNHCR](#) 19/01/2021, [WFP](#) 17/02/2021). Unfortunately, fire outbreaks are not uncommon. In May last year, another big fire damaged more than 400 tents at the Kutupalong refugee camp in Cox's Bazar and several minor fire incidents have also been reported at Rohingya refugee camps in the past year ([ECHO](#) 14/01/2021).

Shelter provision in 2020 was particularly challenging due to COVID-19 restrictions and flooding associated with above-average rainfall

The 2020 monsoon had a much larger impact compared to 2019, as there were three times more damaged shelters in UNHCR managed camps compared to the previous year. In total 31,034 emergency shelters were damaged. This was partly due to stronger rainfall and partly due to COVID-19 constraints preventing the regular repair and maintenance program (including

assessment activities), making the temporary shelters more vulnerable to strong winds and heavy rainfall. UNHCR shelter teams reported that it is particularly challenging to implement and follow effective COVID-19 risk reduction and preventive measures (such as regular hand-washing, masks, and keeping physical distance) on most construction sites ([UNHCR](#) 18/01/2021).

Shelter sector response agencies are increasing response capacity since the reopening of humanitarian access for shelter programs in camps

To mitigate the existing challenges, shelter sector response agencies are focusing on distributing emergency shelter packages to households affected by extreme weather conditions through shelter programs such as the IOM “[Safe Shelter program](#)” and UNHCR “[Safe tarp distribution](#)”. These programs are providing emergency shelter assistance to refugees who received TSA-I shelter support, to further strengthen the durability of their shelters through the Transitional Shelter Assistance Phase II (TSA-II) program. Emergency shelter materials distributed to the affected households include; tarpaulins, treated bamboo, stronger ropes, and PVC pipes to ensure the drainage system is functional ([ISCG](#) 08/02/2021).

By December 2020, the shelter sector partners had assisted about 7,712 households through the TSA-II shelter program ([ISCG](#) 08/02/2021). Between December 2020 and January 2021, shelter response agencies like IOM directly provided 4,879 households in Camps 10, 18, and 20 with TSA-2 materials in-kind and via voucher, while 2,640 households in Camp 8 Extension also received [TSA-II](#) materials from IOM's common pipeline partners ([IOM](#) 17/02/2021). The shelter sector is aiming to ensure that previous TSA-I achievements are maintained through shelter improvements, and providing continuous access to safe, dignified, and appropriate living spaces for affected families.

cohesion, shelter capacity building and cash grants for shelter repairs.

There is also a focus on strengthening security and social cohesion between Rohingya refugees and the host communities through initiatives such as the [IOM Safe Shelter program](#), site improvement work and construction of health facilities, community centres, security facilities ([ISCG](#) 08/02/2021, [UNHCR](#) 18/01/2021). Other response programs such as the provision of IOM's cash grants to the host community families and technical training for 450 local carpenters on shelter improvement and maintenance (incorporating Disaster Risk Reduction features) are supporting families with the construction of their shelters and improving the overall shelter situation in Cox's Bazar ([IOM](#) 17/02/2021, [UNHCR](#) 18/01/2021).

Focus on strengthening security and social

Education

Information sources, gaps, and challenges

Sources for information on education continue to be scarce. Possible school reopening and decisions on how to deal with cancelled exams remain the focus of local media including [United News of Bangladesh](#) and the [Dhaka Tribune](#). [Bulletins based on community feedback](#) deal with the impact and challenges of online and distance learning, this is also highlighted in the latest [ISCG Sitrep](#). The problems faced by poorer children in Bangladesh are highlighted in a [World Bank press release](#). Until schools reopen it will be difficult to ascertain the impact of the prolonged school closure on dropout rates and learning outcomes.

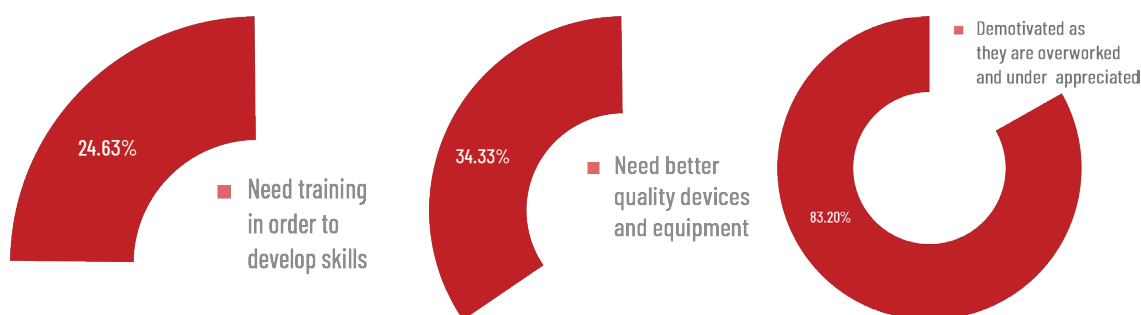
Schools remain closed, cancelled exam see results released

The Bangladesh Education Minister confirmed that schools will now remain until February 14 due to the lack of significant improvement in the coronavirus situation in the country ([United News of Bangladesh](#), 29/01/2021). In addition, the government has published the results of cancelled exams, the results were based on student's grade point average ([Dhaka Tribune](#) 30/01/2021).

Teachers face challenges in providing online learning

Local media has highlighted the plight of teachers who are continuing to struggle in adjusting to the new teaching methodologies and use of technology. Teachers need both further professional development to meet widening learning gaps support but also support for their psychological well-being as some feel demotivated due to overwork and they feel under-appreciated for all the effort they put in during this difficult time. Teachers also cited the need for better quality devices and equipment in order to take online classes ([Dhaka Tribune](#) 25/01/2021).

Figure 20. Challenges for teachers in providing online learning ([Dhaka Tribune](#) 25/01/2021)



Concerns continue that children are dropping out of education

Feedback from Bangladeshi communities suggests that the financial crisis, school closure, and lack of social security for adolescent girls is leading to increased child marriage ([BBC Media Action](#), 14/01/2020). Many girls are also being asked to take on more household tasks, disrupting their ability to study online. Prolonged school closure is putting girls at increasing risk of being married off ([BBC Media Action](#) 20/12/2020, [BBC Media Action](#) 31/12/2020). There is also evidence that adolescent boys have found work such as transporting vegetables, fruit, and bamboo. They may be either tempted or forced to leave school to continue earning income ([BBC Media Action](#) 20/12/2020).

Lack of internet access continues to be a barrier to remote study

Students living in remote areas cite poor internet provision as a barrier to online learning. Children from vulnerable households, including those with no wage earners, report lower levels of access to alternative learning modalities where financial instability in their families makes internet packages and devices such as smartphones and laptops unaffordable ([BBC Media Action](#) 20/12/2020, [UNICEF](#) 14/12/2020). University students are also struggling to undertake academic activities due to bad internet and lack of necessary electronic devices ([Dhaka Tribune](#) 31/01/2020).

For Rohingya children, the use of Educational Technology, such as pre-recorded audio lessons and telephone-based lessons, was unreliable due to limited 3G/4G connectivity in the camps ([ISCG](#) 13/01/2021). Students have also reported difficulties in getting further explanation from teachers outside of lessons when there was something they didn't understand ([Dhaka Tribune](#) 25/01/2021).

Protection

Information Sources, Gaps, and Challenges

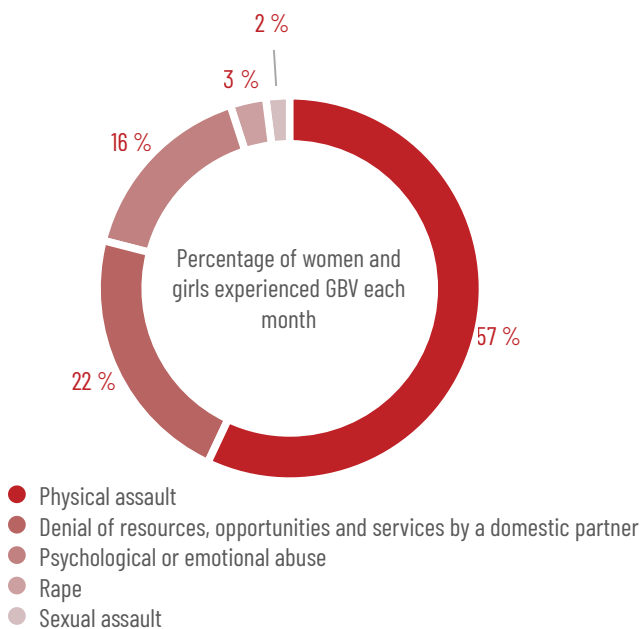
Sources made available in December includes a report from the International Rescue Committee (IRC) examining [Gender-Based Violence \(GBV\) Trends Among Rohingya Refugees in Cox's Bazar](#) which is based on a review of data from IRC and partner program sites from January - October 2020 as well as the wider evidence base of how COVID-19 was a driver for increased GBV in humanitarian settings. International and national sources including [The Guardian](#) and the [Dhaka Tribune](#) have provided updates on relocations of refugees to Bhasan Char Island. Overall response analysis can be found in the regular [ISCG Sitrep](#). There was limited data on issues affecting children.

Gender-Based Violence a prevalent issue in the refugee camps

Analysis by IRC indicates that GBV increased as a result of COVID-19 containment measures and that GBV is still a widespread problem with the camps. Program data collected by IRC in the second half of 2019 had already indicated that one in four women and girls screened in Cox's Bazar was a survivor of GBV. Additional analysis of screening data and case data from the GBV Information Management System from January - October 2020 was combined with findings from 60 key informant interviews with female community members from 15 different camps ([IRC](#) 22/01/2021). Evidence showed that GBV increased after lockdown measures were imposed in April 2020 and that the proportion of GBV cases were perpetrated by intimate partners (IPV). In fact, 94% of recorded GBV incidents from this period were perpetrated by intimate partners, a significantly higher rate than the 81 percent average indicated in [IRC's June Shadow Pandemic report](#).

The increase in IPV aligns with global studies that found an alarming increase in violence against women and girls as a direct result of social isolation measures and economic insecurity ([UN Women](#) 19/05/2020, [UN Women](#) 29/02/2020).

Figure 21. Women and girls GBV experience
(Source: [IRC's June Shadow Pandemic report](#) 10/06/2020)



Not only does this lead to incidents of children witnessing violence in the home which leads to other child protection risks, but incidents of IPV often coincide with violence against children in the home. The recent IRC study puts forward a number of factors that contributed to this increase. These include confinement to domestic settings under lockdown, an overall reduction in the presence of humanitarian workers, a lack of male GBV sensitization programming, and a simultaneous decrease in the number of police patrols. Women have also reported an increased risk of harassment and assault at food distribution points, water collection points, and toilets ([IRC 22/01/2021](#)). Although the data has certain limitations (explained within the study), there is little doubt that incidents of GBV have increased due to the impact on COVID-19 containment measures on Rohingya communities and that access to report such incidents and receive support have been constrained due to the restrictions on protection programming.

Violence in the home and missing children are consistently reported by CPSS partners since June 2020, highlighting the need for increased

awareness and prevention among the community to prevent these serious child protection issues. Child protection partners continue to work on locating and reunifying children with their families and conducting regular coordination meetings to ensure timely information sharing and follow up. Women and girls have reported feeling unsafe at night due to inadequate lighting in some camps. CPSS and GBVSS partners are discussing possible solutions with other Sectors ([ISCG](#), 08/02/2021).

School closures increasing protection risks

Feedback from communities in Bangladesh indicates that parents are concerned that daughters could be drawn into romantic relationships or are vulnerable to sexual harassment as schools continue to be closed. To provide “protection” from these risks’ parents are arranging early marriages. In addition, with COVID-19 restrictions preventing large marriages, money can be saved from the wedding to increase the bride’s dowries ([BBC Media Action](#) 14/01/2021). For children in the Rohingya community all learning centres and other child-centred facilities remained closed due to the COVID-19 pandemic, limiting children’s access to psychosocial support services ([ISCG](#) 13/01/2021). As well as increased violence against children in the home, other issues include children going missing, increased child marriage and child labour as well as increased risks of trafficking or dangerous onward movement (CPIMS+ data analysis 2021).

Relocations to Bhasan Char Island continue

The Bangladesh Government is continuing the relocation of refugees to Bhasan Char, a remote island in the Bay of Bengal. In the first two relocation phases, 3,446 Rohingyas were relocated to the island, and in the third phase, about 3,241 Rohingyas arrived on the island at the end of January. This brings the total number of people relocated to the island to about 6,687 ([Dhaka Tribune](#) 30/01/2021). International rights organizations suspect that refugees have been relocated without their consent or have been bribed or persuaded to relocate and have asked for access to the island to assess the situation. According to government sources, the Rohingyas were relocated

voluntarily, and that the Bangladesh government has taken measures to improve their quality of life, livelihood and security (The Guardian 28/12/2020, [Dhaka Tribune](#) 28/01/2021).

Humanitarian agencies & partners have continued to identify protection concerns for advocacy and response following the Government's relocation of Rohingyas to Bhasan Char. Some of concerns include family separation, vulnerable refugees in need of medical attention, and custody and registration issues. Protection partners highlighted the importance of the provision of accurate information on the relocation process, services available on the island, and the possibility of reunifying families to help refugees make independent and informed decisions about relocation ([ISCG](#) 08/02/2021).

ABOUT THIS REPORT

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

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

Methodology

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

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

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

The Secondary Data Analysis Framework

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

On a daily basis, IMMAP/DFS Analysts and Information Management Officers collate and structure available information in the DEEP Platform. Each piece of information is tagged based on the pillars and sub-pillars of the SDAF. In addition, all the captured information receives additional tags, allowing to break down further results based on different categories of interest, as follows:

1. SOURCE PUBLISHER AND AUTHOR(S) OF THE INFORMATION;
2. DATE OF PUBLICATION/DATA COLLECTION OF THE INFORMATION AND URL (IF AVAILABLE);
3. PILLAR/SUB-PILLAR OF THE ANALYSIS FRAMEWORK THE INFORMATION BELONGS TO;
4. SECTOR/SUB-SECTORS THE INFORMATION RELATES TO;
5. EXACT LOCATION OR GEOGRAPHICAL AREA THE INFORMATION REFERS TO;
6. AFFECTED GROUP THE INFORMATION RELATES TO (BASED ON THE COUNTRY HUMANITARIAN PROFILE, E.G., IDPS, RETURNEES, MIGRANTS, ETC.);
7. DEMOGRAPHIC GROUP THE INFORMATION RELATES TO;
8. THE GROUP WITH SPECIFIC NEEDS THE INFORMATION RELATES TO, E.G., FEMALE-HEADED HOUSEHOLD, PEOPLE WITH

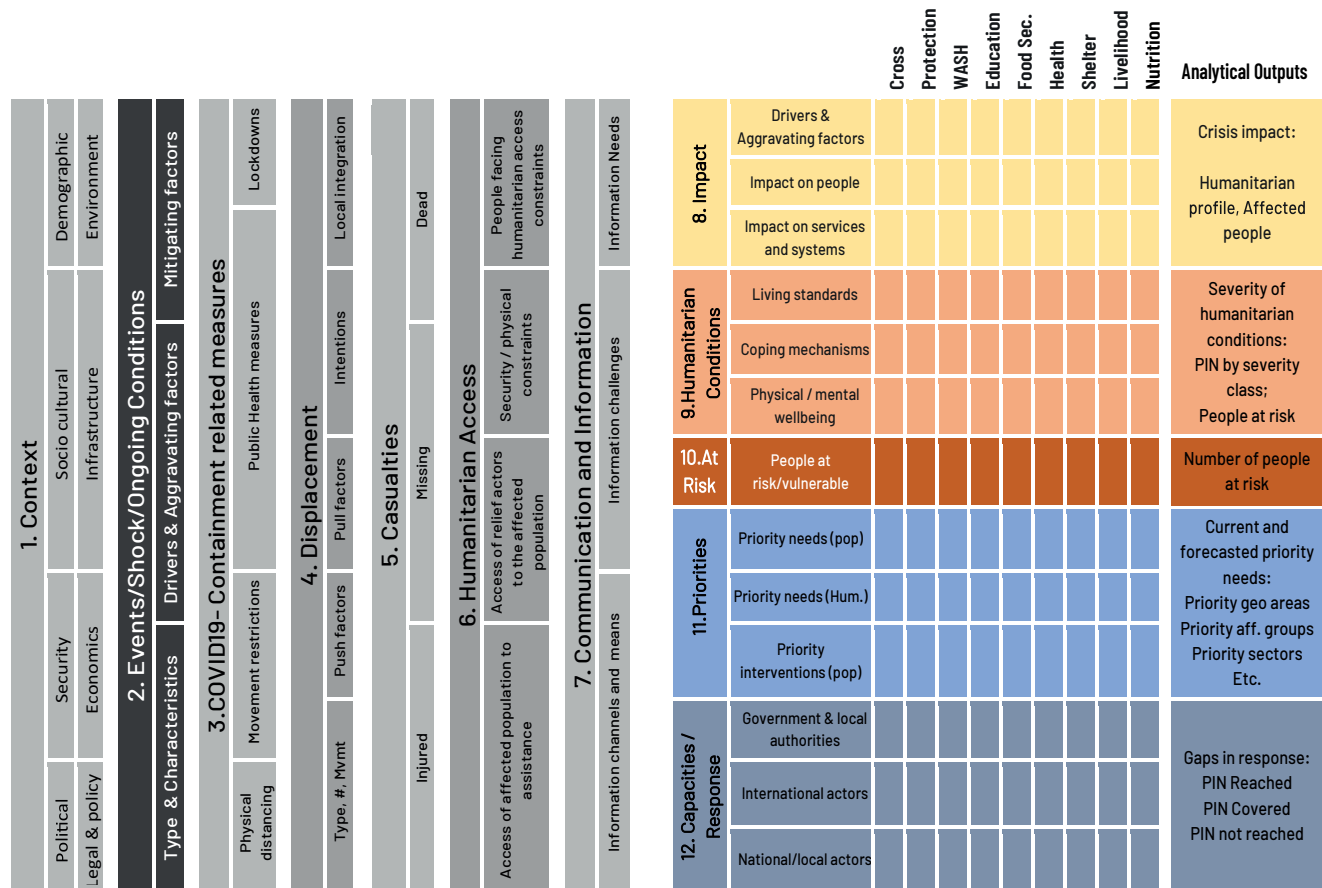
DISABILITIES, PEOPLE WITH CHRONIC DISEASES, LGBTI, ETC.;

9. RELIABILITY RATING OF THE SOURCE OF INFORMATION;

10. SEVERITY RATING OF HUMANITARIAN CONDITIONS REPORTED;

11. CONFIDENTIALITY LEVEL (PROTECTED/UNPROTECTED)

Figure 22. IMMAP/DFS Secondary Data Analysis Framework (SDAF)



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

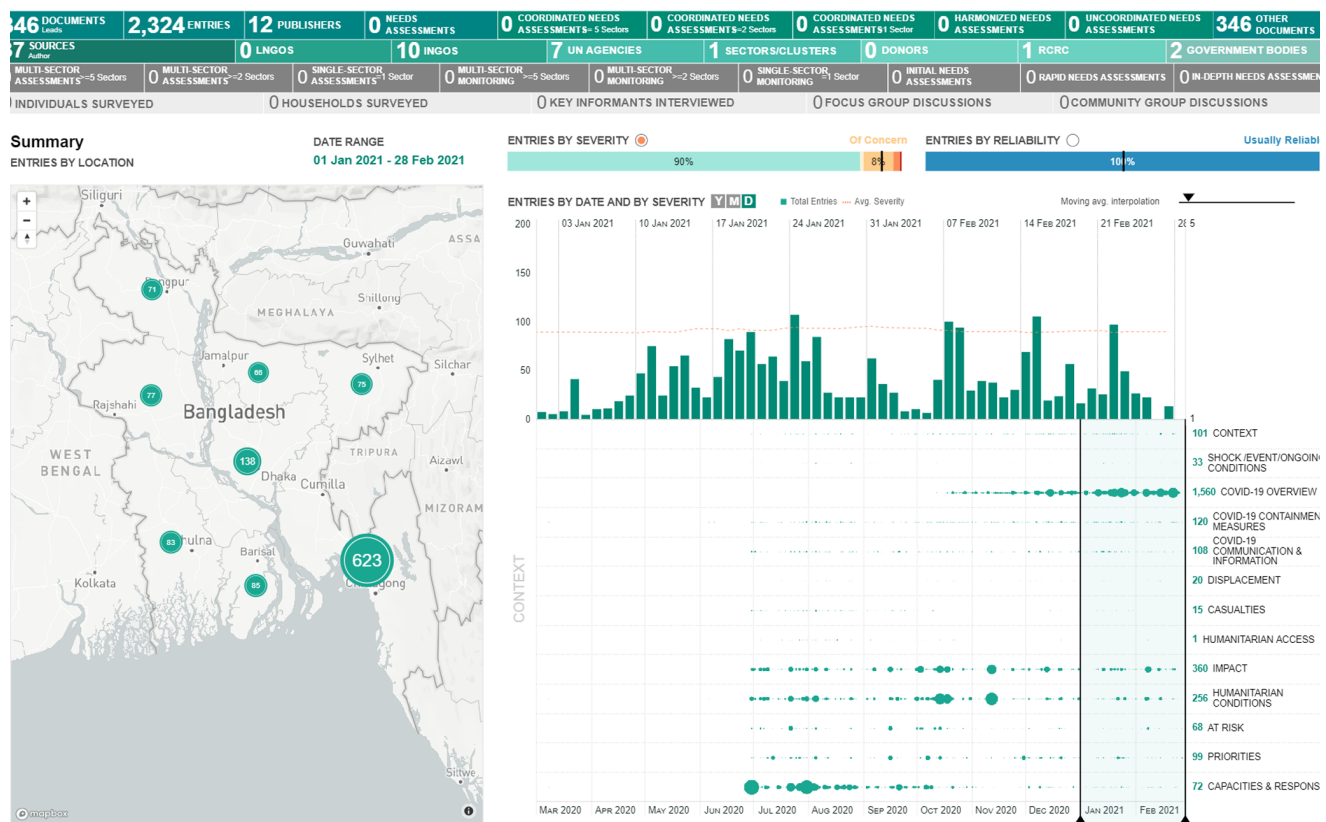
Figure 23. Documents by location, timeline, and primary categories (analytical framework)

Figure 24. Documents and entries by sector and affected group

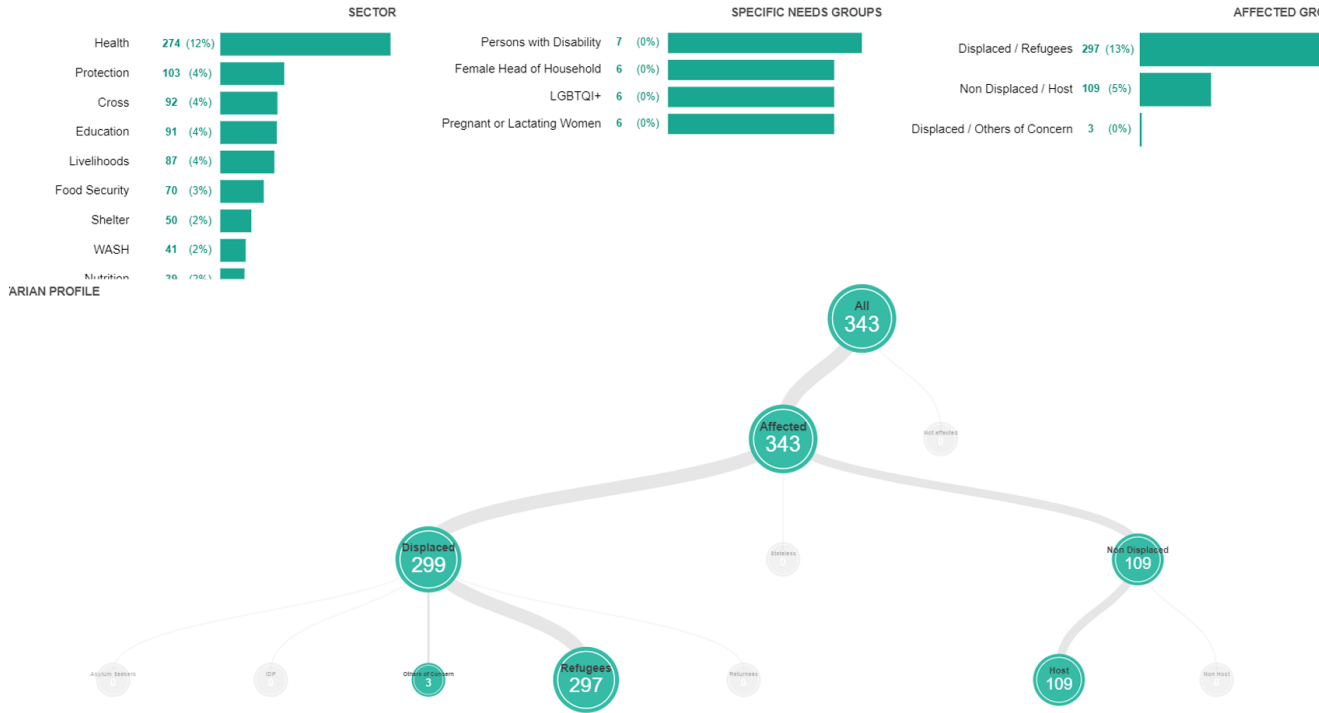
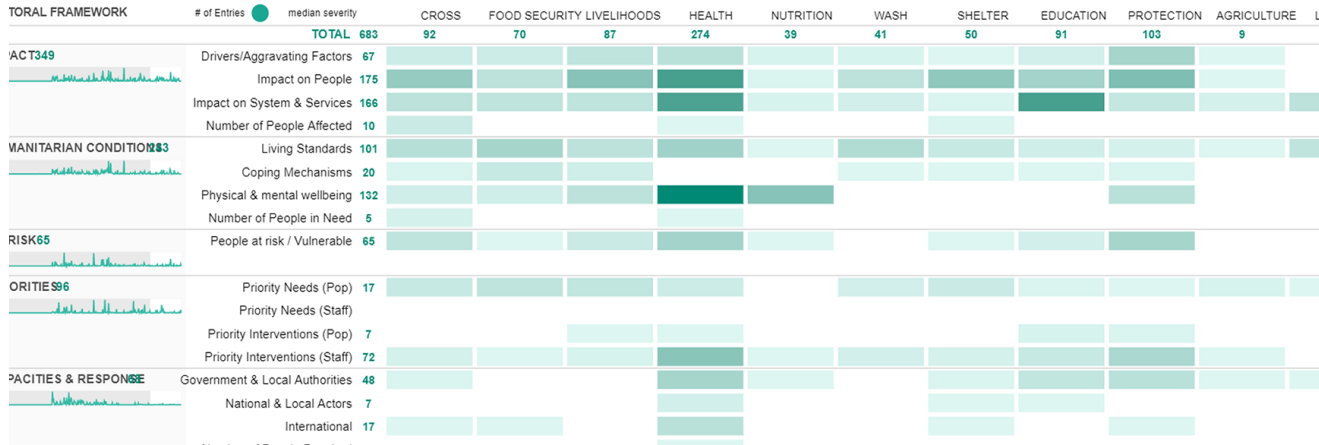


Figure 25. Documents and entries by sector and affected group



Analysis Workflow

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

The ACAPS Analysis Canvas was used to design and plan for the September product. The Canvas support Analysts in tailoring their analytical approach and products to specific information needs, research questions or information needs.

- The ACAPS Analysis Canvas was used to design and plan for the September product. The Canvas support Analysts in tailoring their analytical approach and products to specific information needs, research questions or information needs.

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

The analysis workflow is provided overleaf (Figure 26).

Figure 26. iMMAP/DFS Analysis Workflow January 2021

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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