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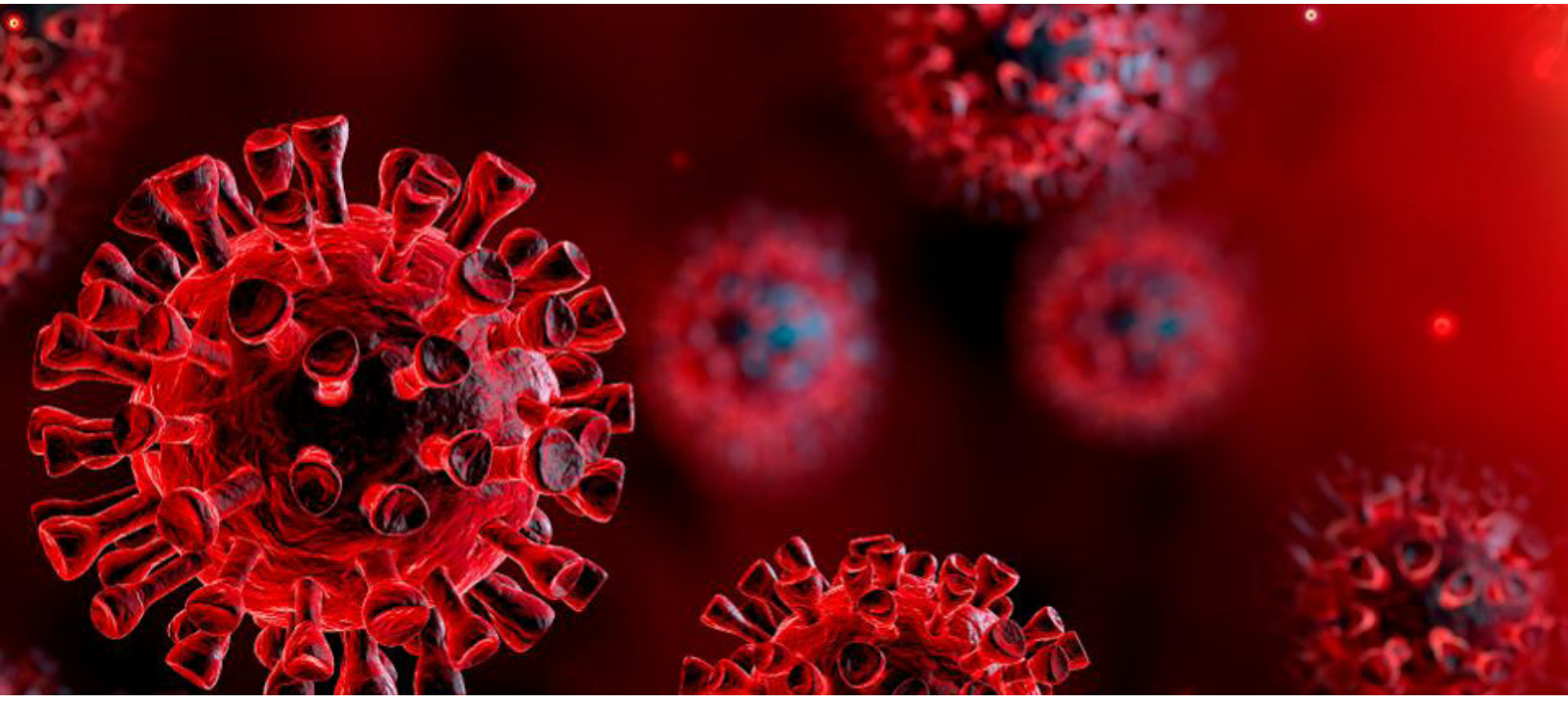
COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC

BANGLADESH

FEBRUARY 2021



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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 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 timely solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.

CONTENTS

EXECUTIVE SUMMARY / HIGHLIGHTS

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

	Infection	Death	Tests	Vaccination
Bangladesh	**546K** COVID-19 infections as of 1 March 2021	**8,408** COVID-19 deaths as of 1 March 2021	**4.04M** Tests conducted as of 1 March 2021	**3.11M** Vaccinated as of 28 February 2021
Cox's Bazar Refugee Community	**406** COVID-19 infections as of 28 February 2021	**10** COVID-19 deaths as of 28 February 2021	**30K** Tests conducted as of 28 February 2021	**0** Vaccinated as of 28 February 2021
Cox's Bazar Host Community	**5,593** COVID-19 infections as of 28 February 2021	**73** COVID-19 deaths as of 28 February 2021	**61K** Tests conducted as of 28 February 2021	**55.8K** Vaccinated as of 28 February 2021

COVID-19 infection rates across Bangladesh continued to drop with 11,077 new cases recorded (down from 21,626 in January), case fatality is also decreasing with the number of deaths recorded in February at 281, down from 568 in the previous month. 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. Nationally the largest remaining restriction is on education as schools and education establishments remain closed.

A mass vaccination campaign is underway with a total of 3,110,525 people within Bangladesh having received their first dose of the COVID-19 Vaccine (Covishield) as of 28 February 2021.

In Cox's Bazar the situation remains relatively stable with members of the host community amongst the recipients of the vaccine. There has been no significant change in containment measures or restrictions and within the host community, COVID-19 caseload is following the national trend and decreasing. However there has been a small upturn in positive cases identified within the refugee population, with 25 new cases recorded in February up from 14 cases the month before.

Preliminary findings from the Refugee influx Emergency Vulnerability Assessment (REVA 4) conducted by WFP shed light on the impact of the COVID-19 crises on both the refugee and host communities. The survey (which is conducted annually) shows that overall vulnerability has increased from 2019 to 2020 across all populations, both Rohingya and host community.

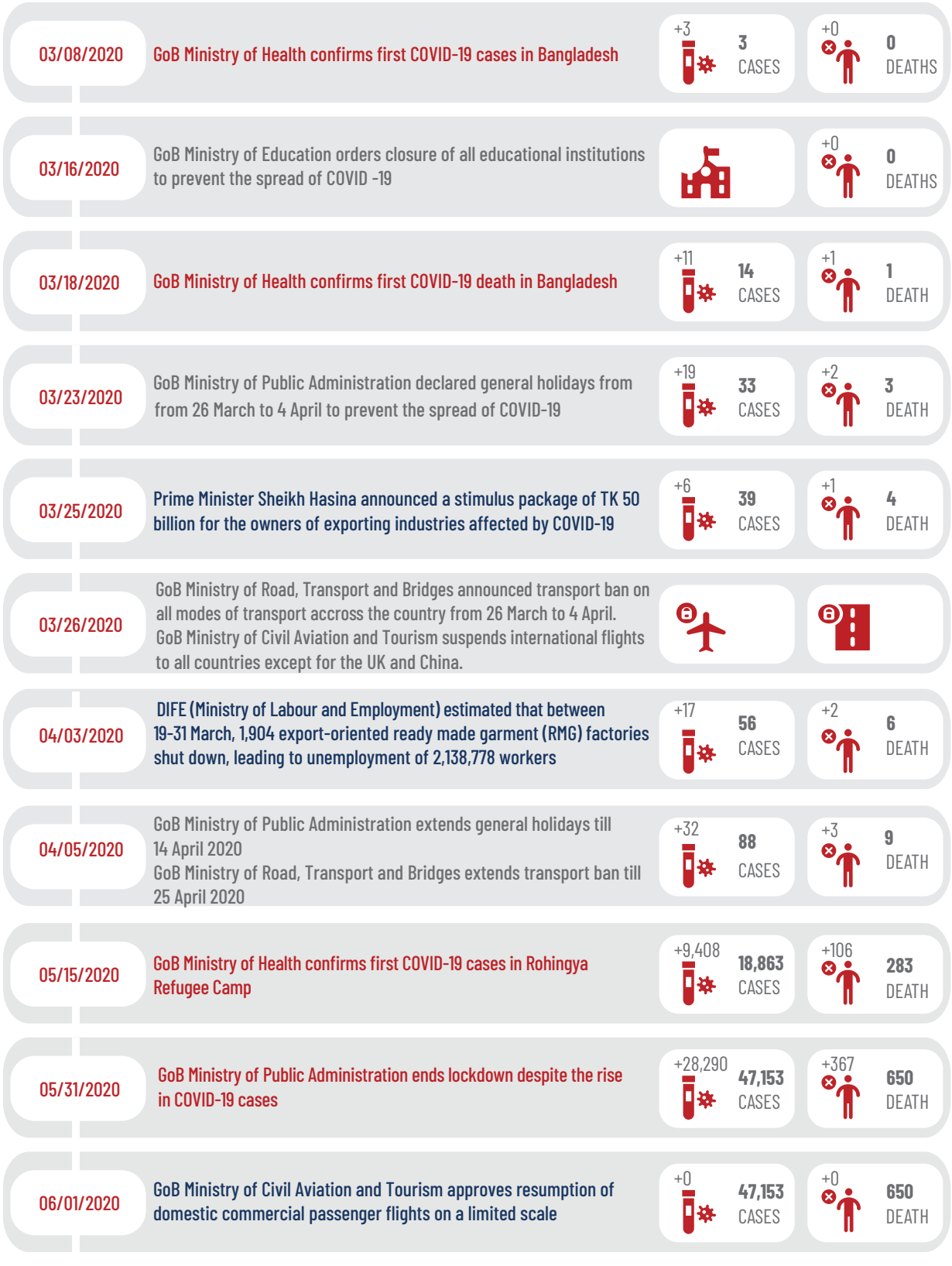
Livelihoods amongst the host community were badly hit by COVID-19 containment measures and led to a significant drop in income for many households. For the refugee community almost all avenues to cash generation (such as volunteer stipends or access to the informal economy) were heavily affected by the crisis, although provision of aid (including food) was able to continue through the inclusion of COVID-19 prevention measures within delivery

modalities.

An assessment by REACH and analysis based on secondary data by ACAPS highlight the difficulties that persons with disabilities (PwD) and the elderly face within the camp environment. Even before COVID-19, PwD faced many barriers in accessing services, but containment measures and the need for social distancing and increased hygiene have only increased the challenges they face.

Schools continue to remain closed. Access to distance learning remains challenging for refugee children and children from the host community's poorer families. Protection actors highlight the increasing negative impact this is having on the mental health of children, the exposure to risk that is faced by out-of-school children and the detrimental impact on their cognitive and social development.

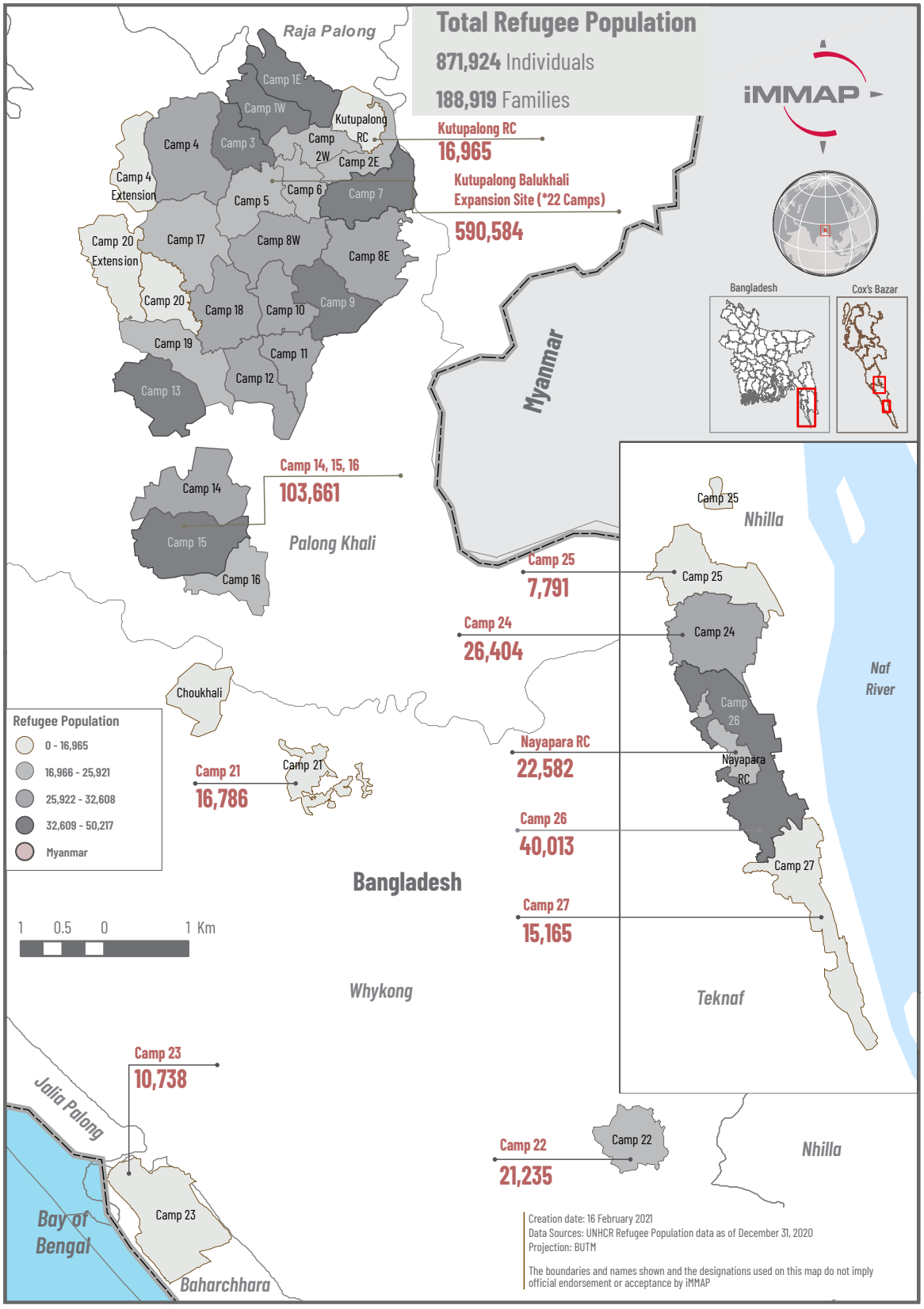
Figure 2. Timeline of Major Event



06/15/2020	GoB Ministry of Education extends closure of educational institutions until August 6, 2020	+43,466 **90,619** CASES	+559 **1209** DEATH
06/18/2020	Directorate General of Health Services (DGHS) confirmed that COVID-19 cases has exceed 100,000 in Bangladesh	+11,673 **102,292** CASES	+134 **1343** DEATH
07/18/2020	Directorate General of Health Services (DGHS) confirmed that COVID-19 cases has exceed 200,000 in Bangladesh	+99,774 **202,066** CASES	+1238 **2,581** DEATH
07/21/2020	GoB Ministry of Health made wearing of masks mandatory for all	+5,387 **207,453** CASES	+87 **2,668** DEATH
09/27/2020	WHO report confirm that COVID-19 cases in Cox's Bazar exceed 4,500 with nearly 4,400 host community people and 200 rohingya refugees infected	+151,695 **359,148** CASES	+2,493 **5,161** DEATHS
10/26/2020	WHO report confirm that COVID-19 cases has exceed 400,000 with over 5,800 deaths in Bangladesh	+41,103 **400,251** CASES	+657 **5,818** DEATH
12/04/2020	GoB Ministry of Foreign Affairs confirmed Bangladesh has relocated 1,642 of the Rohingya refugees in the country to Bhashan Char, an island in the Bay of Bengal	+64,681 **464,932** CASES	+826 **6,644** DEATH
12/14/2020	WHO report confirm that COVID-19 cases has exceed 490,533 with over 7,045 deaths in Bangladesh	+8,969 **473,901** CASES	+128 **6,772** DEATH
01/27/2021	Bangladesh has started its COVID-19 vaccination	+39,609 **513,510** CASES	+787 **7,559** DEATH
02/07/2021	The national-level vaccination programme started rolling out including Cox's Bazar	+24,552 **538,062** CASES	+646 **8,205** DEATH
02/27/2021	Refugee Relief and Repatriation Commission (RRRC) confirm about 10,000 Rohingyas have moved to Bhashan Char in several phases so far	+7,769 **545,831** CASES	+195 **8,400** DEATH
03/01/2021	WHO report confirm that COVID-19 cases has exceed 546,216 with over 8,408 deaths in Bangladesh	+385 **546,216** CASES	+8 **8,408** DEATH

● Containment measures ● COVID cases ● Economic

Figure 3. **Refugee population by camp as of 28th February 2021** *(Source: UNHCR 31/01/2021)*



CONTEXT - ECONOMIC

Socio-economic Impact and Poverty Level in Bangladesh

About a year after the first cases of COVID-19 emerged in Bangladesh, the pandemic continues to impact the socio-economic stability in the country, which is largely consistent with the global trend. The government report on SDG's in June 2020 showed that the COVID-19 pandemic decreased employment opportunities for the poorest, setting back progress in reducing the poverty rate which had fallen from 40% to 20.5% between 2005 to 2019, before increasing to 29.5% in 2020. Despite the economic rebound in the second half of 2020 through a recovery in trade and remittances, the persistent negative impact of the pandemic on the economy resulted in the overall decline of the economic growth of the country. Bangladesh, the fastest growing economy of the South Asian region, experienced a 50% reduction in economic growth, from 8.4% in 2019 to 4.3% in 2020 (World Economic Situation and Prospects 2021 by UNDESA).

Despite relevant success in the macroeconomy, at the microeconomic level, low-income vulnerable households have been hit hardest by the crisis. A recent survey on the impact of the pandemic on Bangladesh's Micro, Small, and Medium Enterprises (MSMEs) revealed that around 83% of firms are making losses and 64% are temporarily closed. Across sectors, 94% of businesses have experienced 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).

Government Fiscal and Monetary Policy

The government has been implementing various short, mid-term, and long-term plans giving priority to attaining high growth, maintaining macroeconomic stability. The statements coming from the government showed that the overall public expenditure in the **FY20** stood at **BDT. 4,15,548 crore** [**$52 Billion**], 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 **BDT. 1,24,053 crore** [**$15.5 billion**], amounting to 4.4% of the country's Gross Domestic Product **(GDP)** (Dhaka Tribune 20/01/2021). It is worth noting that according to the recent survey on the impact of MSMEs, 76% of firms were unaware of existing COVID-19 stimulus packages from any financial institutions (World Bank 18/02/2021).

In 2020, the National Board of Revenue **(NBR)** attained a revenue collection growth of 4.11%, overall public expenditure had reduced by 7.57%, and the rate of Annual Development Programme **(ADP)** implementation reached 8.2% out of its overall allocation. In 2020, macroeconomic indicators like inward remittances performed exceptionally well, with remittance hitting a record by the end of the year. The significant growth of 48.54% in the inward remittance flow is largely due to the incentive on remittance at 2% rate and the simplification of the remittance sending process which has been crucial in the recovering process (Dhaka Tribune 20/01/2021, Dhaka Tribune 04/01/2021).

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 a 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. Current forecasts assume that the effective containment of the virus in the region and the rest of the world, will drive infection rates down in early 2021, and put an end to further lockdowns. As a result, it is expected that global trade will rebound, along with 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 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 low in economies like Bangladesh, with the near single-trade in **Ready-Made Garments (RMG)** which were particularly exposed to external demand shocks (UNDESA 25/01/2021).

Employment and Labor Market

Bangladesh experienced a significant rise in unemployment among low-income groups, 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 impact on job losses has been worse in the MSMEs sector which plays a critical role in providing jobs, employing 20.3 million people in Bangladesh (about 20% Bangladesh adult population). A staggering 37% of Bangladesh's workers have lost their jobs, temporarily or permanently, and 58% of firms have reduced their working hours. More jobs may be at risk as the

end to the pandemic is not insight (World Bank 18/02/2021).

In 2020, 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**, 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). Migrant returnees are also vulnerable to a number of challenges such as the current unemployment, ill health, debt repayment aside from battling with the social stigmas related to return (IOM 08/03/2021).

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 has 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 that education deprivation and poverty, the region has been facing the impact of COVID-19 in the local economy. Almost 700,000 people have lost their source of income, since the mid-March 2020 COVID-19 outbreak. 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 struggle for jobs are the many migrants forced back to Cox's Bazar due to job losses overseas. According to the Ministry of Expatriates' Welfare and Overseas Employment, over 400,000 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 the 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. Although the preliminary findings from Refugee influx Emergency Vulnerability Assessment (REVA 4) indicated some recovery in the second half of 2020, the findings also showed an increase in economic vulnerabilities in comparison to 2019.

COVID-19 EPIDEMIC OVERVIEW

Epidemic Overview at National Level

Declining caseloads and fatalities continued

The COVID-19 downward trend has continued throughout the month of February with the monthly incidence (confirmed number of new cases) reported at **11,077**, down from 21,629 in January. Since December 2020, trends both in terms of caseload and reported deaths have declined, compared to the global high spike due to the second wave of the pandemic. According to the DGHS Press Release, between 8 March 2020 and 28 February 2021, **546,216** COVID-19 cases have been confirmed by rRTPCR, GeneXpert, and Rapid Antigen tests, including **8,408** related deaths (CFR 1.54%). Bangladesh is the top 33rd country in the world and accounts for 0.48% of the COVID-19 cases of the world (WHO 01/03/2021).

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

Bangladesh	02-Nov	30-Nov	31-Dec	31-Jan-21	1-Mar-21
Cases this month	50,433	53,944	48,578	21,629	11,077
Total confirmed cases	410,988	464,932	513,510	535,139	546,216
Tests this month	440,320	410,999	454,897	424,124	392,305
Total tests conducted	2,361,702	277,2701	3,227,598	3,651,722	4,044,027
Deaths this month	773	678	915	568	281
Total deaths	5,966	6,644	7,559	8,127	8,408

Mass Vaccination is Underway

Bangladesh launched the COVID-19 vaccination with the AstraZeneca-Oxford University vaccine, from **27 January 2021**. The government has planned for a five-stage vaccination programme targeting 138,247,508 people as the pathway to eradicating the prevalence of the COVID-19 pandemic in Bangladesh (Dhaka Tribune 24/01/2021). The national-level vaccination programme started rolling out on **7 February 2021**, comprising 46 vaccination centres in the capital and around 1000 across the country (WHO, 16/02/2021). So far, Nine million doses of the vaccine have been received by Bangladesh. Whereas 6,000,000 vaccine doses were distributed across the country, out of which 3,110,525 (52%) vaccine doses have already been utilized as of 28 February 2021. A total of 3,110,525 people have received their first dose of the COVID-19 Vaccine (Covishield) in the whole country as of 28 February 2021 (WHO 01/03/2021). At the same time, The Government of Bangladesh reported that Bangladesh has joined COVAX AMC countries to secure COVID-19 vaccines. As per the COVAX allocation, Bangladesh expects to receive vaccine doses equal to 20% of its population (34,561,877) followed by additional doses equal to at least 40% of its population (69,123,754) based on the availability of vaccine and weighted allocation. A national web portal has been developed and People have been asked to register by visiting the official website to receive the vaccines. Emergency hotline numbers for information on vaccines have also in place (Dhaka Tribune 28/02/2021).

Figure 5. **Total vaccination by division in Bangladesh** *(Source: DGHS 28/02/2021)*

Bangladesh	Vaccination	Male	Female
Barisal	147,472	97,065	50,407
Chittagong	681,803	444,587	237,216
Dhaka	941,339	615,770	323,569
Khulna	384,556	243,689	140,867
Mymensingh	135,124	85,290	49,834
Rajshahi	343,910	220,596	123,314
Rangpur	284,230	183,338	100,892
Sylhet	192,091	121,846	70,245
Total	3,110,525	2,012,181	1,098,344

Figure 6. **Vaccination map Bangladesh showing Cox's Bazar in Chittagong Division** *(Source: DGHS 28/02/2021)*

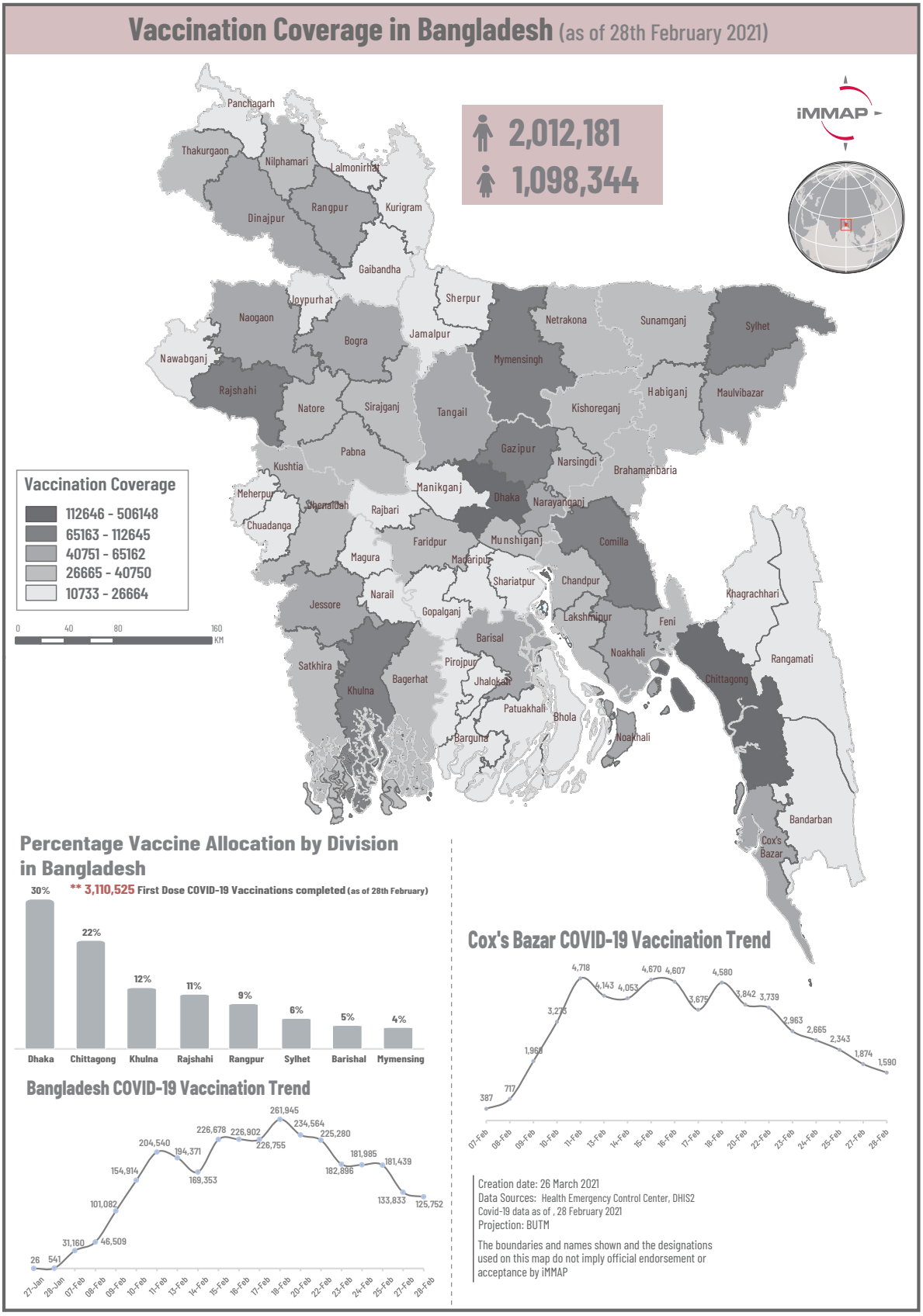
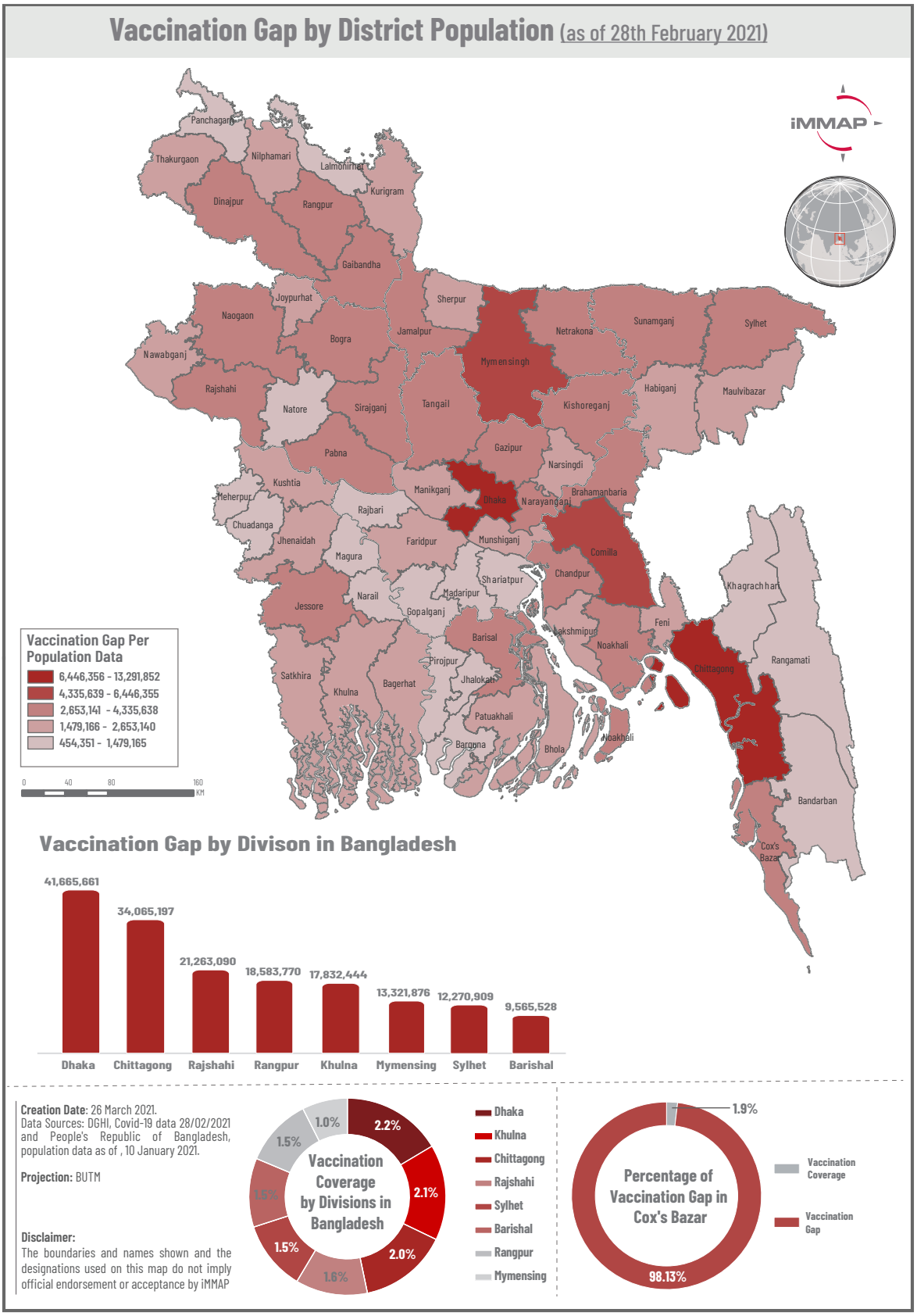


Figure 7. **Vaccination gap map for Bangladesh showing Cox's Bazar in Chittagong Division** *(Source: DGHS 28/02/2021, Bangladesh Population data 10/01/2021)*



Infodemic impacting the public health measures

With the daily caseload dropping down below the 5% mark and mass immunization in process, maintaining the public health measures and practices among people is becoming more difficult. There have been pockets of significant resistance to vaccination among people due to misconceptions and rumors spread as infodemic. Whilst public health measures such as wearing masks in public and institutional quarantine measures after screening incoming international passengers remain in place, most of the containment measures remain relaxed. However, there is still the fear of the sudden influx of a new variant (as has happened in other countries now facing a second wave), especially with two new mutations of the virus that are now considered far more infectious (the UK and the South African variants). The Government of Bangladesh has also shown concern that people are not adhering to the safety measures and this might also worsen the situation (Dhaka Tribune 10/02/2021).

Epidemic Overview in Cox's Bazar

The overall COVID-19 trends in the Cox's Bazar are not in line with the national context. Host community caseload only dipped slightly in February with 88 new COVID-19 cases identified compared to 98 during the previous month, a reduction of X%, compared to a national reduction of x%. For the refugee community, there was an increase of 25 new COVID-19 cases, compared to 14 in the previous month. Testing levels remained relatively static.

Overall, as of 28 February 2021, a total of 5593 individuals from the host community in Cox's Bazar district have tested positive for COVID-19, while 406 COVID-19 cases have been reported among Rohingya/FDMN. With a total of 56 cases, Camp 24 has the highest number of cases to date further ahead from Camp 2W with 40 and Camps 3 and 15 with 30 and 27 cases, respectively (WHO 02/03/2021).

Vaccination for COVID-19 among Cox's Bazar population was also initiated on 7 February 2021, aligned with the nationwide vaccination program. A total of 55808 people have been vaccinated with the first doze till 28 February 2021. Rohingya Refugees are also being included in the revised National Deployment & Vaccination Plan (NDVP). The Inclusion will follow the same criteria as the vaccination programme for Bangladeshi nationals. (DGHS, WHO, 02/2021)

Currently, several COVID-19 studies are at various stages of planning and implementation. IEDCR has completed data collection of FDMN seroprevalence study. Work on data cleaning, merging, and weighting is complete. Initial drafts of result tables and reports are being prepared by IEDCR. In addition, IEDCR is collecting data for healthcare worker case-control study in four government COVID-19 hospitals (WHO 22/02/2021).

The Trajectory of COVID-19 in Cox's Bazar

Figure 8. **COVID-19 cases in Cox's Bazar as of 28th February 2021** *(Source: WHO 28/02/2021)*

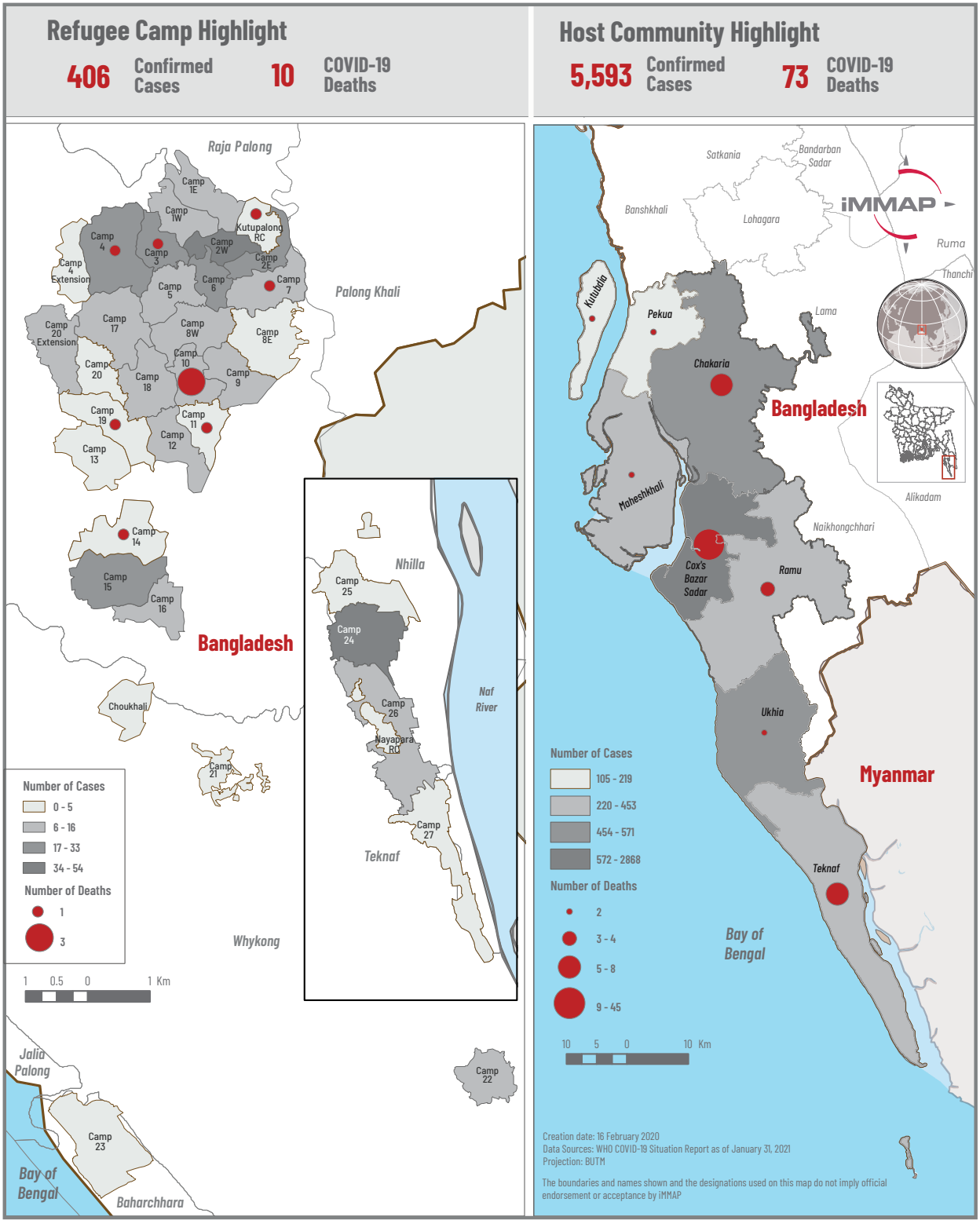


Figure 9. **Bi-weekly caseload trend in host community** *(Source: WHO situation reports)*

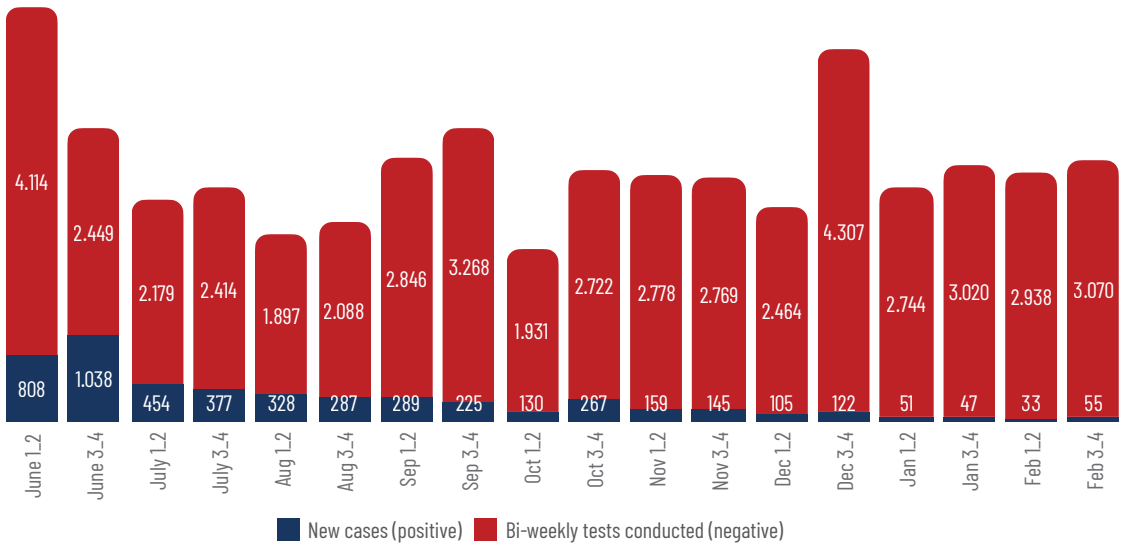


Figure 10. **Bi-weekly caseload trend in refugee community** *(Source: WHO situation reports)*

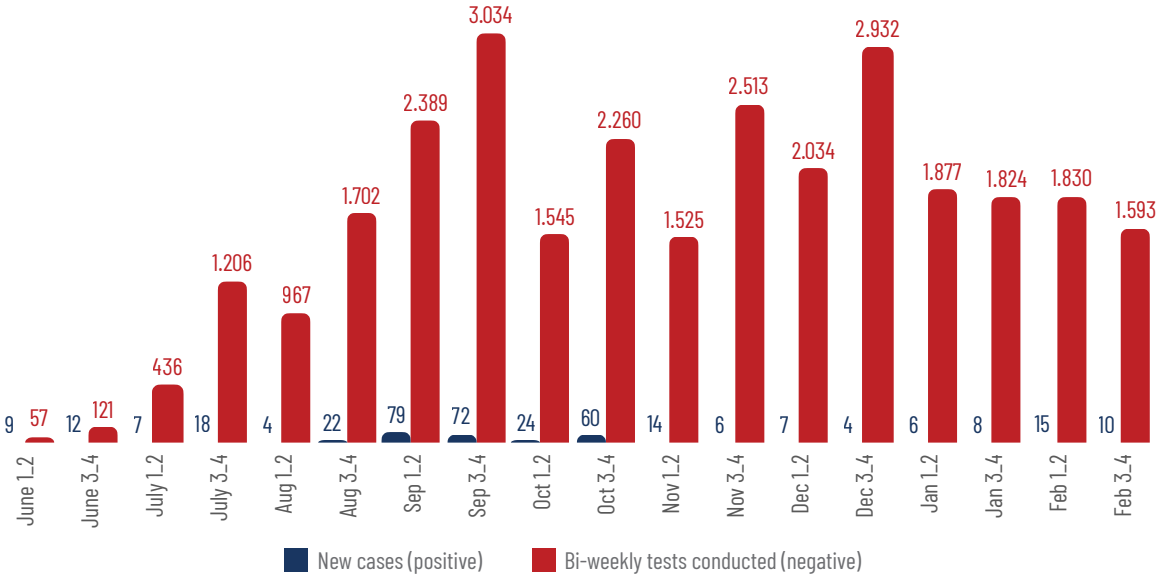


Figure 11. **Bi-weekly total tests conducted and new cases in host community** *(Source: WHO situation reports)*

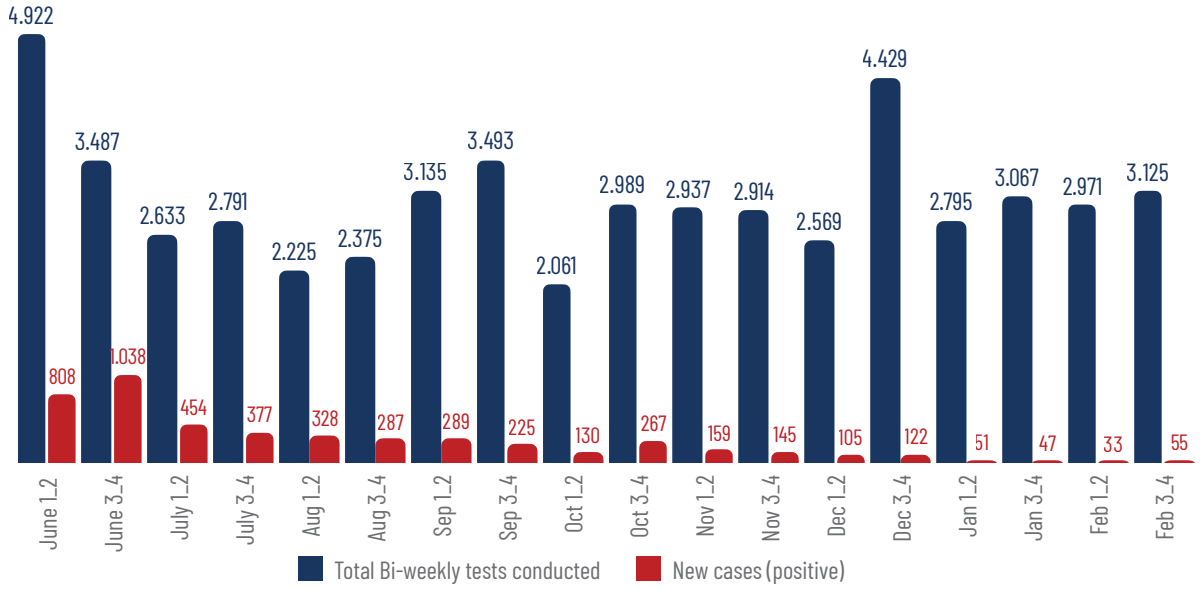
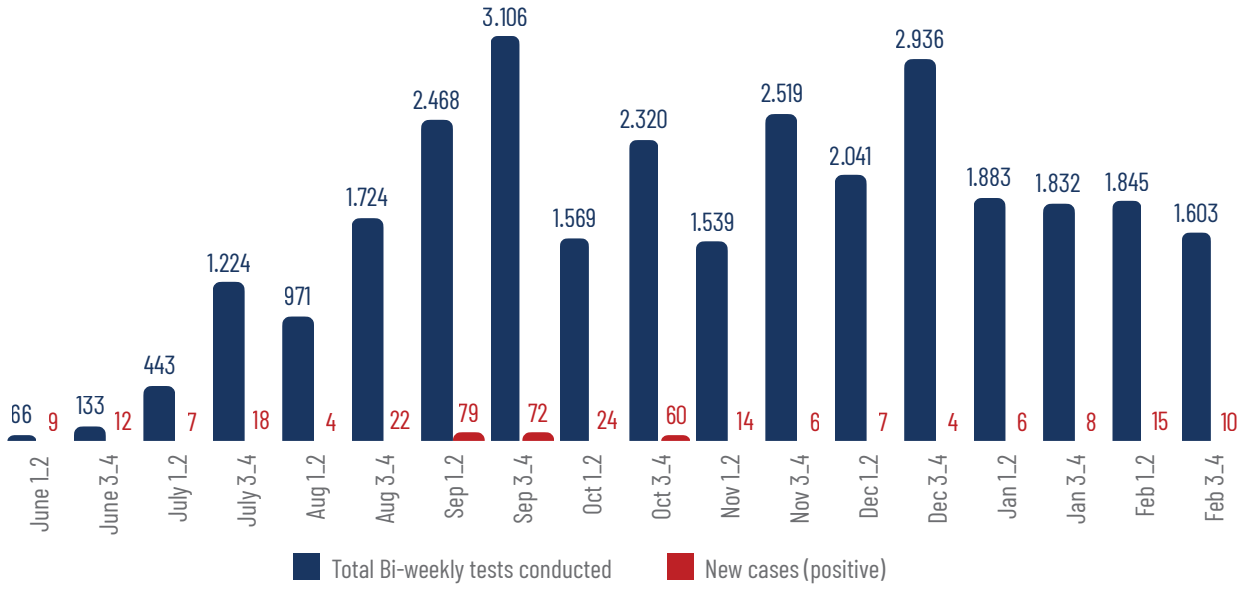


Figure 12. **Bi-weekly total tests conducted and new cases in refugee community** *(Source: WHO situation reports)*



COVID-19 CONTAINMENT MEASURES

After the gradual restart of economic activities across the country, many movement restrictions inside Bangladesh have been lifted. The COVID-19 prevention measures now in place are poorly adhered to, in part as a result of minimal enforcement. However, new COVID-19-related limitations on humanitarian activities within the camps in Cox's Bazar have been retained. Organizations must also follow strict procedures to prevent the spread of COVID-19, such as physical separation, handwashing, and mask use. Schools in the host community and education centres within camps remain closed.

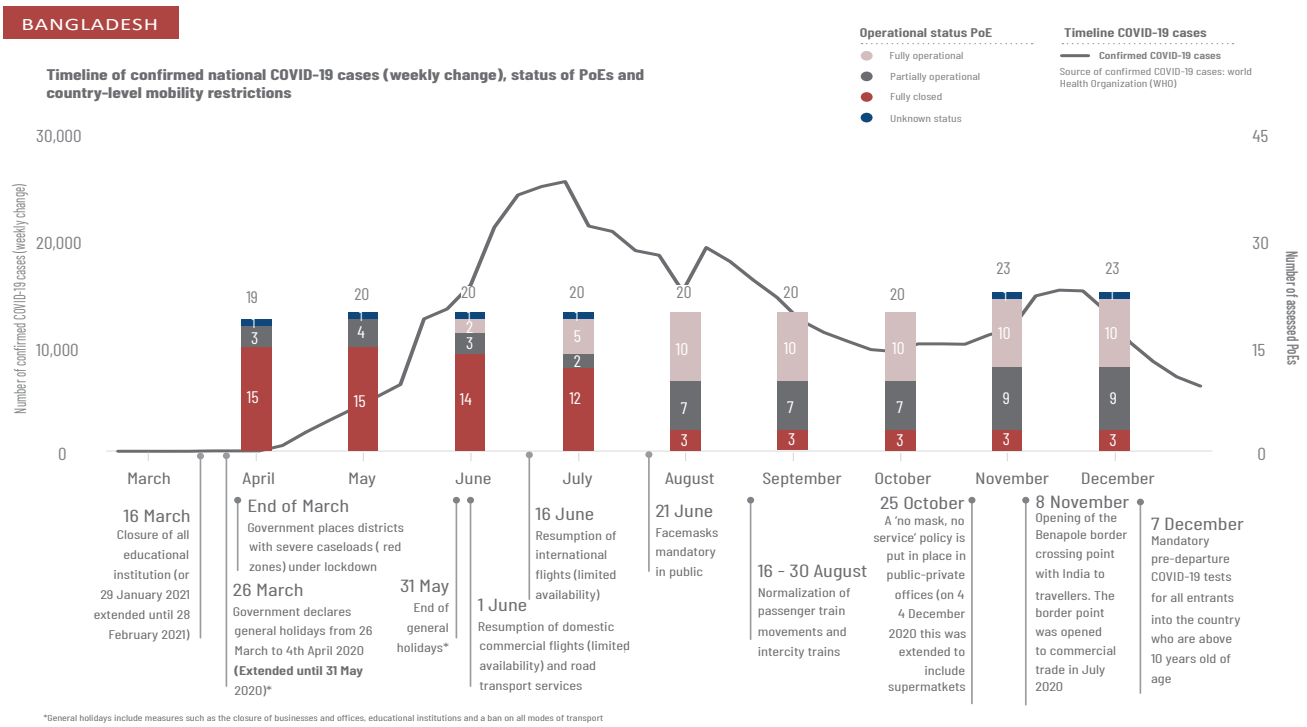
COVID-19 Containment Measures at the National Level

The government has reviewed its earlier decision on reopening of school from February 14 to February 28, except for the Qawmi Madrasa. In August of last year, the government allowed the Qawmi Madrasas to reopen due to increased demand (Dhaka Tribune 25/02/2021). Educational facilities have been closed since March of last year to stop spreading the highly infectious disease. The National Committee for the Protection of Kindergartens and Equivalent Schools claimed that this has resulted in approximately one million teachers and staff being unable to earn their salaries. The Government has defended the decision to delay reopening educational institutions, citing the need to further monitor the evolving COVID-19 situation during February (Dhaka Tribune 23/02/2021).

The remaining movement restrictions imposed by the COVID-19 pandemic have been maintained, but regular business activities have returned to previous status as seen prior to the pandemic. There is little or no enforcement of social distance and very limited use of masks in public spaces (Dhaka Tribune 08/02/2021).

The Government of Bangladesh has continued advocacy activities to increase adherence to COVID-19 infection prevention guidelines, even after receiving the COVID-19 vaccine. This effort is to discourage the assumption that perhaps the vaccine program would eradicate COVID-19 without adherence to containment measures (Dhaka Tribune 25/02/2021). Temperature screening is also continuing at most of the entry points. Thousands of people are being quarantined across the country (WHO 22/02/2021).

Figure 13. Point of entry analysis of COVID-19 at Bangladesh *(Source: IOM 02/03/2021)*

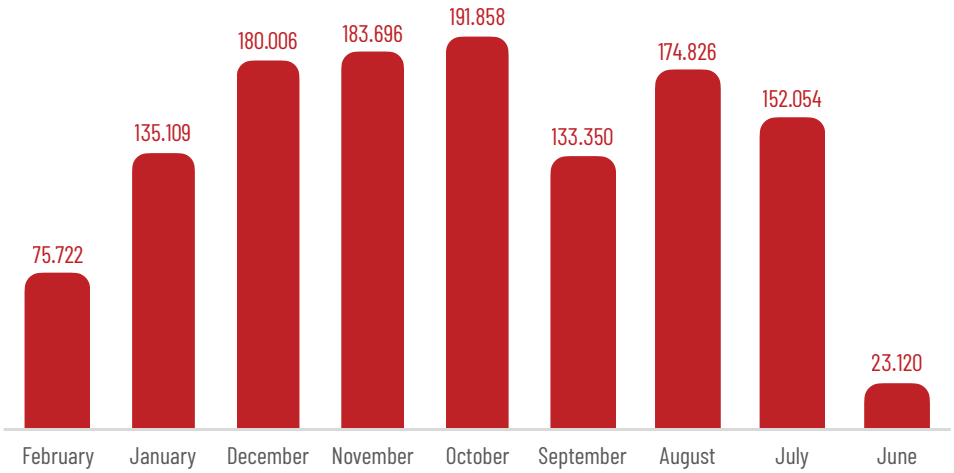


Containment Measures in Cox's Bazar

The COVID-19 containment measures at the national level are being adapted locally at the district level in Cox's Bazar. With the lifting of COVID-19 restrictions across the region, livelihood and income-generating activities have restarted in Rohingya camp settings and host communities in Cox's Bazar. Humanitarian actors are continuing to assist in the detection of COVID-19 cases, providing hygiene education related to COVID-19 and referring patients with fever to local health facilities for medical evaluation.

Regular temperature screening is still being performed at most of the entry points. From the 1st to the 16th of February, twelve of the nineteen points of entry (POE) in the Cox's Bazar refugee camps were operational in various strategic locations, screening a total of 75 722 people (WHO 16/02/2021).

Figure 14. Point of entry screening at Cox's Bazar refugee Camps *(Source: WHO 16/02/2021)*



INFORMATION AND COMMUNICATION FOR COVID-19

Small awareness group sessions are conducted focusing on signs and symptoms of COVID-19, risk factors, quarantine, and isolation/ treatment including hygiene promotion activities on Acute Water Diarrhea (AWD) and COVID-19 with approved key COVID-19 and AWD messages through HH visit. The protection sector continued to disseminate awareness messages among the Rohingya community (WHO 02/03/2021). In addition to the regular curriculum, the children are also taught about the COVID-19 prevention measures (BRAC 05/02/2021). Social media platforms like Facebook have been working closely with the Directorate General of Health Services (DGHS) and the ICT Division to provide health awareness information and connect to government resources. The COVID-19 Information Center is available in Bangla to ensure people can easily access and avail accurate information shared by the World Health Organization and health experts (Dhaka Tribune 10/02/2021).

Information Channels and Means

National and international agencies continue to disseminate awareness messages through mobile messaging, megaphones, loudspeakers. Agencies expanded the national Alapon Helpline service to cover the Rohingya camps. The Alapon Helpline is a toll-free help number, where young people between the ages of 10 and 24 and their parents can call to ask questions and receive psychosocial support from professional counselors. As a result of the initiative, the Rohingya camps in Cox's Bazar now have a separate number which the local communities can call to receive counseling in their own Rohingya dialect (UNFPA 13/02/2021).

Information on topics of interest to the communities is communicated through Radio Listening Groups and Visual Content Watching Groups. WHO and UNICEF also provided English and Bangla versions of the weekly radio script on COVID-19 and shared with partners to be widely disseminated through radio broadcasting for wider dissemination (WHO 06/02/2021). To receive COVID-19 vaccinations people have been registered through the national web portal. Emergency hotline numbers 16263, 333, and 10655 are facilitated for information on vaccines (Dhaka Tribune 10/02/2021).

Information Challenges

Disability could be causing restricted access to information and exclusion from humanitarian assistance

Persons with disabilities (PwD) and older people in the camps are less informed of preventative hygiene/social measures for COVID-19. Even prior to the pandemic, reduced exposure to mass media and to awareness-raising initiatives reduced the ability of PwD and older people in the camps to fully understand the information shared by the humanitarian response. When the pandemic struck, they were less informed of preventative hygiene/social measures for COVID-19 (ACAPS 08/02/2021, WASH Sector, ISCG, and ADWG 05/2020). A recent report from ACAPS states that the number of women and girls with disabilities in the camps risks being underreported because of barriers to adequate representation, potential neglect by caregivers, social barriers that impact female mobility among the Rohingya, and social and physical barriers that are commonly faced by PwD and older people.

The Centre for Peace and Justice (CPJ) has been receiving many inquiries about when the vaccine will be available in the camps. Information needs appear to have shifted since the onset of the pandemic: people today want to know more about treatment options, vaccine development, and how to help prevent the virus from spreading further (BRAC 15/02/2021, IFRC 30/01/2021). News reports indicated post-vaccination instruction is not sufficient which should be disseminated from the vaccination centres (Dhaka Tribune 22/02/2021).

Women and adolescent girls have faced increased pressure from their families and communities due to rumors linking the spread of the virus to women, in particular, targeting women perceived as deviating from traditional norms (e.g., working or failing to wear appropriate clothing) which affected women's participation in the camp activities and has limited their involvement in community-based structures (UNHCR 14/02/2021).

COVID-19 IMPACT AND HUMANITARIAN CONDITIONS

The following situational analysis relies heavily on the findings of the Refugee influx Emergency Vulnerability Assessment (REVA 4), which summarizes how the situation evolved in the course of one year in the context of COVID-19. The current impact of the pandemic on households in Cox's Bazar is also understood in comparison to the pre-crisis context of 2019 from the findings of REVA 3. As of February 2021, most movement restrictions and other COVID-19 related measures have been lifted. However, analysis shows that the pandemic might have a long-term impact on the population, not only has vulnerability increased among communities in Cox's Bazar, it is likely that the pandemic has eroded people's ability to absorb shocks.

Measures such as the continued closure of schools remain in place, as well as certain restrictions on program implementation modalities. Humanitarian operations have to comply with the Refugee Relief and Repatriation Commissioner (RRRC) Guidance which was last updated in July 2020. This guidance constrains programming modalities and activities allowed in the camps. According to reports, the reduction in humanitarian footprint is significantly impacting the humanitarian services to the highly aid-dependent refugee population.

- COVID-19 significantly hampered livelihood activities in Cox's Bazar district throughout 2020. While according to the REVA 4 there has been a gradual recovery of economic activity since the uplifting of lockdown measures in July 2020, **vulnerability of the Rohingya refugees and host community persists** indicating the impacts of sustained shocks. Households in Cox's Bazar are forced into adopting crisis and emergency coping mechanisms. Refugees who already faced challenges in having regular income pre-crisis faced decreased self-reliance activities and income levels in 2020

- **Food insecurity levels have increased among host communities and marginally among the Rohingyas in 2020 compared to 2019**, notably due to income losses, price hikes, and the change in food assistance modality.

- Health Service delivery across Bangladesh has increased since a dropoff during the lockdown but is still below levels of the same period last year. **Communities remain worried about the health impacts of COVID-19**, especially mental health concerns for children.

- **COVID-19 is impacting food intake for children in Bangladesh**, although there is no evidence yet on the impact on malnutrition rates. Malnutrition rates within camps remain unchanged as of the end of 2020 in comparison to the previous round. But **the number of children at risk of malnutrition is increasing**, so whether this would have a long-term impact on malnutrition rates in camps remains to be seen.

- **More than half of the refugees faced sanitation problems in 2020**, sanitation problems were much less reported in the host community. The latest evidence from REVA 4 assessment shows **an overall improvement in water-related issues year-on-year**, despite COVID-19 impact on the sector. Access to WASH facilities remains a concern particularly for women, girls, and people with disabilities.

- The negative socio-economic impact of COVID-19 on security and safety increased violence in the camp and has led to **increased protection concerns in 2020** in Cox's Bazar in comparison to the previous year.

- Schools have been closed for almost a year as of February 2021, disrupting access to education and increasing **the risk of school-aged children not returning back to education.**

- **People with disabilities and older people living in camps of Cox's Bazar struggle to access essential services**, lack of physically accessible or adapted facilities, lack of inclusive interventions, and disruption of services, likely to lead to heightened vulnerabilities.

LIVELIHOODS

Information Sources, Gaps, and Challenges

Recently published preliminary findings from the Refugee influx Emergency Vulnerability Assessment (REVA 4)(data collected from 7 November to 3 December 2020) are compared to the previous REVA 3 and analysed to show the impact of COVID-19 on both the Rohingya refugees and the host community for 2020 in terms of livelihoods, food security, and the adoption of harmful coping mechanisms to mitigate the impacts. The most recent Joint Multi-Sector Needs Assessment (J-MSNA)(July-August) is also utilised to detect continuing trends. More information is expected when the REVA 4 full report is released, therefore, findings cited in this report remain limited. Community perceptions on livelihoods and access to food are provided by a recent BDRCS and Ground Truth Solutions survey. Food prices trends and increase is provided by GIEWS FAO. The economic impact of COVID-19 on Bangladesh, including rising poverty levels, is discussed in the economic section of this report. As of February 2021, most movement restrictions and other COVID-19 related measures have been lifted, however, the Refugee Relief and Repatriation Commissioner (RRRC) Guidance on Critical Activities allowed in the camps has not been updated since July 2020. Limited evidence and observations are available on coping mechanism improvements since the easing of COVID-19 restrictions.

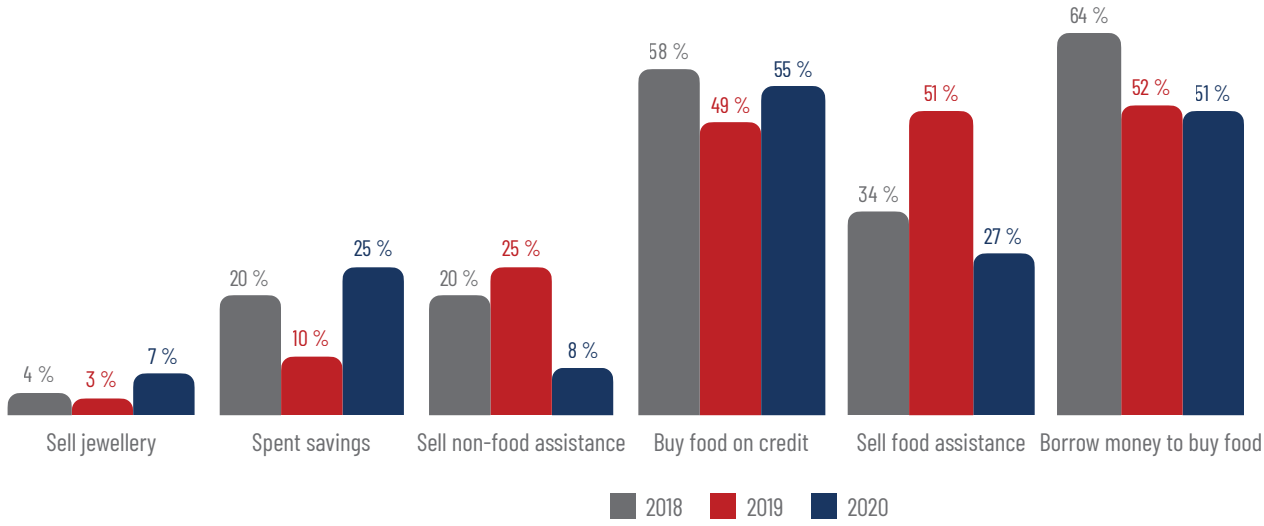
COVID-19 and the impacts of sustained shocks hampered livelihood and self-reliance activities in Cox's Bazar district throughout 2020, which in turn increased the vulnerability of the Rohingya refugees and host community. Households in Cox's Bazar are forced into adopting crisis and emergency coping mechanisms

Recent preliminary findings from the Refugee influx Emergency Vulnerability Assessment (REVA 4) show that as of October 2020, the percentage of refugee households with income-generating activities have reached pre-crisis levels of around 75%, climbing back up, after reaching a low of only 30% in and around May 2020, just after the first lockdown. The same trend over 2020 is seen for the host community, as of October 2020, 90% of the households are with income after dropping to under 60% in May 2020 (REVA 4 Preliminary Findings 07/02/2021). Despite this recovery, vulnerability persists as of 2021 indicating sustained impacts, with more than half of refugees continuing to worry about losing income as a result of COVID-19 (BDRCS and Ground Truth Solutions 15/02/2021). Twenty-four percent of refugee households and 30% of host community households moved into a higher vulnerability bracket, a composite indicator based on economic vulnerability, food consumption outcomes, and adoption of high risks coping strategies (REVA 4 Preliminary Findings 07/02/2021). According to the REVA 4 preliminary findings, vulnerability levels remain high in the Rohingya camps because of the lack of livelihood opportunities and income sources, which makes them fully reliant on humanitarian assistance with no evidence of wealth or assets accumulation. The situation was worsened by COVID-19 preventive measures which reduced humanitarian operations to critical activities.

After dropping sharply due to the impact of COVID-19, employment levels for the Rohingya population have recovered to 58% out of the total labour force participation, amounting to 22% of the actual refugee population. This is still 6% lower than 2019 (REVA 4 Preliminary Findings 07/02/2021). Rohingya refugees, particularly unregistered refugees, continue to face a lack of regular income and livelihood opportunities this is due to regulations on employment, lack of work available, and skill gaps. Aid received by the refugees is supplemented by a few income sources such as volunteer stipends, negative coping mechanisms, and daily skilled and unskilled labour. This means that these few income-generating opportunities for refugees remain limited in comparison to host households; the average income of host households' is 75% higher. The majority of volunteer opportunities available in the camp setting are unstable and highly susceptible to shocks, this means that in the context of COVID-19 volunteer stipend opportunities among refugee households remain low (REVA 4 Preliminary Findings 07/02/2021). This has also meant that during the lockdown, host community households were disproportionately affected by the impact of the lockdown when they lost their main sources of income, in comparison to the refugee households who continued to receive regular humanitarian aid.

The detrimental effects of the lockdown on livelihoods and self-reliance activities continue to drive households to adopt negative coping strategies for both the Rohingya and host communities. More households, especially within the host communities, are incurring new debts and exhausting their savings due to the pandemic

Figure 15. Negative livelihood coping strategy 3 year trend for refugee community *(Source: REVA 4 Preliminary Findings 07/02/2021)*



The vast majority (86%) of refugee households are engaging in negative livelihoods-based coping strategies, with around 58% depending on crisis strategies, 24% on stress, and 4% on emergency coping strategies (REVA 4 Preliminary Findings 07/02/2021). In the absence of sufficient income to meet essential needs, refugee households continue to engage in unsustainable coping mechanisms. While these mechanisms have been part of the majority of households strategy in 2019 as well (REVA 3 04/2020), there has been a shift in behaviour in regards to which strategies households adopt in 2020 as a result of the impact of COVID-19 containment measures (REVA 4 Preliminary Findings 07/02/2021).

Preliminary findings from REVA 4 show that the most used livelihoods-based coping strategies by the Rohingya refugees in 2020 are buying food on credit (55%) and spending savings (25%), increasing by 15% and 6% respectively in comparison to the previous year. Rohingya refugees are also selling assets like jewellery more in 2020, increasing by 4% (REVA 4 Preliminary Findings 07/02/2021). The same trends were captured in the Joint Multi-Sector Needs Assessment (J-MSNA). It is likely that as households deplete savings and with no alternative income sources, refugees would become even more dependent on assistance, and more vulnerable to potential shocks. It is also expected that without major humanitarian interventions and the resumption of livelihoods or self-reliance opportunities to support those most in need, both Rohingya and Bangladeshi, social cohesion will continue to deteriorate as people turn to negative coping mechanisms to meet their basic needs (ACAPS 05/07/2020). More recent evidence shows that trust and social cohesion is in fact starting to break down within the two communities.

According to one study, host community participants say increased criminal activity, loss of jobs, ability to access different administrative services, price hikes of different commodities, traffic jams, and the spread of COVID 19 are happening because of the Rohingya community (BBC Media Action 28/02/2021).

Selling food and non-food assistance have significantly decreased by 24% and 17% respectively in 2020 (REVA 4 Preliminary Findings 07/02/2021). This is likely driven by the scale-up of e-voucher since 2019, which implies a more diverse food basket, and the resumption of the fresh food corner. It should be noted that 84% of cases of selling food assistance is to buy other food, mostly to buy fresh vegetables or fish (WFP 01/2021, REVA 4 Preliminary Findings 07/02/2021). Despite the scale-up of the e-voucher modality to cover around 97% of the refugees by November 2020, the change to commodity vouchers due to COVID-19 might have impaired the expected improvements.

Findings also show that host communities are increasingly dependent on spending savings and buying food on credit as coping strategies, possibly due to lockdown-induced income contractions and increased prices, raising the same concerns for the host community as they are pushed further into poverty by adopting strategies with a negative long term impact (REVA 4 Preliminary Findings 07/02/2021). Local media cite an as-yet-unpublished study stating that 40% of people in Bangladesh have already started spending from their savings during the pandemic and 70% started taking loans (Dhaka Tribune 28/02/2021).

Female-headed households remain some of the

most economically vulnerable groups, primarily due to lack of access to income-generating activities and lower-income levels. Female-headed households are also more prone to adopting severe coping strategies compared to male-headed households

REVA 4 assessment shows that female-headed households in both host and Rohingya are more prone to adopting severe (emergency and crisis) coping mechanisms in comparison to male-headed households, these are strategies that are difficult to reverse and have a long-lasting impact (REVA 4 Preliminary Findings 07/02/2021).

Recent evidence from REVA 4 shows that male labour force participation is seven times higher than females (REVA 4 Preliminary Findings 07/02/2021). Despite pre-crisis data indicating that women in Cox's Bazar and especially Rohingya women are less likely to work, levels of women labour participation before 2020 remains scarce, and therefore it is difficult to fully understand the economic impact of COVID-19 on the income of women. However, the lack of labour participation is compounded by the fact that the responsibility of the unpaid work that has resulted from COVID-19 and its related measures, including care work, has fallen exclusively on women (CARE International 14/10/2020; Poverty Action 04/2020). Preliminary findings of J-MSNA from mid-2020, show that single female-headed households are unable to meet their basic needs due to lack of income compounded by interruptions in the distribution of non-food entitlements (J-MSNA 01/10/2020), prompting them to adopt negative coping strategies.

FOOD SECURITY

Despite continued food assistance, refugee households witnessed a marginal decline in food consumption levels. For the host community, the sustained impacts of COVID-19 livelihoods contraction and absence of universal food aid coverage is affecting consumption

Thirty-one percent of surveyed refugee households in Cox's Bazar reported worrying about restricted access to food in the context of COVID-19 (BDRCS and Ground Truth Solutions 15/02/2021); is in line with the findings of the J-MSNA, where 23% of refugee households said they had limited food access (J-MSNA 01/10/2020). Data from the most recent REVA 4 assessment reveal that 88% of the Rohingya community cited food as their priority need (REVA 4 Preliminary Findings 07/02/2021), indicating the need for continued food assistance.

The analysis of food consumption patterns reveals that slightly more refugee households reported deterioration in their food consumption in 2020 in comparison to 2019, while self-reliance activities were reduced or suspended and the subsequent income was impacted, the reported deterioration can be partly attributed to perception bias among the Rohingya (REVA 4 Preliminary Findings 07/02/2021). According to the World Bank, refugees have reported receiving "less food" than usual (World Bank 07/2020). This bias is likely to be related to the change in food assistance modalities. Since April 2020, the frequency of distribution was reduced to mitigate the risk of COVID-19 transmission; it is currently a one-off distribution per month of commodity vouchers compared with the possibility of redeeming the e-voucher multiple times in the same month. Under the new modality, the beneficiaries receive a fixed, pre-packaged food basket of 14 items - down from 20 items - referred to as a commodity voucher, and which is meant to last longer. In this modality, beneficiaries cannot choose food items from the outlets (as opposed to value vouchers or e-vouchers) and everyone receives the same products scaled to family size (WFP 06/11/2020). Although the variety of food items provided decreased due to supply chain disruptions, the monetary value of the food basket provided increased by USD 4 and all households received extra high-energy biscuits (WFP 06/11/2020).

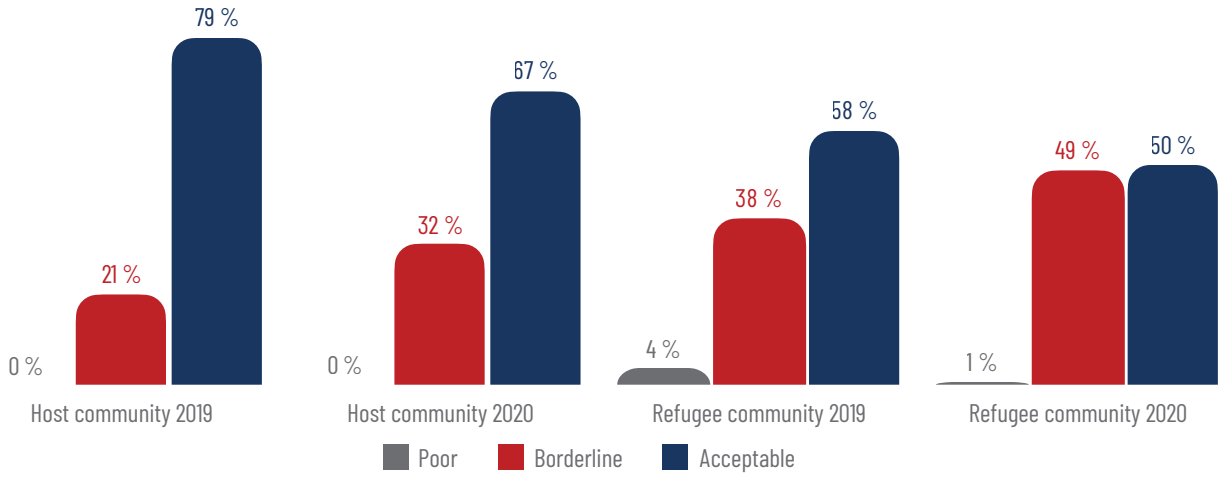
In the most recent REVA assessment, more than half (60%), and similarly to last year (58%), the Rohingya households reported that rations did not last until the next distribution cycle, primarily due to the size of the ration. However, it is important to note that even with assistance, about half of

the Rohingya (49%) still have consumption below the MEB and all the Rohingya will be rendered completely unable to support their essential needs if current assistance is not provided (REVA 4 Preliminary Findings 07/02/2021; REVA 3 04/2020).

Loss of income led to difficulties in accessing food and restricting consumption among the host community in 2020

A worsening trend was found also for the host community in terms of food consumption from acceptable to borderline, this is as a result of sustained impacts of COVID-19 livelihoods contraction and increased prices decreasing their purchasing power, compounded by the absence of universal food aid coverage (REVA 4 Preliminary Findings 07/02/2021). Findings from the REVA 4 show an increase in food expenditure likely due to price hikes, while findings from the earlier assessment by the J-MSNA found that 66% have reported limited access to food as an impact of the pandemic. While host community households are better off in terms of income opportunity, both in terms of access and remuneration, they do not have blanket aid coverage like Rohingyas to cushion them from any shock and are mainly dependent on income-generating activities. According to REVA 4, 88% of host income sources are work-based, such as salary jobs, farming and agriculture, and trading services, meaning that they were highly impacted by the COVID-19 related restrictions (REVA 4 Preliminary Findings 07/02/2021).

Figure 16. Trend of food consumption level for host and refugee communities *(Source: REVA 4 Preliminary Findings 07/02/2021)*



Consumption-based coping strategies such as having less preferred food is increasing among the Rohingya in comparison to 2019

Consumption-based coping strategies remain prevalent among the Rohingya refugees with 75% relying on less preferred/expensive food, which is potentially driven by a shift to commodity voucher from value voucher. However, among hosts, dependency on consumption-based coping has steadily decreased over the years (REVA 4 Preliminary Findings 07/02/2021).

As previously mentioned, the selling or exchanging of food assistance has decreased in 2020 compared to the previous year among Rohingya households from five to three out of ten households. However, those who sell food assistance to buy other food items, are likely to sell items like oil, rice, pulses, and dry fish to purchase fresh produce and ingredients for supporting dishes such as vegetables, fresh fish, rice, potatoes, and spices. That being said, 1 out of 5 of Rohingya households reported not having iron-rich foods in the 7 days prior to the REVA 4 survey, indicating a lack of access to meat, poultry, and seafood (REVA 4 Preliminary Findings 07/02/2021)

The Bangladeshi staple food, rice, has witnessed a significant price increase in January 2021 in comparison to the same period last year

Prices of rice in the Dhaka market increased steadily throughout 2020 and particularly in the March-April period, reflecting tight market availabilities, exacerbated by an upsurge in domestic demand due to the COVID-19 pandemic. Overall, in January 2021, prices of rice were more than 35% above their year-earlier values and at their highest level since October 2017 (FAO 15/02/2021). Moreover, rice expenditure remained dominant with an increase in food wallet share from 35% to 41% among Rohingya and

from 25% to 30% among host communities compared to 2019 (REVA 4 Preliminary Findings 07/02/2021). Price hikes, which are consistent with national price trends, for a staple food such as rice, will continue to push households into poverty as food expenditure continues to dominate expenditure patterns of families, and exert direct pressure on the share of non-food items expenditure (REVA 4 Preliminary Findings 07/02/2021).

Heightened food insecurity of persons with disabilities (PwD) in the context of COVID-19 and pre-existing vulnerabilities

Low-income earning households such as households with family members with a disability, and women with disabilities, have been some of the most disadvantaged groups by the COVID-19 containment measures (WFP 01/2021, ACAPS 08/02/2021). This is compounded by the pre-existing vulnerabilities of PwD and their households. PwD also disproportionately faces difficulties in accessing humanitarian assistance, which the entire refugee population is highly dependent on. Accessing food distribution points for many of the PwD and the elderly is difficult, as they require additional support to access these points and find it difficult to carry food and water (ACAPS 08/02/2021).

According to the most recent assessment by REACH, before the COVID-19 related lockdown that began in March, 18% of PwD surveyed were working outside the house for a non-family member, however this dropped to 13% at the time of the data collection (between January and February 2021). Therefore, it is likely that PwD and households with PwD are facing livelihood constraints which in turn further impacting their food security status. This is also evident by the data collected in mid-2020 for the J-MSNA where findings show that households with disabled households' members were significantly more likely to report adopting food-based coping strategies (J-MSNA 01/10/2020). Data in REVA 4 is not presented in a PwD disaggregated manner, in addition, WFP uses a different measure based on difficulty, which is a broader term to measure physical and mental challenges. The difference in methodology makes it difficult to compare the data. That being said, data from the REVA, clearly shows that traditionally vulnerable households, such as female-headed households are economically more vulnerable due to the COVID-19 impact. This likely means that the lack of economic opportunities which have affected PwD even before the pandemic is going to lead to heightened risk of food insecurity.

HEALTH

Information Sources, Gaps, and Challenges

There were some new sources of information on the health sector outside of the COVID-19 response. Regular data on disease prevalences was provided through the weekly Epidemiological Highlights Week 5, Week 6, Week 7, and Week 8. An ACAPS report "Considering age and disability in the Rohingya response" provides some perspective on the challenges faced by persons with disabilities (PwD) and older people in accessing health and other services. The REVA 4 gave figures on health deprivation and health facility preferences, whilst a review of the changes and challenges of delivering MHPSS was provided by a UNHCR Factsheet. Community feedback on fears and concerns around COVID-19 was analyzed in a report from BDRCS and Ground Truth Solutions.

Morbidity and disease prevalence rates remain relatively static

Based on the Early Warning Alert and Response System (EWARS)(Indicator-based surveillance), Acute Respiratory Infections(18.7% - 19.2%), Diarrheal Diseases(4.0% - 4.4%), and Unexplained Fever (0.8% - 1.2%) were the diseases with the highest proportional morbidity in February (weeks 5 – 8). A total of 47 diphtheria cases have been reported so far in 2021 which is a slight increase in recent months but still roughly on par with the prevalence rate in 2020 which was 226 cases in the year (WHO 15/03/2021, WHO 19/01/2021). A total of 3,737 cases of diarrheal diseases reported in EWARS in week 8, an increase from previous weeks but still below rates for the same period in 2020.

People with Disabilities and older people at greater risk of contracting COVID-19 and face challenges accessing health services

In Cox's Bazar, approximately 42% of households reported at least one person classified as disabled or one elderly person. People with disabilities (PwD) and older people are at greater risk of contracting COVID-19 as they face difficulties in maintaining basic hygiene measures such as handwashing – because of both the lack of accessible hand basins, sinks, or water pumps, as well as the physical constraints of performing the necessary motions for handwashing. Maintaining physical distancing is also difficult because of the additional support needed from caregivers (ACAPS 08/02/2021). For many PwD and older people who could not access camp clinics prior to COVID-19 because of distances or difficult terrain, the pandemic and related restrictions made it harder for them to access

medical and health services (ACAPS 08/02/2021).

People with disabilities (PwD) and older people living in the camps of Cox's Bazar struggle to access essential services including health care due to the lack of physically accessible or adapted healthcare facilities, lack of inclusive interventions, difficulties with transportation, disruptions of services, and social stigma attached to disabilities. In addition to that, inadequate WASH facilities, inability to fully understand COVID-19 messaging along with dementia among the older people and underlying health conditions among the PwD contribute to difficulty in complying with COVID-19 measures which further increase their risk of contracting COVID-19 (ACAPS 08/02/2021).

A REACH survey concurs with these barriers and it found that PwD were almost twice as likely to cite facilities being too far away to use than by those without a disability. Additional barriers included: being unable to travel to facilities unassisted, Facilities are close but too difficult to travel to, Unable to use facilities without assistance, Travel to facilities unsafe, and finally Facilities unsafe to use (REACH 15/02/2021). Clearly travel to a facility remains one of the largest barriers to accessing services for PwD.

Communities still worried about the health impacts of COVID-19, but restrictions are having a negative effect on children's mental health

Rohingya community feedback was recently assessed by ground truth solutions. Respondents, when asked "Overall, what is your community's main concern about their economic situation due to the virus", 45% replied "physical health issues "(their third-highest answer), in addition when asked "What are people most worried about, in relation to COVID-19", 31% of respondents answered "Health/falling ill", the (joint) third most common response. These answers show that the Rohingya community is still concerned about the direct health consequences of the COVID-19 pandemic. In addition to physical ailments, containment measures also have a negative impact on mental health. When asked about COVID-19 restrictions (currently education centers remain closed) 92% of the parents and caregivers in Cox's Bazar reported that restrictions around COVID-19 had a negative effect on their children's mental health (BDRCS and Ground Truth Solutions 30/02/2021)

Health Service delivery across Bangladesh has increased since a dropoff during April/May Lockdown, but are still short of levels seen in early 2020

The delivery of emergency health services was at its peak in February last year with more than 800,000 services delivered. However, service delivery declined in the second quarter of 2020 (April-June) due to the COVID-19 movement restrictions imposed and widespread anxiety among the people about catching the virus causing them to avoid visiting hospitals even if they faced health issues. Emergency health services were gradually delivered in an upward trend in the third quarter of the very year (July-September). The service delivery again started declining from the fourth quarter of 2020 (October-December) with the number of services reducing to about 650,000 in January 2021 (WHO 22/02/2021).

Mental health and psychosocial support (MPHSS) services adapted to new modalities in 2020 in response to COVID-19 containment measures

In 2020 MPHSS provision to Rohingya communities was adapted to provide continued support despite the need for restrictions on personnel and the need to maintain social distancing and apply health and hygiene protocols. A tele-counselling modality was put in place to support COVID-19 positive patients, their families, and others that were in isolation. Community-based systems were utilized to provide support during times of restricted access when the number of humanitarian personnel allowed into the camps was limited. Specialist services provided by psychiatrists and mhGAP trained doctors along with the numbers of individuals receiving psychosocial support from psychologists/counsellors and para-counsellors dipped during the lockdown (April/May) but had been restored to January levels by September/October (UNHCR 04/03/21).

Multi-Dimensional Deprivation Index (MDDI) shows high levels of health deprivation for both Rohingya and Host Communities

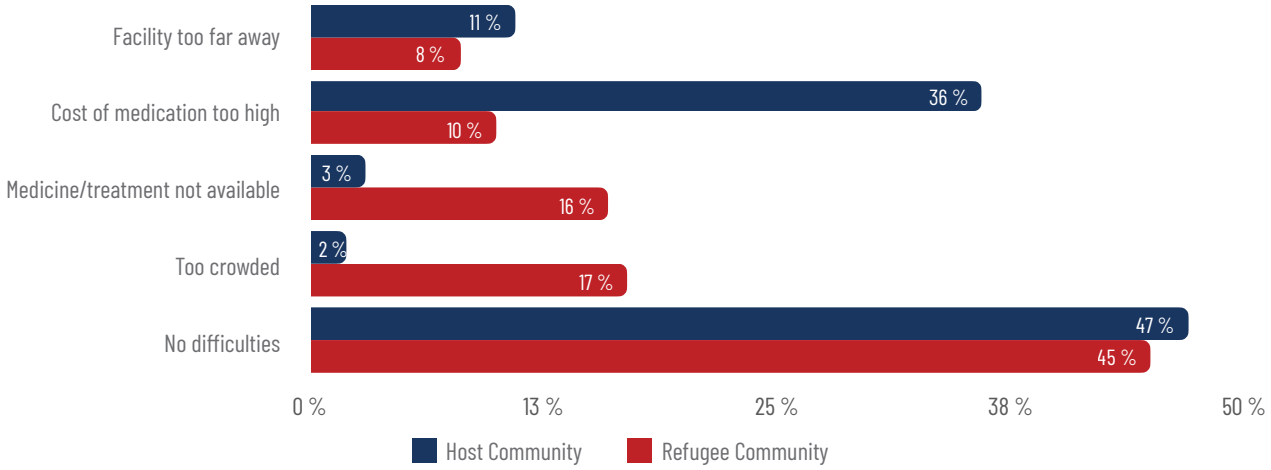
The MDDI uses two indicators to measure Health Deprivation: (1) More than half of households reported being sick in the past month; (2) Does the household have a 'serious problem' because it is unable to access adequate healthcare?. Health deprivation worsened for both communities in 2020, with 70% of Rohingya households facing health deprivation (up from 59% in 2019) and for the host communities, approximately 65% of households faced health deprivation (up from 50% in 2019) (REVA 4 Preliminary Findings 07/02/2021).

Over half of those who sought treatment from both communities faced difficulties in accessing health care. The main issues faced by the Rohingya were: the facility was too crowded (17% of respondents), medicine/ treatment not available (10%), cost of medication too high (10%), and facility too far away (8%). For the host community the same four reasons appeared but with difference prevalence: The major reason was the cost

of medication was too high (35%), followed by facility too far away (11%), medicine/treatment not available (3%) and the facility was too crowded (2%) (REVA 4 Preliminary Findings 07/02/2021).

Cost issues were partly because the large majority of Rohingya respondents (74%) accessed NGO healthcare/hospitals compared to private or public health facilities or pharmacies accessed by the host community (93%) (REVA 4 Preliminary Findings 07/02/2021).

Figure 17. Difficulties in accessing health care for both host and refugee communities *(Source: REVA 4 Preliminary Findings 07/02/2021).*



NUTRITION

Information Sources, Gaps, and Challenges

There are limited new data sources available in February so the section is based on the preliminary findings 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 trends 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 and an unpublished study quoted by a local media source.

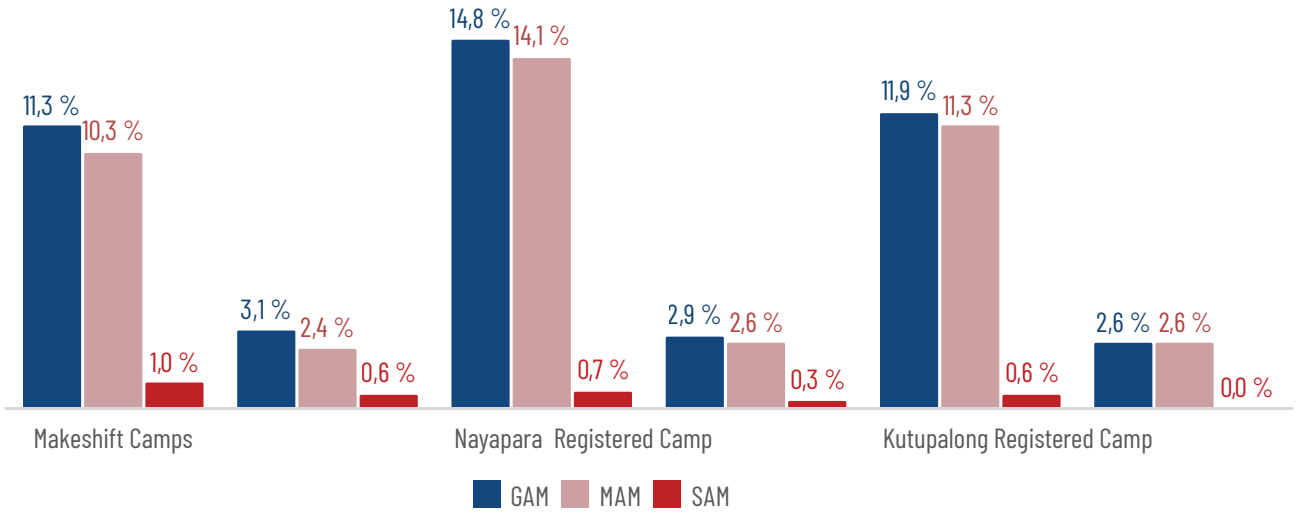
Acute and Chronic Malnutrition rates in Cox's Bazar refugee camps

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. Survey data quality ranged from Good to Excellent.

Prevalence of Acute Malnutrition

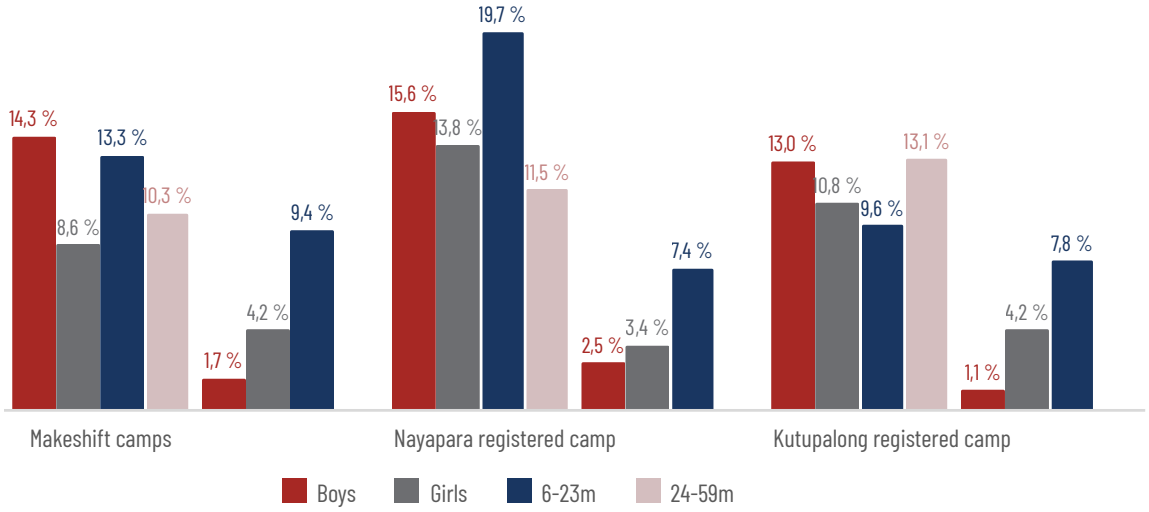
Global Acute Malnutrition (GAM) rates amongst children aged 6-59 months in all three target locations were found to be in the High/Serious range (10-15%) according to WHO/UNICEF classification and were highest in Nayapara RC. Severe Acute Malnutrition (SAM) rates were highest in Makeshift camps (1.0% WHZ, 0.6% MUAC) (AAH/FSC 28/01/2021).

Figure 18. **Acute Malnutrition Rates in refugee camps** *(Source: AAH/FSC 28/01/2021)*



The disaggregated GAM (WHZ) rates for boys were 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 (WHZ) rates in the Makeshift camps and Nayapara RC than the older children (24-59m). In Kutupalong the converse was true where younger children had lower GAM (WHZ) rates than the older age band (AAH/FSC 28/01/2021).

Figure 19. **Disaggregated Acute Malnutrition Rates in refugee camps** *(Source: AAH/FSC 28/01/2021)*



Prevalence of Stunting

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, the 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 20. **Prevalence of Stunting in refugee camps** *(Source: AAH/FSC 28/01/2021)*

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

Overall Results, Trends, and Anomalies

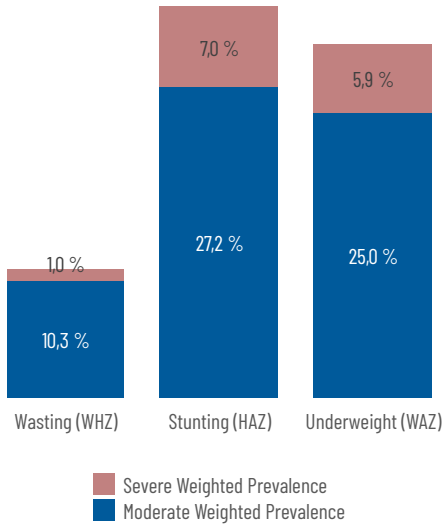
The overall results show a GAM (WHZ) of 11.3% which is in the High/Serious range (10-15%) according to WHO/UNICEF classification. The stunting rate was 34.2%, which falls in the Very High range (≥30) according to WHO/UNICEF classification.

When comparing back to round four, GAM, MAM, and SAM prevalence by WHZ show 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 21. Weighted Prevalence for children (6-59 months) *(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 from 39.0% to 29.1%, below the high range threshold. One possible explanation is linked with sampling characteristics where there is a comparatively higher percentage of younger children (6-29m) compared to older children (30-59m). Younger children are less likely to be stunted.
- Underweight prevalence in Kutupalong RC increased from 27.7% to 34.6% although the stunting prevalence rate remains almost unchanged (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 the COVID-19 situation but that is conjecture).

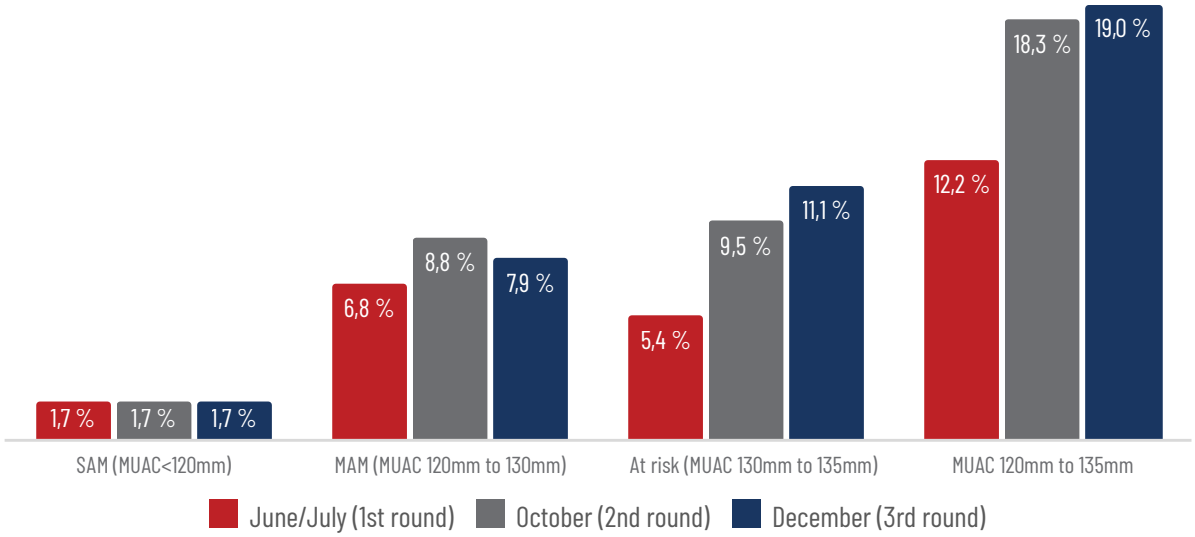
Effect of COVID-19 on Nutrition

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 and U5DR) were well below the emergency thresholds with no major concern. These figures all suggest a limited short to the medium-term impact of COVID-19 and associated containment measures on current acute malnutrition

rates within the camps.

UNICEF mass screening data shows that the SAM prevalence of 1.7% was unchanged over the 3 rounds of screening (June, October, and December) in line with the above findings. However there was an increase in MAM prevalence (6.8% to 7.9%) and in children at risk of acute malnutrition from (5.4% 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 which may lead to a longer-term impact on malnutrition rates (UNICEF 01/02/2021).

Figure 22. **Malnutrition rates of children under 5** *(Source: UNICEF, 01/02/2021)*



Study reports malnutrition factors prevalent in the host community.

Findings from a currently unpublished report found that at least 38% - 40% of children in Bangladesh had their dietary intake reduced from three meals a day to two. Also, almost 60% of their families also took two meals a day for at least four months. The findings were based on data from approximately 12,000 surveyed households across 52 Upazilas from the eight divisions (Dhaka Tribune 28/02/2021). This shows a clear impact of the COVID-19 crises on food intake although specialist nutrition survey data is required to see if this has translated to increased malnutrition rates.

WASH

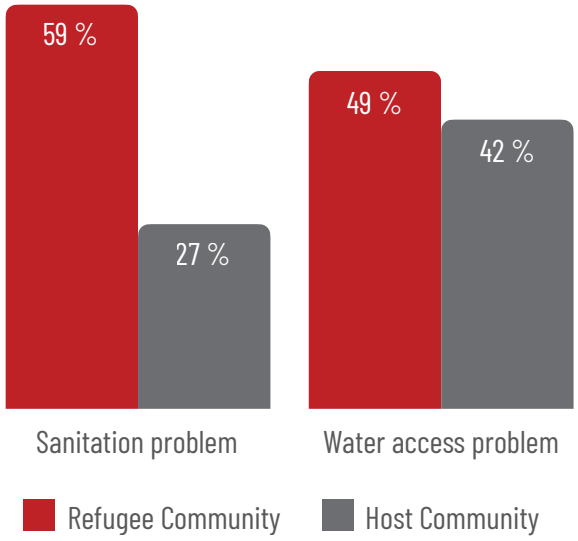
Information Sources, Gaps, and Challenges

Preliminary findings from the Refugee influx Emergency Vulnerability Assessment (REVA 4) give a general overview of the WASH-related problems reported by the Rohingya and host community. Findings are compared to the previous REVA 3. Difficulties in accessing WASH facilities and services by people with disabilities (PwD) and the elderly are covered by the most recent REACH assessment (data collected between November 2020 and February 2021). There are no updated figures on the number of households having enough water to meet domestic needs as of February 2021, the latest data was provided by the J-MSNA (data collected in August). Recent data on WASH response is provided by UNHCR and UNICEF.

Sanitation problems persist within the refugee community due to the lack of sufficient clean facilities. However, there is more than 10% decrease in refugees reporting water-related issues in 2020

Rohingya refugees face a variety of problems when accessing WASH services. According to the most recent assessment REVA 4, 59% of refugees face sanitation problems, the primary issue being the waiting time at facilities, followed by facilities not cleaned regularly (REVA 4 Preliminary Findings 07/02/2021). This is likely attributed to insufficient clean sanitation facilities and dysfunctional latrines across all camps, which is compounded by camps being overcrowded (J-MSNA 01/10/2020). Populations living in such conditions are more susceptible to disease spread, especially waterborne diseases such as diarrhoea (UN Global Pulse 30/01/2021, REVA 3 04/2020). Sanitation problems are much less reported in the host community, with only 27% reporting facing issues. The most frequently cited problem is facilities not functioning (REVA 4 Preliminary Findings 07/02/2021).

Figure 23. **Water and sanitation problems faced by host and refugee community** *(Source: REVA 4 Preliminary Findings 07/02/2021).*



The latest evidence from REVA 4 assessment shows an overall improvement in water-related issues year-on-year. While water problems impacted 60% of refugees and 50% of host households in 2019 according to the REVA 3, the percentage of people reporting water-related problems is now down to almost half (49%) of the refugees and to 42% of host households. Distances to water points and lack of sufficient water points remain the most reported issues for both groups, the same as in 2019 (REVA 3 04/2020, REVA 4 Preliminary Findings 07/02/2021). Water access has been improved in eight UNICEF camps in 2020; access to piped, chlorinated water increased from 45% to 63% for refugees in these camps. This was achieved through the construction and upgrade of 14 water supply networks. The remainder of the refugees is accessing water through the 5,237 functional water points or tube wells (UNICEF 01/02/2021, UNHCR 28/02/2021). According to the J-MSNA (data collected in August), 88% of refugee households reported having enough water to meet all domestic needs. However, COVID-19 did impact access to water, as 6% of households reported loss or diminished access to clean water and sanitation as an impact of the pandemic

(J-MSNA 01/10/2020).

Access to WASH facilities remains a concern particularly for women, girls, and people with disabilities (PwD) - including the elderly

Girls and women are still disproportionately affected by poor sanitation and hygiene facilities. They also experience significant challenges accessing toilets and bathing spaces, because of overcrowding and safety concerns, especially at night, and with distances to WASH facilities continuing to be a problem, women will likely continue to be impacted (Conflict and Health Biomedcentral 26/02/2021, ACAPS 08/02/2021). Inadequate lighting near latrines and water points is also posing protection risks for women and girls (UNHCR 14/02/2021).

Women and girls use various strategies to cope with unsafe WASH facilities, primarily strategies to avoid harassment and waiting in line with unknown men, some choose to access facilities when men and boys are unlikely to be there, such as working hours during the day. Women are also often facing more movement restrictions as opposed to men due to social and cultural barriers, (ACAPS 08/02/2021, WFP 07/2020, ISCG 10/2020). This could indicate that distances to WASH facilities and lack of lighting are to likely affect women more. This is compounded by the fact that the responsibility for water collection falls primarily on women and girls (CARE International 14/10/2020).

PwD and older people struggle to access essential services such as latrines and water points. According to the most recent assessment by REACH (data collected between November 2020 and January 2021) of the PwD needing support to use latrines, the majority (67%) stated that they need support while using the toilet, half of them (50%) stated the toilet is too distant, and 33% stated they need support while using squat latrines. The hilly and flood-prone terrain and a lack of adapted facilities and inclusive intervention also add to the struggles faced by PwD (ACAPS 08/02/2021).

It was also reported by REACH that among PwD (including the elderly) who face problems in washing, 65% reported being unable to reach water or that accessing water is too difficult. The elderly who are already at greater risk of contracting COVID-19 are also sometimes unable to implement all key COVID-19 preventive measures, for example, 31% of older people are unable to wash their hands (PWG 11/2020).

EDUCATION

Information Sources, Gaps, and Challenges

Some quantitative data on school enrolment levels of school-aged children were made available in the latest preliminary findings from the Refugee influx Emergency Vulnerability Assessment (REVA 4). Pre-existing challenges in accessing education were provided in the previous REVA 3 report. As the government starts plans to reopen schools, we look at the long-term implications of lack of schooling derived from Citizen's Platform for SDGs, Bangladesh, and J-MSNA. With schools still not in session, there is also limited data on how COVID-19 driven changes have impacted children, for example in terms of nutrition and the halt of school feeding programs.

Almost a year-long school closure continues to disrupt access to education and drive-up school dropouts

Educational institutions such as schools and learning centres remain closed as of February 2021. While there are recent reports of government plans to open universities in May, there is little information on when schools are going to open (Dhaka Tribune 22/02/2021, Dhaka Tribune 23/02/2021). The year-long school closure continues to disrupt access to education. As of the end of 2020, findings from the REVA 4 show that 78% of school-aged children from the refugee community were not studying, 50% of which are not studying because of COVID-19-related reasons. For the host community, the percentage of children who were not being schooled due to COVID-19 related issues was 52%, out of a total of 70% of children not studying at the end of 2020.

Figure 24. **Education continuity and gender gaps in host community** *(Source: REVA 4 Preliminary Findings 07/02/2021))*

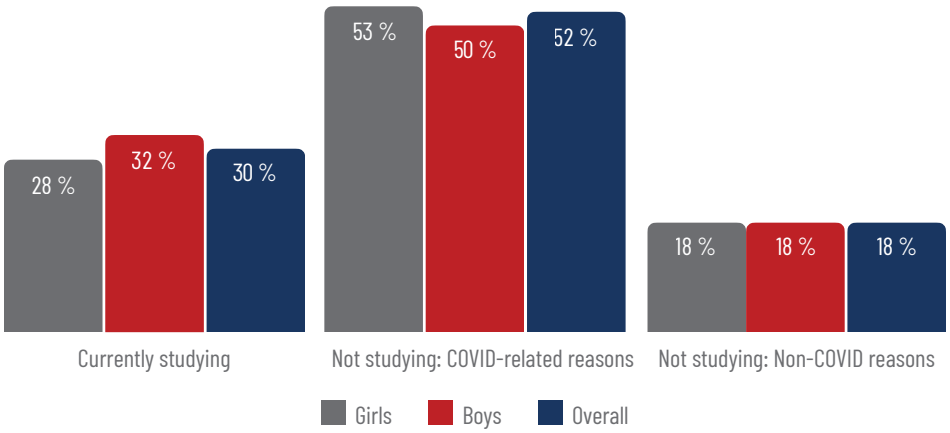
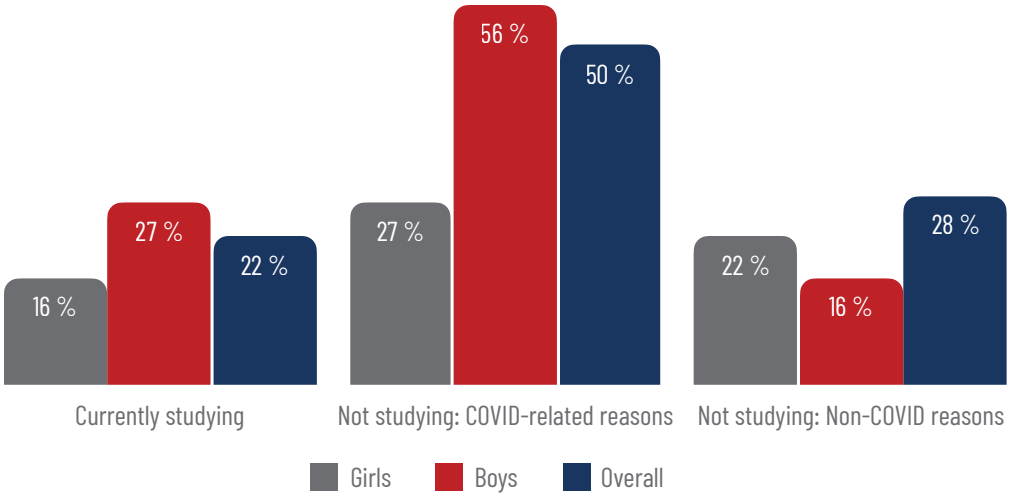


Figure 25. **Education continuity and gender gaps in refugee community** *(Source: REVA 4 Preliminary Findings 07/02/2021))*



Going into 2021, the risk of more children from the host community dropping out continues to be a concern. Dropping out of school has long-term implications on child and youth growth and skills development, and will have direct implications on higher rates of early marriage and early pregnancy (Citizen's Platform for SDGs, Bangladesh 01/2021). According to an as-yet-unpublished study cited in the local media, Bangladeshi children continue to drop out of school with about 44% dropping out of junior level (Class 8) to financially support their families that have been impacted by the loss of income as a result of the COVID-19 lockdown (Dhaka Tribune 28/02/2021). It is unclear however if this will continue once schools resume in-person classes.

In 2019, education was one of the better performing sectors with relatively low deprivation scores on the education deprivation index in comparison for example to food or health sectors (REVA 3 04/2020). This score for both the host and refugee communities dropped in 2020. The improvements made in the education sector until 2019 are at risk, and humanitarian actors are likely to face challenges in driving down once again the rate of education deprivation. The education deprivation index score for a household is based on two indicators (given equal weight): (1) that not all school-age children (6-17) are attending school, and (2) at least one child is not attending school for lack of financial resources. In 2020, more than half of both the Rohingya and host community households were identified as "deprived of education" with the on-going school closure, and limited online school attendance being major factors (REVA 4 Preliminary Findings 07/02/2021). For the refugees that are around a 20% increase in comparison to the previous year (REVA 3 04/2020). While these scores do not reflect the actual number of children accessing education services (as shown by the methodology), it gives an overall indication of the impact of COVID-19 on the education sector.

The risk of school-aged children not returning back to education, and the potential challenges expected when schools open up

The concern primarily is that even when schools open up, not all children who dropped out or missed out on schooling will return to education. According to J-MSNA individuals old enough to earn an income, in particular from poor families and in particular boys are most at risk of not going back to school, this is because girls are likely to be already helping out in the household, and already face pre-existing gender-bias affecting their enrolment (J-MSNA 01/10/2020, CARE International 14/10/2020). This is evident by the findings of the latest REVA report, where out of the total 78% of refugee children that were out of schooling in 2020, 28% of them are not studying due to non-COVID-19 related reasons, with the majority of this group being school-aged girls (REVA 4 Preliminary Findings 07/02/2021). Multiple financial factors such as low levels of income and rising poverty worsens are primarily affecting school dropout rates for children of host communities even before the pandemic (REVA 3 04/2020). These factors are driving child protection issues, as families adopt harmful coping mechanisms such as child labour and marriage, all of which were exacerbated since school closures in March 2020 (Citizen's Platform for SDGs, Bangladesh 01/2021).

However, encouraging the re-enrolment of students is not the only challenge facing schooling. Lack of teachers, lack of concentration, and children needed to support the families will also be some of the most pressing challenges when reopening schools (J-MSNA 01/10/2020). Additionally, local media reports suggest that parents are concerned that opening up schools will increase infections and that schools will not be able to comply with health guidelines (Dhaka Tribune 21/02/2021, Dhaka Tribune 23/02/2021).

Barriers to education for children with disabilities

Children with disabilities (CwD) are already less likely to go to school in a pre-crisis context, they also do not attend public schools due to a lack of infrastructure and accessibility measures (Citizen's Platform for SDGs, Bangladesh 01/2021). However, as schools open, the limited number of CwD who had access to education are at greater risk of not getting back to school to complete their education as parents may not encourage them to rejoin the learning facilities as they are less likely than other children to understand or be able to enforce social distancing and hygiene practices. In addition to that, CwD are among the most vulnerable groups in education as parents are more likely to withdraw them from school than their peers due to the perceived lack of value in educating them and to avoid the school-related logistical and economic burdens (ACAPS 08/02/2021).

PROTECTION

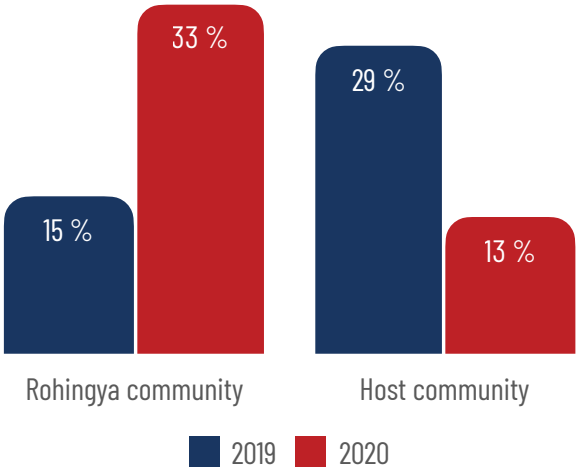
Information Sources, Gaps, and Challenges

The recently published UNHCR protection factsheet provides an overview of achievements and challenges for the sector as of December 2020. Community perceptions on protection are highlighted in the BDRCS and Ground Truth Solutions survey and the report by BBC Media Action, while protection concerns levels for 2020 in comparison to 2019, for both the refugee and host communities are presented in the preliminary findings of REVA 4. Information on the passengers in distress in the Andaman Sea is provided in the ECHO Daily Flash and UNDP's Weekly Media Monitoring. Information about the extent to which protection services have resumed as of February 2021 remains limited.

Protection risks in 2020 remains a concern across households in Cox's Bazar

The latest REVA 4 shows that protection concerns reported by the refugees have doubled from 15% to 33% between 2020 and 2019. According to the refugees, discrimination and killing have increased by 9%, theft by 8%, physical abuse, and harassment by 7%. Men in the camps were more likely to be subjected to thefts, robbery, and killing, while women were more likely to be subjected to discrimination and harassment (REVA 4 Preliminary Findings 07/02/2021). Findings from REVA 4 show that that protection concerns reported by the hosts have halved from 29% to 13% between 2020 and 2019 (REVA 4 Preliminary Findings 07/02/2021), but other evidence shows that there is an overall increase in safety and security risks, domestic violence and forced/child marriage in Cox's Bazar (CARE International 14/10/2020). This is echoed in the findings of a BBC Media Action report where residents, mostly men from both communities, expressed concerns about increasing incidents of murder, kidnapping, and sexual harassment in the camps. Therefore the decrease in protection concerns among the host communities in 2020 can be viewed as rather a decrease in reporting, due to movement restrictions and reduced activity of protection services.

Figure 26. Protection concerns reported by hosts and Rohingya Community *(Source: REVA 4 Preliminary Findings 07/02/2021)*



The negative socio-economic impact of COVID-19 is impacting security. Violence across camps, primarily due to gang activity, led to recent fatal clashes, displacement of refugees, and contributing to the already strained relationship between the refugees and host communities

Evident by the aforementioned findings from the REVA 4, the security situation remains tense across camps in Cox's Bazar, according to UNHCR, some refugees have reportedly joined gangs as a coping mechanism, while other refugees have begun forming groups to counter gang violence which has led to an increase in insecurity and erosion of trust between community and law enforcement agencies. Recently clashes in camp 21 between refugee groups had left 3 killed and more than 40 people injured (UNHCR 14/02/2021, UNDP 27/02/2021).

The insecurity caused by rivalry between organised criminal gangs has led to spontaneous and unauthorised self-relocation of refugees to other camps that are perceived safer. This has impacted refugees' access to assistance, especially for those without official permission

to relocate. Landlords have also started evicting refugees and subsequently, several disputes between landlords and refugees have been reported (UNHCR 14/02/2021).

The increased communal tension, specifically between refugees and host communities, is also attributed to the limited economic opportunities brought by the impacts of COVID-19 related lockdown (BBC Media Action 28/02/2021). Perceptions across the host community are that criminal activity has increased in Cox's Bazar because of the Rohingya community, they also believe that the lack of education amongst the refugees makes them more likely to become involved in criminal activities (UNHCR 14/02/2021, BBC Media Action 28/02/2021). However, tensions are not only rising between the host and refugee communities but within communities. According to a recent community perception survey, 69% of respondents said that the pandemic has strained social relationships within their communities, specifically among family members and neighbours. Movement restrictions are preventing social gatherings, including funerals, marriage ceremonies, and communal prayers, and therefore, impacting their relationship (BDRCS and Ground Truth Solutions 15/02/2021).

Without an alternative being provided to the prolonged closure of schools and multipurpose centers, households continue to restore to negative coping mechanisms impacting children and adolescents

The prolonged closure of all multi-purpose centres, schools, and child-friendly spaces since mid-March, resulting in confinement at home for long periods, is affecting the physical and mental well-being of children, youth and adolescents. In some cases, refugees have reported increased violence within the household (ISCG 08/02/2021). As of February 2021, schools and learning centres remain closed. The government has announced that it is taking on preparations to open schools without providing an exact date (Dhaka Tribune 25/01/2021), until then it is expected that children will remain being exposed to protection risks, especially with the limited presence of protection actors (BDRCS and Ground Truth Solutions 15/02/2021).

In the light of school closures, economic vulnerability, lack of supervision of children and youth, and restrictions on gender-based violence (GBV) services, an increase in child labour and child marriage has been reported across the refugee community. Cases of child trafficking and smuggling are highlighted as a particular concern by UNHCR, especially in the form of child marriage. Local media reports that child trafficking is already widespread in Bangladesh, but it is now affecting camps, mostly affecting girls, and as more households are pushed further into poverty, it is likely that human traffickers will take advantage of the desperate economic situation (UNHCR 14/02/2021, Dhaka Tribune 25/02/2021).

Refugees are still seeking to leave Cox's Bazaar putting the lives of their families at risk

A boat carrying approximately 90 Rohingya refugees and asylum seekers, most of whom are women and children, is adrift and in distress in Indian territorial waters in the Andaman Sea. The boat departed from Cox's Bazar on 11 February for Malaysia. Eight refugees have reportedly died and one remains missing, while others were in critical conditions or ill after days without food or water (ECHO 24/02/2021, UNDP 27/02/2021). As of February, the survivors were rescued by the Indian coastguards but not allowed into Indian territory and they are in negotiations with Bangladesh, until the safe return of these refugees to land, they remain at risk of further harm and more deaths (Al Jazeera 26/02/2021).

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. The fourth group of almost 3,000 Rohingya refugees were relocated to the island on 13, 14, and 15 February, bringing the total number of refugees on the island to almost 10,000 (WFP 02/2021).

International rights organizations suspect that refugees have been relocated without their consent or have been bribed or persuaded to relocate. According to government sources, the Rohingyas were relocated voluntarily (The Guardian 28/12/2020, Dhaka Tribune 28/01/2021). Many refugees have signed up to relocate to the island after promises by the government of an improved life quality, and better livelihood opportunities and security. However, international organisations are not permitted on the island to assess the situation. Many refugees have also signed up for relocation because of the increased presence of organised criminal gangs in the camps or because of tensions with other refugees or with members of host communities (UNHCR 14/02/202).

Humanitarian agencies and partners have continued to identify protection concerns for advocacy and response following the Government's relocation of Rohingyas to Bhasan Char. Some of the 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, UNHCR 14/02/202).

A number of factors are increasing the vulnerability of Rohingya women and girls whilst at the same time their access to protection services remains constrained in the context of COVID-19

Following the onset of COVID-19 mitigation measures from March 2020 onwards, the presence of protection partners in the camps was significantly reduced, as protection programming was deemed "non-essential". Protection services were mainly maintained by trained community volunteers. However, as of December 2020, some protection actors are slowly resuming their work within the community (UNHCR 14/02/2021). It is likely that the level of activity will take time to reach pre-crisis levels, especially as the Protection Cluster reported that the reduction led to a decrease in the Rohingya community's trust of, and outreach to, protection actors (IRC 22/01/2021).

Marriage and divorce registration services have resumed but some Camp in Charge (CiC) officials are unwilling to grant a divorce to refugees, and instead refer couples for mediation contrary to their wishes. This is likely to contribute to a lack of trust between camp authorities and the refugee community and could lead to a higher risk of domestic violence (UNHCR 14/02/2021).

Access to services for women is impeded not just because of reduced humanitarian activity, but also due to gender-barriers compounded by the COVID-19 movement restriction. Women and girls have been more impacted by movement restrictions than men, and are subsequently reliant more than ever on male members of the family to relay important messages (UNHCR 14/02/2021); reducing their direct access. Intimate partner violence (IPV) has increased as a result of tensions over containment measures and financial difficulties. However, access to women-friendly spaces by survivors of intimate partner violence has been impeded due to the prolonged presence of their spouses at home (UNHCR 14/02/2021, BDRCS and Ground Truth Solutions 15/02/2021).

There are also reported difficulties in reaching women in camps; anecdotal evidence from one woman refugee in Camp 19, state that female NGO workers or female community volunteers have to visit every house in order to reach women (BDRCS and Ground Truth Solutions 15/02/2021). Women and adolescent girls also faced increased pressure from their families and communities due to rumors linking the spread of the virus to women. This has placed further strain on women's participation in camp activities and has limited their involvement in community-based structures (UNHCR 14/02/2021).

ABOUT THIS REPORT

IMMAP and DFS currently implement the OFDA COVID-19 support project in six countries: DRC, Burkina Faso, Nigeria, Bangladesh, 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 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 in 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 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;

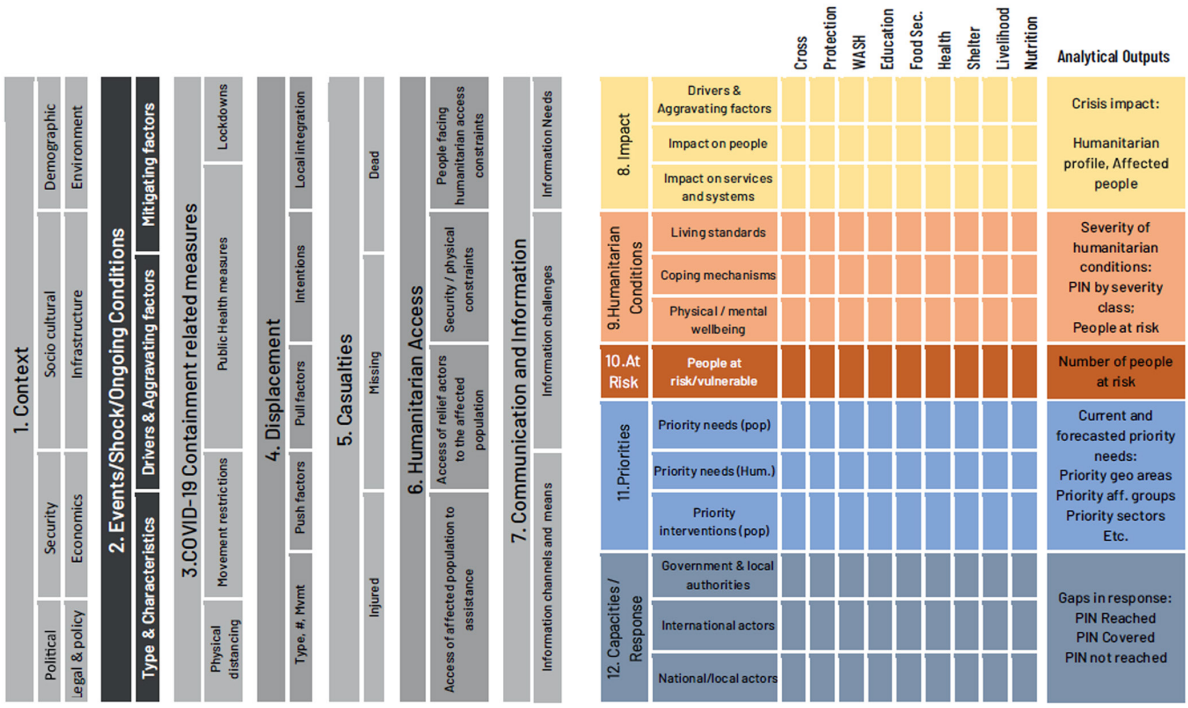
The two most important tools used throughout the process are the Secondary Data Analysis Framework (SDAF) and the Analysis Workflow.

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 19.

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 27. IMMAP/DFS Secondary Data Analysis Framework



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 February to 09 March 2021 were used).

Figure 28. Documents by Location, Timeline, and Primary Categories (Analytical Framework)

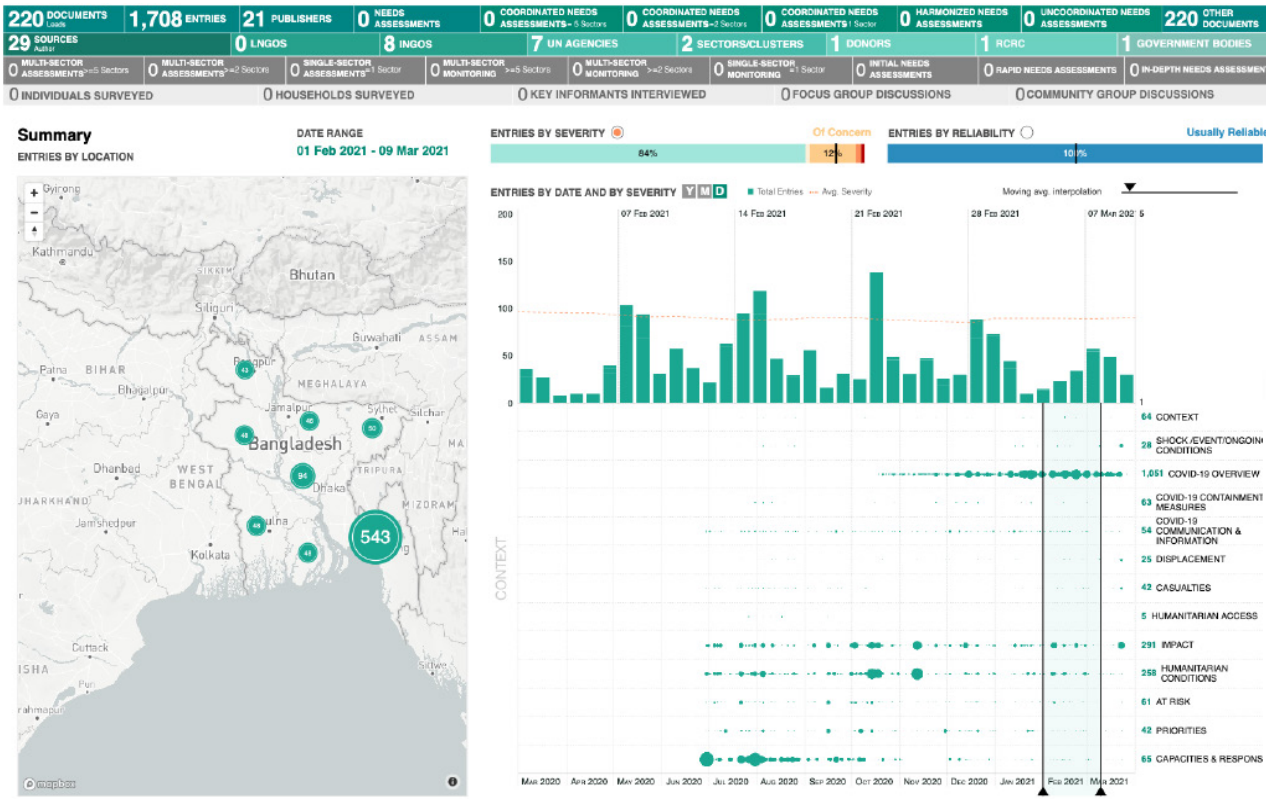
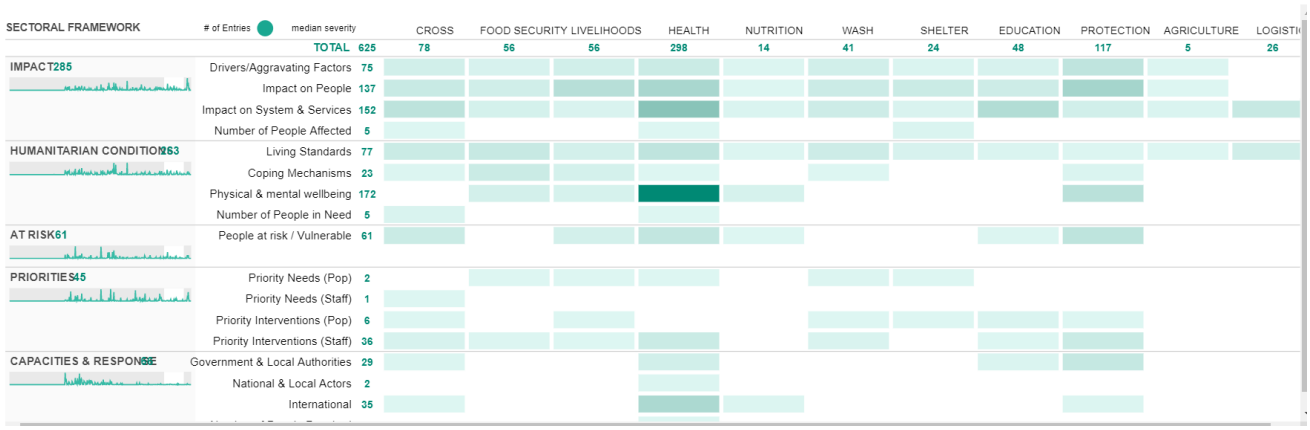


Figure 29. Documents and Entries by Sector and Affected Group

Figure 30. Entries by Sector and sub-Categories (Analytical Framework)



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

- The ACAPS Analysis Canvas was used to design and plan for the September product. The Canvas support Analysts in tailoring their analytical approach and products to specific information needs, research questions or information needs.
- The Analysis Framework was piloted, and definitions and instructions set to guide the selection of relevant information as well as the accuracy of the tagging. A review workshop was organized in October 2020 to review pillars and sub pillars and adapt if necessary.
- 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 31).

Figure 31. IMMAP/DFS Analysis Workflow

IMMAP/DFS Analysis Workflow					
	1.Design & Planning	**2.Data collation & collection**	**3.Exploration & Preparation of Data**	**4.Analysis & SenseMaking**	**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 and 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 and limitations	Lessons learnt workshop, recommendations for next round
Tools	• Analysis Framework • Analysis Canvas • Data sharing agreements • Report template	• SDR folder • Naming convention	• DEEP (SDAF) • DEEP (Assessment registry) • Coding scheme	• Interpretation sheet	• Revised report template • Analytical writing guidance • Lessons learnt template

THANK YOU.

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