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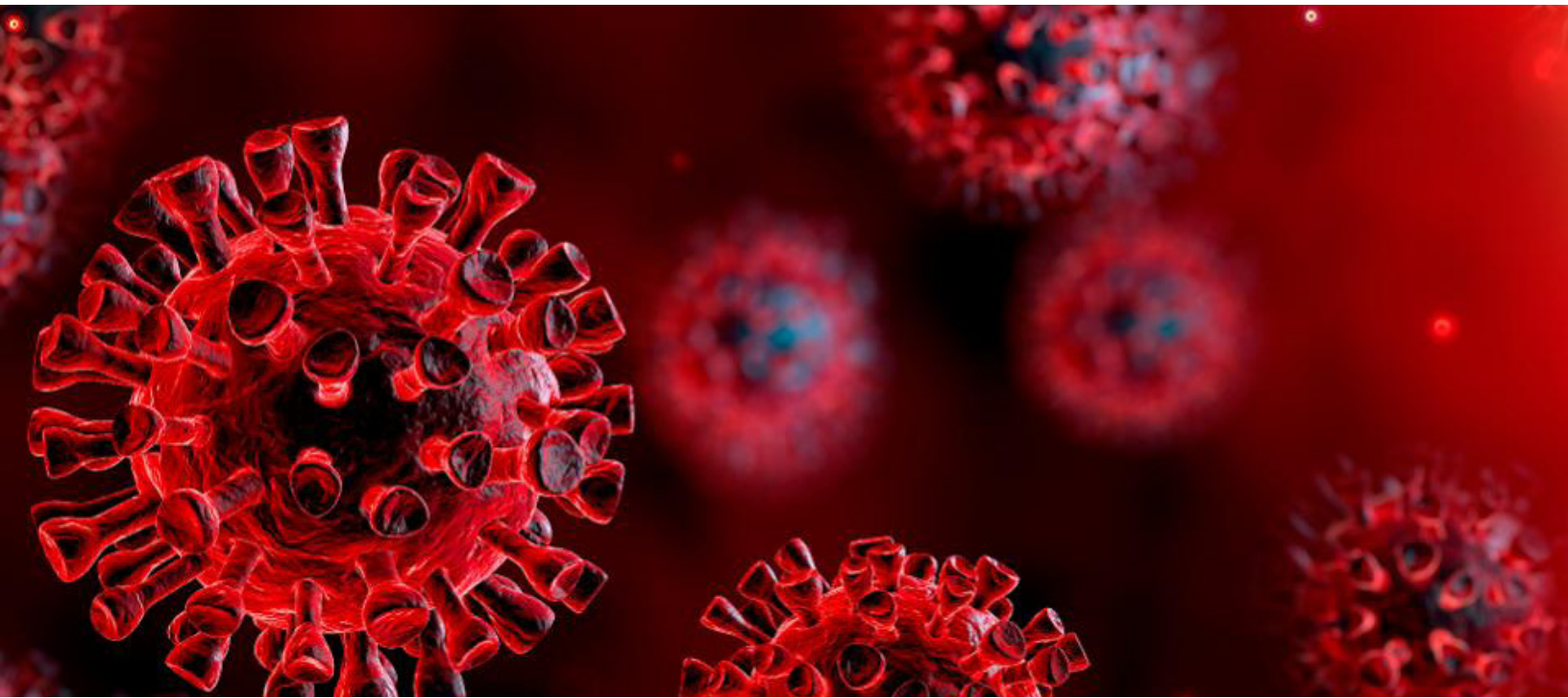
COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



BANGLADESH

APRIL 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 acutely by countries facing humanitarian crises due to conflict and natural disasters. As humanitarian access to vulnerable communities has been restricted to basic movements only, monitoring and assessments have been interrupted.

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

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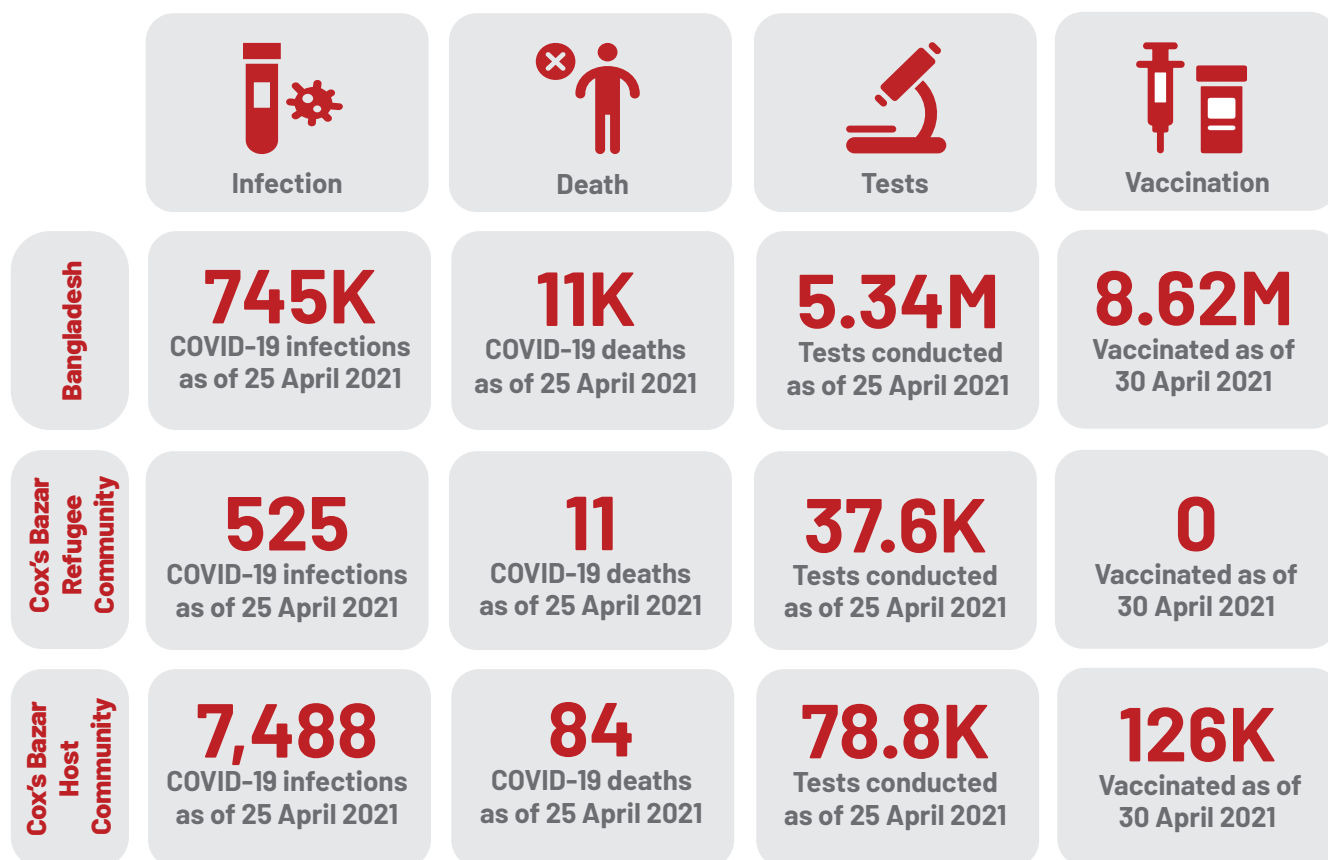
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EXECUTIVE SUMMARY / HIGHLIGHTS

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



Throughout April, Bangladesh reported more than 2,000 fatalities from COVID-19, almost double the previous record of deaths in July last year, making it the deadliest month since the beginning of the pandemic. However, the number of COVID-19 cases in Bangladesh has been on a downward trend since the last week of April, likely due to the restrictions which were imposed by the government on 5th April and extended until 5th May. The nationwide COVID-19 vaccination which was launched on 7 February 2021, is facing some challenges, primarily due to shortages of vaccines as a result of India's decision to stop exporting the vaccine. Vaccination campaigns for international humanitarian workers have also started in Cox's Bazar district.

The nationwide increase in deaths has not yet been seen in Cox's Bazar including the refugee camps, despite an increasing trend in the positive COVID-19 cases among both the host and refugee communities in the past few

weeks. During April, the number of operational isolation facilities and functional beds decreased in comparison to the previous month, while an increase in bed occupancy has been observed throughout April.

In Cox's Bazar, the national COVID-19 containment measures are being adopted locally. In response to the increase in the number of cases among the host community, the Government of Bangladesh and the Office of the Refugee Relief and Repatriation Commissioner (RCCC) in Cox's Bazar have imposed movement restrictions and other mitigation measures in district and camp areas.

Findings from the final [Refugee influx Emergency Vulnerability Assessment](#) (REVA 4) shed light on the impact of the COVID-19 on livelihoods, food security, adoption of coping mechanisms for both the refugees and host communities. The assessment has shown an overall increase in vulnerability and in the adoption of negative

coping strategies among the two communities, decreasing their ability to absorb future shocks. These findings are utilised to analyse the potential impact of the ongoing lockdown in Bangladesh, since the beginning of April. Given the increased vulnerability and lack of ability to deal with shocks, the lockdown is expected to have negative impacts if not mitigated.

Fire incidents continue to be reported in the camps in Cox's Bazar throughout April, destroying markets and shelters. At the same time, people who were affected by the massive fire which broke out on 22 March continue to report challenges in accessing markets, and in shelter reconstruction. The fire incidents and loss of shelter and

WASH facilities increased protection risks for women and children.

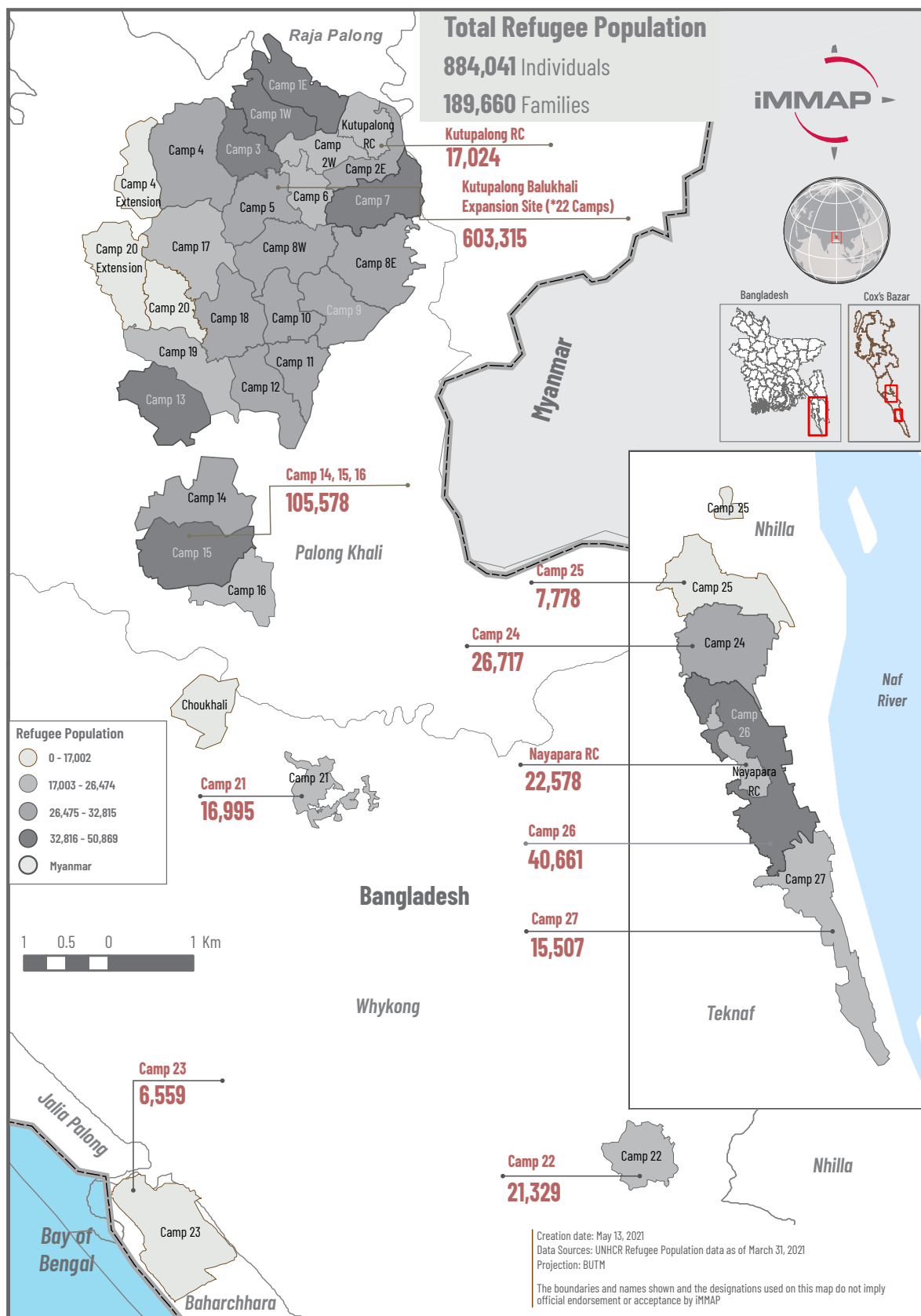
As of April, schools and other educational institutions remain closed, which in turn also increases protection concerns for children. Schools continue to remain closed. Access to distance learning remains challenging for refugee children and children from the host community's poorer families. Protection 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



● Containment measures ● COVID cases ● Economic

Figure 3. Refugee population by camp as of 27th April 2021 (Source: [UNHCR](#) 31/03/2021)



CONTEXT - ECONOMIC

Most of the statements and analysis in this section remain identical to the March 2021 report due to the lack of new evidential reports published during the reporting period, as the situations have not significantly evolved. The majority of the analysis and statements here are retrieved from various reports published by The World Bank. Reports from IMF, Bangladesh Bank, UNDESA, UNICEF, IOM, REVA4 findings, and Dhaka Tribune have also been used in the following analysis.

Socio-economic Impact and Poverty Level in Bangladesh

The pandemic has already unsettled Bangladesh's long-standing macroeconomic stability. Still, Bangladesh is leading the recovery process amongst South Asian economies, due to higher-than-expected exports and remittances, in spite of the recent spike in infections. Bangladesh is struggling with another wave of the pandemic, and this is challenging the growth going downstream. The challenge for government policy is to sustain the effective response that Bangladesh made during the initial phase of the pandemic, including supporting its most vulnerable through social safety nets, through support for the agriculture sector, and so forth. Going forward, there is always the need to strengthen the fiscal revenue capacity of the economy to support expenditures. And again, working with development partners to also help fiscal cushioning ([IMF](#), 14/04/2021).

Movement restrictions due to recently imposed lockdown are expected to once again disrupt economic activity. Fiscal risks include a shortfall in international support for COVID-19 vaccination programs, cost overruns on major infrastructure projects, and delays in tax reforms. In the event that external financing for the Rohingya response declines, additional public expenditure may be required. In turn, higher borrowing from domestic banks could constrain the availability of credit to the private sector.

Challenges in the implementation of credit and social protection programs under the government's economic stimulus program could also undermine the recovery. External risks stemming from the fragile global economic recovery, include weak demand for ready-made garments (RMG) products and reduced employment of Bangladesh's overseas workforce. Low public debt levels and a low risk of public debt distress provide some buffer, although risks remain tilted to the downside.

COVID-19 has intensified the needs of vulnerable groups, including informal and returning overseas migrant workers. The pandemic-related economic effects threaten to

undermine years of steady progress in poverty reduction in Bangladesh ([World Bank](#) 12/04/2021).

The Government's [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. Joint research by the South Asian Network on Economic Modeling (SANEM) and ActionAid Bangladesh indicate that household incomes decreased by 70% due to the onslaught of COVID-19 in 2020. About 42% of 5,577 households went below the poverty line due to the pandemic last year, according to the survey carried out by SANEM in November and December.

Another study conducted jointly by The Institute for Human Rights and Business (IHRB) and the Subir and Malini Chowdhury Centre for Bangladesh Studies at the University of California, Berkeley, in support of UNDP Business and Human Rights in Asia (B+HR Asia), the UNDP Bangladesh Country Office, and the Swedish International Development Cooperation Agency on Bangladeshi Garments workers revealed that 82% of interviewed workers' income in April-May 2020 had declined from February 2020. Among the responders, 77% reported difficulty feeding all household members ([Dhaka Tribune](#) 13/04/2021).

The COVID-19 pandemic is poised to impose a substantial economic cost in the long run, especially with the prolonged school closures. A recent simulation note by the [World Bank](#) quantified the loss of learning in terms of labour market returns and indicated that the average Bangladeshi student will face a reduction in annual earnings of between \$198 to \$335 once they enter the labour market, which represents between 4% and 6.8% of annual income. In the intermediate scenario, aggregating for all students, this would cost the Bangladesh economy to lose \$89 billion in Gross Domestic Product (GDP) annually.

Government Fiscal and Monetary Policy

The Government has allocated higher for health, agriculture, and social safety net programs in the FY21 Budget, although effective targeting remains a challenge. As a precautionary measure, the government has decided that 25% of budgetary allocations for development projects will be placed on hold, affecting low-priority projects. In January 2021, the government increased the COVID-19 Emergency Response and Pandemic Preparedness Project costs by BDT. 56.6 billion (\$666.7 million) mostly reflecting the procurement, preservation, and distribution of vaccines.

The government has announced two additional stimulus packages BDT. 15 billion (\$176.7 million) for the micro and cottage entrepreneurs and BDT. 12 billion (\$141.36 million) cash assistance program for the disadvantaged elderly people, widows, and female divorcees ([IMF 06/04/2021](#)). Although the government had initially planned to provide the cash incentives to 5 million families under the cash assistance program valued BDT. 12 billion (\$141.36 million), only 3.5 million families received them. The initiative had to be stopped after allegations surfaced regarding anomalies over the list of beneficiaries ([Dhaka Tribune 13/04/2021](#)). Following the recent lockdown, the Government inaugurated the distribution of another BDT. 8.8 billion (\$103.7 million) as financial support to poor families using electronic fund transfer (EFT) ([Dhaka Tribune 29/04/2021](#)).

The Export Development Fund was raised from \$3.5 billion to \$5 billion, with the interest rate slashed to 1.75% and the refinancing limit increased. [Bangladesh Bank](#) has created several refinancing schemes totaling BDT. 390 billion (\$4.6 billion), a 360-day tenor special repo facility, and a credit guarantee scheme for exporters, farmers, and SMEs to facilitate the implementation of the government's stimulus packages. Bangladesh Bank also announced an agriculture subsidy program that will be in place until mid-2021. In addition, the government has taken measures to delay non-performing loan classification, relax loan rescheduling policy for NBFIs, waive credit card fees and interests, suspend loan interest payments, relax credit risk rating rules for banks, extend tenures of trade instruments, and ensure access to financial services. Recently, the bank imposed an additional 1% general provision against loans that have enjoyed deferral/time extension facilities.

Impacts on Trade and Labor Market

As one of the countries in South Asia most 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. However, the recovery is now facing significant risks with further lockdowns. The growth pathway seems uneven and economic activity well below pre-COVID-19 estimates, as many businesses need to make up for lost revenue and millions of workers, most of them in the informal sector, still reel from job losses, falling incomes, worsening inequalities, and human capital deficits ([World Bank 12/04/2021](#)).

Recent [World Bank](#) updates on Bangladesh indicate exports fell by 16.8% in FY20 due to supply chain disruptions and

depressed external demand for RMG (which still made up 83% of the country's merchandise exports in FY20). Imports also declined by 12.1%. Lower industrial activity limited the demand for intermediate goods. A depressed business outlook and low investment growth weighed on capital goods and machinery imports which declined by 33.8% in FY20. As a result, the trade deficit widened by 7.7% in FY20. In the first eight months of FY21 (July 2020 to February 2021), merchandise exports began to recover gradually, but total merchandise exports were still 1.1% below what they were over the same period of FY20. Likewise, the recovery in imports has also been slow, with total imports declining by 6.8% in the first seven months of FY21 (July to January). Retail sales data from key export markets suggest that the apparel sector continues to struggle, with ongoing movement restrictions, particularly in Europe.

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 is 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 Micro, Small, and Medium Enterprises (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 of the pandemic is not in sight ([World Bank 18/02/2021](#)).

A recent study result from the International Food Policy Research Institute (IFPRI) and Cornell University shows, in between June 2020 and January 2021, the proportion of pandemic-induced unemployment witnessed a 70% decline. In June 2020 the month after the government-announced lockdown in Bangladesh ended, 17.2% of main household earners of a sample population in rural Bangladesh reported being unemployed, but that percentage dropped to only 5.1% in January 2021 ([Bangla Tribune 10/04/2021](#)). 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 (IQM 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 COVID-19 outbreak in mid-March 2020. About one year after the COVID-19 lockdowns in Cox's Bazar, most people still have limited access to jobs and women are less likely than men to secure any job at all. Adding to the 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 (IQM 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, have had a severe impact on their already unstable local income-generating and self-reliance activities. Although the findings from the 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

The deadliest month closes with a downward trend in infection

April 2021 has been the deadliest month yet due to the COVID-19 pandemic. Bangladesh reported 2,404 fatalities in April, almost double the previous record of 1,264 deaths in July of last year. April 2021 accounts for almost 20% of the total case fatalities since the beginning of the pandemic. According to the Directorate General Health Services (DGHS) press release, as of 25 April 2021, since the beginning of the pandemic, there were more than 745,000

COVID-19 cases confirmed by RT-PCR, GeneXpert, and Rapid Antigen tests including 11,000 related deaths with a Case Fatality Rate (CFR) of 1.48%. On 19 April, the highest daily death was recorded at 112. In week 16, 26,372 new cases were reported, a 22.9% decrease compared to the previous week. However, 668 new deaths were reported, with a 3.4% increase. Weekly new tests experienced an almost 5% decrease in comparison to the previous week, recording 175,434 tests, while tests per million per week was only 103. Bangladesh accounts for 0.51% of the COVID-19 cases of the world, placing it among the top 33 countries worldwide ([WHO 26/04/2021](#)).

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

| Bangladesh | 31-Dec | 31-Jan | 28-Feb | 29-Mar | 25-Apr |
|-----------------------|-----------|-----------|-----------|-----------|-----------|
| Cases per month | 48,578 | 21,629 | 11,077 | 49,498 | 149,608 |
| Total confirmed cases | 513,510 | 535,139 | 546,216 | 595,714 | 745,322 |
| Tests per month | 454,897 | 424,124 | 392,305 | 544,803 | 756,671 |
| Total tests conducted | 3,227,598 | 3,651,722 | 4,044,027 | 4,588,830 | 5,345,501 |
| Deaths per month | 915 | 568 | 281 | 496 | 2,149 |
| Total deaths | 7,559 | 8,127 | 8,408 | 8,904 | 11,053 |

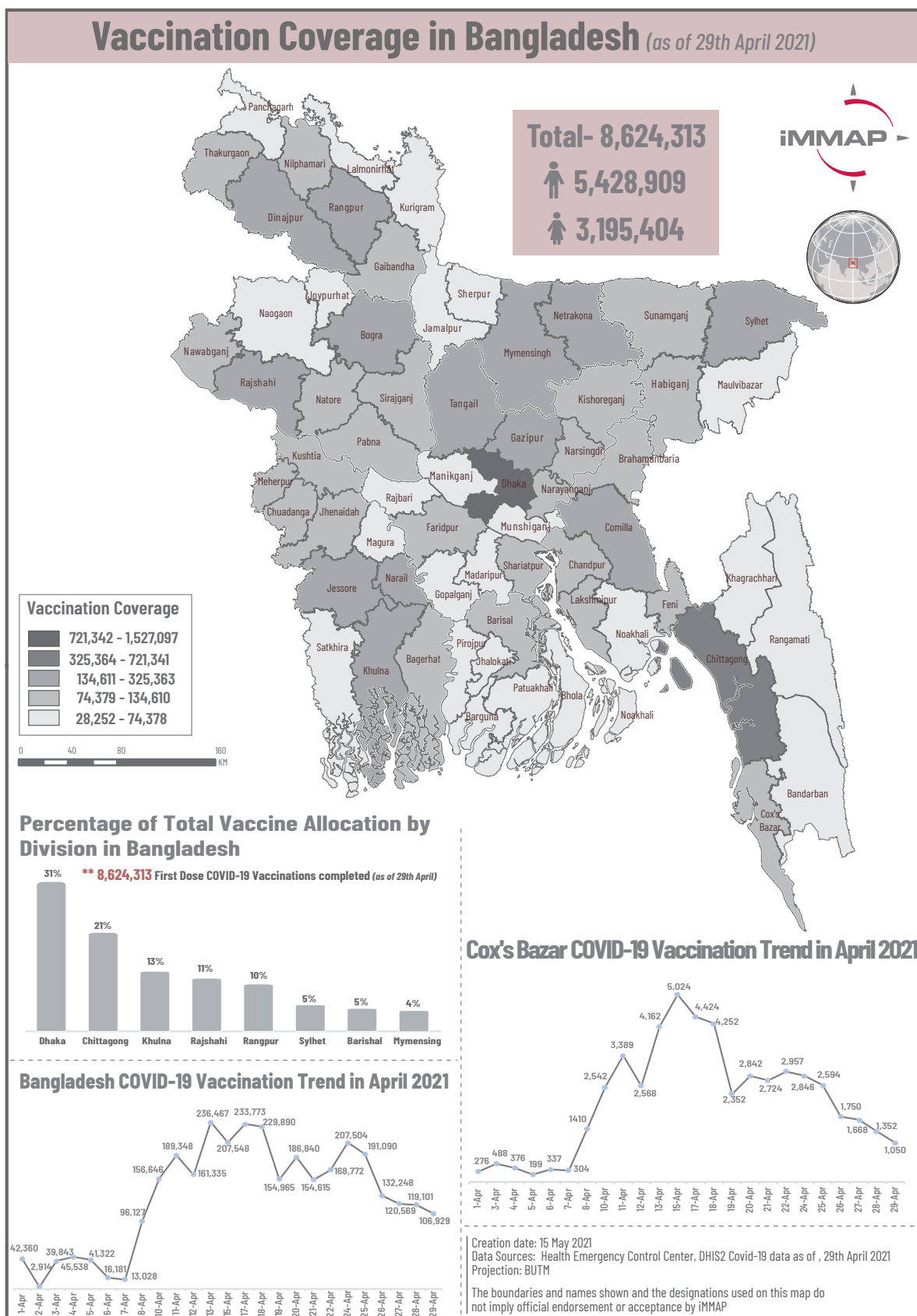
Mass vaccination is at stake with supply uncertainty despite government efforts

Bangladesh is facing a shortage of vaccines as a result of India's decision to stop vaccine exports and was forced to stop administering the first dose. The nationwide COVID-19 vaccination was launched on 7 February 2021 and the second dose inoculation started on 8 April 2021. As of 25 April 2021, more than 8 million doses of Oxford/AstraZeneca (COVISHIELD) vaccine were administered in the whole country, out of which, almost 6 million people received their first dose and more than 2 million received their second dose. Almost 4 million (62%) males and over 2 million (38%) females received their first dose of vaccine, while 1.5 million (64%) males and over 8 million (36%) females received their second dose of vaccine. So far, 11.7% of the country's eligible population has been vaccinated with the first dose, while in Dhaka metropolitan the coverage is 38.0%. The COVID-19 first dose vaccination

and registration in the "SUROKKHA" web portal has been temporarily suspended from 26 April 2021. All the COVID-19 vaccination sites were functional during the month of Ramadan (the month of fasting for the Muslims) to get the second dose of COVID-19 only ([WHO 26/04/2021](#)).

The Government of Bangladesh is making all-out efforts to collect and procure vaccines from Russia, China, and other sources, including trying to have AstraZeneca's vaccine from other countries manufacturing the vaccine. On 27 April, Bangladesh approved Sputnik V for emergency use following discussions with Russia. They are also in talks with China to have Sinopharm's COVID-19 vaccine and got confirmation to have 0.5 million doses by 12 May. Meanwhile, Bangladesh Medical Research Council (BMRC) has already approved local company Globe Biotech's 'Bangovax' vaccine ([Dhaka Tribune 06/05/2021](#)).

Figure 5. Vaccination map of Bangladesh showing Cox's Bazar in Chittagong division (Source: [DGHS 29/04/2021](#))



New variants, limited capacity, and public resistance continue to pose challenges in containing pandemic

Health experts suggested poor adherence to health safety rules as the root cause of the surge in the virus infection rate in the country ([Dhaka Tribune](#) 23/03/2021). Concerns about the spread of more contagious and deadlier variants of the virus have been raised by experts, notably the more infectious UK and South African variants. Research from [icddr.b](#) suggests that the South African variant accounts for 81% of the positive cases in Dhaka since the third week of March this year. Whilst data is still emerging, [study reports](#) indicate that the Oxford-AstraZeneca vaccine may offer as little as 10% protection against the South African variant.

Despite all these concerns, the number of new coronavirus cases in Bangladesh has been on a downward trend since the last week of the month, likely due to the restrictions imposed on 5 April and extended until 5 May. However, Owing to the delayed onset of symptoms and severity, there is a lag in hospital admissions and deaths. The rise in COVID-19 cases has left hospitals overwhelmed, with shortages of Intensive Care Unit (ICU) beds being widely reported. As the newly bred Indian variant threat is on the horizon, experts highlighted the importance of carrying the lockdown effectively ([Dhaka Tribune](#) 01/05/2021).

Epidemic Overview in Cox's Bazar

While an increasing trend in the positive cases among both host and refugee communities has been observed in the past few weeks, the upward trend of deaths following the nationwide surge has not yet been seen in Cox's Bazar including the refugee camps. As of 25 April 2021, a total of 7,448 individuals from the host community in Cox's Bazar district have tested positive and, a total of 84 deaths being reported, with a Case Fatality Ratio (CFR) of 1.1%. At the same period, a total of 525 COVID-19 cases have been reported among Rohingya/FDMN and 11 deaths being reported due to confirmed COVID-19 in the camps with a Case Fatality Ratio of 2.1%. Currently, 478 general isolation beds are functional in 12 Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centers (ITCs) with the provision of oxygen to assist both the Rohingya refugee population and the nearby host communities of Cox's Bazar. In April, a considerable increase in bed occupancy was observed, indicating the increased demand for hospitalization due to presentation of severe disease at admission ([WHO](#) 28/04/2021).

Along with the countrywide COVID-19 vaccination campaign, vaccination for international humanitarian workers has started in Cox's Bazar. WHO and Health Sector partners continue supporting the Government of Bangladesh (GoB) in the preparation for the COVID-19 vaccination campaign for the Rohingya community, scheduled to start in the coming weeks, pending the revised arrival date of the allocation of vaccines from the COVAX facility for Bangladesh ([WHO](#) 02/04/2021). As of 25 April, a total of 79,918 people have received their first dose of vaccination, while 42,236 received the second dose ([WHO](#) 26/04/2021).

The Trajectory of COVID-19 in Cox's Bazar

Figure 6. COVID-19 cases in Cox's Bazar as of 31st March 2021 (Source: WHO 29/04/2021)

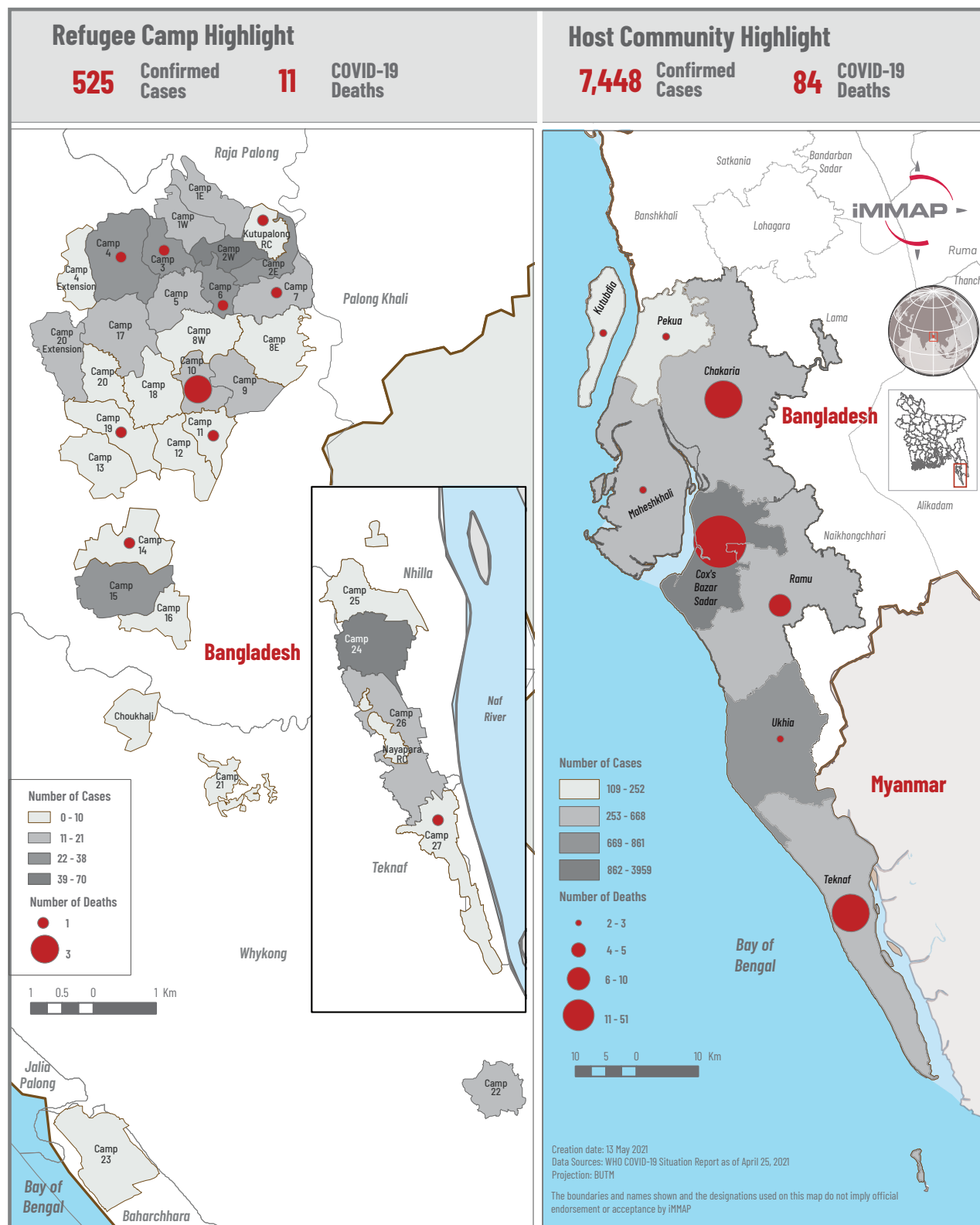


Figure 7. Bi-weekly positive case rate in the host and refugee communities (Source: [WHO](#) 28/4/2021)

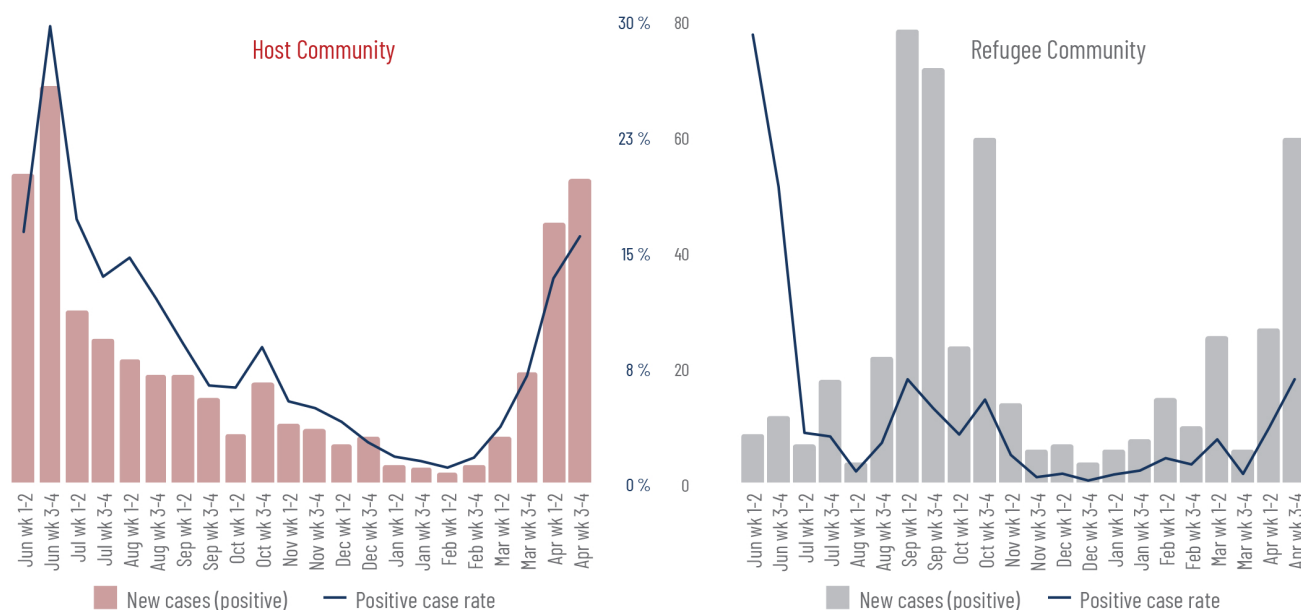
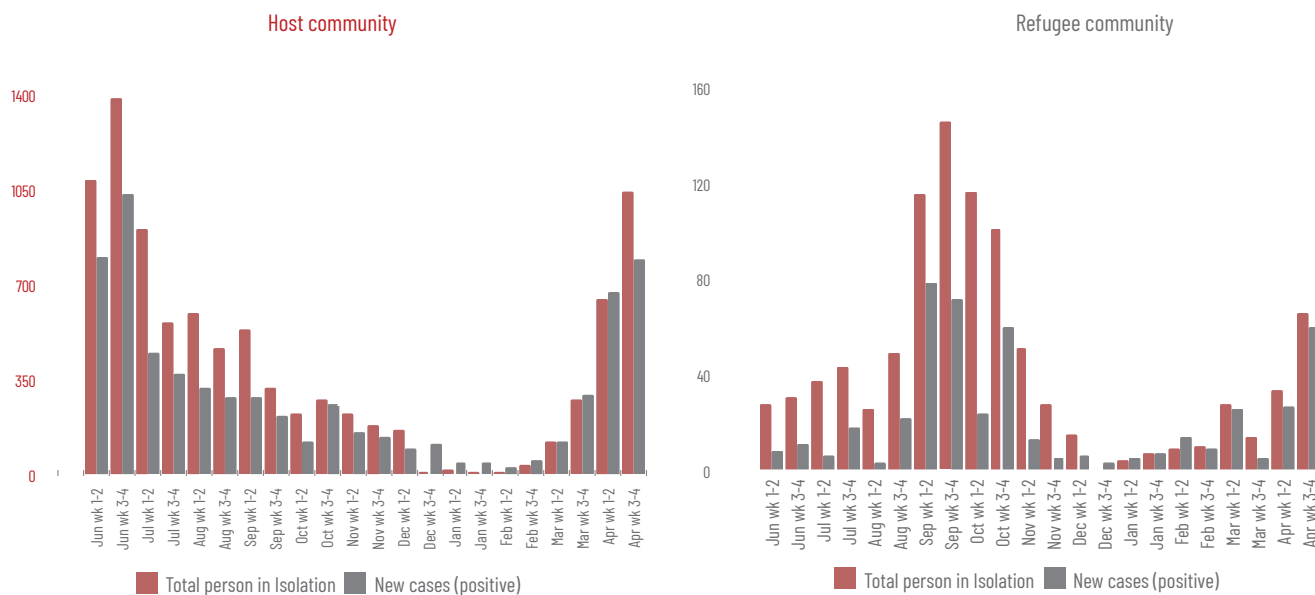


Figure 8. Bi-weekly total persons in isolation and new cases in the host and refugee communities (Source: [WHO](#) 28/4/2021)



COVID-19 CONTAINMENT MEASURES

COVID-19 Containment Measures at the National Level

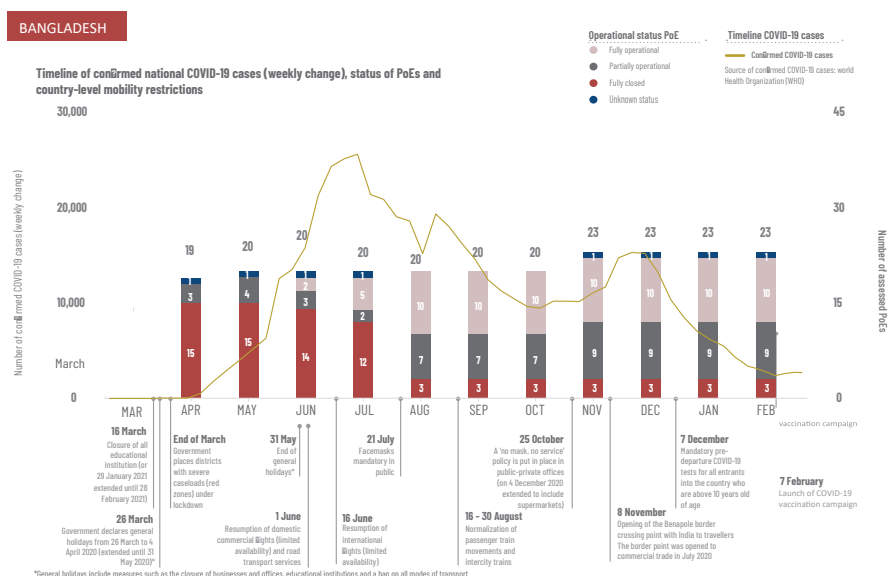
As COVID-19 cases continued to rise alarmingly since mid-March, the Government imposed a nationwide lockdown initially for one week from 5 April, to reduce the spread of the virus. This is in addition to the 18 set directives effective from 29 March. In the first days of the April lockdown, some shopkeepers and traders staged protests demanding the reopening of businesses, arguing that they had suffered huge losses last year during the lockdown. Other shops opened during the lockdown breaching the government imposed restrictions ([Dhaka Tribune](#) 05/04/2021, [UNB](#) 25/04/2021). On 14 April, the government enforced an eight-day strict lockdown until 21 April ([UNB](#) 15/04/2021), which was extended until 28 April. Meanwhile, the Bangladeshi police launched the movement pass [website](#) and started taking applications for passes that will allow citizens to stay outside for up to 3 hours. Traders and shoppers will both need movement passes to commute to and from shops and malls during the COVID-19 lockdown. Industries and factories are set to remain open on the condition that they maintain health protocols. The respective factories or industries must take measures to ferry their employees in their own vehicles. However, emergency service providers will not require the pass ([Dhaka Tribune](#) 15/04/2021). The Cabinet Division issued a [notice](#) on 23 April allowing shops and shopping malls to operate from April 25 (10am-5pm) on the condition that they would maintain proper safety protocols ([Dhaka Tribune](#) 25/04/2021). The public health experts showed concern over the steady increase in the number of people,

and vehicles on the roads on a day-to-day basis during the lockdown, and warned that the hopes of an improved situation rely on the strict maintenance of lockdown directives along with the public health measures being properly followed and implemented ([UNB](#) 23/04/2021).

Meanwhile, the government has decided on the closure of schools and colleges to be extended with schools and colleges scheduled to reopen on 23 May. Universities will resume academic activities on 24 May. Chittagong University (CU) postponed the admission test of the first-year undergraduate courses due to COVID-19. The closure has been extended several times in the past year, most recently this month, to help prevent the spread of COVID-19 ([UNICEF](#) 23/04/2021, [Dhaka Tribune](#) 15/04/2021).

Restrictions were placed and extended on international passenger flight operations to and from Bangladesh. On 26 April, the government sealed all Bangladesh-India border closed following the grave situation in India and to stop the contiguous Indian variant from spreading in the country ([GoB](#) 28/04/2021, [UNB](#) 30/04/2021, [Al Jazeera](#) 05/04/2021). The temperature screening continues to take place at most of the points of entry. Nationwide, there are thousands of people in isolation and being quarantined. As of 24 April, incoming passengers carrying PCR-based COVID-19 negative certificates, and either already vaccinated with first dose or not yet vaccinated, will have to complete a mandatory three days institutional quarantine at government facilities ([WHO](#) 25/04/2021, [Dhaka Tribune](#) 25/04/2021, [IOM](#) 01/04/2021).

Figure 9. Point of Entry analysis of COVID-19 at Bangladesh (Source: [IOM](#) 01/04/2021)



Containment Measures in Cox's Bazar

In Cox's Bazar, the national COVID-19 containment measures are being adopted locally. In response to the increase in the number of cases among the host community, the Government of Bangladesh and the Office of the Refugee Relief and Repatriation Commissioner (RCCC) in Cox's Bazar have imposed movement restrictions and other mitigation measures in district and camp areas. All tourist activities remain suspended in the district for the upcoming weeks. To avoid the spread of COVID-19, organizations are asked to maintain strict protocols such as physical distancing, hand washing, and the use of masks. Education centers like schools and learning centers remain

closed in the host community and inside the camps ([WHO 28/04/2021](#)).

Humanitarian actors are continuing to help in the detection of COVID-19 cases, provide COVID-19 hygiene education, and refer patients with fever to local health facilities for medical treatment. A camp-wise dedicated Contact Tracing (CT) network (34 supervisors and 311 volunteers) has been embedded in the Rapid Investigation and Response Teams (RIRTs) for COVID-19. WHO is closely supporting contact tracing through the Camp Health and Disease Surveillance Officers (CHDSO). In the Cox's Bazar refugee camps, different points of entry (POE) have been functional in different strategic locations ([WHO 28/04/2021](#)).

INFORMATION AND COMMUNICATION FOR COVID-19

Information Sources and Gaps

Information on awareness messages and household visits are provided by the [UNB](#). Communication channels and means are extracted from two reports of [WHO](#), [UNHCR](#), [UNCT](#), [GURD](#), and [Al Jazeera](#) show the challenges.

In Cox's Bazar various NGOs and INGOs are conducting awareness campaigns (door-to-door) and providing leaflets related to COVID-19 to circulate information on mitigation strategies to the families and spreading awareness messages on health and hygiene to prevent the spread of coronavirus. Organizations continue to support the COVID-19 prevention campaign within the camps. Meanwhile, community corona protection committees comprising members, including local leaders and influential and general people actively spread COVID-19 awareness messages. They also refer COVID-19 suspects to healthcare centres, while arranging for tele-counseling services by expert medical professionals ([UNB 07/04/2021](#)).

Information Channels and Means

UN agencies and NGOs are providing hotline services, and other channels such as radio broadcasting and videos to share information related to healthcare services and key messages regarding the COVID-19 pandemic and its preventive measures among refugee and host communities within Cox's Bazar. They are also distributing COVID-19 leaflets and posters developed in Burmese and Bengali languages to provide information concerning

COVID-19 and its preventive measures ([WHO 12/04/2021](#), [UNHCR 18/03/2021](#)).

Information Challenges

Misinformation and rumors are still among some of the most major challenges in combating the spread of the COVID-19 pandemic. Reports indicate, most refugee and host communities of Cox's Bazar who had COVID-19 symptoms did not want to get tested for COVID-19 due to misinformation and rumors about the virus: fear of being isolated, stigmatized, and deported. Some people believe that compared to other countries like the United States and Brazil, Bangladesh has not been hit hard by the virus, which has led to people underestimating its dangers. There has been a noticeable change in behaviour towards the virus; when the virus first hit the country last year, people emptied the shelves of the pharmacy and supermarkets to buy hand sanitizers, however, now, they often do not wash their hands ([GURD 01/04/2021](#), [Al Jazeera 01/04/2021](#)).

According to a recently published study conducted by [Overseas Development Institute](#) (data collected between July and August 2020) about the experience of COVID-19 among adolescents in Bangladesh, adolescents living in urban areas have more precise knowledge of COVID-19 compared to their rural counterparts. Adolescents from both rural and urban areas have received misinformation about COVID-19 symptoms. It is worth mentioning that adolescents were mostly found to acquire their knowledge from their family and community.

COVID-19 IMPACT AND HUMANITARIAN CONDITIONS

Since 05 April Bangladesh has been under lockdown imposed by the Government of Bangladesh, which continues to be extended due to a surge in COVID-19 cases. In compliance with the government's decisions, the Refugee Relief and Repatriation Commissioner (RRRC) issued a directive further restricting activities to only critical services and assistance. The following situational analysis report relies on the findings from the final [Refugee Influx Emergency Vulnerability Assessment](#) (REVA 4) to analyse the potential impact of the ongoing lockdown on the Rohingya and host community households in Cox's Bazar, especially the impact on livelihoods and food security. While data in the REVA 4 was collected from 7 November to 3 December, findings show the overall impact of containment measures and the lockdown on households, and therefore the findings remain relevant.

Reconstruction is ongoing in the camps affected by the massive fire which broke out in the Rohingya camps, in the Kutupalong mega camp on 22 March 2021, and the subsequent smaller fire incidents in April. Some of the affected people are still facing some challenges in accessing services, and are struggling to deal with the impact of the fire. The report utilises the latest [Inter-Sector Coordination Group \(ISCG\)](#) report, and recent assessments conducted in the affected areas; the [Host Community Joint Needs Assessment](#) and [Rapid Host Community Housing, Land and Property Assessment](#). As a result of the latest RRRC directives, it is expected that people affected by the fire are going to face some challenges in accessing services and reconstruction will likely be hampered.

- The ongoing lockdown in Bangladesh, since the beginning of April, is likely to further impact both the refugee and host communities' income-generating and self-reliance activities. It is expected that, similarly to the lockdown in 2020, the **April lockdown would particularly impact day labourers**. However, more refugee and host communities households are buying food on credit and spending savings, which is likely to **reduce their ability to deal with future shocks**, including ongoing nationwide lockdowns and fires.
- Fires have caused a **shortfall in some food commodities** in the affected markets and a **slight increase in prices in nearby markets**. More increases in food prices are expected with the upcoming festive and

monsoon season and the extension of re-introduced lockdown.

- During April, the **number of operational isolation facilities and functional beds decreased** in comparison to the previous month, while an increase in bed occupancy has been observed throughout April.
- **Increase in the number of refugee children treated for SAM in the first quarter of 2021, in comparison to the same period last year.** For the host community in Ukhiya and Teknaf Upazila, acute malnutrition rates have decreased since 2019. GAM and SAM prevalence by WHZ were slightly higher in Ukhiya. Global stunting rates by HAZ were higher in Teknaf than in Ukhiya. The prevalence of severe stunting rates were similar across both Upazilas.
- WASH-related services including repair and maintenance were exempted from suspension by the latest RRRC directives. **Solid waste management remains a challenge.**
- **Fire incidents**, including the most recent one on 12 April, **continue to destroy shelter. Some refugee households in the fire-affected camps are facing potential eviction** by the landowners from the host community, which is likely to cause communal tensions. Temporary shelters built in the affected camps have been damaged due to strong winds and rainstorms in April, **shelter conditions are of concern for the refugees**, especially ahead of the monsoon season.
- As of April, **schools and other educational institutions remain closed**, with plans to reopen on 23 May. **A fire on 12 April damaged another learning center**, in addition to 207 learning centers damaged by the fire last month.
- **Efforts to reunite unaccompanied children following the 22 March are ongoing**, however, the longer children are separated, the less likely they are to be reunified. Those separated from their families are also at risk of gender-based violence (GBV), child labour, and trafficking. Women living in these temporary shelters are vulnerable to protection risks. **Relocations to Bhasan Char Island continue**, bringing the total population of the island to 18,750 people.

Information sources, gaps, and challenges

The final report of the [Refugee influx Vulnerability Assessment](#) (REVA 4) data collected from 7 November to 3 December was utilised to understand the impact of continuous lockdowns (including the lockdown in April) is likely to have on both populations, Rohingya and host communities, in terms of income levels and self-reliance opportunities. Information about the nationwide lockdown during April and the impact on [local businesses](#) and [industries](#) are provided by a local media source; Dhaka Tribune. Data on women's labour participation and debt behaviour is provided by a women's survey conducted between November and December 2020 in Ukhia Upazila. Findings from the [WFP's Market Monitor](#) (March 2021) were published in mid-April and were utilised in the analysis.

Income-generating and self-reliance activities were heavily impacted by the containment measures in 2020, the ongoing lockdown in Bangladesh is likely to further impact both the Rohingya and host communities livelihood opportunities

Data from the latest REVA 4, show an overall decrease in household's income for both the host and Rohingya communities in comparison to pre-crisis levels. This income decrease along with increased food prices has resulted in diminishing household's purchasing power and their ability to meet basic needs, such as food and health. Whilst data for REVA 4 was collected at a time when the economy was on a path towards recovery, the residual impacts of the contraction on the economy continued to be felt, with many poor households still struggling to reintegrate into the economy ([REVA 4 15/04/2021](#)).

Purchasing power in the camp is directly linked with the availability of cash in hand from different self-reliance activities, however, with these activities currently restricted, the majority of households have very low purchasing power ([WFP 19/04/2021](#)). The lockdown during April is expected to continue to disrupt income-generating activities of the host communities and self-reliance activities of the Rohingya and subsequently impacting the household's income and purchasing power, especially given the most recent Refugee Relief and Repatriation Commissioner (RRRC) directives which limit humanitarian activities to critical operations only.

More refugee and host communities households are buying food on credit and spending savings, likely to reduce the household's ability to deal with future shocks, including ongoing nationwide lockdowns

Nine out of ten Rohingya households and six out of ten Bangladesh households reported adopting at least one livelihood-based coping strategy in 2020. The most used strategies by the Rohingya refugees in 2020 are buying food on credit (55%) and spending savings (25%), increasing by 15% and 6% respectively in 2020 compared to the previous year. Findings also show that host communities are increasingly dependent on spending savings and buying food on credit as coping strategies. These are considered as stress strategies, which reduces the ability of households to deal with future shocks. Paying these debts will remain a burden on households in the long term ([Dhaka Tribune 15/04/2021](#), [REVA 4 15/04/2021](#), [ODI 04/2021](#)). In fact, the WFP market monitor for March 2021, anticipated that credit borrowing might reduce in the coming days, as more households become blacklisted as uncreditworthy, owing to earlier debts ([WFP 19/04/2021](#)). This is an indication of the deteriorating financial situation of both the host and refugee communities, as they depend primarily on buying food on credit as a livelihood-coping strategy.

The host community has especially experienced an increase in credit dependency from 41% to 53%, this in line with the national trend, as the percentage of households taking a loan has doubled between February 2020 and March 2021 in Bangladesh ([REVA 4 15/04/2021](#), [Dhaka Tribune 20/04/2021](#), [BIGD and PPRC 20/04/2021](#)). According to the REVA 4 findings, when households were asked how they would cope with an unforeseen future emergency expense, close to half of Rohingya and host community households said they would seek to borrow from friends or relatives, while 36% in the Rohingya community stated that they had no source of getting money - as opposed to 8% in the host communities ([REVA 4 15/04/2021](#)). These findings indicate that both populations lack the capacity to cope with future emergencies, especially as savings deplete and debt increases.

Instances of selling non-food assistance following the fire that broke out on 22 March were reported

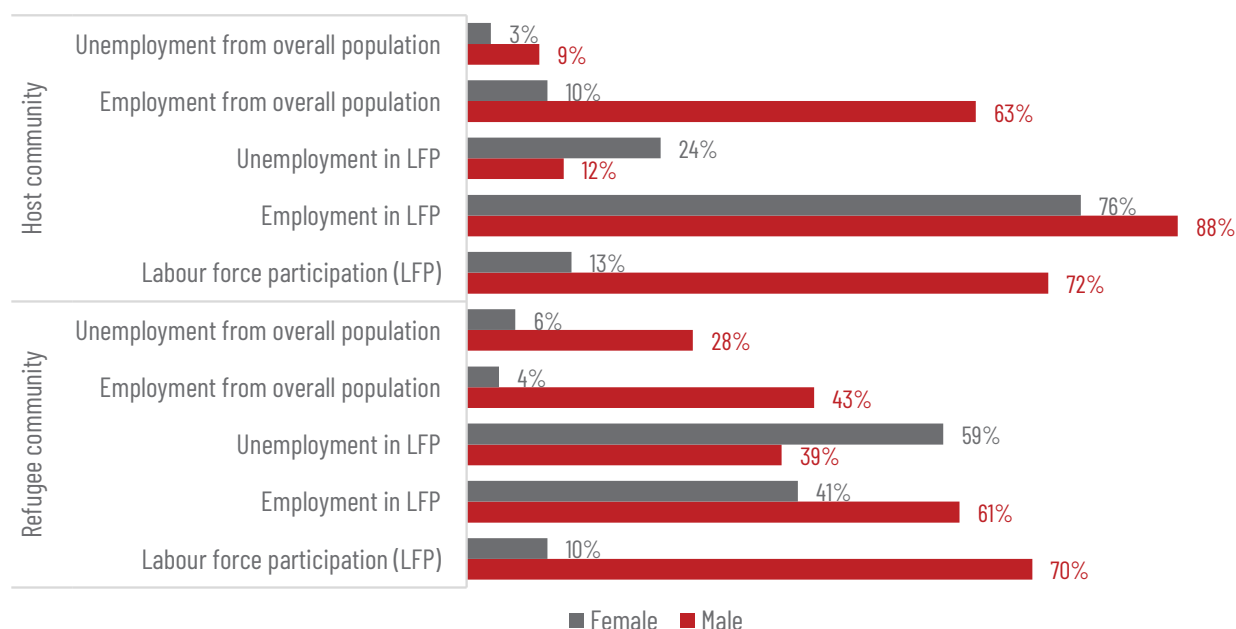
Despite the percentage of Rohingya households selling their non-food assistance decreased by 17% between 2019 and 2020 ([REVA 4 15/04/2021](#)), according to the [WFP Market Monitor](#) for March 2021, selling of non-food items among the affected people by the camp fires, particularly bamboo provided for rebuilding and utensils, continue to be reported in the camps of Cox's Bazar mainly driven by the desire to buy food and clothes ([WFP 19/04/2021](#)). Selling non-food assistance is a crisis livelihood coping mechanism, linked to direct reduction of future productivity ([REVA 4 15/04/2021](#)).

Female labour force participation is low, partially due to pre-existing barriers in accessing the labour market. Women are often instead engaging in home-based activities or those perceived as non-essential, including unpaid care work resulting from COVID-19 and its related measures

According to a survey conducted between November and December 2020 in Ukhiya Upazilla on women in the host and Rohingya communities, 35% of women in the Rohingya camps worry about “not getting a good job/nothing to do better in their life” every day compared to 17% in the host community ([child protection Cox’s Bazar sub-sector 14/04/2021](#)). This is consistent with data from the most recent [Refugee influx Emergency Assessment \(REVA 4\)](#), where only 10% of Rohingya women participated in the labour force in 2020, host communities showed similar trends. Determinants of female labour force participation

include women’s age, education level, marital status, gender of household head, and having children under 5 years old. Women in their 20s are likely to participate in the labour force in both communities, as well as women in their 40s in the host communities, and in their 50s in the camps. Marriage was found to be a negative driver in female labour force participation in both communities. In general, women are often engaged in limited to low-return and home-based activities or those perceived as “non-essential” such as tailoring, rearing hens/ducks or gardening, with most of the women’s income coming from remittances or help from relatives ([REVA 4 15/04/2021](#)). Home-based activities which primarily fall on women have meant that the responsibility of the unpaid work resulting from COVID-19 and its related measures, including care work has also fallen exclusively on women ([CARE International 14/10/2020](#), [Poverty Action 04/2020](#)).

Figure 10. Gender disaggregated labour force indicators (Source: [REVA 4 15/04/2021](#))



Female labour force participation in camps remained comparable to 2019 levels, indicating that women have been facing barriers in accessing the labour market even before the pandemic ([REVA 4 15/04/2021](#), [child protection Cox’s Bazar sub-sector 14/04/2021](#)). The lack of livelihood opportunities is reflected in the concerns of women in covering basic needs. Sixty-one percent of Rohingya women worry that “their family might not have enough money to pay for basic needs” with 35% of host community women feeling the same every day ([child protection Cox’s Bazar sub-sector 14/04/2021](#)).

31% of host community women and 47% of Rohingya women are in debt. Most women get their loans from relatives and neighbors, and took out these loan as per their husband’s decision

Thirty-one percent of host community women and 47% of Rohingya women said that they are currently in debt from a loan that has to be repaid at some point. Women from both communities primarily get their loans from relatives, and neighbors ([child protection Cox’s Bazar sub-sector 14/04/2021](#)). This is consistent with findings from the REVA 4 where more than half of refugees (both men

and women) stated that they would borrow money from friends or relatives for future emergency expenses ([REVA 4 15/04/2021](#)). The majority of women refugees took out loans to cover their own healthcare expenditure, followed by covering personal expenses. For women in the host community, the majority take out loans or borrow money for personal expenses followed by covering medical expenses. However, data also shows that 64% of HC women and 68% of RC women confirmed that they took this loan as per their husband's decision ([child protection Cox's Bazar sub-sector 14/04/2021](#)).

The April lockdown has led to the closure of most workplaces, particularly impacting day labourers, transport workers, and small businesses

The recent nationwide lockdown in April has led to the closure of most of the workplaces, as a result informal and daily wage labourers who do not have a financial ability to cope with unemployment have been disproportionately impacted. For example, according to a local media source, ready-made garment (RMG) workers on the second day of strict lockdown highlighted difficulties getting to work. They included transportation shortage, higher fares, overcrowded transport, as well as frequent harassment at police check-posts as some of the challenges they faced ([Dhaka Tribune 15/04/2021](#)).

This has also been the case during the lockdowns throughout 2020, where day labourers in the refugee and host community in Cox's Bazar faced the harshest livelihoods losses and income losses whereas monthly salaried workers and self-employed have relatively been more protected in terms of income losses ([REVA 4 15/04/2021](#), [Dhaka Tribune 18/04/2021](#), [Dhaka Tribune 20/04/2021](#)). Therefore, it is likely that daily labourers will be heavily affected by the lockdown, if not mitigated, as they constitute the majority of the working population within the host community economy.

The shrimp export industry is one of the most negatively impacted industries in the country as a result of the COVID-19 related containment measures

Shrimp exports have come to a halt due to the lockdown, impacting shrimp prices, and causing a rise in unemployment. Shrimp cultivation and farming are one of the main sources of income in Cox's Bazar. The countrywide April lockdown has also forced the supply chain system to come to a halt. If the situation continues, the shrimp farmers will likely not be able to meet the demand at the beginning of the season, causing economic losses to the industry and likely to result in further job losses ([Dhaka Tribune 25/04/2021](#), [ACAPS 10/2020](#)).

FOOD SECURITY

Information sources, gaps, and challenges

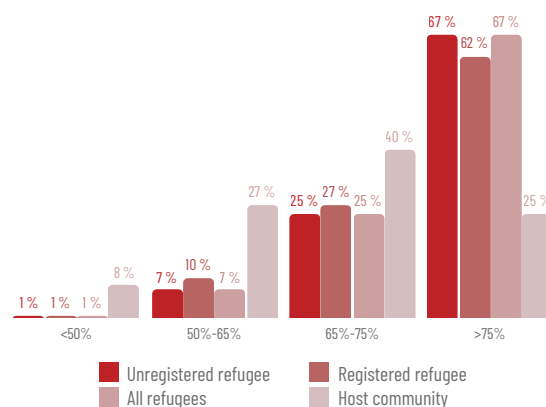
The [WFP's Market Monitor](#) provides a trend analysis of food prices, focusing on the increase in rice prices since the second half of 2020. Findings from the [Refugee influx Vulnerability Assessment \(REVA 4\)](#) (data collected from 7 November to 3 December) are utilised in the analysis. The impact of camp fires on access to markets, food, and the response efforts by the humanitarian organisations is provided by [WFP](#) and the updated [report](#) by the Food Security Sector. Community feedback on the impacts of the fire and needs are found in the [BBC Media Action](#) report.

Rice prices stabilized in March 2021, but remain 60% higher than a year before

Rice prices continued to increase steadily from the second half of 2020 until the first two months of 2021 due to the drawdown in stock levels, a shortfall in production following severe flooding in June/July, low import volumes, and tight supplies. While rice prices stabilised in March, it remained 60% higher than a year before and is expected to remain high until mid-2021 ([WFP 19/04/2021](#)).

Cereals including rice dominate the food expenditure patterns of the Rohingya and host community households. While refugees may be cushioned from the increase by food assistance, for host community households, rice is an out-of-pocket payment, and in the absence of universal food assistance; they are more vulnerable to price increase and food insecurity ([REVA 4 15/04/2021](#)).

Figure 11. Food expenditure as a proportion of household expenditure by affected group (Source: [REVA 4 15/04/2021](#))



Fires impacting camp markets and reducing market capacity and causing a shortfall in some food commodities and a slight increase in prices in nearby

markets. More increase in food prices is expected with the upcoming monsoon season and extension of re-introduced lockdown

Balukhali Bazar and camp markets in Ukhiya along with businesses in the camp were affected by the fire of March 22 reducing its functional capacity and resulting in supply shortfalls in commodities particularly fish, poultry, and vegetables. There was a marginal price increase in the commodities in the nearby markets due to higher transaction costs incurred to source commodities from other distant markets like Kutupalong Bazar (WFP 19/04/2021). To mitigate some of the impacts of the fire, there are a total of thirteen operational WFP's fresh food corners in the camp of Cox's Bazar as of March since one of the food corners was damaged by the fire (WFP 19/04/2021). It is likely that the prices of food will increase in the camp markets of Cox's Bazar due to the high demand for food in the upcoming monsoon season and extension of re-introduced lockdown with consequences on supply chains and livelihood disruption. This will possibly affect poor households who are dependent on the market for food (WFP 19/04/2021).

Host community households are reporting problems in accessing food due to an increase in food prices and unavailability of food items following the recent fire outbreak

According to an assessment conducted in the host community living within and around the affected area

by the recent fire outbreak in the Kutupalong Balukhali Extensions (KBE), are facing difficulties in accessing food. Increased food prices and unavailability of food items were the main reasons for the reduced food access. Forty-one percent of the host community reported that a quarter of affected households did not have the ability to cook post-fire outbreak (FSC 15/04/20210).

Figure 12. Reasons of not accessing food for the host community (Source: FSC 15/04/20210)



Refugee households have redeemed their monthly April e-voucher assistance and have reintegrated into regular food assistance programming post-fire outbreak in the camp (ACAPS 28/04/2021), and as of 11 April, the distribution of hot meals which was implemented after the fire outbreak of March 22 was discontinued (FSC 20/04/2021).

Information sources, gaps, and challenges

Regular data on disease prevalence was provided through the weekly Epidemiological Highlights by the WHO-led Early Warning Alert and Response System (EWARS); weeks [14](#), [15](#), [16](#), and [17](#). The bi-weekly WHO SitRep [6](#) and [7](#) cover the overall COVID-19 situation in the district. Health challenges faced by the Rohingya and host communities throughout 2020 are provided by the [REVA 4](#), while data was collected from November to December 2020, it still provides an overall understanding of the challenges faced by both communities especially during the ongoing rise in COVID-19 cases. A recently [published study](#), conducted last year (data collected 15 April and 10 May 2020), shows the impact of COVID-19 on the mental health of the Bangladeshi population. The impact of the fire on 22 March and the humanitarian response is provided by the [ISCG](#). Despite the partial operation of the majority of the damaged health facilities by the fire, it is unclear what is the current capacity of these facilities. Data on the mental health of refugees in the camps are lacking.

Despite the nationwide lockdown in April, health facilities and services are exempted from the RRRc directives and remain operational in the camps. Lockdown, isolation, and fear about the pandemic impact the mental health, and the psychosocial well-being of adolescents and children

Health facilities and services continue to be operational in the camp area even though restrictions imposed by Refugee Relief and Repatriation Commission (RRRC) resulted in the postponement of all non-essential activities, facilities, and service of government, national and international agencies from 14 April to 21 April 2021 due to the deteriorating COVID-19 pandemic situation in the country. All health activities were exempted, other essential services such as nutrition, food, and LPG were also exempted ([Government of Bangladesh](#) 12/04/2021).

The lockdown, isolation, and fear about the pandemic impact the mental health of both the refugees and host communities in Cox's Bazar ([Groupe URD](#) 01/04/2021). According to a study conducted last year (data collected 15 April and 10 May 2020) on the impact of the COVID-19 pandemic among the general Bangladeshi population, the majority of those surveyed (between 15 and 65 years old) experience loneliness, anxiety, and sleep disturbance ([BMJ](#) 09/04/2021). According to a report by Overseas Development Institute (ODI) (data collected between July and August), COVID-19 related restrictions have also impacted the psychosocial well-being of adolescents and

urban children of Bangladesh as they are anxious due to the family's economic hardship and are forced to stay indoors; isolated from their normal life ([ODI](#) 30/04/2021, [Dhaka Tribune](#) 15/04/2021). It is therefore likely that a prolonged lockdown during the second wave will have an adverse impact on the mental health of people, especially children.

Health challenges following the 22 March fire

Out of the six health facilities which were damaged or destroyed by the fire which broke out on 22 March, five have resumed operations at least in part. One facility, the Turkish Field Hospital, was heavily damaged and is currently undergoing reconstruction ([ISCG](#) 06/04/2021). Overall 14% of the host communities reported facing health challenges after the fire ([Food Security Cluster](#) Host communities, 15/04/2021).

Refugees affected and displaced in the affected camps reported suffering from anxiety, fear, and discomfort. The death of family members, missing persons, and loss of all belonging have also triggered trauma among the refugees of Cox's Bazar. This is negatively impacting the physical and mental wellbeing of particularly women, girls, and adolescent boys ([BRAC](#) 01/04/2021).

The fire also had indirect impacts resulting in the interruption of access to health care, such as the destruction of facilities, displacement of people, destruction of water sources. It is expected that these problems will particularly impact women, children, people with disabilities, and the elderly, increasing their vulnerability. In addition to that, the high temperatures in the fire-affected areas, burnt debris, flying ash in the surroundings along scorching summer heat has caused a health impact particularly on pregnant women, persons with disabilities, older people, people with respiratory diseases, and children ([BRAC](#) 01/04/2021). Displaced people along with those providing them with shelters are vulnerable to contracting the COVID-19 infections amid the overcrowding living arrangements ([BRAC](#) 01/04/2021).

During April, the number of operational isolation facilities and functional beds decreased in comparison to the previous month, while an increase in bed occupancy has been observed throughout April

As of the last week of April, 12 operational Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) along with a total of 478 functional beds continue to be operational, decreasing from 13 SARI ITCs and 502 functional beds in March in the camps to assist both the Rohingya refugees and the nearby host communities of Cox's Bazar ([WHO](#) 29/04/2021). There has been a gradual increase in bed occupancy

throughout April, reaching 26% as of 30 April. This is likely due to the increase in hospitalization demand due to severe disease presentation during admission ([WHO 16/04/2021](#), [WHO 29/04/2021](#)).

During the 2020 lockdown, Rohingya refugees faced major challenges in accessing healthcare, primarily due to overcrowding, while the high cost of healthcare was the main challenge for the host community in accessing healthcare

According to the [REVA 4](#), more than half of the households, in both communities, who had sought medical attention reported encountering difficulties. Overcrowded health care facilities continue to be the major difficulty faced by refugees in accessing healthcare (17%) followed by unavailability of medicine or treatment (16%) whereas high cost of medication continues to be the major difficulty faced by host communities (36%) followed by distant health facility (11%) ([REVA 4 15/04/2021](#))

While Rohingya refugees continue to seek medical attention mostly from NGO healthcare and hospitals, host communities seek it mostly at pharmacies in Cox's Bazar. In the absence of universal health coverage, Bangladeshi rely on out-of-pocket expenditures for healthcare. The financial burden of healthcare for the host community can explain the increase in debt incurred primarily to finance healthcare expenses ([REVA 4 15/04/2021](#)).

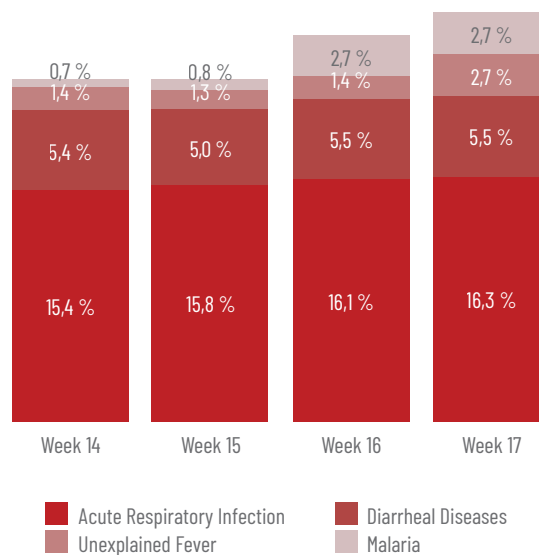
Although data for the REVA 4 has been collected between November and December 2020, challenges identified by both communities are expected to persist, as health facilities struggle to deal with the increase in COVID-19 cases, and the impact of the massive fire on 22 March which damaged 6 health facilities.

Morbidity and disease prevalence. There is a gradual increase in cholera cases since the beginning of 2021. Diphtheria prevalence is showing lower levels to the same period last year

Based on the Early Warning Alert and Response System

(EWARS)(indicator-based surveillance), acute respiratory infection (15.4%–16.3%) and diarrheal diseases (5.4%–5.5%), were the highest proportional morbidity in April, in line with the previous months (February and March) ([WHO 25/04/2021](#), [WHO 04/04/2021](#)). In weeks [14](#) and [15](#) unexplained fever was the 3rd highest disease with proportional morbidity, however, in week [16](#), it was suspected malaria the 3rd highest.

Figure 13. Diseases with the highest proportional morbidity in March (Source: WHO-led Early Warning Alert and Response System (EWARS); weeks [14](#), [15](#), [16](#), and [17](#))



A slight increase in cholera cases has been observed since the beginning of 2021, however, this is expected as Cholera is endemic in the country and cases do rise seasonally ([WHO 25/04/2021](#), [WHO 04/04/2021](#), [WHO 11/04/2021](#), [WHO 18/04/2021](#)). A total of 75 diphtheria cases have been reported so far in 2021, showing improved levels to the same period last year ([WHO 30/04/2021](#)). So far, there are 254 measles cases in total in 2021 as of the last week of April, showing similar levels in comparison to the same period last year ([WHO 25/04/2021](#)).

Information sources, gaps, and challenges

Preliminary findings are available from the [SMART nutrition survey](#), by the Action Against Hunger/Nutrition Sector, for the host community (Ukhiya and Teknaf Upazilas), which was conducted between 30 January and 24 February 2021. Trends of acute malnutrition, underweight, and wasting in the host community are unavailable for years 2019 and 2020. Therefore, it is difficult to understand the impact of COVID-19 on the nutrition status of the population. The latest figures by [UNICEF](#), show the number of children screened for malnutrition in the first quarter of 2021. The trends of consumption of micronutrient-rich food for refugee and host communities are provided in the latest [REVA 4](#) report. The number of children and pregnant and lactating women from the communities affected by the fire who are malnourished and in need of nutrition support is not available.

Temporary nutrition facilities are mitigating the impacts of the destruction of nutrition facilities by the fire which broke out on 22 March

Nutrition services have been negatively impacted by the recent fire in three refugee camps (8W, 8E, and 9) in Ukhiya. The fire destroyed two nutritional centers and forced WFP to close two other nutrition sites until teams on the ground can assess the damage ([ISCG 31/03/2021](#)). Temporary nutrition facility sites are providing emergency nutrition services to the affected persons. As of 17 April, around 14,000 children under five and pregnant and lactating women (PLW) of the affected communities had been screened for malnutrition. The total number of those found to be severely or moderately malnourished is unknown. However, of those screened since 22 March, 231 severely acutely malnourished children, 958 moderately acutely malnourished children, and 22 moderately acutely malnourished PLW were identified and admitted to nutrition support programmes. It is unclear the impact of the fire on malnutrition levels ([ISCG 18/04/2021](#)).

The admission rate of SAM has significantly improved in the first quarter of 2021, in comparison to the same period last year

According to the latest figures by UNICEF, in the first quarter of 2021, the admission rate of Severe Acute Malnutrition (SAM) has significantly improved. A total of 3,653 children (63% girls) were admitted for SAM treatment in UNICEF-supported Integrated Nutrition Facilities (INFs). In the first quarter of 2020, only 26% of the SAM children identified in screening in the inpatient centres were

admitted for the treatment whereas the latest admission rate is on average 84% for the past three months. During this reporting period, 90,778 Rohingya children (50 per cent girls, including 0.1 per cent children with disabilities totalling 96 per cent of the target) were screened each month in 20 camps supported by UNICEF. Out of these, 1,608 Rohingya refugee children (64% girls, including 2% children with disabilities) were admitted for SAM treatment ([UNICEF 23/04/2021](#)).

The consumption of micronutrient-rich food among Rohingya households is lower compared to Bangladeshi households, while registered Rohingya have greater consumption of micronutrient-rich food than unregistered refugees

According to the latest [Refugee influx Emergency Vulnerability Assessment \(REVA 4\)](#), data collected between November and December 2020, the consumption of micronutrient-rich food such as protein, vitamin A and haem iron is lower in Rohingya households compared to Bangladeshi households. Among Rohingya households, registered Rohingya have greater consumption of micronutrient rich food than unregistered refugees. For example, about 23% of unregistered Rohingya households reported not consuming iron-rich foods at all in the seven days before the survey, compared to 8% of registered households.

Access to any type of income was found to enhance the likelihood of consuming micronutrient-rich foods. Evidence suggests that this is the largest factor contributing to the difference in consumption levels between registered and unregistered households and between the Rohingya and host communities. Rohingya refugees, particularly unregistered refugees, continue to face a lack of regular income-generating and self-reliance activities due to regulations on employment, lack of work available, and skill gaps. The loss of income especially for the host community is also reflected in the household dietary diversity (number of food groups consumed) scores which decreased from 5.4 in 2019 to 5.1 in 2020. Among the Rohingya, scores remained similar to 2019 levels; this could be attributed to the fact that humanitarian assistance to refugee households continued largely at the scale prior to COVID-19 ([REVA 4 15/04/2021](#)).

Acute malnutrition (wasting) prevalence in Ukhiya and Teknaf in the host community

Findings from the SMART survey conducted between January and February 2021 for the host community show that acute malnutrition (wasting) rates for Ukhiya and Teknaf Upazila have decreased since 2019. Global acute malnutrition (GAM) and severe acute malnutrition (SAM)

prevalence among children aged 6 to 69 months by weight-for-height Z score (WHZ) were slightly higher in Ukhiya. GAM (WHZ) rates for both Upazilas are lower than the GAM rates (WHZ) of Chattogram division according to the Multiple Indicator Cluster Survey 2019 and considered to be of medium severity by WHO classification. However, GAM/SAM rates by Mid-upper arm circumference (MUAC) showed much higher rates in Teknaf (ACF 25/03/2021, MICS 12/2019). In Ukhiya and Teknaf from 2011 to February 2021, the trend of Acute malnutrition (WHZ) decreased from 18.7% to 9.3% while Acute malnutrition (MUAC) decreased from 6.7% to 3.8% (ACF 25/03/2021).

Underweight and chronic malnutrition (stunting) prevalence in Ukhiya and Teknaf for the host community

Global stunting rates by height-for-age (HAZ) were higher in Teknaf than in Ukhiya for the host community; these rates were also considered to be high as per WHO/UNICEF classification, despite being lower than the global stunting rates (HAZ) of Chattogram division in 2019. The prevalence of severe stunting rates was similar across both Upazilas (ACF 25/03/2021, MICS 12/2019).

Figure 14. Underweight and Chronic Malnutrition (Stunting) rates Ukhiya Upazila (Source: ACF 25/03/2021)

| Children 6 - 59 months | Stunting (HAZ) | Underweight (WAZ) |
|------------------------|----------------|-------------------|
| Global Prevalence | 20.7% | 25.8% |
| Moderate Prevalence | 17.5% | 23.0% |
| Severe Prevalence | 3.2% | 2.8% |

Figure 15. Underweight and Chronic Malnutrition (Stunting) rates Teknaf Upazila (Source: ACF 25/03/2021)

| Children 6 - 59 months | Stunting (HAZ) | Underweight (WAZ) |
|------------------------|----------------|-------------------|
| Global Prevalence | 25.8% | 21.9% |
| Moderate Prevalence | 22.7% | 17.7% |
| Severe Prevalence | 3.1% | 4.2% |

Global underweight rates by weight-for-age Z score (WAZ) in Ukhiya show higher rates than Teknaf. However, the severity of global underweight rates in both Ukhiya and Teknaf is considered to be high as per WHO/UNICEF classification. Severe underweight prevalence was found to be higher in Teknaf (ACF 25/03/2021, MICS 12/2019).

In Ukhiya and Teknaf from 2011 to February 2021, the trend of the underweight rate has decreased by 20% and the stunting

rate has also decreased by about 21% (ACF 25/03/2021).

Malnutrition prevalence by sex and age

In Ukhiya and Teknaf (host community) the prevalence of GAM by WHZ and/or MUAC and underweight by WAZ is almost similar among both girls and boys. However, the prevalence of stunting by HAZ is slightly higher among girls in Ukhiya, while higher among boys in Teknaf. In Ukhiya, GAM by WHZ and/or MUAC is higher among older children (24-59 months) than among younger children (6-23 months), while it is the opposite in Teknaf. In both Upazilas, the prevalence of stunting by HAZ is higher among older children (ACF 25/03/2021).

Infant and Young Child Feeding Practices among children

According to the SMART survey conducted between January and February 2021, in Ukhiya Upazila, three of the infant and young child feeding (IYCF) indicators are higher than the national average, which is: prevalence of exclusive breastfeeding (0-5 months), exclusive breastfeeding for two years (20-23 months), and minimum acceptable diet (6-23 months) (ACF 25/03/2021).

In Teknaf Upazila, 60% of the sample (age 0-5 months) were exclusively breastfed; 5% lower than the national average (ACF 25/03/2021). Exclusive breastfeeding (that is children are given nothing but breast milk in the first 6 months) prevents infections such as diarrhea and respiratory illnesses, all of which help prevent malnutrition (BDHS 10/2020). The majority of children (87%) aged 20-23 months were continuously breastfed for up to two years which is similar to the national average (ACF 25/03/2021).

Only 19% of children (6-23 months) had a minimum acceptable diet, which is 15% lower than the national average. A minimum acceptable diet is a composite indicator of children fed with a minimum dietary diversity and a minimum meal frequency. Inadequate infant and young child feeding (IYCF) practices contribute to the high prevalence of undernutrition, especially stunting and micronutrient deficiencies, and to increased morbidity and mortality (USAID 02/2018).

Acute malnutrition prevalence and global stunting rates in refugee camps

Global Acute Malnutrition (GAM) rates amongst children aged 6-59 months in all three targets (Makeshift Camps, Nayapara RC, and Kutupalong RC) 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](#)).

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

Trends Analysis: Acute malnutrition by WHZ and MUAC and chronic malnutrition in refugee camps

GAM and SAM rates by WHZ have remained largely unchanged between round 4 (data collected September–October 2019) and round 5 (data collected November–December 2020), across Makeshift Camps, Nayapara RC, and Kutupalong RC. However, results by MUAC differ, it shows a decrease in GAM rates in Makeshift camps but shows a slight increase in SAM rates ([AAH/FSC 28/01/2021](#)).

Chronic malnutrition (stunting) increased slightly in Makeshift Camps, while slightly decreasing in Kutupalong RC. The largest improvement is shown in Nayapara RC, where the prevalence of stunting decreased by 9.9%; from 39.0% to 29.1% ([AAH/FSC 28/01/2021](#)).



Information sources, gaps, and challenges

Data on damage to WASH facilities due to the fire which broke out on 22 March is provided by the [WASH sector](#) and [ISCG](#). Community feedback on the impact of damage and response is provided in the [BBC Media Action](#) report. Despite improvements in water access highlighted in findings of the [REVA 4](#), challenges in accessing water are found in the recent report by [ACAPS](#). A report by [Group URD](#) provides an overview of challenges in WASH infrastructure.

WASH-related services including repair and maintenance were exempted from suspension by the latest RRRC directives. Lack of maintenance of WASH infrastructure have resulted in some refugees using damaged latrines and unsafe bathing facilities

Despite the suspension of non-critical humanitarian operations by the latest RRRC directives in April 2021 due to the recent surge in COVID-19 cases, WASH-related services including repair and maintenance were exempted. In the previous government directive of last year WASH activities were allowed during the lockdown, but mainly focused on COVID-19 awareness and hygiene promotion. WASH infrastructure and improvements were put on hold. Due to the lack of regular maintenance, damaged fences, doors, and locks in the bathing areas have not been replaced. Refugees have to use damaged or unhealthy latrines or latrines that are far away from their houses, which increases insecurity for children, adolescents, and women. People with disabilities and the elderly face similar problems ([Groupe URD 01/04/2021](#)). If WASH maintenance work is also hindered due to the new directive, it is expected that it will heighten GBV risks and insecurity for children, adolescents, women, and people with disabilities.

Solid waste management remains a challenge; waste and unhygienic living conditions pose a health threat for the Rohingya refugees

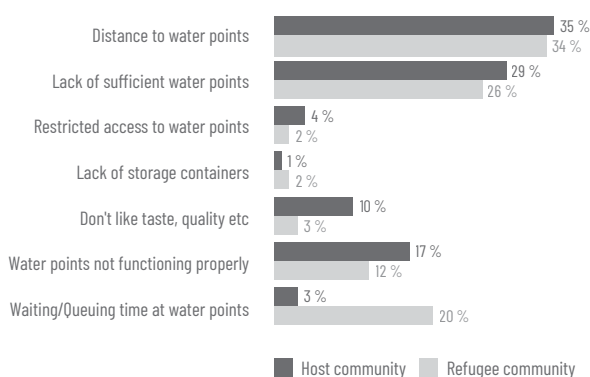
Non-recyclable materials which result from assistance distribution, such as plastic water bottles, strain the already weak waste management system. These materials burden the already stressed landfill and clog drainage systems. Additionally, the fire on 22nd March destroyed household waste collection bins in some camps, and damaged the solid waste management system ([WASH sector 04/04/2021](#), [Cordaid 12/04/2021](#)). According to [ISCG](#), solid waste management systems have been temporarily restored and communal bins distributed. However, the system is not yet fully effective and does not have the capacity to handle the current food distribution waste

(ISCG 06/04/2021). Solid waste management remains a challenge; waste and unhygienic living conditions pose a health threat for the Rohingya refugees (IQM 02/2021).

Households are still reporting difficulties in accessing water, despite improvement in accessing water from 2019 to 2020 the refugees in Cox's Bazar district

Despite improvement in accessing water from 2019 to 2020 the refugees in Cox's Bazar district, 50% of households still reported difficulties in accessing water, primarily due to distance to water points, and lack of sufficient water points (REVA 4 15/04/2021). According to ACAPS (data collected between August and October 2020), water points are sometimes turned off without warning or communication; making it difficult to ensure enough water. Some refugees drink from unimproved sources of water as water points are difficult to access and heavy rain cuts off water sources (ACAPS 28/04/2021). Water sources are shared with the host community which can cause tension between them (ACAPS 28/04/2021).

Figure 16. Difficulties in accessing water (Source: REVA 4 15/04/2021)



Impact of the fire which broke out on 22 March in the main Kutupalong section of the Rohingya refugees camps on WASH facilities and services

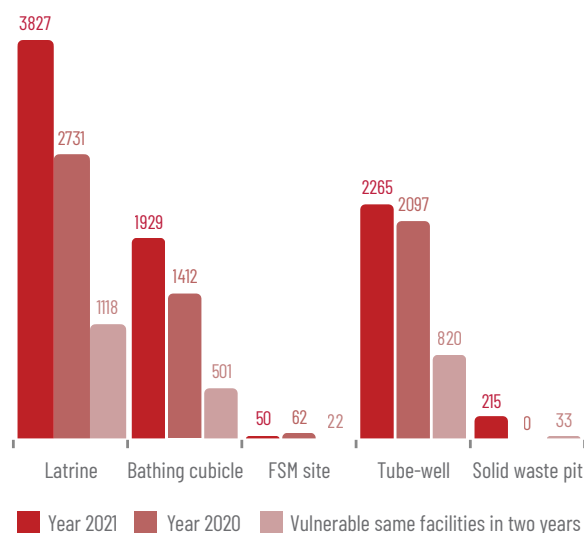
According to a Joint needs assessment conducted in the fire-affected Area in March, 62% of host communities in affected areas do not have access to safe drinking water, while 70% of respondents of the host community did not have access to toilets (Food Security Cluster 15/04/2021).

As of 18 April, in camp 9, the most affected camp, up to 71% of latrines and 76% of bathing spaces are now functional. It is unclear the extent of reconstruction of WASH facilities in fire-affected camps 8E and 8W. However, there is a need for quick repair of affected WASH facilities and infrastructure. According to community feedback by [BBC Media Action](#), some women have stated that there are no shower spaces for women. Women are also left using temporary latrines built using tarpaulin to create walls, which provide limited privacy as they have no roofs.

More WASH facilities are at risk of damage by floods in 2021 than last year

According to the WASH sector, in refugee camps in Ukhiya and Teknaf Upazilas 9% of latrines and bathing cubicles are at risk of being damaged by floods in 2021. For latrines, this constitutes an almost 30% increase in comparison to last year and 27% for bathing cubicles. Twenty-two percent Fecal Sludge Management (FSM), 13% solid waste pits, and 14% tubewells in the camps are also prone to damage by floods this year (ISCG 28/04/2021). As the monsoon season approaches, there is a need to build WASH infrastructure away from flooding areas (ISCG 28/04/2021). As Cholera epidemics occur with seasonal regularity in Bangladesh, there is a risk that damage to WASH facilities caused by the floods, will increase the risk of a cholera outbreak.

Figure 17. Potential flood vulnerable WASH facilities (Source: ISCG 28/04/2021)



Information sources, gaps, and challenges

The impact of shelters for the host community is provided by the [Joint Rapid Assessment for the host community in fire-affected areas](#). Shelter concerns in relation to Housing, Land Property (HLP) as reported by the fire affected host community is found in the [rapid HLP assessment](#) in the host community. According to [BBC Media Action's](#) focus-group discussions following the fire of 22 March (data collected between 11–31 March), the fire-affected communities are facing some challenges in terms of shelter condition and safety.

12 fire incidents were recorded in the first ten days of April. The most recent fire on 12 April destroyed 8 shelters. Thousands of households are left without shelter, and many live in the wreckage and makeshift shelters

Fire incidents continue to be reported in the camps of Cox's Bazar. In the last three months, fires have occurred across 25 out of the 34 camps, with twelve incidents recorded in the first ten days of April 2021 ([ISCG 06/04/2021](#), [IOM 29/04/2021](#)). The most recent fire outbreak in Balukhali refugee camp 9 of Ukhiya Upazila on April 12 destroyed eight family shelters and a woman's centre and a learning center ([Dhaka Tribune 12/04/2021](#)). The incident was the 45th fire since the deadly blaze on March 22.

The fire on 22 March affected three camps. As of 5 April, approximately 12,500 persons from fire-affected camps continued to reside outside their camps of origin following the fire. Since the fire, more than 32,500 individuals have returned to their camps of origin following the distribution of shelter kits ([ISCG 06/04/2021](#), [IOM 29/04/2021](#)). An unknown number of refugees continue to live in the wreckage of their burnt-out homes, or in temporary shelters such as learning centers ([ISCG 06/04/2021](#), [BBC Media Action 07/04/2021](#)).

According to a joint rapid assessment, shelter is the topmost reported priority for the affected host community households, followed by food, water, security, and sanitation ([Food Security Cluster 13/04/2021](#)). The affected host community will receive cash assistance to repair their shelters, pending the results of a shelter assessment in the second week of April. Host community households are also expected to receive training on shelter repair before receiving cash transfers ([ISCG 06/04/2021](#)). All humanitarian operations including shelter assistance are expected to be restricted to some extent during April, due to Refugee Relief and Repatriation Commission (RRRC) directives

([CCCM: Shelter and NFI 08/04/2021](#), [RRRC 12/04/2021](#)). It is unclear if shelter support will be disrupted as a result of these directives.

Some refugee households in the fire affected camps are facing potential eviction by the landowners from the host community

According to a joint rapid assessment conducted by the Housing Land Property (HLP) Task Force in the host community living within camp boundaries who were affected by the fire, many host community households are renting to both refugees and host community households within the camps. Around 34% of host community households want refugees to vacate their lands after the fire incident. Approximately 122 refugee households are facing potential eviction ([CCCM: Shelter and NFI 22/04/2021](#)). This is likely to cause some communal tensions. Having said that, only 8% of host community respondents reported HLP related disputes and disagreements after the fire ([CCCM: Shelter and NFI 22/04/2021](#)).

Temporary shelters built in the three affected camps have been damaged due to strong winds and rainstorms in the first week of April. Rohingya refugees, who have been affected by the fire on 22 March, are reportedly concerned about the conditions of their shelters, especially ahead of the monsoon season, which begins next month

Strong wind and rainstorms on 4 April caused further damage to the temporary, ad hoc shelters that have been constructed in the three affected camps ([ISCG 06/04/2021](#)). Wind hazards are a common phenomenon in the hilltops of Kutupalong camps. In 2020, around 3,400 shelters were either partially or fully damaged during wind and rain storms in camps 8E, 8W, and 9 ([Food Security Cluster 15/04/2021](#); [ISCG 06/04/2021](#)). Therefore, slope stabilization measures, which were significantly damaged in the fire, need to be urgently reinforced in hilly areas of the camps which are at high risk of landslides following heavy rain ([ISCG 06/04/2021](#)).

According to [BBC Media Action's](#) focus-group discussions following the fire of 22 March (data collected between 11–31 March), the major concern highlighted by the community is the condition of their shelters. They were also worried about staying in temporary shelters during the monsoon season, which begins next month.

Women, pregnant and lactating mothers, adolescent boys, and girls are in the most vulnerable situation due to a lack of privacy and security. Women living in temporary shelters are feeling unsafe sleeping in these makeshift shelters

at night ([BBC Media Action](#) 07/04/2021). According to an assessment by BRAC, lactating mothers are afraid to stay in those shelters with their children, and concerned about the temperature rising inside the tents, as the materials of tents do not protect them from the heat ([BRAC](#) 01/04/2021).

Participants in the focus group conducted by [BBC Media Action](#) emphasised the critical need for shelter and said materials in sufficient quantities are needed to rebuild their houses, such as bamboo, tarpaulins, polythene, ropes, hammers, saws, and other related items. They said they need safe, well-built places to stay. However, the use of combustible construction materials such as bamboo and plastic sheeting, especially in these dense settlements, has been associated with a higher risk of fires in the camps ([WHO](#) 02/04/2021). In addition to that, Rohingya refugee camps are not yet included in the national preparedness and early warning framework of the Government of Bangladesh which has increased the vulnerability of the populations living in the already unsafe settlements ([WHO](#) 02/04/2021).

Shelter assistance decreased in 2020 likely due to non-essential programming being reduced throughout the year as a result of the COVID-19 containment measures. Further disruption to assistance is expected from 5 April until 11 April due to new RRRC directives in light of the recent wave of COVID-19

Despite non-critical humanitarian operations being reduced as a result of COVID-19 containment measures, shelter assistance provided to refugees has decreased only slightly in 2020 compared to 2019, from 16% to 15% of Rohingya receiving shelter support. Half of the unregistered Rohingya households (15%) received shelter support compared to registered Rohingya households (30%) from humanitarian actors and the Government of Bangladesh during the 30 days prior to the survey in the camps ([REVA 4](#) 15/04/2021). Shelter is one of the main priority needs for the Rohingya in 2020, fourth after food, livelihoods and water ([REVA 4](#) 15/04/2021). Humanitarian operations including shelter assistance were once again restricted according to the RRRC directive from 5 April until 11 April, followed by a stricter lockdown from 14 to 21 April, as Bangladesh experiences a surge in COVID-19 infections ([CCCM: Shelter and NFI](#) 08/04/2021, [RRRC](#) 12/04/2021).

EDUCATION

Information sources, gaps, and challenges

The situation in regards to education remains largely unchanged as educational institutions have remained closed for over a year now. The final [Refugee influx Vulnerability Assessment](#) (REVA 4) report (data collected from 7 November to 3 December) provides an overview of the impacts of the almost year-long school closures. Data on difficulties faced by the host community students in accessing remote learning and the loss of education is provided by a survey conducted by [Overseas Development Institute](#) (ODI). Despite data being collected between July and August 2020, information on education lost during the first months of the lockdown in 2020, including the amount of time spent studying is still important as schools remain closed. According to the local news source, [Dhaka Tribune](#), schools will reopen on 23 May.

Despite the ongoing remote learning modalities implemented in camps and host communities, students are losing out on quality education. Students are spending less time studying due to a lack of interest and access to remote learning. There is a need to implement strategies to overcome learning loss caused by school closures

As of April, schools and other educational institutions in Bangladesh have been closed for over a year, with plans to reopen are now postponed to 23 May in light of a new wave of COVID-19 cases across the country. Prolonged school closures continue to disrupt the learning of over 350,000 Rohingya children and over 700,000 Bangladeshi children in Cox's Bazar District ([UNICEF](#) 23/04/2021, [Dhaka Tribune](#) 25/03/2021). Despite the different remote learning modalities implemented to provide education for children in the district, students are facing difficulties in accessing distance learning modalities, especially because of financial and technological constraints, which are creating significant barriers to education ([REACH Initiative](#) 29/03/2021).

The most commonly reported challenge in accessing distance learning modalities is financial according to both the host community (50%) and the refugee community (42%) ([REACH Initiative](#) 29/03/2021). This is consistent with findings from mid-2020 by J-MSNA where lack of money to pay for private tuition was cited as one of the main barriers to studying remotely by both communities ([J-MSNA](#) 01/10/2020). Financial constraints are also some of the main reasons behind the limited ability to use the internet and electricity-based technologies such as online and television classes ([REACH Initiative](#) 29/03/2021). Children

from rural areas often do not have access to smartphones, computers, or the internet at home (ODI 30/04/2021). This means that poorer students, refugees, and those living in rural Bangladesh have been disproportionately affected by school closures.

The lack of access to remote learning is reflected in the quality of education children are provided and the loss of educational opportunities; ongoing online classes do not seem to be as effective as in-person learning. The duration of self-study for each student also declined by more than 60% (Dhaka Tribune 12/04/2021). Some of the reasons behind this are lack of access to remote learning technology (such as internet access and smartphones) and lack of interest of children themselves, as school closure disrupted their routine and they spend more time in leisure instead of learning (ODI 30/04/2021). Once schools reopen, there is a need to implement strategies to overcome learning loss caused by the closures of schools (REACH Initiative 29/03/2021).

New fire on 12 April damaged another learning center, in addition to 207 learning centers damaged by the fire last month. Sixty-six learning centers continue to be used shelters

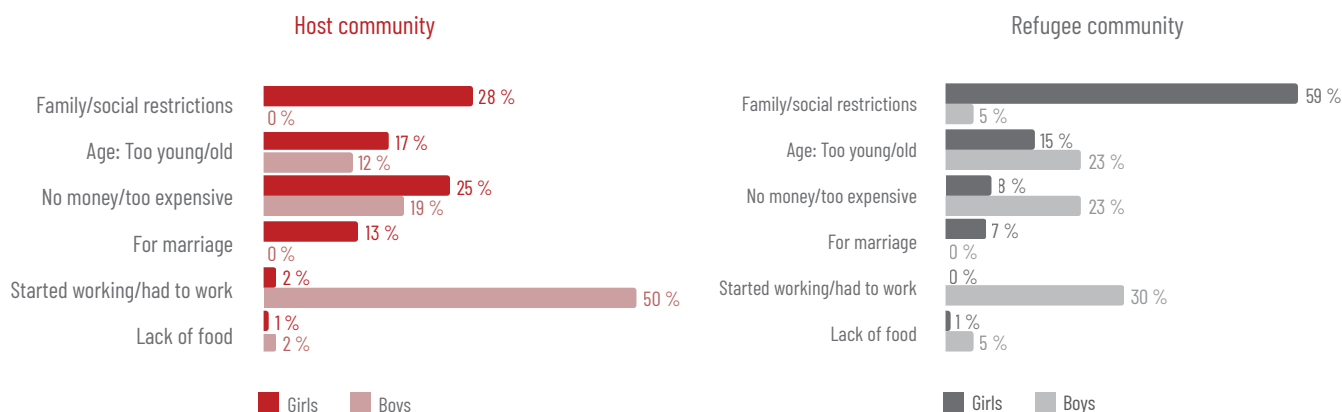
Fire on 12th April has damaged a children's Learning Center (LC) (Save the Children 15/04/2021). This is in addition to 207 LCs that were destroyed in the fire which broke out on 22nd March in Camps 8W, 8E, 9, and 10 and impacting more than 14,000 children, around 86% of which are children under 9. As of April, 66 learning centres continue to be used as

emergency shelters for Rohingya refugee families affected by the fire (ISCG 06/04/2021). Schools are scheduled to open on 23 May but the limited space available highlights the importance of quickly re-establishing education facilities and shelter before re-opening (United News of Bangladesh 30/03/2021, Dhaka Tribune 25/03/2021, ACAPS 25/03/2021).

Non-COVID-19 related reasons for not attending school persists, especially for girls

According to the Refugee influx Emergency Vulnerability Assessment (REVA 4) conducted by WFP, 70% of children in the host community and 78% of the Rohingya population have not been attending school because of COVID-19 as of end-2020. Over half of the children in both communities did not attend school for non-COVID-19 related reasons, for boys that were mainly due to working, whereas in the case of girls the reason was social restriction and marriage; this is consistent with the previous findings of REVA 3 (relating to non-COVID-19 reasons for not attending school). Larger gender gaps in the Rohingya population were shown in the findings; 40% of school-age girls are currently not studying due to non-COVID reasons, 2.5 times higher than boys (REVA 4 15/04/2021). This highlights barriers to education for girls, reflecting that existing inequalities persist, and it indicates that even when schools reopen, there is a need to facilitate the return of girls to education. More efforts are reportedly needed regarding the inclusivity of infrastructure and awareness amongst the community (REACH Initiative 29/03/2021).

Figure 18. Main non-COVID related reasons for school-age boys and girls not going to school in the host and refugee communities (Source: REVA 4 15/04/2021)



Children who missed out on education are likely to have a lower education attainment due to COVID-19, and will likely to continue the cycle of vulnerability in

the future when they become households heads

According to local media sources, education experts

said the biggest harm caused by the pandemic to the education system of the country was at the primary to higher education level ([Dhaka Tribune 12/04/2021](#)). This is likely to be translated into future economic losses for those who have missed out on education. According to REVA 4, household heads with completed primary education show significantly lower levels of vulnerability and are more likely to have regular income sources and participation in self-reliance activities ([REVA 4 15/04/2021](#)). If this generation of primary school students drops out as a result of school closures, it will likely cause long-term economic damage to future generations, and risk the improvements made in the education sector until 2019 ([REACH Initiative 29/03/2021](#), [REVA 3 04/2020](#)).

Less host community households have taken out credit for education-related purposes in 2020 in comparison to 2019, despite, the main barriers to education for the host community post-COVID-19 remain to be economic

School costs have been one of the main challenges to host community access to education. According to [REACH](#) (data collected October 2020 – January 2021), 19% of surveyed caregivers in the host community reported education cost as the main challenge in the 30 days before schools closed due to the COVID-19 outbreak. While education costs have remained a challenge in 2020, it appears to be less of a financial burden to the host community. Out of the 31% of people in the host community who had taken credit in 2020, 2% took credit for education-related purposes. The percentage is halved from the previous year (4%) ([REVA 4 15/04/2021](#)). This is likely linked to school closures, as the majority of students in the host community had their education disrupted throughout 2020 ([UNICEF 23/04/2021](#)). Having said that, the main barriers to education being reported even after the COVID-19 outbreak remain economic, with a large proportion of households reporting that education costs are high ([REACH Initiative 29/03/2021](#)). While the lack of access to the internet, mobile devices, and other technological devices is likely not to be considered as part of the direct costs of education, these modalities are often unaffordable to many households.



Information sources, gaps, and challenges

Data on the latest relocations to Bhasan Char island is provided on [WFP's SitRep #48](#). Community feedback on protection concerns is made available by [BBC Media Action](#) (data collected between 11–31 March). Findings from the [host community joint needs assessment](#) show the protection concerns of the community following the fire. Protection concerns related to housing and documentation as reported by the fire-affected host community are found in the [rapid HLP assessment](#) in the host community. Analysis of security-related incidents in April in Cox's Bazar is analysed drawing on data available in [UNDP Weekly Media Monitoring](#).

Efforts to reunite unaccompanied children from their families since the outbreak of the fire on 22 March continue, as of 6 April, a total of 1,914 children have been reunified with their families. The longer children are separated, the less likely reunification and the more burdensome the verification process becomes

The number of unaccompanied children who remain separated from their families is unknown. However, children continue to be registered and reunified. As of 6 April, a total of 1,914 children (990 and 924 boys) have been reunited with their families since 22 March. There are around 270 separated children who continue to stay with extended family and community members both – with the consent of their families – in the fire-affected and other camps until reconstruction is complete ([ISCG 18/04/2021](#)). Family reunification efforts are likely to run into some challenges for children who have lost ID cards, but this is being mitigated through the support of UNHCR biometrics information ([ISCG 06/04/2021](#)). According to the Child Protection Sub Sector, the longer children are separated, the less likely reunification and the more burdensome the verification process becomes ([CPSS 25/03/2021](#)).

Children affected by the fire including those separated from their families are at risk of gender-based violence, child labour, and trafficking

The lack of security in camp due to the fire continues to increase child protection concerns, such as gender-based violence (GBV) and trafficking especially for unaccompanied children ([Food Security Cluster 10/04/2021](#), [BRAC 01/04/2021](#)); and past experience suggests early marriage and child labour is likely to be adopted to deal with the difficult situation ([Gender in Humanitarian Action Working Group 01/04/2021](#)). There have already been reports of child labour, notably adolescent boys carrying

heavy bamboo and scrap metal to help rebuild shelters, some children are injured while playing in the debris from the fire ([ISCG 06/04/2021](#)). Among the host community, the highest concern is that children are living in unsafe areas ([Food Security Cluster 15/04/2021](#)).

Some of the child protection centers in the camps that provide support for children, including those at risk, have been damaged by the fire. Aid agencies have also reported some incidents of looting in child protection facilities ([ISCG 18/04/2021](#), [UNICEF 23/03/2021](#)). An assessment on the host community after the fire incident has shown that theft and robbery were the highest safety concern for the community ([Food Security Cluster 15/04/2021](#)). This highlights the security issues in the camp following the fire.

The fire on 22 March left many refugees without a home and seeking shelter in makeshift shelters. Women living in these temporary shelters are vulnerable to protection risks

The emergency makeshift shelters built to support the affected people have no separate facilities and are not gender-specific, shelters are separated by thin sheets of plastic only, giving minimal to no privacy. This has left children, women, pregnant and lactating mothers vulnerable to security and GBV concerns due to the lack of privacy and security ([BRAC 01/04/2021](#)). These concerns were expressed in the community feedback report by BBC Media Action, as Rohingya women feel unsafe in these temporary shelters and fear being kidnapped ([BBC Media Action 07/04/2021](#)). Compounding the security issues is the lack of light in facilities in the camp; increasing the risk of harassment, kidnapping, and trafficking ([BRAC 01/04/2021](#)).

Many refugees have lost essential documents in the fire including personal identification and cards to access food and health assistance. Some of the host community members who have been affected by the fire have lost land-related documents

Many of the refugees affected by the fire have lost many personal documents such as health cards, vaccine cards, data cards, food cards, token cards for receiving LPG, cards for receiving maternal healthcare, and documents of land ownership in Myanmar ([BBC Media Action 07/04/2021](#)). Despite the loss of personal documents such as assistance cards, access to assistance and services in the camps is expected to continue, as humanitarian actors continue to coordinate at the camp level to replace these documents ([ISCG 06/04/2021](#)). This meant that the refugees were particularly upset about the loss of documents from

Myanmar as they cannot be replaced ([BBC Media Action 07/04/2021](#)). Therefore, there is a need for systematic documentation, digitisation, and mapping of all land property-related documents, future claims, and restitution efforts in Myanmar ([CCCM: Shelter and NFI 22/04/2021](#)).

According to a joint rapid assessment conducted by the Housing, Land Property (HLP) Task Force in the host community living within camp boundaries who were affected by the fire, more than 68% of respondents reported having lost or damaged their legal identity and land-related documents; of those 73% lost their national identity card/birth certificates and 59% lost land-related documents ([ISCG 06/04/2021](#)). Many host community households are renting to both refugees and host communities households within the camps, and therefore, reissuing these documents is essential to avoid communal tensions. However, only 8% reported having HLP related disagreements after the fire ([CCCM: Shelter and NFI 22/04/2021](#)).

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. Two groups of 4,000 and 4,750 refugees were relocated to the island in March/early April bringing the total population of the island to 18,750 people ([WFP 19/04/2021](#)).

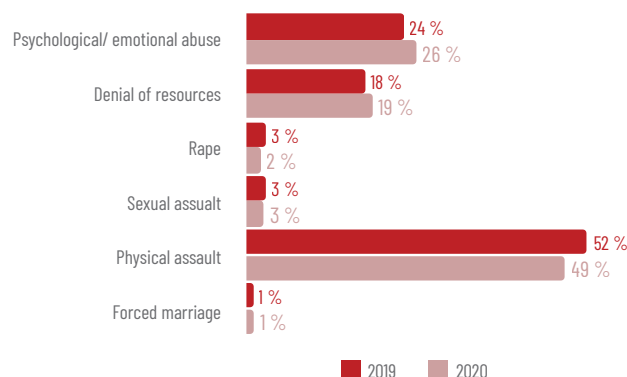
International rights organisations suspect that refugees have been relocated without their consent or have been bribed or persuaded to relocate, and some have been abused by security forces while trying to escape the island ([The Guardian 28/12/2020](#), [Human Rights Watch 27/04/2021](#)). Despite protection concerns being identified by humanitarian agencies, the Bangladesh government maintains that relocation is voluntary and it plans to relocate at least 100,000 refugees to Bhasan char despite security forces abusing the refugees; recently security forces beat 12 refugees trying to escape the island ([Reuters 30/01/2021](#), [Human Rights Watch 27/04/2021](#)).

According to a BBC Media Action community feedback report, some of the people who lost their homes due to the fire on 22 March, have expressed concern that agencies are planning to send them to Bhasan Char since they have not seen evidence that their previous shelters are being built ([BBC Media Action 07/04/2021](#)). However, there is no evidence of such relocation plans taking place, but these concerns reflect the overall uncertainty around these relocations and the fear of the Rohingya community from being forcibly removed.

Gender-based violence incidents against women

Based on data from January to December 2020, a high number of GBV incidents were reported in Cox's Bazar district, with most of the cases reported as intimate partner violence (IPV) in both 2020 and 2019, accounting for 82% of GBV cases in 2020 and 79.2% in 2019. Most cases occurred domestically (survivors' residence and perpetrator's residence) ([WASH sector, Humanitarian Response 01/04/2021](#)). A women's survey shows that women in refugee and host communities endure violence because they do not want to lose their children, or because they have no choice. Despite the increase in reported cases, only 8% of host and refugee community women identified themselves as having been sexually harassed before, which could be due to a lack of understanding of the different forms of sexual harassment or social and cultural barriers to reporting such incidents ([Child protection Cox's Bazar sub-sector 14/04/2021](#), [IRC 01/2021](#)).

Figure 19. Overall types of GBV reported in the Rohingya community (Source: [WASH Sector, Humanitarian response](#))



Security-related incidents reported in Cox's Bazar increased in April compared to the previous month

Numerous security-related incidents have been reported in Cox's Bazar district in April; the number of incidents has increased compared to March. Drug offences account for the highest number of cases standing at 72 (double the cases in March), followed by 45 cases of physical violence (1.5 times higher than the previous month). Other incidences such as robbery and theft, sexual offence, gangs, and firearms illegal movement rape were also reported ([UNDP 03/05/2021](#), [UNDP 26/04/2021](#), [UNDP 18/04/2021](#), [UNDP 11/04/2021](#)).

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.

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

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.

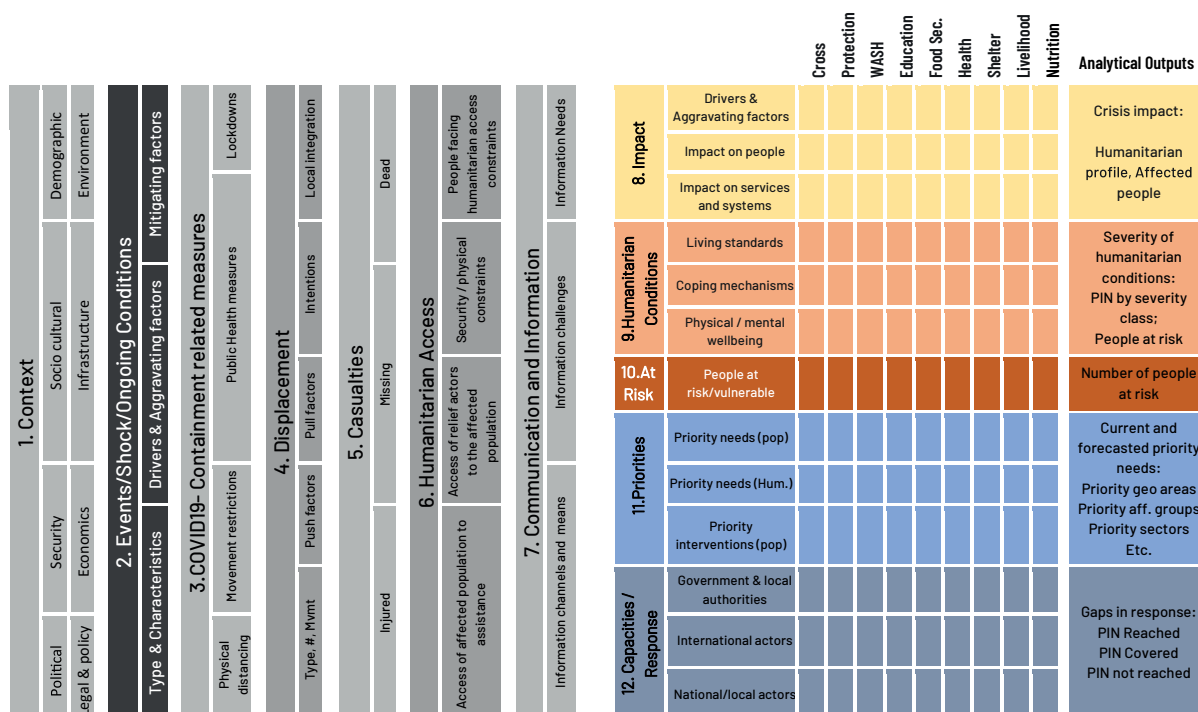
The Secondary Data Analysis Framework was designed to

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 20. IIMAP/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 April to 05 May 2021 were used).

Figure 21. Documents by Location, Timeline, and Primary Categories (Analytical Framework)

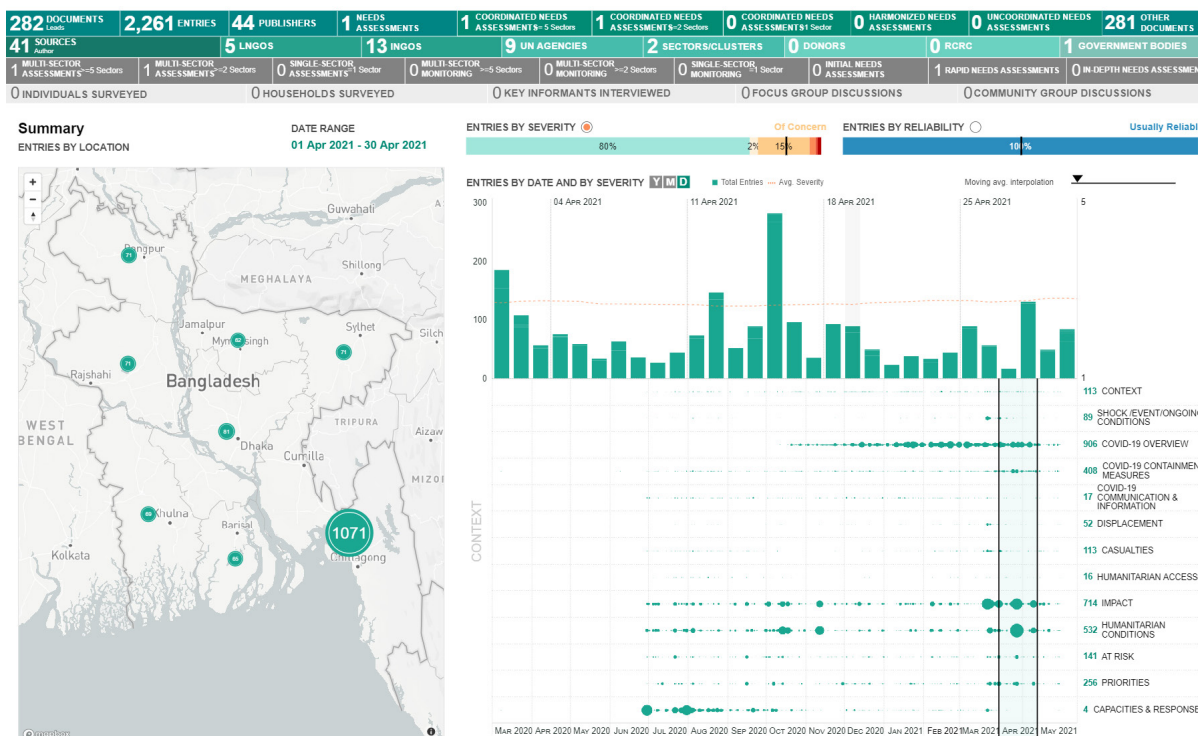


Figure 22. Documents and Entries by Sector and Affected Group

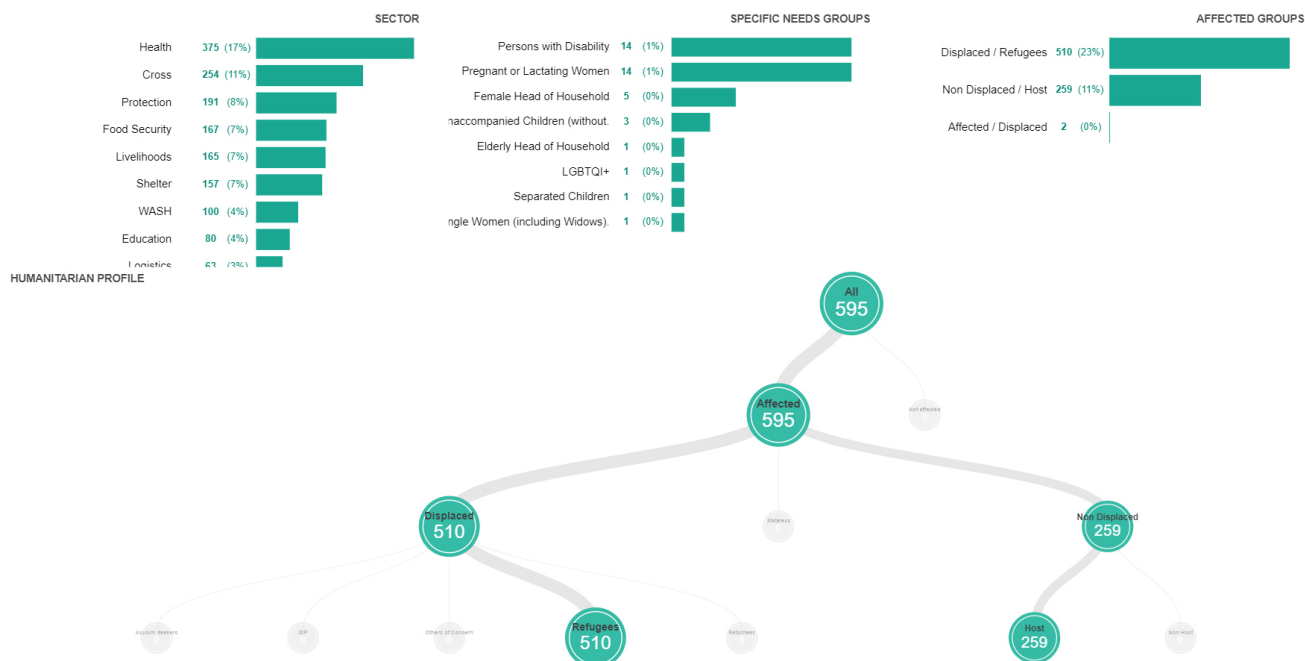


Figure 23. Entries by Sector and sub-Categories (Analytical Framework)

| SECTORAL FRAMEWORK | | # of Entries | median severity | CROSS | FOOD SECURITY | LIVELIHOODS | HEALTH | NUTRITION | WASH | SHELTER | EDUCATION | PROTECTION | AGRICULTURE | LOGISTICS |
|----------------------------|--------------------------------|--------------|-----------------|-------|---------------|-------------|--------|-----------|------|---------|-----------|------------|-------------|-----------|
| | | TOTAL | 1,182 | 254 | 167 | 165 | 375 | 17 | 100 | 157 | 80 | 191 | 23 | 63 |
| IMPACT 599 | Drivers/Aggravating Factors | 116 | | | | | | | | | | | | |
| | Impact on People | 355 | | | | | | | | | | | | |
| | Impact on System & Services | 221 | | | | | | | | | | | | |
| | Number of People Affected | 30 | | | | | | | | | | | | |
| HUMANITARIAN CONDITION 182 | Living Standards | 214 | | | | | | | | | | | | |
| | Coping Mechanisms | 73 | | | | | | | | | | | | |
| | Physical & mental wellbeing | 166 | | | | | | | | | | | | |
| | Number of People in Need | 2 | | | | | | | | | | | | |
| AT RISK 107 | People at risk / Vulnerable | 107 | | | | | | | | | | | | |
| PRIORITIES 247 | Priority Needs (Pop) | 21 | | | | | | | | | | | | |
| | Priority Needs (Staff) | 62 | | | | | | | | | | | | |
| | Priority Interventions (Pop) | 29 | | | | | | | | | | | | |
| | Priority Interventions (Staff) | 153 | | | | | | | | | | | | |
| CAPACITIES & RESPONSE | Government & Local Authorities | 1 | | | | | | | | | | | | |
| | National & Local Actors | 1 | | | | | | | | | | | | |
| | International | 2 | | | | | | | | | | | | |

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 ques-

tions 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 24).

Figure 24. IMMAP/DFS Analysis Workflow

| IMMAP/DFS Analysis Workflow | | | | | |
|-----------------------------|---|---|--|---|---|
| | 1.Design & Planning | 2.Data collation & collection | 3.Exploration & Preparation of Data | 4.Analysis & Sense Making | Sharing & Learning |
| Main activities | Definitions of audience, objectives and scope of the analysis | Identification of relevant documents (articles, reports) | Categorization of the available secondary data | Description (summary of evidence by pillar / sub pillar of the framework) | Report drafting, charting and mapping |
| | Key questions to be answered, analysis context, Analysis Framework | Identification of relevant needs assessments | Assessment registry | Explanations (Identification of contributing factors) | Editing and graphic design |
| | Definition of collaboration needs, confidentiality and sharing agreements | Data protection & safety measures, storage | Additional tags | Interpretation (priority setting, uncertainty, analytical writing) | Dissemination and sharing |
| | Agreement on end product(s), mock-up and templates, dissemination of products | Interviews with key stakeholders | Information gaps identification | Information gaps & limitations | Lessons learnt workshop, recommendations for next round |
| Tools | <ul style="list-style-type: none"> • Analysis Framework • Analysis Canvas • Data sharing agreements • Report template | <ul style="list-style-type: none"> • SDR folder • Naming convention | <ul style="list-style-type: none"> • DEEP (SDAF) • DEEP (Assessment registry) • Coding scheme | <ul style="list-style-type: none"> • Interpretation sheet | <ul style="list-style-type: none"> • Revised report template • Analytical writing guidance • Lessons learnt template |



THANK YOU.



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