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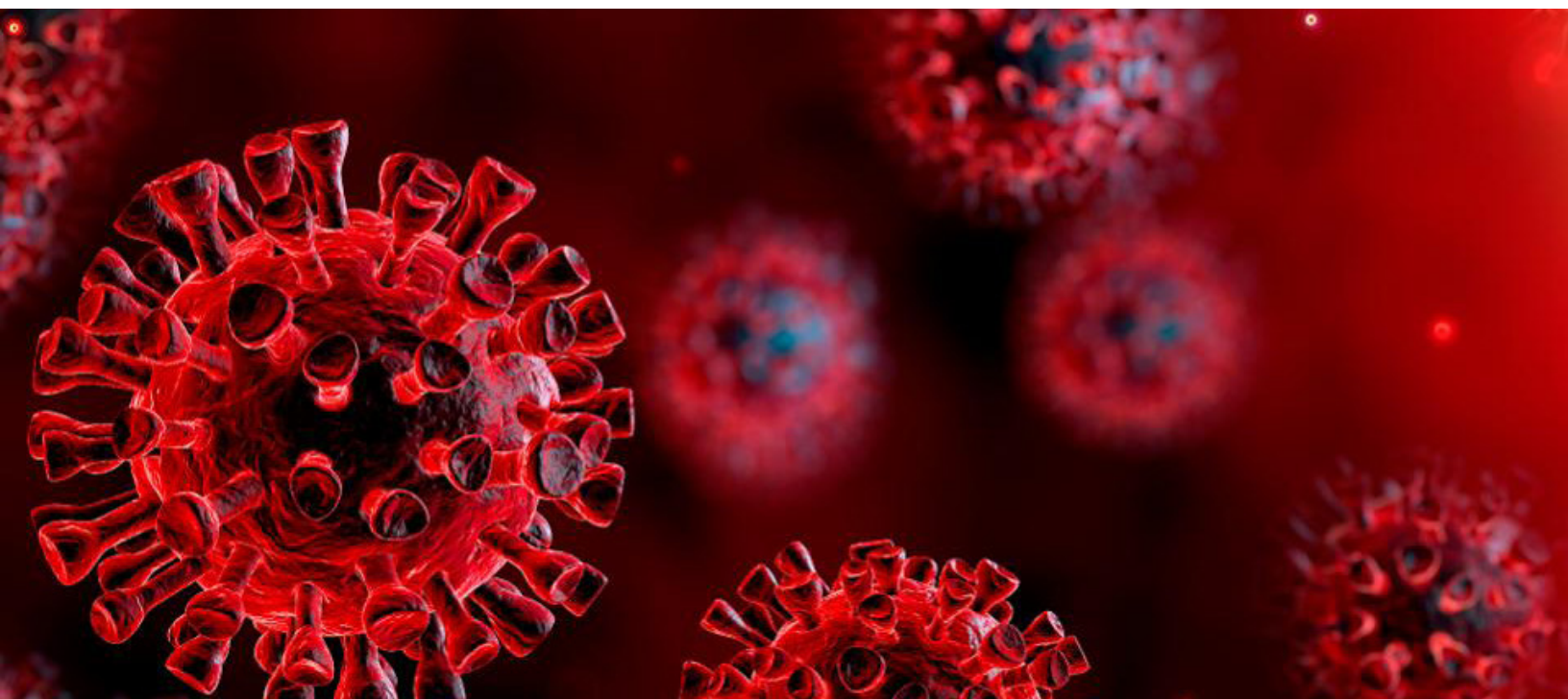
COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



Cox's Bazar
BANGLADESH

JULY - SEPTEMBER 2021



Better Data | Better Decisions | Better Outcomes

The outbreak of disease caused by the virus known as Severe Acute Respiratory Syndrome (SARS-CoV-2) or COVID-19 started in China in December 2019. The virus quickly spread across the world, with the WHO Director-General declaring it as a pandemic on March 11th, 2020.

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

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

Disclaimer:

This report is the result of a secondary data review exercise that analyzes a number of cited information sources including media. The views expressed herein do not necessarily reflect the views of USAID, the United States Government, or the humanitarian sectors in Bangladesh.

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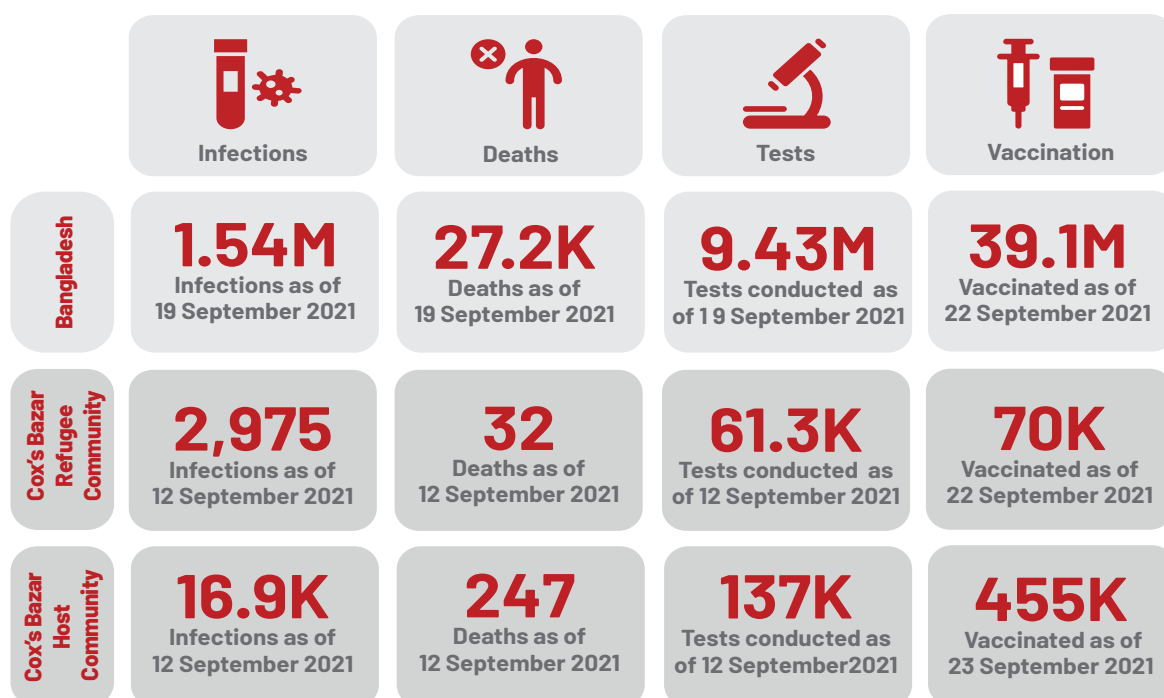
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EXECUTIVE SUMMARY / HIGHLIGHTS

Figure 1. Overall COVID-19 data for Bangladesh (Sources: [WHO_BD](#), [WHO_CXB](#), [DGHS_MIS](#), [HealthSector_CXB](#))



The most recent lockdown has impacted self-reliance activities for refugees including cash-for-work programs and livelihood opportunities of refugees. Floods in Cox's Bazar destroyed food stocks and vegetable gardens, and left thousands of refugees cut off from humanitarian aid. The cost of a typical food basket in Cox's Bazar in June 2020 remained similar to previous months, but 25% higher than the same period last year. In addition to the over 11,000 shelters destroyed in the floods in Rohingya camps, a fire broke out in Camp 9 in July 2021 damaging 100 shelters. Shelters destroyed in the camps in March 2021 are still under reconstruction as the floods and movement restrictions have curtailed activities.

Destruction of WASH facilities and presence of stagnant water leave communities exposed to water-borne disease outbreaks. It is expected that movement restrictions and flooding will impact some of the reconstruction and repair efforts. Communal tension between the Rohingya and the host community have been reported since June, mostly driven by economic reasons. In the meantime, in Bhasan Char, food shortages, inadequate health services, lack of access to education, restrictions on movement, and a lack of livelihood opportunities are driving Rohingya to escape the island, many of which end up being arrested.

Protection risks are heightened due to flood-induced displacement and destruction of shelters. Child-friendly and women-friendly spaces, which are safe spaces for many of the vulnerable population, remain closed due to COVID-19 restrictions. The destruction of education centers by fires and floods and their use as temporary shelters highlight the importance of quickly re-establishing education facilities and shelter before a decision is made to re-open schools.

The nationwide movement restrictions which were reintroduced in April 2021 impacted the access and utilization of health facilities. It is likely that movement restrictions impacted access to food and nutrition services contributing to poor health of refugees. All health facilities in camps are fully operational despite the floods, however, affected people with heightened health needs due to floods are likely to face challenges in accessing facilities as roads are flooded. The floods coincided with a surge in Acute Watery Diarrhoea (AWD) cases in Cox's Bazar. Nutrition services are limited in the camps due to access issues from monsoon rains and COVID-19 movement restrictions. Constrained access to nutrition services could place children at risk of malnutrition.

Figure 2. Timeline of Major Events

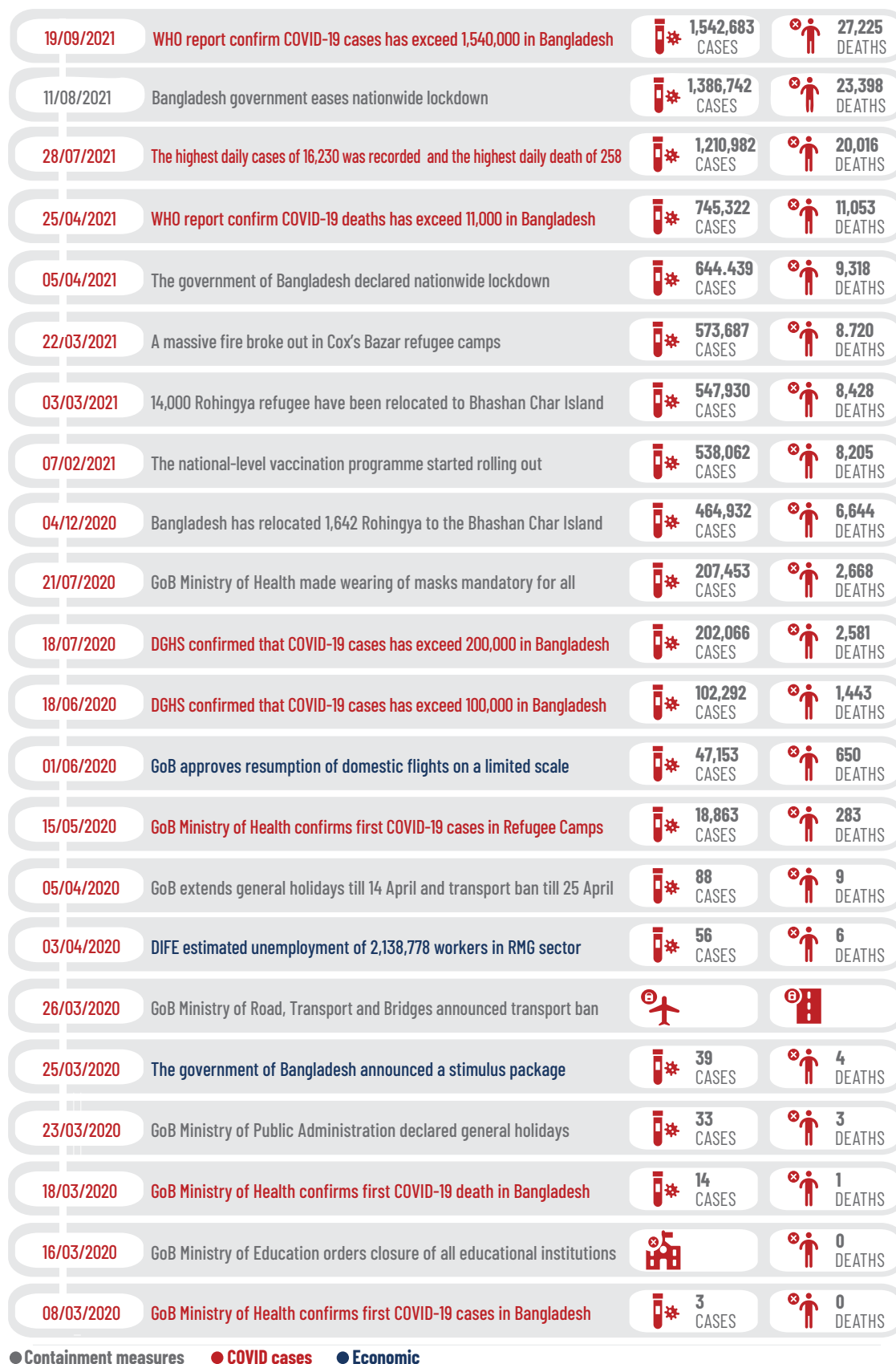
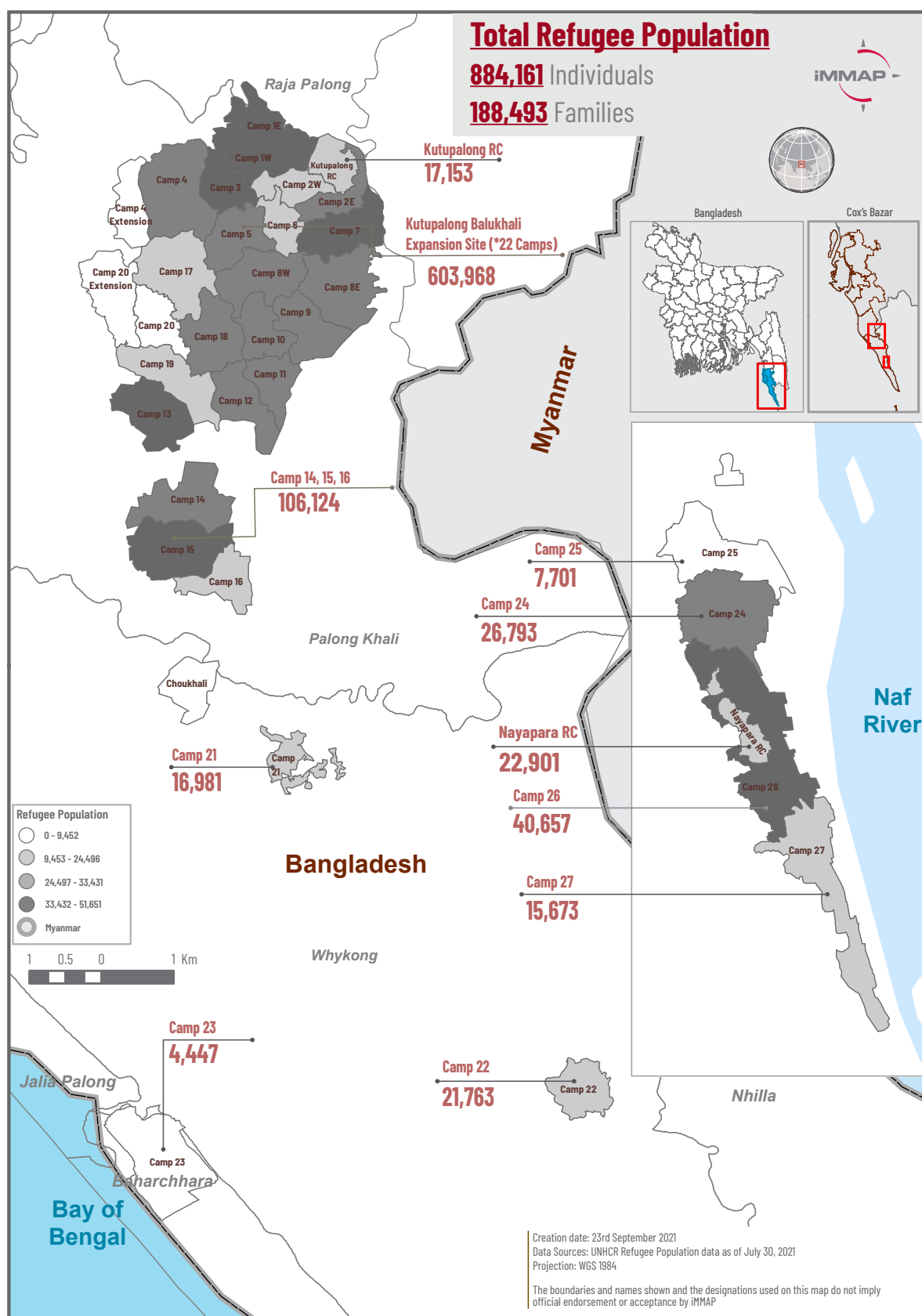


Figure 3. Refugee population by camp as of 27th April 2021 (Source: [UNHCR](#) 31/07/2021)



INTRODUCTION

The following is a situation analysis for July to September 2021. These months coincide with the monsoon season which heavily impacted Cox's Bazar. This report provides a sectoral analysis on the impact of COVID-19 in addition to the floods resulting from the monsoon during these three months.

The Rohingya residing in the camps and the host communities have faced a sharp deterioration in living conditions since last year. COVID-19 has further restricted their freedom of movement, and their access to essential services. Rolling lockdowns due to rising COVID-19 cases have also impeded access to many humanitarian programmes, curtailed protection monitoring, and hindered maintenance efforts for almost a year. During this time, multiple fires have broken out, including the one that ravaged Balukhali camp in March 2021 – see [COVID-19 situation analysis March report](#). The people affected by fires in March are now severely impacted by flooding. Between 27 July and 1 September 2021, Cox's Bazar has experienced over 1,300 mm of monsoon rainfall, and over

700mm just within the first week, between 27 July and 3 August ([ISCG 18/09/2021](#)). The heavy monsoon rains led to flash flooding, water logging and landslides across the refugee camp areas. Due to the floods, camps are cut off from each other and from humanitarian aid. The resulting movement restrictions and poor road access due to flooding have impacted access to humanitarian services ([ISCG 08/08/2021](#), [18/08/2021](#), [02/09/2021](#)).

The spike in COVID-19 caseloads and fatalities observed in both host populations and the Rohingya communities in Cox's Bazar since May 2021 (See [iMMAP COVID 19 SitAn Annual Review Part 2](#)) is gradually dropping since early August 2021 following the nationwide trend in reduction in COVID-19 cases. The vaccination campaign continued for both host and Rohingya communities. For the Rohingya population 86% of the targeted population (age group over 55) received the first dose of vaccine and are waiting for the second dose scheduled to roll out starting 18 September 2021.

ECONOMIC CONTEXT

Socio-economic Impact and Poverty Level in Bangladesh

The COVID-19 pandemic had a far-reaching impact not only on the Bangladeshi population health, but the resulting nationwide lockdowns and other containment measures had a profound effect on both country's macro and micro economy. With the Bangladesh Gross Domestic Product (GDP) growth decelerating, and poverty increasing, the pandemic has aggravated risks of long term economic implications due to millions of job losses, shutdown of businesses and slowdown of domestic economic activities across the country. This led to a heightened financial sector vulnerabilities and significant rise in poverty rate and a projected shortfall in countries GDP compared to the previous years ([World Bank 30/03/2021](#), [IMF 04/2020](#)).

Second wave of COVID-19 slowed down the economic recovery to pre-COVID levels

In international trade, a significant area of COVID-19 impact in Bangladesh is in the ready-made garment (RMG) industry which represents over 80% of Bangladesh's exports. The RMG factories had been strongly impacted in 2020, and recorded an 83% fall in their year-on-year exports as of

April 2020 ([IMF 04/2020](#)). With about USD 3 billion worth of orders from major retailers cancelled, more than a thousand factories and some retailers have filed for bankruptcy. By the third quarter of 2020, export earnings exceeded those of 2019 as government support for firms and wages kept factories in business. However, there are recent indications that retailers are reducing prices and slowing the payment of orders delivered, depressing wages of the mainly female workforce ([UNDESA 25/01/2021](#)). The national economy followed a similar path as economic activity showed clear improvements starting in Q3 of 2020, and seemed to have returned to pre-COVID levels by Q4. Bangladesh textile and garments exports to advanced economies experienced a rebound in the third quarter of last year as international buyers reinstated orders suspended during the initial crisis, but the recovery stalled following a resurgence of COVID-19 infections in major destination markets such as the United States and European Union between December 2020 and April 2021. This had another notable impact on the Bangladesh international trade considering that about 80% of Bangladesh exports are in textiles and garments ([World Bank 31/03/2021](#)).

Despite the rebound in the later part of 2020, COVID-19 continued to cause a negative impact on the economy

and resulted in further decline of the economic growth of Bangladesh. The recent lockdown enforced to control the second wave of coronavirus transmission since April 2021 slowed down the business-recovery in Bangladesh as 64% of the firms reported poor rebound from the pandemic disruptions during the April–June period in 2021. Only 9% of surveyed firms reported strong recovery while 27% maintained moderate turnaround. During that period the extent of economic recovery from the COVID-induced losses fell back to 35% from 57% that was reported in the previous quarter of January–March 2021. According to the quarterly firm-level surveys conducted by SANEM since June 2020, SMEs in Bangladesh have been more affected than large enterprises. In particular, the impacts are devastating for micro and small enterprises. The survey in April 2021 also found that the SMEs were seriously lagging larger enterprises in terms of economic recovery. While, on average, by April 2021, large firms made a recovery of 77.3% of their businesses to their pre-pandemic states, medium firms managed to record a 63.6% recovery, and micro and small firms registered a 46.9% recovery (SANEM, 1/08/2021).

Rising unemployment especially for informal sector workers and daily wage earners

Bangladesh experienced a significant rise in unemployment among the low-income group, where 90% of the jobs are in the informal sector. A significant portion of these are the daily wage earners such as transport workers and vehicle drivers, street hawkers and vendors, small businesses, tea-stall or food stall owners and daily labourers. The Ready-Made Garments (RMG) sector, which contributes almost 80% of the country's export, was severely hit by the cancellation of orders worth USD 3.15 billion, resulting in massive layoffs. A rapid perception survey done by BRAC in the early lockdown period in all 64 districts of Bangladesh showed that the economic impact caused by the countrywide shut-down affected 93% of respondents. Daily wage earners in the non-agricultural sector reported the most significant loss (77%) compared to those in the agricultural sector (65%). In urban areas, the income drop was 69%, in rural areas it was even higher at 80% (BRAC 01/09/2020). Following the second wave of transmission & lockdowns, COVID-19 has exacerbated these trends, disrupting job creation and pushing millions of Bangladeshis back into poverty (World Bank 16/09/2021).

Lower income earnings have severe consequences for poor households, and vulnerable groups such as women and girls face widening inequalities

Income distribution worsened and welfare losses were concentrated at the poorer end of the income distribution. The low income groups in Bangladesh suffer a greater fall in per capita consumption than the high income groups (World Bank 31/03/2021). The repercussions are severe for those underserved by social protection programmes, with knock-on effects on human development across Bangladeshi society. For instance, school closures affected nearly three million ultra-poor¹, including primary school children enrolled in Government school-feeding programmes. The fall in household incomes along with missed meals also accelerated risks of primary school dropout, which in turn, lead to early and child marriage with its attendant health, educational, economic and gender-based violence risks and consequences (UNCT Bangladesh, 16/09/2020). Gender disparities could also be worsened due to COVID-19 related layoffs. For example, the Business Pulse Survey of 500 micro, small and medium sized enterprises in Bangladesh finds that firms in the fashion and clothing sector faced the highest rate of closures and declines in sales reporting layoffs of 24% of their workers, the majority of whom are likely to be women (World Bank 31/03/2021). Later survey results showed that the employment of men has recovered closer to pre-COVID rates than it has for women. The share of adult males working increased by 18% between June 2020 and February 2021 to reach 92% which is very close to the pre-COVID rate of 93%. The share of women working also rose by 12% compared to June 2020, reaching 33% of adult females by February 2021. However, women are still significantly below the pre-COVID rate at 38% (World Bank 12/04/2021). In Bangladesh, the average female-headed household's earning is less than half of that for male headed households (UN SDG Report 06/07/2021).

Bangladesh government has reprioritized budgetary allocations and boosted social safety net programmes to cushion COVID-19 impact on vulnerable groups

The government has been implementing various short, mid-term, and long-term plans giving priority to attaining high growth and maintaining macroeconomic stability. To offset the shock from COVID-19, the government has thus rolled out some 23 stimulus packages involving a total sum of BDT. 1240 billion [USD 15.5 billion], amounting to 4.4% of the country's Gross Domestic Product (GDP) (Dhaka Tribune 20/01/2021). The FY21 Budget includes higher allocations for health, agriculture, and social safety net programs, 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

¹ According to the World Bank, the extreme poor refers to people globally who live on less than \$1.90 USD per day. The ultra-poor live on less than this and are the lowest-earning and most vulnerable subset of the extreme poor population (Ultra-poor Handbook, Brac/WVI).

January 2021, the government increased the COVID-19 Emergency Response and Pandemic Preparedness Project costs by BDT. 56.6 billion [USD 666.7 million] mostly reflecting the procurement, preservation, and distribution of vaccines. The government has announced two additional stimulus packages BDT. 15 billion [USD 176.7 million] for the micro and cottage entrepreneurs and BDT. 12 billion [USD 141.36 million] cash assistance program for the disadvantaged elderly people, widows, and female divorcees ([IMF 06/04/2021](#)). The government had initially planned to provide the cash incentives to 5 million families under the cash assistance program valued BDT. 12 billion, only 3.5 million families received them ([Dhaka Tribune 13/04/2021](#)).

There are allegations that a significant portion of the funds for the social safety net has gone into the hands of non-poor people due to errors in the identification of the beneficiaries. As a result, poor people and targeted groups have remained deprived ([SANEM 01/06/2021](#)). More than 50% of Bangladesh's social-safety-net-allowance-and food-support beneficiaries are not poor ([World Bank 16/09/2021](#)). In terms of stimulus coming as government bailout packages for the business sector, large firms received more stimulus packages than micro, small and medium firms. While 46% of the surveyed large firms received stimulus packages, this rate was 30% for medium firms and only 9% for micro and small firms. Moreover, 79% of companies did not get the benefits until July 2021. Of them, 65% did not get such financial protection while 14% did not know about the special funding arrangement. In terms of sectors accessing stimulus packages, readymade garment with 52% topped the list followed by textile 36% and leather 30% while wholesale trading, ICT, restaurant, real estate and transport were the least recipients ([SANEM, 1/08/2021](#)).

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](#)).

COVID-19-related circumstances resulted in job losses, reduced income earnings, and tough competition for available jobs in Cox's Bazar

Adding to that education deprivation and poverty faced by Cox's Bazar population, the region has been facing the impact of COVID-19 in the local economy. Almost 700,000 people have lost their source of income, since the mid-March 2020 COVID-19 outbreak. Workers who receive income through wages were more affected by temporary absence from work due COVID-19 lockdown and reported to have experienced reduction in their earnings, whereas non-wage workers were more affected by reduction in their income resulting from lockdown measures. Overall, individuals involved in home-based agricultural income sources in Cox's Bazar were less severely affected compared to individuals in service-sector jobs ([World Bank 07/2020](#)). In the aftermath of the COVID-19 lockdowns, the loss of livelihoods was compounded by unpredictable wage rates resulting in decrease in consumer demand and purchasing behaviour for many families in host communities and refugee camps ([WFP 09/2020](#)). About one year after the COVID-19 lockdowns in Cox's Bazar, most people still have limited access to jobs and women are less likely than men to secure any job at all. Adding to the 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](#)).

Host community areas have experienced a sharp increase in unemployment, particularly in low exposure areas², driven by a combination of COVID-induced job and earning losses, and unsuccessful job seeking in the face of falling household incomes since the beginning of the COVID-19 pandemic. The relatively rural, agrarian economy in high exposure areas seem to have recovered to pre-COVID levels across headline labor market indicators. However, in more urbanized, service sector-dependent, low exposure areas, job seeking behavior induced by the economic downturn is reflected in a surge in labor market participation. The majority (82%) of the non-wage workers in the host communities reported reduced earnings, while hosts in Teknaf and Ukhiya with slower recovery throughout 2020 ([World Bank 09/08/2021](#)).

2 Within the host community: low exposure (LE, more than 3 hours walking distance from a Rohingya camp) and high exposure (HE, within 3 hours walking distance of a Rohingya camp) areas within the district.

Figure 4. Labor force indicators for host community in 2019–2020 (Source: [World Bank 09/08/2021](#))

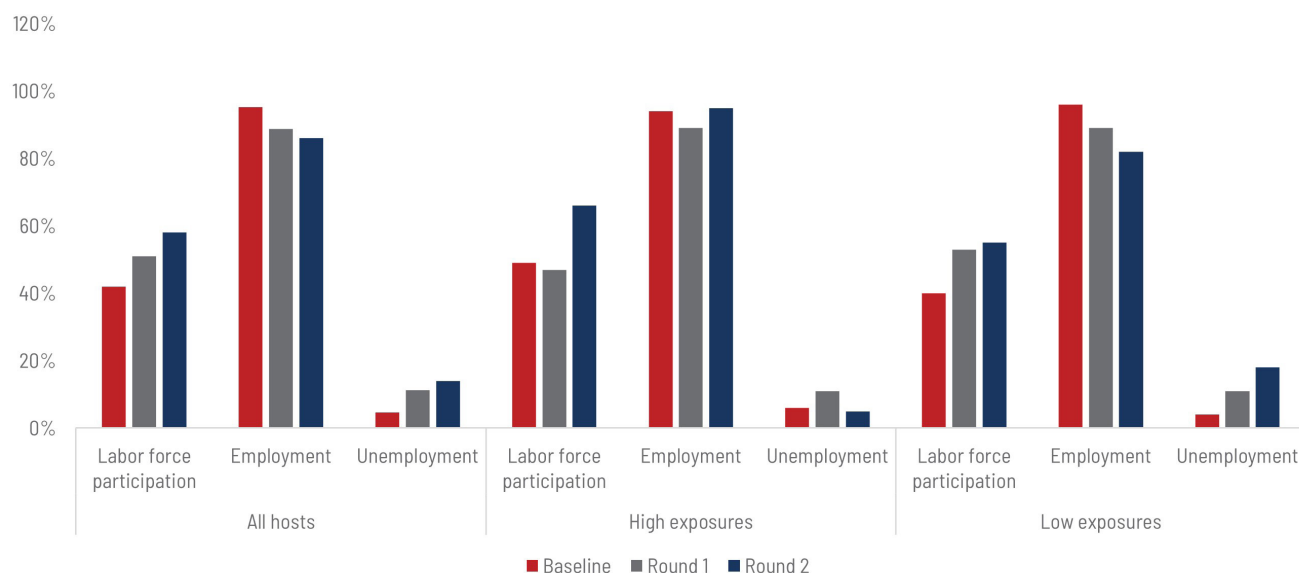
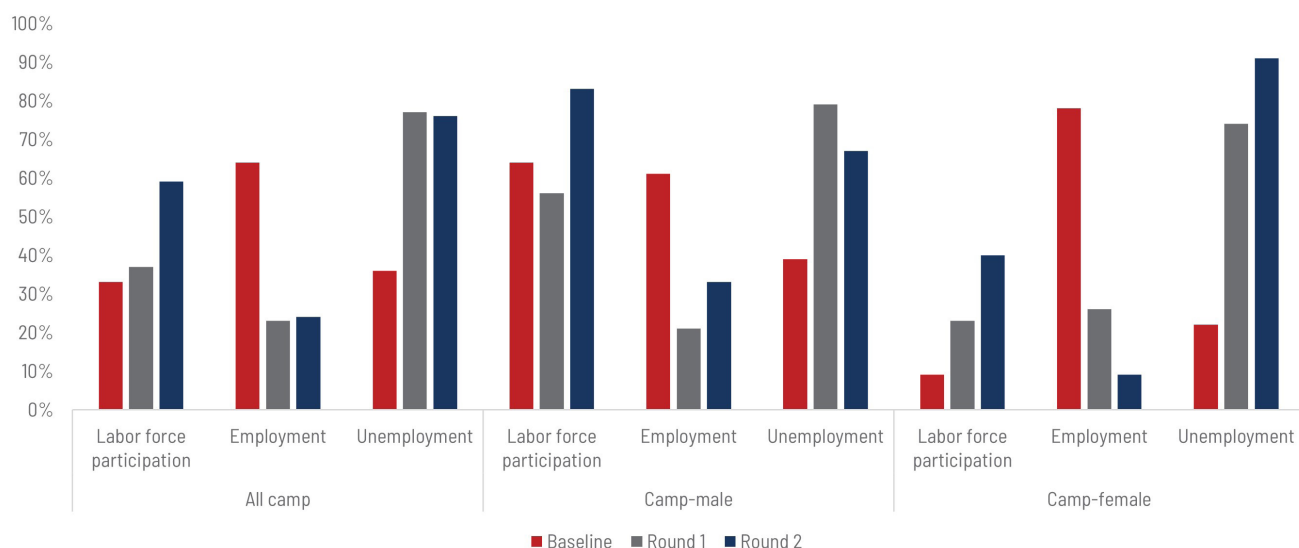


Figure 5. Changes in headline labor force indicators (2019–2020) in camps (Source: [World Bank 09/08/2021](#))



Among the Rohingya, labor force participation and unemployment rates indicate similar patterns of economic stress as with hosts. Compared with pre-COVID period³, employment rates within the labor force have declined from 64% to 24%, representing roughly 35,000 lost jobs in 2020. This contraction in economic activity has been

accompanied by a surge in labor force participation, to almost 60% of the working age population, compared with 33% at pre-COVID. This increase in labor force participation is entirely driven by unsuccessful job seekers, with the number of unemployed increasing by 280% (roughly 170,000 individuals) in 2020 ([World Bank 09/08/2021](#))

³ Two rounds of tracking surveys were implemented via phone interviews in 2020 to monitor the impacts of the COVID-19 crisis on labor markets, wages, and household coping strategies. The first round was conducted during the COVID-related lockdowns in April–May 2020. A second round was conducted from October–December 2020 (roughly 6 months after the government-imposed lockdowns).

COVID-19 EPIDEMIC OVERVIEW

Epidemic Overview at National Level

Since the beginning of August 2021, Bangladesh experienced a declining trend in both COVID-19 caseload and fatality. By the end of August, the TPR (Test Positivity Rate) went well below 15% ([WHO 30/08/2021](#)) and as of 20 September 2021 it stands at 6.4% nearing the WHO recommended threshold of 5%. According to the DGHS Press Release, as of 19 September 2021 there were 1,542,683 COVID-19 cases confirmed by RT-PCR, GeneXpert, and Rapid Antigen tests, including 27,225 related deaths with a CFR (Case Fatality Rate) at 1.76%. Following the recent downward trend, the overall ICU occupancy reduced to 49% in government facilities, and 16% in private facilities ([WHO 20/09/2021](#)). Bangladesh has experienced multiple waves of COVID-19 since the beginning of the pandemic in March 2020. Following the initial surge between April – July 2020, the caseloads and death trend remained stable till December 2020 and started to decline from January 2021. The graph spiked again between April 2021 to July 2021 which became the severe period of the pandemic in Bangladesh ([DGHS 31/07/2021](#)). The highest daily cases of 16,230, was recorded on 28 July 2021 and the highest daily death of 258 on 27 July 2021 ([WHO 01/08/2021](#)).

As of 18 September 2021, more than 36.7 million doses of vaccines have been administered; over 22.1 million people received the first doses, and more than 14.5 million people have received their second doses. Bangladesh has administered 22 doses per 100 population; which means that 13.3% of the Bangladesh population have received one dose, while 8.8% received two doses (fully vaccinated), with a male to female vaccination ratio of 53:47 ([WHO 20/09/2021](#)). Recently, an increased interest for vaccine registration has been observed among the general population, as the hesitancy towards vaccination seemed to be dwindling ([Dhaka Tribune 02/08/2021](#)). Almost 42 million people above 18 years of age registered themselves for COVID-19 vaccination using the “Surokha” App. Bangladesh National Regulatory Authority (NRA) provided Emergency Use Listing (EUL) to 9 types of COVID-19 vaccines and are currently using 4 different types of COVID-19 vaccines to mass vaccinate the population. As at the time of this reporting Bangladesh has received almost 50 million doses of different vaccine doses through bilateral agreement, COVAX facility, and donations from different countries ([WHO 20/09/2021](#)).

Figure 6. Vaccination map at national level as of 23rd August 2021(Source: [DGHS 23/09/2021](#))

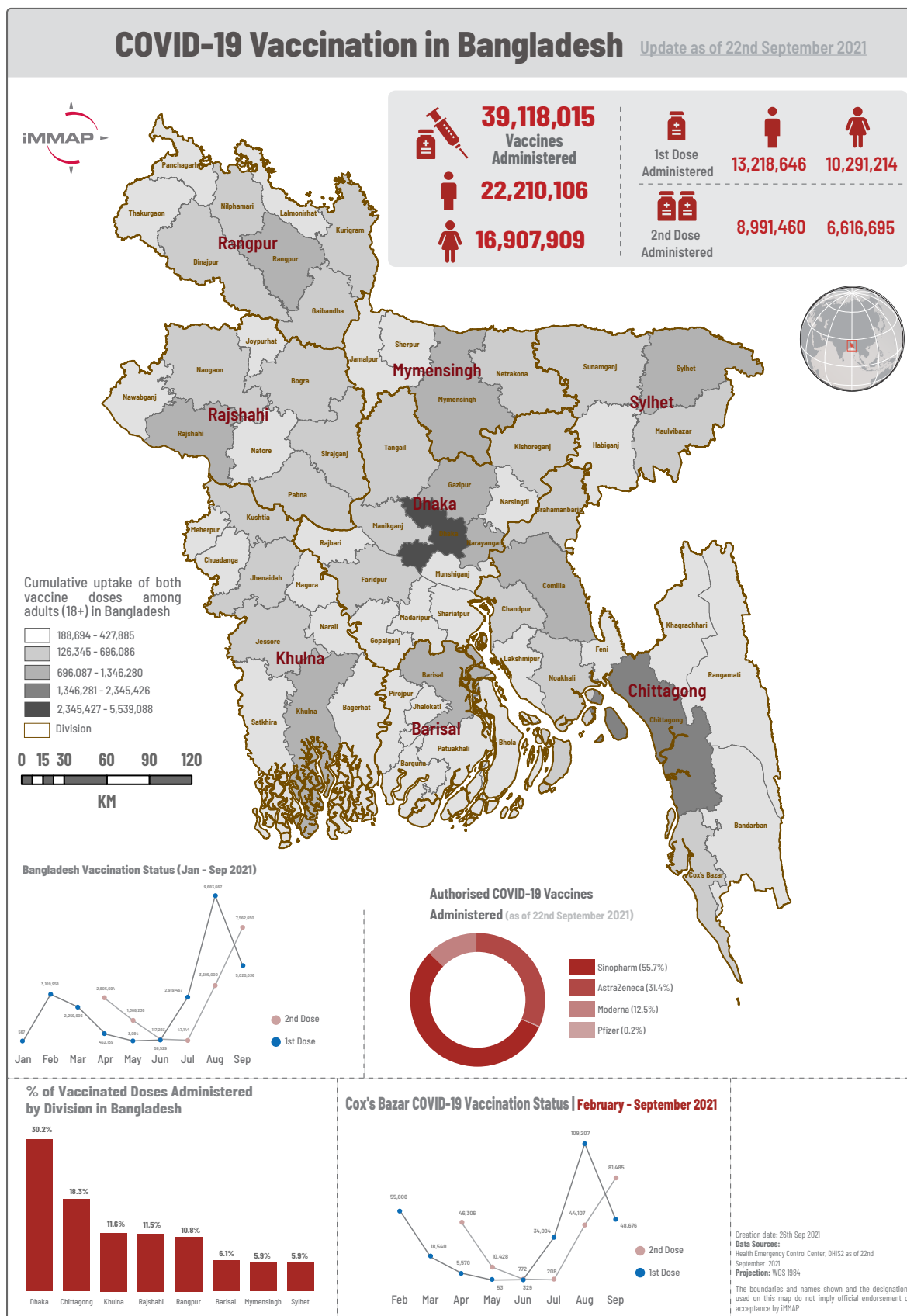


Figure 7. Vaccine wise utilization from 27 January 2021 to 18 September 2021 (WHO 20/09/2021)

Vaccination Coverage	AstraZeneca (Covishield Serum, India/Japan)	Sinopharm BIBP	Pfizer	BioNTech Moderna	Total
1st Dose	7,021,674	12,500,939	55,692	2,573,300	22,151,605
2nd Dose	5,399,315	6,784,495	4, 619	2,366,998	14,595,427
Total/ Cumulative	12,420,989	19,285,434	10, 311	4,940,298	36,74, 032

Despite the enormous vaccination efforts, only less than 10% of Bangladesh population has been fully vaccinated out of the 138 million people targeted in the five-stage vaccination programme of Bangladesh (Dhaka Tribune 20/09/2021). The Bangladesh government is revamping the vaccination strategies to increase the registration and vaccination coverage for marginalized vulnerable populations across the country (urban slums, hard to reach, FDMN, and other populations). The administration of the second dose for FDMN (Forcefully Displaced

Rohingya Nationals) above 55 years is scheduled to start from 18 September 2021 (WHO 20/09/2021). Bangladesh government planned for a five-stage vaccination programme targeting more than 138 million people as the pathway to eradicating the prevalence of the COVID-19 pandemic in Bangladesh (WHO, 16/02/2021). Bangladesh initiated its nationwide COVID-19 vaccination on 7 February 2021 and the second dose inoculation started on 8 April 2021 (WHO 01/08/2021).

Figure 8. Total COVID-19 tests, cases, and deaths for Bangladesh (Source: WHO_BD)

Bangladesh	25-Apr-21	31-May-21	28-Jun-21	1-Aug-21	29-Aug-21	12-Sep-21
Total tests conducted	5,345,501	5,929,335	6,506,781	7,790,423	8,869,393	9,246,733
Total confirmed cases	745,322	798,830	888,406	1,264,328	1,493,537	1,530,413
Total deaths	11,053	12,583	14,172	20,916	26,015	26,931
Tests this month	756,671	583,834	577,446	1,283,642	1,078,970	377,340
Cases this month	149,608	53,508	89,576	375,922	229,209	36,876
Deaths this month	2,149	1,530	1,589	6,744	5,099	916

Epidemic Overview in Cox's Bazar

Since early August 2021, the COVID-19 caseload and fatality for both Rohingya and host communities in Cox's Bazar is showing a downward curve following the national trend. As of 12 September 2021, a total of 16,974 individuals from the host community and 2,975 individuals from the Rohingya population in Cox's Bazar have tested positive for COVID-19. The overall TPR is 7.9% for the host community, while it is 4.1% for the Rohingya communities. A total of 247 deaths have been reported in the host community, with a Case

Fatality Ratio (CFR) of 1.4%. At the same period 32 deaths due to confirmed COVID-19 have been reported in the camps with a CFR of 1.0% (WHO 17/09/2021).

As a part of the countrywide COVID-19 vaccination campaign, vaccination has been ongoing in Cox's Bazar, and the health sector partners continue supporting the Government of Bangladesh (GoB) for the COVID-19 vaccination campaign in both host and Rohingya communities (WHO 17/09/2021). As of 22 September 2021, a total of 272,277 people (10% of the total population) from

the host communities have received their first dose of vaccination, while 183,306 (7% of the total population) received the second dose (DGHS 22/09/2021). The COVID-19 vaccination campaign for Rohingya refugees of 55 years and above started on 10 August 2021. During the first round of vaccination, a total of 36,943 people received the first dose of COVID-19 vaccine during the 9-days vaccine

roll out which reached 86% of the target population. On 18 September 2021, the second dose of vaccine was scheduled to be administered to Rohingya refugees of 55 years and above. In total, 56 health facilities with 58 vaccination teams, each comprising two vaccinators and four volunteers are conducting the vaccination sessions (WHO 17/09/2021).

Figure 9. Monthly caseloads and death trend for Bangladesh in 2021 (Source: DGHS 20/9/202)

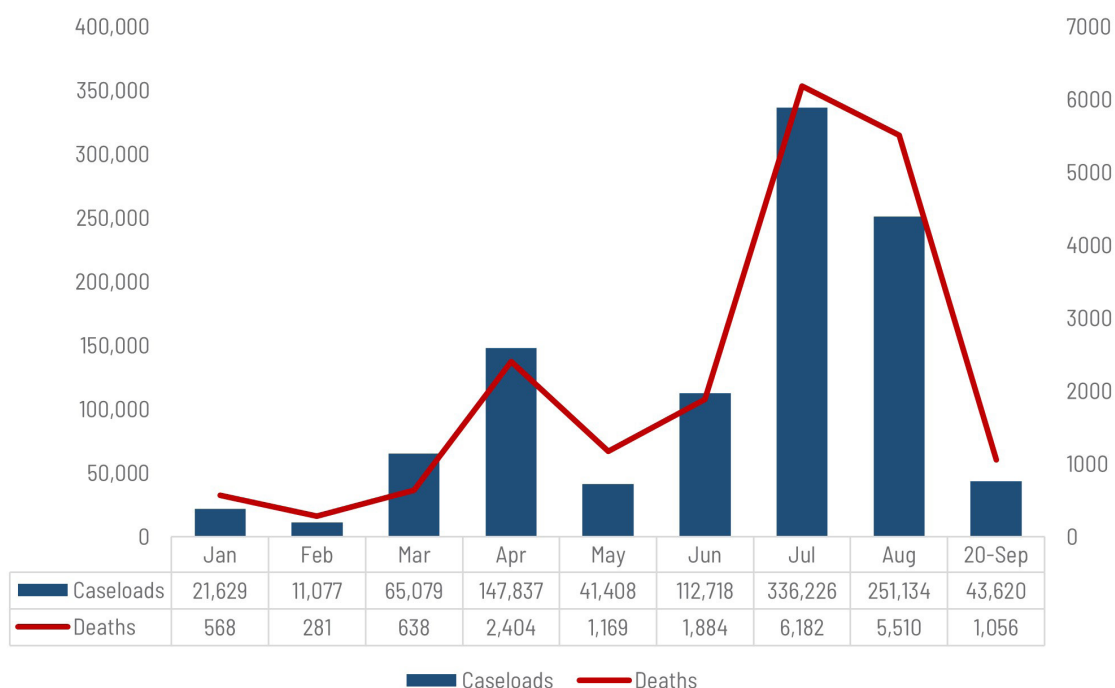


Figure 10. COVID-19 cases in Cox's Bazar as of 22nd September 2021 (Source: [WHO 12/09/2021](#))

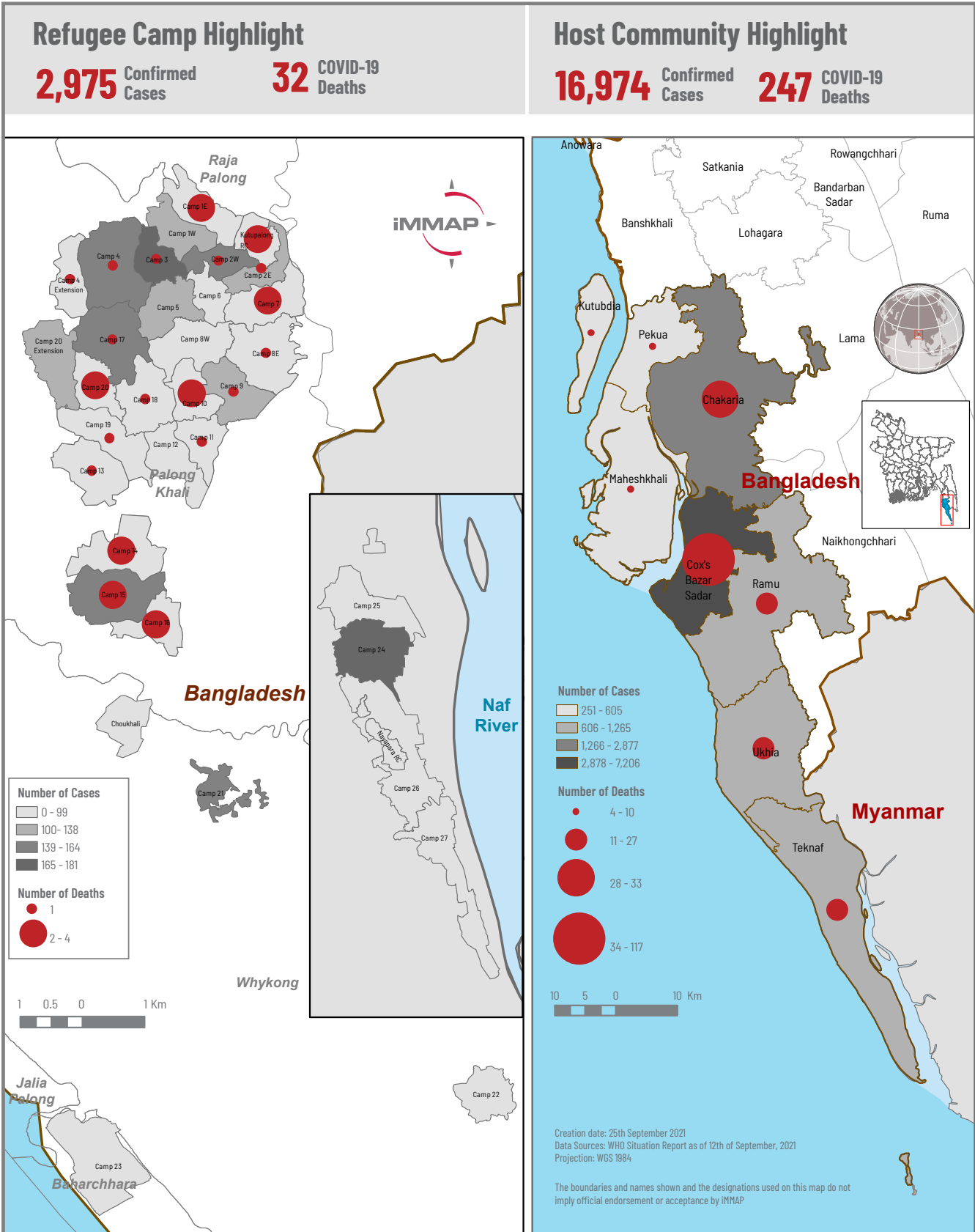


Figure 11. Vaccination map of camp as of 23rd September 2021 (Source: [HealthSector_CXB 23/09/2021](#))

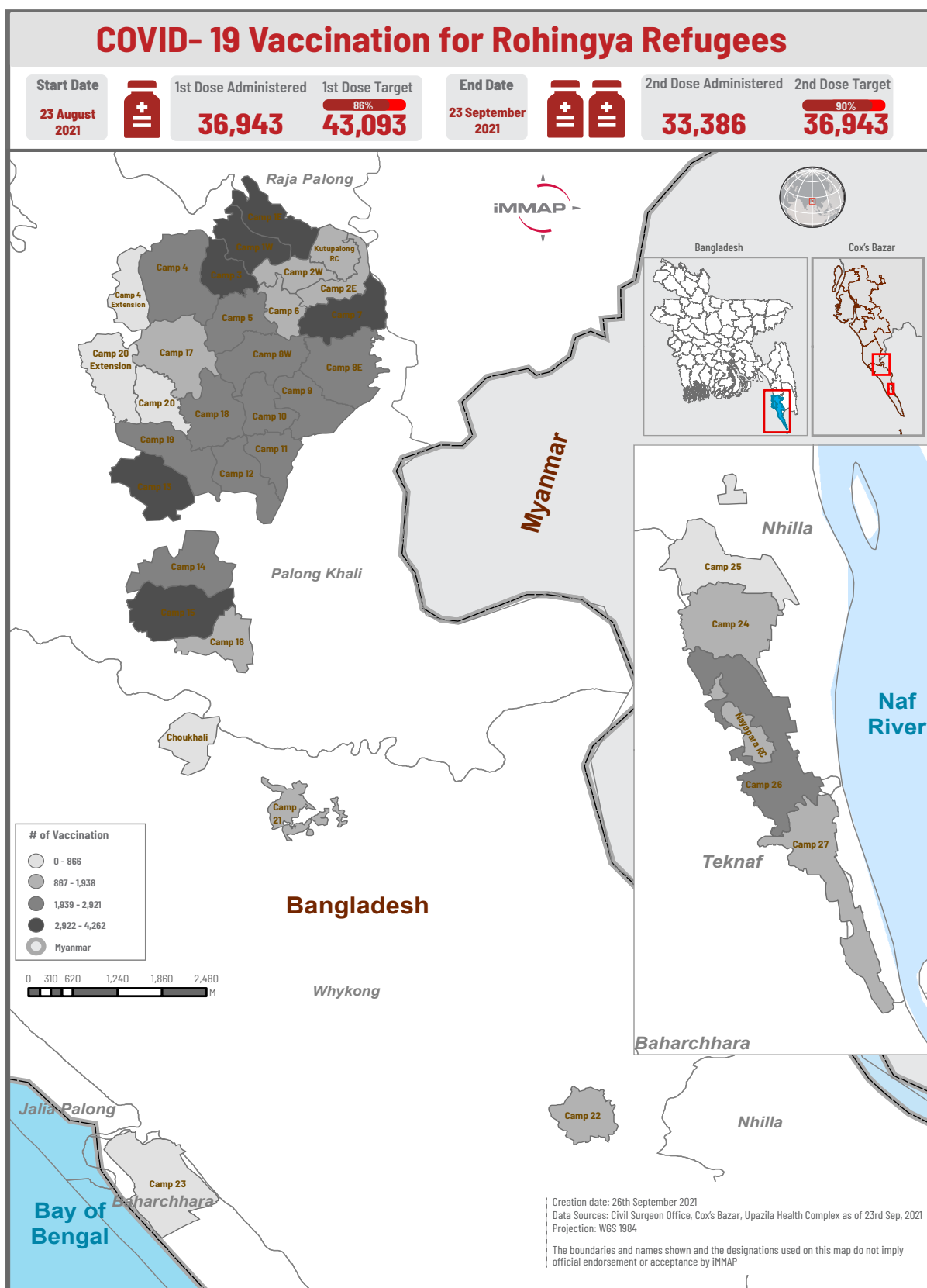


Figure 12. Bi-weekly positive case rate in host and refugee communities (Source: [WHO 12/9/2021](#))

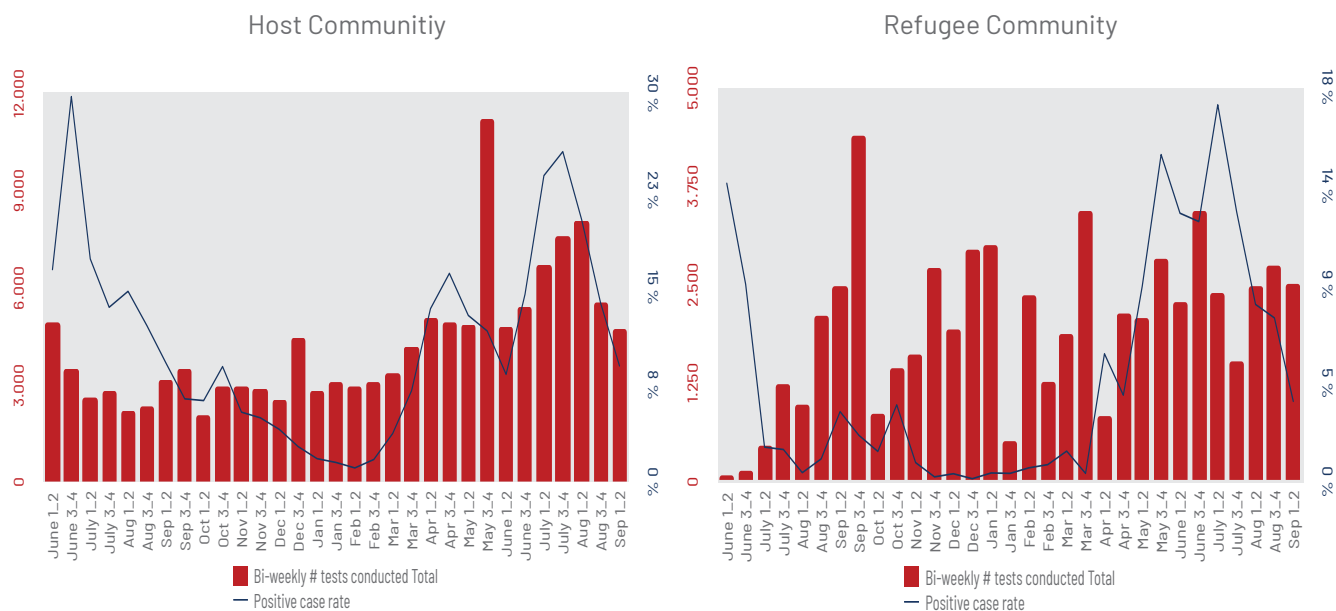
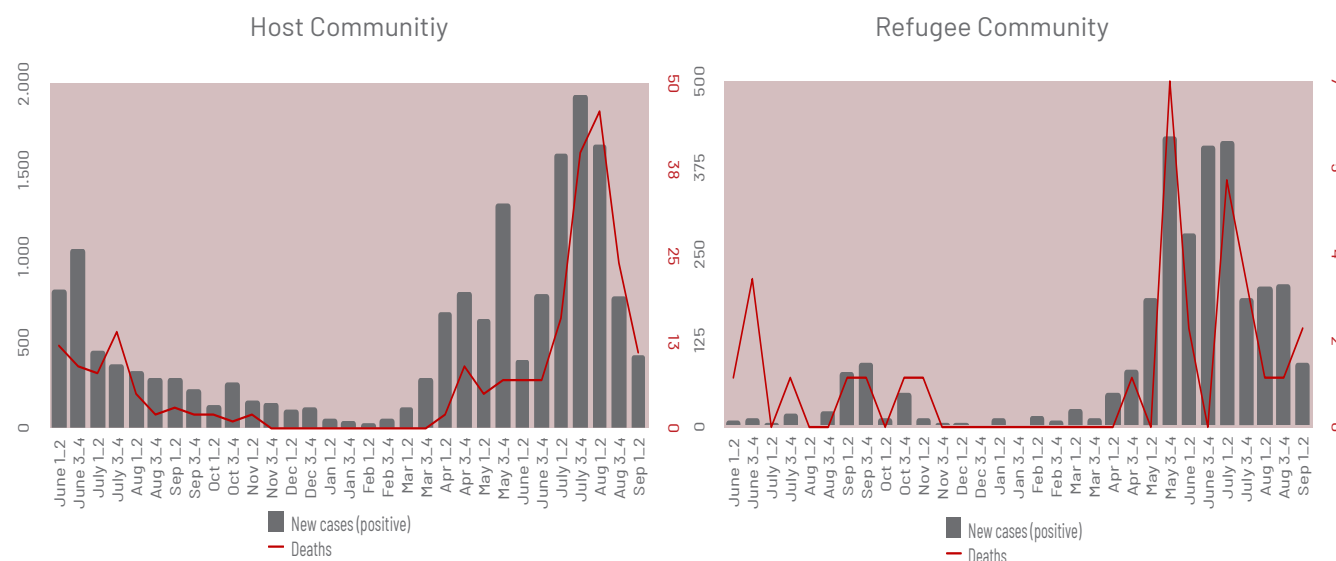


Figure 13. Bi-weekly caseload and death trend in host community and refugee communities (Source: [WHO 12/9/2021](#))



COVID-19 CONTAINMENT MEASURES

Containment Measures at National Level

The third wave of COVID-19 infections in Bangladesh has proved to be the most severe since the start of the pandemic in March 2020. The death rate continued to increase as confirmed COVID-19 cases surpassed 1 million (WHO 20/09/2021), prompting the government to enforce a complete nationwide shutdown from April 05, 2021. The government started lifting most of the coronavirus restrictions from August 19, 2021. Social gatherings have been allowed while tourist destinations, community centers and recreational facilities reopened on the condition that they operate at half their capacities. However, the authorities have not specified how crowds will be controlled in places like the beaches. Transports have been allowed to operate on the roads, railways and waterways maintaining health guidelines, including wearing masks, and initially on condition to operate at half their capacity. Also, primary, secondary, and higher secondary educational institutions in the country reopened on 12 September 2021.

With the COVID-19 restrictions being gradually relaxed, the number of international flights arriving at the international airports has equally started increasing. For instance, between August 30 and September 5, 2021, the number of international flights increased by 15% than the preceding week, while the number of incoming passengers has also increased by 18%. All passenger entries into Bangladesh have been following the Bangladesh COVID-19 passenger screening and quarantine policies (both institutional quarantine and home quarantine) at the Points of Entry (PoE).

Containment measures at Cox's Bazar

In the complex humanitarian setting of the world's largest refugee camp in Cox's Bazar, slowing down the spread of COVID-19 and ensuring quality health care for COVID-19 patients has been a challenge since the onset of the pandemic. The containment measures effectively prevented the majority of aid workers from accessing the camps. Initially, humanitarian operations were limited to the activities identified as "critical services and assistance". "Non-essential" interventions were scaled down or suspended, including activities such as health education and community mobilization for TB awareness (RRRC

08/04/2020, WHO 26/08/2020). Later, the list of "essential" interventions was expanded after a revised version of the protocols was issued in July (Interview Site Management 15/10/2020). For 6 months between the last quarter of 2020 and the first quarter of 2021, humanitarian access into the camps continued to improve with the restart of suspended activities, while requiring humanitarian operations to follow preventative measures, including social distancing, handwashing, wearing of face mask, use of personal protective equipment (PPE) and continued screening of passengers and pedestrians at points of entry (POE) to the camps has been another critical step.

Following an upsurge in COVID-19 cases in May, 2021, the local authorities imposed a strict lockdown in five Rohingya refugee camps in the Teknaf and Ukhiya sub-districts in Cox's Bazar. Meanwhile, humanitarian actors continued to help in the detection of COVID-19 cases, provide COVID-19 hygiene education, and refer patients with fever to local health facilities for medical treatment. A camp-wide dedicated Contact Tracing (CT) network with 34 supervisors and 311 volunteers was embedded in October, 2020 in the Rapid Investigation and Response Teams (RIRTs) for mitigation of the transmission of COVID-19. Following the Government and Health Sector's recommendations this May, capacity of two severe acute respiratory infections treatment centres of IOM inside the refugee camps scaled up from 120 beds to 173. A quarantine facility with 93 shelters for contacts of COVID-19 cases has also recently been established by the IOM within the camps. This facility, which offers food, health check-ups, and referrals to other support services, has so far quarantined 114 contacts (IOM 15/06/2021).

This easing of the COVID-19 related lockdowns and improved humanitarian access into the camps since September 2021, has allowed for the restart of vital services with strict requirements for complying with the Bangladeshi government COVID-19 protocols and guidelines for camp-level activities. According to a latest Refugee Relief and Repatriation Commissioner notice, the government has also reopened all the learning centres (LCs) in the camp area from September 22, 2021 on conditions including wearing masks, applicable for both teachers and students; maintaining social distancing, and checking the temperature with infrared thermometer at the entry point of LCs (RRRC 09/09/2021, SCI 22/09/2021, IRC 23/09/2021).

HUMANITARIAN INFORMATION AND COMMUNICATION

An extensive communication and engagement campaign on vaccination involving key community members and religious leaders is currently ongoing to raise confidence and acceptance. ([WHO 10/06/2021](#)). The government and other agencies have stepped up their vaccination communication and campaigns. The World Health Organization's (WHO) Immunization Vaccine Development (IVD) team has developed a community preparedness assessment tool to assess public awareness of the impending COVID-19 vaccination campaign. This tool will assist the government and partners in better administering the risk communication strategy in the field in order to increase vaccination rates and ensure that no one is left behind ([WHO 10/06/2021](#)). Risk Communication Technical Working Group, BBC Media Action, WHO, UNICEF, and others using audio and video PSA on COVID-19 vaccination in camps and host communities ([Shongjog 17/09/2021](#)).

Information Channels and Means

Information delivery channels and delivery methods have evolved over time. With the lifting of many movements' restrictions, humanitarian actors are coming up with new ways to optimize COVID-19 communications channels and means. Agencies are also using the social media platforms utilizing their strong outreach to deliver risk communication messaging.

Agencies are also using the social media platforms utilizing their strong outreach to deliver risk communication messaging. People are also getting engaged in sharing concerns and questions through RCCE (Risk Communication and Community Engagement) support services led by DGHS with technical support from UNICEF with other UN partners and an extensive NGO network. WHO and UNICEF continue providing support to regular radio broadcast to Bangladesh Betar and community radio ([WHO 10/06/2021](#)).

Risk Communication Technical Working Group, BBC Media Action, WHO, UNICEF, and others designed communication tools to help communication around Covid-19 (Coronavirus). Materials are available for both Rohingya refugees and host communities living in Cox's Bazar. Communication tools include Materials on the vaccine, vaccination, masks, hand washing, hygiene, other infection control measures, general awareness, healthcare-related services, rumours, misinformation, gender-based violence, mental health, and other related issues ([Shongjog, 17/09/2021](#)).

BBC Media Action continued awareness, health advice,

mental health, psychological support, and other important messages during COVID -19 through Soiyi Hota audio program. In July & August 2021, BBC media action made two podcasts available for the beneficiaries. Podcasts include the role of parents in the mental development of children, and parenting without violence during COVID-19 ([BBC Media Action 22/08/2021](#), [BBC Media Action 18/08/2021](#)).

Community Health Workers (CHWs) played a key role in mobilization and risk communication and community engagement activities that took place prior, during, and after the campaign, for raising awareness, promotion of this campaign, and establishment of trust and feedback mechanisms from the community. For this campaign, IOM has distributed 11,693 Information, Education and Communication (IEC) materials related to vaccination and reached 134,666 beneficiaries through house to house visits, and conducted awareness-raising sessions ([IOM 26/09/2021](#)).

Information Challenges

Some awareness-raising activities in the camps and host communities were limited by COVID-19 restrictions, yet they are part of the COVID-19 Risk Communication and Community Engagement (RCCE) strategy endorsed by the RRRC and Civil Surgeon's office. Ensuring the widespread circulation of information is critical to curbing the spread of the virus, as well as preventing the spread of rumours, which have contributed to stigma and place vulnerable populations at greater risk ([ISCG 06/09/2021](#)).

The Rohingya people's understanding of health combines ancient Indian traditions like Ayurveda, religious concepts like the Islamic jinns and asar, Myanmar culture, and modern Western medicine. Rohingya people use a mix of health treatments, including medical doctors and traditional healers. Treatment often includes holy water, exorcism, prayers, herbal remedies, and dream medicine. General medical knowledge is improving in the community, though its reach and adoption depend on factors like an individual's cultural and religious values, social isolation, and education level. Therefore, health interpreters are a crucial link between patients and health workers. They must understand complex health conditions and terms in English and Bangla and find an equivalent in Rohingya. Working in the medical field, they need to be extra cautious in their interpretation, as any misinterpretation could lead to misdiagnosis. Rohingya people's beliefs surrounding the nutritional value of foods often differ from Western nutritional scientific perspectives. Rather than thinking

of foods in terms of what specific nutrients they possess, Rohingya people still generally talk about nutrition in terms of how foods impact particular organs or bodily functions. The prevailing belief in the community about rice being the ultimate food to protect them from getting diseases and from dying refers to nothing but the existing information and communication gap. These all refer to the overall vacuum in the information dissemination and communication process ([TWB 08/2021](#)).

Remote provision of PSS and case management during the COVID-19 lockdown was inhibited by poor network connections, refugees' hesitation to share confidential information over the phone. Authorities have restricted

home-based learning and training for Burmese Language Instructors (BLIs). There are some limitations on the use of radios, phones, and tablets remain, therefore widening the critical gaps in access to education for refugee children and youth. Until Learning Centres are reopened, support for home-based learning is needed to avoid a lost generation of Rohingya lacking the basic education and skills to reintegrate in Myanmar when return becomes possible. Education partners are facing challenges in providing remuneration to Rohingya volunteers in light of government restrictions. The humanitarian community is seeking a harmonized approach to volunteer payments in coordination with authorities ([ISCG 06/09/2021](#)).

SECTORAL ANALYSIS



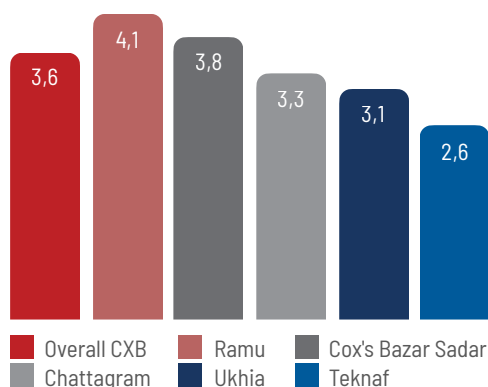
LIVELIHOODS SECTOR

Movement restrictions continue to impact livelihoods and self-reliance activities

COVID-19 and its containment measures are still causing a negative impact on income generating opportunities for the host community. This is especially the case for women, where one study across Bangladesh found that women were three times more likely to lose their jobs than men ([UNB 12/07/2021](#)).

According to the FAO and WFP Market Monitor for July 2021, movement restrictions continue to create temporary labor shortages in Cox's Bazar for loading/offloading at source markets and in factories/farms, leading to increased labor costs. Transport costs also remain high, with spikes in truck rentals reported due to unavailability of return loads. These costs are being passed on to the final consumers ([FAO and WFP 11/08/2021](#)).

Figure 14. Market Functionality Index (MFI) scores by sub-districts in Cox's Bazar for July, 2021 (Sources: [FAO](#) and [WFP 11/08/2021](#))



The most recent lockdown which started in April 2021 has impacted some humanitarian activities including cash-for-work programs ([ESC 13/07/2021](#)). Although evidence is limited, this has likely been a contributing factor to the reduction in labor force participation among the Rohingya community ([World Bank 09/08/2021](#)). The actual number of Rohingya depending on cash-for-work programs as their primary source of income is unknown. However, the most recent flooding in camps has provided some cash assistance to refugees engaged in disaster risk reduction (DRR) works ([WFP 02/09/2021](#)). For example, in August 2021, WFP has engaged almost 4,000 volunteers labourers and volunteers in the field supporting rehabilitation in the camps to assist with drainage cleaning and rehabilitation work ([WFP 03/08/2021](#)). Such cash assistance allows refugees to purchase food and other items flexibly and at better prices, and has a positive impact on the economies of surrounding host communities ([WFP 02/09/2021](#)).

Floods resulted in unknown number of community members losing their income and assets including livestock, hindered livelihood opportunities and impacted the food security situation

On 27 July, floods resulted in an unknown number of community members losing their income and assets including livestock. Additionally, the breach of embankment caused saline water intrusion into the agricultural land in Cox's Bazar ([CARE International 06/06/2021](#)). The COVID-19 outbreak has already affected the livestock sub-sector in Cox's Bazar ([FAO 2020](#)). Movement restrictions imposed to restrict the spread of COVID-19 have impacted food supply chains and caused labour shortages on farms ([FAO](#)

2020, [FAQ 07/2020](#)).

Loss of livestock and fisheries hinders livelihood opportunities and impacts food security ([CARE International 06/06/2021](#)). Across Bangladesh, income generating activities like fish farms, shrimp or crab farms, livestock were halted or damaged due to floodwater and incessant rains accompanied by winds. Additionally, agriculture-based livelihoods are at risk. Floods are likely to impact the agricultural sector including the upcoming planting seasons and crop production which is anticipated to further impact the food value chains, access, distribution and reduced food diversity in the country ([Dhaka Tribune 29/07/2021](#), [CARE International 06/06/2021](#), [Food Security Cluster 01/07/2021](#)).

FOOD SECURITY SECTOR

Floods in Cox's Bazar destroyed food stocks and vegetable gardens, and left some refugees cut off from humanitarian aid.

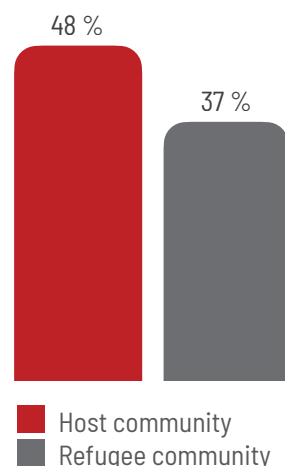
Flooding on 27 July in Cox's Bazar has left some refugees (an unknown number) unable to access relief assistance due to camps being cut off. In addition, household's belongings were damaged including dry food and cooking pots, croplands, fish and salt farms ([IRC 31/07/2021](#), [Caritas 03/08/2021](#), [Dhaka Tribune 30/07/2021](#)). In Cox's Bazar, close to 2,500 vegetable gardens have been partially or fully damaged, and 140 trees have been knocked down ([Caritas Germany 03/08/2021](#), [IOM 03/08/2021](#)). As diversified food is not always possible due to lack of sufficient income, these gardens help improve access to high quality nutritious food and dietary diversity for the Rohingya population ([FAQ](#), [WFP](#), [FSC 06/2021](#)).

While the flooding has affected 10 out of 21 WFP e-voucher outlets ([WFP 03/08/2021](#)), by 30 July all WFP e-voucher outlets continued to provide regular food assistance along with provision of hot meals ([WFP 03/08/2021](#), [CWC WG 01/08/2021](#)). Due to the heavy rains, two e-voucher sites temporarily lost internet connectivity, but have since been repaired ([WFP 03/08/2021](#)).

According to a rapid needs assessment done Humanity and Inclusion⁴ following the floods in July, 38% respondents (37% of refugees and 48% of host community respondents) have needs in food support. Among them, 17.7% were

persons with disabilities ([HI 29/07/2021](#)). Even before the pandemic, refugees' access to food was inadequate. In addition to quantity, the refugee community members did not have sufficient means to diversify their food intake ([IRC 26/08/2021](#)).

Figure 15. Food support needed for host and refugee communities during flood (Source: [HI 29/07/2021](#))



Low availability of rice and high prices of this staple commodity continued as of June 2021. The cost of a typical food basket in Cox's Bazar in June 2021 remained similar to April and May levels, at USD 13, but 25% higher than in June 2020

During the shortage of rice in Bangladesh, the government bought about 150,000 tons of rice from India's state-run firm NAFED back in January ([Dhaka Tribune 24/01/2021](#)). However, the recent ban on rice imports from India along with the government strategy to replenish its food reserve have stretched the availability of rice in the market, despite the good Boro harvest⁵ in the country in 2021. Additionally, drawdown in stock levels, shortfall in production following severe flooding in June/July 2020, low import volumes, tight supplies and market availability and an upsurge in domestic demand have also impacted rice prices ([FAQ 15/02/2021](#)). Low availability of rice therefore has resulted in about 30% higher retail price of rice than the same time last year ([FAQ and WFP 11/08/2021](#)).

The low availability of rice and the increase in prices have created a fertile environment for illegal activities. Members of an armed group allegedly procuring the items from

⁴ During this needs assessment, the team has reached around 220 people in 11 refugee camps (mainly 1E, 1W, 2E, 4, 5, 6, 9, 17, 21, 24, 26, NRC) and 2 host communities: Hnila Union (Musoni and Islamabad) and Palongkhali Union (Balukhali Village).

⁵ Boro is a Bengali language word derived from a Sanskrit word "BOROB". This means a special type of rice cultivation on residual or stored water in low-lying areas after the harvest of kharif rice. It is the predominant crop in the three main crop-growing seasons in Bangladesh during January to April/May.

the Rohingyas at a lesser price to sell them in the black market and seizing of the rice trucks by Units Armed Police Battalion (APBN) to divert black market has pushed refugees of Cox's Bazar at risk of facing lower access to rice ([UNDP 11/08/2021](#)).

In June, the cost of a typical food basket remained similar to April and May levels, at USD 13 (BDT 1,113), but 25% higher than in June 2020 ([FAO and WFP 11/08/2021](#)). By June, average prices for most key food commodities (rice, soybean oil, onion, red lentils and red chili) in Cox's Bazar remained similar to May and between 20%-30% higher than June of last year ([FAO and WFP 11/08/2021](#)). This increase in prices is following an overall national surge in prices in some commodities ([Dhaka Tribune 28/06/2021](#)).

Refugees in Bhasan Char have limited access to food, water and medical care, the monsoon season could further exacerbate their access to food and other essentials as new shipments are likely to be interrupted

Refugees in Bhasan Char reported food shortages and not receiving regular and enough food rations in the island, resulting in several families either opting to borrow food from others or to go hungry for days while awaiting the next supply ([HRW 07/06/2021](#)). Relocation to the remote island has confined the 20,000 refugees in cyclone-prone waters without adequate food, water or medical care. The monsoon season could further exacerbate their access to food and other essentials as new shipments are likely to be interrupted due to the damage to coastline infrastructure and restricted transportation capacities ([HRW 07/06/2021](#)). With additional relocations planned by the government for 80,000 refugees, more refugees will be likely at risk of food shortages ([HRW 24/08/2021](#)).

SHELTER SECTOR

A fire broke out in Camp 9 in July 2021 damaging 100 shelters and exacerbating shelter needs. Shelters destroyed in the camp in March 2021 are still under reconstruction as the floods have curtailed activities while damaging even more

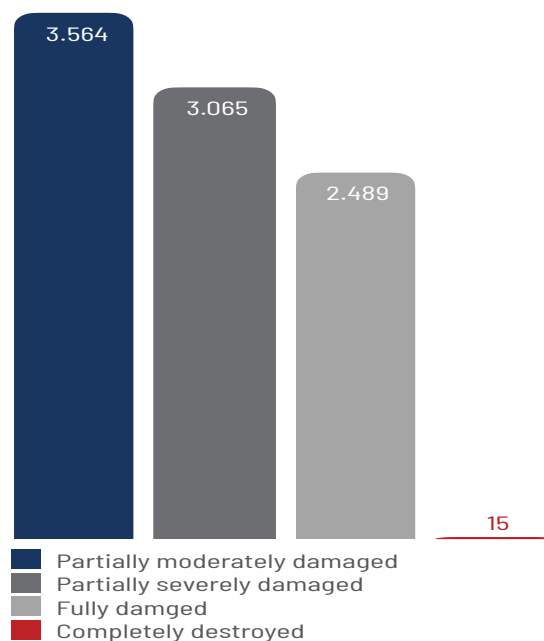
On 20 July, a fire broke out in Camp 9 which quickly spread and damaged around 100 shelters. This was the third shock witnessed in Camp 9 after the first mass fire on 22 March followed by recent monsoon rains ([IOM 04/08/2021](#)). 2021 has seen a 300% increase in fires destroying homes of tens of thousands of refugees, as a result an increasing number of people are turning to smugglers and risking their lives to get out of the camps ([The Guardian 06/06/2021](#)). In addition, shelter reconstruction from the fires at the beginning of the year has been negatively affected by

the heavy rain. Muddy roads are also a challenge during construction ([SNFI Sector 01/07/2021](#)).

Floods damaged more than 11,000 shelters and displaced more than 25,000 refugees

As of 01 September, more than 11,000 shelters have been damaged, 75% were damaged due to windstorms and the rest were impacted by landslides and flooding ([ISCG 19/08/2021](#), [ISCG 02/09/2021](#)). The floods displaced more than 25,000 refugees, an unknown number of refugees took shelter in nearby schools, learning facilities and in the houses of their friends and relatives ([IOM 14/07/2021](#), [ISCG 29/07/2021](#), [UNHCR 30/07/2021](#)). By mid August, more than 50 learning centres were used as temporary shelter across seven camps for the monsoon affected refugee families ([ISCG 12/08/2021](#)). Tens of thousands of Rohingya who could not find room in the camps cleared forests on the surrounding hills to set up their shelters ([Al Jazeera 28/07/2021](#)), exposing them to protection risks such as gender-based violence and harassment – see [Protection Sector](#). Some of the Rohingya who have stayed in the camps, have stayed in inadequate conditions. For example, it has been reported that some mothers in the camp also used jute bags under their floor mats to protect children from getting wet as water comes inside their shelter during monsoon ([SNFI Sector 015/07/2021](#)).

Figure 16. Damages to shelters in refugee camps as of 01 September, 2021 (Source: [ISCG 02/09/2021](#))



While sectors are responding to the displacement and shelter destructions caused by the floods, they are also still carrying out reconstruction work resulting from the March

2021 fire. The onset of the monsoon season, COVID-19 national lockdown measures and the ensuing limited access to the camps, compounded by ad hoc restrictions are impacting the reconstruction work (ISCG 28/07/2021, ISCG 29/07/2021).

COVID-19 related restrictions have limited monsoon preparedness activities increasing concerns among the Rohingya about shelter repairs with the onset of the monsoon season

COVID-19 related restrictions have limited monsoon preparedness activities, such as shelter and SMSD programming which precedes the monsoon season, making the already fragile shetlers - which are often made of bamboo and tarpaulin - vulnerable to storm, cyclone, landslide and flood during heavy rains (Caritas Germany 03/08/2021, BBC Media Action 12/08/2021). These limitations in such activties have likely increased shelter concerns among refugees. According to community feedback data⁶ refugees expressed the need for shelter repairs before the coming cyclones. However, very few were able to attempt repairs on their own due to lack of funds (BBC Media Action 12/08/2021). Women were nearly three times more likely than men to raise concerns related to shelter during the monsoon season such as the need for protection walls for shelter strengthening; the potential for landslides; needing shelter repair assistance and support; and the poor condition of roads and stairs (BBC Media Action 12/08/2021). This is likely due to women being more vulnerable to protection issues associated with shelter damage and often the primary caretakers of children.

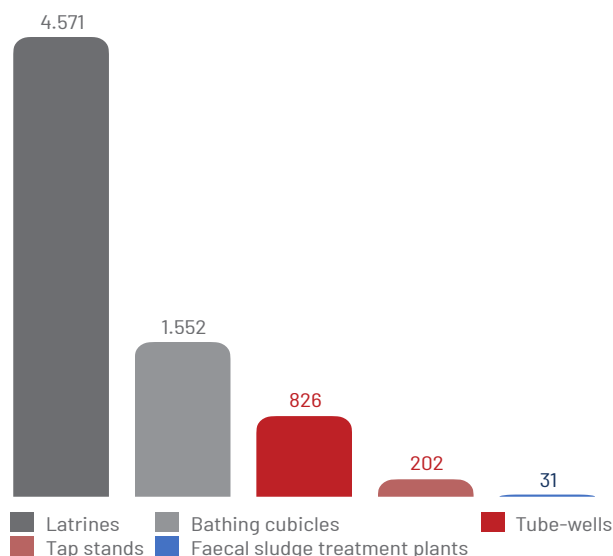
WASH SECTOR

Flooding in Cox's Bazar damaged and contaminated thousands of WASH facilities heightening the risk of water-borne disease outbreak

Floods and water logging have damaged or contaminated over 4,571 latrines, 1,552 bathing cubicles, 826 tube wells and 202 tap stands, and 31 Faecal Sludge Treatment Plants have been affected in the camps (ISCG 02/09/2021). People of Cox's Bazar district are also facing shortage of drinking water as well as difficulties in accessing operational WASH facilities (ISCG 01/08/2021, Caritas Germany 03/08/2021, Dhaka Tribune 31/07/2021). Destruction to WASH facilities and presence of stagnant water in affected areas leave

communities exposed to potential water-related disease outbreaks. Despite immediate repairs having started, it is expected that movement restrictions and flooding will impact some of the efforts._

Figure 17. Affected WASH facilities due to flood and water logging (Source: ISCG 02/09/2021)



The lack of hygiene-related information and services due the COVID-19 associated restrictions were already impacting women in camps, related needs are expected to rise with the impact of floods

Even before the floods, community feedback data in camps (8E, 11 and 21) showed that there is limited distribution of dignity kits and some participants said that they receive kits every three or six months while some did not receive a kit in 10 months (which includes sanitary pads, soap and underwear) due to pandemic and its containment measures (BBC Media Action 22/06/2021).

It is also important to note that some female participants said they do not discuss hygiene issues with other female community members because they feel shy, and therefore may lack social support from the community, however some said they did speak about these issues with volunteers who visited door-to-door (BBC Media Action 22/06/2021). However, due to access constraints as a result of the floods, it is expected that humanitarian responders are going to face challenges in carrying out WASH activities, including reaching out to women in need of hygiene-related information and services.

⁶ BBC Media Action conducted telephone interviews with 12 women (age 18 – 40) and two women (age 50+) living in camps 22 and 26 (based on the availability of participants) on 21-22 June and 26 July 2021.

PROTECTION SECTOR

Communal tensions between the Rohingya and the host community have been reported since June, driven by economic reasons

Communal tensions between the Rohingya and the host community have been on the rise in the 3 months assessed (June, July and August), and the reasons for these tensions are primarily economic. This is in line with the findings from an assessment measuring WFP's contribution to Peace (data collected in December 2020), where it was found that reduced income opportunities is the most prominent risk in inducing intra-household, inter-household and inter-communal level conflicts across both refugee and host communities ([WFP 11/07/2021](#)).

For example, in June, there was an increase in anti-NGO/Rohingya rhetoric on local and social media in the district. This has included accusations of Rohingya land grabbing but also direct attacks on both NGOs and INGOs for not recruiting local staff ([UNDP 21/06/2021](#)). Such tensions continued into July, local media sources highlighted growing anger among the poor hosts as the Rohingyas are increasingly joining the local labour market ([UNDP 02/08/2021](#)). In August, discontent among the host community was on the rise as they claimed to have lost land to the Rohingya camps after the fencing was erected around Camp 9 ([UNDP 17/08/2021](#)).

People with disabilities already faced pre-existing stigmatisation, discrimination and violence, and now feel unsafe following the floods

According to the findings from a rapid need assessment conducted following the floods, in Cox's Bazar, a greater number of refugees with disabilities felt unsafe in the camp as compared to refugees and hosts without disabilities in Cox's Bazar. People with disabilities already faced pre-existing stigmatisation, discrimination and violence, which are reported to have increased during the COVID-19 outbreak ([Plan International 23/06/2021](#), [Institute of Development Studies 01/06/2021](#), [HI 29/07/2021](#)).

Food shortages, inadequate health services, no access to education, restrictions on movement, and a lack of livelihood opportunities are driving Rohingya to escape Bhasan Char, many of which are arrested by police

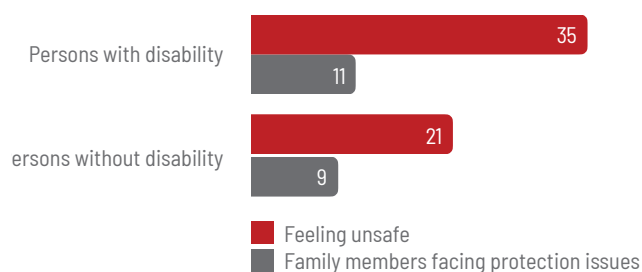
The police continue to arrest Rohingya refugees who are trying to flee Bhasan Char to escape dire conditions on the island such as food shortages, inadequate health services, no access to education, restrictions on movement, and

a lack of livelihood opportunities. Reports of arrests of Rohingya fleeing the island have been surfacing since July 2021. Most of these refugees were intending to return to their camps in Cox's Bazar. Police said many Rohingya have fled the island in recent months and been arrested in coastal towns in Bangladesh's Chittagong region. In August, a boat carrying about 40 Rohingya refugees capsized in bad weather in the Bay of Bengal after a group of refugees tried to escape Bhasan Char ([Al Jazeera 20/08/2021](#), [UNDP 20/07/2021](#), [UNDP 28/06/2021](#), [UNDP 26/07/2021](#), [UNDP 14/06/2021](#), [UNDP 09/08/2021](#), [HRW 07/06/2021](#), [Al Jazeera 14/08/2021](#)).

Protection risks are heightened due to floods-induced displacement and destruction of shelters. Child-friendly and women-friendly spaces which are safe spaces for many of the vulnerable population remained closed after the flooding due to COVID-19 restrictions

Gender-based violence, child abuse, sexual harassment, child marriage and child labour have been observed and there is a need for increased humanitarian access for child protection actors to support vulnerable children, including children with disabilities. In addition, the monsoon left many shelters fragile, as a result thieves are stealing necessary goods by cutting the bamboo fence and tarpaulin of shelters at night when people went to their relatives' house ([IRC 26/08/2021](#), [UNDP 02/08/2021](#)). According to an assessment conducted following the flood, 10% of refugee respondents (20 people, including 11 persons with disabilities and 9 persons without disabilities) also reported that their family members have faced protection incidents since the flood happened ([HI 29/07/2021](#)). Cross-sectoral coordination (including shelter, WASH, etc.) is essential to ensure a comprehensive approach in preventing or reducing these protection risks (such as GBV, and child abuse) following emergencies ([UNHCR 02/10/2020](#)).

Figure 18. Protection issues faced by refugee community due to flood (Source: [HI 29/07/2021](#))



Child-friendly and women-friendly spaces remain closed due to COVID-19 restrictions, thereby preventing individual counselling ([ISCG 19/08/2021](#), [ISCG 02/09/2021](#)). At the

same time the monsoon season hit the camps, children and caregivers were – and reportedly are still – experiencing psychosocial distress from the fire contributing to the adoption of negative coping mechanisms including violence in the home and child labour ([ISCG 28/07/2021](#)).

EDUCATION SECTOR

As of 22 September, learning centers are allowed to open after more than two years of closure due to COVID-19 restrictions. Additionally, more than 400 learning centers were destroyed during the monsoon

The government has decided to open all learning centers (LC) in camps and schools in Bangladesh, after 18-month COVID-19 shutdown, and almost monthly extension of these closures throughout the period ([Al Jazeera 13/09/2021](#), [RRRC 20/09/2021](#)). The associated risks such as child labour and early marriages have been increasing during this closure. See – [iMMAP/DFSC COVID-19 impact on Children](#). The prolonged closure of learning centers (LC) in the Rohingya camps have disrupted learning for over 350,000 Rohingya children in Cox's Bazar in the first half of 2021 ([UNICEF 29/07/2021](#)). Limited access to remote learning for almost a year and half has especially impacted Rohingya children. Children in camps were struggling to access education even before the pandemic, but as students were forced to move to distance learning, the Rohingya community have been further disadvantaged in terms of education service provision ([Citizen's Platform for SDGs, Bangladesh 01/2021](#)). The current challenge with the opening of schools is to ensure students go back to school and to address the gaps in remote learning this pandemic has created, especially for girls ([UNICEF 16/06/2021](#)). The COVID-19 pandemic threatens to undermine many of the recent gains in girl's education and to stunt further progress ([Gage 11/2020](#)). Schools should also be equipped to take the necessary measures to avoid the spread of the pandemic. Dropping out of school has long-term implications on child and youth growth and skills development, and in turn will impact future prospects and earnings ([Citizen's Platform for SDGs, Bangladesh 01/2021](#)).

As of 01 September, almost 13% of LCs across all camps have been damaged due to rain and flood. Repair of 96 LCs are underway. COVID-19 restrictions are delaying the repair of learning centres damaged by the monsoons in the camps. None of them are currently operational. Additionally, some displaced families have been temporarily displaced in LCs in the camps ([UNHCR 30/07/2021](#), [FSC 28/07/2021](#), [ISCG 02/09/2021](#)). The destruction to LC by fires and floods highlights the importance of quickly re-establishing education facilities and shelter to accommodate the students with the most recent decision to open schools.

HEALTH SECTOR

The nationwide movement restrictions which were reintroduced in April 2021 impacted the access and utilization of health facilities. It is likely that movement restrictions impacted access to food and nutrition services contributing to poor health of refugees

According to community feedback data from the Rohingya (data collection 31 May and 01 June 2021), refugees reported having fair or poor physical health and ongoing health conditions due to food or nutrition related issues. Poor health among the refugees is likely due to the lack of sufficient nutrients and a lack of access to information about healthy eating, which consequently impacted the health and quality of life of many refugees ([BBC Media Action 22/06/2021](#)). The nationwide lockdown which was reintroduced in April 2021 impacted the access and utilization of critical Maternal Neonatal Child and Adolescent Health (MNCAH) services, which created concerns on access to sexual and reproductive health services particularly among women and adolescent girls ([UNICEF 29/07/2021](#), [UNFPA 10/06/2021](#)).

All health facilities in camps are fully operational despite the floods, however, affected people with heightened health needs due to floods are likely to face challenges in accessing facilities

Despite damages caused by the flooding, as of 27 July, all health facilities in the camps are fully operational ([ISCG 01/09/2021](#)). However, health needs associated with floods and damage to infrastructure are likely to increase. There are concerns that the floods have heightened the risk of water-borne diseases and COVID-19 ([UNOCHA 03/08/2021](#)). Affected people in need of healthcare services are also likely to face challenges in accessing them due to the flooding.

Acute respiratory infections, diarrheal diseases and unexplained fever remain the diseases with the highest proportional morbidity

Diseases with the highest proportional morbidity continue to be acute respiratory infections which reached 16.1% – as of 22 August ([WHO 27/06/2021](#), [WHO 25/07/2021](#), [WHO 15/08/2021](#), [WHO 22/08/2021](#)). Diseases with the second highest proportional morbidity as of 22 August were diarrheal diseases which was 5.0%, which shows a gradual decrease since the end of June ([WHO 04/07/2021](#), [WHO 01/08/2021](#), [WHO 22/08/2021](#)). In addition to that, morbidity due to the unexplained fever continues to be less than 2% from June to August ([WHO 27/06/2021](#), [WHO 25/07/2021](#), [WHO 15/08/2021](#), [WHO 22/08/2021](#)). The

displacement in camps due to the flooding and landslides is likely to lead to overcrowding in shelter and reduced access to WASH, which could also contribute to the increased risk of respiratory infections, as well as COVID-19 ([Health Sector 31/07/2021](#)).

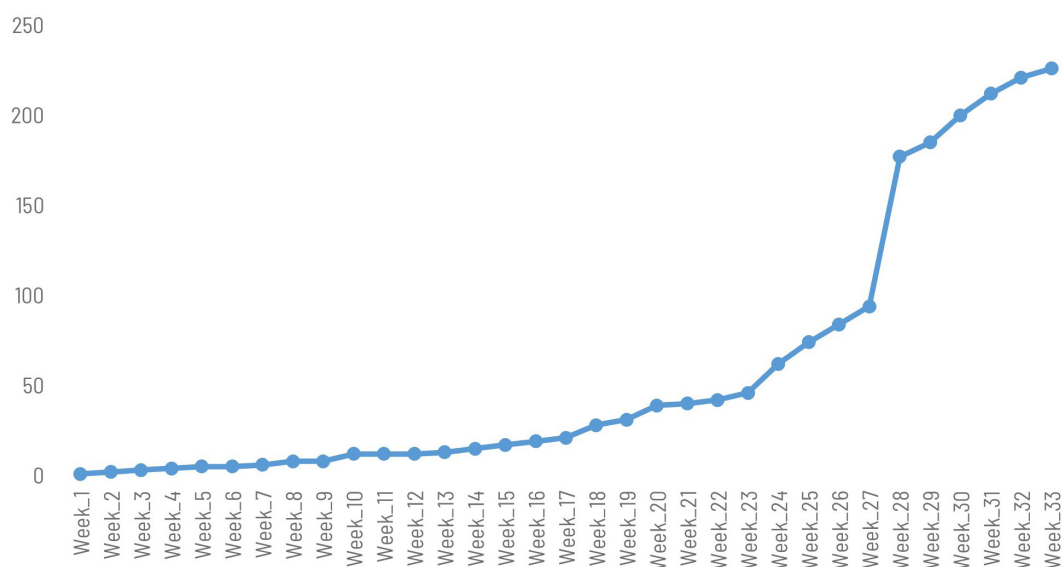
Increase in Acute Watery Diarrhea (AWD) cases in Cox's Bazar, particularly among the Rohingya refugees in Ukha. Flooding heightens the risk of a prolonged AWD outbreak and the outbreak of other diarrheal diseases

Since May 2021 there has been an increase in the number of acute watery diarrhea. From April to June 2021, a total of 712 RDT tests were conducted- 24 were culture confirmed for cholera. The majority of cases are from the Rohingya refugees, particularly from Ukha. Health and WASH partners have been responding to individual cases in line with the Multisectoral AWD Preparedness and Response Plan (2020) ([Health Sector 01/09/2021](#), [Health Sector 18/07/2021](#)). Isolation beds were open and available for the management of AWD cases in Cox's Bazar ([SNFI Sector 01/07/2021](#), [WHO 11/08/2021](#)). Flooding comes with substantial risks of exacerbation of the existing AWD outbreak and other diarrheal disease outbreaks. Health risks also are associated with the inundation of health facilities by flood waters ([Health Sector 31/07/2021](#)). One of the main manifestations of Cholera is AWD. The number of cholera cases in 2021, particularly since May, is high in number compared with the previous year ([Health](#)

[Sector 18/07/2021](#)). While seasonal increases of cases are expected during the monsoon season, new outbreaks - such as the current one - can occur sporadically where water supply, sanitation, food safety, and hygiene are inadequate. Delayed maintenance of infrastructure such as latrines and water points due to COVID-19 restrictions may further increase the chances of outbreaks of waterborne diseases ([ISCG 28/07/2021](#), [Health sector 31/07/2021](#)). Malnutrition may play a big role as well in the possibility of a child to recover from cholera ([WASH Sector 10/2020](#)). Already, in the three camps (Makeshift, Nayapara, and Kutupalong) assessed in the the most recent SMART survey, the Global Acute Malnutrition (GAM) rates were found to be in the High/Serious range (10- 15%) according to WHO/UNICEF classification ([ACF 26/01/2021](#)).

Since June 2021 there has been a sharp spike in dengue cases being reported in Bangladesh, with an average of 70 cases reported every day during July 2021, and over 200 cases were reported every day in the country since 02 August 2021 ([Dhaka Tribune 09/08/2021](#)). Dhaka cases constitute almost 96% of cases recorded ([Dhaka Tribune 31/07/2021](#)). As of the writing of this report, there are no cases reported in Cox's Bazar, yet it remains a high risk area for the spread of dengue fever due to the waterlogged and unusable mosquito net amid the heavy rainfall and flood in the camp, and destruction in WASH facilities ([IRC 31/07/2021](#)).

Figure 19. Increase in cholera cases in refugee community (Source: [WHO](#))



Bhasan Char island which lacks health and WASH facilities, is suffering from an AWD outbreak since late May 2021

The diarrhea cases have also impacted Bhasan Char island. NGOs and national media reported a sudden outbreak of Acute Water Diarrhea (AWD) in the camp that started in late May and peaked in mid-June 2021 impacting about one-third of the camp population (approximately 20,000) and killed at least five people ([UNDP 21/06/2021](#), [UNDP 07/07/2021](#), [Health Sector 18/07/2021](#), [HRW 07/06/2021](#)). The island is already lacking medical supplies, health and WASH facilities. Currently the healthcare system and medical facilities are becoming increasingly overwhelmed by the diarrhea outbreak in the island, physicians report admitting 40-50 diarrhea patients per day and turning away patients with other illnesses ([HRW 30/06/2021](#)).

NUTRITION SECTOR

Nutrition services are limited in the camps due to access issues from monsoon rains and COVID-19 restrictions. Constrained access to nutrition services due to flooding and movement restrictions could place children at risk of malnutrition

The floods which affected the camps on 27 July, have caused damages to some nutrition facilities and affected nutrition service delivery at different sites ([WFP 03/08/2021](#), [ECHO 29/07/2021](#)). Some refugees have faced difficulties accessing nutrition services due to poor road conditions, monsoon rains and COVID-19 restrictions. In response to this, community outreach teams are conducting home visits to the most critical beneficiaries, such as acutely malnourished children and pregnant women and breastfeeding mothers. As of 03 August, nutrition services in the host community were suspended at three of the 129 clinics due to the flooding

([WFP 03/08/2021](#)). Disruption of essential health and nutrition services for children, pregnant and lactating women and caregivers will result in the deterioration malnutrition status of children, increase in the caseload of Severe Acute malnutrition (SAM) and child mortality ([CARE International 06/06/2021](#)). Due to displacement, it is assumed that children aged between 6 months and 59 months will get irregular and inappropriate food intake. Breastfeeding rate may decrease due to displacement and shock ([CARE International 06/06/2021](#)).

Some community feedback evidence shows that accessing nutrition information even before services have been affected by the floods was a challenge among the Rohingya community. Among the 17 community members interviewed in May 2021, only two reported having received information about nutrition in the past 12 months, one from NGO volunteers and the other in an NGO training session. Those two said they received advice about eating more vegetables and hygienic food preparation. Twelve interviewees said they faced difficulties accessing information about nutrition in the past 12 months, while all 17 want to receive more information about nutrition. They want to know how to maintain a healthy diet and where to go to get this information ([BBC Media Action 22/06/2021](#)). Constrained access to nutrition services could place children at risk of stunting, wasting, and other malnutrition-related illnesses ([World Bank 06/08/2021](#), [UNICEF 17/08/2021](#)). These constraints are likely linked to nutrition services being halted due to movement restrictions. Echoing this, is data collected mid-2020 where 16% of refugee households reported nutrition assistance/services did not go well before the pandemic, which rose to 25% since COVID-19, and 28% of host community households reported nutrition assistance/services did not go well before the pandemic, which rose to 32% since COVID-19 ([J-MSNA 12/11/2020](#)).

ABOUT THIS REPORT

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

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

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

The Analytical Framework:

- Provides the entire suite of tools required to develop and derive quality and credible situation analysis;

- Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;
- Offers end-users with an audit trail on the amount of evidence available, how data was processed, and conclusions reached;

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

The Secondary Data Analysis Framework was designed to be compatible with other needs assessment frameworks currently in use in humanitarian crises (Colombia, Nigeria, Bangladesh) or developed at the global level (JIAF, GIMAC, MIRA). It focuses on assessing critical dimensions of a humanitarian crisis and facilitates an understanding of both unmet needs, their consequences, and the overall context within which humanitarian needs have developed, and humanitarian actors are intervening. A graphic representation of the SDAF is available in **figure 20**.

On a daily basis, IMMAP/DFS Analysts and Information Management Officers collate and structure available information in the DEEP Platform. Each piece of information is tagged based on the pillars and sub-pillars of the SDAF. The DEEP structured and searchable information repository forms the basis of the monthly analysis. Details of the information captured for the Bangladesh Cox's Bazar report are available below (publicly available documents primarily from 1st June to 23 September 2021 were used).

Figure 20. IIMAP/DFS Secondary Data Analysis Framework – Humanitarian Operational Environment

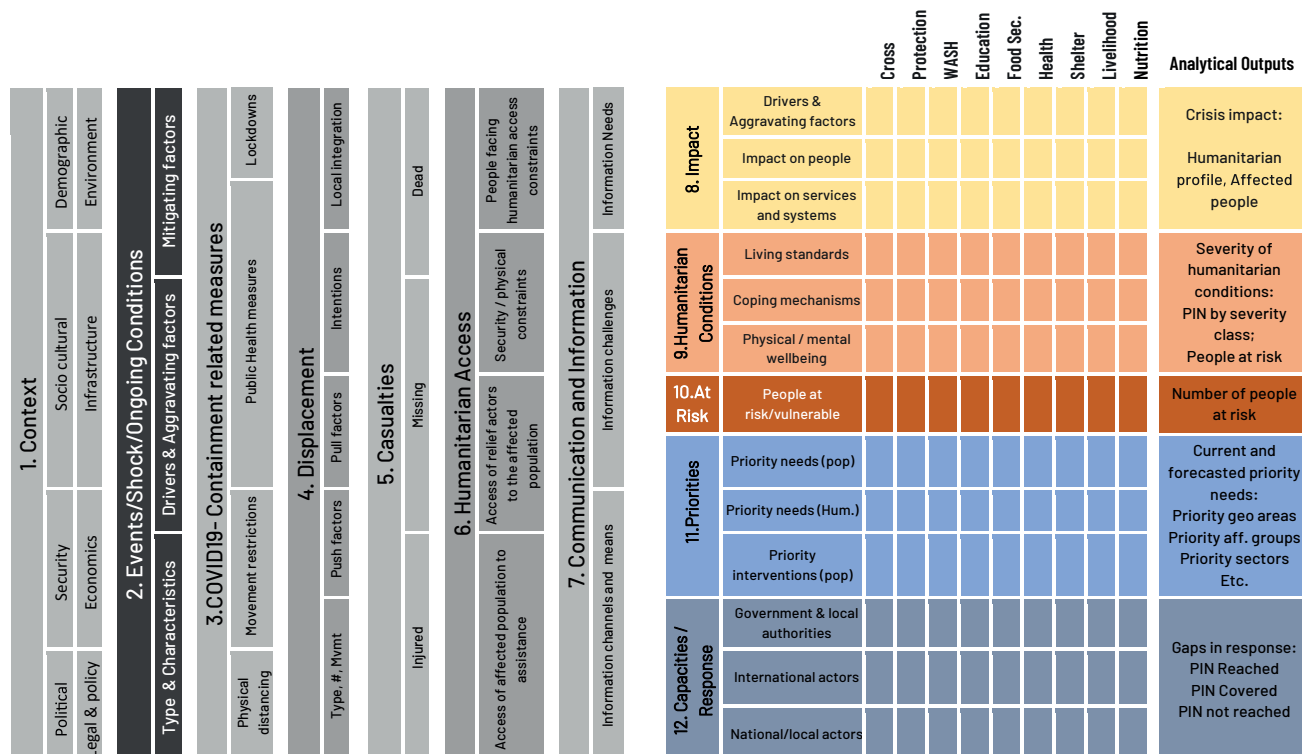


Figure 21. Documents by Location, Timeline, and Primary Categories (Analytical Framework)

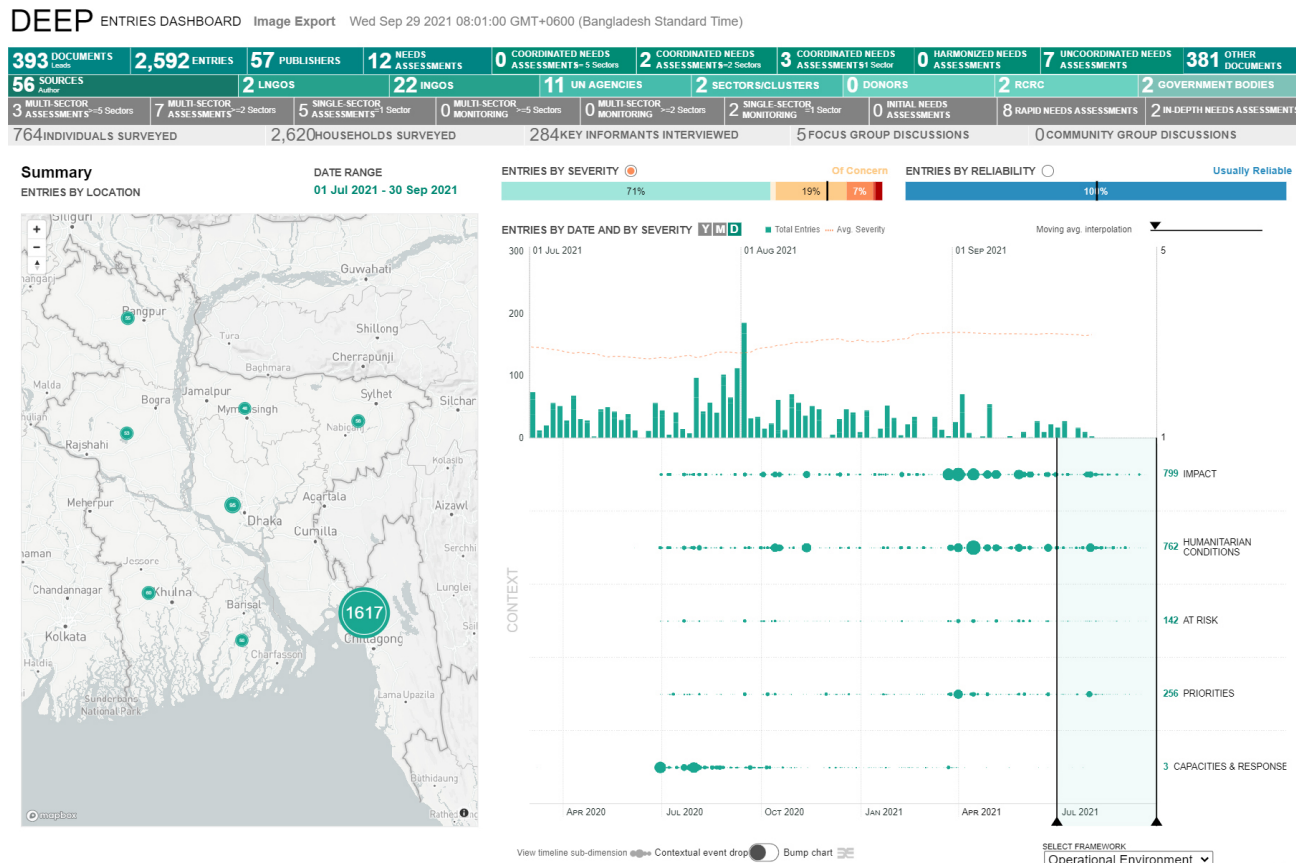


Figure 22. Documents and Entries by Sector and Affected Group

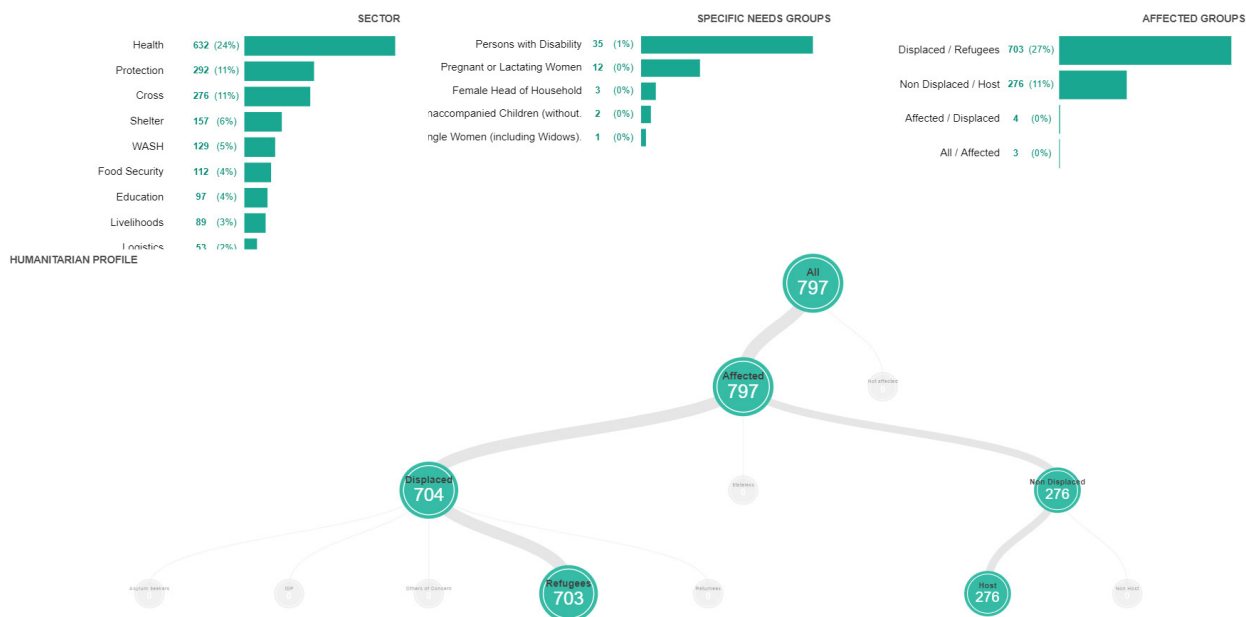


Figure 23. Entries by Sector and Sub-Categories (Analytical Framework)

SECTORAL FRAMEWORK		# of Entries	median severity	CROSS	FOOD SECURITY LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS
		TOTAL 1,520		276	112	89	632	32	129	157	97	292	53
IMPACT 680	Drivers/Aggravating Factors	139											
	Impact on People	357											
	Impact on System & Services	325											
	Number of People Affected	43											
HUMANITARIAN CONDITION 138	Living Standards	250											
	Coping Mechanisms	37											
	Physical & mental wellbeing	381											
	Number of People in Need	24											
AT RISK 130	People at risk / Vulnerable	130											
PRIORITIES 246	Priority Needs (Pop)	23											
	Priority Needs (Staff)	74											
	Priority Interventions (Pop)	7											
	Priority Interventions (Staff)	150											
CAPACITIES & RESPONSE	Government & Local Authorities												
	National & Local Actors												
	International	1											

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

- The ACAPS Analysis Canvas was used to design and plan for the product. The Canvas support Analysts in tailoring their analytical approach and products to specific information needs, research questions or information needs.
- The Analysis Framework was piloted, and definitions and instructions set to guide the selection of relevant

information as well as the accuracy of the tagging.

- An adapted interpretation sheet was designed to process the available information for each SDAF's pillar and sub pillar in a systematic and transparent way. The Interpretation sheet is a tool designed so IMMAP/DFS analysts can bring all the available evidence on a particular topic together, judge the amount and quality of data available and derive analytical judgments and main findings in a transparent and auditable way.
- Information gaps and limitations (either in the data or the analysis) were identified. Strategies have been designed to address those gaps in the next round of analysis.

Figure 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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