



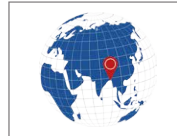
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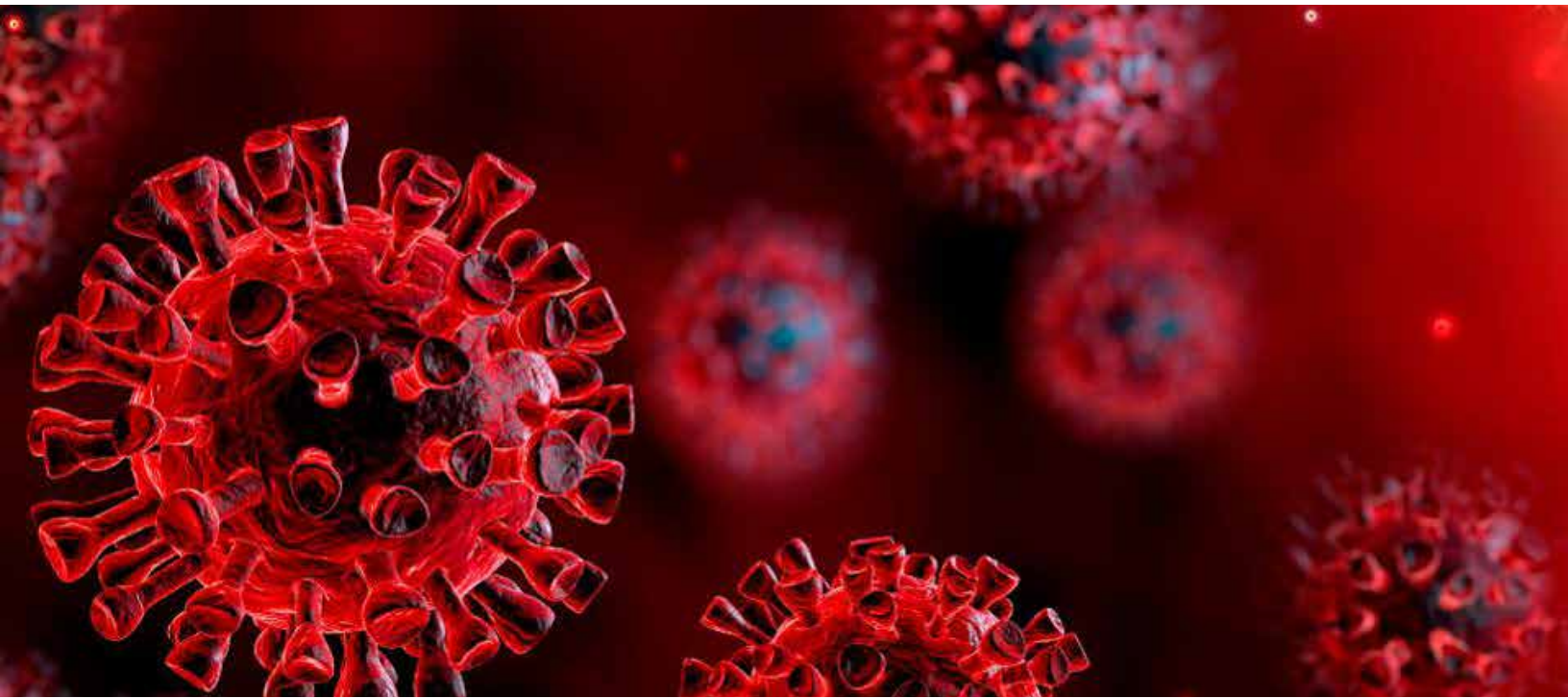
# COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



**BANGLADESH**

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

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

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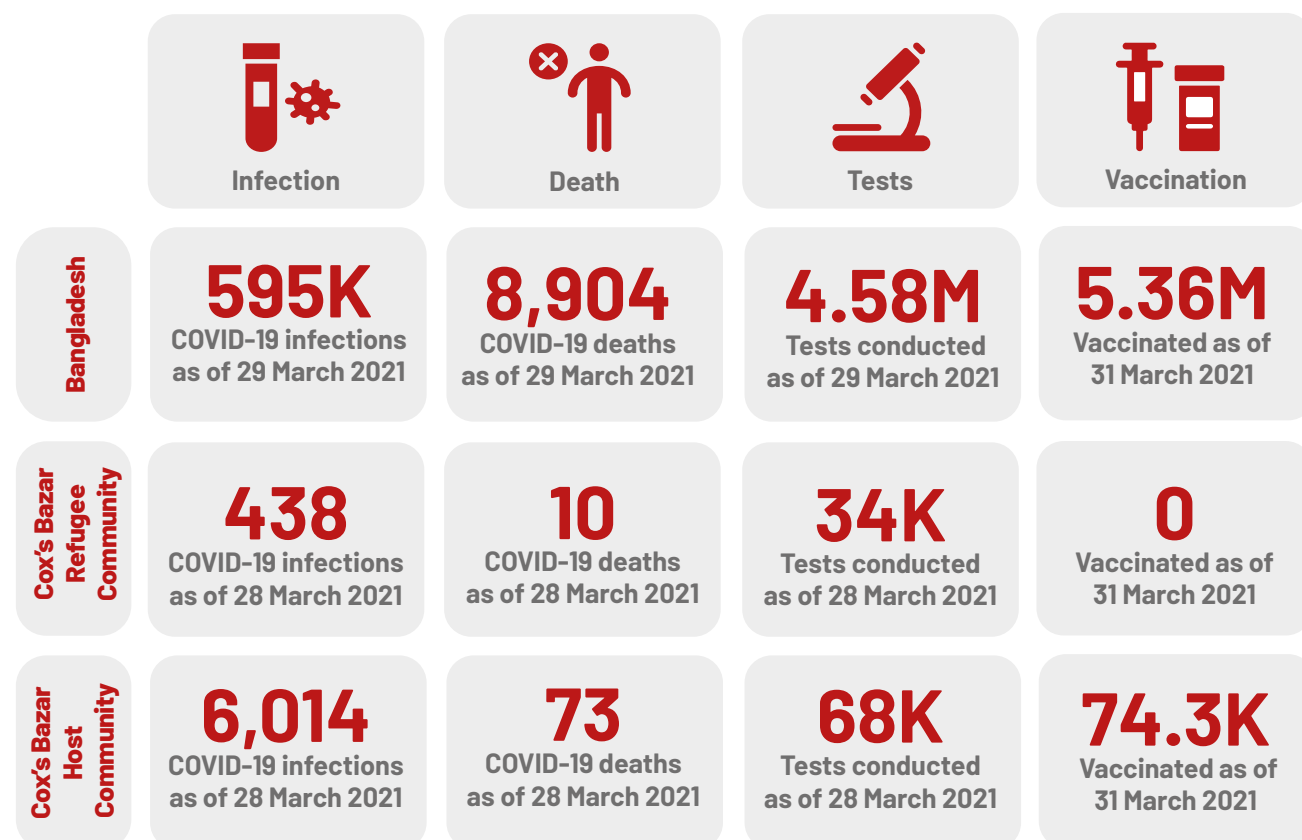
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# EXECUTIVE SUMMARY / HIGHLIGHTS

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



Since March 2021, Bangladesh has been experiencing a surge in COVID-19 cases. After months of gradual decrease, cases have increased by 350% in March compared to the previous month. Deaths also climbed to 496 from 281 in February. In response to the new COVID-19 wave, the government has imposed new regulations and movement restrictions on the public.

The national vaccination campaign is facing some challenges due to a recent temporary halt on exports by the Indian government of the COVIDShield, the Oxford-Astrazeneca vaccine produced at Serum Institute of India. As of 31 March, the health authorities have administered more than five million first doses of the vaccine.

Following the national trend, COVID-19 cases in Cox's Bazar are increasing, especially among the host community, with Cox's Bazar being one of the 31 most affected zones in the country. While vaccination campaigns for international humanitarian workers have started in Cox's

Bazar, campaigns for the Rohingya refugees are planned to start in the coming weeks. However, plans are expected to face some setbacks due to the massive fire in camps 8E, 8W, 9, and 10 which destroyed several vaccination points.

A massive fire broke out on 22 March in the Kutupalong mega camp, affecting camps 8E, 8W, 9, and 10. The fire left thousands of people temporarily displaced after damaging more than 10,000 shelters. The fire also destroyed shops, nutrition and distribution centers, learning centers, and health and WASH infrastructure. The impact of the fire is covered by the findings from the [Inter-Sector Coordination Group \(ISCG\) Rapid Joint Needs Assessment](#) conducted immediately following the fire.

The concern over financial burden has increased among the Rohingya community in the first two months of 2021. Despite continued humanitarian assistance to refugee households largely at the same scale prior to COVID-19, vulnerability of the Rohingya refugees, including



economic vulnerability, and adoption of high risks coping mechanisms, has increased and is likely to be increasing their financial concerns.

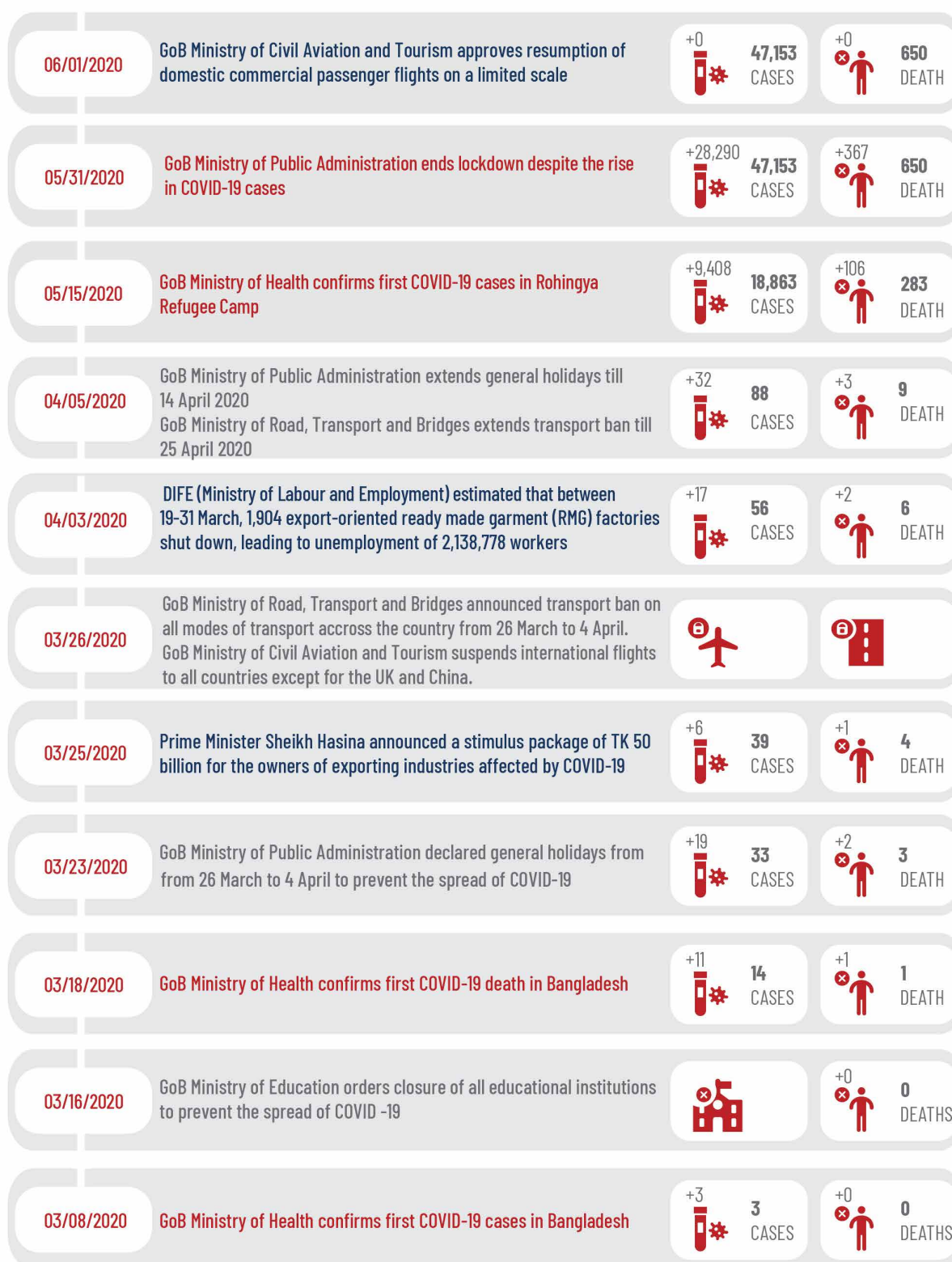
Schools and other learning facilities continue to be closed. A recent assessment of the Education Sector for the Rohingya and the host communities by [REACH](#) highlights the many challenges in the availability and accessibility of distance learning for students from both communities. Lack of electricity, internet, and technological devices contributes to the inability of students to access quality education. However, financial constraints remain one of

the most reported challenges for the host community. For the refugee community, existing problems and barriers before the pandemic add further challenges for students.

Protection risks remain high, as result of the massive fire which damaged a substantial number of child and women-friendly spaces in the camps, and left many women and children sleeping in unsafe areas and some children unaccompanied. The continued school closures also expose children to increasing risks such as child labor, child marriage, kidnapping, and human trafficking.

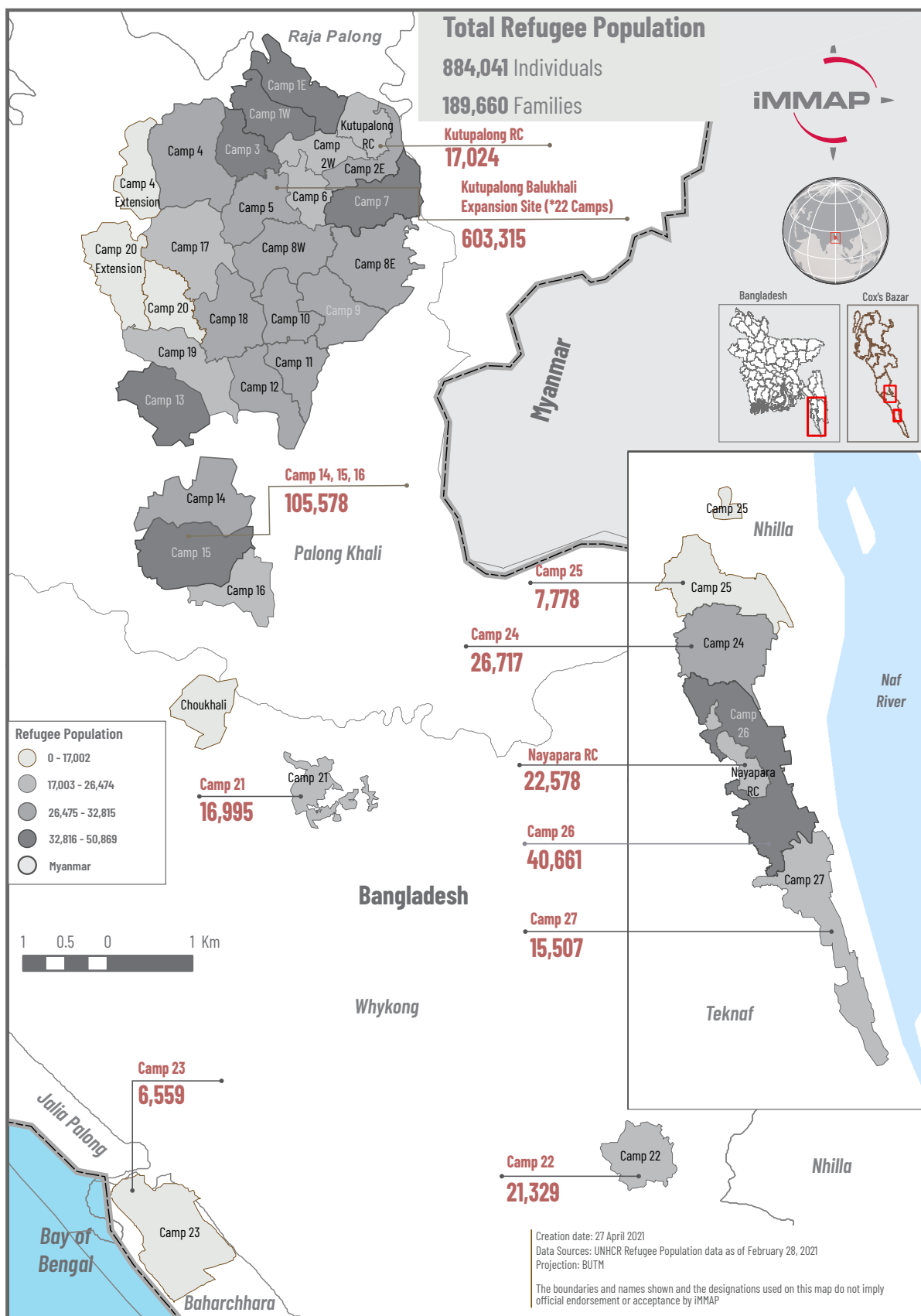
**Figure 2. Timeline of Major Events**





● Containment measures ● COVID cases ● Economic

**Figure 3.** Refugee population by camp as of 31<sup>st</sup> March 2021 (Source: [UNHCR](#) 31/03/2021)



# CONTEXT - ECONOMIC

## Socio-economic Impact and Poverty Level in Bangladesh

About a year after the first cases of COVID-19 emerged in Bangladesh, the country is yet on the brink of another socio-economic disruption due to another lockdown following the fresh surge of cases and fatalities. The pandemic has already unsettled Bangladesh's long-standing macroeconomic stability. Movement restrictions 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. Despite the economic rebound in the second half of 2020 through a recovery in trade and remittances, the persistent negative impact of the pandemic on the economy resulted in the overall decline of the economic growth of the country. Bangladesh, the fastest growing economy of the South Asian region, experienced a **50%** reduction in economic growth, from **8.4%** in 2019 to **4.3%** in 2020 ([UNDESA](#)).

The COVID-19 pandemic is poised to translate into 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 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. 1,24,053 crore [\$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 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).

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 to the pandemic is not insight ([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 ([IOM](#) 26/02/2021).

Adding to that education deprivation and poverty, the region has been facing the impact of COVID-19 in the local economy. Almost 700,000 people have lost their source of income, since the 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 ([IOM](#) 26/02/2021).

For the refugees within the camp setting, the contraction of the local economy and the reduced humanitarian footprint as a consequence of the containment measures had a severe impact on their already unstable local income-generating and self-reliance activities. Although the findings from Refugee influx Emergency Vulnerability Assessment ([REVA 4](#)) indicated some recovery in the second half of 2020, the findings also showed an increase in economic vulnerabilities in comparison to 2019.

# COVID-19 EPIDEMIC OVERVIEW

## Epidemic Overview at National Level

### Surge in both caseload and fatalities raises concerns

Throughout the month of March, Bangladesh experienced a surge in caseload and deaths with the monthly incidence (confirmed number of new cases) reported at **49,498** spiking from **11,077** in February 2021. At the same time, the monthly death toll rose to **496**, up from **281** in the previous month. As of 28 March 2021, according to the Directorate General of Health Services (DGHS) there were **595,714** COVID-19 cases confirmed by RT-PCR, GeneXpert, and

Rapid Antigen tests including **8,904** related deaths (CFR **1.49%**). The trend remained alarming as in the last week of March (epidemiological week 12, 2021), new cases reported an **84.2%** increase with a **47.6%** increase in weekly new deaths compared to the previous week. The weekly average test positivity rate (TPR) is **13.8%** is also up. Bangladesh remained among the top 33 countries and accounts for **0.47%** of the COVID-19 cases of the world. The number of tests conducted is increasing but still, concerns remain as it is only about 106 in a million, leaving a huge population potentially exposed yet undetected ([WHO 29/03/2021](#)).

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

Bangladesh	02-Nov	30-Nov	31-Dec	31-Jan-21	1-Mar-21	29-Mar-21
Cases this month	50,433	53,944	48,578	21,629	11,077	49,498
Total confirmed cases	410,988	464,932	513,510	535,139	546,216	595,714
Tests this month	440,320	410,999	454,897	424,124	392,305	544,803
Total tests conducted	2,361,702	277,2701	3,227,598	3,651,722	4,044,027	4,588,830
Deaths this month	773	678	915	568	281	496
Total deaths	5,966	6,644	7,559	8,127	8,408	8,904

### Mass vaccination continues despite supply uncertainty and pockets of hesitancy

As of 31 March 2021, the health authorities have administered more than **5 million** first doses of the Oxford-Astrazeneca vaccine to people across the country of which, about **3 million** were men and **2 million** were women ([DGHS 31/03/2021](#)). The government has planned for a five-stage vaccination programme targeting over **138 million** people as the pathway to eliminating COVID-19 as a public health threat in Bangladesh. However, the ongoing mass vaccination program has been facing challenges as the Indian government has recently put a temporary halt on exports of the coronavirus vaccine as it plans to ramp up its own immunisation

drive ([BDNews24 29/03/2021](#)). Bangladesh launched the COVID-19 vaccination with the **Oxford-Astrazeneca** vaccine produced by Serum Institute of India, from **27 January 2021**. The national-level vaccination programme started rolling out on **7 February 2021**, comprising 46 vaccination centres in the capital and around 1000 across the country ([WHO 16/02/2021](#)). So far, **9 million** doses of the privately acquired vaccine have been received by Bangladesh. At the same time, [The Government of Bangladesh](#) has been exploring multiple sourcing for vaccines while reporting that Bangladesh has joined **COVAX AMC** countries to secure COVID-19 vaccines. As per the **COVAX** allocation, Bangladesh expects to receive vaccine doses equal to **20%** of its population (**34,561,877**) followed by additional doses equal to at least **40%** of its



population (**69,123,754**) based on the availability of vaccine and weighted allocation. But, the expected timeline might still challenge the uninterrupted demand and supply continuation of the ongoing vaccination drive.

A national web portal has been developed and people have been asked to register by visiting the official [website](#) to receive the vaccines. Emergency hotline numbers for information on vaccines are also in place. But widespread misconceptions & rumors created some significant hesitancy among people about taking vaccines. This caused Bangladesh's vaccination drive to have a gradual declining trend. Public health experts addressed that they attributed the lower number of vaccinations in recent days to the lack of coordination among government entities and the virtually non-existent awareness campaign. Some **133,396** people had been vaccinated every day on average and the health authorities said they had the capacity to inoculate over **350,000** people daily ([Dhaka Tribune](#) 25/03/2021).

### **New variants, limited capacity, and public resistance keep the challenges high.**

Health experts suggested poor adherence to health safety rules as the root cause of the surge in the virus infection rate in the country. The detection of new variants, notably the more infectious UK and South African variant has also become a cause of concern ([Dhaka Tribune](#) 23/03/2021). Following the recent upsurge of COVID-19 transmissions and fatalities in the country, the government imposed a fresh set of 18 restrictions effective from 28 March 2021, including a ban on all public gatherings in areas with high rates of infections. Gatherings at all tourist spots, as well as social, political, and religious events are also being limited. However, the directive appears to have had little effect as the public continues to flout restrictions, even resisting aloud in some cases. Lack of adherence to basic public health measures like wearing masks and social distancing has become common ([Dhaka Tribune](#) 02/04/2021).

## **Epidemic Overview in Cox's Bazar**

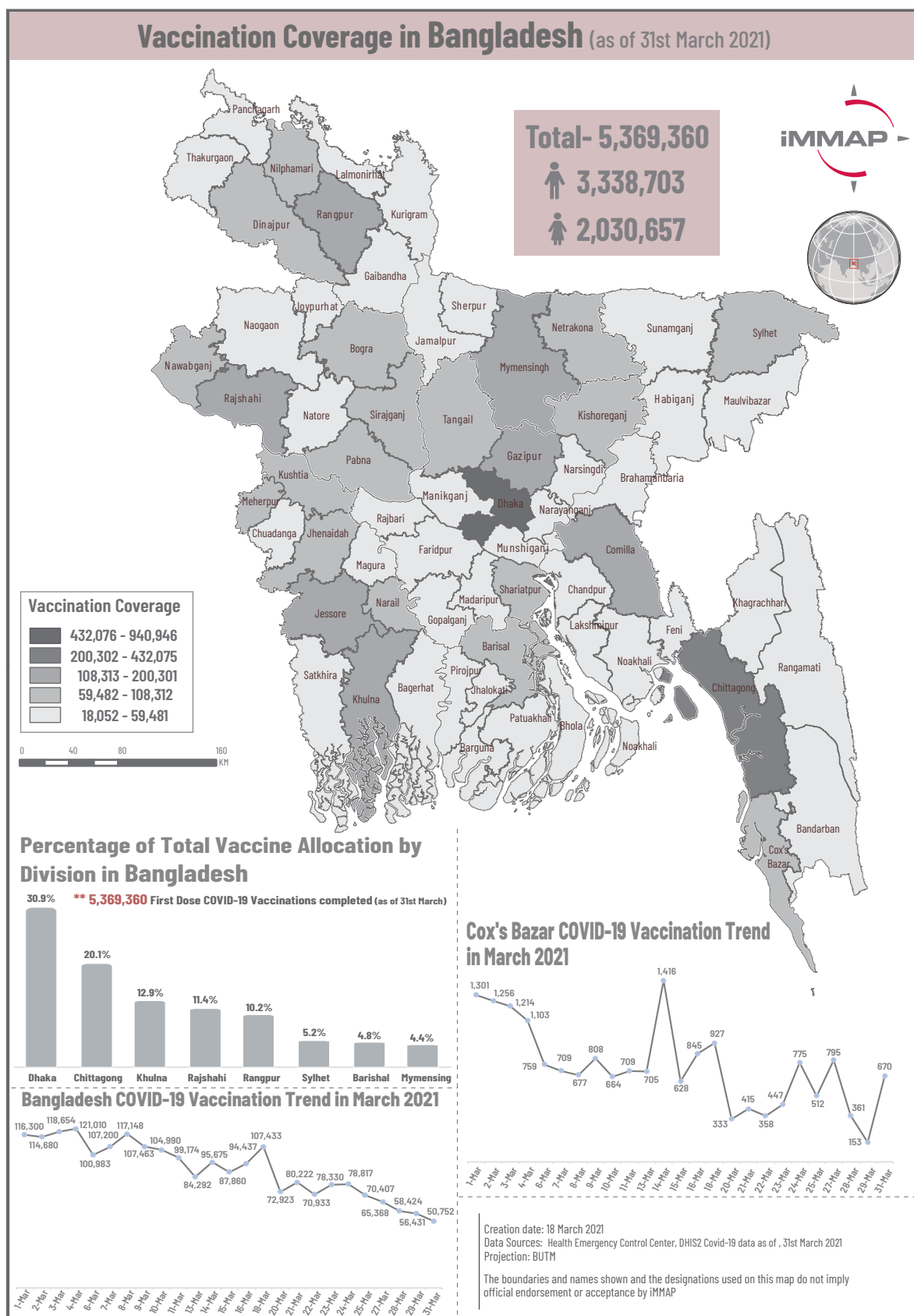
Cox's Bazar has been listed among the **top 31** most infected zones in the country following the fresh wave of countrywide COVID 19 transmission ([DGHS](#) 31/01/2021). In March at Cox's Bazar, an increasing trend in the positive cases among the host community has been observed. The Test Positivity Ratio (**TPR**) also rose from **2.2%** in Epidemiological week 8, to **8.8%** in week 12. More than **50%** of new cases (**247** out of **426**) are in the municipality area.

Though no deaths have been recorded, **60%** of ICU beds were occupied during the last two weeks of March. As of 28 March 2021, a total of **438** COVID-19 cases have been reported among Rohingya/FDMN. In total since the outbreak began, **10** deaths due to COVID-19 have been reported in the camps with a case fatality ratio of **2.3%**. The number of tests per week is relatively static. Currently, **26** sample collection sites are operating for suspected COVID-19 patients ([WHO](#) 02/04/2021).

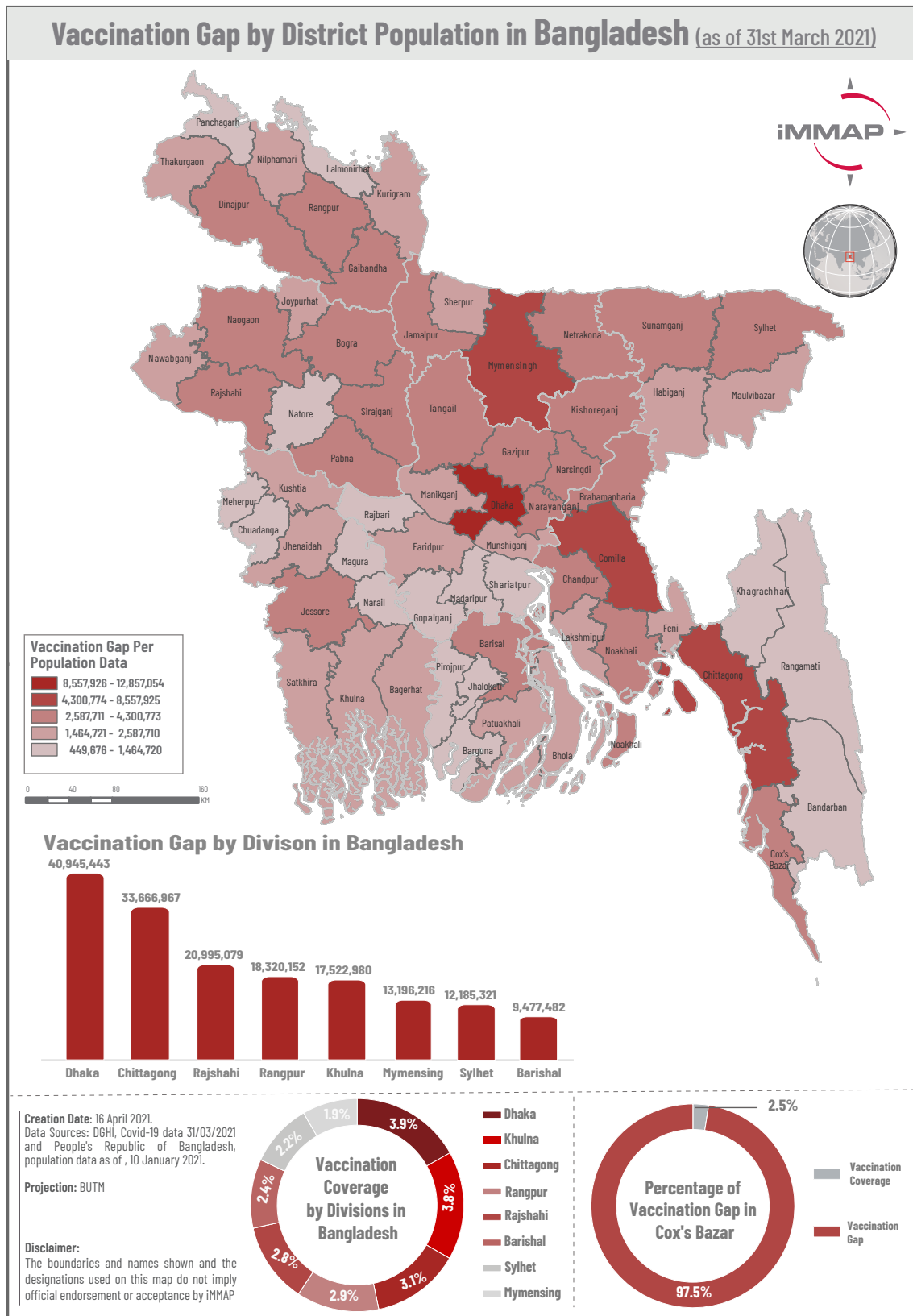
Along with the countrywide COVID-19 vaccination campaign, vaccination for international humanitarian workers has started in Cox's Bazar. WHO and Health Sector partners continue supporting the Government of Bangladesh (GoB) in the preparation for the COVID-19 vaccination campaign for the Rohingya community, 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). However, plans are expected to face some setbacks due to the massive fire in camps 8E, 8W, 9 and 10 which have destroyed vaccination points ([ISCG](#) 25/03/2021).

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 (**RRRC**) in Cox's Bazar have imposed movement restrictions and other mitigation measures in district and camp areas. All tourist activities will remain closed in the district until further notice.

**Figure 5.** Vaccination map of Bangladesh showing Cox's Bazar in Chittagong division (Source: [DGHS 31/03/2021](#))

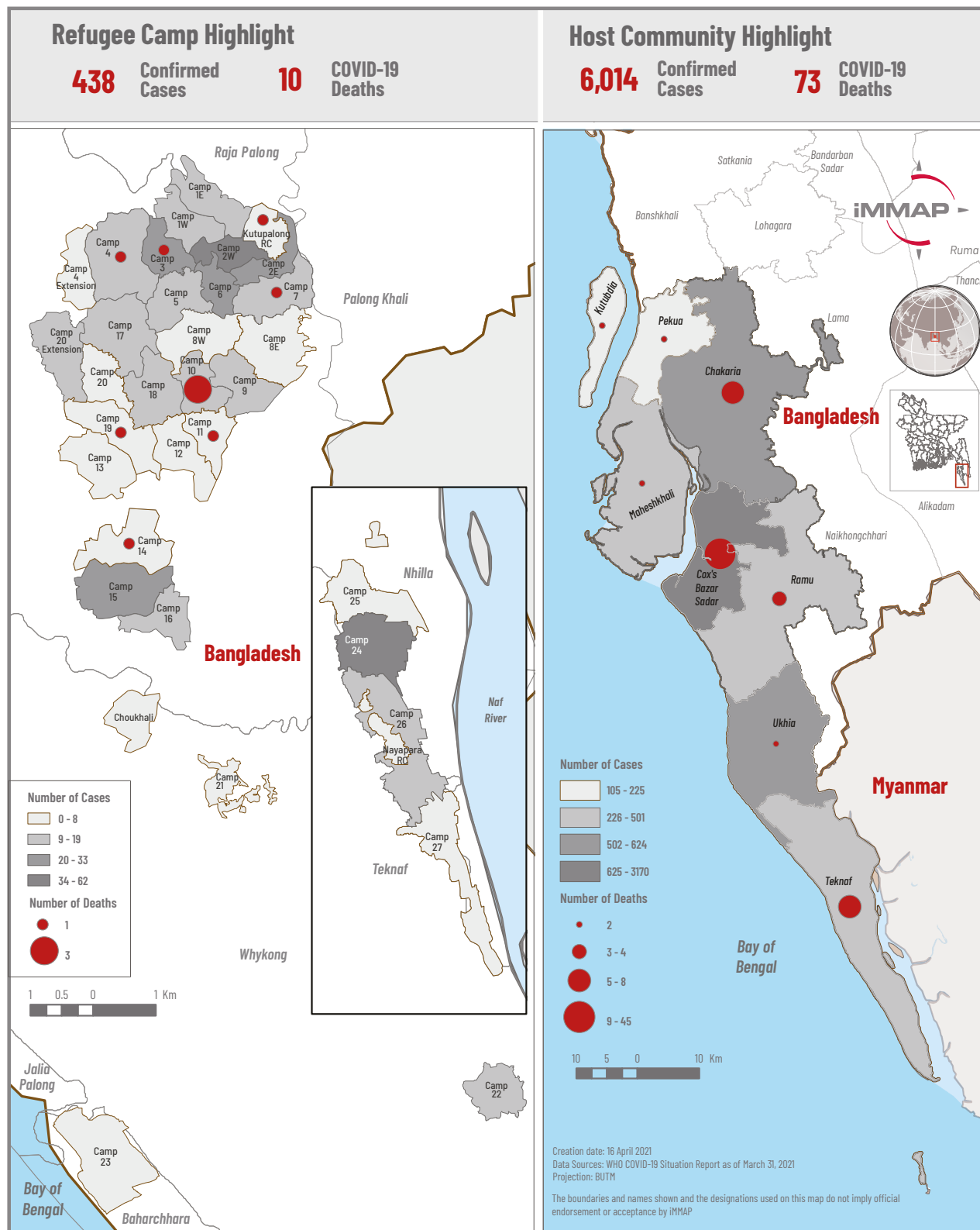


**Figure 6. Vaccination gap map for Bangladesh showing Cox's Bazar in Chittagong division** (Sources: [DGHS 31/03/2021](#), [Bangladesh Population data 10/01/2021](#))

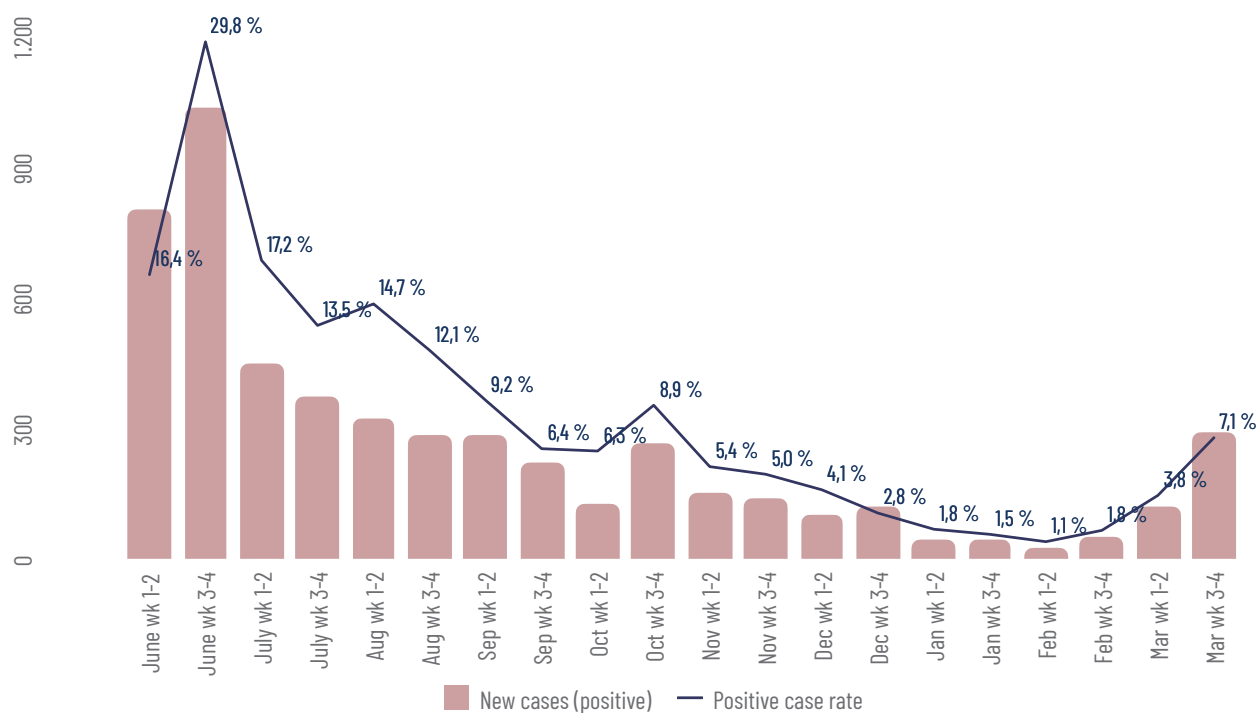


## The Trajectory of COVID-19 in Cox's Bazar

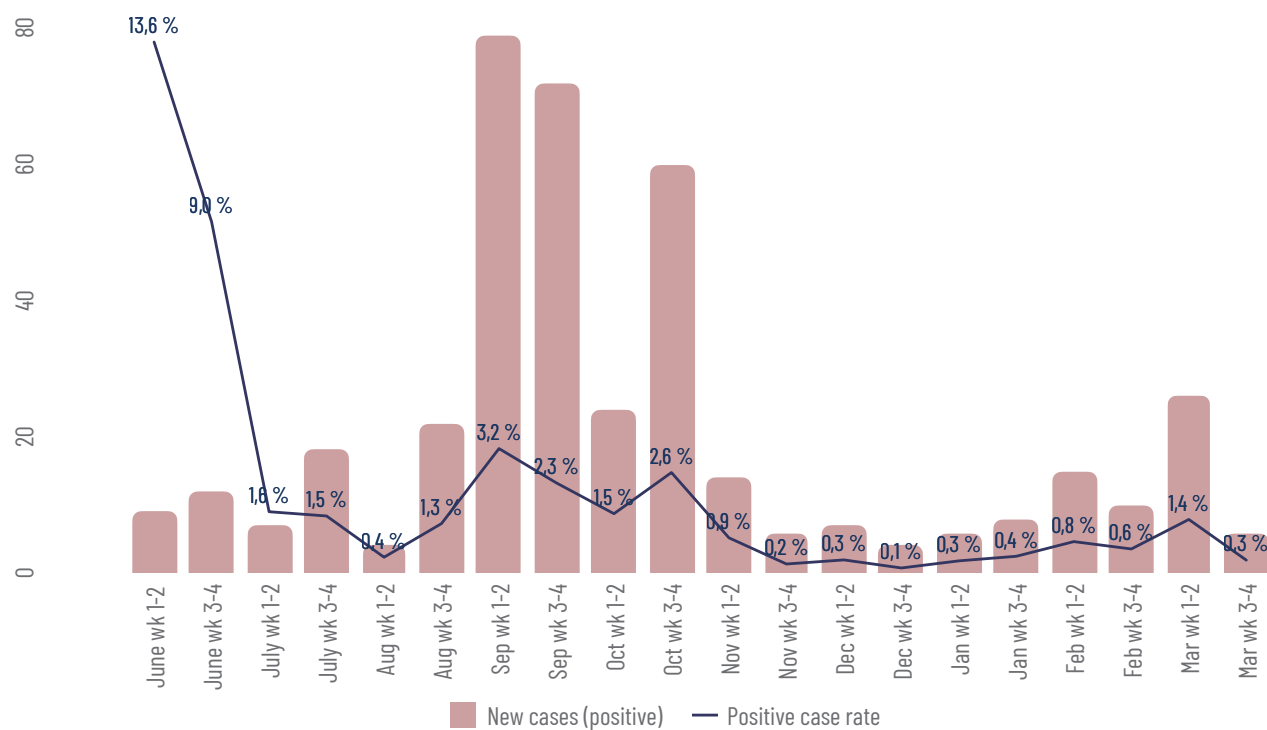
**Figure 7.** COVID-19 cases in Cox's Bazar as of 31st March 2021 (Data Source: [WHO](#) 31/03/2021)



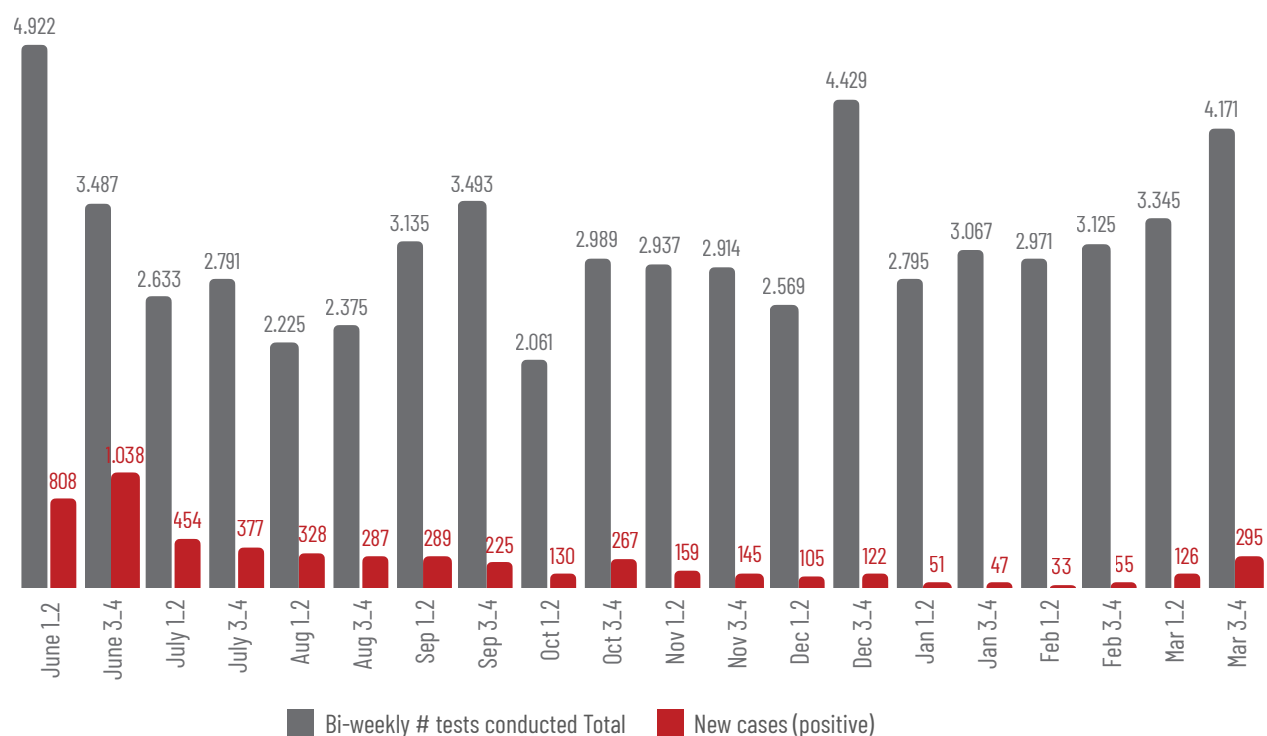
**Figure 8. Bi-weekly positive case rate in host community** (Source: [WHO 31/03/2021](#))



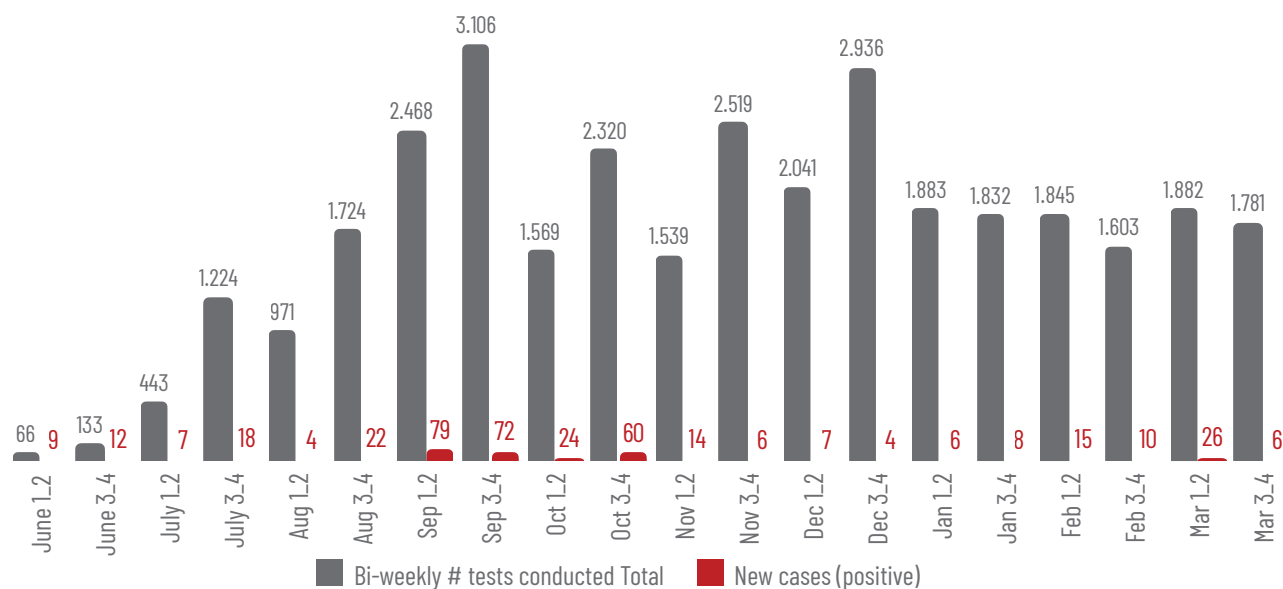
**Figure 9. Bi-weekly positive case rate in refugee community** (Source: [WHO 31/03/2021](#))



**Figure 10. Bi-weekly total tests conducted and new cases in the host community** (Source: [WHO](#) 31/03/2021)



**Figure 11. Bi-weekly total tests conducted and new cases in the refugee community** (Source: [WHO](#) 31/03/2021)



# COVID-19 CONTAINMENT MEASURES

Many movement restrictions inside Bangladesh were lifted after the gradual resumption of economic activities across the country, but the daily infection rate is now rising rapidly. Therefore the government has imposed a new **18-set ban** to prevent the COVID-19 epidemic, including restrictions on all public gatherings and public gatherings in high-infection areas, restrictions on tourism activities, a **50% capacity** limit for public transport, new quarantine and hygienic measures including the compulsory wearing of masks. Citizens are also instructed not to leave their houses **after 10 pm** unless urgent ([Dhaka Tribune 29/03/2021](#)).

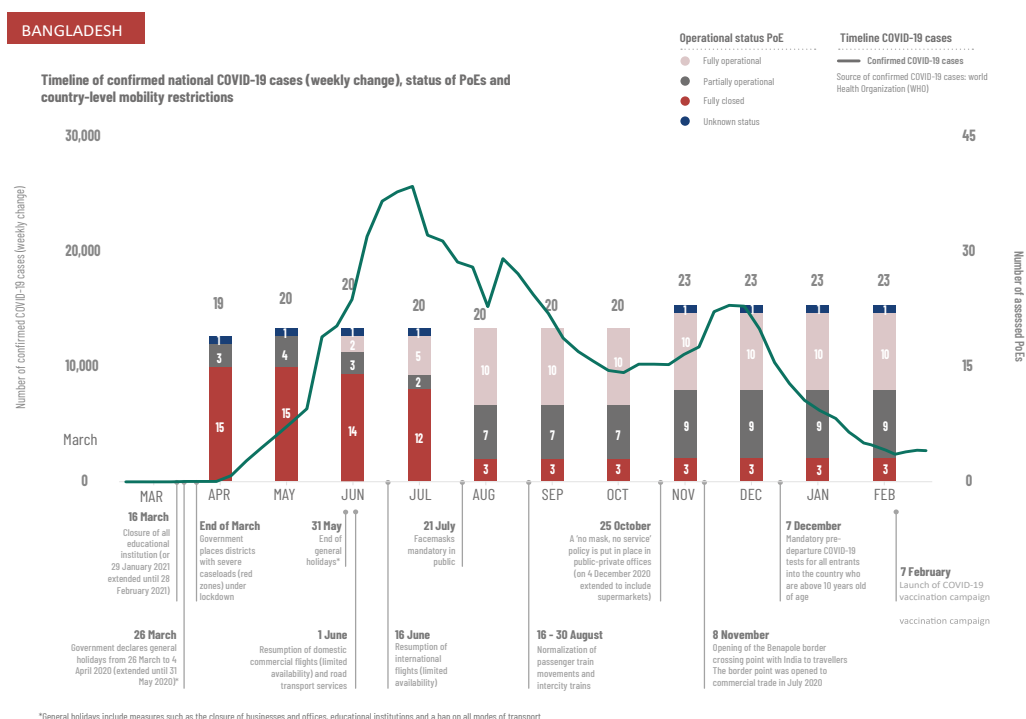
## COVID-19 Containment Measures at the National Level

The government has decided to extend the school and college closure until May 23. Prior to the government imposing a new **18-set ban** on March 29, to halt the spread of the virus, the Ministry of Education agreed to resume classes at the primary, secondary, and higher secondary levels on March 30. This is because the Qawmi madrasas were reopened in August with special consideration. And in February of this year, several university students

protested the resumption of educational activities ([UNB 30/03/2021](#)). To address the latest COVID-19 outbreak, the Bangladesh government has imposed new restrictions on public movement. In some places where the coronavirus transmission rate is higher, the Ministry of Health has proposed partial lockdowns to control its transmission ([Dhaka Tribune 30/03/2021](#)).

The government initiated a **“No Mask, No Service”** policy and is imposing fines on health guideline violations to prevent the spread of the virus. However, people are still reluctant to follow the basic health guidelines and wear masks in public places. A recent survey (covering all of Bangladesh) found that **19%** of respondents said they wear masks rarely and **8%** said they never wear a mask; **38%** of respondents who do not wear masks said they do not wear a mask because it is uncomfortable, and **32%** think they have no chance of contracting COVID-19. ([UNCT 23/03/2021](#)). Temperature screening is also continued at most of the entry points. Thousands of citizens are being kept under quarantine all across the country ([WHO 29/03/2021](#)).

**Figure 12. Point of Entry analysis of COVID-19 at Bangladesh** (Source: [IOM 01/04/2021](#))



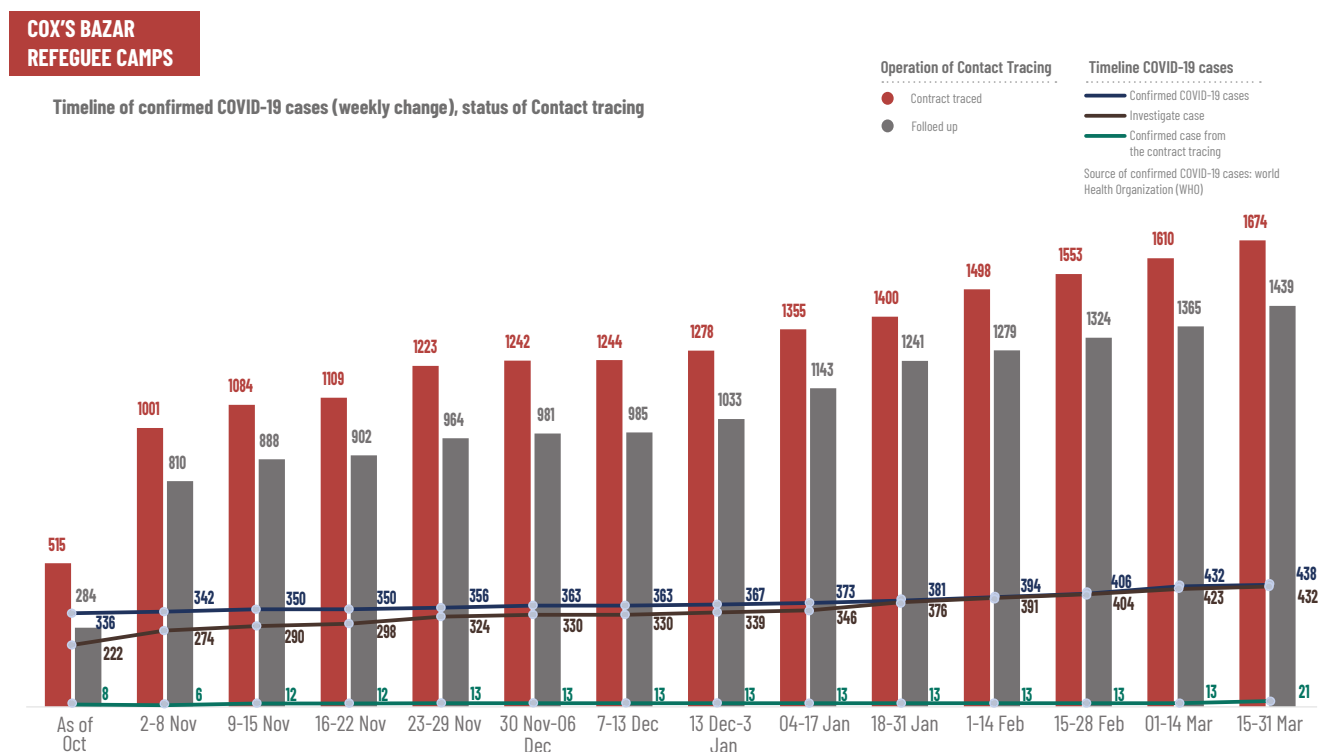


## Containment Measures in Cox's Bazar

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 and refugee camps, 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** will remain closed in the district. Restrictions to prevent COVID-19 transmission have been maintained for humanitarian activities within Cox's Bazar camp. 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 inside the camps and also in the host community (WHO 31/03/2021).

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-wide dedicated Contact Tracing (CT) network with 34 supervisors and 311 volunteers was embedded in October in the Rapid Investigation and Response Teams (RIRTs) for mitigation of the transmission of COVID-19. A total of **432** confirmed cases (out of **438** as of 31 March) have been investigated by RIRTs, including the **1,674** contacts to be followed up. Out of these, **1,439** (86%) contacts have completed follow-up visits and were released from quarantine. **Twenty-one (1.3%)** became confirmed cases during the follow-up period (WHO 31/03/2021).

**Figure 13. Contact tracing at Cox's Bazar refugee camps** (Source: WHO 31/03/2021)



# INFORMATION AND COMMUNICATION FOR COVID-19

The government has been trying to strengthen awareness campaigns and implementing policies like ‘no mask, no service’ with different directives & monitoring initiatives to prevent the spread of COVID-19 in Bangladesh but community feedback clearly indicates most of the people are not taking it seriously and no one is enforcing the mandate ([BBC Media Action](#) 14/01/2021). In Cox’s Bazar various NGOs and INGOs are conducting door-to-door awareness campaigns and providing leaflets related to COVID 19 and its preventive public health measures along with distributing masks and sanitizers to both host communities and refugees ([UNICEF](#) 28/02/2021).

## Information Channels and Means

Different NGOs and agencies partnering with WHO and UNICEF are continuing to disseminate key messages regarding the COVID-19 pandemic and its preventive measures among Rohingya refugee and host communities through English, Bangla, and Burmese versions of radio broadcasting, videos, and posters ([WHO](#) 02/03/2021). The outreach campaign also included hundreds of volunteer community health workers, many of them refugees, carrying out door-to-door visits to share information ([UNHCR](#) 18/03/2021).

Agencies are also using the social media platforms utilizing their strong outreach to deliver risk communication messaging to women and youth with. 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 ([UNCT](#) 23/03/2021).

Over 11 million female followers and over four million followers between the ages of 13 and 17 were reached with risk communication messaging on COVID-19 prevention; symptoms; hand washing; mask wearing; mental health care; adolescent health; nutrition for immunity; advice for vulnerable populations such as the elderly, sick, and pregnant women and essential workers; routine immunization; school reopening; vitamin A campaign; the national measles and rubella vaccination campaign; helplines and gender-based violence. Social media has been an effective platform for reaching women and children during the process ([UNCT](#) 23/03/2021).

## Information Challenges

Misinformation and the spread of rumors are affecting the adherence of health safety protocols among the population. As mass vaccination programmes began across the country, and with the declining infection trend in the last couple of months, there was a spike in the spread of rumors and misinformation regarding vaccination ([Dhaka Tribune](#) 13/03/2021). A recent online survey by the [UNCT](#) shows that while the spread of COVID-19 related misinformation and rumors decreased, there was a spike in the spread of inaccurate information regarding vaccination.

# COVID-19 IMPACT AND HUMANITARIAN CONDITIONS

Data available for March situation analysis shows that the impact of COVID-19 related measures continues to have a ripple effect on the Rohingya and host communities, vulnerabilities of the population continue to be high due to loss of livelihoods and income-generating activities. Movement restrictions such as school closures as well as certain restrictions on program implementation modalities continue to be in place. As a result, associated protection risks remain of concern.

The report analyzes the impacts of a massive fire that broke out in the Rohingya camps, in the Kutupalong mega camp on 22 March 2021. The fire started in Camp 8W and later spread through camps 8E, 9, and 10. The fire left thousands of people temporarily displaced. Eleven deaths have been confirmed by the government. The fire destroyed shelters, shops, nutrition and distribution centers, learning centers, and health and WASH infrastructures. It is expected that the destruction and loss resulting from the fire will worsen the situation caused by COVID-19 containment measures.

Fire is a common hazard in the camps. There have been several fires that erupted in the Rohingya camps since the beginning of 2021, some of their impact is covered in the [January 2021 Situation Analysis Report](#). This month's report includes an analysis of the impact of the fire at the sector level. It relies heavily on findings from the Inter-Sector Coordination Group (ISCG)'s [Rapid Joint Needs Assessment](#) conducted immediately following the fire. The following analysis is based on initial assessments, the real impact of the fire incident on the different sectors will be further understood when more detailed assessments are carried out.

- **Concern over the increased financial burden significantly increased** among the Rohingya community in the first two months of 2021. This is likely due to increased economic vulnerabilities, the adoption of high risks coping mechanisms, and decreased ability to absorb potential shocks.
- **The fire resulted in the destruction of shops and markets, impacting access and disrupting related economic activities at larger scales.** The fire also destroyed a General Food Distribution point and LPG storage sheds, and led to the temporary closure of an e-voucher outlet. **Food needs are reported widely in**

**all three most affected camps.**

- **10,100 shelters were damaged following a massive fire** in camps 09, 08W, 08E, and 10. People displaced by the fire are being hosted by other Rohingya or relatives, staying in adapted facilities, or sleeping outdoors in open spaces. **Camps are becoming even more congested putting people at risk of disease outbreaks including COVID-19.** Quick reconstruction of durable homes is important as the monsoon season approaches.
- Antenatal care and essential health services are still constrained by COVID-19 fears and restrictions. **The destruction of health facilities due to the fire is likely to have an impact on refugees and host communities to adequately meet their health needs despite the setting up of temporary health centres.**
- **Two nutritional centers were destroyed in the fire and two other nutrition sites are temporarily closed in the affected camps.** Severe and Moderate Acute Malnutrition rates (SAM and MAM) within camps remain unchanged as of the end of 2020 in comparison to the previous round, but the number of children that now fall into the "at-risk" category of malnutrition is increasing.
- **An estimated 4,000 water, sanitation, and hygiene infrastructure structures have been either damaged or destroyed.** Refugees in camps were already lacking a comprehensive waste management system, the destruction is expected to worsen the situation, and **increase the risk of disease outbreak, including COVID-19.** Repair work to water supplies and temporary repairs to latrines and bathing spaces has already started.
- The fire damaged a substantial number of child and women-friendly spaces in the camps. **COVID-19 increased risks related to gender-based violence (GBV), the fire exacerbated these existing risks** and exposed women and children to additional threats to their personal safety.
- Reported cases of trafficking have decreased in recent months likely due to movement restrictions and **reduced activity of protection services and authorities.**

- Children in camps were already struggling to access education even before the pandemic, as they face barriers to education beyond those created by COVID-19 containment measures. **Closure of learning facilities has widened inequalities and further disadvantaged children in camps and poorer children in the host communities** in terms of education service provision.
- The fire destroyed 176 learning facilities, and some of the remaining functional facilities are being used as shelters for people affected by the fire. **The limited number of available educational facilities is expected to have an impact on children's access to education when schools are finally allowed to open.**

## LIVELIHOODS

### Information Sources and Gaps

[BBC Media Action's](#) report on community feedback data (collected in January and February 2021) shows the impact of COVID-19 on the refugee community, highlighting the increased concerns of the population over financial burdens. The potential long-term impact of the pandemic on the livelihoods of the Bangladeshi in Cox's Bazar is provided in the [UN Bangladesh Country Report](#). Details of the damage caused by a serious fire in camps 09, 08W, 08E, and 10 to shelters are provided in [ISCG's](#) initial rapid assessment. The impact of the fire on food security, and the response to the needs, is also provided by [ISCG](#), [IRC](#), [FSS](#). Food security figures for refugee camps in Ukhiya and Teknaf Upazilas and host communities adjacent to the camps are provided by [FAQ](#). Preliminary findings from the Refugee Influx Emergency Vulnerability Assessment ([REVA 4](#)) (data collected from 7 November to 3 December 2020) are also utilized. Analysis of the final [REVA 4](#) report will be added in the next situation analysis report covering April.

### The fire destroyed an unknown number of shops and markets, impacting access to markets

The fire which broke out in Rohingya refugee camps in Ukhiya on 22 March resulted in the destruction of shops and markets. According to the ISCG initial assessment, all key informants reported problems in accessing markets. Across the three most affected camps (09, 08W, 08E) lack of money was the main challenge in accessing markets, followed by the loss/destruction of e-voucher cards and the destruction of distribution points ([WFP 23/03/2021](#)). An increase in prices was also reported by some KIs ([ISCG 25/03/2021](#)). According to local media sources, the fire also burnt Balukhali Balibazar, the biggest local market in the Rohingya camp, destroying products worth at least Tk50 crore ([Dhaka Tribune 23/11/2021](#)). The number of shopkeepers and traders affected by the fire is unknown. The fire is likely to disrupt the relevant economic activities at larger scales.

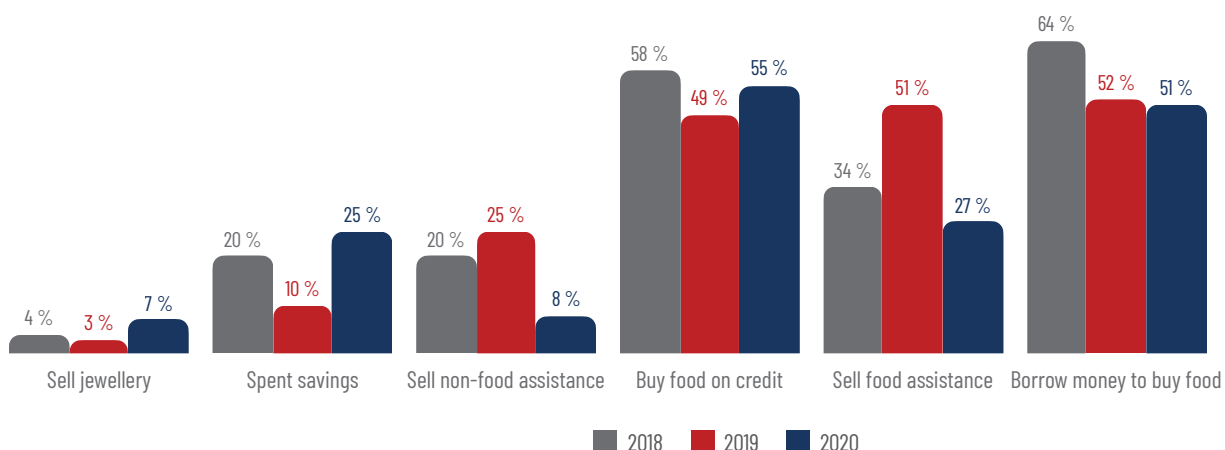
### Risk mitigation measures to prevent the spread of COVID-19 and security measures resulted in a significant disruption of refugees' self-reliance and socioeconomic activities in refugee camps in Cox's Bazar increasing their economic vulnerability and leaving them exposed to potential shocks

Rohingya refugees, particularly unregistered refugees, continue to face a lack of regular income-generating and self-reliance activities this is due to regulations on employment, lack of work available, and skill gaps. Sixty-

five percent of unregistered Rohingya refugees work as unskilled day laborers, largely in construction, cleaning, and as porters (REVA 4 07/02/2021). The lack of income-generating activities available for refugees makes them consistently reliant on humanitarian assistance. However, evidence from a recent community feedback report shows that relief items and aid are often not sufficient, and refugees still resort to volunteer stipends, negative coping mechanisms, and daily skilled and unskilled labour

to supplement the aid they receive (BBC Media Action 31/03/2021, REVA 4 07/02/2021). Many refugees have found work via self-reliance and Disaster Risk Reduction (DRR) programmes organised by different agencies. However, since their movements are now restricted due to security measures such as fences erected around the camps as well as pandemic containment measures their access to income-generating activities has been limited (BBC Media Action 31/03/2021).

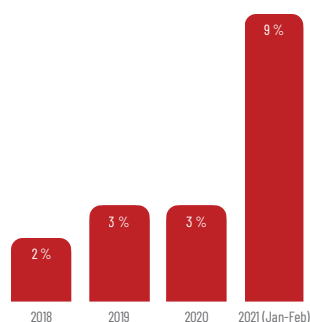
**Figure 14. Negative livelihood coping strategy 3-year trend for the refugee community** (Source: REVA 4 07/02/2021)



This has translated into a concern over the financial burden among the Rohingya community. The level of concern over increased financial burden stayed the same in 2019 and 2020 at 3% but reached 9% in just the first two months of 2021. The steady level in financial concern in 2019 and 2020, could be attributed to the fact that humanitarian assistance to refugee households continued largely at the scale prior to COVID-19. However, in just the first two months of 2021, there has already been a 6% increase in the number of people concerned over financial burden (BBC Media Action 31/03/2021). While it is still unclear the changes that caused this sudden increase, it is evident

by the REVA 4 findings that the economic vulnerability of both refugees and the host community increased in comparison to pre-crisis data. Twenty-four percent of refugee households moved into a higher vulnerability bracket (REVA 4 07/02/2021). This means that even if the situation in camps is the same as before the crisis, refugees are more vulnerable – as per the most recent data available – and less able to absorb potential shocks, including events like fire incidents and destruction caused by the monsoon season, and it is likely to explain the increase in concerns over financial burden with the start of 2021.

**Figure 15. Increasing financial burden among refugee camps** (Source: BBC Media Action)



**Missing out on educational opportunities for a long period of time is likely to have an impact on future earnings and the country's GDP.**

COVID-19 is increasing indicators such as school dropout and subsequently child, early, and forced marriage. An increase in these indicators is expected to be followed by a decrease in income-earning and ultimately impacting the country's GDP. As COVID-19 has intensified pre-existing vulnerabilities, it is expected that the pandemic will have the most substantial impact on the future earnings of children already in poverty. This in turn can result in the intergenerational transmission of poverty and long term disparity ([UNCT 23/03/2021](#); [Citizen's Platform for SDGs 01/01/2021](#)).



### Information Sources and Gaps

Food security figures mentioned in this section for refugee camps in Ukhiya and Teknaf Upazilas and host communities adjacent to the camps are provided by [FAQ](#). Preliminary findings from the Refugee Influx Emergency Vulnerability Assessment ([REVA 4](#)) (data collected from November to December 2020) shows that despite continued food assistance, refugee households witnessed a marginal decline in food consumption levels in comparison to pre-pandemic crisis levels. Analysis of the final [REVA 4](#) report will be added in the next situation analysis report covering April. Details of the damage caused by a serious fire in camps 09, 08W, 08E, and 10 to shelters are provided in [ISCG's](#) initial rapid assessment & [ACAPS](#) situation report. The Rapid Joint Needs Assessment by [ISCG](#) & [Food Security Cluster](#) reports food needs are among the top reported priority needs identified by key informants in all three affected camps, second only to shelter. The impact of the fire on food security, and the response to the needs, is also provided by [IRC](#), [WFP](#), and [BRAC](#).

**The fire that erupted on 22 March in the main Kutupalong section of the Rohingya Refugee Camps destroyed household food stock and storage facilities, a food distribution point, Non-Food Items (NFI) like utensils, cooking fuel, etc.**

The fire outbreak resulted in the loss of critical infrastructure including a General Food Distribution point and LPG storage sheds and led to the temporary closure of one of WFP's e-voucher outlets ([ISCG 31/03/2021](#), [WFP 23/03/2021](#)). Affected households lost cooking items, liquefied petroleum gas (LPGs), water containers, and food stocks ([IRC 23/03/2021](#)). This destruction and loss are likely to put those affected by the fire, particularly pregnant mothers, newborn babies, and children under five at risk of not meeting their basic food needs and accessing food-related services. Many of the affected households are also without necessary items to store food and water, or essential facilities, NFI, and fuel needed for cooking ([ACAPS 25/03/2021](#)).

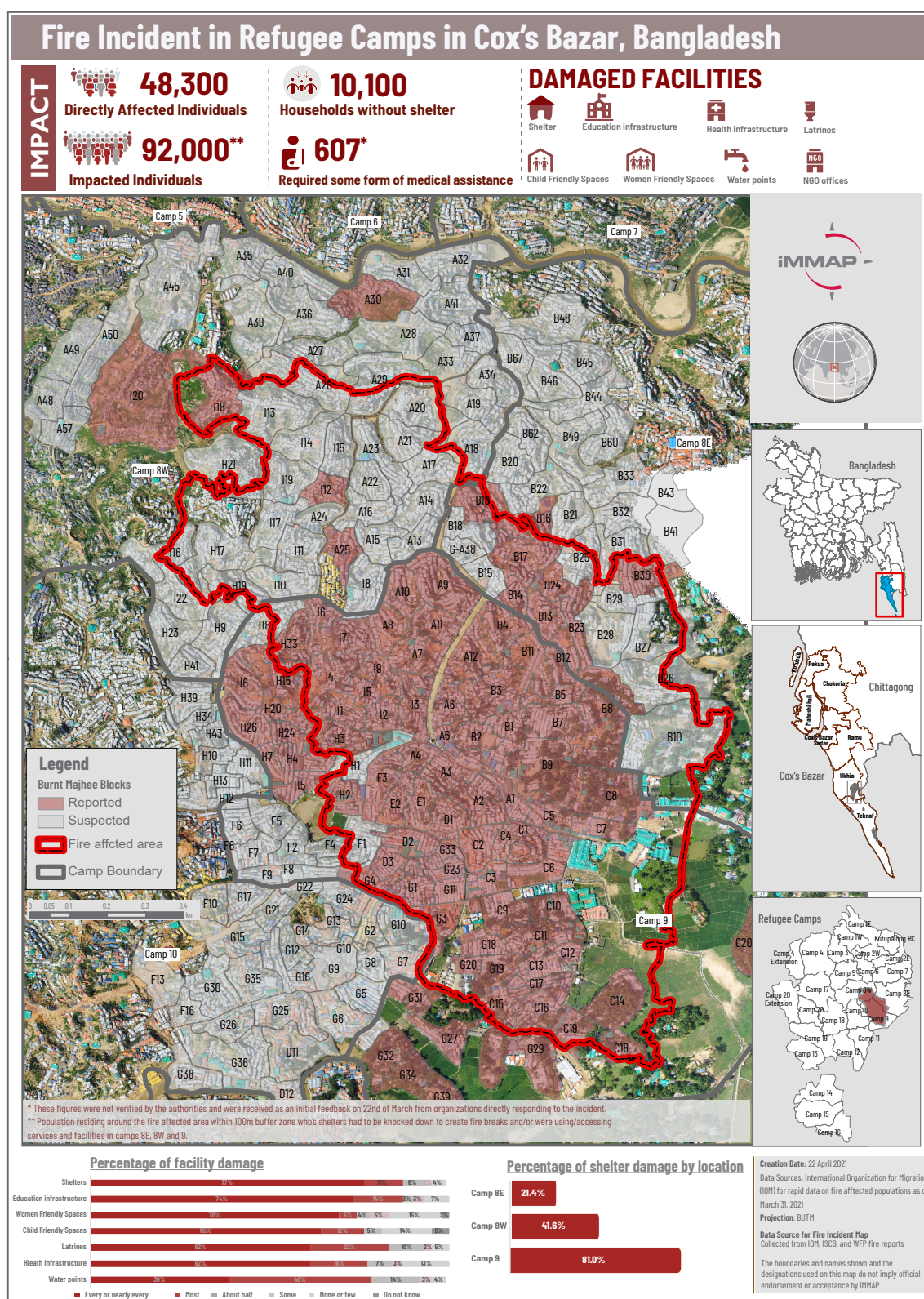
This disruption led to a change in food assistance services. As of 22 March, high-energy biscuits and cooked meals for lunch and dinner are distributed by humanitarian agencies to fire-affected households without the need for any documentation. A high calorie mix of proteins, and vitamins are included in these cooked meals, while some components were excluded such as meats and eggs, due to hot weather, hygiene conditions, long transit, and traffic delays ([WFP 23/03/2021](#), [WFP 29/03/2021](#), [BRAC 28/03/2021](#)). As pre-cooked meals will remain



being distributed until affected people have access to LPG and kitchen kits (ISCG 31/03/2021), it is important to

continue ensuring that people have access to diversified and nutritious food.

**Figure 16. Fire incident in refugee camps** (Source: WFP 23/03/2021, ISCG 30/03/2021, IOM 31/03/2021)



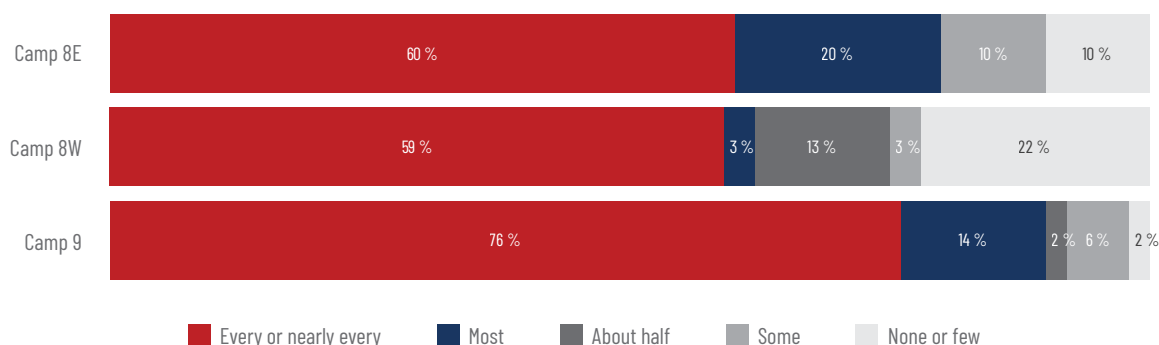


Food needs are reported widely in all three most affected camps and challenges in accessing markets are reported across all 3 camps and likely to affect other food and non-food needs which are not covered by assistance to affect the food status of the affected population.

of the key informants reported that nearly everyone did not have enough food stocks to cover the next five days at the time of the assessment. The highest percentage was reported in Camp 9(76%), followed by Camp 8W(59%), and Camp 8E (60%)([ISCG 25/03/2021](#), [Food Security Cluster 31/03/2021](#)).

According to the Rapid Joint Needs Assessment, over half

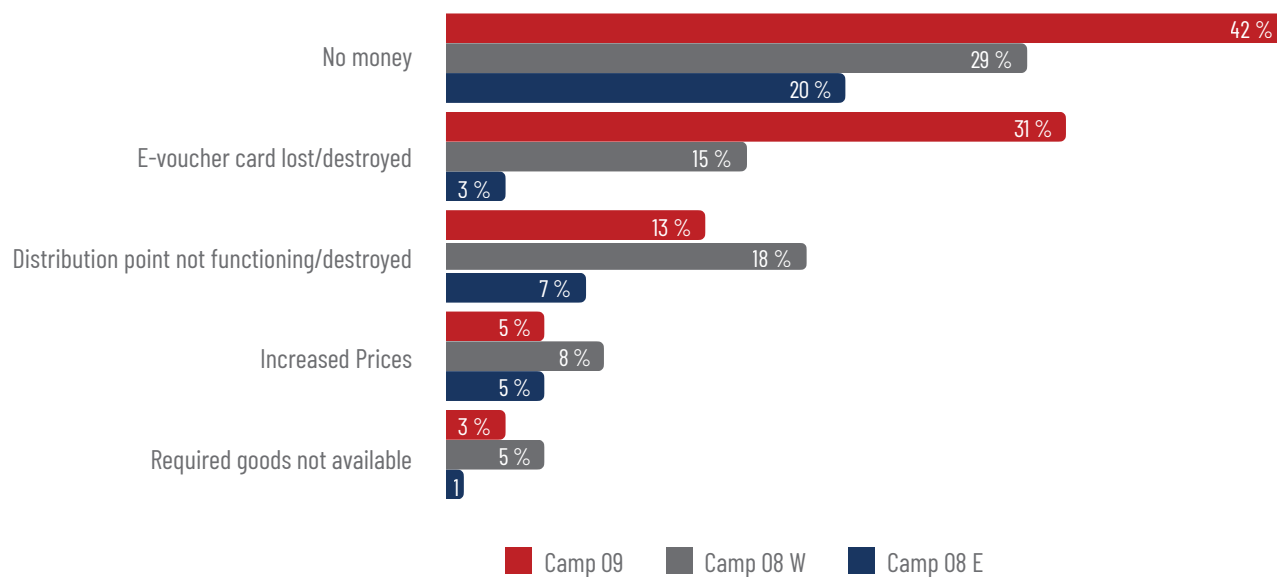
**Figure 17. Percentage of the population without food in the last five days of March** (Source: [ISCG 25/03/2021](#))



Food needs are among the top reported priority needs by key informants in all three affected camps, second only to shelter ([Food Security Cluster 31/03/2021](#)). Food needs were already high across all camps before the fire incident. Data from the most recent REVA 4 assessment reveal that 88% of the Rohingya community cited food as their priority need ([REVA 4 07/02/2021](#)), indicating the need for continued food assistance beyond emergency food distribution.

The aforementioned challenges in accessing markets, such as lack of money, the loss of e-voucher cards, destruction of distribution points, and increased prices ([ISCG 25/03/2021](#)), are likely to impact refugee's ability to access other food and non-food items not covered by assistance. The destruction in shops and markets highlights the importance of quick reconstruction and assistance in mitigating the impacts.

**Figure 18. Difficulties in accessing markets for refugee camps in Camp 9, 8W and 8E** (Source: [ISCG 25/03/2021](#))



## More than a million people targeted for food and livelihoods assistance in 2021 in Ukhiya and Teknaf Upazilas.

The impact of COVID-19 on unemployment, households' purchasing power, food prices, and food availability has impacted food security among the population (FAO 2020). As of March 2021, more than 1.2 million people are food insecure, this includes the refugee population of almost 900,000 and those from the host community who live in proximity to the camps (FAO 11/03/2021).

Despite continued food assistance, refugee households witnessed a marginal decline in food consumption levels in comparison to pre-pandemic crisis levels. For the host community, the sustained impact of COVID-19 livelihoods contraction has a greater impact on their consumption, with more households moving from acceptable to borderline consumption (REVA 4 07/02/2021). While host community households are better off in terms of income opportunity, both in terms of access and remuneration, they do not have blanket aid coverage like Rohingyas to cushion them from any shock. This meant host community households are highly impacted during periods of lockdown when livelihood opportunities are limited and many have lost their sources of income.



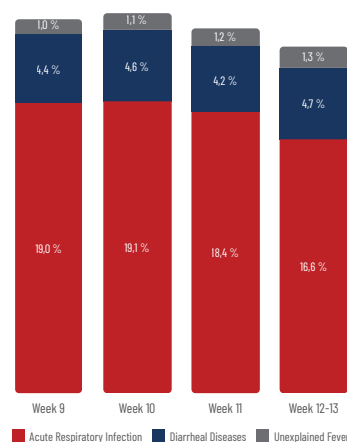
### Information Sources, Gaps, and Challenges.

Regular data on disease prevalence was provided through the weekly Epidemiological Highlights [week 9](#), [week 10](#), [week 11](#), and [week 12-13](#). Information related to the recent fire event is taken from a [Joint ISCG Statement](#), an [ISCG Response Summary](#) and assessment reports from [ACAPS](#), [BRAC](#), [IOM](#), [IRC](#), [UNICEF](#), and the [ISCG](#). The wider impact of COVID-19 on health services across Bangladesh comes from two WHO ([WHO No53](#) and [WHO No56](#)) Sitreps. A press release from [MSF](#) reported a general deterioration in service provision including health services due to the COVID-19 pandemic and associated containment measures, but there is little current data to make a comparison of current health service provision compared to that provided pre-pandemic.

### Morbidity and disease prevalence rates continue to remain relatively static.

Based on the Early Warning Alert and Response System (EWARS)(Indicator-based surveillance), Acute Respiratory Infections(16.6% - 19.1%), Diarrheal Diseases(4.2% - 4.7%), and Unexplained Fever (1.0% - 1.3%) were the diseases with the highest proportional morbidity in March (weeks 9 - 13). A total of 71 diphtheria cases have been reported so far in 2021 which is a slight increase in recent months but still roughly on par with the prevalence rate in 2020 which was 226 cases in the year ([WHO 07/04/2021](#), [WHO 19/01/2021](#)). A total of 2,895 cases of diarrheal diseases were reported in EWARS in week 13, which is in line with similar figures from 2020 and represents a small decline during recent weeks.

**Figure 19. Diseases with highest proportional morbidity rate in March at refugee camps** (Source: [WHO 07/04/2021](#))



### **Antenatal care and essential health services still constrained by COVID-19 fears and restrictions.**

Across Bangladesh antenatal care (ANC) and postnatal care (PNC) services were highest in the first 1st quarter (Q1) of 2020, but dropped off considerably after the initial outbreak of COVID-19 and lockdown restrictions were imposed. Services were reaching pre-pandemic levels by around October–December 2020 but have since dropped off again with January 2021 service provision between 70%–80% of that provided in January 2020 ([WHO 01/03/2021](#)). Both Inpatient and Outpatient care are still running at approximately 10% and 20% lower, respectively, than at the same time in 2020 ([WHO 22/03/2021](#)). Fear of catching COVID-19 as Bangladesh endures a second wave is probably one contributing factor to this reduction alongside a reduction in household expenditure on health services due to the economic impact of COVID-19 household incomes.

### **Massive fire incident results in damage to critical health infrastructure and raises mental health concerns.**

A massive fire that broke out in the main Kutupalong section of the Rohingya Refugee Camps on 22 March 2021 and rapidly spread through four camps (8e, 8w, 9, and 10) resulted in the loss of critical infrastructure including damage/destruction of six health facilities and one secondary health facility. It is reported that fencing around the camp hampered the ability of refugees particularly women and girls to escape and caused significant delays in refugees accessing medical attention along with greater damage to the health facilities. Fleeing in these circumstances is even more difficult, if not impossible,

for refugees with disabilities.

Findings from an initial assessment indicated that many of those in the camps affected by the fire or living nearby had lost access to health care. 60% of KIs in camp 9 reported that all or most people do not have access to health facilities, as did 50% of KIs in camp 8W and 55% in camp 8E. The health facilities that were destroyed did not only serve the camps in which they were located but also served the broader Rohingya and Bangladeshi populations. However, the wider aid community provided tents, medical supplies, and equipment to those facilities affected by the fire to ensure the temporary provision of health services for the refugee camps affected and various organizations. In addition, many existing health care facilities continue to provide care to those affected as well as providing normal health services.

The loss of these health facilities which served the wider Rohingya population, and the Bangladeshi host community is likely to have a long-term impact on refugees and host communities to adequately meet their health needs as well as the short-term impact that includes the loss of many critical health supplies. In addition, the fire outbreak has also disrupted the COVID-19 vaccinations program in the camp ([UNICEF 23/03/2021](#), [ISCG 24/03/2021](#), [ACAPS 25/03/2021](#), [BRAC 28/03/2021](#), [ISCG 30/03/2021](#), [ISCG 31/03/2021](#)).

Children who had already fled fires in Myanmar are at risk of being re-traumatized and are experiencing additional stress from the recent fire outbreak in Cox's Bazar. In addition to that, Rohingya refugees are also likely to have high levels of anxiety and fear related to repatriation and forced relocation due to the fire flashbacks ([IOM 30/03/2021](#), [IRC 23/03/2021](#), [ISCG 31/03/2021](#)).

### Information Sources, Gaps, and Challenges.

The section draws on preliminary findings are available from the Action Against Hunger (ACF)/Nutrition Sector SMART nutrition survey that was undertaken in the Host Community, Cox's Bazar during January-February 2021. The section also provides a brief summary from the yearly Action Against Hunger (ACF)/Nutrition Sector (COVID-19 modified) round five SMART nutrition survey that was undertaken in Makeshift (MS) Camps, Nayapara (NYP) and Kutupalong (KTP) Registered Camps (RC) during November-December 2020. Survey data quality ranged from Good to Excellent. Additional information for March comes from ISCG JNA – Joint Needs Assessment and following SitReps with the [response](#) reports on the fire outbreak describing its impact on nutrition service provision. The malnutrition situation is regularly assessed through mass MUAC screening in the Rohingya camps. It is

expected that a clearer picture of the current nutritional situation of children under five will be provided when the April 2021 set of nutrition mass MUAC screening data from UNICEF becomes available (the end of April 2021).

### Prevalence of Malnutrition in Cox's Bazar Host Community.

Preliminary findings are available from the Action Against Hunger/Nutrition Sector SMART nutrition survey that was undertaken in the Host Community, Cox's Bazar during January-February 2021. Data from the previous February – March 2018 SMART survey indicated an overall prevalence of Global Acute Malnutrition (GAM) of 11.4 % (8.9 – 14.5, 95% confidence interval), however, there were no separate estimates for two Upazilas. Survey data quality the 2021 survey for both Ukhiya and Teknaf Upazilas is considered "excellent", further details of the sampling and methodology can be sourced from the Nutrition Sector/ ACF ([ACF/FSC 25/03/2021](#)).

### Key findings from the SMART survey

**Figure 20. Single Weighted Prevalence for Entire Population** (Source: [ACF/FSC 28/01/2021](#))

Children 6– 59 months	Wasting (WHZ)	Stunting (HAZ)	Underweight (WAZ)
Global Weighted Prevalence	9.3%	23.7%	23.5%
Severe Weighted Prevalence	0.7%	3.0%	3.7%

The overall GAM rate was 9.3%, which is considered "Medium" as per the WHO/UNICEF malnutrition classification (and is lower than the 11.4% reported in 2018). The GAM prevalence by WHZ was higher than MUAC-based GAM and the concordance of wasting case detection between WHZ and MUAC in both Upazilas was very poor. The overall SAM rate (WHZ) was at 0.7%.

A relatively higher GAM rate by WHZ observed among boys

and older children (24–59 months). At Upazila level MUAC based GAM prevalence was significantly higher in Teknaf compared to Ukhiya Upazila (3.5% vs 0.7%).

The overall chronic malnutrition (Stunting) rate was 23.7%, classified as "High" as per WHO/UNICEF malnutrition standards with older children (24–59 months) significantly more stunted than younger (6 – 23 months) (ACF 25/03/2021).

**Figure 21. Stunting prevalence by age and Upazila** (Source: [ACF/FSC 28/01/2021](#))

Stunting (HAZ)	6 – 23 months	24 – 59 months
Ukhiya Upazila	16.1%	23.2%
Teknaf Upazila	18.3%	29.2%

The overall underweight prevalence of 23.5% can be interpreted as “Serious” >20% as per WHO malnutrition classification. A Significantly higher underweight rate observed among older children in Ukhiya Upazila.

#### Malnutrition trends.

Despite COVID-19, the overall acute malnutrition trends for Ukhiya and Teknaf continue to be downward with GAM (WHZ) down to 9.3% compared to 11.4% in 2018, and GAM (MUAC) down to 3.8% compared to 8.1% over the same

period. Chronic malnutrition rates follow a similar pattern with the overall stunting rate down to 23.7% compared to 33.1% in 2018 and underweight prevalence dropping more modestly to 23.5% from 27.2% three years ago.

#### Acute malnutrition (Wasting) prevalence by Upazila.

GAM/SAM rates by WHZ were slightly higher in Ukhiya, however the GAM/SAM rates by MUAC showed much higher rates in Teknaf (ACF/FSC 25/03/2021).

**Figure 22. Acute malnutrition rates for Ukhiya and Teknaf Upazila** (Source: [ACF/FSC 28/01/2021](#))

Children 6 - 59 months	Prevalence by WHZ		Prevalence by MUAC		Combined prevalence by WHZ and/or MUAC and/or Oedema	
	Ukhiya Upazila	Teknaf Upazila	Ukhiya Upazila	Teknaf Upazila	Ukhiya Upazila	Teknaf Upazila
GAM	9.90%	8.90%	0.70%	3.50%	9.80%	9.90%
MAM	9.00%	8.50%	0.70%	3.10%	-	-
SAM	0.90%	0.50%	0.00%	0.50%	0.90%	0.70%

#### Underweight and Chronic Malnutrition (Stunting) Prevalence by Upazila.

Global and Moderate stunting rates were higher in Teknaf, but severe stunting rates were at similar levels across both Upazilas. Conversely global and moderate underweight

(WAZ) prevalence rates were higher in Ukhiya, although the severe underweight prevalence was found at a higher rate in Teknaf (4.2% compared to 2.8% in Ukhiya) (ACF/FSC 25/03/2021).

**Figure 23. Underweight and Chronic Malnutrition (Stunting) rates in Ukhiya and Teknaf Upazila** (Source: [ACF/FSC 28/01/2021](#))

Children 6-59 months	Stunting (HAZ)		Underweight (WAZ)	
	Ukhiya Upazila	Teknaf Upazila	Ukhiya Upazila	Teknaf Upazila
Global Prevalence	20.70%	25.80%	25.80%	21.90%
Moderate Prevalence	17.50%	22.70%	23.00%	17.70%
Severe Prevalence	3.20%	3.10%	2.80%	4.20%

#### Massive fire destroys nutrition centers and affects nutrition service provision.

Nutrition services have been negatively impacted by

the recent fire in the Rohingya refugee camps in Ukhiya, Cox's Bazar which destroyed two nutritional centers (one each in camps 8E and 9), and forced UNICEF and WFP supporting services to close two other nutrition sites.

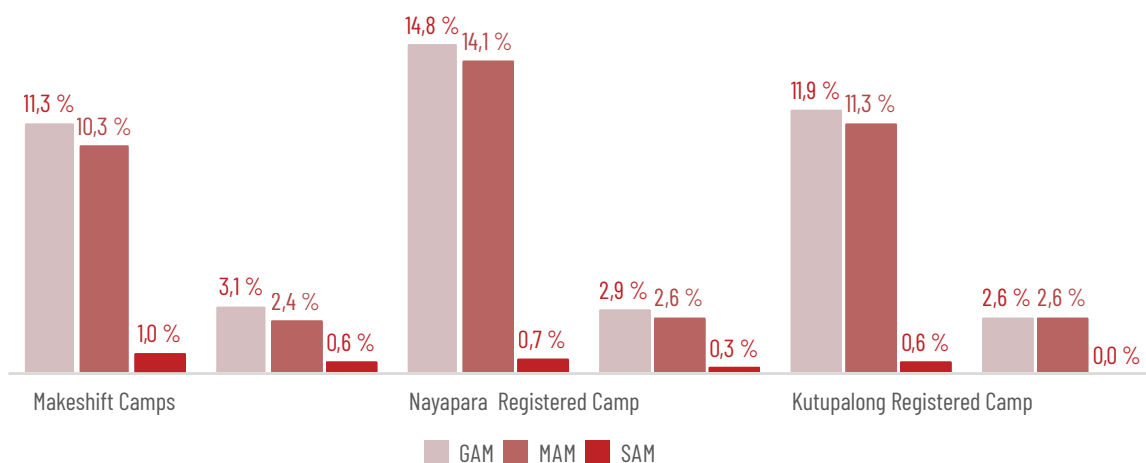
Almost immediately, temporary integrated nutrition facilities were installed to provide uninterrupted life-saving nutrition services. The rapid emergency assessment was initiated the next day to allow teams to assess the damage. Currently, three temporary integrated nutrition facility sites are operational in the two camps ([ISCG 31/03/21](#), [ISCG 31/03/21](#)). Other initiatives such as the provision of bottled water and support to complementary feeding (hot meals) are being implemented to support those affected by the

fire and prevent malnutrition ([ISCG 31/03/21](#)).

#### Prevalence of acute malnutrition in refugee camps.

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

**Figure 24. Acute malnutrition rates in refugee camps** (Source: [ACF/FSC 28/01/2021](#))



#### Prevalence of stunting.

Global stunting rates were just over 34% for Makeshift Camps and Kutupalong RC (in the very high range ( $\geq 30$ ) according to WHO/UNICEF classification). However, it dropped below this level in Nayapara RC (29.1%). Amongst those children that are stunted, 80%-85% are moderately stunted whilst 15-20% are severely stunted. In terms of

age, the prevalence was higher amongst the older age groups (approx 34 – 37%), for the younger age group the rate was around 30% for Makeshift Camps and Kutupalong RC and much lower at 20.8% for Nayapara RC ([ACF/FSC 28/01/2021](#)). This age differential suggests that children born in the last two years have had on average, better nutrition than older children.

**Figure 25. Prevalence of Stunting in refugee camps** (Source: [ACF/FSC 28/01/2021](#))

Stunting children 6 - 59 months	Makeshift Camps	Nayapara RC	Kutupalong RC
Global stunting/CM	34.2%	29.1%	34.7%
Moderate stunting/CM	27.2%	24.1%	27.7%
Severe stunting/CM	7.0%	5.0%	6.9%
6-23mth	30.8%	20.8%	30.4%
24-59mth	35.9%	33.7%	36.8%

## Overall results, trends, and anomalies.

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

When comparing back to round four conducted in September–October 2019, GAM, MAM, and SAM prevalence by WHZ show a minor increase in Makeshift Camps and Nayapara RC, as has MAM prevalence in Kutupalong RC. However, GAM and SAM rates in Kutupalong RC have shown a slight decrease since round four.

For GAM, MAM, and SAM prevalence by MUAC the results are more mixed. Makeshift camps have seen a significant decrease across GAM and MAM, but a small increase in SAM. In Nayapara RC all Acute Malnutrition (MUAC) rates saw a slight increase. For Kutupalong RC, GAM and MAM rates increased slightly, but the SAM rate dropped to 0.0%.

In terms of Chronic malnutrition, prevalence rates were similar to round four except in two cases. (1) Stunting and Underweight rates in Nayapara RC dropped considerably with the stunting rate (HAZ) falling from 39.0% to 29.1%, below the high range threshold. One possible explanation is linked with sampling characteristics where there is a comparatively higher percentage of younger children (6–29m) compared to older children (30–59m). Younger children are less likely to be stunted. (2) Underweight prevalence in Kutupalong RC increased from 27.7% to 34.6% although the stunting prevalence rate remains almost unchanged ([ACF/FSC 28/01/2021](#)).

## Effect of COVID-19 on Nutrition.

The data from the nutrition survey shows both Acute and Chronic malnutrition rates remain mainly unchanged (with a couple of exceptions). In addition, significant improvement of diarrhoea prevalence was observed in all three survey areas with rates below 15% in three survey locations. Rates of crude and under 5 death rates (CDR and U5DR) were well below the emergency thresholds with no major concern. These figures all suggest a limited short to the medium-term impact of COVID-19 and associated containment measures on current acute malnutrition rates within the camps.

### Use of MUAC by mothers along with sector partner screening continues to identify SAM and MAM cases.

The sector continues promoting good hygiene behaviours and COVID-19 preventive measures together with providing nutrition services. In March 2021, sector partners trained 2,988 mothers of children under five in the use of MUAC for diagnosis of malnutrition and self-referral through the Mother Led MUAC project. Those mothers referred 3,162 suspected SAM and MAM children to the integrated nutrition facility (Nutrition Sector 23/04/2021).

In March 2021, the sector partners screened 146,177 children under five and 32,251 PLW in the Rohingya camps. Out of all screened children under five, 436 girls and 233 boys were admitted to the SAM treatment (OTP) programme; 1,651 MAM girls and 821 boys were admitted to the MAM treatment (TSFP) programme. Out of SAM and MAM children, 31 girls and 10 boys were with different types of disabilities (Nutrition Sector 23/04/2021).





### Information Sources and Gaps.

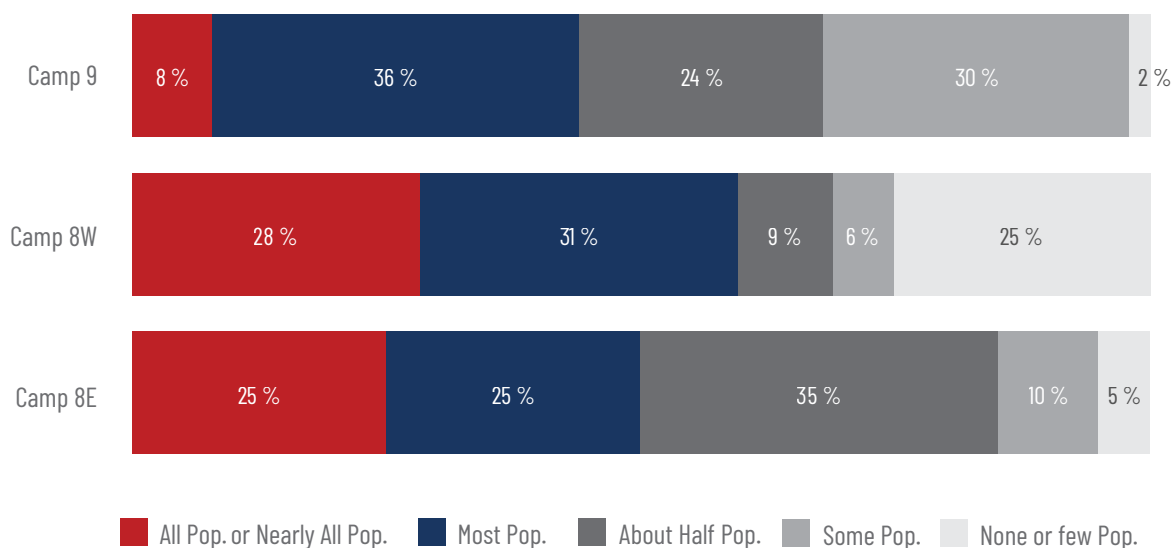
Assessment of needs of the affected people and damages to the WASH sector caused by the fire is covered in the [Inter Sector Coordination Group \(ISCG\)](#) initial rapid joint needs assessment and their latest [ISCG](#) report on the Joint Humanitarian Response to the fire incident (as of 31st of March), and [BRAC](#) situation report. Already existing challenges in the WASH sector are covered by the preliminary findings from the Refugee influx Emergency Vulnerability Assessment ([REVA 4](#)), despite the assessment not specifically covering the affected areas, but all camps, it provides an understanding of issues that might arise with the destruction of WASH facilities.

**The recent fire in the camps of Cox's Bazar destroyed thousands of WASH facilities and led to people waiting for hours to get water.**

An estimated 4,000 water, sanitation, and hygiene infrastructure structures have been either damaged or destroyed, mainly within camp 9 ([ISCG 31/03/2021](#)). The fire also destroyed hygiene items stored by camp residents ([IFRC 26/03/2021](#)).

According to the initial rapid joint needs assessment by [ISCG](#) (31 March), 82% of key informants reported that most latrines or nearly all latrines were damaged. The assessment shows that all camps were almost equally impacted in terms of damages to latrines. Sixty-four percent of KIs in camp 9, 66% of KIs in camp 8W, and 65% of KIs in camp 8E reported that most or all people do not have access to functional latrines ([ISCG 25/03/2021](#)). According to [REVA 4](#), one of the sanitation problems most reported by refugees in 2020 was a lack of functional facilities ([REVA 4 07/02/2021](#)), the destruction in facilities caused by the fire is expected to worsen the situation, and increase the risk of disease outbreak.

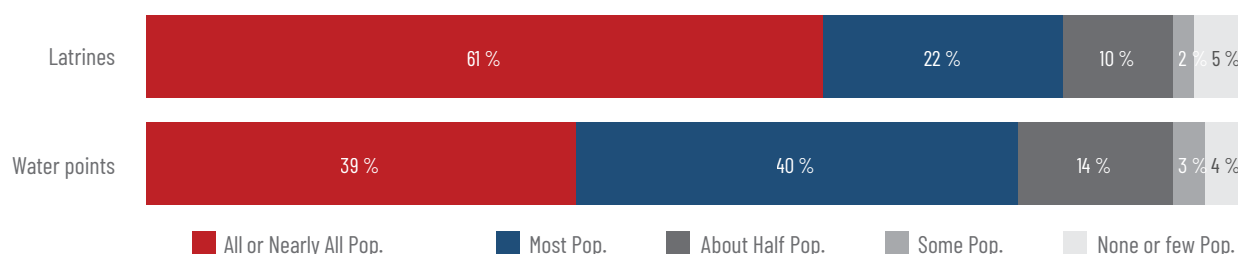
**Figure 26. Percentage of population with limited access to safe drinking water** (Source: [ISCG 25/03/2021](#))



Seventy-nine percent of key informants reported that most or nearly every water point was damaged ([ISCG 25/03/2021](#)). As a result of this damage, there have been reports of long queues with people waiting for hours to get water. Queuing at water points, lack of sufficient water points, and distance to these points were already some of

the most widely reported water access problems in 2020 by the refugee community ([REVA 4 07/02/2021](#)), it is likely that also these issues will be exacerbated as a result of the fire. Additionally, access to adequate water points is essential in decreasing the COVID-19 transmission rate.

**Figure 27. Percentage of damaged wash facilities in refugee camps 9, 8 W and 8E** (Source: [ISCG 25/03/2021](#))



Repair work to water supplies has already begun in the affected camps. Some temporary water tanks have been installed and temporary repairs were carried out in latrines and bathing spaces. The materials used in the temporary repairs or the construction of temporary emergency latrines are bamboo poles and sheeting for the superstructure, while it provides minimum dignity standards ([ISCG 31/03/2021](#), [Medair 29/03/2021](#)), these materials are susceptible to extreme weather conditions and fire.

**Already existing problems in waste management facilities and drainage systems were compounded by the fire, if left unchecked for an extended period of time it could lead to the spread of waterborne diseases.**

The fire has damaged numerous collection facilities, including the collection and recycling locations. It also burnt a fecal sludge treatment plant in Camp 9 ([Islamic Relief 24/03/2021](#), [ISCG 31/03/2021](#)). Refugees in camps were already facing problems to maintain cleanliness and hygiene due to poor waste management and drainage

systems, which, in some cases, refugees have reported that they are left overflowing or blocked. Highlighting the need for a comprehensive waste management system and the importance of fast and complete reconstruction to reduce the risk of waterborne, mosquito-borne, and other water-related diseases ([Biomedcentral 26/02/2021](#), [BBC Media Action 31/03/2021](#)).

Compounding the problems is the new waste generated from the food distribution to the affected people following the fire. Much of the packaging is then thrown in the drains and surrounding areas, as there are no designated waste bins or garbage disposals ([BRAC 28/03/2021](#)). In response to this issue, the Food Security Sector is calling on partners to ensure packaging going into the camps transitions away from Styrofoam as the landfill capacity is limited and Styrofoam waste is bulky and single-use ([Food Security Cluster 31/03/2021](#)). It is unclear whether these calls have been widely implemented or not. Improper disposal practices can have a significant impact on the remaining functional WASH facilities.

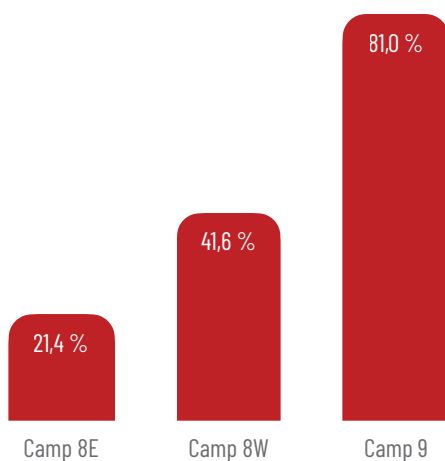
## Information Sources and Gaps

Details of the damage caused by a serious fire in camps 09, 08W, 08E, and 10 to shelters are provided in [ISCG's](#) initial rapid assessment. The response to the fire is provided by [ISCG's](#) joint humanitarian response report, [IOM One Week later](#) report, and the [Shelter/NFI sector](#) report. Information on the conditions of shelters the refugees are returning to is unavailable.

### Almost 50,000 people are left without shelter following a massive fire in camps 09, 08W, 08E, and 10

According to the initial rapid joint assessment, 10,100 shanties (individual residential huts) were partially or fully damaged as a result of the fire. Eighty-eight percent of key informants indicated that most or all shelters were damaged. Nearly all of camp 9's population lost their shelters, approximately half of the population of camp 8W lost their shelters, and some of the population of camp 8E. Minor damages were also reported in camp 10, along its border with camp 9 ([ISCG 31/03/2021](#), [IOM 30/03/2021](#), [ISCG 25/03/2021](#), [Shelter/NFI Sector 25/03/2021](#)). The significant damages and destruction to shelters is reflected in the top priorities reported by KIs, with shelter being reported as first priority across all camps ([ISCG 25/03/2021](#)).

**Figure 28. Percentage of shelter damaged in refugee camps 9, 8 W and 8E** (Source: [Shelter/NFI Sector 25/03/2021](#))



The vast majority of the people affected and were forced to move from their homes are in camps 9, 8W, and 8E, however, many refugees living in adjacent camps evacuated their shelters temporarily ([UNHCR 24/03/2021](#)). Almost 50,000 refugees and over 1,000 members of the host community were left homeless by the fire. Some are being hosted by other Rohingya or relatives, some are staying in adapted facilities (such as learning centres or women friendly spaces), and some are sleeping outdoors in open spaces ([UNHCR 27/03/2021](#), [Project HOPE 26/03/2021](#)). As of 31 March 2021, more than 30,000 individuals reportedly have returned to their original camps following the distributions of shelter kits ([ISCG 31/03/2021](#)). However, it is still unclear the condition of the shelter and the camps where people are returning to. Additionally, the destruction of the shelters have led to camps becoming even more congested putting the people at risk of disease outbreak and likely to increase their exposure to COVID-19.

### The shelters in refugee camps are often built with temporary and weak material making it vulnerable to fire. While temporary shelters are urgently needed, quick reconstruction of durable homes is important as the monsoon season approaches

Fires occur regularly in the refugee camps, including one in January that destroyed hundreds of homes ([CERF 25/03/2021](#)). The shelters in the Rohingya camps are often made of weak materials and highly flammable bamboo and tarpaulin. Although it is still unclear how the fire started, the materials of the shelters meant that fire spread rapidly across the camps, especially that the affected areas are some of the most congested in the Rohingya camps ([MSF 23/03/2021](#), [Project HOPE 26/03/2021](#), [IOM 31/03/2021](#)). The temporary electricity lines crisscrossing the camps and the usage of LPG cylinders for cooking increase the danger ([Al Jazeera 27/03/2021](#)). While temporary shelters are urgently needed, quick reconstruction of durable permanent homes and repair of damaged ones is important ([Concern Worldwide 23/03/2021](#), [ACAPS 25/03/2021](#)). According to the BBC Media Action community feedback data for the first two months of 2021, some of the most pressing concerns for the Rohingya community are the vulnerability of their shelters to landslides; houses in the hill-areas in Cox's Bazar are at risk of landslides. This highlights the need to build more disaster-resilient shelters and retention walls to protect shelters, especially as the monsoon season approaches ([BBC Media Action 31/03/2021](#), [Dhaka Tribune 17/02/2021](#)).

## EDUCATION

### Information Sources and Gaps

A new assessment by [REACH](#) (data collected from October 2020 to January 2021) on the education sector in Cox's Bazar for both the refugees and host community, highlights the impact of the COVID-19 on accessing education, especially remote learning including challenges faced by children, caregivers, and teachers. The Joint Multi-Sector Needs Assessment ([J-MSNA](#)) (July-August) is also utilised to detect continuing trends. There is data missing on how much children are studying on average per week compared to before the pandemic. It is also unclear to what extent are students finding distance learning harder or easier than in-person classes. This might give an idea of how much learning was actually lost throughout the school closures. It is also unclear when teachers were first allowed to do home visits in the camps.

**Children in camps were struggling to access education even before the pandemic, but as students were forced to move to distance learning, the refugee community and poorer households have been further disadvantaged in terms of education service provision**

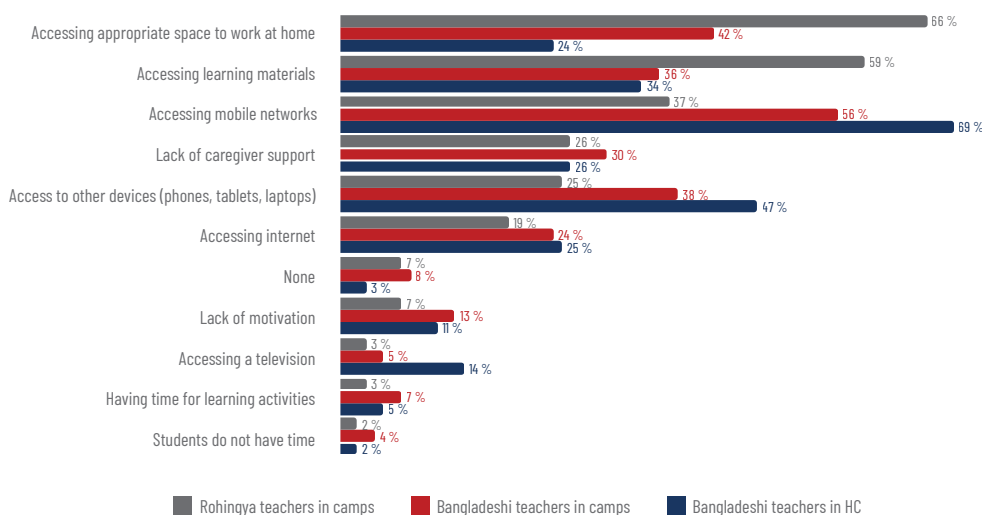
Enrolment rates were already lower in the camps than in the host community according to pre-crisis data. Even before the pandemic, Rohingya children were not able to attend formal schools, leaving the Rohingya community relying on the education services provided by the humanitarian agencies ([REACH](#) 29/03/2021). Findings from the latest [REACH](#) assessment conducted between October 2020 and February 2021, show a continuing trend, where the proportion of students who have no access to

learning opportunities since schools and learning centres closed is reportedly higher in camps than in the host community. Additionally, the closure of learning centers, and the move towards remote learning modalities widened inequalities and strengthened existing challenges. This is especially true for Rohingya children and children in poorer households.

According to the [REACH](#) assessment, 65% of caregivers reported that their children had no access to electricity for learning purposes and 90% reported children are unable to access the internet. The primary reason behind inaccessibility is a government directive imposed in 2019 banning internet access within the camps citing "security" reasons ([IRC](#) 25/08/2020), this has also impacted the learning modalities adopted in the camps. Internet methodologies were not fully developed or utilised in the camps, therefore access to the internet does not necessarily mean accessibility to education ([REACH](#) 29/03/2021). It is important to note that, as of the end of 2020, 78% of school-aged children from the refugee community were not studying, 50% of which are not studying because of COVID-19-related reasons ([REVA](#) 4 07/02/2021), which indicates that students in the camp have barriers to education beyond those created by COVID-19 containment measures.

For the host community, economic constraints remain the main barrier to education ([REACH](#) 29/03/2021). This is consistent with findings from J-MSNA (July - August 2020) where one of the main barriers reported for accessing distance learning for the host community was the inability of parents among poor families to support due to lack of education and lack of money ([J-MSNA](#) 01/10/2020).

**Figure 29. Barriers of students remote learning** (Source: [REACH](#) 29/03/2021)



Access to electricity in the host community is relatively better compared to the refugee community. According to the assessment, 82% of children had access to electricity for at least 6 hours per day, while over half of children do not have access to the internet ([REACH 29/03/2021](#)). But improving access to technology, will not necessarily translate into improved technology-enabled learning. A survey (conducted between May and June 2020) of secondary schools in Bangladesh found that despite most students being aware of the government TV-based learning programs, only half of the students with access to these programs choose to watch them. Of the 21% of children who can access online learning programs, only about 2% choose to access them ([World Bank 16/07/2020](#)).

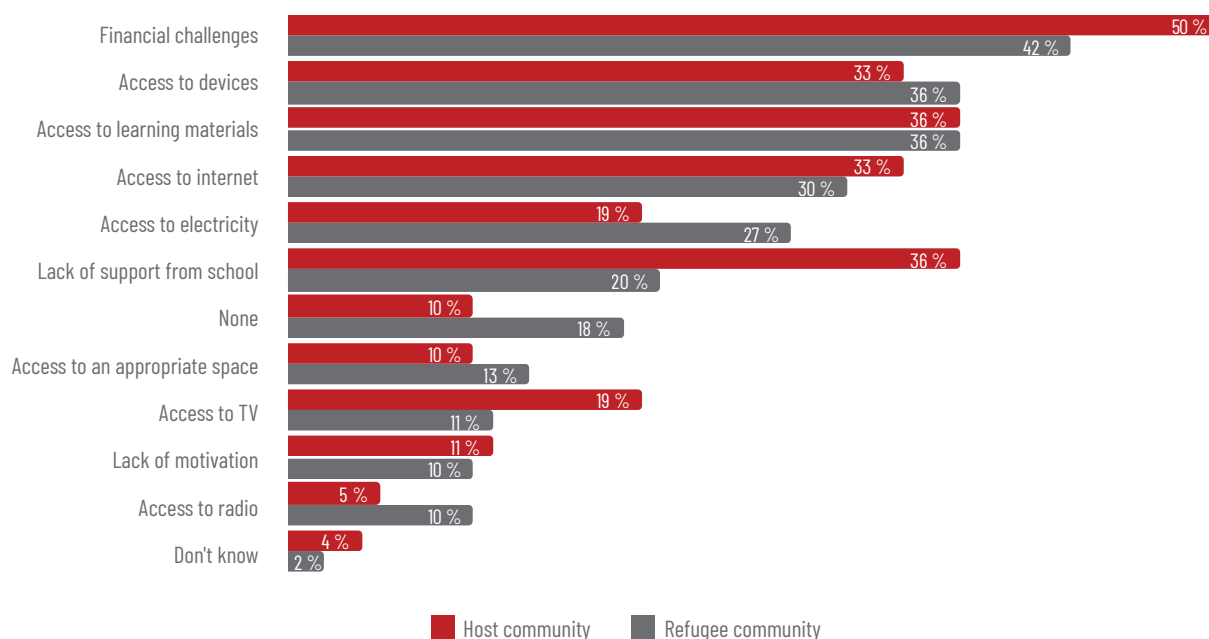
Overall, schools in the host community have been able to adapt and follow government recommendations for distance learning, while in camps learning centers do not have access to the same resources. Sixty-one percent of caregivers in camps reported that their children had no access to any learning modalities and technologies, while in the host community it was at 50%. Another difficulty in the camps is the challenge in recruiting and retaining qualified teachers. Bangladeshi teachers reportedly are more qualified than their Rohingya counterparts, with 75% of Bangladeshi teachers having at least higher secondary or tertiary qualifications, compared to 15% with Rohingya. However, since the beginning of the pandemic Bangladeshi teachers had reduced access to the camps ([REACH 29/03/2021](#)).

**Students are facing difficulties in accessing distance learning modalities, especially technology, which are creating significant barriers to education. Other barriers to remote learning were reported by teachers such as access to appropriate workspace in the home, and lack of caregiver support**

The most commonly reported challenges in accessing distance learning modalities is financial according to both the host community (50%) and the refugee community (42%) ([REACH 29/03/2021](#)). As previously mentioned 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 the refugees and the host community ([J-MSNA 01/10/2020](#)). This means that poorer students and refugees have been disproportionately affected by the school closures.

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. This limitation is reflected in the modalities used for remote schooling. In both communities, paper learning materials are the most accessible modality (approximately 30%), while access to technological devices such as smartphones or mobile phones is limited, especially in camps. Having said that, there is a perception among both caregivers and teachers that the internet is a valuable tool and perceive the lack of access to it as a significant barrier to education ([REACH 29/03/2021](#)).

**Figure 30. Challenges in accessing distance learning modalities** (Source: [REACH 29/03/2021](#))



More than half of teachers in camps have identified 'access to appropriate space to work at home' as the main barrier for remote learning, 'lack of caregiver support' was also scored highly. The large proportion of teachers reporting barriers related to workspace at home can be linked to the increased number of home visits. According to 71% of surveyed Rohingya teachers they have daily contact with students. It is important to note that caregivers reported much lower frequencies of contact, only 17% of caregivers agree that teachers have daily contact with the students ([REACH 29/03/2021](#)).

**The fire which broke out on 22 March destroyed 176 learning facilities, and some of the remaining functional facilities are being used as shelters for people affected by the fire**

The fire has caused a significant impact on learning facilities in the affected camps, destroying 176 facilities including learning centers, community-based learning facilities, and cross-sectoral shared learning facilities. According to the joint rapid assessment, 88% of KI reported that all or most of the educational facilities in the affected camps were damaged ([ISCG 25/03/2021](#)). Educational materials and books were also destroyed in the fire. Aid agencies delivering education support in the camp have estimated that over 14,000 children are out of reach of education due to the fire ([ISCG 31/03/2021](#)).

As of the end of March, some 66 learning centers which were not affected by the fire are being used as temporary shelters ([ISCG 31/03/2021](#)), at the same time aid agencies estimate that recovery from the fire in terms of the education sector will take more than three months ([Save](#)

[the Children 30/03/2021](#)). The limited number of available educational facilities due to destruction or temporary use as shelter is likely to have an impact on children's access to education. According to the minister of education, 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 ([UNB 30/03/2021](#), [Dhaka Tribune 25/03/2021](#), [ACAPS 25/03/2021](#)).

**The prolonged closure of schools continue to increase protection issues and affect future prospects of children**

Multiple reports have indicated a perception increase in the rate of children dropping out of school and from other learning opportunities as a result of the prolonged closure of schools and learning centres. Higher rates of dropout have an implication on increased risk of child, early, and forced marriage. Missing out on learning opportunities also have 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 01/01/2021](#)).

An Increase in daily infection rate and a surge in deaths has pushed back the re-opening date of schools to 23 May ([UNB 30/03/2021](#)). As school closures keep getting extended for over a year now, the risk of more children dropping out, and the increase in associated risks continue to be a concern. However, it is still unclear how much learning those who continued distance learning actually had ([REACH 29/03/2021](#)). The actual impact of school closures on dropout rates will only be known after schools reopen.



## Information sources and gaps

Data on protection issues and concerns following the fire on 22 March is covered by the initial rapid assessment by ISCG. Some of the challenges and needs in the response are provided by the [Child Protection Sub Sector \(CPSS\)](#). The Anti-Trafficking [Dashboard](#) by the Protection Working Group provides monthly reported cases of human trafficking, the most latest published one covers January 2021. Information about the extent to which protection services have resumed as of February 2021 remains limited.

## The massive fire on 22nd March 2021, damaged a substantial number of child and women-friendly spaces in the camps and exacerbated protection concerns for refugee women and children and the risk of GBV

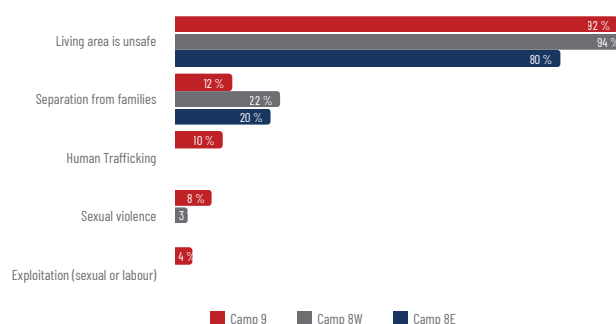
According to findings from the Inter-Sector Coordination Group (ISCG) Rapid Joint Needs Assessment conducted immediately following the fire, 77% of the site management KI's reported that all or most child-friendly spaces in the most affected camps (9, 8W, and 8E) are damaged, slightly less site management KIs (75%) reported damage to all or most women-friendly spaces in the camps ([ISCG 25/03/2021](#)). Many of the remaining functioning ones are being used as temporary shelter. These facilities provide healthcare and counselling, as well as professional case management for survivors of violence and people at risk of child marriage or trafficking ([CARE 14/09/2020](#)).

Such safe spaces are urgently needed, not only did COVID-19 already increase risks related to gender-based violence (GBV) but also the fire exacerbated existing risks and exposed women and children to additional threats to their personal safety. Many of them are staying in temporary shelters or open spaces with inadequate lighting, and suffering from a lack of water and sanitation facilities, exposing them to the risk of harassment, assault, or violence. This is reflected in the concerns of the affected people, according to the initial rapid assessment, "living area is unsafe" is reported by almost all KI as the main concern for women's safety, followed by sexual harassment and violence ([ISCG 25/03/2021](#)). Elderly and pregnant women have also reported increased difficulties in accessing critical health services ([IRC 23/03/2021](#)).

An unknown number of separated and unaccompanied children were reported in the camps, in addition many caregivers are busy dealing with the aftermath of the fire,

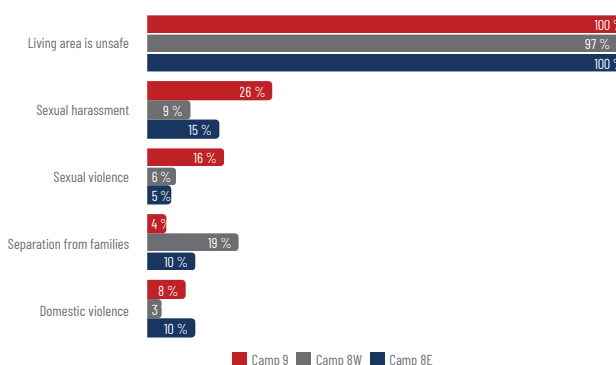
leaving children unsupervised. As a result, children are more vulnerable to protection issues and are at risk of exploitation, trafficking, or injury. Some children were observed collecting and selling items obtained from going through debris for very little money or food. Younger boys were observed cleaning up debris leading to concerns about exploitation ([CPSS 25/03/2021](#)). However, according to the KIs 'living area is unsafe' is also the main concern for children, 'separation from families' was a distant second.

**Figure 31. Safety concern for the children in refugee camps 9, 8 W and 8E** (Source: [ISCG 25/03/2021](#))



However, it is likely that the reduction in protection activities due to COVID-19 restrictions in addition to the destruction of many facilities during the fire will impact protection and reunification efforts to some degree ([CPSS 25/03/2021](#), [PWG 11/2020](#)). According to the Child Protection Sub Sector, the longer children are separated, the less likely reunification and the more burdensome the verification process becomes as children face a higher risk of protection concerns ([CPSS 25/03/2021](#)).

**Figure 32. Safety concern for the women in refugee camps 9, 8 W and 8E** (Source: [ISCG 25/03/2021](#))



Many refugees have also lost their personal documents, such as birth certificates and identity cards. However, humanitarian agencies have exempted the people affected by the fire from providing documentation for food assistance and have already started issuing such documents ([ISCG 31/03/2021](#), [WFP 23/03/2021](#)). It is worth noting that according to [BBC Media Action](#) community feedback, concerns over documentation among the Rohingya community have witnessed a decrease of 9% in the first two months of 2021 in comparison to 2020, but remains a key concern with 28% of feedback related to documentation. This comes after a steady increase in concerns from 2018 to 2020. It remains unclear if the decrease in concerns over documentation will continue throughout the year or not.

**Despite the increased protection risks including risks of trafficking and other forms of abuse and exploitation since the beginning of the pandemic, reported human trafficking cases have decreased in December 2020 and January 2021 compared to previous months.**

According to the Anti-Tracking Dashboard, human trafficking continues to be reported in Cox's Bazar as of January 2021, with 8 cases of trafficking reported throughout the month, all of which are related to forced labor. The restrictions on livelihoods and education and the dwindling resources to meet basic needs are some of the factors that lead refugees to resort to smuggling and place them at risk of trafficking ([UNHCR 17/03/2021](#)).

However, reported cases have decreased in December 2020 and January 2021 compared to previous months ([UNHCR 17/03/2021](#), [UNHCR 14/02/2021](#)), but this decrease does not necessarily mean an improved security situation. In fact, overwhelming evidence suggests that COVID-19 related containment measures have exacerbated pre-existing protection risks such as child labor, child marriage, kidnapping, and human trafficking ([CARE International 14/10/2020](#), [PWG 11/2020](#)). The closure of schools has also compounded these risks ([UNHCR 14/02/2021](#)). Therefore, the decrease may just reflect a decrease in reported cases due to movement restrictions and reduced activity of protection services and authorities.

# 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, 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.

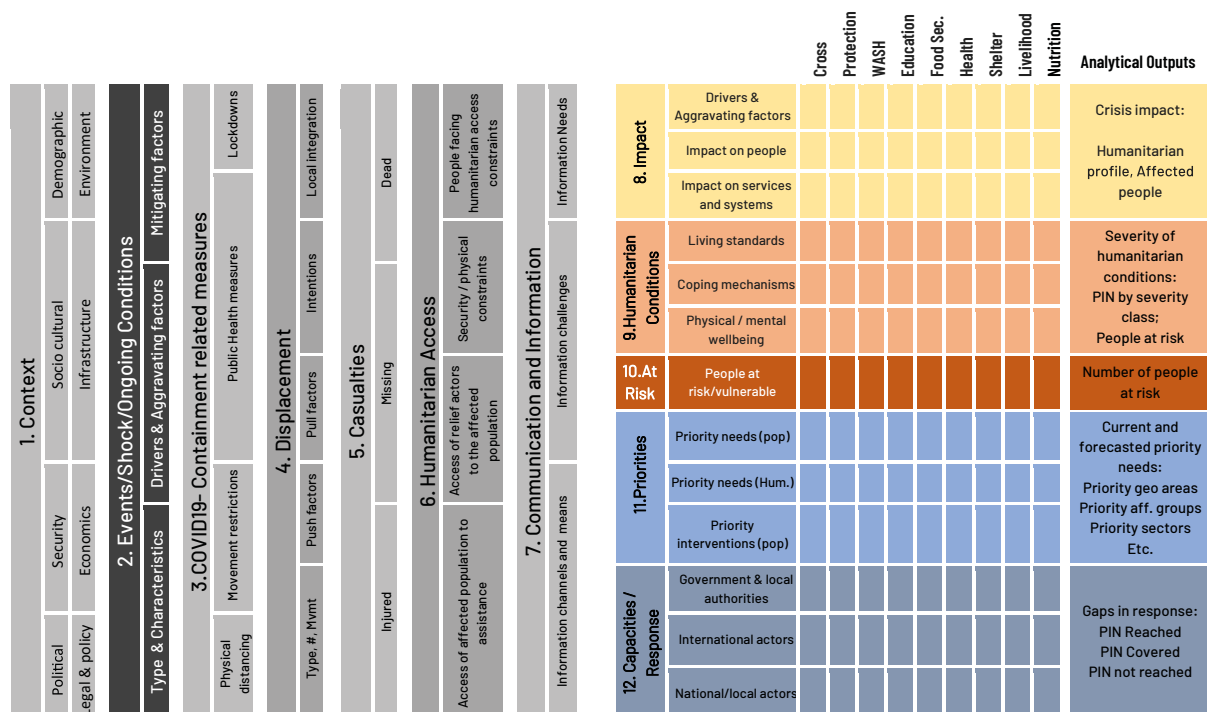
**The Secondary Data Analysis Framework** was designed to

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)

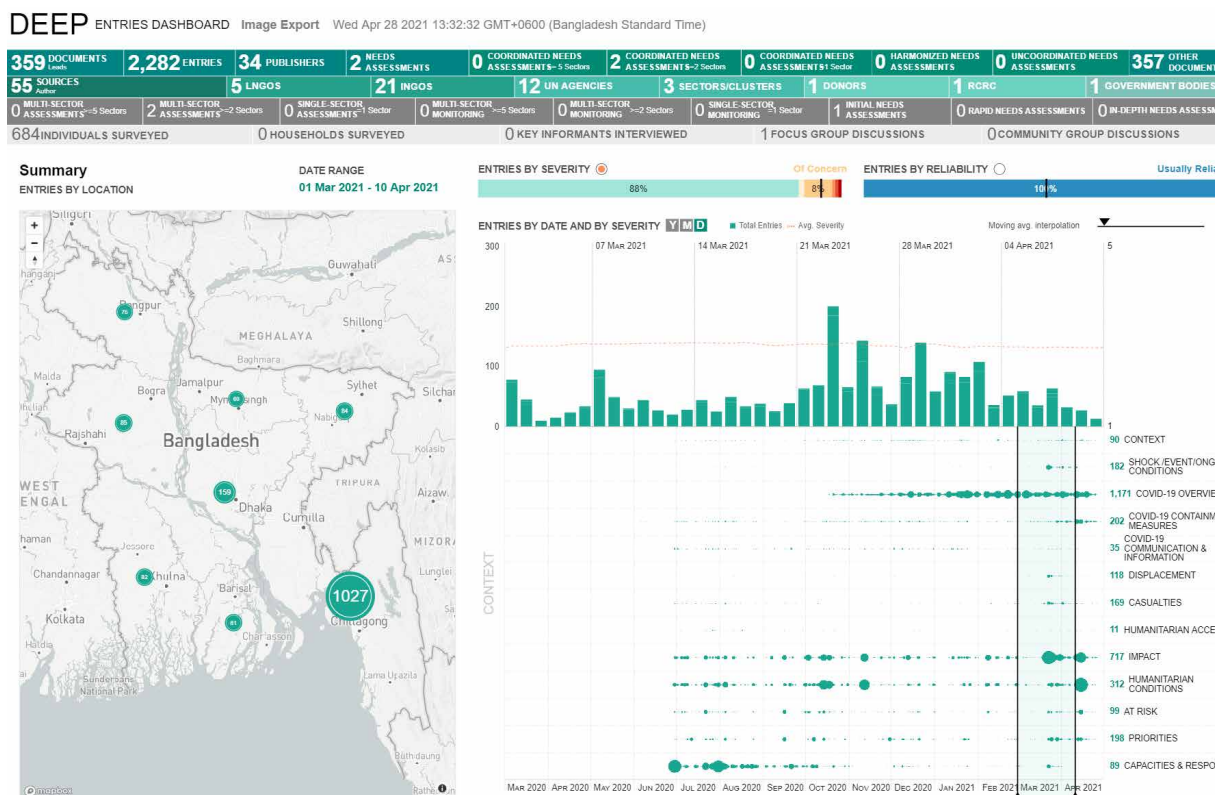
**Figure 33.** IMMAP/DFS Secondary Data Analysis Framework



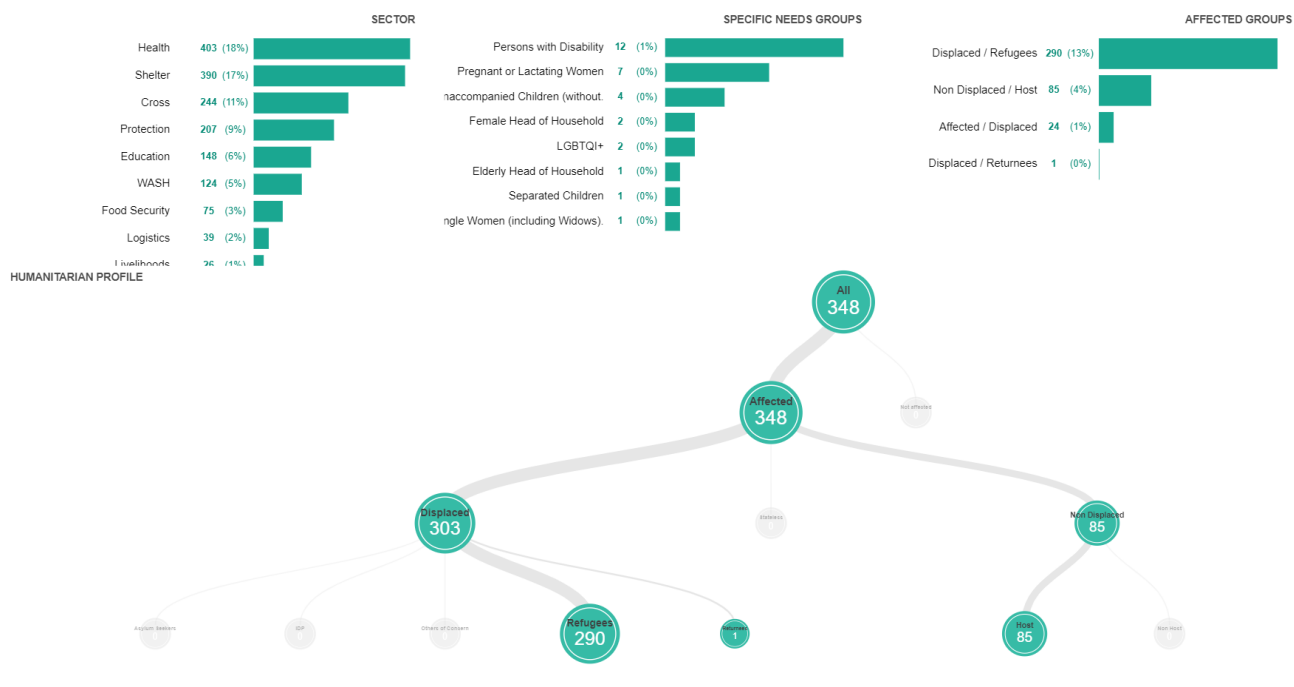
The DEEP structured and searchable information repository forms the basis of the monthly analysis. Details

of the information captured for the Bangladesh Cox's Bazar report are available below (publicly available documents primarily from 01 March to 04 April 2021 were used).

**Figure 34.** Documents by Location, Timeline, and Primary Categories (Analytical Framework)



**Figure 35.** Figure 35. Documents and Entries by Sector and Affected Group



**Figure 36.** 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 1,074			244	75	26	403	22	124	390	148	207	39
IMPACT 654	Drivers/Aggravating Factors	93												
	Impact on People	417												
	Impact on System & Services	292												
	Number of People Affected	80												
HUMANITARIAN CONDITION 235	Living Standards	134												
	Coping Mechanisms	48												
	Physical & mental wellbeing	106												
	Number of People in Need	2												
AT RISK 92	People at risk / Vulnerable	92												
PRIORITIES 188	Priority Needs (Pop)	16												
	Priority Needs (Staff)	66												
	Priority Interventions (Pop)	8												
	Priority Interventions (Staff)	106												
CAPACITIES & RESPONSE	Government & Local Authorities	14												
	National & Local Actors	3												

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

- The ACAPS Analysis Canvas was used to design and plan for the September product. The Canvas support Analysts in tailoring their analytical

approach and products to specific information needs, research questions or information needs.

- The Analysis Framework was piloted, and definitions and instructions set to guide the selection of relevant information as well as the accuracy of the tagging. A review workshop was organized in October 2020 to review pillars and sub pillars and adapt if necessary.

An adapted interpretation sheet was designed to process the available information for each SDAF's pillar and sub pillar in a systematic and transparent way.

The Interpretation sheet is a tool designed so IMMAP/DFS analysts can bring all the available evidence on a particular topic together, judge the amount and quality of data available and derive analytical judgments and main findings in a transparent and auditable way.

Information gaps and limitations (either in the data or the analysis) were identified. Strategies have been designed to address those gaps in the next round of analysis.

The analysis workflow is provided overleaf (Figure 37).

**Figure 37.** 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"> <li>Analysis Framework</li> <li><a href="#">Analysis Canvas</a></li> <li>Data sharing agreements</li> <li>Report template</li> </ul>	<ul style="list-style-type: none"> <li>SDR folder</li> <li>Naming convention</li> </ul>	<ul style="list-style-type: none"> <li>DEEP (SDAF)</li> <li>DEEP (Assessment registry)</li> <li>Coding scheme</li> </ul>	<ul style="list-style-type: none"> <li>Interpretation sheet</li> </ul>	<ul style="list-style-type: none"> <li>Revised report template</li> <li>Analytical writing guidance</li> <li>Lessons learnt template</li> </ul>





# THANK YOU.



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## Website

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Scan to access the website