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Bangladesh Humanitarian Situation Report No. 56



Reporting Period: 1 January to 31 March 2021

Highlights

- Bangladesh continue to face a complex humanitarian emergency with over **877,710 Rohingya refugees** living in Cox's Bazar District and highly dependent on international aid, and with a rapidly worsening COVID-19 pandemic in the country. This situation may be further aggravated by the forthcoming cyclone and monsoon season which puts millions of children and their families at risk.
- Globally, Bangladesh has the **thirty third highest caseload** of confirmed COVID-19 cases as of 31 March. The mass inoculation campaign started in February with 7 million vaccine doses. So far, **around 5.5 million** people have received the first dose of the COVID-19 vaccine.
- On 22 March 2021, **a massive fire broke out in three Rohingya camps** directly affecting **48,300 individuals**. A number of UNICEF-supported facilities were also destroyed or damaged including a Primary Health Centre, 148 learning centres, two nutrition facilities, six water supply networks, 750 latrines, 280 bathing spaces and one information and feedback centres. UNICEF and implementing partners have been responding to the emergency right from Day 1 of fire incident to provide healthcare and clean water, install temporary latrines, provide shelter for displaced families in the learning centres and reunite children separated from their families. US\$ 3.9 million is required to reconstruct **damaged** facilities and restore life-saving services.

Situation in Numbers



62.7 million

Children in need of assistance due to the impact of COVID-19 (all children under 18 years of age in the country: COVID-19 BPRP 2020)



173.7 million

People in need including both refugee and host communities (UNICEF HAC 2021)



456,409

Rohingya children in need of assistance (UNHCR, 28 February 2021)



877,710

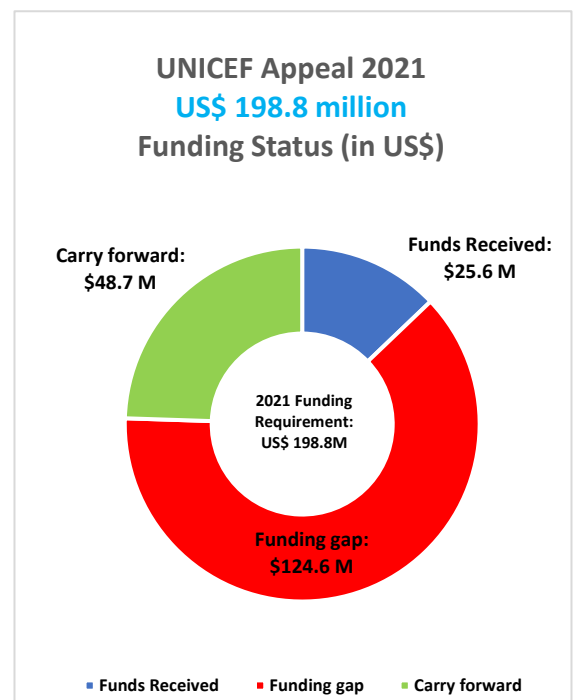
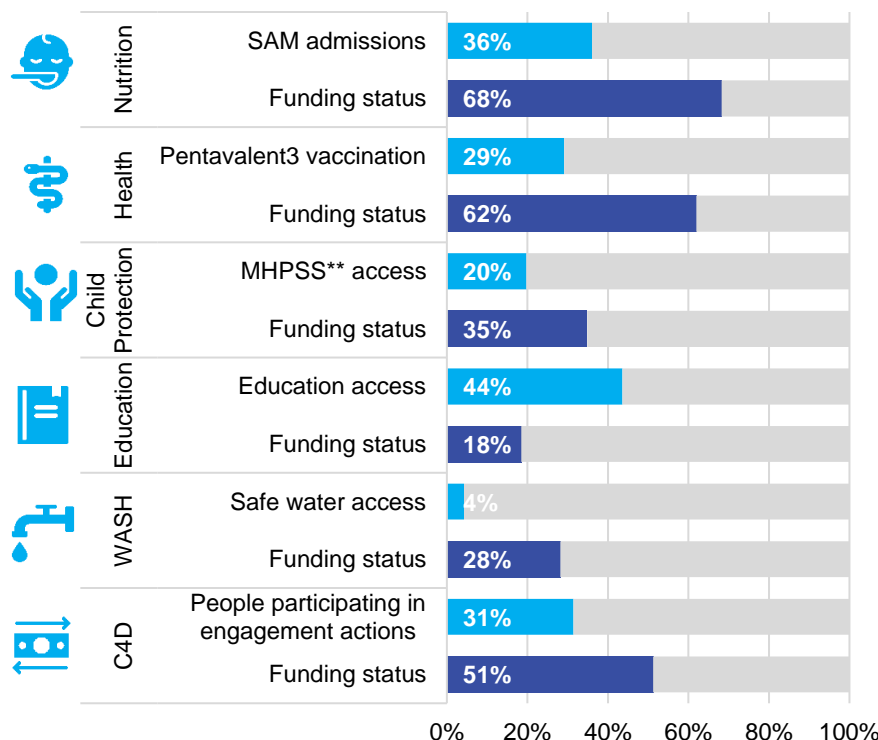
Total Rohingya population in need of assistance (UNHCR, 28 February 2021)



611,295

Confirmed corona virus cases in Bangladesh (as of 31 March).

UNICEF's Response and Funding Status*



* Includes response in both camps and host communities and the national flood.

** Mental health and psychosocial support

Funding Overview and Partnerships

With 37 per cent of funding requirements received, UNICEF wishes to express its sincere gratitude to Australia, Canada, the Centres for Disease Control and Prevention (CDC), Denmark, Education Cannot Wait, the European Union, GAVI, Germany, Global Partnership for Education, Japan, BMZ/KfW Development Bank, the Republic of Korea, Sweden, Switzerland, the United States (BPRM/FFP), the United Kingdom, CERF, the World Bank and various UNICEF National Committees for their generous contributions to this response. At the same time, critical financial gaps in Education (82 per cent) and WASH funding (72 per cent) are restricting UNICEF's ability to upgrade the concerned infrastructures for service delivering including actions to meet the specific needs of girls, women and people with disabilities. Flexible and multi-year donor funding in 2021 will be critical to provide essential support to Rohingya refugees and the most vulnerable children in the host communities.

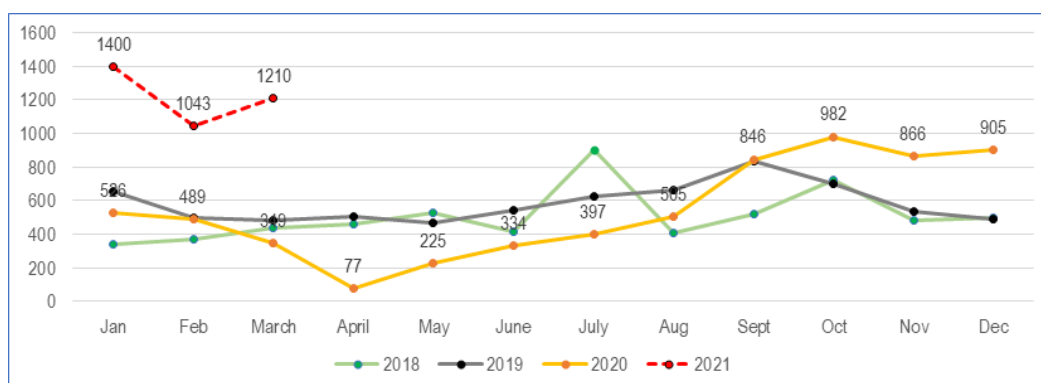
Situation Overview and Humanitarian Needs

Bangladesh is hosting over 877,710 Rohingya refugees¹ from Myanmar in 34 camps in Cox's Bazar District. About 52 per cent of whom are children. While basic services have been provided by now, children still face disease outbreaks, malnutrition, inadequate educational opportunities and the risks related to neglect, exploitation and violence including gender-based violence (GBV) risks, child marriage and child labour. Besides, there is an annual cycle of heavy monsoon and cyclone and destruction and damages associated with them, which poses substantial risks to both the Rohingya refugees and host communities. In addition, COVID-19 pandemic since the beginning of the last year has been seriously impacting people's lives in both the communities. As of 31 March 2021, the number of confirmed COVID-19 cases in Bangladesh reached 611,295 with 9,046 deaths². This includes 6,078 cases and 73 deaths in Cox's Bazar District. There have been 438 COVID-19 cases and 10 deaths confirmed in the camps³. Further, massive fire incident in three camps (8W, 8E, 09)⁴ on 22 March directly affected 48,300 individuals with the deaths of 11 refugees. A joint needs assessment was conducted within 72 hours following the fire incident to determine the overall scale and intensity of the damages as well as to identify critical life-saving response needs. UNICEF, together with other UN agencies and CSO partners, have been working on rebuilding facilities and restoration of services.

Summary Analysis of Programme Response

Nutrition

The admission rate of Severe Acute Malnutrition (SAM) children has significantly improved. A total of 3,653 children (63 per cent girls) were admitted for SAM treatment in first quarter of 2021. This is threefold higher compared with the same period last year. In the first quarter of 2020, only 26 per cent of the SAM children identified in screening in the inpatient centres were admitted for the treatment whereas the latest admission rate is on average 84 per cent for the past three months. This has been possible due to continuous and intensive follow-up with the districts using nutrition information system and data visualisation tools, and discussion in monthly district meetings on the performance and bottlenecks. UNICEF has also supported the government to conduct second round of online SAM health facility preparedness and functionality assessment. This will guide the activities for the next six months.



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UNICEF deployed 834 community-based nutrition volunteers (CNVs) (38 per cent female, with 31 per cent being from the Bangladeshi host communities) who **regularly screened and monitored children so that cases of malnutrition could be identified early and treated immediately**. During this reporting period, 90,778 Rohingya children (50 per cent girls, including 0.1 per cent children with disabilities totalling 96 per cent of the target) were screened each month in 20 camps supported by UNICEF. Out of these, 1,608 Rohingya refugee children (64 per cent girls, including two per cent children with disabilities) were admitted for SAM treatment in the 27 UNICEF supported Integrated Nutrition

¹ [UNHCR as of 28 February 2021](#)

² [IEDCR as of 31 March 2021](#)

³ [Health Sector and WHO, Cox's Bazar as of 31 March 2021](#)

⁴ [Inter-Sector Coordination group \(ISCG\) as of 31 March 2021](#)

Facilities (INFs). **Of the children discharged from the treatment, 89 per cent were cured (substantially above the the concerned SPHERE standard of more than 75 per cent) with a default rate of 0.2 per cent.** To ensure that no child was left behind, UNICEF supported to conduct the fourth round of a mass mid-upper arm circumference (MUAC) screening campaign from 28 March to 8 April across all camps. Thus far, 55 per cent of the 160,026 targeted children under 5 years (49 per cent girls) were screened for acute malnutrition.

UNICEF supported the prevention of malnutrition through Infant and Young Children Feeding (IYCF) counselling for caregivers and parents. During the reporting period, 54 trained IYCF counsellors provided one-to-one IYCF counselling and practical feeding support to 6,078 pregnant women and lactating mothers (0.03 per cent women with disabilities) of children under 23 months of age. UNICEF supported the supplementation of Iron Folic Acid tablets (IFA) to vulnerable individuals to reduce the risk of iron deficiency among the pregnant and lactating women and adolescent girls. During the reporting period, 20,287 pregnant and lactating women received IFA tablets along with messaging aimed at improving their knowledge of maternal nutrition.

Infection prevention and control (IPC) measures have been put in place at all 27 INFs as the number of COVID-19 cases surges. Caregivers and mothers continued to be sensitized with key messages on Covid-19 precaution, prevention and signs and symptoms of COVID-19. During the reporting period, a total of 92,327 caregivers and mothers (84 per cent female) of children under 5 received critical COVID-19-related messaging.

In Cox's Bazar host communities UNICEF advocated with Civil Surgeon's Office (CSO) to integrate growth monitoring and promotion (GMP) activities into 84 community clinics in Cox's Bazar Sadar, Pekua, Teknaf and Ramu Upazilas. UNICEF actively mobilized its 124 community nutrition volunteers (100 percent female) to support community clinic health care providers for routine growth monitoring of children 0 to 23 months of age in the community. During the reporting period, a total of 34,837 children (50 per cent girls) younger than 23 months old were monitored and 27,867 caregivers and mothers received nutrition-related messaging. A total of 67,234 children (51 per cent girls) were screened for acute malnutrition and 579 children (52 per cent girls) were identified as being at-risk of acute malnutrition and referred to the community clinics for malnutrition treatment.

UNICEF provided technical support to the CSO and positioned eight IYCF counsellors (100 per cent female) in the host communities health complexes to ensure quality maternal nutrition services are delivered from Government of Bangladesh-run facilities. Overall, 11,187 pregnant and lactating women (none with disabilities) and caregivers of children aged 0 to 3 Months received one-to-one IYCF counselling in the upazila health complexes. At community level, through community nutrition volunteers, UNICEF reached 54,715 mother and caregivers (100 per cent female) of children aged 6 to 59 months with IYCF messaging. To prevent anaemia during the pregnancy and postpartum periods, IFA tablets were provided to 10,773 pregnant and lactating women along with maternal nutrition messaging. A total of 19,220 adolescent girls were reached with weekly IFA supplementation and nutritional education.

Nutrition Sector partners in all camps reached a total of 11,338 children under the age of five and pregnant and lactating women (66 per cent female and 17 per cent of the JRP target) with Outpatient Therapeutic Programme and Targeted Supplementary Feeding Programme services. From January to March 2021, over 151,000 children under the age of five (49 per cent female) were reached by the malnutrition-preventive blanket supplementary feeding programme in the camps. Altogether, over 11,000 mothers of children under the age of five were reached with infant and young children feeding one-on-one or small groups sessions.

Sector partners screen approximately 98,000 children (51 per cent girls) per month in host communities in Cox's Bazar District. In total, 425 children (58 per cent girls) with severe acute malnutrition, 1,520 children (60 per cent girls) with moderate acute malnutrition, and 574 pregnant and lactating women with moderate acute malnutrition were reached by Nutrition Sector partners' respective Community Management of Acute Malnutrition programmes.

Health

National Deployment and Vaccination Plan (NDVP). UNICEF has been supporting the Ministry of Health and Family Welfare (MOHFW) in the development of the NDPV, material and guidelines, training curriculum and training plan as well as facilitating nationwide training of vaccinators and volunteers. The Government of Bangladesh (GoB) with the support of UNICEF launched the COVID-19 vaccination on 27 January 2021 and nationwide vaccination campaign started on 7 February 2021, targeting 60 million population. 5,370,431 people (38 per cent female) were vaccinated as of 31 March 2021.

Oxygen therapy. UNICEF is supporting the MOHFW to establish plants for Liquid Medical Oxygen (LMO) in 30 facilities. Also, UNICEF supported the Directorate General of Health Services (DGHS) to develop the national guideline for oxygen

therapy along with the training module. As of 31 March, 312 doctors and nurses received training on improved, safe and rational use of oxygen therapy in the respective facilities.

Infection Prevention and Control. As of 31 March, 2,248 doctors and nurses in eight districts received IPC training from District hospitals, Upazila health complexes and selected Union health and family welfare centre (UHFWC). Quality improvement interventions, like Plan Do Check Act (PDCA), was also initiated to improve triaging and handwashing practice in facilities. UNICEF and IEDCR established surveillance systems for identification and response to Multisystem Inflammatory Syndrome of Children (MISC) in 15 hospitals across Bangladesh.

Continuity of healthcare services. UNICEF supported the six-week long Measles-Rubella (MR) Campaign that concluded on February 3, 2021. A total of 36,585,691 children aged 9 months to under 10 years were vaccinated with one dose of MR vaccine against targeted 35,337,521 (104 per cent coverage). Also, a total of 9,694 children aged 0-11 month (48 per cent girls) across the camps received three doses of pentavalent vaccine. This is 32 per cent of the annual target for immunization which is contributing to the prevention of vaccine preventable illnesses and reduction of Infant mortality. Further, UNICEF supported Maternal, Newborn, Child and Adolescent Health (MNCAH) program to review the progress of Maternal, newborn and child health (MNCH) services in every division, through quarterly divisional meetings where the program managers review the improvement in MNCH services using the dashboard, developed by UNICEF in DHIS2.

As part of the Rohingya refugee response, UNICEF and partners provided 72,881 primary health consultations to 31,518 children under 5 (47 per cent female, including 0.01 per cent children with disabilities) at 13 health facilities out of which 32 per cent were attributed to respiratory tract infection. Cases of respiratory tract infection were identified as the most common reason for attending a consultation (accounting for 32 per cent of all cases). Overall, 47 Rohingya infants (38 per cent girls) received special newborn care at one of the five UNICEF supported health facilities in the host⁵.

UNICEF and partners ensured that 3,275 Rohingya women had at least one antenatal care (ANC) visit. Notably, only 1,449 ANC⁶ t out of 3,275 ANC1 visits, visits were conducted (64 per cent of ANC1 beneficiaries did not attend the fourth follow-up visit) out of which only 762 deliveries took place at UNICEF-supported facilities⁷. To mitigate these low numbers, UNICEF has deployed 205 community health volunteers (CHVs) in supported facilities to continue health education aimed at addressing issues around home deliveries and supporting pregnant women with referrals to primary health centres.

Prevention of Mother to Child Transmission (PMTCT) of HIV programme with HIV testing and counselling services have extended to two additional health facilities, In total, 7,133 pregnant Rohingya women received HIV counselling and testing during ANC visits, a total of 9,694 children aged 0-11 month (48 per cent girls) across the camps received three doses of pentavalent vaccine. This is 32 per cent of the annual target for immunization which is contributing to the prevention of vaccine preventable illnesses and reduction of Infant mortality.

UNICEF is working with the Health Sector partners to strengthen emergency response to COVID-19. As of 31 March 2021, there were 6,078 confirmed cases and 73 deaths registered in the host communities in Cox's Bazar District. UNICEF continued to support the GoB by ensuring the operation of the Severe Acute Respiratory Infection-Isolation and Treatment Centre (SARI ITC) in the Teknaf Upazila and the isolation centres in the Chokoria and Ramu Upazila Health Centres (UHC).

UNICEF is working to improve neonatal care at facilities in the host communities and camps by capacitating primary health centres to provide high-quality newborn care. UNICEF also trained 14 doctors (6 female) and 28 nurses (100 per cent female) on emergency triage assessment and treatment and sick newborn care at the Sadar District Hospital and four neonatal stabilization units at health complexes. Four neonatal stabilization units in health complexes in Chakoria, Teknaf and Ukhiya Upazilas were renovated with the expansion of kangaroo mother care corners⁸. In the Chakoria UHC, the number of beds available at the newborn stabilization unit was increased from four to ten, thereby enhancing the capacity of the unit to support more newborn infants.

⁵ Individuals from Rohingya refugee camps who are identified needing special care are further referred to treatment at one of the facilities in the host communities supported by UNICEF.

⁶ ANC1 represents the first antenatal care visit during the pregnancy, ANC4 accordingly represents the fourth visit. The World Health Organization recommends at least four ANC visits prior to delivery: World Health Organization, [WHO recommendations on antenatal care for a positive pregnancy experience](#), May 2017.

⁷ There are several possible reasons for this drop off in attendance, including that pregnant women may have delivered their children at a facility other than the ones supported by UNICEF (resulting in the unavailability of data) or that the deliveries are taking place directly in homes in the Rohingya refugee camps (for cultural and other reasons).

⁸ KMC is a practice that uses skin-to-skin contact—usually a parent's own body—to warm and nurture a new-born baby in particular pre-term and low birth weight new-borns.

WASH

UNICEF continued to work with the Department of Public Health Engineering (DPHE) at national level on continuity of water supply. During the reporting period, 136,508 people (24,025 girls and 51,054 women) were provided access to safe water for drinking, cooking and personal hygiene and 166,508 people (29,305 girls and 58,445 women) benefited from functional latrines to agreed standards. In collaboration with Oxford University, UNICEF is setting up a medical waste management programme at two hospitals in Gazipur to research and develop a model for replication.

UNICEF and partners continued to provide access to water, sanitation and hygiene (WASH) services to 242,000 Rohingya refugees (51 per cent female, 5 per cent persons with disabilities) in eight camps under UNICEF's area of responsibility in Cox's Bazar District. All 242,000 refugees (received two bars of soap and one bar of laundry soap through a monthly distribution using the SCOPE e-voucher system during the reporting period. All women and girls of reproductive age (approximately 78,000) also received menstrual hygiene management kits⁹. **45 solar-powered water networks have been completed** out of the planned 60 and are operating in the eight camps. These water networks are currently providing safe water to nearly 148,500 Rohingya refugees in the camps by reducing the reliance on handpumps which are harder to keep clean and maintain.

UNICEF continues providing safe sanitation in the camps through the maintenance of 13,460 latrines and the operation of 88 small-scale sewage treatment plants. 6,452 bathing spaces are also maintained throughout the camps. **Comprehensive and harmonised disability assessments** have been conducted by all partners with the aim of facilitating access to WASH facilities for people with disabilities and to ensure inclusive programming. Based on the assessments results, UNICEF is adapting programme activities and ensuring that disability inclusion is streamlined across all programmes thereby supporting the rights of all persons with disabilities.

WASH services are ongoing in line with the COVID-19 WASH Sector Guidelines with a focus on IPC measures that include regular disinfection of water points, tap stands, reservoir tanks, tube wells and surroundings, latrines and bathing facilities. UNICEF have been providing additional water through piped networks averaging between 5 to 25 litres per person per day to meet increased demand for handwashing and other IPC practices. Hygiene promotion activities focused on behaviour change continued, with 480 community-based volunteers (40 per cent female) having been trained.

Within the host communities, UNICEF and partners reached 43,798 individuals (47 per cent female, 0.1 per cent persons with disabilities) with COVID-19 IPC message through banners and posters, leaflets, mobile loudspeaker massaging and handwashing demonstrations during the reporting period. Overall an estimated 65,000 individuals of the population of Cox's Bazar District (47 per cent are female, including 1 per cent PWD) have been reached with direct messaging on handwashing for Covid-19 response.

An estimated 166,098 individuals (47 per cent female including 1 per cent PWD) were reached through the installation of 8,029 low-cost handwashing devices in households, 30 handwashing devices at public places and 3,813 new latrines. 7,354 latrines were disinfected and rehabilitated. Also, UNICEF and the DPHE completed the disinfection of 10 schools in collaboration with the Upazila Education Office and installed group handwashing devices at 15 schools and water and sanitation facilities at an additional 12 schools.

WASH Sector procured and distributed 169,036 soap kits to support the prevention and mitigation of COVID-19. Other key IPC activities included the instillation of 1,242 handwashing facilities and the disinfection of 186,362 latrines in Rohingya refugee camps and surrounding host communities. WASH Sector partners have improved infrastructure in Rohingya refugee camps and surrounding host communities by constructing 1,433 additional latrines that have benefited 28,660 individuals (51 per cent female) and repairing 24,957 latrines. In Rohingya refugee camps in Cox's Bazar District, the WASH Sector constructed 818 additional bathing spaces and 2 for persons with disabilities, benefitting 17,920 individuals (54 per cent female). Planned water network coverage has increased from 56 to 72 per cent during the reporting period.

Solid waste management initiatives in Cox's Bazar District. WASH Sector partners distributed 11,176 (8,846 in the camps and 2,330 in the host communities) household bins with 256,569 (243,023 in the camps and 13,546 in the host communities) waste collections occurring. Hygiene kits have been distributed to 17,162 (16,633 in the camps and 529 in the host communities) families and 88,882 (80,354 in the camps and 8,828 in the host host communities) females received menstrual hygiene kits.

⁹ The MHM kits include supplies for six months and include ten non-disposable sanitary and washable cloths, and four pairs of underwear

Education

In the first quarter of 2021, [learning was interrupted](#) for 76 days (33 per cent) out of 230 active school days in a year. Despite introduction of the home-based remote learning activities through TV, radio, internet, and mobile phones since April 2020, [surveys on education](#) during pandemic suggest that less than half of children have access to remote learning in Bangladesh out of 42 million schoolchildren¹⁰. Furthermore, the closure of education institutions will be extended until 22 May 2021 (Eid-ul-Fitr holidays) in light of the recent surge in COVID-19 cases and deaths. The Ministry of Education (MoE) with UNICEF's technical support has produced the [Secondary schools reopening framework](#), coherent with the [global framework](#) to mitigate the learning loss. UNICEF supported the Directorate of Secondary and Higher Education (DSHE) to develop an [instructional video](#) on school reopening. Bangladesh Shishu Academy (BSA) for early childhood education has [circulated instructions](#) to all the BSA Officers at the district level to prepare for reopening of the early learning centres (ELCs), maintaining health and hygiene guidelines. Additionally, UNICEF is supporting the DSHE with the development of the Psychosocial First Aid (PFA) manual and applications, which will provide mental health support to secondary students.



Arif (12) is having his daily education lesson through remote learning method. The teachers imparting education via cell phones in rural areas.

The prolonged closure of schools and LCs in Rohingya refugee camps and host communities in Cox's Bazar District in Bangladesh continued to disrupt learning for over 350,000 (48 per cent girls) Rohingya and 745,000 (49 per cent girls) Bangladeshi children. In the Rohingya refugee camps, UNICEF and partners introduced caregiver led education at home to ensure children are engaged in learning activities to minimize learning losses as a result of educational facility closure. UNICEF continued preparations for the launch of the Myanmar Curriculum Pilot (MCP) following educational facility reopening. The preparatory work included learner survey which supported to identify a total of 12,224 learners (girl 4,214) for MCP.

While there are challenges posed by low literacy levels of caregivers and parents, home-based learning continues through household visits by Burmese language instructors (BLIs) in compliance with COVID-19 prevention measures. In January, UNICEF distributed 435,348 students' workbooks and other learning resources to support caregiver led home-based education. The distribution reached 190,663 children (91,518 girls) in the camps and supplies were distributed by BLIs while respecting COVID-19 mitigation and prevention measures. UNICEF and local radio partners worked to broadcast three different shows for caregivers, learners and teachers to enhance the delivery of caregiver led education at home.

UNICEF is working closely with the DPEO to support preparations for safe reopening of schools in the host communities. UNICEF disbursed School Effectiveness (SE) grants to all (657) government primary schools in Cox's Bazar District to support implementation of school improvement plans in line with the¹¹ School Level Improvement Plan. With the support from UNICEF, the DPEO trained 1,400 teachers (30 per cent female) teachers, school management committee members on the safe reopening guidelines issued by the government. As per Government of Bangladesh guidance, all ability based accelerated learning (ABAL) centres have remained closed. To ensure the continuation of learning, 100 (87 per cent female) ABAL teachers have continued home visits supporting learners, caregivers and parents directly in their homes. To further facilitate home-based learning, UNICEF also provided 5,530 students (55 per cent female) with twin rolled at the ABAL centres textbooks.

Education Sector distributed learning materials to 190,354 learners (49 per cent girls) in 30 Rohingya refugee camps **following approval from the Office of the RRRC**, to enhance equitable access to quality education. This ensured all children have access to education and could continue learning at home despite challenges posed by COVID-19. 238,063 (111,640 girls) Rohingya children got support from 3,640 BLIs (1,043 female) to continue studying at home through Caregiver led education. Education facilitators disseminated caregiver education instructions to parents and community members. **UNICEF and the Education sector organized a mental health and psychosocial support virtual training** for 16 partners (6 female) as part of the 'Back to learning' initiative in preparation for the reopening of educational facilities in Cox's Bazar District.

¹⁰ ASPR 2019 and BANBEIS 2018

¹¹ The Fourth Primary Education Development Program (PEDP4) is sub sector wide program covering all primary schools in Bangladesh is to provide quality education to all children of Bangladesh from pre-primary up to Grade 5 through an efficient, inclusive and equitable education system

Child Protection

UNICEF continued working with the Government of Bangladesh amidst COVID-19 restrictions to improve prevention, reporting, and response to child protection cases. In the first quarter of 2021, at the national level, UNICEF has provided 100,046 children and primary caregivers (30,602 Girls, 11,490 Women and 903 persons with disabilities) with community-based mental health and psychosocial support. Child Protection Case Work was immensely affected due to control measures to contain COVID-19. Many vital violence prevention and response services were suspended or interrupted. Nevertheless, during the reporting period, 26,946 individuals (7,301 Girls and 2,467 Women) benefitted from Child Helpline (CHL) calls¹².

UNICEF has continued to upscale protection messaging to address incidents of sexual abuse and violence against children and women which have been exacerbated due to COVID-19 pandemic. Around 100,000 people benefitted from awareness messages through community radio programs, miking and billboard on ending violence against children. UNICEF also conducted three in-depth PSEA training for partners, supported the PSEA assessments, and had them completed by all partners.

The mental health and psychosocial support (MHPSS) needs of children remained one of the top priorities for UNICEF. UNICEF's psychosocial support (PSS) programme has reached 6,772 children in the camps (49 per cent girls, including 4 per cent children with disabilities), and provided comfort, practical support and access to age-appropriate cultural and recreational activities in a nurturing, safe and supportive environment. During the reporting period, 1,858 caregivers and parents (62 per cent female) in Rohingya refugee camps were reached with parental support services.

UNICEF provided specialised case management services for 1,030 vulnerable children and adolescents (52 per cent female and 156 children with disabilities (48 percent female) including survivors of abuse, exploitation, violence and neglect. Case management has not been affected by COVID-19-related restrictions in the Rohingya refugee camps as it is classified as a critical service. In connection with this, 58 unaccompanied among them 9 children with disabilities (6 females) and separated children (60 per cent female) have been placed in family-based alternative care. UNICEF continues a three-pronged approach to addressing gender-based violence prevention, response and risk mitigation and supports 18 Safe Spaces for Women and Girls (15 in Rohingya refugee camps and 3 in host communities). A total of 7,019 individuals (91 per cent female, including 1 per cent persons with disabilities) in the camps were provided access to multi-sectoral services including case management, PSS and referral for health, safety and legal services. Altogether 2,999 adolescent girls and women received dignity kits¹³ to facilitate their dignified access to services during the reporting period. To reduce the spread of COVID-19, distribution guidelines were followed. 96 UNICEF partner staff (31 per cent female) having been oriented on PSEA to create awareness on SEA prevention, reporting and available response services.

UNICEF supported 1,489 children and adolescents (53 per cent female including 19 adolescents with disabilities) from host communities who have received one-to-one and small group psychosocial support sessions. Additionally, 1,942 adolescents between aged 10 and 18 (57 per cent female) have benefitted from life-skills based activities and 799 adolescents between aged 10 and 18 (53 per cent female) have been engaged as agents for social change to raise awareness on harmful social practices in their communities.

UNICEF continued addressing GBV in the host communities through prevention, response and risk mitigation, and supports 3 Safe Spaces for Women and Girls. During the reporting period, 1,068 individuals (95 per cent female, including 0.4 per cent persons with disabilities) were provided access to multi-sectoral services including case management, PSS and referral for health, safety and legal services. UNICEF is supporting the Office of the Register General of the implementation of the Birth and Death Registration Information System (BDRIS) and a member of the Task Team for birth registration at Cox's Bazar District-level. Around 86,486 birth registration completed in the BDRIS in Cox's Bazar, of these 17,298 birth registration of children below 5 years (88 children within 45 days of birth, 17,210 within 5 years).

The Child Protection Sub-Sector has focused on providing children with PSS, reaching 7,122 children (47 per cent girls, including 1.7 per cent children with disabilities). Caregivers and parents have been supported through positive parenting sessions reaching 3,628 individuals (51 per cent female, including 4 per cent persons with disabilities) during the reporting period. The Sub-Sector continues to strengthen community-level child protection mechanisms, including 513 Community-Based-Child-Protection Committees (CBCPC), community and religious leaders and volunteers in Rohingya refugee camps and surrounding host communities in Cox's Bazar District. The CBCPCs provide

¹² Child Helpline Data 2021. Rescues included child marriage and family violence including GBV and trafficking

¹³ Contents of Dignity Kits include menstrual pads, bath soap, multiple pairs of underwear, detergent powder, sanitary napkins, a flashlight, toothpaste, a toothbrush, and a comb.

community-based child protection alternative care, dissemination of key child protection messaging and monitoring in Rohingya refugee camps and surrounding host communities. Additionally, child protection case management has been ongoing in both Rohingya refugee camps and host communities. During the reporting period, the CPSS received 2,822 child protection cases (50 per cent female, including eight per cent children with disabilities) and ensured their appropriate case management and referral, where necessary.

Communications for Development (C4D), Community Engagement & Accountability

A total of 9.8 million population (0.8 million girls and 3.6 million women) have been reached through Social and Behavioural Change Communication (SBCC) interventions including small scale courtyard and group meetings at the community level, community radio programming, street and mosque miking. Key life-saving messages focused on health, nutrition, WASH, education and child protection in the context of COVID-19 have been disseminated to increase knowledge and create demand in seeking services. Different types of communication materials such as posters and leaflets were disseminated as well. Community people also raised their concerns and provided feedback through existing mechanisms. A total of 78,000 (15,830 girls and 22,780 women) radio listeners shared their concern through phone-in programmes and three million people (608,850 girls and 876,150 women) called UNICEF-supported hotline numbers 333 and 16263.

UNICEF worked with the technical committee of DGHS and developed SBCC strategy of COVID-19 vaccination under the National Deployment and Vaccination Plan (NDVP), which was endorsed by the MOHFW. UNICEF also supported the DGHS with development of the COVID-19 vaccination training and conducting the Training for Trainers for 200 national level health officials. Around 40,000 vaccinators and frontliners were trained at the district and upazila levels.

Around 620 community and religious leaders (35 per cent female) including Majhis, Imams, Hafizaas and local influential persons took part in 45 advocacy meetings in 28 camps. The meetings focused on key practices and behaviours such as mental health, adolescent well-being, non-food items and shelter. A total of 1,275 individuals (17 per cent female, including 0.2 per cent persons with disabilities) were engaged and consulted through 98 community consultations in Rohingya refugee camps to discuss issues such as COVID-19 prevention, mental health and natural disasters. One of the major outcomes of these consultations is how to ensure programming is disability and gender inclusive. A total of 19,959 individuals (62 per cent female) visited 14 UNICEF supported Information and Feedback Centres (IFCs) and lodged 1,743 complaints, 4,369 feedback and 13,847 queries during the reporting period. According to a recent survey, 91 per cent of individuals reported that issues raised through the IFCs were successfully resolved, with nearly 100 per cent of the CFQs being immediately referred to relevant stakeholders for action. A total of four radio dialogues brought together more than 100 key stakeholders including government officials, Camp-in-Charges, humanitarian experts, civil society organization partners, religious leaders, Majhis, adolescents and mothers to discuss issues broadly related to COVID-19 mitigation and prevention.

UNICEF and partners have continued to engage and mobilize a total of 348,214 individuals (60 per cent female,) through 171,392 inter-personal communication sessions in Rohingya refugee camps with tailor-made and language-appropriate messaging and information. UNICEF partners have recorded five rumors related to COVID-19 vaccination. A total of 3,125 children (60 per cent girls) have been engaged as agents of change through 125 radio listeners clubs to help build awareness on the key COVID-19 mitigation and prevention measures. Approximately 200,000 people have been reached in five upazilas in Cox's Bazar District through loudspeaker announcements on COVID-19 prevention and mitigation measures including on handwashing and the use of facemasks. A total of 86,837 individuals (60 per cent female, including 0.3 per cent persons with disabilities) were reached through 26,517 household visits and 22,353 IPC sessions in Pekua and Moheshkhali Upazilas. A total of 70 individuals, including a local Member of Parliament, senior district-level government officials, civil society representatives, media personnel, youth, adolescents and women took part in a radio dialogue aimed at increasing the intake of COVID-19 vaccinations in Cox's Bazar District.

Union coordinators under the Local Governance for Children Programme facilitated 1,560 infection prevention and control sessions at key strategic locations mobilizing 49,441 individuals (59 per cent female, including 0.2 per cent persons with disabilities) in the Ukhiya and Teknaf Upazilas. Four IFCs in four upazilas (Ukhiya, Teknaf, Pekua and Moheshkhali) received a total of 4,289 CFQs from 4,289 individuals (42 per cent female). Out of the CFQs received, 39 per cent of individuals reported that their issues were successfully resolved. Partners are in the process of tracking and addressing the remaining unresolved CFQs.

158 Adolescent Radio Listener Clubs (ARLCs) supported by UNICEF hosted regular sessions on menstrual hygiene and mental health with the participation of 3,950 individuals (60 per cent female, including 0.7 per cent persons with disabilities). A total of 46 radio events and programmes have been recorded and broadcasted during the

reporting period. The radio programmes include information related to distance education for children, parents and caregivers, adolescent's' health and mental health and menstruation.

Humanitarian Leadership, Coordination and Strategy

The humanitarian response for the Rohingya refugee crisis is facilitated by the ISCG in Cox's Bazar. The ISCG Secretariat is guided by the Strategic Executive Group that is designed to be an inclusive decision-making forum consisting of heads of humanitarian organizations. On the government side, a National Task Force, established by the Ministry of Foreign Affairs, has been leading the overall coordination of the Rohingya crisis. Since August 2017 influx, the Ministry of Disaster Management and Relief (MODMR) has been assigned to coordinate the Rohingya response with support from the Bangladesh Army and Border Guard Bangladesh. At the Cox's Bazar level, the Refugee Relief and Repatriation Commissioner continues to be responsible for day-to-day coordination of the Refugee operation, while the Deputy Commissioner is responsible for the development of the Bangladeshi community throughout the district of Cox's Bazar. UNICEF leads the Nutrition and WASH Sector and Child Protection Sub-Sector and co-leads the Education Sector with Save the Children, in coordination with the concerned government counterparts.

Human Interest Stories and External Media

UNICEF reiterated support for critical and unmet humanitarian needs of Rohingya refugee and affected host communities inclusive of those impacted by the fire incident. Communications work was constrained by limited access to the refugee camps. UNICEF, taking all precautions, was able to generate content to highlight progress, achievements, and challenges through human-interest stories, shared with the donors during reporting periods, and content published on digital media platforms.

UNICEF developed and published communications and advocacy content keeping COVID-19 in mind, raising awareness, and encouraging continued support to tackle the pandemic. All six key programmatic areas supporting Rohingya and Bangladeshi children and their families were highlighted through the UNICEF Bangladesh website and social media channels. UNICEF Bangladesh is currently leading all UNICEF country offices globally in terms of outreach, with over 10 million followers and readers on social media and website.

Stories:

- What you need to know about a COVID-19 vaccine ([13 January 2021](#))
- A 'dry run' for COVID-19 vaccine delivery in Bangladesh ([25 February 2021](#))
- Junaid was separated from his family when fleeing raging fire in Rohingya refugee camps ([25 March 2021](#))
- Building back better: Saving vulnerable newborns with revitalized health services ([1 April 2021](#))
- Bangladesh Humanitarian Situation Report No. 3 (Rohingya Camp Fire) ([31 March 2021](#))

Press releases/statements:

- Children cannot afford another year of school disruption ([12 January 2021](#))
- Building trust in vaccines, addressing the youth mental health crisis, and bridging the digital divide among key opportunities for the world's children post-pandemic – UNICEF ([17 February 2021](#))
- Schools for more than 168 million children globally have been completely closed for almost a year ([3 March 2021](#))
- Ten million additional girls at risk of child marriage due to COVID-19 – UNICEF ([8 March 2021](#))
- Disruptions in health services due to COVID-19 "may have contributed to an additional 239,000 child and maternal deaths in South Asia" - UN report ([17 March 2021](#))
- UNICEF and BFF call for girls to follow football dreams in nationwide talent scout ([18 March 2021](#))
- Devastating fire displaces thousands in Rohingya refugee camps in Cox's Bazar, Bangladesh Statement by UNICEF Representative in Bangladesh Tomoo Hozumi ([22 March 2021](#))
- Statement by UNICEF Executive Director Henrietta Fore on the fire at Rohingya refugee camps in Cox's Bazar, Bangladesh ([26 March 2021](#))

Summary of Programme Results

Sector		UNICEF and IPs Response			Cluster/Sector Response ¹⁴		
Indicator	Disaggregation	2021 target	Total results	Change* ▲ ▼	2021 target	Total results	Change* ▲ ▼
Nutrition							
children aged 6 to 59 months with severe acute malnutrition admitted for treatment ¹⁵	Girls	7,455	3,319		6,796	1,543	
	Boys	7,145	1,942		6,304	923	
	People with Disabilities (PwD)	204	36		266	-	
children aged 6 to 59 months receiving vitamin A supplementation every six months ¹⁶	Girls	10,080,330	-		75,400	-	
	Boys	10,074,750	-		69,600	-	
	PwD	282,171	-		1,778	-	
Health							
children aged 0 to 11 months who have received pentavalent 3 vaccine ¹⁷¹⁵	Girls	1,860,671	560,339				
	Boys	1,860,862	522,563				
	PwD	52,102	-				
health service consultations for children and women, including prenatal, delivery and postnatal care; essential newborn care; immunization; treatment of childhood illnesses; and HIV care ¹⁵¹⁷	Girls	5,712,999	1,363,282				
	Boys	5,887,812	1,387,688				
	Women	3,633,443	472,949				
	PwD	213,280	2				
WASH							
people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene ¹⁸	Girls	2,607,909	102,671		291,943	223,520	
	Boys	2,163,098	95,240		305,419	233,597	
	Men	2,304,111	119,659		244,355	188,312	
	Women	3,416,636	131,957		283,699	216,055	
	PwD	97,523	16,612		11,254	8,615	
people accessing appropriately designed and managed latrines	Girls	300,539	83,615		291,943	255,879	
	Boys	275,841	74,294		305,419	268,043	
	Men	344,567	110,550		244,355	212,385	
	Women	247,473	113,480		283,699	250,333	
	PwD	23,156	10,790		11,254	9,866	
Child Protection							
children and caregivers accessing mental health and psychosocial support	Girls	167,320	34,739		279,436	3,351	
	Boys	218,080	49,415			3,771	
	Men	85,293	12,925				
	Women	79,307	11,705				
	PwD	18,400	1,022		27,944	119	
women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions	Girls	233,298	6,980				
	Boys	97,532	3,721				
	Men	40,200	5,000				
	Women	176,662	10,030				
	PwD	21,288	812				
Education							
	Girls	423,855	179,161		217,926		

¹⁴ This covers Cox's Bazar level only. More detailed information is available in the next table below.

¹⁵ Cox's Bazar host communities and floods not counted into the overall target due to double counting.

¹⁶ National Vitamin A plus campaign takes place twice a year and the results will be reported in the next situation report.

¹⁷ Cox's Bazar host communities not counted into the overall target due to double counting.

¹⁸ In 2020, WASH flood response is planned for 133,675 people.

children accessing formal or non-formal education, including early learning ¹⁹	Boys	414,695	186,631		210,517		
	PwD	14,291	2,316		N/A		
girls and boys supported with distance/remote learning in emergencies ²⁰	Girls	1,247,119	550,650		N/A	26,375	
	Boys	1,155,059	547,053		N/A	29,078	
	PwD	13,835	1,270		N/A	59	
C4D/ ACCOUNTABILITY MECHANISM							
people participating in engagement actions for social and behavioural change ²¹	Girls	9,888,300	822,429				
	Boys	10,085,700	921,047				
	Men	13,961,300	4,319,645				
	Women	13,714,700	8,908,760				
	PwD	8,000	162,666				
people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms ²¹	Men	514,200	287,479				
	Women	525,800	146,332				
	PwD	17,400	1,355				

Cox's Bazar level Summary of Humanitarian Programme Results

Indicator	disaggregation	UNICEF and IPs					Sector Response				
		2021 Target		Total Results		Change since last report	2021 Target		Total Results		Change since last report
		Refugee	Host Community	Refugee	Host Community		Refugee	Host Community	Refugee	Host Community	
NUTRITION											
Children aged 6 to 59 months with severe Acute malnutrition admitted for treatment	Girls	3,379	245	1,023	100	-	5,980	816	1,296	247	-
	Boys	3,121	255	585	90	-	5,520	784	745	178	-
	CwD	91	7	36	-	-	266	-	-	-	-
Children aged 6 to 59 months receiving vitamin A supplementation every six months	Girls	80,330	227,697	-	-	-	75,400	-	-	-	-
	Boys	74,750	236,985	-	-	-	69,600	-	-	-	-
	CwD	2,171	6,508	-	-	-	1,778	-	-	-	-
HEALTH											
Children aged 0 to 11 months who have received pentavalent 3 vaccine	Girls	15,258	39,036	4,657	12,234	-					
	Boys	15,251	39,984	5,037	11,741	-					
	CwD	427	1,066	-	-	-					
Number of health service consultations for children and women including prenatal, delivery and postnatal care; essential newborn care; immunization; treatment of childhood illnesses; and HIV care	Girls	76,678	58,657	17,362	3,416	-					
	Boys	78,443	61,075	15,474	3,203	-					
	Women	39,511	50,590	9,380	13,965	-					
	PwD	2,725	2,385	2	-	-					
WATER, SANITATION & HYGIENE											
People accessing a sufficient	Girls	63,954	19,728	63,954	9,210	-	230,573	61,370	162,150	61,370	-
	Boys	66,697	20,573	66,697	9,025	-	242,030	63,389	170,208	63,389	-

¹⁹ Covers institution-based education ie school, learning centre, temporary learning centre or other physical spaces where formal or non-formal education.

²⁰ This indicator covers only non-institution-based education access.

²¹ Cox's Bazar host communities and floods not counted into the overall target due to double counting.

quantity of safe water for drinking, cooking and personal hygiene.	Women	60,877	18,777	60,877	15,317	-	227,948	55,751	160,304	55,751	-
	Men	51,623	15,923	51,623	15,513	-	188,856	55,499	132,813	55,499	-
	PwD	7,295	2,250	12,100	116	-	8,894	2,360	6,255	2,360	-
People accessing appropriately designed and managed latrines	Girls	63,954	19,728	49,131	3,699	-	230,573	61,370	223,032	32,847	-
	Boys	66,697	20,573	51,239	4,850	-	242,030	63,389	234,115	33,928	-
	Women	60,877	18,777	46,767	7,137	-	227,948	55,751	220,493	29,840	-
	Men	51,623	15,923	39,658	7,548	-	188,856	55,499	182,680	29,705	-
	PwD	7,295	2,250	5,604	121	-	8,894	2,360	8,603	1,263	-
CHILD PROTECTION & GENDER-BASED VIOLENCE											
Children and caregivers accessing mental health and psychosocial support	Girls	38,610	12,870	3,351	786	-	221,255	58,181	3,187	164	-
	Boys	35,640	11,880	3,520	683	-			3,578	193	-
	Women	31,590	10,530	184	31	-	22,126	5,818	-	-	-
	Men	29,160	9,720	151	32	-			-	-	-
	PwD	2,700	900	96	23	-			117	2	-
Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions	Girls	8,331	4,000	2,594	501	-					
	Boys	632	500	573	51	-					
	Women	12,562	5,000	3,768	512	-					
	PwD	431	190	84	4	-					
People with access to safe channels to report sexual exploitation and abuse ²²	Girls	185,900	90,435			-					
	Boys	171,600	83,479			-					
	Women	140,400	68,300			-					
	Men	152,100	73,992			-					
	PwD	13,000	6,324			-					
EDUCATION											
Children accessing formal or non-formal education, including early learning ²³	Girls	122,000	36,400	111,802	-	-	190,285	27,641	-	-	-
	Boys	126,000	33,600	119,776	-	-	182,505	28,012	-	-	-
	CwD	2,480	1,400	2,316	-	-	N/A	N/A	-	-	-
Number of girls and boys supported with distance/remote learning in emergencies	Girls	36,600	14,560	33,541	-	-	N/A	N/A	26,375	-	-
	Boys	31,500	13,440	29,944	-	-	N/A	N/A	29,078	-	-
	CwD	1,362	560	1,270	-	-	N/A	N/A	59	-	-
C4D/ ACCOUNTABILITY MECHANISM											
People participating in engagement actions for social and behavioural change	Girls	117,000	27,000	22,429	18,308						
	Boys	117,000	27,000	21,047	14,244						
	Women	221,000	51,000	185,093	33,394						
	Men	195,000	45,000	119,645	20,891						
	PwD	6,500	1,500	1,666	299						
People who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	Women	20,800	5,200	12,409	1,801	-					
	Men	19,200	4,800	7,550	2,477	-					
	PwD	400	100	29	23	-					

²² Due to coronavirus pandemic, assessment has not done yet to get a comprehensive result.

²³ Data from LCs were last collected before COVID 19 and school is closed since the beginning of the pandemic.

Annex B

Funding Status*

Appeal Sector	Funding Requirements	Funds available*					Funding gap	
		Funds Received Current Year		Total	Resources available from 2020 (Carry-Over)		\$	per cent
		ORE	ORR		ORE	ORR		
Nutrition	20,688,000	454,463	6,923,504	7,377,966	4,105,787	2,641,895	6,562,352	32 per cent
Health	36,373,000	1,431,025	5,412,743	6,843,768	5,688,247	10,016,891	13,824,094	38 per cent
Water, Sanitation and Hygiene	32,133,000	2,254,344	-	2,254,344	1,773,285	5,025,705	23,079,666	72 per cent
Child protection, GBViE and PSEA	28,266,000	1,718,556	-	1,718,556	2,310,634	5,815,353	18,421,458	65 per cent
Education	69,701,600	2,751,417	3,669,945	6,421,362	3,347,673	3,100,118	56,832,448	82 per cent
C4D, community engagement and AAP	4,641,000	-	-	-	1,657,247	721,003	2,262,750	49 per cent
Emergency	7,000,000	965,096	-	965,096	2,059,369	405,535	3,570,000	51 per cent
Total	198,802,600	9,574,900	16,006,192	25,581,092	20,942,241	27,726,500	124,552,767	63 per cent

* As defined in the Humanitarian Appeal for 2021 (Jan – Dec 2021)

The next Situation Report will be issued on 23 July 2021

For general information regarding the actions being taken by UNICEF and other humanitarian community actors for Rohingya Refugee Emergency, COVID-19 response and the concerned resource requirements, please see the following documents.

- UNICEF Bangladesh [Humanitarian Action for Children \(HAC\)](#)
- UNICEF Bangladesh [Facebook page](#)
- Bangladesh [Rohingya Refugee Joint Response Plan 2020](#)
- UNICEF Response to the [COVID-19 Pandemic in Bangladesh](#)

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