

2020 MID-TERM REVIEW ROHINGYA HUMANITARIAN CRISIS

JANUARY - JULY 2020



BANGLADESH

This document is prepared by the ISCG Secretariat and produced on behalf of the Strategic Executive Group and partners.

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LIST OF ABBREVIATIONS

AAP	Accountability to Affected Populations	IEDCR	Institute of Epidemiology Disease Control and Research
ADB	Asian Development Bank	IM	Information Management
AGD	Age, Gender and Diversity	INGO	International Non-Governmental Organization
AWD	Acute Watery Diarrhea	IPC	Infection Prevention and Control
ATWG	Anti-Trafficking Working Group	ISCG	Inter Sector Coordination Group
BMD	Bangladesh Meteorological Department	ITC	Isolation and Treatment Centre
BSFP	Blanket Supplementary Feeding Programme	IVR	Interactive Voice Recognition
BTRC	Bangladesh Telecommunication Regulatory Commission	IYCF	Infant and Young Child Feeding
CBO	Community Based Organization	JRP	Joint Response Plan
CCCM	Camp Coordination and Camp Management	LCFA	Learning Competency Framework and Approach
CFS	Child-Friendly Spaces	LPG	Liquefied Petroleum Gas
CHW	Community Health Worker	MAM	Moderate Acute Malnutrition
CiC	Camp-in-Charge	MCP	Myanmar Curriculum Pilot
CP	Child Protection	MHM	Menstrual Hygiene Management
CPFP	Child Protection Focal Point	MHPSS	Mental Health and Psychosocial Support
CPIMS	Child Protection Information Management System	MoHFW	Ministry of Health and Family Welfare
CSO	Civil Society Organization	MSNA	Multi-Sector Needs Assessment
CwC WG	Communications with Communities Working Group	MUAC	Mid-Upper Arm Circumference
DC	Deputy Commissioner	NFI	Non-Food Items
DPHE	Department of Public Health Engineering	NCD	Non-Communicable Diseases
DRR	Disaster Risk Reduction	NGO	Non-Governmental Organization
DSS	Department of Social Services	NNGO	National Non-Governmental Organization
EETWG	Environment and Energy Technical Working Group	OTP	Outpatient Therapeutic Programme
EPRP	Emergency Preparedness and Response Plan	PERU	Protection Emergency Response Unit
EPRWG	Emergency Preparedness and Response Working Group	PLW	Pregnant and Lactating Women
ETS	Emergency Telecommunications Sector	PSEA	Protection against Sexual Exploitation and Abuse
EWARS	Early Warning Alert and Response System	RCCE	Risk Communication and Community Engagement
FSS	Food Security Sector	RRRC	Refugee Relief and Repatriation Commissioner
LHWG	Livelihoods Working Group	SADD	Sex and Age Disaggregated Data
FTS	Financial Tracking Service	SAM	Severe Acute Malnutrition
GAM	Gender with Age Marker	SARI ITC	Severe Acute Respiratory Infection Isolation and Treatment Centres
GBV	Gender-Based Violence	SEG	Strategic Executive Group
GEEWG	Gender Equality and Empowerment of Women and Girls	SMS	Site Management Support
GiHA WG	Gender in Humanitarian Action Working Group	SMSD	Site Management and Site Development
HDU	High-Dependency Unit	SOP	Standard Operating Procedures
HEB	High-Energy Biscuits	SRH	Sexual and Reproductive Health
HLP TF	Housing Land and Property Technical Forum	TSFP	Targeted Supplementary Feeding Programme
HOSOG	Heads of Sub-Offices Group	TWG	Technical Working Group
IASC	Inter-Agency Standing Committee	UNO	Upazila Nirbahi Officer
ICT	Information Communications Technology	VHF	Very High Frequency
ICU	Intensive Care Unit	WASH	Water Sanitation and Hygiene
IEC	Information Education and Communication	WG	Working Group
		WGSS	Women and Girls Safe Spaces
		WFS	Women-Friendly Spaces



FOREWORD BY CO-CHAIRS (STRATEGIC EXECUTIVE GROUP)

This Mid-Term Review for 2020 takes stock of the achievements and challenges from the humanitarian response covering the period from January to July 2020, against this year's Joint Response Plan for the Rohingya Humanitarian Crisis (the "2020 JRP"), including its addendum, the COVID-19 Response Plan.

When the JRP implementation period started in January, we could not have imagined how quickly the world would change in just a few months. At the outset, allow us to express our deepest condolences to every person and family in Bangladesh and around the world who has been touched by tragedy during the COVID-19 pandemic.

COVID-19 has brought vast changes and challenges to the Rohingya humanitarian response and our operations in Bangladesh's Cox's Bazar District, which were already complex before the onset of the pandemic. Bangladesh confirmed the first cases of COVID-19 in early March 2020, and the virus reached the Rohingya camps two months later.

In early 2020, the UN and NGO partners, together with the Government of Bangladesh, mobilized to respond to the pandemic. The COVID-19 Response Plan covering the period April to December 2020 set out a strategy, plan and additional requirements totaling USD 181 million. It also expanded host community support to an additional half a million Bangladeshis in Cox's Bazar District with targeted interventions in the areas of health, WASH coverage, food security and livelihoods during this unprecedented time.

Early on in the COVID-19 response, the Government of Bangladesh took decisive action – with the full support of the humanitarian community – to reduce operations to critical activities only and limit the number of humanitarian staff going to the camps, mitigating the risks, slowing the spread and providing a critical window of time to prepare for the onset of the virus.

In a truly collective effort, the Government of Bangladesh and the humanitarian community significantly expanded the health response within a few months, including by building twelve isolation and treatment centers, increasing testing capacity, and massively scaling up hygiene promotion and sanitation activities in and around the camps.

We want to take this opportunity to recognize and give our appreciation for the courageous Rohingya refugee and Bangladeshi volunteers, humanitarian staff, and Government officials, who have continued to deliver critical services in the face of critical risks to them and their families.

At the end of July, there were 71 confirmed COVID-19 cases and six related deaths in the Rohingya refugee camps. Looking forward to the remainder of the year and beyond, we want to emphasize the need to avoid complacency or any easing up in our efforts, given the uncertainties about this new virus and the course of the pandemic that we have seen elsewhere in the world.

The COVID-19 situation has exacerbated some of the challenges facing the Rohingya refugees and Bangladeshis living nearby. With fewer protection actors on the ground and reduced services operating, the humanitarian community is deeply concerned by an evident increase in gender-based violence, child marriage, and insecurity in the camps.

With the closure of educational facilities, children have also been away from learning activities for months, contributing to significant gaps in their learning and protection. We must work to reinforce the protection environment and plan for safe and gradual return to learning and other activities, when possible, during the second half of the year.

Even with the generous contributions from donors during this period, we must highlight that significant funding gaps remain that have impacted the ability of UN and NGO partners to meet priority humanitarian needs. The refugee camps and host communities remain fragile.

In the second half of the year, the JRP partners will count on your continued support in the fight against the COVID-19 pandemic and to sustain critically needed services and assistance to the Rohingya people and their generous hosts, until the voluntary repatriation of Rohingya to their homeland in Myanmar becomes possible.



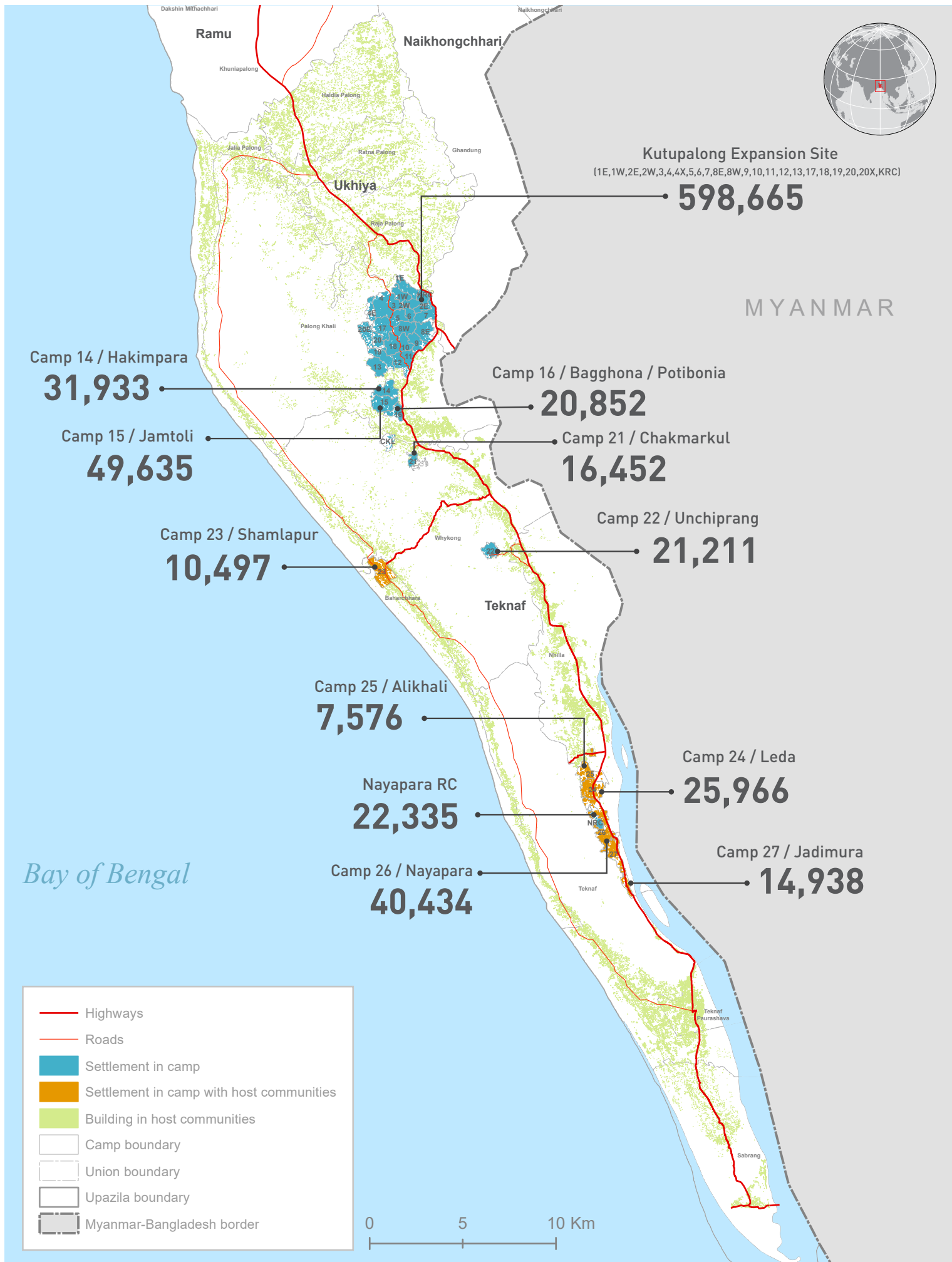
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PART I:

PROGRESS AGAINST STRATEGIC OBJECTIVES



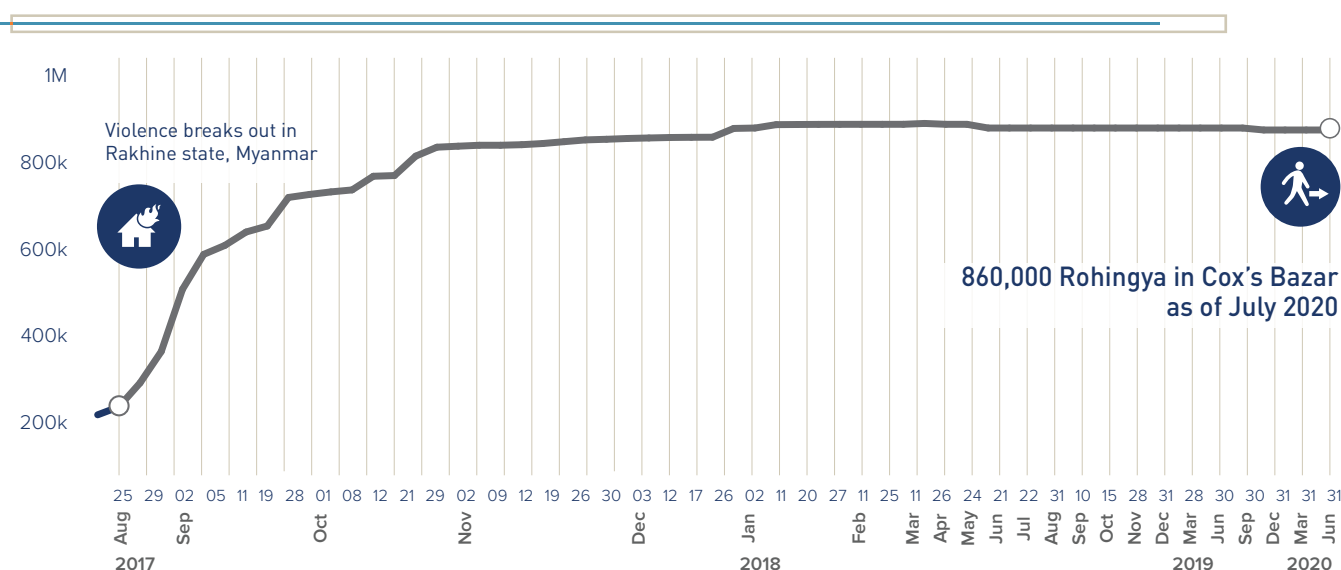
OVERVIEW: JANUARY - JULY 2020

SITUATION OVERVIEW

This 2020 Mid-Term Review¹ takes stock of the achievements and challenges of the humanitarian response covering the period from January to July 2020, against both the 2020 Joint Response Plan (JRP) and its COVID-19 Response Plan addendum. Taking into consideration that the COVID-19 Response Plan covers the period of April – December, the 2020 Mid-Term Review exceptionally includes the month of July in order to provide a review of the COVID-19 response at its mid-way point.

In the first half of 2020, under the leadership of the Government of Bangladesh, the humanitarian community continued to seek protection and solutions for Rohingya² women, men, boys and girls, as well as to provide support to vulnerable households in the host community. As the humanitarian response moved into the third year since the majority of the Rohingya refugee population in Cox's Bazar fled Myanmar, some 860,000 Rohingya refugees reside in 34 overcrowded camps in the Ukhiya and Teknaf Upazilas³ of Cox's Bazar District.

TIMELINE



While humanitarian partners met priority needs within the framework of the 2020 JRP, from March onward, the response pivoted to focus on emergency preparedness and response for the COVID-19 pandemic. Given the severely congested conditions in the refugee camps, the high levels of vulnerability among the Rohingya refugees and nearby Bangladeshi communities, and a national healthcare system that was already under severe strain, the Government of Bangladesh and the humanitarian community quickly mobilized to mitigate and respond to the anticipated impacts of the pandemic sweeping across the globe. Modeling undertaken by John Hopkins University projected that, in a high transmission scenario, as many as 16,000 refugees across 34 camps could require hospitalization in a single day at the peak, yet only two Intensive Care Unit (ICU) beds were available in Cox's Bazar District at the start point. The first laboratory-confirmed case of COVID-19 was identified in Cox's Bazar District on 23 March.

Beginning in March, the Government of Bangladesh issued a series of directives and instructions to limit movement into and within Cox's Bazar District and the refugee camps, and to restrict non-essential activities that could contribute to the spread of COVID-19. In coordination with the humanitarian community, the Refugee Relief and

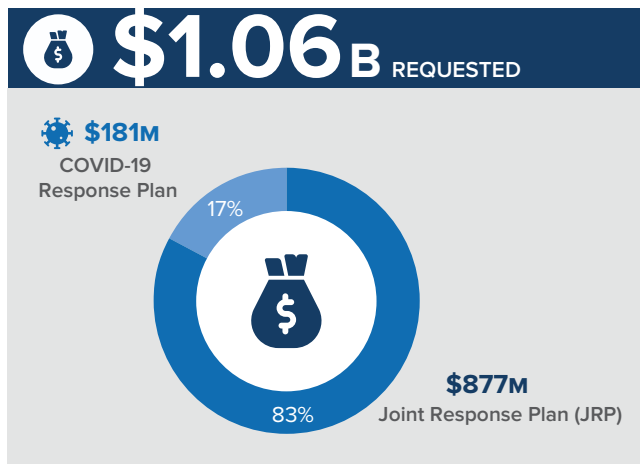
1. Note on terminology: For the purpose of the Mid-Term Review for the 2020 Joint Response Plan (JRP) for the Rohingya Humanitarian Crisis and the COVID-19 Response Plan, the term "affected populations" refers to the entire population impacted by the crisis. People or populations "in need" refer to a sub-set of the affected population who have been assessed to need protection interventions or humanitarian assistance as a result of the crisis. "Target population" refers to those people in need who are specifically targets of support interventions and assistance activities contained in this response plan.

2. The Government of Bangladesh refers to the Rohingya as "Forcibly Displaced Myanmar Nationals." The UN system refers to this population as Rohingya refugees, in line with the applicable international framework. In this 2020 Mid-Term Review, both terms may be used, as appropriate, to refer to the same population.

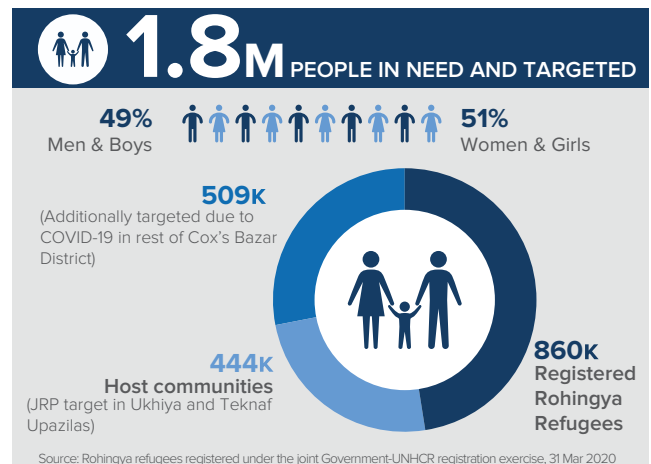
3. Upazilas are administrative units in Bangladesh. Districts are divided into Upazilas (or sub-Districts) and then Unions, wards and villages.

AT A GLANCE

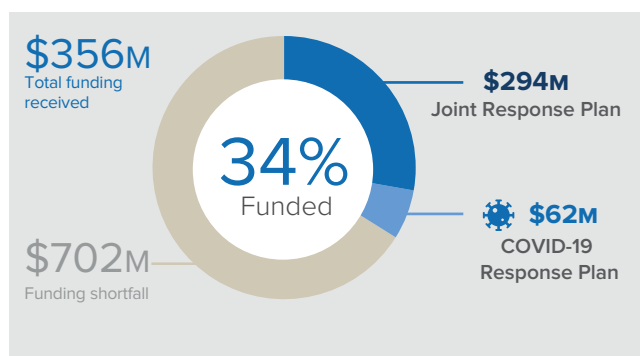
OVERALL FUNDING REQUESTED



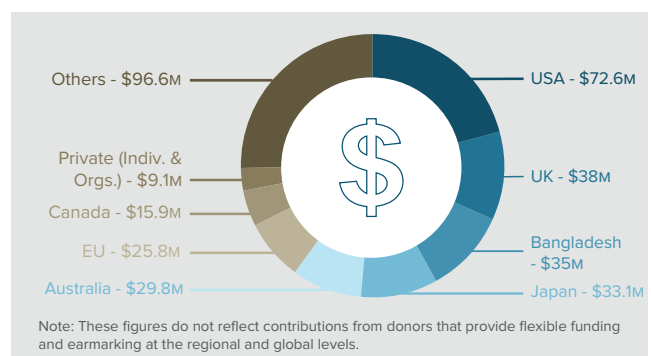
PEOPLE IN NEED AND TARGETED



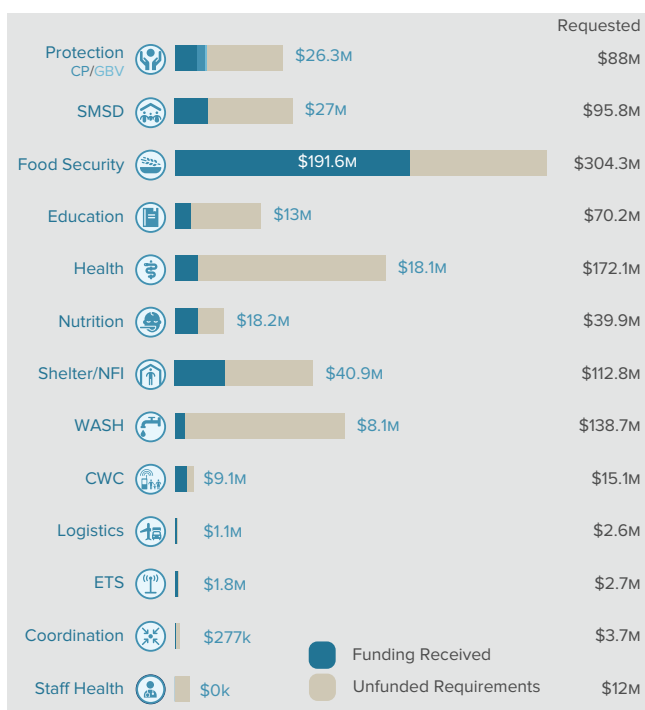
OVERALL FUNDING RECEIVED



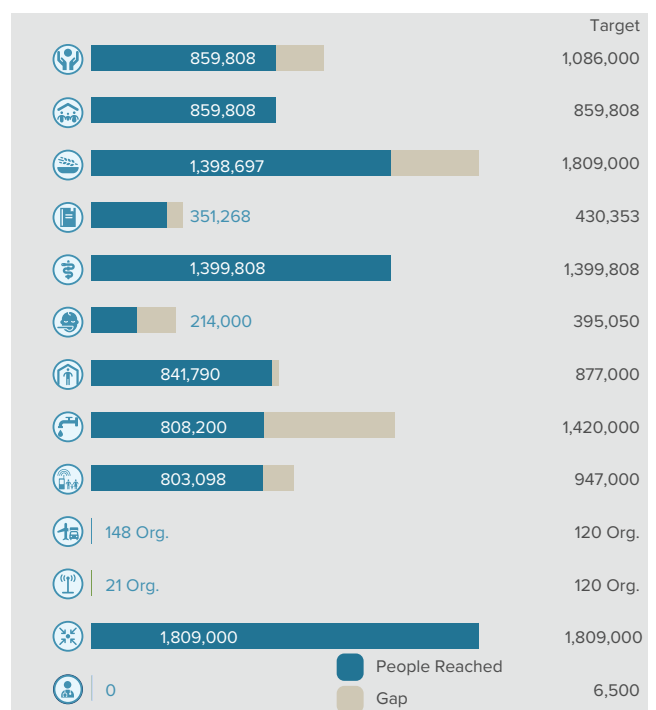
FUNDING BY DONOR (US\$)



FUNDING BY SECTOR

Total Requirements **\$1.06 Billion**

PEOPLE REACHED VS PEOPLE TARGETED

Total Targeted People **1.8 Million**

Source: FTS and Sectors as of July 2020

Repatriation Commissioner (RRRC) narrowed the scope of humanitarian operations to critical, lifesaving services only from 8 April, as an essential measure to help prevent the spread of the virus into the camps. This measure drastically reduced the footprint of the humanitarian response, with only some 20 percent of the previous levels of humanitarian staff entering the camps on a daily basis.

To ensure the delivery of the most critical services, refugee and host community women and men volunteers in the camps played an increasingly critical role in the humanitarian response. Humanitarian partners put remote management systems in place and worked together across Sectors to streamline activities where possible and make distributions less frequently with increased quantities to minimize exposure. These measures, and the rapid roll out of infection prevention and control (IPC) measures in the camps and across the District helped to slow the transmission of COVID-19 in the camps, with the first confirmed COVID-19 case of a Rohingya refugee identified on 14 May.

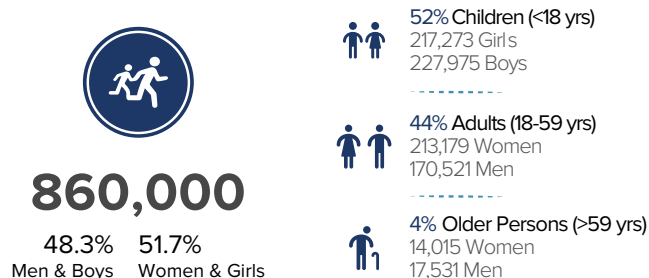
In order to highlight priorities within the planned 2020 JRP programmes and develop new COVID-19 response activities not foreseen or costed in the 2020 JRP, the humanitarian partners developed the COVID-19 Response Plan. This Addendum covers the period of April to December 2020. Within the framework of this plan, humanitarian partners continued to sustain the response to the priority humanitarian needs that existed before the pandemic, while at the same time strengthening and scaling up the additional activities needed to respond to the COVID-19 pandemic and its impact on the overall protection environment.

By mid-2020, the Government of Bangladesh and the humanitarian community had significantly expanded the health response by building 12 Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs) to serve the refugee and host communities. They also worked intensively to increase testing capacity, conduct extensive IPC training for health workers and refugee volunteers, and rapidly expand hygiene promotion and sanitation activities. Across Sectors, the humanitarian community scaled up risk communication and community engagement activities and implemented a targeted strategy for the protection of older refugees and other vulnerable groups. Through the COVID-19 Response Plan, humanitarian partners reached an additional 509,000 vulnerable Bangladeshis in Cox's Bazar District whose livelihoods have been disrupted by COVID-19. In tandem with the response to this unprecedented public health emergency, annual monsoon and cyclone preparedness and response programmes accelerated.

PEOPLE TARGETED AND PEOPLE REACHED

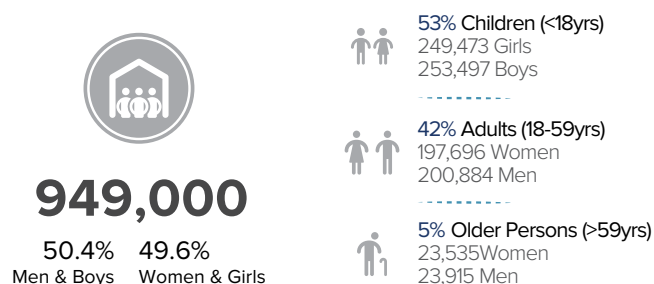
TOTAL TARGET 1.8M including COVID-19 Response Plan

REGISTERED ROHINGYA REFUGEES



Source: Joint Government-UNHCR registration exercise

HOST COMMUNITY IN COX'S BAZAR DISTRICT



Disclaimer: The figures are based on standard % disaggregation for gender and age

Despite these significant achievements, the COVID-19 pandemic presented pronounced challenges and contributed to a concerning deterioration in the overall protection environment in the camps, which is likely to persist until regular activities can be resumed. The restricted delivery of regular, essential services and the reduced presence of humanitarian actors in the camps has exacerbated the vulnerabilities of women, adolescent girls, children, older persons, transgender persons and those with disabilities. The limited number of protection actors in the camps resulted in a vacuum in conflict, mediation and legal services. Gender-based violence (GBV) is a particular concern. Reflecting trends seen around world during the pandemic, intimate partner violence has increased, as has targeted violence against vulnerable groups such as transgender persons and sex workers. During the COVID-19 pandemic, women and girls have faced an increase in unpaid care work, greater protection risks in and out of their homes, and mental health issues, while simultaneously being less able to access lifesaving services and support. The closure of temporary learning centres for more than four months has not only interrupted education services for children and youth,

but has also been accompanied by an uptick in the reported cases of violence against children, including negative coping mechanisms such as child labor, trafficking and child marriage. Another concern has been the delay in approval for the planned UN protection and humanitarian mission to Bhasan Char, which the Government initially requested after moving 306 refugees – most of whom are women and children – to the island in May, of whom 277 were rescued at sea by the Bangladesh Navy.

Even with the generous contributions from donors in the first half of the year, funding gaps remain for priority humanitarian activities, and the situation in the refugee camps and host communities remains fragile. The uncertainties of the global COVID-19 pandemic have compounded the already overwhelming sense of insecurity and trauma faced by Rohingya refugees. Beyond the emergency health response, the socio-economic impacts of the COVID-19 pandemic in Cox's Bazar will require a long-term recovery plan to ensure that no one is left behind. Ongoing support and solidarity with the Rohingya refugee response and the communities that host them is fundamental. The following report charts the way forward, highlighting the key priorities that must be urgently addressed in the humanitarian response for the remainder of 2020.



STRATEGIC OBJECTIVES



SO 1.

Strengthen the protection of Rohingya refugee women, men, girls and boys.

In close cooperation with the Government of Bangladesh and affected populations, protect individuals and communities, and contribute to an enabling environment for the rights and well-being of refugees, placing communities at the centre of the response.



SO 2.

Deliver quality, life-saving assistance to populations in need.

Maintain, improve and rationalise services and assistance to ensure equal access and improved quality of life for affected populations in need of humanitarian assistance. In close cooperation with the Government of Bangladesh and affected populations, enhance preparedness and contingency plans for disaster responses at the Upazila level



SO 3.

Foster the well-being of communities in Ukhiya and Teknaf Upazilas.

In close cooperation with the Government of Bangladesh and affected populations, and in the spirit of supporting the development of communities in Ukhiya and Teknaf, facilitate equitable access to quality services for communities; promote peaceful co-existence; strengthen public service infrastructure and delivery through system and capacity strengthening; support sustainable livelihoods; and rehabilitate the environment and eco-system.



SO 4.

Work towards achieving sustainable solutions in Myanmar.

Support Rohingya refugees to build the skills and capacities that would help with their sustainable return and reintegration in Myanmar when conditions become conducive, including in improving their access to education and skills development activities; ensure Rohingya refugee women, men, girls and boys have access to safe, transparent, and consultative communication mechanisms regarding solutions and the situation in Myanmar.

STRATEGIC OBJECTIVE ONE:

STRENGTHEN THE PROTECTION OF ROHINGYA REFUGEE WOMEN, MEN, GIRLS AND BOYS

In close cooperation with the Government of Bangladesh and affected populations, protect individuals and communities, and contribute to an enabling environment for the rights and well-being of Rohingya refugees, placing communities at the centre of the response.

In the first half of 2020, the Government of Bangladesh continued to keep its borders open, including ensuring access to territory for 460 refugees, and the disembarkation of nearly 400 Rohingya refugees from a boat at sea in May.

Following the completion of the initial registration exercise on 31 December 2019, the Joint Government of Bangladesh-UNHCR registration exercise entered a third phase in January 2020, focusing on updating registration data (i.e., births, deaths and changes in marital status), as well as the issuance of documentation to ensure that refugees can access assistance and services. The comprehensive Government-UNHCR registration database, which includes biometric data, will preserve the identities of the Rohingya refugees and their right to voluntarily return to Myanmar when the conditions are safe to do so. Unconditional access to territory for Rohingya refugees seeking safety and protection in Bangladesh must continue in 2020 and beyond.

The COVID-19 situation presented serious challenges to the overall protection environment of Rohingya refugees in the first half of 2020. Efforts to strengthen community-based protection, as well as ensure Accountability to Affected Populations (AAP) were redoubled, with refugee volunteers forming the backbone of the protection response. The reduced presence of protection actors in the camps from early April led to trained community volunteers playing an increasingly central role in delivering community-based protection, child protection and GBV prevention

and response activities in the camps, including referring those most in need to appropriate services. The onset of the COVID-19 pandemic required shifting the management of individual cases to a remote delivery modality, and the reduced number of protection actors in the camps resulted in an uptick in negative coping mechanisms, including an increase in sexual and gender-based violence, child labor, child and forced marriages, and a heightened risk of human trafficking. Protection Emergency Response teams (PERUs) were activated in all camps and expanded their work to include protection messaging and response during the COVID-19 pandemic, in addition to their responsibilities for monsoon and cyclone preparedness and response. More than 100 protection, child protection and GBV focal points were deployed alongside PERU teams to identify and refer protection cases across all camps. The development of a Protection Monitoring Framework and online child safeguarding training helped to strengthen case management and referral pathways and mainstream protection across Sectors, ensuring the continued delivery of timely services to the most vulnerable.

While significant gender mainstreaming efforts continued, the COVID-19 crisis exacerbated discrimination towards Rohingya women and girls and reinforced existing access barriers to basic services. This included women being disproportionately burdened with caregiving responsibilities, domestic duties and childcare. Simultaneously, Rohingya women reported reduced access to feedback, hotlines and reporting mechanisms, due to the shift to remote, phone-based communication and reduced presence of female workers in the camps. Key achievements in gender equality and women and girls empowerment in the first half of 2020 included implementation of gender action plans for several sectors, deployment of camp-level gender officers and gender training for all frontline health workers, as well as continued engagement with women community leaders and local women's rights and LGBTI rights organizations and networks. In addition, GBV partners worked closely with protection, child protection and health actors to enhance the efficiency of referral pathways to survivor-centred services and to deliver psychological support and case management in Women-Friendly Spaces (WFS) and health centres. This was of particular importance in light of the heightened risk of GBV in a number of forms, including intimate partner violence and domestic violence in the household, due to increased time spent inside shelters, as well as economic pressures and overall stress and anxiety.

Of concern:

- Access to territory for all refugees should be guaranteed, including those continuing to arrive by sea.
- Access to formal and informal justice for refugees remains challenging. Mediation and legal services have been negatively affected, and there is need to enhance standards on mediation in line with protection principles and strengthen a community-based protection approach.
- The socio-economic impacts of COVID-19 have exacerbated pre-existing protection risks, contributing to increases in negative coping mechanisms including child labor and child marriage, as well as dangerous onward movements.
- Reduced humanitarian presence in the camps as a COVID-19 mitigation measure led to reporting, feedback, complaints and accountability mechanisms being less effective and functional.
- Temporary closure of learning centres, community facilities, WFS and other safe spaces has contributed to increased risks and violence against women and children in the home.
- The lack of 3G/4G connectivity in the camps has negatively impacted the protection environment and hampered the delivery of some humanitarian activities and services, including by restricting refugees' access to lifesaving information, limiting abilities to report protection incidents to authorities and humanitarian actors, and posing significant barriers to remote learning during the COVID-19 pandemic.
- Amid reduced access to services for survivors as well as reporting mechanisms and presence of protection staff and security personnel, there are increased gendered security risks and sexual, gender-based and transphobic violence against women, girls, female sex workers and transgender persons.

STRATEGIC OBJECTIVE TWO

DELIVER QUALITY, LIFE-SAVING ASSISTANCE TO POPULATIONS IN NEED

Maintain, improve and rationalize services and assistance to ensure equal access and improved quality of life for affected populations in need of humanitarian assistance. In close cooperation with the Government of Bangladesh and affected populations, enhance preparedness and contingency plans for disaster responses at the Upazila level.

A large-scale, rapid emergency response was mobilized in March 2020 to ensure timely preparedness and response to the COVID-19 outbreak while also sustaining life-saving assistance across multiple Sectors for Rohingya refugees and local communities in Cox's Bazar District. Some key Sectors significantly scaled up activities in response to the pandemic – Health, Water, Sanitation and Hygiene (WASH), Communication with Communities (CwC) and Food Security – while other Sectors had to significantly scale down and reprioritize activities after the RRRC, in coordination with the humanitarian community, narrowed the scope of operations to critical services only as of 8 April. With a heavily reduced humanitarian footprint in the camps, refugees faced increased barriers in accessing services, and the provision of many essential services and activities was paused.

The Health Sector played an essential leading role in coordinating the response to COVID-19 in the refugee camps and host communities, while also maintaining the delivery of essential health services to both populations. Key progress in the first half of 2020 included the construction of 12 SARI ITCs to provide treatment to severely ill refugees and local Bangladeshis; construction of an ICU/High Dependency Unit (HDU) wing at the Sadar Hospital; material and training support to government health facilities; procurement of six oxygen generators to support facilities in the camps and host communities; extensive awareness and training on IPC for Community Health Workers (CHWs); increased capacity of the Institute of Epidemiology, Disease Control and Research (IEDCR) testing laboratory in Cox's Bazar District and enhancement of community-based surveillance in all 34 camps. Delivery of essential non-COVID-19-related health services continued across more than 200 facilities in the camps, and a mass cholera vaccination was rolled out at the beginning of the year following an upsurge of acute watery diarrhea (AWD) and measles in late 2019. However, the overstretched capacity of health partners due to the increased demand for services during the COVID-19 response, compounded by social stigmas and fears in seeking health services during the pandemic, resulted in gaps in delivery in such areas as immunizations, maternal and family health, and services for GBV survivors.

Water, Sanitation and Hygiene activities – with an emphasis on hygiene promotion, distribution of hygiene kits and soap, installation of handwashing facilities and regular disinfection of public facilities – were implemented at scale in both the refugee and host communities. The WASH Sector continued to increase water availability and quality in the camps, building 189 water networks in camps, of which 54 percent were completed and 36 percent were under construction at mid-year. Important efforts were also made by the CWC Working Group to provide key information and strengthen awareness on COVID-19 in the camps and host communities, including through community consultations, information outreach activities, and large-scale distribution of messages through audio/visual platforms and educational leaflets targeting women, men, girls and boys. As of July 2020, more than two-thirds of refugees had been reached with lifesaving information.

Critical food assistance has been delivered without interruption to all refugees, but with adjusted modalities to mitigate COVID-19 risks, including shifting from a food value voucher to commodity voucher pre-packaged food basket with increased nutritional value, to minimize person-to-person interaction in e-voucher shops and expedite the distribution process. Ongoing LPG assistance for 8,479 Rohingya refugee households and some 10,865 Bangladeshi households decreased the demand for firewood, improved air quality in shelters, reduced fire hazards, helped minimize protection risks related to firewood collection, and positively impacted social cohesion. In addition, the Food Security Sector (FSS), with the Cox's Bazar District administration, targeted food and basic needs assistance to more than half a million additional vulnerable Bangladeshis across all Upazilas in Cox's Bazar District, whose vulnerability has increased as a result of COVID-19, as well as continued support to the host communities in Ukhiya and Teknaf, which were already targeted in the 2020 JRP.

A dedicated inter-sector response to the protection of older persons, in order to minimize their exposure to COVID-19, was delivered by Protection, WASH, Shelter/Non-Food Items (NFI), CwC, FSS and WASH Sector partners. This included delivery of specialized NFI care kits, home delivery of liquified petroleum gas (LPG) and food assistance to those without caretakers, distribution of key messages on COVID-19 prevention and installation of handwashing stations outside of individual shelters.

Ahead of Cyclone Amphan in May, the inter-sector cyclone contingency plan was adapted to the COVID-19 context and stakeholders were mobilized to prepare for the possible landfall of the storm in the operational area. While the camps were not hit by the cyclone directly, an After-Action Review highlighted important lessons learned, including the need to refine and strengthen existing coordination mechanisms for cyclone preparedness and response. Since the start of the monsoon season, 22,500 refugee households have also received emergency shelter assistance.

Of concern:

- The COVID-19 emergency response has diverted the focus from continued delivery of essential health services, especially sexual and reproductive health (SRH), immunizations, and maternal health.
- Rumors, misinformation and gaps in access to information, and the reduced presence of humanitarian actors in the refugee camps during the COVID-19 response have resulted in mistrust of health services and humanitarian actors.
- Women and girls, as well as transgender persons and persons with disabilities, have less access to information in the camps, and face additional barriers in accessing some health services, due to the restrictive nature of social norms and social stigma.
- Negative health-seeking behaviours for routine health services have grown due to fear of COVID-19.
- Some practices in health centres, particularly gaps in providing gender-segregated spaces and services, led to barriers in access for women and girls and transgender persons. Consultations have shown that men did not allow their female household members to stay in mixed isolation and treatment facilities with unknown men, while women and girls reported feeling unsafe in mixed facilities due to the risk of GBV and abuse, and families expressed unwillingness to separate.
- Shelter materials, which are not durable and deteriorate rapidly, should be improved to ensure the safety and sustainability of households, particularly in case of monsoons and cyclones.
- The lack of a sustainable waste management system remains a critical gap.
- Gradual reopening of temporary learning centres and the resumption of educational interventions will be important, while also respecting the public health imperative.
- Two-story shelters and two-story learning centres would help address the ongoing challenges of severe congestion in the refugee camps. Government approval for the construction of these structures is reportedly receiving favourable consideration but has not yet been formalised.
- Substantial site management and site development challenges remain throughout the camps. The suspension of site development and improvement initiatives during the COVID-19 pandemic has resulted in deteriorating living conditions in the camps. Establishment of formal refugee representation systems in the camps is needed, in order to encourage feedback and participation in activities that affect their daily lives.



STRATEGIC OBJECTIVE THREE

FOSTER THE WELL-BEING OF COMMUNITIES IN UKHIYA AND TEKNAF UPAZILAS

In close cooperation with the Government of Bangladesh and affected populations, and in the spirit of supporting the development of communities in Ukhiya and Teknaf, facilitate equitable access to quality services for communities; promote peaceful co-existence; strengthen public service infrastructure and delivery through system and capacity strengthening; support sustainable livelihoods; and rehabilitate the environment and eco-system.

Humanitarian partners supported communities across Ukhiya and Teknaf Upazilas to alleviate the impacts of hosting the large Rohingya population. In the first half of 2020, the negative socio-economic fallout related to COVID-19 exacerbated the tensions between host communities and refugees, creating a greater need to upscale initiatives to contribute to peaceful co-existence.

Protection partners worked closely with government and local organizations to promote peaceful co-existence within refugee communities and between refugees and nearby Bangladeshi communities. Due to heightened inter and intra community tensions during the COVID-19 pandemic, actors bolstered their support to law enforcement agencies, with the aim of strengthening their relationships with refugees and host communities. An anti-trafficking working group, led by the Government of Bangladesh, pursued efforts to identify and mitigate trafficking risks (including marriage-related trafficking) and to provide assistance to survivors, mainly women and children. Protection partners organized counter trafficking training for government officials. Moreover, to reinforce commitment to principled assistance to refugees, protection partners delivered in-depth training on Protection from Sexual Exploitation and Abuse (PSEA) for PSEA Sector Focal Points, with the aim of strengthening reporting and referral mechanisms in cases of SEA. UN agencies piloted a community safety initiative to enhance access to justice and security in two camps.

Life skills, resilience and peacebuilding activities targeted Bangladeshi adolescents living in the host community. The delivery of essential protection services, such as case management, training on child protection, and training for government officials on birth and death registration also continued. The humanitarian community expanded its existing support to more vulnerable Bangladeshis in Ukhiya and Teknaf Upazilas, in order to mitigate adverse impacts on livelihoods and to reinforce Government safety net programmes. Together with the District Administration, humanitarian partners delivered assistance to more than 500,000 additional vulnerable Bangladeshis. This included food and cash support, distribution of agricultural tools, fertilizer and seeds, and small-scale tailoring initiatives such as engaging women in mask-making. As of 31 July, a local mask initiative produced 1.2 million face masks to help prevent the spread of COVID-19. Continuous LPG delivery to vulnerable households in Ukhiya and Teknaf Upazilas provided a safe and reliable source of energy for cooking and heating, which has helped sustain progress made in environmental rehabilitation and reforestation.

In partnership with the Ministry of Health and Family Welfare (MoHFW), the Health Sector extended substantial support to government healthcare facilities across all eight Upazilas in Cox's Bazar District to improve the quality of the COVID-19 response for Bangladeshis. These investments included supporting the construction of health facilities, including the establishment of an ICU wing in Sadar Hospital and 12 SARI ITCs, along with support for required medical staff, equipment and supplies. Trainings in IPC, clinical management and other key areas have developed the skills and capacities of frontline government healthcare workers, which will leave a longer-term legacy of improved healthcare services in Cox's Bazar District. Host communities benefitted from the construction and renovation of water and sanitation infrastructure, including drilling of new boreholes and new latrines. Public healthcare facilities also received substantial WASH support, including installation of handwashing stations and distribution of hygiene kits.

Of concern:

- The negative socio-economic repercussions of COVID-19 have impacted already vulnerable Bangladeshi households (including some of those hardest hit by the crisis, such as female-headed households, persons with disabilities, transgender persons and female sex workers), resulting in greater levels of food insecurity, and exacerbating inter-community tensions.
- The increased vulnerability of Bangladeshis in Cox's Bazar District has increased the risks of negative coping mechanisms, such as child labor, child marriage and dangerous onwards movements, including trafficking.
- Forest restoration through plantation was delayed during the reporting period due to COVID-19. However, small scale nursery planting continued in one camp and the host community, and several humanitarian organizations committed to planting over 300,000 seedlings (across 120 hectares) by the end of 2020.

STRATEGIC OBJECTIVE FOUR

WORK TOWARDS ACHIEVING SUSTAINABLE SOLUTIONS IN MYANMAR

Support Rohingya refugees to build the skills and capacities that would help with their sustainable return and reintegration in Myanmar when conditions become conducive, including in improving their access to education and skills development activities; ensuring Rohingya refugee women, men, girls and boys have access to safe, transparent, and consultative communication mechanisms regarding solutions and the situation in Myanmar.

As the focus of the response pivoted towards critical, lifesaving interventions from March 2020, investment in education and skills development of refugees suffered significant setbacks, with only very limited activities continuing. COVID-19 restrictions on education programmes, as well as other activities in the camps that bring groups together, severely hampered access to learning for Rohingya refugees. This caused a serious deficit in the delivery of informal education and skills-related activities, particularly for women and girls. The closure of temporary learning centres in April resulted in higher numbers of out-of-school youth and adolescents, and a shift to caregiver-led home-based learning. It is crucial to resume education activities in the camps as soon as possible, consistent with public health considerations. A protracted interruption in education and the development of life skills for an entire generation of Rohingya youth and adolescents could have lasting negative effects on their portable knowledge and skills and affect their potential for reintegration when they are able to return to Myanmar. In parallel, the pilot initiative for educational instruction in the refugee camps using the Myanmar Curriculum, referred to as the Myanmar Curriculum Pilot (MCP), which was approved for rollout in early 2020, was delayed due to COVID-19, although preparatory actions continued where possible.

Progress was made towards building the portable skills of Rohingya refugee women, with trainings on catering, handicrafts, block printing, and tailoring conducted for women and girls, and small-scale innovative community “upcycling” projects, which reuse materials to create products of higher value. A local mask-making initiative provided livelihoods and tailoring skills development opportunities for Rohingya refugee women, while focusing on diversifying and further developing skills of refugee women remains a priority for the rest of 2020.

Further efforts must still be made to expand two-way communication and feedback mechanisms to support ongoing dialogue on solutions and the situation in Myanmar. While such mechanisms are in place in the camps – in the form of information hubs, radio programming and information-sharing sessions supported by audio-visual materials – community outreach efforts have necessarily focused on the COVID-19 pandemic. Strengthening these mechanisms to ensure effective communication with communities will help to facilitate meaningful dialogue and ensure information and other needs are adequately met. The important bilateral dialogue on voluntary repatriation between the Governments of Bangladesh and Myanmar has not advanced during the pandemic, nor have further visits by Myanmar officials to the camps taken place.

Of concern:

- The need to scale up life skills and pre-vocational courses for Rohingya adolescents based on the Youth Skills Development Framework remains a critical priority. Diversified skills development for refugees is needed to increase livelihoods, production and engagement with camp and local markets.
- Two-way feedback and communication mechanisms should be enhanced to ensure effective communication with communities, to help facilitate meaningful dialogue on the situation in Myanmar, and ensure that access to information and other needs are adequately met, with a focus on gendered preferences on modalities for receiving information.
- Expansion of opportunities to create market linkages between supply and demand of products from livelihoods projects, engaging in particular those most vulnerable to COVID-19 livelihood shocks, especially women, remains a priority.

PROGRESS AGAINST COVID-19 RESPONSE PLAN PRIORITIES

While the 2020 JRP remains the foundation for the Rohingya humanitarian response, the COVID-19 Response Plan – an addendum to the JRP – introduced new activities responding to needs arising from the pandemic that had not been foreseen or costed in the 2020 JRP.

The COVID-19 Response Plan identified the following three strategic priorities:

- 1. Reduce the spread of the COVID-19 pandemic and decrease morbidity and mortality among Rohingya refugee and Bangladeshi women, men, boys and girls in Cox's Bazar District.*
- 2. Ensure against the deterioration of human rights, social cohesion, food security, self-reliance and livelihoods by maintaining and extending critical services.*
- 3. Protect, assist and advocate for Rohingya refugee and Bangladeshi women, men, boys and girls who are particularly vulnerable due to the pandemic.*

The Plan categorizes activities under six pillars. Key mid-term achievements against these pillars include:

<p>1. Expanding the health response to COVID-19 for Rohingya refugees and Bangladeshis through a multi-sector effort.</p>	<ul style="list-style-type: none"> • The Health Sector provided technical, material and human resources support to the IEDCR laboratory to increase surveillance and COVID-19 testing significantly in Cox's Bazar District, expanding the capacity from 100 to 1,500 samples per day between April and July. Since early April, the laboratory has conducted a total of 26,996 laboratory tests for COVID-19 in the lab for both refugees and Bangladeshis. • By 31 July, there were 3,348 laboratory confirmed cases of COVID-19 in Cox's Bazar district. Most cases were mild, but some required more intensive monitoring and treatment. 668 individuals received care in government isolation facilities that were supported by Health Sector partners, through training, technical assistance and medical donations. • By 31 July, 12 SARI ITCs were functional with 655-bed capacity, and five were under construction. A total of 70 refugees and 150 host community members had been admitted to SARI ITCs and Isolation and Treatment Centres. • An ICU/HDU facility at Sadar Hospital with ten ICU and eight HDU beds was also operational for the host community and Rohingya refugees. • Four new quarantine and four new isolation facilities were established in Ukhiya and Teknaf Upazilas, where patients received multi-sector support. • An inter-sector plan developed for COVID-19 home-based care will be activated when the SARI ITCs reach 75 percent occupancy. More than 1,400 CHWs had received training on home-based care by the end of July. • Standard Operating Procedures for safe and dignified burials developed with multi-Sector support are in place, and following endorsement by the RRRC, are guiding all Camp-in-Charges⁴ (CiCs) and site management partners. • A Health Sector Gender Action Plan was developed for the COVID-19 response and is currently being rolled out. The plan includes gender training of all health staff based upon agreed behavioural protocols. Gender Field Officers and Rohingya women volunteers conducted an assessment of health facilities using gender guidance and checklists. Targeted consultations and communication with women and girls are ongoing through female community outreach volunteers in the camps and the host communities.
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4. The CiCs are designated government officials with the responsibility for camp management.

<p>2. Scaling up Risk Communication and Community Engagement (RCCE) on health, hygiene, protection and overall COVID-19 response efforts, and increase the availability of water, sanitation and hygiene services for Rohingya refugees and Bangladeshis.</p>	<ul style="list-style-type: none"> • WASH partners scaled up hygiene promotion, disinfection, and maintenance of water and sanitation infrastructure across the District, with an average of 35,000 public facilities disinfected per week. More than 111,000 handwashing stations built in the camps and host community improved access to handwashing. • The Risk Communication and Community Engagement Technical Working Group (TWG), together with the Health Sector, WASH Sector, Gender in Humanitarian Action Working Group (GiHA WG) and Protection WG, developed an RCCE Strategy and Key Messages for COVID-19, which the Civil Surgeon endorsed. • Key RCCE activities rolled out included sharing COVID-19 messages via radio and cable TV networks, loudspeakers, hand-held microphones and speakers, mosque loudspeakers, and Interactive Voice Recognition (IVR) technology. Community-led engagement initiatives raised awareness on how women, men, boys and girls can keep themselves and others safe from COVID-19 in the camps and across the District. Strategies included engaging local women and youth groups, strengthening rumor-tracking tools used to address fears of testing and treatment, and ensuring access to complaints and feedback mechanisms. • A CwC WG Gender Action Plan is currently under development. CwC staff received gender training, including on Gender Information, Education and Communication (IEC) materials. CiC Gender Field Officers, Rohingya and host community women volunteers, and community-based organization leaders joined together in support of overall CwC efforts and to ensure targeted consultations and communication with women and girls.
<p>3. Protecting older Rohingya refugees, who are vulnerable to severe complications from COVID-19.</p>	<ul style="list-style-type: none"> • Rohingya refugees over 59-years old received targeted support to help reduce their exposure to COVID-19. This included 9,000 households visits with older refugees conducted by 248 trained refugee outreach volunteers. Support included home deliveries of food and LPG where needed; additional NFIs, such as mats, blankets, mosquito nets, and cloth masks; as well as the installation of handwashing stations outside their shelters.
<p>4. Augmenting Government social safety nets for vulnerable Bangladeshis whose livelihoods have been impacted by the COVID-19 pandemic.</p>	<ul style="list-style-type: none"> • The COVID-19 Response Plan expanded socio-economic support to include an additional 509,000 vulnerable Bangladeshis across Cox's Bazar District whose livelihoods have been disrupted by the pandemic. Assistance included food support to more than 11,000 Bangladeshis in Government quarantine facilities and ITCs; multi-purpose cash assistance for 547,535 vulnerable Bangladeshis; and the distributions of agricultural inputs to 84,431 local farmers, and 261,000 cloth masks produced through local tailoring initiatives for 130,500 host community members.
<p>5. Scaling up critical common services to enable the humanitarian operation.</p>	<ul style="list-style-type: none"> • Construction of a 50-bed COVID-19 Medical Treatment Facility was underway in Cox's Bazar in July 2020. The facility will serve 6,500 humanitarian personnel, including frontline health workers who may fall sick with COVID-19, in order to ensure the viability and continuity of the operation, and the ability of humanitarian organizations to uphold their Duty of Care. • Establishment of a new COVID-19 logistics hub in Cox's Bazar scaled up common storage capacity. The Logistics Sector coordinated procurement and a chartered flight carrying equipment and materials for the COVID-19 response. • The Emergency Telecommunications Sector provided data connectivity and security telecommunications services to 197 UN and NGO users. • The Logistics Sector set up a digital vehicle access pass system that facilitated the smooth passage of vehicles from 148 agencies and organizations travelling through checkpoints to provide critical services in the camps.

<p>6. Sustaining critical services and assistance, with public health measures adapted to the context that aim at minimizing COVID-19 transmission.</p>	<ul style="list-style-type: none"> • Humanitarian partners sustained critical services and assistance for the refugee population in the first half of 2020, including food assistance for 860,000 refugee women, men, girls and boys; protection and nutrition services; site management; water and sanitation; and the distribution of NFIs, including fuel. • Despite decreased demand and increased constraints due to COVID-19, refugees and local Bangladeshis were able to access non-COVID-19-related essential health services at 38 Primary Health Centres, 97 Health Posts, 23 special facilities, three field hospitals, and 171 sexual and reproductive health services delivery points. • 1,503 Rohingya volunteer teachers reached a total of 198,701 learners (boys and girls), enabling them to continue their education at home after learning centres closed in March. Burmese language instructors carried out 412,233 home visits in the community to facilitate learning at the household-level. • Cyclone and monsoon preparedness and response activities continued across Sectors, including the updating of Sector-specific contingency plans and mappings of resources. 22,581 refugee households received emergency shelter assistance following the start of the monsoon season. Ahead of the landfall of Cyclone Amphan in May, the inter-sector cyclone contingency plan was adapted to the COVID-19 context, taking into account gender and protection considerations. • To minimize transmission and exposure, humanitarian partners decreased their presence of personnel in the camps and host communities, with an 80 percent reduction in the number of staff working on the ground. Refugee and host community women and men volunteers playing a critical role in the delivery of services in the camps. Health and WASH partners set up temperature screening and handwashing stations at camp entry point and put in place measures for physical distancing to the extent possible, particularly at key locations such as distribution and water access points. To minimize risk exposure, distributions were combined where possible and organized less frequently, with increases in the rations and other assistance distributed. These efforts included the massive upscaling in disinfection and sanitation activities. • With support from the GiHA WG and the Inter Sector Coordination Group (ISCG) Gender Hub, Sectors reinforced gender mainstreaming and gender-targeted actions through dedicated Sector Gender Focal Points and Gender Advisers from each partner, including by developing, implementing and monitoring Gender Action Plans for each Sector linked to the findings and recommendations from the Rapid Gender Analysis on the impact COVID-19 in Cox's Bazar. The Inter-Agency Standing Committee (IASC) Gender with Age Marker (GAM) was used to ensure all new COVID-19 projects address gender and age-related differences, measuring programme effectiveness and examining levels of accountability and protection.
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HOST COMMUNITY RESPONSE HIGHLIGHTS

Humanitarian partners extended significant support to the host community during the first half of 2020, including through expansion of the geographical scope of assistance to reach a wider number of vulnerable Bangladeshis in Cox's Bazar District, due to the socio-economic impact of the COVID-19 pandemic. Some of the key achievements are set out below:

- The humanitarian community worked with the Government of Bangladesh to reinforce and complement social safety net interventions for vulnerable Bangladeshis in Cox's Bazar District. An additional 547,535 vulnerable Bangladeshis received in-kind food and unconditional/multipurpose cash assistance through the COVID-19 Response Plan, and humanitarian partners supported food production and access through agricultural inputs distributions to 85,460 households across the District.
- Health Sector partners, in collaboration with the Bangladesh MoHFW, supported the establishment of SARI treatment beds in Upazila health complexes across Cox's Bazar District. The nearly 300 active beds provided include ten ICU and eight HDU beds at the Sadar District Hospital. All SARI ITCs in and near the camps also serve the people from the host community in Ukhiya and Teknaf Upazilas for COVID-19 treatment and care, and as of 31 July, 150 host community members had been admitted to SARI ITCs and Isolation and Treatment Centres.
- The Dispatch and Referral Unit (DRU) also supports the MoHFW with the referral of COVID-19 cases from the host community, transporting them from hospitals to Government isolation units across Cox's Bazar District with an ambulance donated to the Civil Surgeon.
- The humanitarian community continues to provide support to the IEDCR laboratory at the Cox's Bazar Medical College for testing COVID-19 samples from all Upazilas in the District, as well as some from Bandarban and Chattogram Districts and those from the refugee camps. The IEDCR laboratory has carried out a total of 26,996 tests so far. More than 100 healthcare workers received training on IPC.
- 130,500 vulnerable Bangladeshis across Cox's Bazar District received over 261,000 locally manufactured face masks for preventing the spread of COVID-19.
- As part of the COVID-19 response, the WASH Sector strengthened support to the host community throughout the District by installing more than 22,000 handwashing stations, distributing soap to 48,500 households and disinfecting 6,000 public facilities each week.
- In host communities, partners also provided WASH packages covering water, hygiene, sanitation, and medical waste management to eight Governmental health facilities, of which seven also received WASH kits for patients in isolation.
- 10,865 Bangladeshi households received continuous LPG delivery and 337 households received shelter assistance.
- Educational activities shifted to home-based learning, with partners training teachers and caregivers on remote teaching, as well as COVID-19 awareness. 10,023 Bangladeshi boys and girls received materials to help them study at home, and 2,734 Bangladeshi adolescent boys and girls were able to access information communications technology (ICT) centres to develop their computer skills and take online courses.
- 3,605 host community adolescents benefited from life skills, resilience and peace-building activities.
- Some 329 host community children benefited from case management service, and 8,462 children and 2,731 caregivers received mental health and psychosocial support (MHPSS) services.
- Recognizing that COVID-19 has exacerbated risks, GBV awareness messages that highlighted ways to access GBV services targeted 28,452 Bangladeshi women and girls, as well as 2,851 gender diverse individuals in the host community.

- Anti-trafficking messages reached more than 19,029 host community members, including women and girls, and 141 Bangladeshi victims of trafficking benefited from life-saving humanitarian and protection assistance. A total of 498 officials from the Government Counter-Trafficking Committee also received training.
- Over 31,600 children and pregnant and lactating women received essential preventive and curative nutrition services by the end of July 2020. A total of 451 children with severe acute malnutrition (SAM) and 2,876 children with moderate acute malnutrition (MAM) under five received nutrition treatment, and 11,046 mothers were reached by Infant and Young Child Feeding (IYCF) and maternal counselling and group sessions. Government healthcare professionals also received training in providing nutrition services.
- Under the leadership of the District Deputy Commissioner (DC) and supervision of the Civil Surgeon, humanitarian partners extended COVID-19 communication campaigns to 221,501 people in the host community throughout the District, through various activities including 40,200 community awareness sessions. Information on COVID-19, including how to prevent the spread of the virus and how to seek testing and care, was announced through loudspeakers and megaphones on CNG/Tomtom auto-rickshaws in Cox's Bazar Sadar, Teknaf, Ukhiya, Pekua, Ramu and Maheshkhali Upazilas.



PART II:

SECTOR ACHIEVEMENTS, GAPS AND PRIORITIES



Cox's
Bazar
Education
Trust



Level 2, Mod

Student Wo

PROTECTION



Government of Bangladesh: RRRRC, Ministry of Women and Children Affairs (MoWCA), District One-Stop Crisis Cell (OCC)

Sector and Sub-Sector Protection: UNHCR

Lead Agencies: Child Protection: UNICEF

Gender Based Violence (GBV): UNFPA

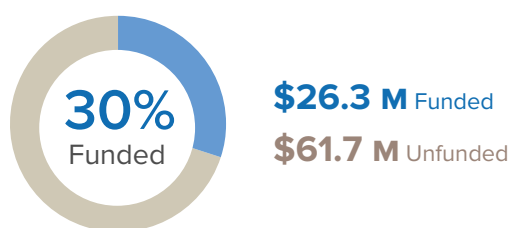
Sector and Sub-Sector Protection: Anna Pelosi / pelosi@unhcr.org

Coordinators: Child protection: Kristen Hayes / krhayes@unicef.org

GBV: Chacha Maisori / chacha@unfpa.org

Number of JRP partners: 30

FUNDING



\$88.0 M Requested

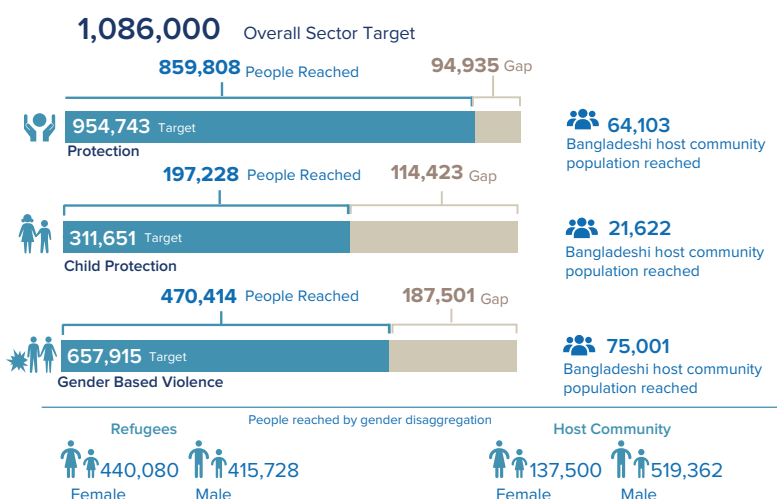
\$88 M

JRP 2020

\$0

COVID-19 Response Plan

REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One⁵: Monitor and advocate for access to territory, prevention of refoulement, respect for Rohingya refugee rights, while enhancing continuous registration and documentation for all Rohingya refugee women, men, girls and boys, in order to ensure effective, targeted protection and assistance and work toward sustainable solutions.

In the first half of 2020, the Government of Bangladesh continued to keep its borders open to new arrivals; ensuring access to territory for 460 refugees, some of whom crossed into Bangladesh directly from Myanmar, while others transited through other asylum countries before reaching Bangladesh and/or were registered following their arrival to camps after having lived in host communities for some time. UNHCR continued to monitor and support new arrivals at the Transit Centre, where they received assistance and protection services. In mid-April, nearly 400 Rohingya refugees disembarked in Cox's Bazar, following a failed attempt to travel by boat to Malaysia. UNHCR and its partners facilitated their quarantine, illustrating that access to territory and COVID-19 public health imperatives are not mutually exclusive. In early May, 306 refugees who returned to Bangladesh under similar circumstances, including 277 persons rescued at sea, were transferred to Bhasan Char Island, with authorities stating that this was a measure to curb the spread of COVID-19.

The Protection Sector developed a Protection Monitoring Framework that aims to enhance trends analysis, while strengthening case management and referral pathways in the context of a reduced humanitarian footprint due to COVID-19.

5. The report provides consolidated narratives, as the Protection Sector's objectives remained the same for the COVID-19 Response Plan. No new COVID-19 specific objectives were added.

Protection, Child Protection, and GBV Focal Points established remote work modalities coupled with rotational visits to the camps to ensure case management and protection monitoring. A total of 867 monitoring visits were conducted including border monitoring in 32 locations, enabling the provision of assistance and targeted advocacy on refugee rights, access to territory, non-refoulement and civil documentation.

The third phase of the Joint Government of Bangladesh-UNHCR Registration Exercise was launched in January, with the registration of new arrivals and the updating of the registration database and documentation for refugees whose family composition may have changed. Continuous registration will ensure that refugees possess documentation, which safeguards their right to return as well as access to rights and assistance while in Bangladesh. A harmonized marriage and divorce registration system was also introduced, while advocacy continued for access to birth and death registration in order to mitigate protection risks.

The Anti-Trafficking Working Group (ATWG) organized training sessions to enhance awareness of human trafficking issues, reaching 31,573 individuals: 12,544 refugees (4,595 men, 5,604 women, 1,330 boys and 1,015 girls) and 19,029 host community members (6,317 men, 7,688 women, 2,507 boys and 2,517 girls). Protection partners provided life-saving humanitarian and protection assistance to 187 trafficking victims of whom 141 were Bangladeshi. Finally, as part of World Anti-Trafficking Day, the ATWG provided training for 498 members of the Counter Trafficking Committee and 102 youth that highlighted the links between trafficking, child marriage, and COVID-19. In collaboration with Radio NAF, BBC Media Action, UNHCR, and IOM, audio messages reached 33 percent of the Teknaf population and parts of Ukhiya; including refugee camps. Tailored messages highlighting the dangers of onward movements in the context of COVID-19 also addressed the heightened risk of trafficking during the pandemic.

Despite ongoing advocacy, access to justice for refugees remains challenging, with the pandemic exacerbating barriers to formal⁶ and informal⁷ justice mechanisms. Key priorities include reinforcing refugees' access to legal assistance and advocating for effective interventions by law enforcement agencies, enhancing standards on mediation in line with protection principles, and strengthening community-based approaches to justice, such as community safety initiatives. Since January, 9,092 Rohingya refugees benefitted from legal assistance programmes, including mediation, while 7,400 refugees attended legal awareness sessions. IOM, UNDP and UNHCR jointly launched a pilot project aimed at improving security through a community safety initiative that supports the work of law enforcement authorities; strengthens collaboration between refugees, host communities and law enforcement authorities; and enhances the safety and security for all those living and working within and adjacent to the camps.

Objective Two: Promote a community-based approach to the response, support community self-protection mechanisms and facilitate meaningful access to specialized services for persons at heightened protection risk, including girls, boys, women and men of all ages who have diverse needs and vulnerabilities, with the aim of mitigating exposure to protection risks, strengthening the resilience of affected communities in order to build skills for return and reintegration, and placing communities at the centre of the response, as well as by ensuring active and meaningful two-way communication between humanitarian actors and communities of concern, in line with AAP principles.

Placing communities at the centre of the response through an Age, Gender and Diversity approach has been maintained as a key priority in order to ensure sustainability, empower and restore dignity to communities, and strengthen Accountability to Affected Populations. In the context of COVID-19, this has become even more crucial in order to mitigate the short and longer-term social protection consequences of the pandemic.

Given the reduced humanitarian footprint in the camps and in order to respond with a community-based approach to COVID-19, Protection Emergency Response Units (PERUs) were activated in all camps and their TORs were adapted to address the pandemic and the monsoon/cyclone season simultaneously. The PERUs, which consist of Protection, Child Protection (CP) and GBV staff and refugee volunteers, are usually activated only during the monsoon season. PERU team leaders and volunteers coordinated with authorities and Sectors at the camp-level, disseminated key protection and COVID-19 messages, assisted with protection referrals of urgent cases, and monitored the situation of persons with specific needs. Training on various protection and health-related topics enhanced the capacity of the teams and supported this new approach.

6. Formal justice systems include access to the Courts officially established under Bangladeshi law and reporting cases to the Police. During the COVID-19 pandemic, the Courts have been closed, and the Police have had reduced capacity to investigate cases.

7. Informal justice systems include mediation by community leaders or by lawyers from legal partners. Some cases, such as serious crimes, cannot be resolved through informal systems. During the COVID-19 pandemic, legal partners have had a reduced presence in the camps.

GBV Sub-Sector partners utilised an integrated community-based approach to GBV and COVID-19 prevention, risk mitigation, and response services to ensure access to information and services for women, girls, boys, and men, including persons with disabilities, in both refugee and host communities. This approach enabled GBV partners to reach 378,408 individuals with messages on referral pathways as well as community mobilization activities addressing GBV, child marriage, and trafficking. Of those reached, 47 percent were women, 21 percent were men, and 21 percent and 11 percent, respectively, were adolescent girls and boys.

The Child Protection Sub-Sector promoted a community-based approach to the response, upscaling these efforts drastically during the COVID-19 context while relying almost exclusively on communities to undertake child protection activities on the ground. In order to support community-led child protection activities, Protection partners produced a guidance note on community-level child protection activities that encouraged communities to develop their own child protection action plans. Additionally, an online orientation for Child Protection partners was conducted to enhance their ability to support communities in their preparations and response to emergencies. A total of 621 community-based child protection mechanisms were supported, with 99 percent of these reporting an increased capacity to monitor, identify and respond to child protection risks in communities.

Recognizing that certain groups are more vulnerable to the impacts of COVID-19, with older persons particularly at risk, protection partners responded with a tailored inter-Sectoral approach for the protection of older persons. This included, inter alia, support visits to 9,000 households with older refugees by 248 trained refugee outreach volunteers. During these visits, older persons and their caretakers received information on measures to mitigate the risks of COVID-19.

In support of the COVID-19 response, community outreach members also conducted 50,012 sessions that raised awareness among 314,423 refugees, focusing on COVID-19 prevention and response messages, as well as emergency preparedness and general protection issues. Approximately 18 percent of those reached were older persons, 30 percent were children and 2 percent were persons with disabilities. Given the limited access to specialized services for persons with disabilities, partners identified individuals with disabilities and referred them to agencies with the capacity to respond to their specific needs.

In addition to meeting the specific needs of older persons and persons with disabilities, Protection partners ensured that the specific needs of women and girls were addressed through their participation in community projects. The Protection Sector focused on expanding the engagement of women and girls within community groups and conducted targeted outreach, raising awareness among families and caretakers on the importance of female participation in camp affairs. These efforts yielded remarkable results, with women and girls groups developing and implementing 44 percent of all community service projects.

In 2020, 42 new community groups were established, with refugee participation in these groups increasing by 23 percent, including a 15 percent increase in women's participation and a 69 percent increase in participation by adolescent girls. By July 2020, Protection Sector partners established 120 community groups with a total of 3,089 active refugee members across 30 locations. These community groups empower participants to prioritize, make decisions, and implement projects that serve the needs of their community.

Humanitarian actors supported 3,933 community-led initiatives, including environmental rehabilitation and weather-related DRR projects and activities to support the COVID-19 response. As part of activities aimed at empowering communities, Protection Sector partners mapped and established networks of religious leaders with the aim of promoting community-based solutions to community-identified needs. Weekly meetings with 721 imams provided a forum to discuss COVID-19 prevention measures, cyclone and monsoon preparedness measures, GBV prevention, and access to reproductive health services. The networks of religious leaders recently expanded to include influential female preachers with the objective of enhancing engagement with female refugees who have diverse needs and face protection risks.

Objective Three: Support system strengthening together with Government and local partners, including local women-led rights organizations, promoting peaceful coexistence within and between the Rohingya refugee and host communities.

In order to ensure sustainability and institutionalize protection principles, Protection partners worked closely with government and local organizations to promote coexistence within refugee communities and between refugees and host communities. Given the socio-economic consequences of COVID-19 and its negative impacts on intra and intercommunal relations, ensuring peaceful coexistence was a key priority. Targeted activities, including psychosocial support, responded to the specific needs of people in the host community living with disabilities and older persons.

Protection partners delivered training for authorities as well as different segments of the refugee community that enhanced their knowledge of protection principles and strengthened their ability to address protection issues effectively, reaching 1,699 individuals. The ATWG implemented critical activities to mitigate and respond to onward dangerous movements and trafficking. Some of the priority activities included awareness-raising, rescuing and reintegrating survivors, supporting victim identification and assistance, and providing legal services in line with the government's National Anti-trafficking Plan. The ATWG partners provided technical support to the government-led Counter-Trafficking Committees (CTCs), which met fifteen times to discuss new trends and the way forward. IOM and the District Administration signed a joint statement, reaffirming the commitment to work together to eradicate human trafficking in commemoration of World Day against Human Trafficking.

The GBV Sub Sector, in collaboration with the RRRC, Ministry of Women and Child Affairs, MoHFW, and District Commissioner's Office, implemented GBV services in line with global and national standards for both refugees and host communities. Service points in 34 camps and 11 host community locations provided case management and psycho-social support, integrated sexual and reproductive health/clinical management of rape services, and mask-making activities in women and girls' friendly spaces.

Systems strengthening activities aimed at addressing child protection concerns included training on the 2013 Children's Act for 406 local child protection actors from government and civil society organizations, including 40 participants from the judiciary, police, and probation officers, as well as CiCs. Thirty-seven District local government officials received training on birth and death registration. Department of Social Services (DSS) officials also received training on the use of the Child Protection Information Management System (CPIMS+) and child protection issues.

In conjunction with GiHA WG, UN Women and UNHCR led the "Refugee Women Speak Up Too" advocacy campaign, which organized meetings between CiCs and female refugee leaders, giving them an opportunity to voice their concerns. Protection partners also conducted baseline assessments to scale up a Women's Participation Project and engage host community women in leadership, community decision-making and emergency preparedness and response in order to enhance peaceful coexistence between the host and Rohingya refugee communities.

Objective Four: Ensure that boys and girls, including adolescents, facing life-threatening risks of abuse, neglect, violence, exploitation, and severe distress have access to well-coordinated and gender-responsive quality child protection services.

While child protection challenges were always of concern in the response, COVID-19 exacerbated pre-existing risks and heightened the exposure of children to child trafficking, child labor and early marriage. Responding to individual child protection issues through case management remained a critical priority. Despite data and information management challenges, Child Protection partners recorded 4,583 case management interventions, which was an important achievement in light of the challenges imposed by COVID-19 and related restrictions on access, which required a shift toward a heavy reliance on remote case management through volunteers.

The Child Protection Sub-Sector supported this adaptation with a Guidance Note for Remote Case Management and a Guidance Note for Alternative Care, as well as Tip Sheets for case management volunteers. Online orientation sessions ensured that Child Protection partners were familiar with these guidance notes and could use them effectively. Coaching, mentoring and daily debriefings further enhanced the capacity of case management volunteers, which helped to ensure continuity of care, quality services and the effective use of referral mechanisms. While these efforts strengthened the capacity of volunteers to deal with more straightforward cases, experienced case workers continued to manage complex and high-risk child protection cases and a case management tracker ensured maximum coverage in light of the minimum presence of child protection staff on the ground. The Child Protection Sub-Sector also developed and endorsed Best Interest Determination Standard Operating Procedures.

Structured psychosocial support for children and caregivers was also a key priority. Although COVID-19 restrictions limited the ability to maintain structured psychosocial sessions for several months, the capacity of volunteers was enhanced. Structured sessions continued with the support of Child Protection partners; 40,869 girls and boys were provided with structured PSS support, while 21,182 caregivers were provided with positive parenting support.

A total of 36 Child Protection Focal Points (CPFPs) remained operational and were critical responders during the COVID-19 response. Their roles and responsibilities were adapted to better respond to the evolving situation, and bi-weekly trainings and meetings further strengthened their ability to play this critical role. CPFPs ensured daily communication with the CiCs, as well as Site Management and Health actors and other Sectoral focal points, depending on the child

protection issue at hand. The CPFPs further coordinated referrals to and from other Sectors, updated referral contacts, and conducted community-level child protection monitoring in consultation with communities, while remaining in contact with Child Protection partners in the camps on a daily basis. In addition, 22,081 host community and Rohingya adolescents received support through life skills, resilience building and peacebuilding activities.

Through Child Protection partners, volunteers and community-based mechanisms, awareness-raising sessions reached 197,228 individuals, including 21,622 host community members, with COVID-19 and Child Protection risk mitigation messages. These messages focused on COVID-19 prevention measures, as well as the child protection impacts of measures aimed at containing the COVID-19 pandemic, such as the closure of educational and other facilities used by children.

Objective Five: Improve access to quality survivor-centred services by responding to individual needs, preventing and mitigating GBV risks, and supporting women, girls and survivors of GBV in Rohingya refugee camps and targeted areas in host communities.

During the COVID-19 pandemic, the Gender-Based Violence Sub-Sector (GBVSS) continued to reiterate the importance of ensuring quality GBV case management services, while also incorporating COVID-19 messages into activities conducted in Women and Girls Safe Spaces (WGSS) in order to establish safe, and non-stigmatizing case management entry points.

Given the lifesaving nature of GBV interventions, coupled with the heightened risk of GBV during lockdowns imposed to curb the spread of COVID 19, in-person psychosocial/case management remained critical. A total of 51,778 individuals received this support via the Women Centres, WGSS and Women Friendly Spaces (WFS) and in health centres. Strengthened linkages with the Protection Working Group, Child Protection and health community-based networks enhanced the efficiency of referral pathways and survivor-centred GBV services. Case workers received specific training on “safeguarding” and referral pathways. The PERU, GBV and Child Protection focal points were also trained on case management modalities.

Child Protection and GBV Sub-Sectors strengthened coordination and collaboration with support from the Child and Adolescent Survivors Initiative. The GBV Sub-Sector also organized English and Bangla language webinars for frontline case workers on GBV case management, psychosocial support, psychological first aid and referral pathways, reaching 575 individuals (187 male and 388 female).

In order to ensure that Rohingya women and adolescent girls could access livelihoods and skills training, while contributing to the COVID-19 response, 878 women and girls from refugee and host communities received training in tailoring materials for the production of cloth face masks. They produced more than 60,600 masks, some of which were distributed to women and girls accessing services at WFS, pregnant women and other vulnerable women, girls and children. A total of 9,003 women and girls also received dignity kits and 3,198 solar lamps were distributed to enhance the safety and security of women and girls at night.

Objective Six: Promote an integrated and multi-sector Protection, Age, Gender and Diversity approach.

In order to ensure the centrality of protection, humanitarian partners adopted a “whole of system approach” through inter-sectoral initiatives and the development of guidance notes, including a Protection Sector Brief outlining emerging protection trends, advocacy points, and recommendations aimed at addressing the evolving COVID-19 protection environment.

Taking forward the 2020 JRP strategy for protection mainstreaming, the PWG finalized Terms of References for Protection Mainstreaming Focal Points. Recognizing the critical role of Health, WASH, and Site Management in the COVID-19 response, the Protection Mainstreaming Focal Points embedded in these Sectors ensured inclusion of the “Do No Harm” principle and AGD approach in the COVID-19 response. The Health Sector partners received Protection mainstreaming Tip Sheets developed specifically for their use, as well as protection training. Protection partners also provided guidance to other Sectors for the development of their COVID-19 strategies. This included, for example, technical inputs on community messaging for quarantine facilities; emphasizing the need to ensure confidentiality; strengthening access to protection, PSEA, GBV, and CP services through referrals to appropriate focal points; and advice on measures to mitigate stigma.

The Child Protection Sub-Sector (CPSS) prioritized capacity building for other Sectors including training for WASH, Health and Nutrition partners. CPSS developed a Guidance Note on child protection in health centres, which was introduced

through training for 130 health workers on caring for children in quarantine and treatment centres. Additionally, 18 site management staff received training on child protection considerations. The Age and Disability WG now works under the umbrella of the Protection Sector through a structured coordination framework, in order to mainstream AGD effectively across Sectors, consistent with the “Do No Harm” and “Leave No One Behind” Principles. New guidance on the inclusion of older persons and persons with disabilities in the COVID-19 response also strengthened these efforts.

Through the Housing, Land and Property Technical Forum (HLP TF), co-chaired by the Protection, SMSD and Shelter/NFI Sectors, HLP due diligence guidelines supported other Sectors in monitoring reports of increased rental fees and threats of eviction resulting from the socio-economic impact of COVID-19. The HLP TF trained partners on the Eviction Monitoring Framework, which covered international and national legal frameworks on the prohibition of forced evictions, and an eviction monitoring procedure for an effective referral and HLP case management system. Moving forward, Protection Focal Points will use an eviction incident monitoring form to track HLP issues and associated protection risks. During the pandemic and the cyclone/monsoon season, partners intensified efforts to enhance protection mainstreaming. Through intra and inter-sectoral coordination, and collaboration with CiCs, Protection partners responded to immediate safety and urgent medical needs including providing support and referral for case management. The Protection Sector, including the Child Protection and GBV Sub-Sectors revised the cyclone preparedness and response plan, outlining the protection emergency coordination structure, its linkages with other sectors, and protection risks during natural disasters.

Proactive participation in multi-Sectoral fora, the work of Protection, Child Protection and GBV camp focal points, and the PWG’s newly developed interactive service mapping dashboard and protection referral pathway all contributed to enhancing knowledge of protection activities within the Sectors and helped to steer the response toward ensuring the centrality of protection.

GAPS AND CHALLENGES

The socio-economic impact of COVID-19 exacerbated pre-existing protection risks. The COVID-19 containment measures have had negative socio-economic impacts, which have led refugees and people in the host communities alike to resort to the use of negative coping mechanisms. Child labour and child marriage have increased as common negative coping mechanisms used to supplement household incomes, while trafficking networks are preying on both communities.

The reduced footprint of protection actors and authorities has negatively affected access to formal and informal justice mechanisms and psychosocial support, including MHPSS, as well as mediation and legal and physical protection services. Mahjis have taken on an increased role in mediating disputes and conflicts, adopting practices that are not in line with protection principles and asking for payments. The unstable mobile network and prohibition on the use of the internet has also impacted the ability to refer and manage cases effectively.

With the decrease in livelihoods opportunities for both refugees and host communities, refugees reported an increase in theft and violence when accessing resources such as water and food. This has exacerbated tensions with host communities with reports of violent conflict between local Bangladeshis and refugees. Intra-refugee conflicts have also increased, as have incidents of intimate partner violence and threats of eviction, all of which have contributed to a deteriorating protection environment and negative discourse on refugees and humanitarian workers.

Implementing measures to improve the overall protection environment, including through effective access to formal and informal justice in line with protection principles, strengthening national systems, and complementary interventions between development and humanitarian actors to institutionalize protection and accountability principles remain key priorities.

Efforts to mitigate the risks of COVID-19 for persons with disabilities, older persons and marginalized populations, such as those of diverse gender are crucial, as is the need to further upscale and strengthen psychosocial counselling and support to these populations. Additional specialized services are required in order to ensure that no one is left behind.

COVID-19 containment measures, the closure of community facilities, learning centres and other safe spaces, and the limited access to livelihoods and vocational skills training opportunities has led to increased violence in the home for women and children. While formal GBV reports have declined, anecdotal evidence indicates that incidents are on the rise, as is the severity of incidents reported. Moreover, women and girls are reportedly refraining from seeking medical services in reproductive health clinics due to fears associated with being identified as or having been exposed to COVID-19 patients.

Child Protection partners faced significant challenges from the onset of the COVID-19 pandemic, as critical services were limited to case management. This required a rapid adaptation of new modalities to ensure structured psychosocial

support for girls and boys and differentiated procedures to address low, medium, and high-risk cases, with volunteers addressing the low and medium risk cases. The provision of support to adolescents through life skills, pre-vocational, resilience and peacebuilding skills due to closure of facilities and social distancing measures also presented challenges. Salient protection risks to which children were exposed include an increased risk of child marriage, forced labor, trafficking, and exposure to criminal elements.

With communities facing the pandemic, as well as the monsoon and cyclone seasons, protection risks have increased. The restriction to critical activities only curtailed routine disaster preparedness actions, leading to the degradation of shelters and sanitary facilities and clogged drains, which severely impacted communities and exposed women to GBV risks.

In this context, sustaining and strengthening the resilience of the community to mitigate the short, medium, and longer-term consequences of COVID-19 and maintaining a stable protection environment will present the greatest challenges moving forward.

KEY PRIORITIES TO THE END OF 2020

Protection

1. Promote the centrality of protection in order to ensure a conducive protection environment through a whole of system approach that:
 - integrates AGD principles throughout the response and ensures that the principles of “Do No Harm” and “Leave No One Behind” are the foundations of all sectoral activities,
 - places refugees at the centre of the response through a rights-based community approach that promotes community representation mechanisms across camps, community feedback mechanisms and PSEA, and,
 - institutionalizes protection and accountability principles by building the capacity of administrative, judicial and law enforcement authorities, prioritizes access to formal and informal justice mechanisms, safety and security, and leverages the complementarity of humanitarian and development initiatives.
2. Enhance access to justice through community-based approaches, including through community representation, community safety programmes, and standardized mediation. Continue to strengthen community-based structures through community engagement and capacity building to enhance individual and community resilience, taking into account an AGD approach.
3. Implement a protection monitoring framework in order to ensure evidence-based advocacy efforts and an inclusive rights-based approach which addresses the specific protection challenges of persons with specific needs, while strengthening peaceful co-existence between host and refugee communities and enhancing alternative dispute mechanisms, as well as legal services to address protection risks and case management associated with housing, land and property (HLP); human trafficking; and other legal protection issues.

Child Protection

1. Strengthen and support community-based child protection structures.
2. Identify girls and boys at risk to receive specialized age and gender-sensitive child protection services through individual case management to meet their unique needs.

Gender-Based Violence

1. Continue to strengthen community-based approaches to mitigate and respond to GBV by leveraging Women Centres, WGSS, and WFS, once re-opened and related activities are able to be resumed, as well as community networks to mitigate GBV risks, while empowering women through skills-training and vocational training.
2. Provide and strengthen case management, including psycho-social support, psychological first aid, referrals of GBV survivors to integrated SRH services, and community outreach and awareness, both within the Rohingya refugee camps and in the host communities.

SITE MANAGEMENT AND SITE DEVELOPMENT



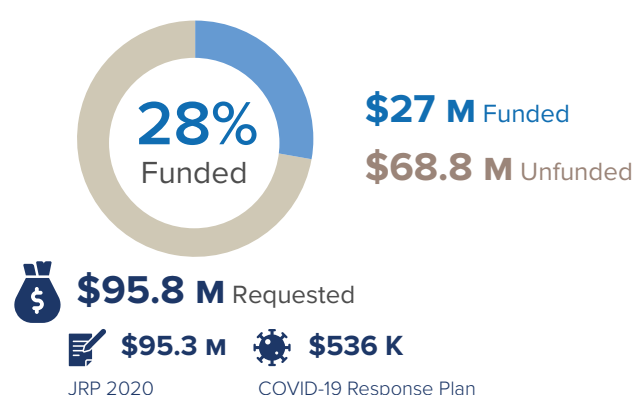
Government of Bangladesh: RRRC

Sector Co-Lead Agencies: IOM / DRC

Sector Coordinator: Kerry McBroom / smcxb.coord@gmail.com

Number of JRP partners: 12

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One: Support the Government of Bangladesh Camp-in-Charge Officials in managing the camps and strengthen their capacity to ensure equitable and safe access by Rohingya refugees, including women, girls, and those with specific needs, to standardized and monitored assistance and protection, and to coordinate multi-hazard emergency preparedness.

Six Site Management agencies and organizations coordinate the humanitarian response with CiCs and their teams in 34 camps. In the first half of 2020, CiCs and Site Management and Site Development (SMSD) partners continued to lead regular camp-level coordination meetings to review achievements and challenges and to address gaps. To formalize and harmonize coordination, the SMSD Sector completed standard operating procedures (SOPs) for camp-level coordination and ToRs for sectoral-focal points with support from all Sectors. As part of the SMSD Sector's launch of harmonized service monitoring, Rohingya SMSD volunteers started collecting data on service provision, rumors, and challenges, submitting 5,452 reports from across all 34 camps from March to July 2020. The SMSD Sector tracks and shares the data with Sector Coordinators to improve camp and Cox's Bazar-level coordination.

Through the Joint Capacity Sharing Initiative, SMS partners coordinated with actors from other Sectors to provide a total of 180 CiC support staff with in-depth sessions on Humanitarian Principles, Code of Conduct, PSEA, Camp Coordination and Camp Management (CCCM), Protection (by the Protection Working Group), Communication with Communities (by the CwC Working Group), Child Safeguarding, Gender-Age Diversity (Gender Hub), and Natural Hazards Preparedness.

SMS partners trained 152 national Site Management staff, including 43 women, on camp management in the Rohingya refugee context. As a core component of the Sector's commitment to principled assistance, 34 male and 34 female "PSEA Resource Focal Points" received in-depth training on PSEA in collaboration with the PSEA Network. In some camps, SMS partners work with camp-level Gender Field Officers to ensure gender mainstreaming and women's participation. The GIHA WG and ISCG Hub provide regular technical support, training opportunities, and advocacy for the SMSD Sector and partners.

The SMSD Sector finalized a multi-hazard preparedness and response checklist for monsoons, fires, cyclones, and the COVID-19 pandemic. SMS agencies continued to engage and develop 3,400 safety volunteers who respond to fires, maintain fire points, conduct emergency assessments during monsoons, refer incidents and damages to partners, and conduct community engagement across all hazards in the camp. SMSD partners and volunteers have installed and maintained 2,387 fire points with fire extinguishers. Partners also installed 400 lightening arrestors to prevent damage and injury during storms.

Through the Daily Incident Report, SMS staff collected data on 579 weather-related incidents affecting 18,515 households. Through safety audits, focus group discussion, and tailored assessments, SMS teams and volunteers worked with community members including women, people with special needs, and children to ensure that emergency preparedness activities address their unique needs.

Prior to Cyclone Amphan in May 2020, SMS teams worked with the Government of Bangladesh Cyclone Preparedness Programme volunteers and focal points to disseminate messages and to create camp-plans that were adapted to the COVID-19 context.

Objective Two: Upgrade and improve the settlement areas and their immediate surroundings in a holistic manner, ensuring the centrality of community-led decision making through participatory planning, linked to construction and maintenance works that enable safe, dignified and resilient living conditions, and ensure access for all.

Under the long-term vision captured in the Macro-Settlement Development Plan, 16 SMSD partners implemented over 20 unique site development activities across 34 camps to improve living conditions for refugees and to reduce safety risks. While RRRC guidelines temporarily restricted access to camps to critical activities only, in order to reduce the spread of COVID-19, SMSD partners continued to work in every camp to preserve access to emergency services and refugee safety. SMSD partners conducted regular assessments, including safety audits with community members to ensure that refugee women, children, and people with special needs define priority works that address their unique access and/or safety concerns.

Site Development actors worked closely with Site Management teams to prioritize community needs through a combination of feedback requests, Site Management referrals, and community consultations. With support from 61,130 refugee and host community volunteers (including 10,500 women and 43 people with special needs), SMSD teams constructed:

- 120,854 metres of new drains;
- 10,847 metres of vehicular roads;
- 28,638 metres of pathways;
- 1,754 metres of bridges;
- 16,343 metres of staircases;
- 1,874 metres of culverts/canals;
- 7,228 metres of fencing; and,
- Partners also desilted 281,970 metres of drains and completed 360 soil retention initiatives (retaining walls, slope stabilization projects).

SMSD has the largest cash-for-work programme in the Rohingya Response. Refugees and host community members were engaged in site development works – including support to health facilities and emergency monsoon works – in all the camps. Workers rotated every other week, maximizing the number of individuals with access to self-reliance opportunities, while prioritizing the involvement of extremely vulnerable households.

SMSD partners also worked closely with the ADB, World Bank, and Local Government Engineering Department (LGED) to plan and coordinate a range of major infrastructure projects, including a network of vehicular roads and solar lighting grids across the camps.

The Environment and Energy Technical Working Group (EETWG) and SMSD partners installed 4,000 solar streetlights with further installations planned for the second half of the year. Though the ABD, partners facilitated the installation of 50 solar mini-grids and 100 solar nano-grids to improve access to electricity.

COVID-19 delayed 2020 plans for planting in the camps, but EETWG and SMSD partners received approval and conducted an exhaustive coordination mapping exercise for 120 hectares of new planting for the remainder of 2020.

Objective Three: Strengthen camp level coordination by facilitating joint initiatives on settlement management and establishing community consultation and dialogue mechanisms and assess and respond to social cohesion dynamics with host communities in close vicinity to camps.

In four camps, refugees have elected representatives while in three camps, Para Development Committees comprised of both host community and refugees communicate priorities and gaps to humanitarians and local authorities. Beyond these existing structures, establishing formalized and harmonized community representation mechanisms in each camp remains a challenge. In this context, pre-existing non-representational leadership structures have been empowered, contributing to protection and gender concerns and excluding women and the most vulnerable. Even with these challenges, SMSD partners have developed a range of approaches to ensure continuous community participation and engagement.

SMSD partners supported 458 AGD committees or groups representing specific individuals, including men, women, young people, older persons, imams, and specific issues, such as graveyards, site development and sectoral activities. SMSD partners conduct regular consultations with these committees and community members to ensure a more participatory approach to camp management and camp coordination. Increasingly, SMS agencies engage these AGD groups to design and implement their own community projects. Moreover, each SMSD agency operates Community Feedback and Referral Mechanisms to channel community input and requests for assistance to Sector focal points in each camp. Although 15 percent of complaint feedback and response mechanism desks closed during the COVID-19 response, SMSD partners recorded 28,104 referrals in the first half of 2020. Finally, SMSD partners routinely collaborate with CiCs and local authorities to address conflicts between refugees and host communities.

COVID-19 Response Plan Objective One: To reduce the spread of COVID-19 through support to the Government of Bangladesh Camp-in-Charge Officials for overall management and coordination of camps, facilitating equitable and adequate access to COVID-19 related services and continuity of humanitarian assistance to all residents, through strengthening existing coordination mechanisms and supporting new response processes.

SMSD partners continued to implement camp coordination and camp management services with fewer staff in all camps during the COVID-19 response. In addition to implementing routine camp management activities and leading monsoon preparedness and response in each camp, SMSD teams have played a crucial role in COVID-19 prevention and response initiatives. SMSD partners conducted over 1,553 awareness sessions on COVID-19 prevention, treatment pathways, and rumors through focus group discussions, door-to-door visits, meetings with committees, loudspeakers, and radio listening groups for refugees including women, girls, and people with special needs. Furthermore, 1,783 SMS volunteers and emergency volunteers received in-depth training on COVID-19 treatment referral systems and protective gear. SMS partners also distributed 172,006 masks to refugees and members of the host community, along with messages on effective and safe use of masks.

To improve prevention measures for non-camp residents, SMSD partners manage eight camp-entry hand-wash and temperature screening points, taking the temperature of thousands of camp visitors each week. In Camp 20-Extension, SMS runs a quarantine facility where 25 contacts of confirmed COVID-19 patients have isolated for 14 days. In addition to hot meals, each family member receives regular medical check-ups, protection services, and MHPSS assistance in quarantine.

The SMSD Sector collaborated with the Health Sector to develop Standard Operating Procedures (SOPs) for the Rapid Investigation and Response Team (RIRT) to improve camp-level coordination and communication with refugees following a confirmed or suspected COVID-19 case. At the camp-level, SMS RIRT members work with health colleagues to assist with contact tracing and counselling for suspected and confirmed COVID-19 cases. To support with prevention efforts, 165 SMS staff and volunteers received contact-tracing training from the Health Sector. In support of the Health Sector's home-based care initiative, the SMSD Sector developed a referral SOP and data collection tool to consolidate referrals for

all Sectors from individuals in home-based care. The SMSD Sector also developed tools and guidance to facilitate inter-sectoral activities including a database of unused facilities, guidance for safe animal slaughter during Eid celebrations in the COVID-19 context, mapping of Sector focal point contacts, and a community awareness session tracker.

COVID-19 Response Plan Objective Two: To reduce the spread of COVID-19 through support to camp-based initiatives and community engagement, including community consultation and dialogue mechanisms, camp-level committees, and volunteer networks.

Beyond the awareness activities, SMSD partners worked to establish meaningful exchanges with refugees and respond to their priority needs. For instance, focus group discussions revealed that mistrust of health workers and health facilities persist throughout the camps and misinformation circulates quickly. To respond to these rumors and concerns, SMSD partners initiated “Go and See” visits to COVID-19 isolation and treatment facilities where community leaders, women, people with special needs, and volunteers had an opportunity to interact with facility staff and to observe services first-hand. To date, SMSD partners have conducted 18 visits for 226 individuals.

SMS partners also supported community-led responses to COVID-19 including voluntary lockdowns of blocks, supporting home-based isolation initiatives, and working with WASH partners to disinfect affected households and latrines.

Through the Rohingya volunteer-led SMS Reporting Tool, 574 community-led initiatives responded to COVID-19. For example, refugees created their own handwashing devices, disseminated messages to their communities, and monitored physical distancing at distributions. The reporting tool itself creates a dialogue with refugees who track rumors across camps (131 reports), non-compliance with COVID-prevention measures (946 reports), and security incidents (185 reports) in their camps. Camp management agencies used the refugee-generated reports to address gaps and improve coordination, a practice that will continue in 2020.

As the lead for Safe and Dignified Burials, the SMSD Sector coordinated closely with Health, Protection, CwC, WASH, and the Red Cross Red Crescent movement to develop SOPs for a community-led safe and dignified burials for confirmed and suspected COVID-19 deaths. SMSD partners supported 1,691 individuals (including 1,201 men and 490 women) from 823 existing community structures, including Graveyard Committees, Burial Committees, Imams, and Mosque committees with funeral items (oils and shrouds) and IPC material (masks, gloves, and soap). SMSD partners also conducted 113 orientation sessions for these committees with messages on safe and dignified burials in the COVID-19 context. SMSD agencies supported 860 mosques through two rounds of soap and hygiene material distributions, to help ensure safety during religious practices and gatherings.

At the same time, SMSD teams engaged Rohingya volunteers to construct, upgrade, and protect 74 graveyards throughout the camps. While the SMSD Sector generated a map of existing graveyards, SMSD teams conducted lengthy interviews with community leaders as part of an HLP TF study on graveyard capacity and land requirements.

COVID-19 Response Plan Objective Three: To reduce the spread of COVID-19 and decrease morbidity and mortality through upgrading and improving settlement areas and their immediate surroundings through construction, maintenance works, and infrastructure development that enables safe access to humanitarian assistance and COVID-19 treatment, both home-based and in facilities, before, during, and after weather-related incidents and emergencies.

In addition to emergency monsoon-related repairs, maintenance, and construction work, Site Development teams provided crucial construction and infrastructure support to six existing health facilities by constructing triage spaces and to 14 new health facilities through site planning and mapping support, construction support, creating access routes, and installing/constructing natural hazard risk mitigation projects. More specifically, SMSD partners supported health facilities with:

- 5,280m of slope stabilization, 180m of new drainage, a 4,000m crib wall, and 180m of vehicular access road (Isolation and Treatment Centre in Camp 20 Ext);
- New fencing, pedestrian access and drainage (Camp 20 Extension quarantine and staff accommodation ‘villages’);
- Vehicle and pedestrian access and drainage in the Camp 23 Isolation and Treatment Centre;
- Identification and preparation of new graveyards and upgrading of existing graveyards; and,
- Installation of over 600 ‘tippy-taps,’ cost-effective hands-free devices for handwashing.

GAPS AND CHALLENGES

Prior to COVID-19, the living conditions in the camp did not meet minimum global standards for refugee camps. In the current COVID-19 context, conditions have deteriorated with a reduction of humanitarian actors and resulting coordination challenges. Community referrals have gone unanswered for months due to reduced staff, resources, and capacity. Poor living conditions constitute a protection risk for all refugees, but women, who are faced with increased GBV risks and the closure of some WFS, and children, who are not in school or attending Child-Friendly Spaces (CFS), are most at risk.

A reduction in Site Development work has also resulted in decreased demand for daily laborers, affecting both the Rohingya refugee and host communities, increasing the economic burden of displacement and the pandemic. Outside of the pandemic, without permission for site development initiatives or broad support for meaningful facility rationalization, the SMSD Sector has not been able to implement site planning recommendations or engage community members in site planning conversations. Substantial site development challenges remain throughout the camps, and following the restricted access period, continued limitations on site development permissions and complaints related to the monsoon season comprised most requests for assistance across camps.

SMSD partners faced substantial challenges combatting rumors, misinformation, and mistrust of health facilities and health processes during the COVID-19 response. SMSD teams worked to ensure physical distancing at distributions, awareness on mask wearing, and the importance of limiting gatherings, yet communication, trust, and message-fatigue made these activities increasingly difficult.

Security represents a major concern for refugees, humanitarian actors, and CiCs who handle threats and address incidents. In some instances, security concerns and conflicts inside the refugee community and with the host community block access to life-saving assistance and further displacement. Without formal, inclusive and gender-responsive representation systems, women and men in communities cannot work together with authorities to address and mitigate security threats in a transparent way. Pre-existing non-representational structures have been empowered to speak on behalf of the community and to resolve security issues, resulting in a myriad of protection and gender concerns. At the same time, differing understandings on the role of Camp Management actors have contributed to a reduction in humanitarian space and limiting of SMSD partners' routine activities, including direct community engagement, and directly impacted the reach and effectiveness of interventions.

KEY PRIORITIES TO THE END OF 2020

1. Strengthen camp management and coordination through the Joint Capacity Sharing Initiative, participatory emergency preparedness, and harmonized coordination, monitoring, and mapping systems.
2. Improve camp living conditions through recommendations of other Sectors, site development, and DRR works, as well as through strong coordination with ADB, World Bank, and Government of Bangladesh infrastructure agencies.
3. Improve community representation and participation systems across the camps.

FOOD SECURITY



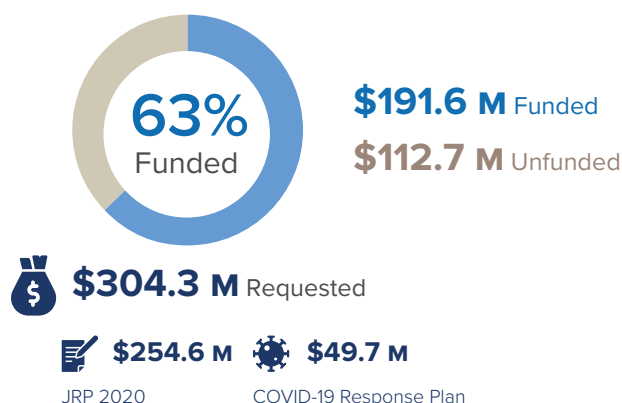
Government of Bangladesh: RRRC, District Food Controller, Department of Agricultural Extension

Sector Lead Agency: WFP

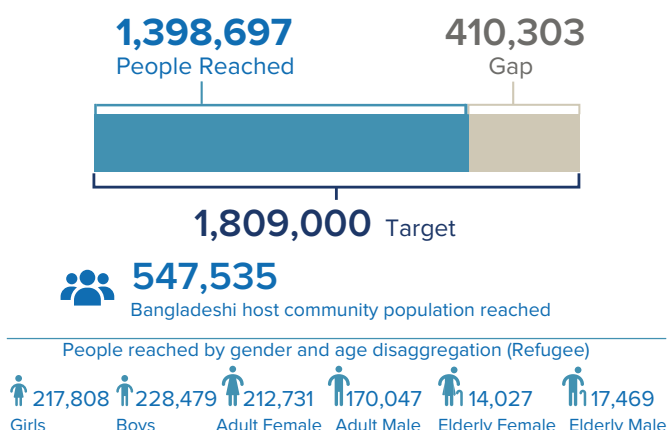
Sector Coordinator: Martina Iannizzotto / martina.iannizzotto@wfp.org

Number of JRP partners: 42

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One: Ensure and sustain the timely provision of life-saving food assistance for Rohingya refugees.

The Rohingya population continued to show a high level of vulnerability and depends entirely on blanket food assistance, which all 860,000 refugees receive monthly to meet the minimum 2,100 daily kcal requirement. Refugees receiving food assistance through the e-voucher shops increased from 57 percent in January to 87 percent in July. Before the COVID-19 response, the e-voucher modality enabled access to more than 20 food items, providing more nutritious and diversified diets, while offering a real market experience that allows refugees to choose the type and quantity of food they want to purchase. The number of outlets increased from 12 to 17 with a total of 36 shops, improving access. The programme transferred approximately USD 9 million each month to retailers, which was injected into the local economy.

From February the transfer value of food assistance per individual has increased to BDT 850 / USD 10, based upon the minimum expenditure basket for food in 2020. A further increase in May raised the value by BDT 170 / USD 2 to address the reduction in purchasing power resulting from inflation in food prices and supply chain constraints. In addition to blanket food assistance, some 30 percent of extremely vulnerable refugee households received complementary food vouchers that can be redeemed through farmers markets and fresh food corners. This was suspended at the onset of the COVID-19 pandemic in April. Between January and April, a total of 61,372 refugees received complementary food vouchers to access items in addition to the in-kind food rations (i.e., rice, oil and pulses). The farmers market pilot provided 6,274 vulnerable refugee households with a BDT 250 / USD 3 “top-up” per individual to access fresh vegetables, which also created market and income opportunities for local farmers. At the time the pilot was suspended due to COVID-19, 11 farmers were involved and BDT 6.8 million / USD 82,000 had been transferred.

Some 800 CwC volunteers helped improve community engagement and AAP through integrated complaint and feedback mechanisms, including helpdesks at distributions, a hotline, and info-points. Approximately 276,264 children in 4,050 learning centres received a 75g packet of high-energy biscuits (HEB) per day of attendance until learning centres were closed as of mid-March. Beginning in July, HEB were distributed to all households with food assistance to increase nutritional intake.

As a rapid response to people affected by emergencies (cyclone and monsoon incidents and related relocations) and new arrivals, 97 households received one-off general food rations, 704 households received HEBs and 7,497 cooked meals were also provided.

Objective Two: Promote portable skills development opportunities for Rohingya and enhance the livelihoods and resilience of host communities.

In the first half of the year, 62,131 refugees received trainings and skills development sessions in subjects ranging from block printing to catering, handicrafts, and tailoring that particularly targeted women and youth. Additionally, 37,463 refugees were engaged in volunteer activities to complement the trainings. The distribution of a total of 24,668 gardening kits increased access to fresh food, thus enhancing nutritional intake. An innovative circular economy project – upcycling waste material for bag production – and linking supply/production with demand/distributions – a mask-making initiative – were supported and coordinated by the Food Security Sector (FSS) / Livelihoods Working Group (LHWG).

In the host community, 104,442 households were reached through activities to support livelihoods and enhance food systems. To date, 54,454 households received agricultural inputs, including seeds, agricultural machinery, and micro-gardening kits, and 11,450 households received training for agricultural activities. Some 49,988 households received support for income-generating activities through training, conditional cash assistance, and in-kind inputs. While most interventions were concentrated in Ukhiya and Teknaf, partners also operated in other Upazilas in Cox's Bazar District.

The School Feeding Programme in the host community was halted in mid-March, coinciding with school closures due to COVID-19. Activities were re-programmed and directed toward door-to-door distributions of HEB to 134,519 primary aged children across Pekua, Kutabdia, Teknaf, Ukhiya, and Moheshkhali Upazilas. Piloted in May, this programme will continue for a total of three rounds until September. COVID-19 lockdown measures resulted in the suspension of most self-reliance activities in the camps and livelihoods activities in the host community.

Objective Three: Support peaceful co-existence through enhancement and restoration of natural resources.

Reforestation, plantation and DRR activities through slope stabilization were delayed due to COVID-19. The planting of 150 hectares of land is planned to begin in August 2020, in agreement with the RRRC and coordinated by the EETWG. A total of 26,303 refugees engaged in DRR activities in the refugee camps, and 169,350 individuals in the host community were engaged in cash-for-work activities related to rehabilitation, maintenance and cyclone shelter rehabilitation.

COVID-19 Response Plan Objective One: Expand support to improve food security and compensate for loss of livelihoods of the most vulnerable Bangladeshis in Cox's Bazar whose livelihoods are impacted by the pandemic, through food and cash support, according to need.

To support the COVID-19 health response, FSS partners provided food to 7,700 people in quarantine and 2,990 in isolation centres. Over 20 partners produced cloth masks through a local tailoring initiative, with the intention to cover all refugee households in the camps and vulnerable Bangladeshis throughout the District.

Critical food distributions ensured life-saving assistance to refugees during lockdown, adopting COVID-19 risk mitigation measures and shifting from a value voucher to commodity vouchers (pre-packaged food baskets). This shift minimizes person-to-person interaction and the staff footprint while also expediting distribution processes. To achieve these same objectives and increase nutritional intake, refugees also received super cereals and HEB together with food.

COVID-19 Response Plan Objective Two: Secure the continuity of the food supply chain by supporting the food production system, aligning with the Ministry of Agriculture (MoA) and Ministry of Fisheries and Livestock (MoFL) policies and directives in order to ensure continuity of crop, fish and livestock production and marketing throughout the year across Cox's Bazar District.

Lockdown measures caused loss of jobs and livelihoods and increased food prices due to disruption of markets and movements. To mitigate these adverse impacts and reinforce the Government of Bangladesh social safety net interventions, 17 partners provided in-kind food and unconditional, multi-purpose cash assistance to 547,535 vulnerable Bangladeshis throughout Cox's Bazar District, partly reprogramming livelihoods interventions (i.e., training, cash-for-work, etc.). While most interventions were concentrated in Ukhiya and Teknaf, partners also expanded operations District-wide.

Partners supported food systems from production to distribution to consumption. A total of 84,431 marginal farmers received distributions of agricultural inputs (i.e., seeds, tools, trainings), 429 households benefited from livestock interventions, and a further 600 households participated in fishery interventions to sustain incomes and food production through programmes adapted with COVID-19 mitigation measures.

COVID-19 Response Plan Objective Three: Support the District health response in coordination with the Health Sector, including provision of support to existing and planned isolation, treatment, and quarantine facilities in Cox’s Bazar District, and home-based care packages for vulnerable groups (older persons or patients, and families of home care patients), and livelihoods initiatives in support of the health response, such as the production of masks.

The Office of the Deputy Commissioner highlighted the use of face masks in the host community as a critical COVID-19 prevention measure. In response, partners in the FSS/LHWG began coordinating to ensure coverage of over 1 million locally made masks to vulnerable households across the District. Thus far, 130,500 individuals in the host community have received 261,000 masks.

GAPS AND CHALLENGES

Restrictions on activities in the camps during the COVID-19 pandemic required the closing of farmers markets and reductions in self-reliance opportunities and volunteer activities, which negatively impacted the food security and resilience of Rohingya refugees. Additionally, changes in distribution modalities have exacerbated the challenges faced by vulnerable individuals, including persons with disabilities, older persons, single mothers, and transgender persons, negatively affecting their ability to access distribution sites.

Five months into the COVID-19 response, the need to resume self-reliance activities in the camps is urgent in order to strengthen resilience. Partners have incorporated COVID-19 messaging campaigns and have adjusted programming to meet social distancing and hygiene standards, in order to safely resume activities. However, partners face logistical and programmatic challenges that constrain full implementation of these adaptations in the camps while maintaining the required reduced footprint.

In the host community, vulnerable Bangladeshis, including female-headed households, people with disabilities, transgender persons, and female sex workers, have been disproportionately affected by lockdown measures and movement restrictions. Parts of the population have been pushed deeper into poverty, having lost income and livelihoods opportunities, particularly in urban areas. Additional support to the Government of Bangladesh social safety measures and economic recovery plans is necessary, as is further communication to those in need about social safety net options.

The following challenges and opportunities have been identified for the humanitarian response in the refugee camps and host community:

- Activities and interventions need to incorporate and adopt COVID-19 prevention measures (i.e., physical distancing, hygiene, mask-wearing, etc.) and associated costs need to be included in programming.
- Opportunities should be expanded for creating market linkages and circular interventions between supply and demand to address humanitarian needs in the refugee camps, such as the production of masks and sanitary pads.
- Diversified capacity building support for the host communities is needed to increase employment, production and engagement with camp and local market.

KEY PRIORITIES TO THE END OF 2020

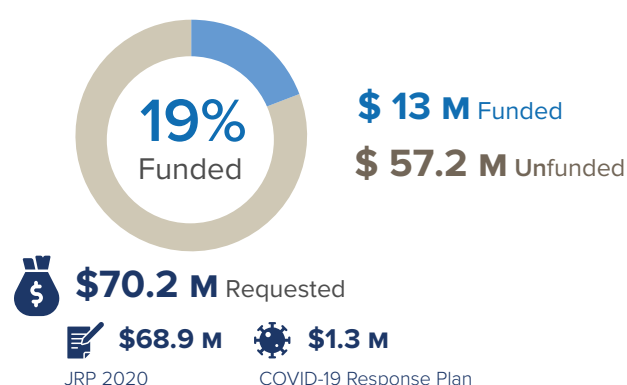
1. Sustain critical assistance to refugees, providing access to various and nutritious foods, and increase support for their self-reliance.
2. Reinforce and complement Government of Bangladesh social safety net interventions to mitigate the impact on food security and livelihoods of vulnerable Bangladeshis, including data management support to target assistance and avoid duplications, and promoting market linkages and economic interactions between refugee and host communities.
3. Improve camp and field level coordination, and strengthen community engagement, AAP, and gender and protection mainstreaming.

EDUCATION



Government of Bangladesh: Directorate of Primary Education
 Sector Co-Lead Agencies: UNICEF / Save the Children
 Sector Coordinator: Sharmila Pillai / edusector.cxb@humanitarianresponse.info
 Number of JRP partners: 32

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One: Access - Expand and strengthen immediate access to equitable learning opportunities, in a safe and protective environment, for crisis-affected refugee girls and boys aged 3-24 years old.

In the first half of 2020, a total of 351,268 Rohingya aged 3-24 accessed equitable learning opportunities, including life skills and resilience programmes, in a safe, inclusive and protective environment. To ensure that children could safely access safe water and sanitation services while learning, a total of 6,236 sex-segregated WASH facilities were either built or maintained in learning centres, community-based and cross-sectoral structures in the refugee camps.

In the host community, 113 government and informal schools out of a target number of 230 were rehabilitated, including works to improve accessibility. Education programmes reached 42,830 Bangladeshi children aged 4-24 years (56 percent of whom were female) with learning opportunities including life skills and resilience programmes.

As part of disaster preparedness and risk management efforts, improvements to learning centres included rain protection, tying-down and other maintenance work. Monsoon winds and rains affected a total of 1,068 learning centres, of which 394 learning centres were repaired. In the host community, 1,474 DRR awareness sessions were conducted in community schools.

Objective Two: Quality - Provide quality inclusive education to refugee girls and boys aged 3-24 years old, aligned with Education Sector standards, and within the separate frameworks for education, increase teaching-related professional development opportunities.

In the absence of an approved curriculum, Education Sector partners continued to follow the Learning Competency Framework and Approach (LCFA) while development of the Myanmar Curriculum Pilot (MCP) continued. The Government of Bangladesh approved introduction of the Myanmar Curriculum in the camps in January 2020. The planned launch of the MCP in April was postponed because of the COVID-19 pandemic. Education Sector partners nevertheless pursued the preparatory activities required to launch the MCP for grades 6 to 9 as soon as learning centres reopen.

In the first half of 2020, 322,732 Rohingya refugee girls and boys aged 3-24 years (86 percent of the target) received education materials, supplies and equipment aligned with Education Sector standards. In the host community, 10,023

crisis-affected Bangladeshi girls and boys aged 3-24 years (22 percent of the target) received education materials, supplies and equipment aligned with Education Sector standards. The low achievements against the set targets for both the camps and host communities are attributable to the closure of schools and learning centres, following the introduction of lockdown measures that came into effect in March.

As a continuation of the Teacher Professional Development programme, remote training mechanisms were put in place to develop the teaching capacity of teachers. A mentorship programme that enrolled 25 technical officers and school supervisors as of mid-2020 ensured ongoing capacity development and training. The mentors plan to support one hundred teachers. Education partners trained 8,758 learning facilitators from the host and refugee community in advanced/thematic education principles, including DRR.

Objective Three: Community engagement - Ensure Rohingya refugee and host community ownership and active participation and engagement in the education of girls and boys aged 3-24 years old.

To help ensure ownership and active participation in children's education, 120,405 caregivers in the Rohingya community were sensitized on gender, child and youth rights, protection and parenting. Learning Centre Management Committees in the refugee camps, which include caregivers, received training on learning facility management, DRR, and community participatory engagement, reaching a total of 4,293 Committees.

A total of 70,386 community members (35,469 female and 34,917 male) including parents, school associate group members, and members of Learning Centre Management Committees, School Management Committees, and Mother Associations participated in social cohesion activities through 3,156 meetings or gatherings in sixteen camps. A total of 7,446 Rohingya refugee girls and boys aged 3-24 were engaged in social cohesion initiatives.

COVID-19 Response Plan Objective One: Protect, prevent the spread and mitigate the impact of COVID-19 among teachers, learners and school communities through life-saving messaging and mental health and psychosocial support interventions.

A total of 37,113 Rohingya volunteer teachers, Learning Centre Management Committee members, and implementing partner staff members received COVID-19 awareness information and orientation. As part of youth-led activities, community volunteers, including facilitators, women caregivers and Learning Centre Management Committee members jointly reached 16,686 people in the community through a COVID-19 awareness-raising campaign in Camps 1, 3, 6 and 7.

Education partners distributed Caregiver Guidelines leaflets among 83,216 Rohingya refugees and 5,000 members of the host community, as well as audio clips to 88,936 language instructors, and community mobilizers. Fifty banners posted at different central locations in the camps expanded the reach of COVID-19 awareness messages, as did thirteen hand microphones and 291 mosque microphones. In total, 57,670 posters, banners, leaflets, and hand microphones were used for disseminating awareness messages in Bangla and Myanmar languages. Rohingya volunteers and learners produced handmade face masks and distributed them among 844 community members.

COVID-19 Response Plan Objective Two: Ensure continued and safe return to quality learning for teachers, learners and school communities.

1,503 Rohingya volunteer teachers reached a total of 198,701 learners to support the continuation of their education at home, after all learning centres closed on 24 March following imposition of COVID-19 lockdown measures.

Burmese Language Instructors carried out 412,233 home visits in the community to facilitate learning at the household-level, which was well received by parents and children who were eager to continue learning despite the closure of learning centres. The installation of 572 handwashing stations (522 in the camps and 50 in the host community) close to learning centres helped encourage learners to wash their hands, as a COVID-19 mitigation measure.

COVID-19 Response Plan Objective Three: Improve the ability of education partners to respond to education needs in emergencies.

The Education Sector updated and revised the Emergency Preparedness and Response Plan (EPRP) for 2020, which included guidelines for engagement and use of learning centres by other Sectors, such as the Health Sector, considering the effects of COVID-19.

Education Sector partners participated in orientation sessions on the use of alternative low-cost technology to provide distance learning opportunities to children, as a way to respond to access challenges in emergencies.

GAPS AND CHALLENGES

Government of Bangladesh directives related to the COVID-19 pandemic restricted access to the refugee camps and host communities in order to slow the spread of the virus. Consistent with the policies adopted by the Government of Bangladesh at the national level, learning centres in the camps were closed. Education Sector partners had limited access to implement activities camps. Education partners sought to put in place alternative modalities to the extent possible, but the lack of 3G/4G internet connectivity in the refugee camps created significant barriers to remote learning and training of teachers. In addition, reduced access to camps and the designation of education as a non-critical activity placed constraints on the ability of partners to carry out remote or distance education activities.

Procurement processes also became more difficult during the COVID-19 pandemic, resulting in delays in the supply of educational materials. Emerging requirements for the COVID-19 response also led to the reallocation of some funding from Education to other Sectors, such as WASH and Health, which contributed to gaps in efforts to ensure continuity in learning for refugee children.

Maintaining learning centres to ensure their safety remains a challenge, particularly during the monsoon season, as heavy rain caused extensive damage. The Education Sector seeks to establish two-story medium hazard resistant structures and is awaiting required permission from the Government of Bangladesh. The two-story structures would not only mitigate challenges related to the limited availability of space in the refugee camps, but they would also be built in a manner that improves safety and sustainability.

The availability of qualified teachers, particularly female teachers is a challenge, which is further exacerbated by the high turn-over rate of qualified teachers, who often seek other opportunities that offer higher salaries or allowances. Irregular attendance by adolescent girls in the learning centres is also a critical issue. Based on Rohingya cultural norms, parents are often reluctant to send their female children outside their homes, especially adolescent girls. Pre-existing gender biases which prioritize the education of boys over girl have likely been exacerbated with at-home learning arrangements, giving rise to concern that many girls may not be able to continue with their education when the learning centres reopen.

KEY PRIORITIES TO THE END OF 2020

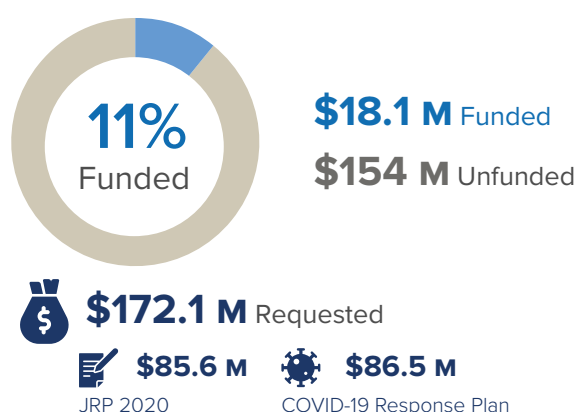
1. “Back to learning” in the context of the COVID-19 pandemic: Re-open learning centres and resume education interventions, including appropriate guidance, safety measures, and community sensitization on safety and security related to sending children to learning centres; introduce a “shift system” to reduce the number of children in learning centres at any given time; and continue at-home caregiver-led education until learning centres open for regular education activities and distribute learning materials (i.e., exercise books, workbooks and supplementary worksheets, along with age appropriate early childhood development play kits) along with orientation.
2. Increase options for accessing education and life skills, such as alternative solutions for continuation of education in emergency situations, such as online and offline tech-based distance learning; introduce alternate teaching and learning through available technology alternatives that children can use at home (i.e., telephones, tablets, pre-recorded radio instructions, etc.); scale up the planned double-story learning centre construction activities to ensure more learning spaces are available for children; and once learning centres re-open, expedite the implementation of the MCP with a focus on inclusive education.
3. Scale up life skills and pre-vocational courses for adolescents based on the Youth Skills Development Framework and increase participation of adolescents and youths.

HEALTH

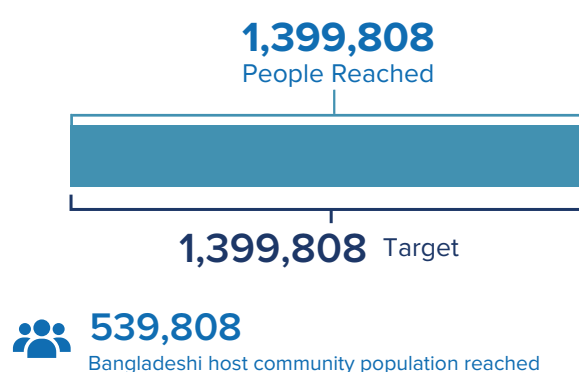


Government of Bangladesh: Civil Surgeon (Ministry of Health)
Sector Lead Agency: WHO
Sector Coordinator: Dr. Mukesh Prajapati / coord_cxb@who.int
Number of JRP partners: 46

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One⁸: Improve equitable access to and utilization of quality lifesaving and comprehensive primary and secondary health services for all crisis-affected populations with special focus on sexual, reproductive, maternal, neonatal, child and adolescent health; mental health and psychosocial support; and non-communicable diseases (NCD).

The Health Sector provided routine comprehensive health service delivery, despite decreased demand and increased constraints resulting from restrictions put in place by government authorities to combat COVID-19. As of mid-2020, 38 Primary Health Centres, 97 Health Posts, 23 special facilities and three field hospitals, among other types of facilities, were meeting healthcare needs. In addition, 171 Sexual and Reproductive Health (SRH) service delivery points, inclusive of 26 Women Friendly Spaces (WFS) and seven Integrated Woman (Multi-purpose) Centres provided life-saving health services to women and girls, including adolescents, both in the Rohingya refugee and host communities. About 1,400 Community Health Workers (CHWs) provided community health services, including information on access to SRH services for adolescents and young people. The under-five mortality rate was well below the emergency threshold at 0.06/10,000/day (standard: <2/10,000/day), as was the crude mortality rate was 0.055/10,000/day (standard: < 1/10,000/day).

During the first half of 2020, a total of 959 deaths and 5,767 births were recorded. The rate of facility-based deliveries reached 53.2 percent, representing an increase of 0.5 percent compared with 2019. The Health Sector sought to mitigate COVID-19 risks by supporting new modalities of delivering safe, quality and acceptable health services. This included establishing Maternity Red Zones at SRH facilities. The Maternity Red Zone is a designated isolation area for pregnant women who are suspected or confirmed COVID-19 cases where emergency cases can be managed before referral from 24/7 SRH facilities to SARI ITCs, in conformity with the maternal health SOP. The Health Sector established the Maternity Red Zones to boost community confidence in health facilities, as well as the confidence of the healthcare worker serving on the frontline during the COVID-19 pandemic. More than a hundred clinicians and 43 Facility or Project

8. The report provides a consolidated narrative, as this objective corresponds with Sector Objective Four in the COVID-19 Response Plan. Objective Four in the COVID-19 Response Plan reads as follows: Ensure continuity of equitable access to and utilization of quality lifesaving and comprehensive primary and secondary health services for all crisis-affected populations with a special focus on sexual, reproductive, maternal, neonatal, child and adolescent health; mental health and psychosocial support; and non-communicable diseases while adapting services to the current context.

Managers participated in capacity-building sessions, including training on the SOPs for antenatal, intrapartum, postnatal and emergency obstetric care during COVID-19. A total of 64,143 women of reproductive age (45.8 percent of the target) in Ukhiya and Teknaf Upazilas are using a method of contraception, including access to long-acting, reversible contraceptives family planning methods. The Health Sector, through the SRH Working Group, continued to strengthen the integration of GBV services in health facilities to increase the availability of these critical services. Key milestones included the implementation of a GBV quality assessment in seven Primary Health Care facilities, approval of a Health Sector SOP on GBV, and a capacity building plan to be implemented in the second half of the year for 10 Primary Health Care facilities in order to increase service coverage.

Twenty-four healthcare workers were trained on the WHO Package of Essential Non-Communicable Disease Interventions (WHO PEN) in limited resource settings. Some 94 percent of the Primary Health Care facilities were able to manage diabetes, cardiovascular diseases, and chronic respiratory diseases. Mental Health Gap Action Programme (mhGAP) training reached at least one staff person in 69 percent of Primary Health Care facilities. The Health Sector conducted a blood services assessment in February, followed by a consultative meeting to discuss the findings. As a result, the Sector put in place plans to set up blood transfusion centres in Ukhiya and Teknaf Upazila Health Centres.

Objective Two: Ensure the prevention and timely response to communicable disease risks including diseases with outbreak potential and prepare for other health emergencies including during monsoons and cyclones.

The Health Sector monitored alerts to ensure a timely response to communicable disease risks, including those with outbreak potential. As of mid-2020, the Early Warning, Alert and Response System (EWARS) covered a total of 141 health facilities (85 percent), which were registered and reporting. The EWARS system generated a total of 1,652 alerts between epidemiology weeks one to 26, of which 1,216 (74 percent) were monitored and 435 (26 percent) were discarded, with all alerts reviewed and verified within the required 48-hours timeframe. Health facilities reported a total of 1,476,833 weekly consultations through EWARS.

Following an upsurge of acute watery diarrhea and measles cases in the camps during the third quarter of 2019, Health Sector partners and the Government carried out a second round of Oral Cholera Vaccination in February 2020, following the first round in December 2019, with an administrative coverage⁹ of 110 percent in the camps, having reached more people than originally targeted. Similarly, the measles/rubella campaign carried out in January 2020 achieved 101 percent administrative coverage, targeting children between six months and 10 years of age.

The Health Sector continued preparedness actions for the monsoon and cyclone seasons by updating contingency plans and mapping resources. Twenty-one mobile medical teams and 29 dispatch and referral unit ambulances were operational and ready to respond to adverse effects of cyclone and monsoon weather. Community-based referral hubs were also established in Rohingya refugee camps in Ukhiya and Teknaf Upazilas, which were complemented with ambulance services to strengthen referral pathways by facilitating the quick transfer of emergency cases from community facilities to health facilities. Supportive supervision strengthened laboratories in the camps to improve biosafety and ensure quality. Infection Prevention and Control (IPC) assessments, as well as training and supportive supervision, were carried out in 45 health facilities in the camps and government facilities to identify and address gaps.

Objective Three: Encourage healthy living, improve health seeking behaviour and utilization of essential service package among refugees and host populations through community engagement, with special attention to gender and age considerations and vulnerable groups.

More than 1,400 Rohingya and Bangladeshi CHWs took a leading role in the health response. In the first quarter of 2020, more than 4,000 CHWs and volunteers from other Sectors teamed up to conduct a door-to-door campaign for the second Oral Cholera Vaccination campaign. Likewise, CHWs went door-to-door to mobilize families for a measles/rubella vaccination campaign and trace missing children. Training packages on SRH and community engagement were rolled-out for 115 CHW supervisors and cascaded to CHWs.

A total of 2,423,610 household visits were conducted for health promotion, referral and routine surveillance. Health promotion topics included the promotion of SRH services, hygiene and diarrhea prevention, immunization, prevention of NCDs, and healthy living, as well as seasonal acute health conditions. In addition, CHWs conducted 90,689 small group sessions for 765,056 persons, focusing on hygiene promotion, SRH, immunization, NCDs and COVID-19.

9. Administrative coverage refers to the number of doses administered to the target population. In order to estimate percentage of immunization coverage, this number is divided by the total estimated number of people in the target population. For further information please refer to: https://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index1.html

In response to the decline in numbers of people seeking health care services at health facilities due to the fear of COVID-19 and other related factors, Health partners used an innovative community-centred approaches to help rebuild community confidence. For example, Imams and Mahjis undertook health facility visits to familiarize themselves with the IPC measures in place to minimize COVID-19 transmission, in order to then inform the community.

Regarding the GBV response, facilities such as WFS and Integrated Woman Multipurpose Centres also integrated SRH services to improve access by women and girls, including adolescents, in the Rohingya refugee and host communities.

Objective Four: Strengthen Health Sector coordination, information management and monitoring towards achieving rational, standardized and accountable health service delivery.

The Health Sector benefited from the support of over 100 partners that responded to the needs of affected populations in the refugee camps and host community, including 60 national NGOs (NNGOs), 52 international NGOs (INGOs) and 9 UN agencies. The Health Sector adopted a three-tiered coordination structure at District, Upazila and Union levels. At the District-level, a Strategic Advisory Group composed of the main Health Sector partners supported the Health Sector Coordinator in setting priorities.

The Health Sector established several Working Groups that met on a regular basis, including SRH, Community Health, Epidemiology and Case Management, MHPSS, and Emergency Preparedness Response. The Health Sector remains firmly committed to improving the quality of services through improved monitoring and strengthened field coordination. Two Health Sector field coordinators at Upazila levels and ten Camp Health Focal Points (CHFPs) were deployed to support, strengthen field coordination and liaison between Cox's Bazar, Ukhiya and Teknaf Upazilas and camps.

Camp Health Focal Points conducted health facility monitoring exercises on a quarterly basis, providing supportive supervision and necessary guidance monitoring compliance with the Essential Minimum Service Package. Weekly inter-agency supportive supervision visits to camps complemented these quarterly assessments. In addition, the Health Sector's SRH Working Group conducted readiness assessments of SRH facilities to ensure the effectiveness of IPC mechanisms, including during triage and screening, as well as the availability of Personal Protective Equipment (PPE), which sustained SRH services during the COVID-19 pandemic.

COVID-19 Response Plan Objective One: Reduce to the extent possible the morbidity, mortality and spread of COVID-19 by rapid identification and isolation of all cases, including most vulnerable providing them with appropriate care, and tracing, quarantining, and supporting all contacts.

Health Sector partners established SARI ITCs to manage and treat COVID-19 cases among the Rohingya refugees and the affected host population. As of end-July, 12 SARI ITCs were functional with 655 bed capacity, and five were under construction. An Intensive Care Unit/High Dependency Unit (ICU/HDU) facility at Sadar Hospital with ten ICU and eight HDU beds was also made operational for the host community and Rohingya refugees. A dedicated COVID-19 centralized dispatch and referral unit facilitated the referrals of all COVID-19 cases and contacts.

The IEDCR Field Laboratory in the Cox's Bazar Medical College received support with the human resources, equipment, supplies and consumables needed to carry out COVID-19 PCR testing. The Laboratory supports Cox's Bazar District, as well as Bandarban and other Districts in Chittagong Division. 19 sentinel surveillance sites collected samples from the camps and the surrounding host community population. As of 31 July 2020, 2,846 and 1,753 samples were collected, respectively, through these sites. The surveillance system was strengthened by establishing rapid investigation and response teams in all camps and through the recruitment of camp health disease surveillance officers.

COVID-19 Response Plan Objective Two: Prevent transmission and amplification of COVID-19, by enhancing IPC in community and health care settings and effectively communicate critical risks (counter misinformation) to men, women, boys and girls.

Through enhanced community-based surveillance, CHWs identified patients with respiratory symptoms and provided targeted counselling on testing, treatment and quarantine. CHWs visited households and shared standardized key messages on COVID-19 infection and prevention, with household visits shifting from a bi-weekly to weekly basis. From April onward, the tasks of CHWs shifted to a strong focus on COVID-19, while also maintaining referral for preventive health services, such as SRH and the Expanded Programme of Immunization. CHWs also played a key role in tracking rumors and misinformation on health-related issues and responding to them. CHW supervisors benefited from four

new training packages. Flipcharts with photographs from camp facilities used during counselling sessions helped to overcome fears and concerns about quarantine and SARI ITCs. More than 630,000 household visits were conducted during the first six weeks following introduction of the system resulted in the identification of more than 10,300 patients with respiratory symptoms. These efforts contributed to a significant increase in COVID-19 testing in the camps.

COVID-19 Response Plan Objective Three: Provide technical leadership, coordination, collaboration and information management support to all partners responding to the COVID-19 pandemic

Capacity building through trainings and supportive supervision on laboratory sample collection, IPC, case management, MHPSS and health care waste management was ongoing as of mid-2020. As part of the operational capacity building to enhance preparedness for COVID-19 in Cox's Bazar, Health partners conducted a four-day training for COVID-19 IPC with staff from the SARI ITC partners and Government facilities, with the participants then cascading the training onward in these healthcare facilities. To date, 567 government workers and 1,320 humanitarian health care workers have received training.

The Health Sector collaborated with the CwC Working Group to develop messaging on COVID-19 testing, isolation and quarantine, and the importance of wearing face masks. In collaboration with the Shelter/NFI and WASH Sectors, 19 points of entry were established to reduce risks of infection in the camps by screening people entering the camps to identify those with a fever and refer them to the nearest health facility.

GAPS AND CHALLENGES

A deterioration of trust and increase in fears among the refugee community arose in relation to testing, isolation and treatment for COVID-19, because of rumors and misinformation. As a consequence, few samples were collected and tested from the camps, despite the increased testing capacity at IEDCR laboratory. Health partners reversed this trend with the roll-out of the enhanced community-based surveillance through the CHWs and support from other partners in enhancing community engagement. At the same time, however, the number of samples collected from the host community reduced following the introduction of fees for taking samples in Government health facilities at the end of June.

The increase in fear and decrease in trust within the refugee community population also had a negative impact on health seeking behaviours for more routine or general health services, including immunization, maternal health, family planning, and NCDs, which was reflected in health outcomes. The decrease in immunization rates is worrying, as this presents a risk for the emergence of vaccine preventable diseases. Community confidence in utilizing health services, including family planning, declined due to the community's perception that health facilities, WFS, and other facilities such as the Integrated Woman's (Multi-purpose) Centres and UN Women Multipurpose Centres were COVID-19 high transmission zones.

Strengthening IPC measures at health facilities and SARI ITCs for both refugees and the host community must continue, in order to reduce the risk of community transmission. Capacity building for health workers on the management of COVID-19 cases and MHPSS are important both for patient care and to mitigate the stress experienced by healthcare workers, COVID-19 patients and close family members.

Ensuring a reliable referral pathway for obstetric emergencies continues to be a priority, given the limited number of specialised clinicians and facilities in the field. Continuous oversight of complicated cases and support to the partners at the field hospital and host community referral sites is essential, particularly for eclampsia, hemorrhage, and infectious diseases in the peripartum period.

KEY PRIORITIES TO THE END OF 2020

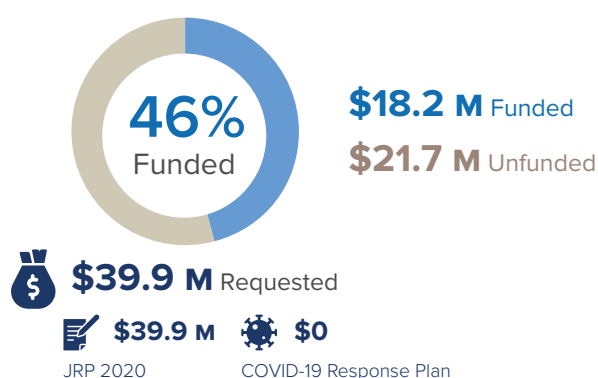
1. Enhance communication with communities at all levels (individual, community, and health facility) to foster trust-building and improved access to health services, including responding to the COVID-19 outbreak.
2. Maintain continuity of health services across the full spectrum of health service delivery and referral system (from community, primary, secondary and tertiary level), while managing the response needs of the COVID-19 outbreak.
3. Ensure adequate preparedness and response readiness for the upcoming cyclone season and potential disease outbreaks.

NUTRITION

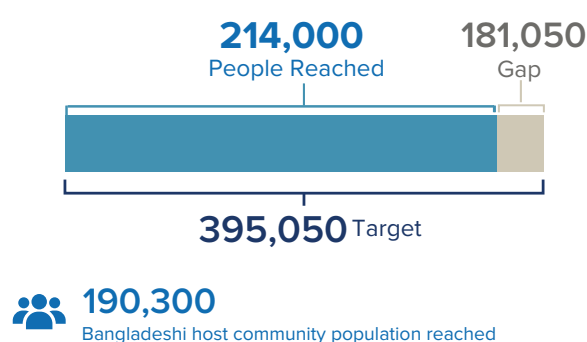


Government of Bangladesh: Civil Surgeon (Ministry of Health)
Sector Lead Agency: UNICEF
Sector Coordinator: Bakhodir Rahimov / brahimov@unicef.org
Number of JRP partners: 16

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One¹⁰: Reduce excess mortality and morbidity among boys and girls under 5 years old, Pregnant and Lactating Women and other vulnerable groups through provision of life-saving interventions to treat Severe and Moderate Acute Malnutrition.

Essential nutrition treatment services reached a total of 38,342 malnourished boys and girls aged 6-59 months (53 percent of the 2020 JRP target) and pregnant and lactating women (PLW). The SAM and MAM children recovery rate was kept above 86 percent (beyond the target of >75 per cent). The proportion of defaulters and death rates among children under five in the nutrition programme was below one per cent (0.72 and 0.2 per cent, respectively).

The Sector accepted to classify any COVID-19-positive SAM child under five classified as a “complicated SAM” case, requiring referral to the SARI ITC Stabilization Centre. The Nutrition Sector therefore records and reports the number of COVID-19-positive SAM children and reports the indicator separately within Sector Objective 1. As of July 2020, no COVID-19 positive SAM children were registered.

Objective Two¹¹: Reduce the burden of malnutrition among boys, girls, Pregnant and Lactating Women and other vulnerable groups through the strengthening and scale-up of malnutrition prevention interventions.

The first round of the integrated Vitamin A supplementation campaign began on 21 June 2020 and continued over the following four weeks through a door-to-door approach. Nutrition partners completed the COVID-19 modified protocol for Vitamin A supplementation together with malnutrition screening and the provision of IYCF information for mothers and caregivers of children under five. Almost 155,080 children aged six to 59 months (45 percent boys and 55 percent girls) received Vitamin A supplementation (97 percent of the 2020 JRP target), were screened for malnutrition and

10. The report provides a consolidated narrative, as this objective corresponds with Sector Objective One in the COVID-19 Response Plan. Objective One in the COVID-19 Response Plan reads as follows: All malnourished boys and girls aged 6-59 months, and pregnant and lactating women, receive essential nutrition treatment services.

11. The report provides a consolidated narrative, as this objective corresponds with Sector Objective Two in the COVID-19 Response Plan. Objective Two in the COVID-19 Response Plan reads as follows: All boys and girls aged 6-59 months benefit from Blanket Supplementary Feeding services.

received IYCF messages. The Vitamin A supplementation campaign identified 14 percent of all children with Global Acute Malnutrition under age five, who were screened and referred to respective nutrition treatment programmes.

Nutrition partners temporarily merged the Blanket Supplementary Feeding Programme (BSFP) with the General Food Assistance (GFA) programme following the COVID-19 outbreak. This reduced the number of people visiting nutrition centres. On average, the BSFP reached a targeted population of more than 150,000 monthly (111 percent of the 2020 JRP monthly targets, reaching more than the original number targeted). By mid-2020, the Nutrition Sector was exploring opportunities to resume the BSFP programme in integrated nutrition facilities.

IYCF services required immediate adjustments due to the COVID-19 outbreak. Nutrition screening in the communities were put on hold and IYCF interventions were also reduced. Maternal nutrition group sessions were delivered through one-to-one and door-to-door counselling, instead of group sessions. IYCF services did not reach mid-year JRP targets, because of an insufficient number of service providers and COVID-19 precautions. Because group sessions were discontinued from March 2020, only 21,270 mothers and caregivers received counselling and were reached by group sessions, reaching 44 per cent of the 2020 JRP target.

Objective Three: Strengthen the collective Nutrition Sector response through timely collection and analysis sex and age disaggregated nutrition data, information management and effective coordination.

During 2020, the integration of Nutrition Sector activities with other Sectors, particularly with activities related to child protection, disability, education, gender and PSEA, strengthened the response. Training activities adapted to COVID-19 by moving to virtual platforms, with 70 implementing partner staff receiving training on COVID-19, including 20 individuals trained on specific child protection issues. Training planned for October or November will focus on integrating individuals with disabilities into Early Childhood Care and Development (ECCD), and training for partners on Sex and Age Disaggregated Data (SADD) reporting for nutrition activities will also scale up during the second half of 2020. The COVID-19 outbreak affected planned field data collection interventions; to date, it was not feasible to conduct the SMART nutrition surveys. The Nutrition Sector updated the EPRP and all partners were reminded of their roles and responsibilities. Nutrition mobile teams formed for timely response and deployment were ready, and all Sector partners prepositioned buffer stocks of essential nutrition supplies. In preparation for the monsoon season, Nutrition partners assessed all integrated nutrition facilities and strengthened their structures. To ensure AAP, partners established complaints and feedback mechanisms in each integrated nutrition facility and the target communities, consolidating and sharing feedback on issues beyond nutrition activities with the relevant Sectors.

COVID-19 Response Plan Objective Three: Infant and Young Child Feeding supports all new pregnant and lactating women, and for caregivers of children.

One-on-one counselling sessions reached a total of 17,535 mothers since the onset of the COVID-19 pandemic in March 2020. The Nutrition Sector discontinued group sessions in the communities and a door to door approach was implemented. IYCF targets were adjusted to the context of the COVID-19 response and reflected in the monitoring framework. The Nutrition Sector reached 100 percent of the initially planned target for Mother-Led Mid-Upper Arm Circumference (MUAC), training over 82,921 mothers to use MUAC tape, assess malnutrition and self-refer to integrated nutrition facilities. The Mother-Led MUAC approach will continue during the second half of the year, with the expectation of reaching a total of 100,000 mothers in 2020.

GAPS AND CHALLENGES

The COVID-19 pandemic has created significant risks and challenges for the Nutrition Sector service providers as well as the Rohingya refugees and Bangladeshi host community members receiving services. The number of SAM and MAM pregnant and lactating women (PLW) served decreased dramatically in 2020 due to the impacts of COVID-19. Despite mass communication campaigns and social mobilization to spread awareness of information related to COVID-19, overcoming the concerns of the target population in seeking nutrition services remains a challenge.

Insufficient staffing in integrated nutrition facilities was a barrier to providing a full range of essential nutrition services, including BSFP. COVID-19 modified nutrition approaches cannot ensure the required level of service coverage and accessibility.

Mother-led MUAC activities should be carried out regularly to promote continuous engagement, with trainings and dissemination of information on basic nutrition screening and referral conducted frequently as participants may not retain information. Additionally, expanding the pool of Rohingya Community Volunteers is necessary to provide extra capacity to support the Nutrition Community Network more effectively.

KEY PRIORITIES TO THE END OF 2020

1. Provide preventive and lifesaving SAM and MAM curative services, including regular community screening for malnutrition; and timely referral, admission and treatment in the respective Outpatient Therapeutic Feeding Programme (OTP), Targeted Supplemental Feeding Programmes (TSFP) and BSFP.
2. Provide one-on-one counselling sessions in integrated nutrition facilities and through the door-to-door approach in community outreach for IYCF services, and deliver individual maternal nutrition and IYCF counselling sessions, while practicing physical distancing and disseminating information on COVID-19.
3. Continue supporting the COVID-19 emergency response to the targeted population groups, as COVID-19-positive SAM children are eligible for hospitalization and treatment in Stabilization Centres of SARI ITCs, and reports are collected through the Health Sector. Simultaneously, the Nutrition Sector partners will provide on-site treatment for COVID-19-positive SAM and MAM older persons through home-based-care in close partnership with the Health Sector. Separate reporting will be collected and analyzed.



SHELTER AND NON-FOOD ITEMS



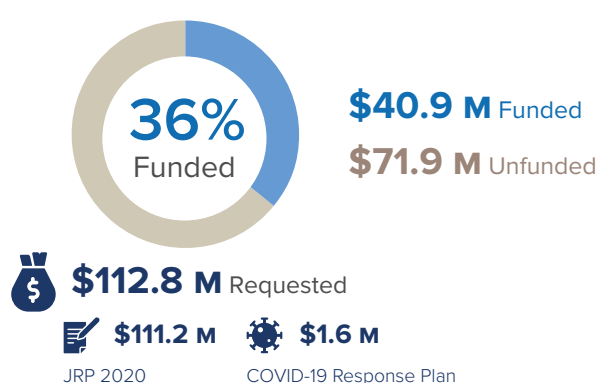
Government of Bangladesh: RRRC

Sector Co-Lead Agencies: IOM / Caritas

Sector Co-Coordination: Karolina Blach / sheltercxb.coord@gmail.com; Ratan Podder / sheltercxb.coord1@gmail.com

Number of JRP partners: 16

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One: Improve site safety, shelter quality, and household living conditions for women, girls, men and boys from the Rohingya refugees and the host communities living adjacent to camps, as well as to reduce environmental impact of the Shelter and NFI response.

Regular shelter activities were reduced to minimize transmission and exposure to COVID-19. Shelter/NFI Sector partners nevertheless delivered critical shelter assistance to Rohingya refugees in all 34 camps and the nearby Bangladeshi host communities. Bamboo treatment plants operated on a reduced scale and the availability of bamboo was limited due to COVID-19 restrictions. Some 24,794 households still received treated bamboo to reinforce shelters in poor condition, allowing those that had not received assistance for a year or more to benefit from this material with a longer lifespan. A total of 27,838 Rohingya households received Transitional Shelter Assistance (Phase 1), which included the following essential materials: treated bamboo, rope, steel footings, and other materials according to their preference and within the approved materials and quantities.

Before the COVID-19 restrictions were put in place, Shelter partners distributed shelter repair and maintenance assistance to 5,330 households and completed 4,518 household-level site improvements. Since the COVID-19 response began, 5,297 Rohingya households received partial Transitional Shelter Assistance (Phase 1) assistance without steel footings, as this material required training sessions that had to be suspended due to the public health concerns. Additionally, 9,247 households with shelters in poor conditions and that had not received assistance for a year received repair and maintenance assistance. Some 7,897 Rohingya households received tarpaulins for leaky roofs. Shelter partners completed 332 mid-term shelters and provided maintenance to 262 others.

The NFI voucher system and distribution of solar lamps were put on hold due to COVID-19 restrictions. During the first half of the year, 100 percent of Rohingya households and 10,865 vulnerable households in the host community received regular LPG refills based on family size. From January to July, a total of 932,714 LPG refills were distributed. All health restrictions related to COVID-19 were respected, including through the development and adaptation of distribution protocols to eliminate close contact and reduce the potential spread of the virus. Once COVID-19 restrictions are lifted, Sector partners will be able to conduct post-distribution monitoring and undertake an overall survey to measure against the minimum and desirable standards.

Objective Two: Encourage self-reliance and peaceful coexistence by increasing the Rohingya refugees' involvement in decisions concerning Shelter and NFI assistance and providing support to the host community living adjacent to camps.

Some 31,108 households received training on strengthening, upgrading and maintaining shelters, as well as Disaster Risk Reduction (DRR) during the reporting period, and 210 laborers and volunteers received technical skills development training. Community-led shelter programming and further training sessions were put on stand-by from March onward to reduce exposure to COVID-19. A total of 337 households in the host community benefited from shelter support, including the construction of new shelters and repair and maintenance of existing shelters. Solar lamp distribution in the host community was suspended due to COVID-19 restrictions. To better address shelter needs in the host communities, a Technical Working Group was formed to coordinate and align assistance with the national regulatory framework. Alternative Dispute Resolution (ADR) programming was also been placed on hold, although capacity-building activities for lawyers is ongoing and the pilot roll-out in the refugee and host communities will commence once restrictions are lifted.

Objective Three: Improve coverage and complementarity of shelter interventions by taking steps to enhance coordination with other Sectors and Government.

Despite the impacts of COVID-19 restrictions on operational activities, Shelter/NFI Sector partners remained responsive to the emergency needs of refugee households. During the reporting period, a total of 22,581 shelters suffered damaged, and 100 percent of the affected households received emergency shelter support after damage verification. These households received standardised assistance in four different kits on the basis of a damage verification checklist. Most shelters were partially or fully damaged, with roofs or walling blown away, or had severe damage with structural bamboo posts or beams damaged or missing. Of these, 118 shelters were completely unsalvageable. Affected households received materials to help with shelter repair (i.e., treated bamboo, tarpaulins, rope, jute bags) or full reconstruction.

To ensure coverage and the complementarity of shelter interventions, Shelter partners established focal points to coordinate the assistance in the field and, by mid-2020, they were operating in all 34 camps. Focal points coordinated shelter interventions during emergency response, as well as during the day-to-day shelter operations in the camp. The focal point system improved information-sharing between the camp level and Cox's Bazar. Close coordination and engagement with CiCs and Site Management Support agencies (SMS) improved the response and coordination between Sector partners, leading to improved quality in services.

As a part of preparedness activities, Shelter partners prepositioned over 61,011 emergency shelter kits for cyclone response and 182,500 households received preparedness support (tie down kits, along with related Information, Education and Communication (IEC) materials) to minimize the impact of strong winds. With the onset of the COVID-19 pandemic, and in close cooperation with the Health Sector and other Sectors, the Shelter/NFI Sector developed six COVID-19-specific guidance notes on how to practice physical distancing in shelters and recommendations for distributions, safe delivery of materials, construction site safety, emergency Shelter/NFI response and on pre-triage/screening facilities. IEC materials prepared for the COVID-19 response to ensure that people in the camps received clear messages.

COVID-19 Response Plan Objective One: Ensure that families affected by COVID-19 are supported with needed emergency shelter and non-food items, home delivery of LPG, and delivery as well as implementation of emergency shelter response according to need.

The Sector plans to support families affected by COVID-19 with home delivery of LPG and NFI items, should SARI ITC facilities reach a threshold of 75 percent occupancy, requiring a move to home-based care. By July 2020, SARI ITC capacity had not reached this level. During the reporting period, 152 NFI kits, including blankets, floor mats, mosquito nets, solar lamps, and kitchen utensils, were provided to the quarantine centres to assist people affected by COVID-19.

COVID-19 Response Plan Objective Two: Mitigate the risk of exposure to the virus for the elderly population, by providing specific NFI support, home delivery of NFIs and LPG, as well as the delivery implementation of emergency shelter response.

Households with older persons received a total of 26,335 special NFI kits to ensure safe and dignified living conditions and help them to achieve physically distancing in their shelters to the extent possible. One hundred percent of the most vulnerable households providing home care or with elderly members were supported with the delivery and

implementation of emergency shelter assistance when their shelters were damaged. Some 2,840 of the most vulnerable families with elderly members received continuous LPG delivery to their shelters.

COVID-19 Response Plan Objective Three: Social cohesion is maintained by effective use of the Housing, Land and Property due diligence process to prevent tension with host community over land use.

The HLP Task Force developed the HLP Due Diligence Guidelines on the rental of land and property for the COVID-19 health response, which the ISCG endorsed in April 2020. The Due Diligence Guidelines seek to achieve legal clarity on land ownership and tenure issues to the extent possible, in order to reduce the risk that humanitarian interventions increase tensions or conflict or cause environmental degradation and to address HLP disputes and evictions.

HLP partners identified risks and challenges, including increases in rent, pressure to increase in-kind payments (i.e., food rations, shelter/NFI items) and threats by the host community to evict refugees because of COVID-19-related restrictions and limited livelihood opportunities. The HLP Task Force, together with the Protection Working Group, began eviction monitoring and setting up referral mechanisms to address these issues.

The Shelter/NFI Sector revived a dedicated Technical Working Group to ensure support to partners and the coordination and alignment of interventions with minimum standards, according to the national regulatory framework.

GAPS AND CHALLENGES

The COVID-19 pandemic severely affected regular shelter assistance in the camps and in the host community. Shelter/NFI partners adjusted their interventions to meet COVID-19 prevention and mitigation measures. The limitation to only activities only as part of the emergency response included the delivery of LPG refills, provision of assistance to households with shelters in poor conditions, and NFI distribution for older people and to quarantine centres.

Reported incidents of damage requiring emergency assistance doubled during the monsoon season from May to July 2020, in comparison with 2019. The lack of regular shelter improvements during the weeks leading up to the monsoon season because of COVID-19 restrictions, as well as the arrival of heavy rains a month earlier than last year, resulted in further deterioration of shelter conditions.

Heavy rains and winds exacerbated the poor condition of shelter materials, such as untreated structural bamboo, tarpaulins, ropes and bamboo mats. Shelter supplies permitted in the camps are restricted to temporary materials (e.g. bamboo and tarpaulin) and more durable approaches are not allowed utilized. The constraints, coupled with the harsh climate particularly during the monsoon season, have progressively increased damage to shelters. As a result, Rohingya refugee households required more regular shelter assistance to meet their basic shelter needs. The urgent provision of shelter assistance remains a key priority, particularly for the most vulnerable households, including those headed by women, the elderly, transgender persons, sex workers and those with disabilities. Another key objective is to introduce more durable materials to improve the lifespan of the shelters, especially while regular distributions continue to be limited by the COVID-19 pandemic.

KEY PRIORITIES TO THE END OF 2020

1. Maintain critical activities, including emergency response, LPG refills, and assistance to shelters that have not received assistance for one year or longer.
2. Provide additional shelter/NFI assistance to support households with pressing shelter/NFI needs and to decrease further deterioration of shelters.
3. Implement cyclone preparedness and response activities, which become the utmost priority in the event of a cyclone.

WATER, SANITATION AND HYGIENE



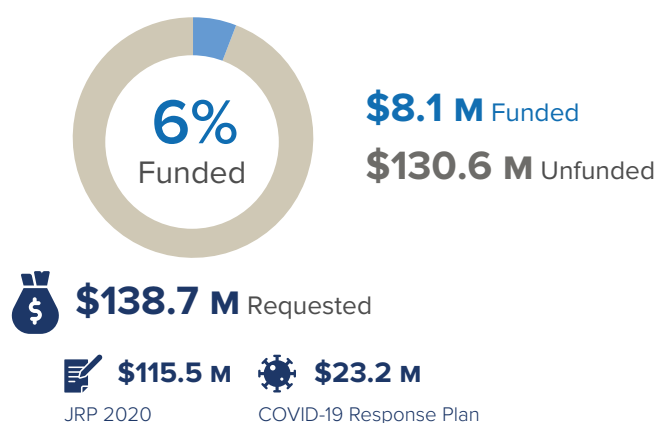
Government of Bangladesh: DPHE

Sector Co-Lead Agencies: UNICEF / ACF

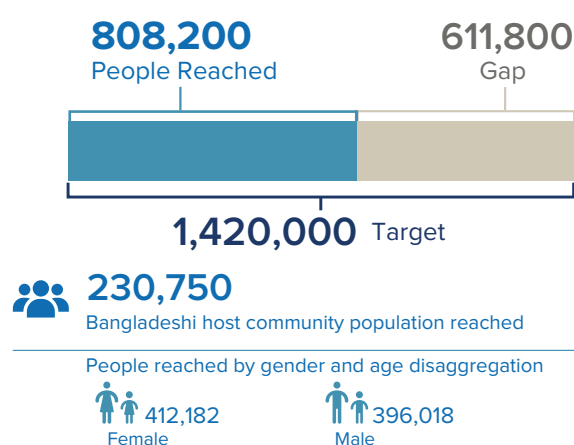
Sector Co-Coordiators: Julien Graveleau / jgraveleau@unicef.org; Asif Arafat / washsecco-cox@bd-actionagainsthunger.org

Number of JRP partners: 38

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One¹²: Ensure regular, sufficient, equitable and dignified access for Rohingya refugee women, men, boys and girls living in camps, and affected host communities, to safe water for drinking and domestic needs.

Between January and July 2020, WASH partners reached 808,200 people with water supplies that met standards for quality and quantity (at least 20 liters per person per day). In the targeted area, WASH partners drilled 1,556 tubewells, of which 97 percent were in the host communities, and completed repairs to 38,449 of existing boreholes and hand-pumps.

In the camps, WASH partners established 43 water networks with chlorinated water and decommissioned 79 boreholes because of high levels of contamination, as alternative water sources were made available.

Objective Two¹³: Ensure women, girls, men and boys living in camps and affected host communities have adequate, appropriate and acceptable sanitation facilities to allow rapid, safe and secure access at all times.¹⁴

Since the beginning of 2020, 645,290 refugees and 230,750 Bangladeshis benefited from sanitation activities implemented by WASH partners. WASH partners built 2,524 new gender-segregated latrines, of which 78 percent were

12. The report provides a consolidated narrative, as this objective corresponds with Sector Objective One in the COVID-19 Response Plan. Objective One in the COVID-19 Response Plan reads as follows: Ensure regular, sufficient, equitable and dignified access to safe water for drinking, domestic needs and medical purposes for women, girls, men and boys living in camps and affected host communities.

13. The report provides a consolidated narrative, as this objective corresponds with Sector Objective Two in the COVID-19 Response Plan. Objective Two in the COVID-19 Response Plan reads as follows: Ensure adequate, appropriate and functional sanitation facilities to allow rapid, safe and secure access at all times for women, girls, men and boys living in camps, host communities or affected by COVID-19.

14. The report provides a consolidated narrative, as this objective corresponds with Objective Two in the COVID-19 Response Plan. Objective Two reads as follows: Ensure women, girls, men and boy refugees living in camps, host communities or affected by COVID-19 have adequate, appropriate and functional sanitation facilities to allow rapid, safe and secure access always.

in the refugee camps. Additionally, 199 female-friendly latrines and disabled-friendly latrines were built, of which 78 percent were in the host community. In the refugee camps, WASH partners built a total of 1,313 new bathing cubicles and made repairs to 12,823 existing bathing cubicles. Partners also constructed 226 female-friendly showers between January and July 2020. Desludging of latrines was carried out 111,000 times and 33,716 latrines were repaired. Nearly all the latrines were desludged twice and 50 percent were repaired within the first semester. WASH partners upgraded or rehabilitated a total of 5,371 latrines and built 138 new secondary waste pits in the camps.

Objective Three¹⁵: Ensure access and exposure to innovative hygiene promotion, as well as hygiene items, for all Rohingya refugees living in camps and affected host communities, in order to discourage potentially dangerous behaviours.

WASH partners organized 214 cleaning campaigns conducted by refugee volunteers, including the collection of waste on the ground and in shallow drains in the camps between January and July 2020. Women and adolescent girls received a total of 323,000 menstrual health kits, and households benefited from the distribution of 53,376 comprehensive WASH kits.

As part of the COVID-19 emergency response, WASH partners rapidly scaled up hygiene promotion through the installation of additional hand-washing stations. By mid-2020, WASH partners had installed nearly 111,000 handwashing stations in the refugee camps and host community. Partners also conducted two rounds of soap distributions, reaching 236,000 households. On average, WASH partners disinfected 35,000 facilities per week.

WASH partners also conducted door-to-door visits for hygiene promotion, visiting 247,000 households twice during the first semester.

GAPS AND CHALLENGES

Geographical and seasonal disparities are challenges to ensuring sufficient water coverage in the refugee camps and host communities. The Teknaf area was impacted by a severe drought from March to May, which required WASH partners to provide emergency water supplies and made it difficult to achieve acceptable standards. WASH partners have identified technical solutions to meet these critical gaps in water supply in the refugee camps and host community, and political and financial support are required to tackle this issue on a sustainable basis.

While WASH partners have met acceptable quantitative standards for sanitation across the camps (an average of 18 people have access to one latrine, and an average of 38 people have access to one bathing facility), many challenges remain. Fifteen percent of WASH infrastructure require improvements and maintenance. Ten percent are built in flooding areas, and some WASH infrastructure was not built in line with approved designs. Due to space constraints, many Fecal Sludge Management (FSM) units were under-designed, resulting in limited efficiency of treatment and environmental contamination.

Solid waste management remains a key issue. The 34 camps produce over 500 cubic metres of solid waste each day, and only half of refugee households deposited waste in designated areas throughout the camps. Gaps in proper waste management has negative impacts on health, the environment and social cohesion. Behaviour change has been identified as a key component of improving waste management, while further infrastructure enhancements (including communal bins or pits, compost or recycling areas, and transport) and securing additional land is also required.

The emergency WASH response in the context of the COVID-19 pandemic was undertaken at the expense of longer-term activities and the maintenance of WASH infrastructure. Most WASH partners had to readapt their 2020 programmes to respond to the urgent health crisis and, in some cases, without receiving additional financial support for these new activities. The negative consequences on service delivery, particularly related to sanitation and waste, are evident and require critical strengthening as soon as possible.

15. The report provides a consolidated narrative, as this objective corresponds with Sector Objective Three in the COVID-19 Response Plan. Objective Three in the COVID-19 Response Plan reads as follows: Ensure the change of potentially risky behaviors through hygiene promotion and distribution of hygiene items with strong focus on highly contagious diseases, for all Rohingya refugees, affected and vulnerable communities of the District.

KEY PRIORITIES TO THE END OF 2020

1. Continue the WASH-COVID-19 response while strengthening WASH service delivery both in host communities and the Rohingya refugee camps.
2. Develop a long-term WASH strategy through a consultative process.
3. Reinforce field coordination through support to the host community forum and organize a Camp Focal Point System.



COMMUNICATION WITH COMMUNITIES



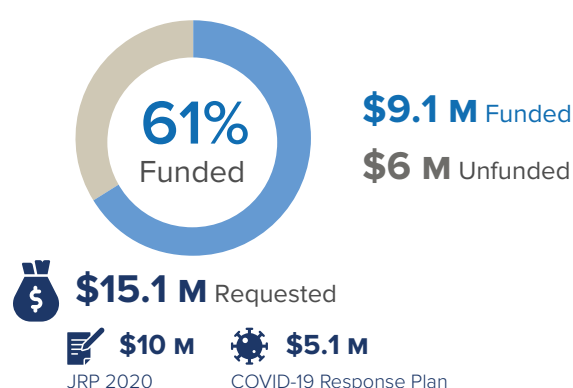
Government of Bangladesh: RRRC

Working Group Lead Agency: IOM

Working Group Coordinator: Md. Mahbubur Rahman / cxb.cwcwg@gmail.com

Number of JRP partners: 20

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One: Improve access to information for women, girls, men and boys – with a focus on currently underserved areas and groups – through rationalized, community-centric, gender-responsive and evidence-based communication and community engagement approaches.

In the first half of 2020, the CwC Working Group and partners developed and disseminated 300 multi-sectoral, needs-based, actionable and culturally appropriate materials in different languages, which are easily accessible on the Shongjog website.¹⁶ The total number of CwC content developed reached a total of 1,634.

Eighty-eight Information and Feedback Centres (info hubs) are operational in the camps and host community. The number of listening groups held in the camps increased significantly to over 1,800 across the 34 camps and in the host community. A comprehensive campaign was conducted on COVID-19 awareness issues and cyclone preparedness. Assessments concluded that 78 percent of refugees feel that they have enough information to make decisions about their daily lives, and 56 percent of refugees generally feel informed about the aid available to them.

Objective Two: Improve participation of and accountability to women, girls, men and boys from affected populations following minimum standards for the referral and resolution of community feedback and through increased use of collective data analysis.

The CwC Working Group advocated for the enhancement of AAP throughout the humanitarian response by promoting an “Accountability Manifesto.” The Manifesto, which outlines the Working Group’s broad strategy and operational directions for promoting and strengthening AAP, was developed through consultations with a wide range of stakeholders. The Working Group developed technical guidance document on common standards for complaints and feedback mechanisms and shared it with all Sectors. The CwC Working Group organized 34 training and orientation sessions for Sectors and partners on mainstreaming common feedback standards, and 19 organizations have adopted these standards.

¹⁶ <http://www.shongjog.org.bd/>

According to assessments undertaken in 2020, 64 percent of refugees and 46 percent of members of the host community reported knowing how to make suggestions or complaints about the aid they receive; 96 percent of households reported having no barriers to using complaint and feedback mechanisms; 80 percent of refugees and 60 percent of host community members reported that aid providers take their opinion into account when providing aid/services; and 97 percent of refugees and 88 percent of host community members felt that aid workers treat them with respect.

Objective Three: Reinforce coordination, advocacy and technical support across different Sectors and stakeholders for mainstreaming CwC and AAP principles enabling people to have access to life-saving information and knowledge on rights and services, working with respect for the laws and policies of the Government of Bangladesh.

More than 70 agencies, Sectors and platforms used services and tools produced by CwC Working Group members, and a total of 4,390 humanitarian staff and volunteers received training on CwC and humanitarian principles. Additionally, 2,712 staff from government agencies and NNGOs engaged in capacity sharing initiatives including training and mentoring. To date, the Working Group developed and distributed 58 information products on Sector programme planning and progress, which reflect feedback and inputs received from affected populations on the Sector response. 15 Sector and inter-sector action plans and strategies developed, monitored and implemented, keeping AGD into consideration.

The CwC Working Group participated in regular inter-sectoral and bilateral coordination discussions with relevant authorities, Sectors, and other key stakeholders. Twenty-two regular CwC Working Group meetings have taken place as of 31 July 2020. Around 45 agencies, including 11 national NGOs, actively participated in different CwC Working Group initiatives and 27 attended Working Group meetings regularly.

COVID-19 Response Plan Objective One: Mainstream Risk Communication and Community Engagement to reduce to the extent possible the spread of COVID-19, through strengthening and maintaining close coordination, advocacy and technical support with government authorities and through humanitarian coordination forums.

CwC Working Group's Risk Communication and Community Engagement Technical Working Group developed a Risk Communication and Community Engagement Strategy and Key Messages for COVID-19, together with the Health and WASH Sectors, which the Civil Surgeon in Cox's Bazar has endorsed. The CwC WG and Health Sector also developed a Community Engagement Strategy focused on communicating with the refugee population on all stages of testing, contact tracing, and treatment. CwC Working Group carried out an inter-sector survey among different Sectoral focal points and operational staff to identify gaps and needs related to community engagement in the COVID-19 context and used the information to plan a pilot orientation initiative that will be introduced in August.

COVID-19 Response Plan Objective Two: Provide context appropriate, community-centred and evidence-based communication resources and strategic guidance in order to scale up Risk Communication and Community Engagement.

The CwC Working Group played a crucial leading role in mass communication campaigns on COVID-19 to ensure individual awareness and community engagement. The campaigns reached 581,597 refugees and 221,501 Bangladeshis in the host community. 13 key messages were developed and disseminated on different key issues related to COVID-19. A total of 37 CwC partners took part in COVID-19 awareness and engagement activities led by the CwC Working Group and conducted 324 community consultation meetings or sessions related to the protection of older persons during the pandemic.

COVID-19 Response Plan Objective Three: Support Government and the Sectors to adopt appropriate community engagement approaches for awareness raising, with community participation in designing and implementing public health measures for COVID-19, integrating gender, inclusion and protection considerations.

A total of 52 coordination forums and stakeholders received technical support from CwC partners, and 4,390 humanitarian staff and volunteers were trained and oriented on COVID-19-related issues. The CwC Working Group published 18 weekly update bulletins focused on COVID-19, which included gaps analysis, helping to strengthen a focus on less attended areas in the humanitarian response.

GAPS AND CHALLENGES

Regular rumor tracking by CwC partners and in-depth community consultations identified high prevalence of stigma and superstitions among the refugees concerning COVID-19, connected to limited information about the virus and influenced by religious and social beliefs. As Health partners scaled up the COVID-19 response, addressing misinformation and building trust with the refugee population became crucial, as rumors related to COVID-19 prevention and treatment dissuaded health-seeking behaviours.

Refugees expressed concerns such as gaps in the explanations provided for treatments and prescriptions due to language barriers and the need for more Rohingya volunteers working in the health facilities. As a result, the extensive messaging and information campaigns could not achieve the expected results without complementary efforts to ensure that refugees felt fully informed and respected when seeking treatment and care at health facilities.

CwC partners adapted their operational modalities in response to restrictions aimed at preventing the spread of COVID-19 and minimise risk exposure to refugees. Local Bangladeshis and humanitarian personnel, including the reduced humanitarian footprint, limited to critical activities only and implemented various physical distancing measures. These measures presented challenges to the ability of humanitarian organizations to carry out effective communication and engagement with communities. Government restrictions on phone and internet connectivity in the refugee camps made it difficult to use remote communication channels, such as social media campaigns.

Women and vulnerable populations, such as the transgender community, were found to be less likely to be consulted and faced challenges in actively and fully participating in forums, meetings, or other decision-making spaces dominated by men¹⁷. Without effective community engagement by all operational actors, messaging and awareness-raising alone cannot create behavioural change. CwC actors will continue to prioritize community engagement initiatives and inter-Sectoral collaboration.

KEY PRIORITIES TO THE END OF 2020

1. Focus on CwC in the context of COVID-19, while also developing and adopting a CwC strategy that addresses other urgent issues (e.g., cyclone, monsoon, and other disease).
2. Advocate for community engagement to be addressed as a cross-sectoral responsibility and provide technical guidance to other Sectors and partners with community engagement initiatives, RCCE strategies, technical support, and agreed messages and IEC materials.
3. Continue and expand capacity building initiatives for humanitarian staff and volunteers from CwC partners, other Sectors as well as government organizations with a view to ensuring strengthened CwC and AAP efforts.

17. Rapid Gender Analysis (RGA), "In the Shadows of the Pandemic: The Gendered Impact of COVID-19 on Rohingya and Host Communities", October 2020, Gender Hub, UN Women, OXFAM, Care and ACAPS/NPM, available at: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/in_the_shadows_of_the_pandemic_gendered_impact_of_covid19_on_rohingya_and_host_communities_october2020_0.pdf



LOGISTICS



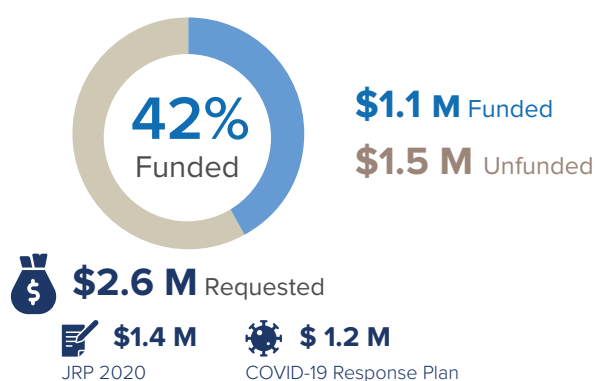
Government of Bangladesh: RRRC

Sector Lead Agency: WFP

Sector Coordinator: Cameron Kiss / cameron.kiss@wfp.org

Number of JRP partners: 1

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One¹⁸: Augment logistics capacity through the design and implementation of temporary common logistics services and enhance supply chain resilience to allow continuous and unimpeded flow of humanitarian supplies.

The Logistics Sector provided humanitarian agencies and organizations with a platform for communication and coordination between partners through 17 coordination meetings, with an average of 24 participants per meeting, representing a total of 53 organizations.

As part of its capacity-strengthening strategy, the Logistics Sector facilitated four training sessions for other Sectors. Fifty-two participants from 25 organizations received training. These training sessions included a Basic Humanitarian Logistics Course, Mobile Storage Unit Setup, a Cyclone Preparedness Drill and Medical Commodities and Warehouse Management. In support of the humanitarian community, the Logistics Sector coordinated procurement and a chartered flight carrying equipment and materials for the COVID-19 response from the United Nations Humanitarian Response Depot (UNHRD) Malaysia for WFP, IOM and UNHCR.

Objective Two¹⁹: Support decision-making by collecting and sharing timely and accurate information, producing relevant business intelligence strategies and promoting transparent Sector activities.

The Logistics Sector produced a total of 38 information products, which were published on the dedicated website for the Bangladesh Logistics Sector²⁰. These products included market capacity analysis, customs and entry point procedures, maps, pipeline information, the concept of operations²¹, SOPs²², blogs and guidance documents.

18. The report provides a consolidated narrative, as this objective corresponds with Objective One in the COVID-19 Response Plan. Objective One in the COVID-19 Response Plan reads as follows: Provide logistics coordination, support and advisory services to identify needs and gaps, and facilitate a collaborative approach amongst humanitarian partners in identifying and resolving logistics constraints and bottlenecks.

19. The report provides a consolidated narrative, as this objective corresponds with Objective Two in the COVID-19 Response Plan. Objective Two in the COVID-19 Response Plan reads as follows: Maintain information management and communication platforms to compile and share updates on logistics capacities, e.g., sea and airport, transport, storage, etc. and access constraints.

20. <https://logcluster.org/sector/bangl17>

21. <https://logcluster.org/document/bangladesh-covid-19-concept-operations-may-2020>

22. <https://logcluster.org/document/standard-operating-procedures-sops-covid-19-temporary-storage-and-transport-may-2020>

The Logistics Sector prepared, published and shared with all partners guidance on cargo limit recommendations²³ inside the camps, in Bangla²⁴ and English²⁵, with the objective of reducing road accidents and road deterioration. In support of the Government of Bangladesh, the Logistics Sector prepared and shared guidance on achieving physical distance in vehicles, to help prevent the spread of COVID-19.

The Logistics Sector began primary data collection on traffic conditions in the camps with the use of enumerators for traffic count in key flow areas, traffic fluctuation and types of vehicles entering from various entry points. This information will be used to support traffic management decisions in the camps, such as the location of monitoring initiatives and speed control.

The results of the mid-term satisfaction survey²⁶ indicated that 97 percent of the respondents were satisfied or very satisfied with Logistics Sector activities related to coordination, information management and common services. Coordination and information management received a 100 percent satisfaction rating, and common services received a 91.3 percent satisfaction rating.

Objective Three: Encourage logistics coordination among humanitarian partners and facilitate the rollout of collaborative operational efforts through strengthening existing local logistics systems.

In 2020, the Logistics Sector activities generally proceeded as planned with adjustments in focus and priorities for coordination and common services, in order to support partners effectively in responding to the COVID-19 pandemic. Plans in place to scale down emergency common logistics support services were put hold, as the Logistics Sector was required to maintain, and in some cases, expand services based on the operational needs of partners.

COVID-19 Response Plan Objective Three: As a provider of last resort, implement timely and reliable temporary common storage, transport and camp access facilitation services, to address the COVID-19 response material supply surge.

From January to July 2020, the Logistics Sector handled 7,547 m³ (3324 mt) of cargo for 21 organizations in five logistics hubs. In March, the Sector set up a special common logistics hub for the COVID-19 response in Cox's Bazar with five Mobile Storage Units (MSUs) with 1,280m² and temperature-controlled storage space with 370m² capacity, managed by HI-Atlas Logistique. In partnership with HI-Atlas, the Logistics Sector transported 5,441 m³ of relief items for 12 organizations, including UN Agencies, INGOs and NNGOs, using 349 trucks.

When the Government of Bangladesh restricted access to the camps to only critical and lifesaving activities to minimize the transmission of COVID-19, the Logistics Sector developed a fully digital system for validating the approvals given to humanitarian vehicles, under the overall guidance of RRRC and in coordination with ISCG Secretariat and WFP. This system was critical for reducing delays and bottlenecks caused by manual controls at the checkpoints. Upon approval by the RRRC, a total of 148 organizations were provided support with the necessary QR codes that enabled their vehicles to enter the camps. Refugee Housing Units, MSUs, and generators were loaned to organizations from preparedness stocks to support the SARI ITCs. The Logistics Sector also distributed hand sanitizers to 36 organizations to promote staff wellness.

GAPS AND CHALLENGES

Global and national market access to required personal protective equipment (PPE) for the COVID-19 response has gradually improved; however, the availability of medical and diagnostic materials remains limited.

Movement of supplies and people across the globe, within Bangladesh and in Cox's Bazar District, remains challenging. These constraints have contributed to a limited availability of trucks for the response in Cox's Bazar and increasing transport costs, at a time when the humanitarian response has an increased need for additional storage to stockpile supplies closer to the people in need. A surge in the supply of COVID-19-specific response materials put an additional strain on an already limited market and increased the need to store these items outside of the camp area to maintain security and access to stocks.

23. <https://logcluster.org/document/cargo-limit-recommendations-inside-camps-february-2020>

24. <https://logcluster.org/document/cargo-limit-recommendations-inside-camps-february-2020>

25. <https://logcluster.org/document/cargo-limit-recommendations-inside-camps-bangla-february-2020>

26. <https://logcluster.org/document/bangladesh-2020-mid-term-user-satisfaction-survey-feedback>

The evolution of movement restrictions during the COVID-19 pandemic, coinciding with the cyclone and monsoon seasons has required innovative solutions to facilitate movement and storage of critical goods in order to facilitate the delivery of life-saving assistance.

KEY PRIORITIES TO THE END OF 2020

1. Continue increased levels of coordination and interaction between partners in the Sector forum, to identify and resolve constraints through a collaborative effort.
2. Maintain information management and communication platforms to compile and share updates on relevant common logistics information updates, such as sea/airport, transport, storage, access, and import.
3. Maintain common services, specifically strategically located COVID-19 response material storage space, local transportation of emergency medical supplies and facilitation of camp access for humanitarian workers.



EMERGENCY TELECOMMUNICATIONS



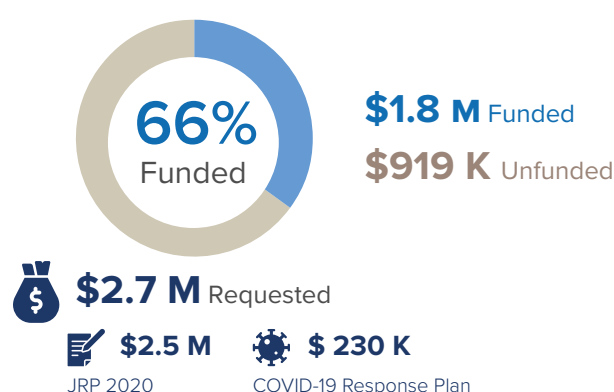
Government of Bangladesh: RRRC, Bangladesh Telecommunications Department

Sector Lead Agency: WFP

Sector Coordinator: Habib Shashati / habib.shashati@wfp.org

Number of JRP partners: 1

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One: Maintain existing Emergency Telecommunications Sector (ETS) services including the provision of security telecommunications services and internet connectivity in common operational areas to facilitate the response and ensure the safety and security of staff.

By mid-2020, the ETS was providing data connectivity and security telecommunications services to 197 UN and NGO users, including humanitarian personnel working in the e-voucher outlets where digital assistance was provided. The ETS installed a data connectivity network in a common meeting area in Cox's Bazar where many staff reside, to enable more than 50 staff from nine organizations to work and communicate with other humanitarian workers.

Objective Two: Conduct capacity building exercises to strengthen emergency preparedness and response skills of inter-agency responders on the ground and to ensure the sustainability of services.

Due to the COVID-19 pandemic, all training activities were put on hold.

Objective Three: Provide coordination for Emergency Telecommunications Sector (ETS) and develop and share operational information to facilitate the entire humanitarian response and avoid duplication of efforts.

The ETS connected the newly established common Logistics Hub in Cox's Bazar Sadar to support the humanitarian response to the COVID-19 pandemic.

In March, the ETS requested the Bangladesh Telecommunication Regulatory Commission (BTRC) to authorise the use of very high frequency (VHF) radio and microwave frequencies, the importation and installation of telecommunication

towers, and the importation and use of satellite phones. The ETS had a follow-up meeting with the BTRC, at the Commission's request, and submitted a detailed technical justification in June 2020. Further discussions are expected in the second half of the year.

COVID-19 Response Plan Objective One: Increase the effectiveness of the humanitarian response through telecommunications technical assistance, coordination, information sharing and facilitation. Maintain information management and communication platforms to compile and share updates on ETS activities.

The ETS helped to facilitate effective communication for the response and ensure timely information-sharing among humanitarian actors. Key achievements, as of July 2020, included the provision of internet connectivity to 23 e-voucher outlets in the camps, as well as to a central office location in Cox's Bazar to ensure connectivity for more than 50 humanitarian workers. The ETS manages the VHF radio network which supports more than 700 UN staff from 10 UN agencies to communicate while in the camps.

COVID-19 Response Plan Objective Two: Provide reliable data connectivity services (internet access) in camps and operational areas, including treatment centres in camps and humanitarian concentration points in Cox's Bazar.

The ETS coordinated the provision of critical data connectivity services in two SARI ITCs and ensured internet connectivity for the special COVID-19 logistics hub, where lifesaving assistance and supplies for the COVID-19 response were stockpiled during the first half of 2020.

GAPS AND CHALLENGES

Due to setbacks caused by COVID-19 and delays in obtaining approvals for radio frequencies and the importation and installation of telecommunications towers, the timeline for the Emergency Telecommunications Sector (ETS) connectivity project has been revised. The project will provide critical communications services in up to 1,000 sites. The initial stage of deployment was postponed until the first quarter of 2021, with an accompanying reduction in the number of sites to be connected by the end of 2020. In coordination with organizations operating in the camps, the ETS will agree on the top 40 priority sites to be connected before the end of the year, which will include critical facilities in the camps such as medical centres, e-voucher outlets, protection facilities. These prioritized sites will be connected in 2020.

The lack of 3G/4G connectivity in the camps continued throughout the first half of 2020, impacting humanitarian operations in the camps. Resuming 3G/4G connectivity in the camps remains a key priority. Additionally, the limited availability of electricity is one of the main issues hampering the efficiency of the operation. ETS is looking into green energy solutions and has piloted off-grid solutions in some locations to test its performance.

KEY PRIORITIES TO THE END OF 2020

1. Remain focused on ways to address the humanitarian community's data connectivity and security telecommunications needs, while enabling digital assistance services.
2. Support the COVID-19 response to ensure that all humanitarian actors are able to effectively communicate and share information among teams regardless of location. This includes establishing data connectivity in 13 SARI ITCs.

COORDINATION



Government of Bangladesh: RRRC, DC

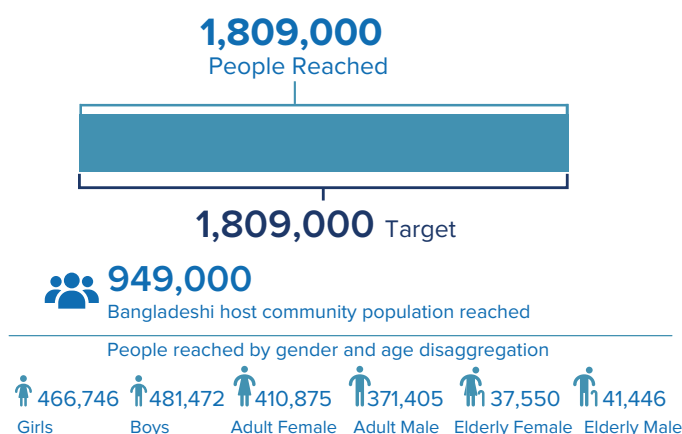
Senior Coordinator: Nicole Epting / seniorcoordinator@iscgcb.org

Number of JRP partners: 6

FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

Objective One²⁷: Support leadership and coordination to ensure an effective response, with protection and solutions as the foundation.

The ISCG Secretariat, under the leadership of the Senior Coordinator, supported coordination of the Rohingya response, working with the Strategic Executive Group (SEG) in Dhaka and through key forums in Cox's Bazar, including the Heads of Sub-Office Group and Sector and Working Group Coordinators. The SEG Co-Chairs – the UN Resident Coordinator, UNHCR Representative and IOM Chief of Mission – work closely with the ISCG Senior Coordinator to provide overall strategic direction, guide critical decision-making and ensure effective advocacy in support of the operation.

The SEG brings together the UN, NGOs and other humanitarian partners and donors for bi-weekly meetings in Dhaka. The HOSOG meets weekly and Sector/Working Coordinators bi-weekly, while Sectors and Working Groups on a broad range of issues ensure focused and effective coordination among the many partners working in the response, with the RRRC leading additional meetings. The ISCG seeks to facilitate inclusive and effective participation by NGOs in coordination structures to strengthen all aspects of the response, working with the NGO Platform and individual organizations.

At the Upazila level, the ISCG held coordination meetings with partners every two weeks in Ukhiya and Teknaf, as well as monthly meetings in Teknaf co-chaired with the Upazila Nirbahi Officer (UNO). Bi-weekly Civil-Military coordination meetings also took place every two weeks at the Ukhiya Coordination Cell, co-chaired with the Bangladesh Armed Forces Task Commander, providing an essential, regular link with the military.

At the start of the COVID-19 pandemic, the Sector-based coordination structure remained the central coordinating body for the response. The frequency of Sector/WG Coordinators meetings increased from bi-weekly to weekly, and all meetings were shifted to virtual platforms. The ISCG Secretariat ensured liaison with the Offices of the RRRC and the District Deputy Commissioner on the design and implementation of the COVID-19 response and management of the humanitarian operation, seeking to ensure physical access to the camps to deliver critical, life-saving activities and safeguard the overall protection environment.

²⁷ The report provides a consolidated narrative, as this objective corresponds with Sector Objective One in the COVID-19 Response Plan. Objective One in the COVID-19 Response Plan reads as follows: Support leadership and coordination to ensure an effective response, with protection as the foundation.

In April, the Logistics Sector supported the ISCG in developing a vehicle access pass system that facilitated the authorised movement of humanitarian personnel and vehicles, while also limiting access to the camp to those delivering critical programmes and services only. Under the overall leadership of RRRC, the vehicle pass system is managed by the Logistics Sector with support from the ISCG Secretariat and in collaboration with the Army, Border Guards, and the Police. In this way, the humanitarian community has continued to deliver critical programmes for Rohingya refugees and vulnerable Bangladeshis beyond Ukhiya and Teknaf Upazilas and into the wider District in response to COVID-19.

The ISCG Secretariat also actively participated in different government-led COVID-19 management committees in Cox's Bazar District. Under the framework of the Joint Capacity Sharing Initiative with the Camps-in-Charge teams, 180 Camps-in-Charge support staff were trained on Humanitarian Principles, Code of Conduct, PSEA, CCCM, Protection, Communication with Communities, Child Safeguarding, Gender-Age Diversity, and Natural Hazard Preparedness. The Capacity Sharing Initiative was paused in March due to COVID-19.

Gender mainstreaming across the humanitarian response remained a core priority, with the ISCG Gender Hub and the GiHA WG Sector Gender Focal Points supporting mainstreaming activities across the response. As highlighted in the Rapid Gender Analysis on the Impact of COVID-19 in Cox's Bazar, the pandemic and its containment measures have exacerbated existing discrimination and inequalities affecting vulnerable groups. The Rapid Gender Analysis concluded that the achievements in gender equality and the empowerment of women and girls are being undone by the direct and indirect impacts of COVID-19, specifically in terms of meeting their basic needs, ensuring their safety and empowering them to participate in and lead in the humanitarian response.

To ensure that gender equality commitments were central in the COVID-19 response, the GiHA WG published a "Call for Urgent Gender Actions in the COVID-19 response" in April to address the gendered impacts of the pandemic, and to recall the Key Action for Gender Equality and Empowerment of Women and Girls (GEEWG) in Humanitarian Action, which had been endorsed by the SEG Co-Chairs. Through the leadership of ISCG Gender Hub, key achievements in the first half of 2020 included the development of Sector Gender Action Plans for Health, Education, and Food Security; providing training on the gender dimension of COVID-19 to key Sectors and all frontline health workers; developing Sector-specific gender guidance notes, IEC material and advocacy briefs; regularly reviewing project proposals to ensure adherence to the IASC Gender with Age Marker. UN Women deployed Gender Field Officers to strengthen gender mainstreaming in camp activities including through gender community outreach volunteers and Rohingya women leaders. CiC Gender Officers promoted women's active participation and decision-making in community representation and engagement efforts, including to ensure Sectors and their partners worked closely with community-based women's organizations to encourage participation and leadership of women across response activities.

The PSEA Network led significant efforts to build knowledge and awareness of SEA through key trainings, including on referral procedures for 129 staff; PSEA for 115 staff from 50 organizations, including PSEA Focal Points; and PSEA messaging to 346 Rohingya volunteers. The SOP and data-sharing protocol for a unified inter-agency SEA referral pathway was finalized. In addition, the PSEA Network conducted a SEA investigation training, and developed a PSEA-COVID-19 Tip Sheet for humanitarian actors and audio messages in Rohingya for refugees.

The Emergency Preparedness and Response Working Group (EPRWG) of the ISCG Secretariat, with support from the Bangladesh Meteorological Department (BMD) and Bangladesh Rural Development Service Centre (BRDSC), led coordination in cyclone preparedness along with the Cyclone Preparedness Programme (CPP) and the RRRC Office. In May 2020, BMD graded Cyclone Amphan as the strongest cyclone to form over the Bay of Bengal since 1970. Preparedness measures were activated and the EPRWG forum played a central role in information analysis and ensuring that accurate and timely information was received by humanitarian partners and refugees. Upon landfall in western Bangladesh, Cyclone Amphan lost strength. No loss of life occurred in the Rohingya settlements, but several thousand shelters were damaged. Following the cyclone, an After-Action Review exercise was carried out with over 100 stakeholders to take stock of key lessons learned. As a result, the ISCG Secretariat convened emergency HOSOG meetings to inform decision-making regarding activation of the four cyclone preparedness phases and proposed adjustments to the activation process for the Humanitarian Coordination Cells in Ukhiya and Teknaf.

Objective Two²⁸: Foster a common understanding of the context, needs, priorities, response progress and gaps.

The ISCG Secretariat, the SEG in Dhaka, and the HOSOG continued identifying needs, priorities, progress and gaps

28. The report provides a consolidated narrative, as this objective corresponds with Sector Objective Two in the COVID-19 Response Plan. Objective Two in the COVID-19 Response Plan reads as follows: Foster a common understanding of context, needs, priorities, response progress and gaps, and an integrated and multi-sector approach to gender mainstreaming.

through various gap analysis exercises, as well as strong Protection and SMSD monitoring frameworks. Harmonization of standards and implementation approaches across the camps were strengthened.

ISCG provided timely and accurate reporting and information products across the humanitarian response, incorporating age, gender and disability disaggregated data where available. From March, the ISCG produced a weekly COVID-19 Update covering all Sector/Working Group activities, which was combined with the Monsoon Weekly Update from June onward. The ISCG maintained the 4Ws system – who does what, where, when – with monthly updates produced alongside the monthly Situation Reports that were posted to the Humanitarian Response webpage.

The ISCG sought to ensure accessibility to key documents, such as the 2020 JRP, regular situational reports and information management products, by routinely translating them into Bengali. Data collection for the Multi-Sector Needs Assessment (MSNA) 2020 began at the end of July, with plans to reach over 800 refugees and more than 900 host community members. COVID-19 restricted data gathering to use of telephone survey methodologies. The MSNA aims to provide a comprehensive evidence base of household-level multi-sectoral needs while providing an analysis of the impacts of the COVID-19 pandemic.

The inter-agency Communications Working Group promoted a common approach to conveying the needs, priorities, and achievements of the humanitarian response to external audiences, supporting harmonized communications and advocacy to keep the humanitarian needs of Rohingya refugees and vulnerable Bangladeshis and the achievements of the humanitarian operation on the national and global agenda, particularly during the COVID-19 pandemic.

In May, the ISCG Gender Hub in collaboration with UN Women, CARE, ACAPS and Oxfam conducted the Rapid Gender Analysis, which provided evidence-based information on the different needs, risks, capacities and coping strategies of women, men, boys and girls in the COVID-19 crisis and provided recommendations across Sectors. A second analysis from primary data is planned for the second half of 2020. An Inter-Agency Humanitarian Evaluation, which focused on gender-responsive programming, capacity-building and participation of women and girls, as well as the implementation of gender strategies and policies and the adequacy of financial and human resources, was conducted in Cox's Bazar during the reporting period, to enhance learning around GEEWG in humanitarian programming and identify best practices, enabling factors and tools that can be replicated across the humanitarian system.

Objective Three²⁹: Promote an efficient and well-resourced response through effective advocacy and resource mobilization efforts.³

Under the leadership of the ISCG Secretariat, a COVID-19 Response Plan was developed as an addendum to the 2020 JRP, which prioritized the most critical activities and set out the urgent funding requirements. While the Health Sector led the core health components of the COVID-19 response, each Sector developed response strategies and adjusted and modified programming to ensure that life-saving assistance continued and that activities responded to both the direct and indirect impacts of the pandemic. The Rohingya refugee response and humanitarian needs in Cox's Bazar were included in the Global Humanitarian Response Plan for COVID-19.

At the end of July, the ISCG Secretariat and Sector/WG Coordinators contributed to the selection process for allocation a USD 3 million grant from the Central Emergency Response Fund (CERF) to three national NGOs and two international NGOs working to address the most pressing health and WASH needs in the COVID-19 response in Cox's Bazar.

While high-level donor visits were paused during the COVID-19 pandemic, ten visits were organized before travel and access restrictions were put in place. The ISCG also sought to improve coordination with development actors and international financial institutions, such as the World Bank and ADB, including by facilitating discussions in July between ADB and Sector Lead and Co-Lead Agencies on the gaps in the COVID-19 response for Rohingya refugees and host communities in Cox's Bazar District.

The humanitarian community also began to lay the groundwork for a longer-term approach to socio-economic recovery from the COVID-19 pandemic, and a multi-sector response was developed at the Dhaka-level in close coordination with the Government of Bangladesh, including line Ministries, General Economics Division, Economic Relations Division, and the Prime Minister's Office.

29. The report provides a consolidated narrative, as this objective corresponds with Sector Objective Three in the COVID-19 Response Plan. Objective Three in the COVID-19 Response Plan reads as follows: Promote an efficient and well-resourced response through leading advocacy and resource mobilization efforts.

GAPS AND CHALLENGES

- As of end July 2020, the humanitarian response continued implementing the COVID-19 response with a reduced humanitarian footprint. Balancing the eventual resumption of services in the camps with the public health imperative, as well as ensuring that non-COVID-related critical activities are implemented at a satisfactory level remain challenging.
- Continued gaps in clarity and consensus on some aspects of the coordination structure at the camp-level, including modalities for information-sharing, permission for carrying out activities in the camps, accountabilities, and decision-making authority on key operational decisions require additional focus.
- Strengthening the coordination of DRR activities in the response, including the linkages with DRR structures in Dhaka, remains a priority. Knowing that a cyclone would have a devastating impact on the Rohingya refugee camps, it is imperative that cyclone preparedness measures are prioritized, particularly to ensure that cyclone shelters are built.
- Gaps in effectively tracking additional support to Bangladeshi host communities and programming by development actors and international financial institutions, such as the World Bank and ADB, as well as other actors working outside of the JRP framework, limit effective coordination, measurement of impacts and optimization of synergies with development actors.
- Outreach and communications strategies with host communities should be strengthened on key issues related to the overall response, with the view to improving social cohesion.
- The approach to overcoming humanitarian access issues would be strongly enhanced through dedicated resources and personnel and establishment of required mechanisms, which will be prioritized in the second half of the year and will include the improvement of access monitoring tools and analysis, as well as enhanced focus on liaison with NGOs.
- The COVID-19 crisis and lockdown measures have exacerbated pre-existing social and gender norms with negative consequences for women and girls, and progress made on gender equality is at risk of taking a step backward. It is critical that the humanitarian response prioritizes funding for activities targeted at gender equality, ensures the meaningful participation of women and girls in all aspects of the response, and finalizes and implements Gender Action Plans for all Sectors. The inclusion of women leaders, networks and volunteers in the planning, implementation and monitoring of response plans is necessary to ensure that response activities are rights-based, inclusive and effective.

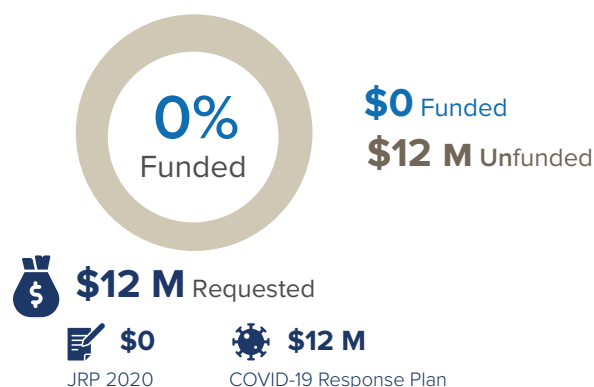
KEY PRIORITIES TO THE END OF 2020

1. Lead planning for the 2021 JRP in the third and fourth quarter, in addition to monitoring implementation of the 2020 JRP.
2. Ensure coordination to prepare and respond to the direct and indirect impacts of the COVID-19 pandemic and, should the situation stabilize, move towards the gradual return of services that were suspended in the critical phase of the COVID-19 response.
3. Ensure coordination of preparedness and response efforts for the second cyclone season of 2020.
4. Strengthen gender, protection and inclusion mainstreaming efforts across all Sectors and WGs throughout all stages of the humanitarian programme cycle in coordination with Gender Hub, Protection Sector, GiHA WG, and PSEA Network.

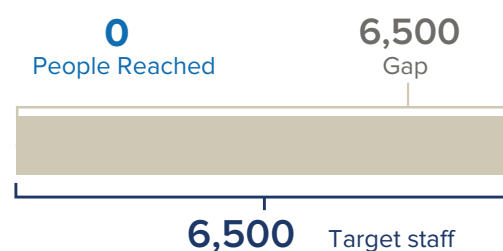
STAFF HEALTH



FUNDING



REACHED VS TARGETED



ACHIEVEMENTS AGAINST SECTOR OBJECTIVES

COVID-19 Response Plan Objective One: Enable the humanitarian operation to Stay and Deliver through provision of adequate medical care for humanitarian staff infected with moderate, severe or critical levels of COVID-19 disease and related illnesses.

Construction of a COVID-19 Medical Treatment Facility for “frontline” UN and NGO humanitarian personnel was underway at the end of July 2020. The UN is contracting a private international healthcare services provider to operate the facility, which will become operational when the Government of Bangladesh provides required approvals.

GAPS AND CHALLENGES

The rains and movement restrictions in the District delayed work on the facility. Discussions with the approval process were in progress between the Government and UN, with a view to facilitating deployment of the medical teams as soon as possible.

KEY PRIORITIES TO THE END OF 2020

1. Secure Government approval for the COVID-19 Medical Treatment Facility, conclude the contract with the international healthcare services provider, and establish a timetable for deployment, allowing the consolidation of the current temporary services into the new facility.
2. Work with the Government to facilitate visa processing for medical staff who will support the COVID-19 Medical Treatment Facility and ensure smooth rotation of staff in and out of the country.
3. Continually monitor and track the incidence and severity of COVID-19 infections and illness within the UN and broader humanitarian community, reviewing and adjusting the projected capacity of the COVID-19 Medical Treatment Facility, as required.

ANNEX I : LIST OF PARTNERS

The 2020 JRP and its Addendum, the COVID-19 Response Plan, involve 135 humanitarian partners, including 68 NNGOs, 58 INGOs, and 9 UN agencies. Of these partners, 58 appealed for funds through the 2020 JRP and the COVID-19 Response Plan and 123 are implementing partners, with 46 organizations having the status of both appealing organizations and implementing partners for different projects.

LIST OF APPEALING PARTNERS

FULL NAME	ABBREVIATION	TYPE OF ORGANIZATION
Action Contre La Faim/Action Against Hunger	ACF	INGO
Allama Fazlulla Foundation	AFF	NNGO
Association for Aid and Relief	AAR-Japan	INGO
BBC Media Action	BBC MA	INGO
BRAC	BRAC	NNGO
Care International	CARE	INGO
Caritas Bangladesh	Caritas	NNGO
Christian Aid	CAID	INGO
Concern Worldwide	CWW	INGO
DanChurchAid	DCA	INGO
Danish Refugee Council	DRC	INGO
Dhaka Ahsania Mission	DAM	NNGO
Food and Agriculture Organization of the United Nations	FAO	UN
Food for the Hungry	FH	INGO
Friends in Village Development Bangladesh	FIVDB	NNGO
Friendship	Friendship	NNGO
Fundación Educación y Cooperación	Educo	INGO
Humanity and Inclusion - Handicap International	HI	INGO
Health and Education for All	HAEFA	NNGO
HELVETAS Swiss Intercooperation	HSI	INGO
Hilfswerk der Evangelischen Kirchen Schweiz	HEKS	INGO
HOPE Foundation	Hope	NNGO
Integrated Social Development Effort Bangladesh	ISDE	NNGO
Interchurch Organization for Development Cooperation	ICCO	INGO
International Organization for Migration	IOM	UN
International Rescue Committee	IRC	INGO
Light House Bangladesh	LHB	NNGO
Loving Care for Oppressed Society	LoCOS	NNGO
Médecins du Monde	MDM	INGO
Mukti Cox's Bazar	Mukti	NNGO
Nabolok	Nabolok	NNGO
NONGOR	NONGOR	NNGO
Norwegian Church Aid	NCA	INGO
Norwegian Refugee Council	NRC	INGO
Orbis International	Orbis	INGO
Oxfam	Oxfam	INGO

FULL NAME	ABBREVIATION	TYPE OF ORGANIZATION
Peace Winds Japan	PWJ	INGO
Plan International	Plan	INGO
Prantic Unnayan Society	Prantic	NNGO
PULSE Bangladesh	PULSE	NNGO
Reaching People in Need	RPN	NNGO
Relief International	RI	INGO
Save the Children	SCI	INGO
Shehora Bohumukhi Samaj Kallan Samity	SBSKS	NNGO
Solidarités International	SI	INGO
Terre des Hommes	TdH	INGO
United Nations Entity for Gender Equality and Empowerment of Women	UNWOMEN	UN
Unite Theatre for Social Action	UTSA	NNGO
United Nations Children's Fund	UNICEF	UN
United Nations Development Programme	UNDP	UN
United Nations High Commissioner for Refugees	UNHCR	UN
United Nations Population Fund	UNFPA	UN
United Nations World Food Programme	WFP	UN
Uttaran	Uttaran	NNGO
Voluntary Service Overseas	VSO	INGO
World Concern Development Organization	WC	INGO
World Health Organization	WHO	UN
World Vision International	WVI	INGO

LIST OF IMPLEMENTING PARTNERS³⁰

FULL NAME	ABBREVIATION	TYPE OF ORGANIZATION
Aan India	AanIndia	INGO
Action Aid Bangladesh	AAB	INGO
Action Contre La Faim/Action Against Hunger	ACF	INGO
Agency for Technical Cooperation and Development	ACTED	INGO
Allama Fazlulla Foundation	AFF	NNGO
Alliance for Cooperation and Legal Aid Bangladesh/Radio Naf	ACLAB/Radio Naf	NNGO
Anando	Anando	NNGO
Aparajeyo Bangladesh	AB	NNGO
Arannayk Foundation	AF	NNGO
Artolution	Artolution	INGO
Asian Arsenic Network	AAN	INGO
Assessment Capacities Project	ACAPS	INGO
Bandhu Social Welfare Society	BANDHU	NNGO

30. The NGO partners and UN agencies that are appealing organizations present a list of their intended implementing partners, as represented in this list. Whether the appealing organizations will be able to implement the proposed projects ultimately depends upon the availability of donor funding. The choice of implementing partners may also change. The partnership arrangements reflected in the attached list, therefore, represent planning at the time the 2020 JRP was launched and its addendum, the COVID-19 Response Plan, was issued. Appealing organizations may also directly implement projects.

FULL NAME	ABBREVIATION	TYPE OF ORGANIZATION
Bangla German Sempreeti	BGS	NNGO
Bangladesh Institute of Theatre Arts	BITA	NNGO
Bangladesh Legal Aid and Services Trust	BLAST	NNGO
Bangladesh National Woman Lawyers Association	BNWLA	NNGO
Bangladesh Red Crescent Society	BDRCS	NNGO
BBC Media Action	BBC MA	INGO
Bengal Creative Media	BCM	NNGO
Bibliothèques Sans Frontières	BSF	NNGO
BRAC	BRAC	NNGO
British Council	BC	INGO
Care International	CARE	INGO
Caritas Bangladesh	Caritas	NNGO
Center for Disability in Development	CDD	INGO
Center for Natural Resource Studies	CNRS	NNGO
Children of Bangladesh	CoB	NNGO
Christian Aid	CAID	INGO
Christian Blind Mission	CBM	INGO
Christian Commission for the Development of Bangladesh	CCDB	NNGO
Coastal Association for Social Transformation Trust	COAST	NNGO
Community Development Centre	CODEC	NNGO
Community Initiative Society	CIS	NNGO
Concern Worldwide	CWW	INGO
Cox's Bazar Baitush Sharaf Hospital	CBBSH	NNGO
DanChurchAid	DCA	INGO
Danish Refugee Council	DRC	INGO
Dhaka Ahsania Misson	DAM	NNGO
Dhaka Community Hospital Trust	DCHT	NNGO
Doctors Worldwide	DWW	INGO
Dushtha Shasthya Kendra	DSK	NNGO
Fasiuddin Khan Research Foundation	FKRF	NNGO
Finn Church Aid	FCA	INGO
Food for the Hungry	FH	INGO
Food for the Hungry/Medical Teams International	FH/MTI	INGO
Friends in Village Development Bangladesh	FIVDB	NNGO
Friendship	Friendship	NNGO
Gana Unnayan Kendra	GUK	NNGO
Gonoshasthaya Kendra	GK	NNGO
Good Neighbors Bangladesh	GNB	NNGO
Green Hope	GH	INGO
Ground Truth Solutions	GTS	INGO
Humanity and Inclusion - Handicap International	HI	INGO
Health and Education for All	HAEFA	NNGO

FULL NAME	ABBREVIATION	TYPE OF ORGANIZATION
HELVETAS Swiss Intercooperation	HSI	INGO
Hilfswerk der Evangelischen Kirchen Schweiz	HEKS	INGO
HOPE Foundation	Hope	NNGO
Humanitarian Leadership Academy	HLA	INGO
Humanity Rises	HR	INGO
HYSAWA Project	HYSAWA	NNGO
Integrated Social Development Effort Bangladesh	ISDE	NNGO
International Centre for Diarrhoeal Disease Research, Bangladesh	icdr,b	NNGO
International Development Enterprises	iDE	INGO
International Organization for Migration	IOM	UN
International Rescue Committee	IRC	INGO
International Volunteers of Yamagata	IVY	INGO
IPAS	IPAS	INGO
Islamic Foundation	IF	NNGO
Islamic Help	IH	INGO
JAAGO Foundation	JAAGO	NNGO
Jagorani Chakra Foundation	JCF	NNGO
Johns Hopkins Center for Communication Programs	JHCCP	INGO
Light House Bangladesh	LHB	NNGO
Loving Care for Oppressed Society	LoCOS	NNGO
Migrant Offshore Aid Station	MOAS	INGO
Mukti Cox's Bazar	Mukti	NNGO
Nabolok	Nabolok	NNGO
Nari Unnayan Sangsta	NUS	NNGO
National Alliance of Humanitarian Actors-Bangladesh	NAHAB	NNGO
NGO Forum for Public Health	NGOF	NNGO
NONGOR	NONGOR	NNGO
Norwegian Church Aid	NCA	INGO
Norwegian Refugee Council	NRC	INGO
Oxfam	Oxfam	INGO
Partners in Health Development	PHD	NNGO
Plan International	Plan	INGO
Practical Action	PA	INGO
Prantic Unnayan Society	Prantic	NNGO
Prottayashi	Prottayashi	NNGO
PULSE Bangladesh	PULSE	NNGO
REACH initiatives	REACH	INGO
Relief International	RI	INGO
Research, Training & Management International	RTMI	NNGO
Resource Integration Centre	RIC	NNGO
RISDA Bangladesh	RISDA	NNGO
Room to Read Bangladesh	RtR	NNGO

FULL NAME	ABBREVIATION	TYPE OF ORGANIZATION
Samaj Kallyan O Unnayan Shangstha	SKUS	NNGO
Save the Children	SCI	INGO
Shadesh Palli	SP	NNGO
Shehora Bohumukhi Samaj Kallan Samity	SBSKS	NNGO
Shushilan	Shushilan	NNGO
Social Assistance and Rehabilitation for Physically Vulnerable	SARPV	NNGO
Society for Health Extension and Development	SHED	NNGO
Solidarités International	SI	INGO
Technical Assistance Inc.	TAI	NNGO
Terre des Hommes	TdH	INGO
United Nations Entity for Gender Equality and Empowerment of Women	UNWOMEN	UN
Toru Institute	Toru	NNGO
Translators without Borders	TWB	INGO
Tuvalu Non-Profit Organisation	TANGO	INGO
Unite Theatre for Social Action	UTSA	NNGO
United Nations High Commissioner for Refugees	UNHCR	UN
United Nations World Food Programme	WFP	UN
United Purpose	UP	INGO
Uttaran	Uttaran	NNGO
Village Education Resource Center	VERC	NNGO
Welthungerhilfe	WHH	INGO
World Concern Development Organization	WC	INGO
World Concern/Medair	WC/MEDAIR	INGO
World Health Organization	WHO	UN
World Vision International	WVI	INGO
Young Power in Social Action	YPSA	NNGO

ANNEX II : MONITORING FRAMEWORK BY SECTOR

PROTECTION



Indicators	In need	Baseline	Target	Mid Term Reached	Baseline Mid Term Gap
# of cases supported with legal aid and related services including victims of trafficking and exploitation disaggregated by age and sex	All refugees	7796	5000	9395	
# of situational protection reports produced by the Protection Working Group (PWG)	N/A	14	12	8	
% of camps and HC locations in which trainings on mediation and other alternative dispute resolution mechanisms are organized	All camps & HC	N/A	70%	2%	
% of persons of concern for whom data disaggregated by sex, age, location and specific needs is available and updated	All refugees	100%	100%	100%	
# of community-led initiatives supported by humanitarian actors	All refugees	3933	2950	17318	
# of people reached by community-led messaging on key protection risks and related mitigation measures	All refugees	881649	661237	0	
% of camps with established Protection Emergency Response Units whose members are trained and ready to be deployed	All camps	100%	100%	94%	
% of the CBCPMs that demonstrate ability to monitor, respond and mitigate child protection risks in the camps and in the host communities	75% of 836	0%	75%	99%	
# of community discussions on macro-settlement facilitated	All refugees	Unknown	15	0	
# of community groups led by men and boys	All camps	50	60	60	
# of initiatives that foster social cohesion between refugees and host community	All camps & HC	65	60	6	
# of community groups led by women and girls	All camps	50	60	60	
# of individuals from service providers and authorities trained on protection including gender	N/A	1701	3500	3730	
% of Interagency Child Protection SOPs developed endorsed and implemented by both agencies and the government	80%	10%	80%	100%	
# of adolescents receiving services including life skills, and pre-vocational skills, resilience activities and peacebuilding skills	909512	65810	70714	22081	
# of caregivers who receive MHPSS, positive parenting and other kind support leading to improved relationships with the children under their care	15000	7718	9209	21182	
# of girls and boys benefiting from age, diversity and gender sensitive structured and sustained, mental health and psychosocial support services	2979076	108082	129002	40869	
# of identified girls and boys at risk who received specialized age and gender sensitive child protection service through individual case management	447274	20916	50937	4583	
# of targeted affected and at-risk girls and boys including adolescents with access to quality age, diversity and gender sensitive CP services	2979075	194831	252017	4555	
% of the total number of CP actors and non-child protection actors who have received CP training	80%	N/A	80%	46%	
# of community activists trained and engaged in GBV prevention strategies using tested social change approaches	35,500	N/A	22500	14894	
# of individuals benefitting from structured PSS services that meet minimum standards, in the camps and targeted host community	180,000	92264	140000	51778	
# of sectors that have GBV risk mitigation actions included in their sector plans and activity implementation in line with the IASC GBV Guidelines	7	N/A	7	N/A	
# of women and girls benefiting from skills development and empowerment programming in the camps and targeted host community	295,707	81182	125000	14329	
% of camps/sites where there is functional GBV referral system with effective field level coordination mechanism of multi-sectoral GBV response services	100%	N/A	80%	93%	
% of reported sexual violence cases that were referred and received medical care within 72 hours	100%	29%	100%	38%	
% of trained GBV service providers & staff who achieved at least 60% post-test score after case management trainings, GBVIMS, CMR & IASC Guidelines	100%	N/A	85%	89%	
# of Protection Mainstreaming trainings organized for other sectors' staff	All Sectors	N/A	100	39	
% of other sectors with established and trained Protection Mainstreaming Focal Points	All Sectors	N/A	100%	42%	
% of other sectors with strategic and/or operational frameworks (sectors' strategies, work plans, SOPs, assessments, etc.) which mainstream Protection	All Sectors	N/A	80%	66%	
% of sector partners that have at least one trained PSEA and child safeguarding focal point	100%	N/A	60%	100%	

SITE MANAGEMENT AND SITE DEVELOPMENT



Indicators	In need	Baseline	Target	Mid Term Reached	Baseline Mid Term Gap
# of camps with clear SOPs for safe and dignified burials	N/A	0	34	34	
# of camps with harmonized remote service monitoring systems	N/A	0	34	34	
# of camps with operational camp-level coordination systems during the critical phase	N/A	34	34	34	
# of Imams and Mosque committees who receive materials for safe and dignified burials	N/A	0	1500	823	
# of SMSD partners providing direct support to quarantine, isolation, shielding, and home care initiatives	N/A	0	5	5	
% of refugees living in camps where community led initiatives are set up	100%	N/A	100%	100%	
% of refugees living in camps where a camp representation system is in place	90%	10%	50%	15%	
% of refugees living in camps where a multi-hazard plan has been updated and tested	100%	0	100%	100%	
% of refugees living in camps where a service monitoring system is operationalized	100%	0	100%	100%	
% of DRR-SD Partners targeting specific vulnerable groups	100%	0	95%	95%	
# of camps with SMS-supported initiatives for protecting elderly refugees	N/A	0	34	34	
# of SMS volunteers received training on transporting sick individuals, safe & dignified burials, contact tracing	N/A	0	340	508	
# of refugees safely living within acceptable space standards and with rationalized access to services	840000	10795	210000	10795	
# of SMS volunteers who receive Covid-19 related training in collaboration with health actors	N/A	0	3400	1783	
% of individuals living in camps where natural hazards have been mapped and an operational plan tested	100%	0	100%	100%	
# of camps with active priority maintenance and Disaster Risk Reduction activities	N/A	34	34	34	
# of new health facilities receiving support from site development works (access roads, fencing, maintenance)	N/A	0	20	14	
# of community discussions on macro-settlement facilitated	34	0	34	0	
# of joint activities carried out with government representatives	12	0	12	0	
# of joint SMS and CIC field level workshops facilitated	68	0	68	0	

FOOD SECURITY



Indicators	In need	Baseline	Target	Mid Term Reached	Baseline Mid Term Gap
# of meetings held by/with camp FSS focal point persons	12	N/A	12	2	
# of refugees receiving regular food assistance through in-kind or e-voucher	840,000	840,000	840,000	860562	
% of distribution centers accessible by people with special needs and gender-sensitive	N/A	N/A	100%	100%	
% of people in need reached with timely food assistance (in case of a disaster)	200,000	N/A	100%	100%	
% of targeted people with acceptable Food Consumption Score (FCS)	100%	57%	70%	0	
% of individuals who do not reached minimum dietary diversity	840,000	10%	5%	0	
Consumption-based Coping Strategy Index (Average) by SADD	N/A	N/A	4	0	
# of people reached through food or cash distributions	N/A	N/A	189700	109507	
# of households receiving livelihoods support disaggregated by sex (host-community)	88800	48000	88800	76742	
# of households receiving portable skills support and self-reliance (refugees)	N/A	30,000	40,000	62131	
% of refugee households using crisis coping strategy	N/A	55%	30%	0	
% of host community households using crisis coping strategy	N/A	20%	10%	0	
# of households reached through agricultural and non-agricultural livelihood support	N/A	N/A	100000	85460	
# of households produced crops, livestock, and fish commodities	N/A	N/A	80000	N/A	
% of households that increased food production and income	N/A	N/A	60%	N/A	
# of hectares covered/rehabilitated through environmental restoration activities in host communities	N/A	174	200	0	
# of host community population participating in DRR activities	200000	N/A	200000	169350	
% of women represented in natural resource management committees	N/A	N/A	25%	40%	
# of hectares covered/rehabilitated through environmental restoration activities in refugee camps	N/A	174	200	0	
# of individuals reached in the quarantine centres in the host communities provided with hot meals	N/A	N/A	3000	7700	
# of individuals reached with items for minimum protection against infection of COVID-19	N/A	N/A	1500000	750000	
# of elderly individuals (disaggregated by sex and age) or in homecare reached through home-delivery	N/A	31500	31500	2990	
Quantity of items produced in support of the health response	N/A	N/A	743000	3000000	
% of medical facilities where hot meals are provided to short term stays in the refugee camps	N/A	N/A	90%	100%	
# of individuals reached in the isolation centres in the host communities provided with dry food rations	N/A	N/A	3500	280	

EDUCATION



Indicators	In need	Baseline	Target	Mid Term Reached	Baseline Mid Term Gap
# of crisis-affected host community girls and boys aged 4-24 years old provided support to equitable learning opportunities	70000	119217	45847	42830	
# of government and informal schools in the host community benefitting from rehabilitation including accessibility works	230	113	230	113	
# of Rohingya refugee girls and boys aged 3-24 years old having access to equitable learning opportunities	496569	333282	375913	351268	
# of safe and equipped learning facilities, including learning centres, community-based and cross-sectoral structures	7000	5843	7000	6236	
# of disinfected learning facilities	N/A	0	5989	0	
# of handwashing station available in learning facilities	N/A	0	5989	0	
# of key messages developed on COVID-19 for parents and caregiver as well as children	N/A	0	5	0	
# of crisis-affected host community girls and boys aged 3-24 years old receiving adequate education materials, supplies and equipment	70000	56747	45847	10023	
# of learning facilitators from the host and refugee community trained in advanced/thematic education principles	11000	8915	11000	8758	
# of Rohingya refugee girls and boys aged 3-24 years old receiving adequate education materials, supplies and equipment	496569	310813	375913	322732	
% of Rohingya refugee girls and boys aged 3-24 years old who have achieved their grade level competencies	N/A	N/A	75%	0	
# of children, adolescent, and youth reached benefitting from remote guidance on COVID-19 prevention	N/A	TBD	365415	0	
# of child, adolescent, and youth friendly key messages developed on COVID-19 prevention and preparedness	N/A	0	5 Messages	0	
# of relevant and essential persons (caregivers, community, youth and adolescent volunteers) engaged in capacity building opportunities	N/A	TBD	6000	0	
# of household-level recreational materials for home play and edutainment distributed to Children adolescent and youth	N/A	TBD	365415	0	
# of caregivers in the Rohingya community (disaggregated by sex) sensitized on gender, child/youth rights, protection and parenting	46,714	192	35363	120405	
# of Disaster Risk Reduction awareness sessions conducted in the host community (informal / community-based schools)	210	N/A	100	1474	
# of Learning Facility Education Committees (Refugee camps), trained on facility management, DRR, and Community participatory engagement	4000	3766	4000	4293	
# of Rohingya refugee girls and boys aged 3-24 years old engaged in social cohesion initiatives	496569	N/A	375913	7446	
# of modalities identified to continue providing critical services in available educational spaces and facilities	N/A	1	3	0	
# of content and/or materials developed for learning and skill development	N/A	0	3	0	
# of distance learning guideline developed based on the national, Myanmar, education-sector approved curriculum	N/A	0	2	0	
# of education partners with gender responsive emergency preparedness and contingency plans	N/A	42	42	0	
# of education partners with Business Continuity Plans	N/A	N/A	0.8	0	
# of education partners trained on EIE	N/A	0	42	0	

HEALTH



Indicators

	In need	Baseline	Target	Mid Term Reached	
# of women of reproductive age (WRA) using any method of contraception	309000	127500	140180	64143	
# of clinical mental health consultations per year	1224000	19000	24000	11349	
% of deliveries assisted by a skilled birth attendant	20500	47%	>65%	53%	
% of primary health centres that deliver prioritized health services	32	Unknown	>80%	26%	
Under 5 mortality rate per thousand children per month	N/A	0.4	<1.5	0.35	
% of COVID-19 alerts responded to within 24 hours	N/A	0	100%	90%	
# of functional beds at isolation and treatment facilities including SARI ITCs	N/A	168	1300	781	
Case fatality ratio among those hospitalized by age and sex disaggregation	N/A	0	< 5%	2%	
% of samples tested and results (disaggregated by age and sex) communicated within 48 hours	N/A	0%	100%	95%	
# of consultations/person/years disaggregated by age and gender	1224000	Unknown	2	2.4	
Coverage of DPT3 among <1-year-old	31000	78%	>95%	45%	
# of diarrhoea treatment beds available in case of an outbreak in host community and refugee camp	250	250	250	376	
Proportion of EWARS alerts investigated within 48 hours	100%	100%	100%	100%	
% of healthcare facilities (isolation units, SARI ITCs, PHCs and field hospitals) with screening capacity	N/A	0	100%	93%	
% of households reached by community volunteers at least once a month with COVID-19 messages	N/A	0	80%	100%	
% of medical and paramedical workers trained on COVID-19 related IPC (disaggregated by age and sex)	N/A	0	>80%	45%	
# of persons reached through community psychosocial group activities per year	1224000	165300	206700	71000	
% of Community Health Workers/volunteers trained on at least 4 core training packages	1208	66%	85%	N/A	
% of households visited every two weeks by community health workers	100%	65%	85%	N/A	
% of women who had at least 4 ANC visits by the time of delivery	100%	30%	>50%	64%	
# of Covid-19 related coordination meetings held	N/A	2	84	32	
# of regular health information management products developed and shared	N/A	15	252	90	
# of supportive supervisions to camp and government health facilities	N/A	0	36	3	
Average reporting rate in DHIS2 for FDMN server	0	65.50%	80%	64%	
# of camp-level health coordination meetings held	0	Unknown	408	94	
% of PHCs and health posts where individual satisfaction is monitored	0	91%	100%	96%	
% of PHCs, health posts, and field hospitals who received supportive supervision at least twice per year	0	47%	100%	85%	
Coverage of Penta3 among <1-year-old disaggregated by sex	N/A	58%	>95%	45%	
% of Primary Health Centers that provide GBV health services	N/A	59%	70%	91%	

NUTRITION



Indicators

	In need	Baseline	Target	Mid Term Reached	
# of malnourished boys and girls aged 6-59 month and PLW reached	76000	10518	73000	38342	
# of SAM and MAM COVID-19 positive older persons reached	N/A	0	10000	0	
% of discharged SAM and MAM cases disaggregated by sex who recovered ≥ 75%	≥ 75%	0	≥ 75%	≥ 75%	
# of 6-59 months boys, adolescent girls and PLW are prevented from vitamin A & Anaemia	246,000	2020: Zero	222000	155080	
# of new PLWs and caregivers of children receiving One on IYCF counselling	N/A	11235	20000	3571	
# of Boys and Girls aged 6-59 Months reached with Blanket Supplementary Feeding services	141000	141000	141000	168573	
# of new PLWs and caregivers of children under five receiving Maternal Nutrition, IYCF counselling	54,000	N/A	48000	21270	
# of mothers enrolled to MUAC screening, basic nutrition assessment and IYCF-E messaging	N/A	0	20000	0	
# of agencies, government and community stakeholders with enhanced capacity	164	0	≥ 50%	≥ 50%	
# of assessments/surveys conducted in 2020 (HC and Rohingya)	N/A	N/A	3	N/A	
# of camps with fully functional2 AAP mechanism supported by the nutrition implementing partners	N/A	10%	≥75%	≥75%	
The Sector EPR plan is fully updated; all partners are aware of their roles in preparedness & response	0	Yes	Yes	Yes	

SHELTER AND NON FOOD ITEMS



Indicators	In need	Baseline	Target	Mid Term Reached	
# of individuals (by gender and age) in quarantine supported with NFIs	N/A	0	1500	152	
% of most vulnerable households in home care & implementation of emergency shelter assistance	N/A	0%	100%	100%	
# of most vulnerable families in home care supported with continuous LPG delivery	N/A	0	75000	0	
# most vulnerable families with elderly members supported with continuous LPG delivery	N/A	0	28300	26335	
# of blocks benefiting from community-led shelter programmes	N/A	N/A	10	0	
# of camps with gender balanced effective Focal Points in place	34	34	34	34	
# of cross-cutting Sector including HLP guidance/advocacy documents developed	N/A	0	5	7	
# of HLP cases addressed through alternative dispute resolution (Rohingya and host community)	N/A	N/A	30	0	
# of host community households benefiting from shelter support	3,000	N/A	2500	337	
# of host community households receiving solar lights or support for connection to the grid	3,400	3589	2600	0	
# of people trained	N/A	62,000	115000	93318	
# of site improvement works at the Rohingya household-level carried out	N/A	N/A	80%	3%	
# of families with elderly members supported with NFIs	N/A	0	28300	26335	
% of new health facilities following HLP Due Diligence (at least first 3 steps)	N/A	N/A	100%	0	
% of catchment areas with emergency shelter kits prepositioned	100%	TBD	100%	76%	
% of Rohingya households benefiting from treated bamboo	98%	20%	66%	37%	
% of Rohingya households reached with NFI voucher system	100%	0%	87%	1%	
% of Rohingya households receiving LPG refills	100%	92%	100%	100%	
% of Rohingya households with access to at least one functioning household-level solar light	>80%	60%	90%	N/A	
% of Rohingya households with emergency assistance provided after damage verification	100%	N/A	100%	100%	
% of Rohingya households with shelters meeting all Minimum Performance standards	N/A	Unknown	35%	0	
% of Rohingya households with shelters meeting at least 50% of Minimum Performance standards	N/A	Unknown	60%	0	
% of Rohingya households with shelters meeting Desired Performance standards	100%	3%	5%	4%	

WATER, SANITATION AND HYGIENE



Indicators	In need	Baseline	Target	Mid Term Reached	
# of targeted people benefitting from at least 20 l/p/d of safe water for drinking and other domestic purposes	1284000	607600	1125000	808200	
# of people in host communities who are benefitting from safe and maintained water and improved sanitation services	440000	130100	285000	230750	
% of water quality tests meeting minimum water quality standards	7000	64%	80%	85%	
# of targeted people in camps who have access to functional and improved sanitation facilities	840000	602750	840000	645290	
# of WASH facilities and public building that have been regularly disinfected	40000	0	30000	36285	
% of households reporting visible waste in the vicinity of their accommodation	270609	59%	30%	N/A	
% of targeted people who are accessing safe, functioning and dignified communal bathing facilities	1284000	86%	90%	97%	
# of Health facilities targeted with full WASH package	20	0	15	15	
# of targeted households accessing hygiene supplies (voucher or in-kind system)	270609	0	80%	20%	
% of targeted people disaggregated by sex, age and disability able to demonstrate 3 critical hygiene practices	1620000	46%	80%	N/A	
% of targeted people disaggregated by sex, age and disability washing hands with water and soap after defecation	1620000	82%	90%	N/A	
% of women and girls adopting safe and healthy menstrual hygiene management practices	413178	TBD	80%	N/A	

COMMUNICATION WITH COMMUNITIES



Indicators	In need	Baseline	Target	Mid Term Reached	
# of refugee and host community members reached through CwC services	1018763	561835	700000	803098	
% of refugee and HC members feel informed about the kind of aid and services available	100%	53%	75%	56%	
% of refugee and HC members who reported that CwC content/messages are accessible and understandable	100%	90%	90%	78%	
# of humanitarian staff/volunteer trained/oriented on issues related to COVID 19	N/A	0	3000	4390	
# of coordination forums/stakeholders received technical support from CwC actors on COVID 19	N/A	0	40	52	
# of agencies took part in CwC WG led COVID 19 awareness/engagement activities	N/A	0	26	37	
# of training/orientations organised for partners/ Sectors to mainstreaming common feedback standards	12	0	10	34	
# of organisations following the common feedback mechanism standards	148	0	20	19	
% of refugee and HC members who reported that they have no barriers to using complaint/ feedback mechanisms	100%	79%	90%	96%	
# of COVID 19 focused contents/materials developed by CwC actors	N/A	0	100	190	
# of key messages developed and disseminated on issues related to COVID 19	N/A	0	10	13	
# of COVID 19 focused weekly update bulletin with gap analysis published by CwC WG	N/A	0	24	18	
# of agencies, sectors and platforms used services and tools produced by CwC Working Group members	148	90	100	70	
# of humanitarian staff/volunteer trained/oriented on CwC and humanitarian principles	2893	1185	1500	4390	
# of humanitarian organisations regularly participating in coordination meetings	45	20	30	27	
# of refugee and host community members reached through CwC COVID 19 services	N/A	0	700000	803098	
# of community consultation meetings/sessions held to ensure home care of elderly people in COVID 19 crisis	N/A	0	500	324	
# of agencies involved with community accountability mechanism	N/A	0	20	19	

LOGISTICS



Indicators	In need	Baseline	Target	Mid Term Reached	
# of organisations accessing preparedness equipment/support	N/A	19	15	36	
# of organisations using common logistics services	N/A	31	20	21	
% of partners' satisfaction feedback rated as "Satisfied" and "Very Satisfied" in regard to common logistics services	N/A	87%	85%	91%	
% of storage service requests delivered in full (accepted, storage provided and released)	N/A	100%	90%	100%	
# of organizations actively participating in coordination meetings	N/A	39	40	52	
# of IM products produced and published	N/A	52	50	39	
# of Logistics and GIS assessments conducted	N/A	3	6	0	
# of visits to the Logistics Sector Bangladesh website and PRAC access map	N/A	8,500	8,500	4169	
% of Partners' satisfaction feedback rated as "Satisfied" and "Very Satisfied" in regard to IM products	N/A	96%	85%	100%	
# of logistics staff who receive basic gender training	N/A	10	10	3	
# of organisations actively participating in coordination meetings	N/A	47	40	52	
# of logistics staff (national/international/ male/female) attending training activities	N/A	194	200	60	
# of workshops addressing technical logistics gaps	N/A	2	4	1	
% of partners' satisfaction feedback rated as "Satisfied" and "Very Satisfied" in regard to coordination initiatives	N/A	92%	85%	100%	
# of organizations using common logistics services	N/A	31	20	21	
% of storage service/transport requests delivered in full (accepted, storage provided and released)	N/A	100%	90%	90%	

EMERGENCY TELECOMMUNICATIONS



Indicators	In need	Baseline	Target	Mid Term Reached	
User satisfaction survey	N/A	80%	80%	0	
# of Coordination meetings	N/A	8	8	5	<div><div></div><div></div><div></div></div>
# of Information management products	N/A	8	8	6	<div><div></div><div></div><div></div></div>
% of ETS partners' satisfaction feedback rated as "Satisfied" and "Very Satisfied" in regard to coordination initiatives	N/A	80%	90%	0	
Conduct capacity building for humanitarian staff	N/A	0	20	0	<div><div></div><div></div><div></div></div>
# of SARl treatment provided with ETS Data connectivity services	N/A	0	15	1	<div><div></div><div></div><div></div></div>
# of concentration point for humanitarians in Cox's Bazar provided with ETS Data connectivity services	N/A	0	1	1	<div><div></div><div></div><div></div></div>
# of Information sharing platform maintained	N/A	1	1	1	<div><div></div><div></div><div></div></div>

COORDINATION



Indicators	In need	Baseline	Target	Mid Term Reached	
# of refugee households receiving multi-sector assistance to provide home-based care with COVID-19	75000	0	75000	0	<div><div></div><div></div><div></div></div>
# of people in need disaggregated by sex and age, and by refugee and host, receiving multi-sector assistance	1809000	0	1809000	859808	<div><div></div><div></div><div></div></div>
# of older refugees (above 59) receiving targeted multi-sector support	31500	0	31500	34410	<div><div></div><div></div><div></div></div>
# of SEG, Inter-Sector Coordination and HoSOG meetings held and minutes shared	N/A	0	100	61	<div><div></div><div></div><div></div></div>
# of Rapid Gender Assessments produced to inform the response and promote gender mainstreaming	N/A	0	1	3	<div><div></div><div></div><div></div></div>
# of partners using the Ukhiya coordination hub	N/A	40	45	18	<div><div></div><div></div><div></div></div>
# of PSEA discussions facilitated at Sector level	N/A	0	50	30	<div><div></div><div></div><div></div></div>
# of sitreps produced and shared	N/A	0	9	7	<div><div></div><div></div><div></div></div>
# of 4W and other IM products released	N/A	0	9	41	<div><div></div><div></div><div></div></div>
# of updates produced on monsoon and cyclone and COVID-19 response	N/A	0	10	23	<div><div></div><div></div><div></div></div>
# of JRP/COVID-19 Addendum monitoring reports produced and shared	N/A	0	1	1	<div><div></div><div></div><div></div></div>
# of donor and high-level visits to Cox's Bazar facilitated, and donor events supported	N/A	N/A	30	10	<div><div></div><div></div><div></div></div>
# of funding updates produced and shared	N/A	N/A	12	5	<div><div></div><div></div><div></div></div>
# of JRP monitoring reports produced and shared	N/A	N/A	3	7	<div><div></div><div></div><div></div></div>
# of issue-based advocacy papers produced and supporting common messaging	N/A	N/A	4	3	<div><div></div><div></div><div></div></div>

STAFF HEALTH



Indicators	In need	Baseline	Target	Mid Term Reached	
# of Staff health facility prepared and operationalize (50 beds: 10 ICU/10 HDU/30 M/LDU)	0	0	50 beds	0	<div><div></div><div></div><div></div></div>

COMMON INDICATORS



Indicators	In need	Baseline	Target	Mid Term Reached	
# of Government of Bangladesh/NGO staff engaged in capacity sharing (training/mentoring)	N/A	N/A	N/A	5687	
# of information products distributed to the affected population through a variety of mechanisms	N/A	N/A	N/A	148	
# of camp focal points in place, providing effective camp-level Sector coordination across all Camps	N/A	N/A	N/A	354	
# of national non-governmental organisations active in the Sector	N/A	N/A	N/A	63	
% of partner project proposals that score 4 based on the IASC Gender with Age Marker self- assessment	100%	0%	100%	85%	
# of Sector partners that regularly report SAAD disaggregated data for individuals/households in IM products	N/A	N/A	N/A	139	
# of Sector/Inter-sector Action Plans/Strategies which mainstream Age, Gender & Diversity developed, monitored & implemented	11	1	11	7	



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