

Bangladesh

Consolidated Emergency Report 2021



A learner using the e-learning platform called Learning Passport at a Myanmar Curriculum Pilot demo-classroom (©UNICEF Bangladesh/2021/Kubwalo)

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Expression of Thanks

The United Nations Children's Fund (UNICEF) work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

Abbreviations and Acronyms

AAP	Accountability to Affected Population
ABAL	Activity Based Accelerated Learning
ANC	Antenatal care
ART	Antiretroviral therapy
AWD	Acute Water Diarrhea
BCP	Business continuity plan
BDRIS	Birth and Death Registration Information System
BMS	Breastmilk Violation Code
BLI	Burmese Language Instructor
CBV	Community-based volunteers
CCC-PLTH	Clean Camp Campaign-People Led Total Hygiene
CCTN	Comprehensive competency-based trainings for nutrition
CiC	Camp in Charge
CMAM	Community-based management of acute malnutrition
CMTWG	Case Management Technical Working Group
CPIMS+	Child Protection Information Management System Plus
COVAX	COVID-19 Vaccines Access Global Access
COVID-19	Coronavirus 2019
CPSS	Child Protection Sub-Sector
CWB	Child welfare boards
CwC	Communicating with Communities
CwC-WG	Communicating with Communities Working Group
DAE	Department of Agricultural Extension
DPE	Directorate of Primary Education
DPHE	Department of Public Health Engineering
DSS	Department of Social Services
ECCD	Early childhood care and development
EID	Early infant diagnosis
EIMS	Environment and Infrastructure Management Solution
EPI	Expanded programme on immunization
EWARS	Early Warning Alert and Response System
FSTP	Fecal sludge treatment plant
GAM	Global acute malnutrition
GBV	Gender-based violence
HH4A	Hand hygiene for all
icddr,b	International Centre for Diarrheal Disease Research, Bangladesh
IEC	Information education and communication
IFA	Iron Folic Acid
IFC	Information and feedback centers
INF	Integrated nutrition facility
IYCF	Infant and young child feeding
JRP	Joint response plan
LC	Learning center
LCFA	Learning Competency Framework Assessment
LEAP	Learning for every adaptive pathway programme
MC	Myanmar Curriculum
MCP	Myanmar Curriculum Pilot
MESP	Minimum essential service package
MHM	Menstrual hygiene management
MHPSS	Mental health and psychosocial support
MLM	Mother-led MUAC
MoHFW	Ministry of Health and Family Affairs
MoPME	Ministry of Primary and Mass Education

MoSW	Ministry of Social Welfare
MPC	Multipurpose centers
MPMSR	Maternal and perinatal mortality surveillance and response
MRF	Material recovery facilities
MUAC	Mid-upper arm circumference
NGO	Non-governmental organization
OCV	Oral Cholera Vaccine
ORP	Outpatient therapeutic programme
PNC	Postnatal care
PPE	Personal protective equipment
PSEA	Prevention of sexual exploitation and abuse
PSS	Psychosocial support
PTTI	Primary Teachers Training Institutes
RANAS	Risks, attitudes, norms, abilities, and self-regulation
RCCE	Risk Communication and Community Engagement
REVA	Refugee influx emergency vulnerability assessment
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
RRRC	Refugee Relief and Repatriation Commissioner
SAM	Severe acute malnutrition
SDG	Sustainable Development Goals
SMC	School management committees
TTT	Technology Task Team
UH&FWC	Union Health and Family Welfare Centers
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAS	Vitamin-A supplementation
WFP	World Food Programme
WHO	World Health Organization

A. Executive Summary

In 2021, UNICEF appealed for more than US \$ 198,800,000 to support vulnerable children and their families in Bangladesh as well as Rohingya refugees in Cox's Bazar District. The appeal was also made against the backdrop of the global Coronavirus 2019 (COVID-19) pandemic, which had enormous adverse effects on vulnerable children and their families living in Bangladesh, specifically as related to COVID-19-related restrictions put in place by the Government aimed at mitigating and preventing the spread of the virus, such as those related to humanitarian access, movement and infection prevention and control (IPC). The impacts of these in turn led to increased risks of violence against children, limiting access to educational facilities including schools, as well as effecting access to other critical education, health, child protection, nutrition and water, sanitation and hygiene (WASH) services in Bangladesh.

To address these dire needs, the following key interventions were supported through this generous funding from 1 January 2021 to 31 December 2021:

- Throughout 2021, UNICEF and its implementing partners ensured seamless **access to safe water** for all 243,000 Rohingya refugees (51 per cent female, including 3 per cent persons with disabilities) the eight camps under the UNICEF's area of responsibility in camps in Cox's Bazar District. In host communities, UNICEF improved access to safe drinking water supply for 113,791 individuals (50 per cent female, including 1 per cent persons with disabilities). Additionally, UNICEF supported vulnerable children and their families with **improved sanitation services** both in camps and host communities and contributed to initiatives supporting positive behavior change related to water and sanitation practices, especially those related to COVID-19 mitigation and prevention. On the national level, UNICEF supported the Government of Bangladesh to ensure an **uninterrupted water supply** for 4,000,000 individuals (48 per cent female).
- UNICEF and partners continued to ensure **accessibility to a high quality minimum essential service package** (MESP) to an estimated 248,795 Rohingya refugees in 10 camps. A total of 274,459 primary health consultations were provided in 2021 through 13 health facilities in Rohingya refugee camps. Additionally, UNICEF continued to focus on **systems strengthening** as a way of **ensuring equitable access and uptake of quality health services** through 124,312 consultations provided for children under the age of 5 years. UNICEF also supported the Government of Bangladesh to implement its '**COVID-19 emergency response plan**' ensuring adequate COVID-19 response In partnership with the COVID-19 Vaccines Access Global Access (COVAX), the Government of Bangladesh and UNICEF reached 60.7 per cent of the targeted population of 72,376,774 individuals (48 per cent female) who were partially vaccinated and 36 per cent of the targeted population of 50,372,107 (46.67 per cent female) were fully vaccinated against COVID-19.
- UNICEF continued to support **early detection and treatment** of children under the age of 5 years suffering from severe acute malnutrition (SAM) to an average of 91,000 children (51 per cent girls) aged 6 to 59 months were screened monthly. Additionally, UNICEF supported house-to-house **VAS and deworming campaigns** reaching 146,976 children (49 per cent girls, no data on disability available) and 150,000 children (49 per cent girls, including 0.2 per cent children with disabilities) aged 6 to 59 months respectively in two rounds in all Rohingya refugee camps. Furthermore, a national VAS campaign implemented by UNICEF reached more than 96 per cent (22,000,000) of children aged 6 to 59 months countrywide. Additionally, UNICEF ensured quality nutrition services in supported host communities through health **system strengthening and community engagement**.
- In Rohingya refugee camps, UNICEF provided **community-based mental health and psychosocial support** (MHPSS) to 87,452 individuals (52 per cent female, including 1 per cent persons with disabilities). In the Teknaf and Ukhiya Upazilas, UNICEF provided community based MHPSS to 18,507 individuals (53 per cent female) through the implementation of

structured and unstructured recreation and psychosocial interventions delivered through home visits and a network of 16 multipurpose centers (MPCs) and 11 Social Hubs. At national level, UNICEF provided community-based mental health and psychosocial support for 663,651 children and primary caregivers (46 per cent female).

- Although education facilities were closed throughout most of 2021 (with a partial reopening as of September 2021), UNICEF ensured that children continued having an **equitable access to uninterrupted quality and inclusive education** through alternative modalities such as caregiver-led home-based education supported by Burmese Language Instructors (BLIs) in Rohingya refugee camps, reaching 108,375 children in 2021. In host communities in Cox's Bazar District., UNICEF implemented **school improvement activities**, benefitting 180,000 children (50 percent female) in 657 primary schools. On a national level, UNICEF supported 367,792 marginalized children (49 per cent girls) with **accessing formal and non-formal education**, including early learning.
- UNICEF prioritized focusing on **social and behavior change communication** interventions including enhancing the capacity of frontline workers and volunteers to engage communities on the adoption of essential lifesaving behavior, reaching total of 655,554 Rohingya refugees (52 per cent female) and 178,038 individuals (59 per cent female) in surrounding host communities in Cox's Bazar District. In addition, through **infection prevention and control (IPC) sessions** through which UNICEF and partners engaged and mobilized 655,504 individuals (52 per cent female, including 1.4 per cent persons with disabilities) in Rohingya refugee camps and 178,038 individuals (sex and disability disaggregation not available) in host communities.
- As a crucial element across all programming, UNICEF and partners implemented child safeguarding measures across all interventions on the **prevention of sexual exploitation and abuse (PSEA)**.

B. Humanitarian Context: Rohingya Refugee Crisis and COVID-19 Response

As of December 2021, Bangladesh ranked among the top 32 countries worldwide in terms of COVID-19 cases, especially as a result of the rise of the Omicron variant.¹ Out of confirmed cases, 17,760 cases and 257 deaths were in the host communities in Cox's Bazar District and 3,308 cases and 34 deaths were reported among Rohingya refugees in the camps.² As of 2 January 2022, approximately 43.7 per cent of the country's population was partially vaccinated and 31.1 per cent fully vaccinated against COVID-19.³

As of 31 December 2021, Bangladesh was hosting 918,841⁴ Rohingya refugees from Myanmar in 34 camps in Cox's Bazar District and Bhasan Char, about 52 per cent of whom are children. The Government of Bangladesh further planned to resettle 100,000 Rohingya refugee out of the camps and by the end of 2021, with approximately 16,775 Rohingya refugees had been moved to an island called Bhasan Char by the end of the reporting period.⁵ In response to these plans, the United Nations signed a Memorandum of Understanding with the Government of Bangladesh to coordinate, mobilize resources and cooperate with humanitarian stakeholders for the support of Rohingya refugees on Bhasan Char.⁶

The conditions in the Rohingya camps and Bhasan Char are still complex and meeting Rohingya refugees time-critical and life-saving needs remains challenging. In 2021, 150 fire incidences, heavy

¹ WHO. 'Morbidity and Mortality Weekly Update.' 2 January 2022. Available [here](#).

² Ibid.

³ Ibid.

⁴ Government of Bangladesh, UNHCR. 'Joint Government of Bangladesh - UNHCR Population map as of 31 December 2021.' 31 December 2021. Available [here](#).

⁵ UNICEF. 'Humanitarian situation report no. 58.' 31 December 2021. Available [here](#).

⁶ Ibid.

rain, landslides, windstorms, lightening and flooding affected 44,615 households (totaling 208,709 individuals including 108,528 children),⁷ further displacing approximately 62,600 and killing 21 people (half of them were children) in the Rohingya refugee camps.

Cholera surveillance among the Rohingya refugees and the host communities in the Mukhiya and Teknaf Upazilas was halted from April to June due to COVID-19-related restrictions, such as those related to limiting humanitarian and other access to the camps. As of April 2021, a total of 25,255 cases of Cholera were recorded throughout the reporting period with an upsurge of Cholera cases from June to October in Cox's Bazar and a decline from November onwards. In response, two Oral Cholera Vaccine (OCV) campaigns conducted in October and November 2021.

Finally, education in Bangladesh was extremely disrupted because of Government of Bangladesh-imposed closure of education facilities countrywide. To highlight the importance of uninterrupted education, UNICEF continued advocacy and policy dialogue at the national level through the Education Local Consultative Group to ensure the full implementation of UNICEF's education programme as per the 'Joint response plan' (JRP) 2021 and in support of the fulfilment of the Rohingya children's right to education based on the Myanmar curriculum.

Water, Sanitation, and Hygiene

Camps

It is estimated that nearly 100 per cent of the Rohingya refugee population have access to safe drinking water through tap stands from piped water networks and tube wells across the 24 supported camps, supported by UNICEF. Although, 77 percent of the Rohingya refugees have access to chlorinated/treated water from piped networks, half of Rohingya households face difficulties in getting enough treated water. This is due to distance, queuing times, limited tap stands and the unavailability of water throughout the day due to the operating hours of the system. The 2021 'Joint assessment mission' report⁸ demonstrated that most household only have access to around 14.3 liters per person per day of treated water, which is below the WASH Sector standards of ≥ 20 liters per person per day. This is more acute in camps in the Teknaf Upazila due to water shortages during the dry season which lead to water rationing and sometimes the need for water trucking to fill any gap. Handpumps are therefore a major source of water for both domestic use and bathing.

Overall, water quality continues to improve across all 34 camps. The '17th round water quality monitoring' by the Department of Public Health Engineering (DPHE), World Health Organization (WHO) and UNICEF indicated that 92 per cent of community water points/sources (tube wells) are free from E. Coli contamination compared to 87 per cent in 2020.⁹ Additionally, 61 per cent of household water was free of E. Coli contamination compared to 42 per cent in 2020.¹⁰

⁷ ISCG. 'Bangladesh: Site Management Daily Incident Report.' 2 January 2022. Available [here](#).

⁸ UNHCR, WFP. 'Cox's Bazar: Joint Assessment Mission 2021 (JAM 2021) Report.' 19 December 2021. Available [here](#).

⁹ DPHE, UNICEF, WHO. 'Water Quality Surveillance in FDMN 2021.' 12 October 2021. Available [here](#).

¹⁰ Ibid.

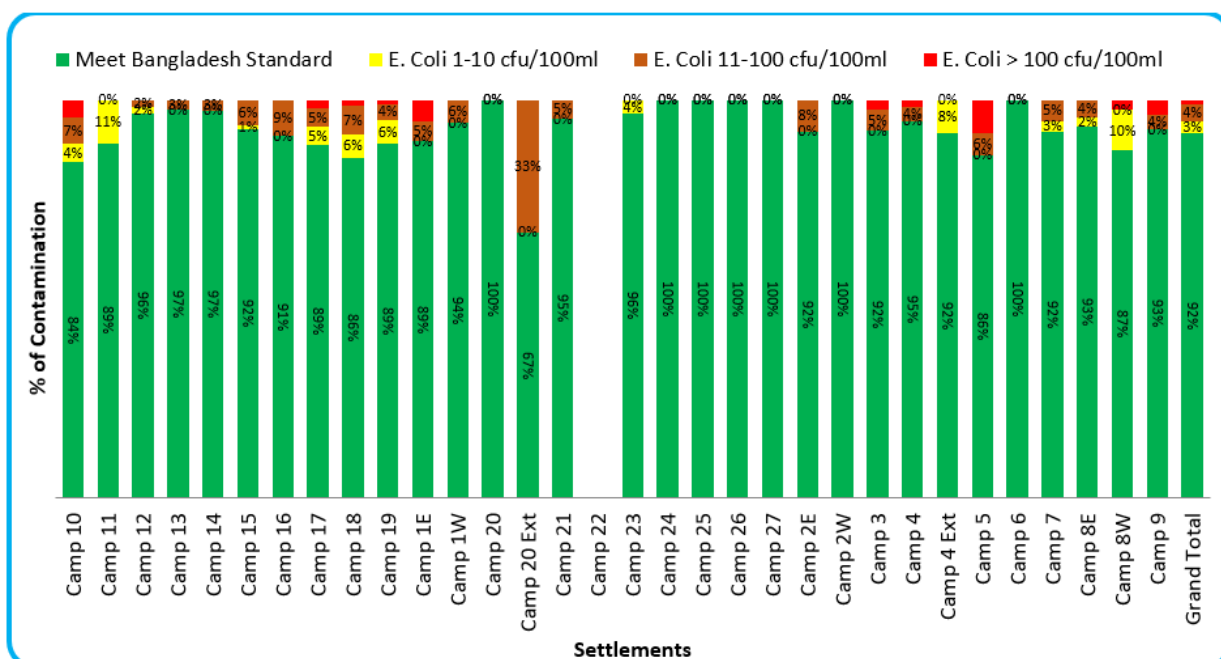


Figure 1: E. Coli contamination of source water samples (unsterile) in different settlement

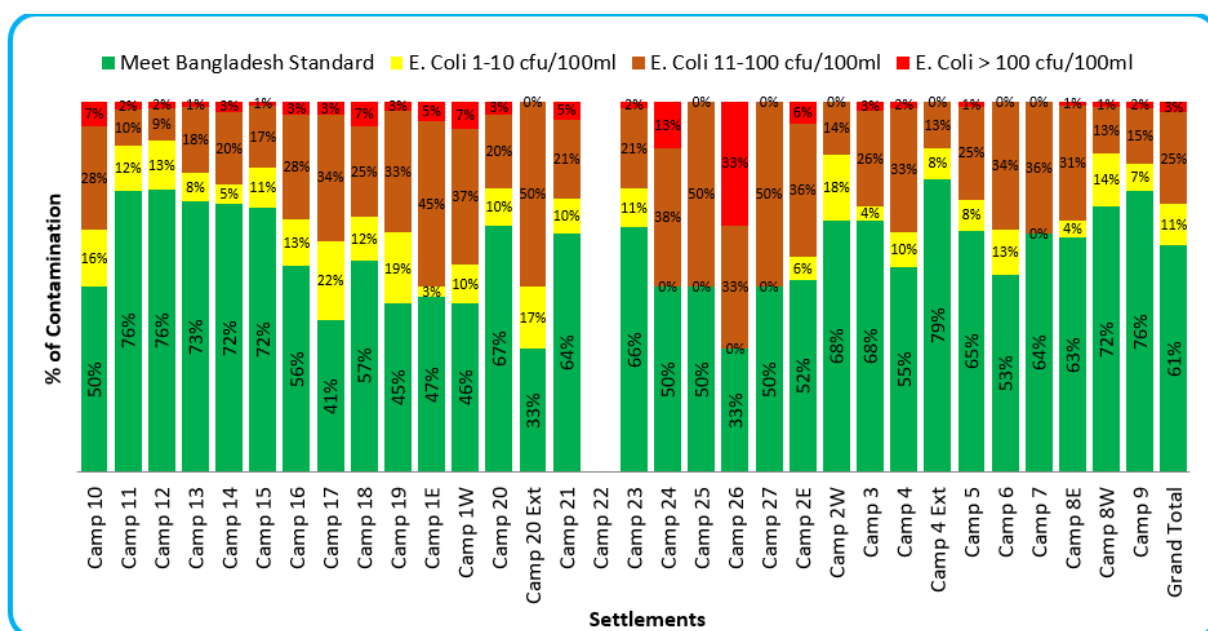


Figure 2: E. Coli contamination of household's storage water samples in different settlement

Generally, latrine coverage was high within all the camps with a ratio of one latrine per 20 users, in line with global SPHERE standards.¹¹ However, equitable access to latrines remained a challenge per block in the Rohingya refugee camps, with averages of more than 25 users per latrine due to the high population densities in some of these areas.¹² The Joint Assessment Mission (JAM) 2021 report showed that 59 per cent of refugees reported inadequate access to sanitation facilities due to waiting times, cleanliness, distances from facilities and overcrowding. Girls and women further face issues of overcrowding and lack of privacy when using latrines and bathing spaces during the day, while at night they reported elevated risks of harassment and violence.¹³ During the reporting period, there was a significant increase in private bathing spaces, with 86 per cent of households reporting private bathing

¹¹ SPHERE. 'The SPHERE handbook 2018.' 6 November 2018. Available [here](#).

¹² UNHCR, WFP. 'Cox's Bazar: Joint Assessment Mission 2021 (JAM 2021) Report.' 19 December 2021. Available [here](#).

¹³ Ibid.

space inside or attached to their shelter.¹⁴ These spaces were however unhygienic and poorly maintained or used as alternatives for urination and defecation. Furthermore, solid waste management remained one of the main challenges with only 51 per cent of the refugee households reporting disposal waste in designated areas and 16 per cent reporting disposal of waste directly to open space.¹⁵

COVID-19 and Acute Water Diarrhea (AWD) were the two main risks to the health for Rohingya refugees during 2021. In response, UNICEF implemented hygiene promotion interventions that led to increases in handwashing with soap. However, the adoption of other appropriate hygiene behaviors related to water and sanitation remained a challenge. This included practices related to safe water handling, ensuring that refugees maintain good water quality from the source to households, the total elimination of open defecation, safe management of children's feces and management of domestic waste at household level, including segregation and non-littering. Inadequate awareness on proper menstrual hygiene management (MHM) along with social myths and misconceptions were among the main bottlenecks for adolescent girls of reproductive age and women regarding the adoption of safe MHM hygiene practices. Facilitating safe and dignified access to WASH facilities for persons with disabilities remained a priority, notably with 59 per cent of persons with disabilities, elderly and vulnerable population reported experiencing challenges regarding accessing latrines and water points.¹⁶

Host community

There are eight upazilas in Cox's Bazar District, with the WASH situation in the refugee camps and host upazilas being very different. In general, Cox's Bazar District has some of the worst water, sanitation and hygiene indicators in Bangladesh according to a 2019 WASH Mapping undertaken by the DPHE and the International Centre for Diarrheal Disease Research, Bangladesh (icddr,b).¹⁷ The District is furthermore regularly affected by cyclones and Monsoon floods, which result in increased vulnerabilities for both the Rohingya refugee and host community populations. Around 76 per cent of households have basic water supply and only 18 per cent have access to safely managed water in the host communities. In the area of sanitation, only 29 per cent of households use safely managed latrines and 47 per cent of households have handwashing facilities on their premises. Good hygiene behaviors also remain relatively low, with only 33 per cent households practicing handwashing and 28 per cent households disposing of feces from children under the age of 5 years properly.¹⁸ Women also reported difficulties accessing MHM materials with only 39 per cent of women reporting being able to practice safe menstrual hygiene.¹⁹ According to JAM 2021 Report, the levels of ground water were also lowered due to the increase in demand by the Rohingya Refugees.²⁰

Health

Camps

In 2021, the Health Sector's humanitarian response continued to ensure availability of health services across all Rohingya refugee camps. By the end of 2021, 42 primary health centers, 89 health posts and 3 field hospitals were present and providing services in the camps.²¹ Primary health centers and field hospitals operated 24/7 by adhering to a Government of Bangladesh and Health sector approved MESP, despite COVID-19-related restrictions. During the reporting period, health facilities provided a cumulative 4,489,739 consultations to Rohingya refugees. However, referrals for newborn care outside camps remained limited due to challenges with obtaining approvals to exit the camps. This highlighted the need for increased and sustained investments in newborn care within the camps.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ icddr,b, John Hopkins University, DGHS, USAID. 'Bangladesh: A success case in combating childhood diarrhea.' October 2019. Available [here](#).

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ UNHCR, WFP. 'Cox's Bazar: Joint Assessment Mission 2021 (JAM 2021) Report.' 19 December 2021. Available [here](#).

²¹ Health Sector. 'Health Sector bulletin no. 16.' 30 September 2021. Available [here](#).

Children under the age of 5 years further remained at risk of vaccine preventable diseases such as diphtheria or common childhood illnesses such as pneumonia, diarrhea or malnutrition. According to the Early Warning Alert and Response System (EWARS) there were 118 suspected cases of diphtheria with 30 cases confirmed in 2021.²² Even though acute respiratory infections and AWD continued to account for most consultations amongst children under the age of 5 years, there was a higher than usual burden of dengue fever in 2021 when compared to preceding years. Overall, 1,504 cases were confirmed during the year of which 1,494 were identified in the third quarter of 2021 alone. In addition, there was a 1,275 per cent increase in the number of cholera cases identified when compared to the preceding year which warranted an OCV at the end of the third quarter in 2021.

Diphtheria Surveillance Updates

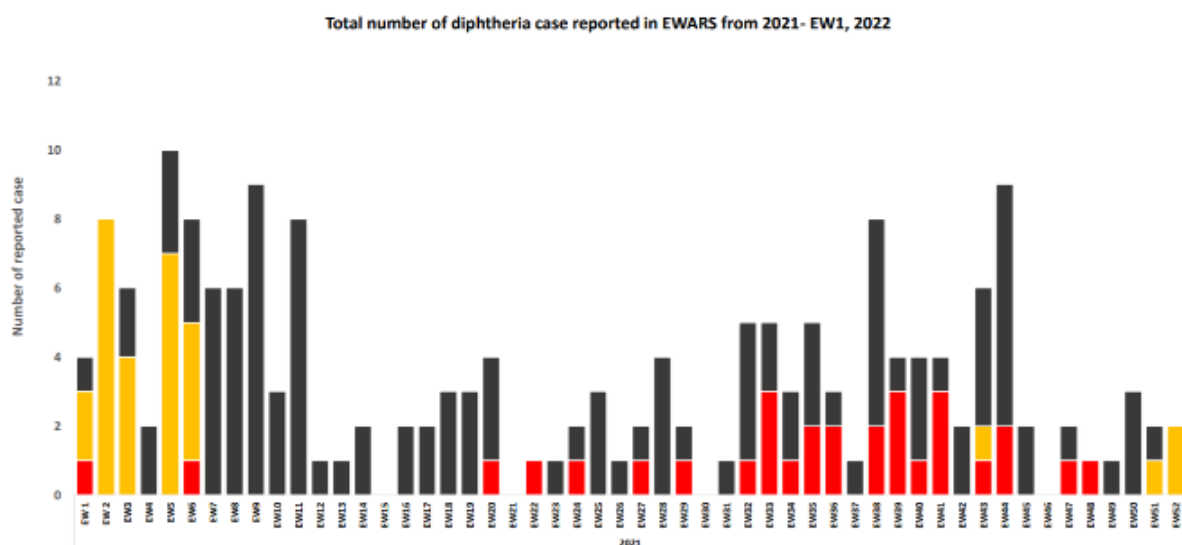


Figure 3: Diphtheria cases reported through EWARS throughout 2021

²² WHO. 'Epidemiological Highlights.' 9 January 2022. Available [here](#).

Epidemic curve of cholera, Cox's Bazar District, 2017-Epi Week 1,2022

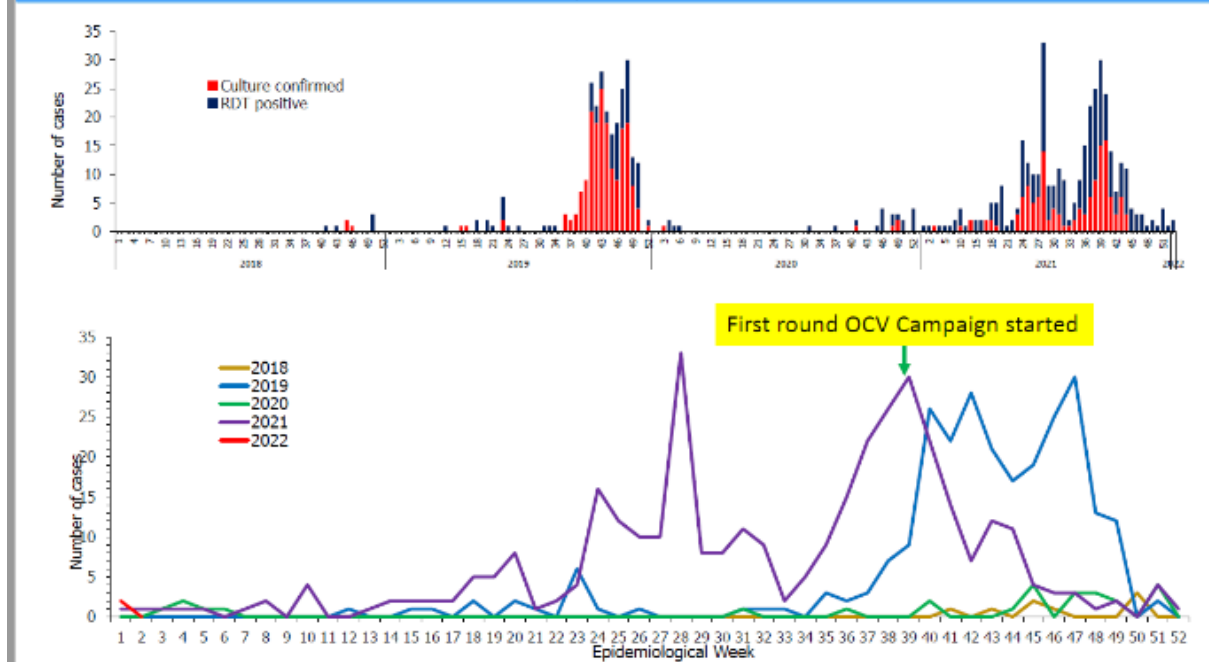


Figure 4: Cholera epidemic curve in Cox's Bazar District, 2021

Although significant resources were committed to the provision of information and health education, access to information on available services particularly for women and adolescent girls and boys remained inadequate due to social constraints, such as negative social norms and practices. Even though men remained dominant decision makers within their families, health programmes continue to ensure active participation of women, girls and young persons throughout the reporting period.

The COVID-19 Pandemic further continued to place an additional burden on scarce resources available for health service delivery in Rohingya refugee camps in Cox's Bazar District. Intending to curb the impact of COVID-19, the Government of Bangladesh introduced various mitigation and prevention measures, including restrictions of movements and humanitarian access to camps, which had a negative impact on access to and uptake of health services. The reduced access to and uptake of health services threatened to reverse gains made in the reduction of mortality and morbidity rates in Rohingya refugee camps during previous years.

Bangladesh has experienced three waves of COVID-19 resulting in three surges in cases of COVID-19. In 2021, two surges were experienced, with the second one recording the peak in the number of cases identified in any week since 2020.

The figure below shows the daily Tests and Test Positivity Rate of COVID-19, 8 March 2020 – 26 December 2021

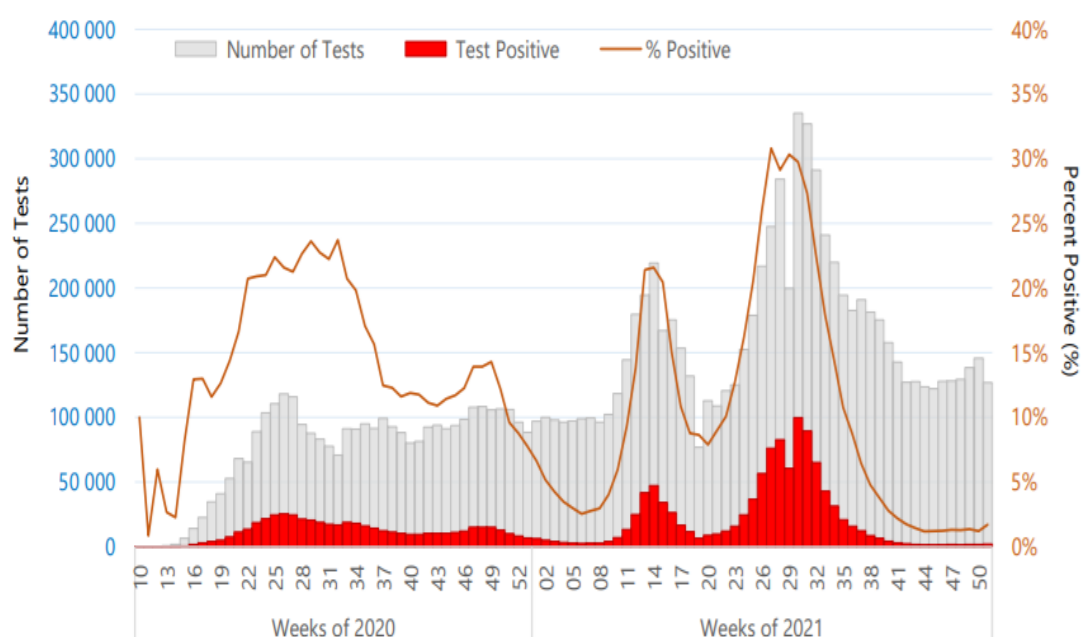


Figure 5: Daily tests and test positivity rates of COVID-19, 2020 to 2021

In terms of mortality and morbidity on Rohingya refugees, COVID-19 pandemic has had a lesser than anticipated impact with test positivity rates less than 5 per cent in the 4th Quarter of 2021 down from the peak in case surge that was witnessed in July 2021.

COVID-19 situation in Rohingya Camps

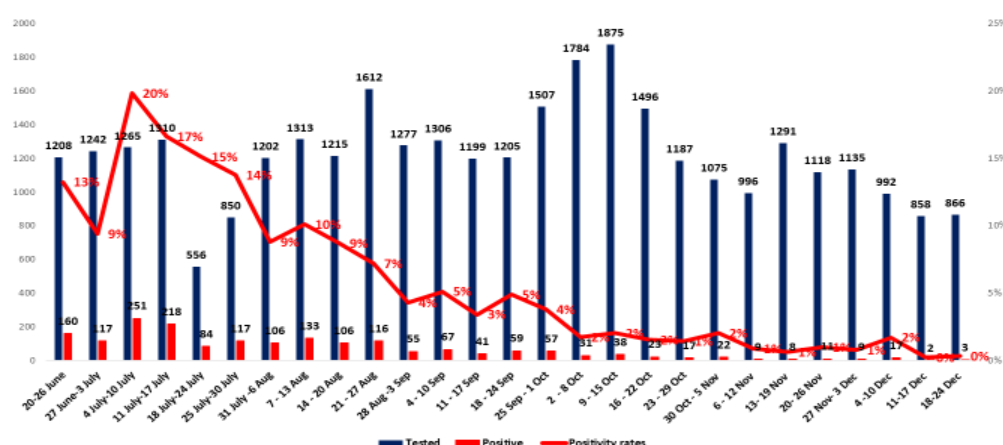


Figure 6: COVID-19 cases in Rohingya refugee camps, June to December 2021

UNICEF continued to support COVID-19 pandemic response during the reporting period to ensure that COVID-19 supported health facilities were adequately equipped for a COVID-19 response. In addition, high-quality reproductive, maternal, newborn, child and adolescent health (RMNCAH) services through the provision of personal protective equipment (PPE), capacity building of healthcare workers,

dissemination of guidelines on service delivery in the context of COVID-19 as well as coordination of COVID-19 vaccination campaigns for Rohingya refugees was ensured throughout the reporting period.

Despite these interventions, the situation remained delicate with close monitoring being required to ensure prompt response to the evolving pandemic. This was further highlighted with the identification and announcement of the Omicron variant as a variant of concern in November 2021.

Despite the COVID-19 pandemic, access to sexual and reproductive health services, including antenatal care (ANC) and postnatal care (PNC) and family planning, showed improvement in 2021. The number of women and girls reached with at least four ANC visits by time of delivery increased from 26,965 in 2020 to 39,307 while PNC visits recorded a 40.2 per cent increase from 57,908 in 2020 to 81,200 in 2021.²³ There was also significant improvement in facility-based delivery as a proportion of total deliveries. This increased from 58 percent in 2020 to 70 per cent in 2021.²⁴ While the proportion of facility-based deliveries by girls aged 18 years and below declined to 3.8 per cent in 2021 compared to 6.3 per cent in 2020, Rohingya refugee girls were still more likely to give birth before the age of 18 years compared to their counterparts from the host communities.²⁵ The reason for this improvement in uptake of services are associated with improved staff capacities at supported facilities, increase community health messaging and more effective community health mobilization by community health volunteers.

Maternal and perinatal mortality surveillance and response (MPMSR) was also strengthened with the number of obstetric complication cases attended to increasing from 4,488 in 2020 to 6,989 in 2021. The main causes of complications were postpartum hemorrhages, severe pre-eclampsia/eclampsia cases, obstructed/prolonged labor and puerperal sepsis.²⁶ The number of facility maternal deaths reported also increased from 16 in 2020 to 23 in 2021.

Vaccine preventable illnesses were still prevalent despite an improved uptake of immunization services by Rohingya refugee children (84.8 per cent of target population being fully vaccinated by 31 December 2021). For example, the number of children aged 0 to 11 months who received the Pentavalent 3 vaccination in Rohingya refugees camps have more than doubled between 2020 and 2021, however, UNICEF continued to observe outbreaks of vaccine preventable diseases such as diphtheria though out the year.

Over the last two years during the COVID-19 pandemic, access to and uptake of immunization services decreased, especially in 2020 with a stark increase of access and uptake in 2021. This was largely due to significant investments in; capacity building, community engagement and mobilization as well as instituting IPC measures to ensure the sustainability of health services. These investments resulted in the health system demonstrating an improved resilience and capacity to sustain health services as well as respond to COVID-19 pandemic, especially during cyclical surges in cases.

Host community

UNICEF continued to play a critical role in vaccine supply and logistics in 2021, ensuring that immunization service delivery improved gradually, nearly reaching pre-pandemic levels by the end of the reporting period. As of 31 December 2021, 86,462 children aged 0 to 11 months were vaccinated with three doses of the Pentavalent 3 vaccine. This was an increase from 2020 where 81,977 children received vaccination. In addition, 97 per cent of planned vaccination sessions were conducted compared to 87 per cent of planned vaccination sessions conducted in the preceding year. The vaccination dropout rate was 2.1 per cent during the reporting period.

²³ Government of Bangladesh. 'Health MIS Intervention: Cox's Bazar.' Available [here](#).

²⁴ UNFPA. 'Sexual and Reproductive Health, Working Group 2021 Bulletin.' September 2021. Available [here](#).

²⁵ Ibid.

²⁶ Ibid.

Despite the COVID-19 pandemic, access to reproductive health has been increasing since 2019 in host communities in the Ukhiya and Teknaf Upazilas. In 2021, 24,640 pregnant and lactating women received four antenatal care visits. In total, 71 per cent of pregnant women had their newborns in Government of Bangladesh approved health facilities through institutional deliveries, compared to 54 per cent achieved in the preceding year. Additionally, 89 per cent of the target population received PNC compared to 66 percent from the preceding year. This improvement is related to improved capacities of facilities in terms of human resources, as well as resulting from infrastructural upgrades that made it easier and more comfortable for women to access facilities.

Nutrition

Camps

Rohingya refugees are largely dependent on formal and informal support they receive from external sources. Commodities such as rice, wheat, flour, lentils and soybeans are available in the local markets, but the price is too high for refugees. Overall, 91 per cent of the refugees are moderate to highly vulnerable, according to the 'Refugee influx emergency vulnerability assessment' (REVA) conducted in 2021.²⁷ This vulnerability is higher among the children under the age of 5 years resulting in the high prevalence of acute and chronic malnutrition among them.²⁸

The most recent December 2021 'Standard expanded nutrition survey' (SENS) reported a high prevalence of global acute malnutrition (GAM) of 13.7 per cent (using weight-for-height) which is relatively higher than 11.3 per cent GAM recorded in December 2020.²⁹ In December 2021, 30.2 per cent of all Rohingya children under 5 years were found chronically malnourished or stunted,³⁰ which lies within the emergency or very high threshold of equal or above 30 per cent. The current high level of malnutrition can be characterized by factors such as household food insecurity and sub-optimal infant and young child feeding (IYCF) practices including the absence of food safety and hygiene. As of 2019, more than a third of children were not exclusively breastfed and only 26.4 per cent of children aged 6 to 23 months were receiving a minimum acceptable diet.³¹

Poor consumption of iron-rich or iron-fortified foods is leading to micronutrient deficiencies: iodine, vitamin A and iron. The December 2021 SMART survey result showed that over half of children under 5 years were anemic,³² which is a major concern alongside rising malnutrition prevalence. Anemia has adverse effects on the health and nutrition status of infants and young children affecting their early childhood development.

Host community

COVID-19 preventive measures including the restrictions on movement during 2021 resulted in a slowdown in economic activity. As a result, due to the decreased purchasing power, livelihood contraction and absence of universal food aid coverage food consumption was adversely affected. The proportion of households with poor and borderline food consumption as measured by the REVA increased from 33 per cent in 2020 to 38 per cent in 2021. During routine monitoring visits, female headed households expressed more deprivation than male headed households. Intra-household dynamics and cultural practices (who eats first) also impacted food consumption outcomes for the women and lactating women.³³

²⁷ WFP. 'Refugee influx emergency vulnerability assessment (REVA) - Cox's Bazar, Bangladesh Technical Report (April 2021).' 15 April 2021. Available [here](#).

²⁸ Ibid.

²⁹ UNHCR. 'Standardised Expanded Nutrition Survey.' December 2019. Available [here](#).

³⁰ Ibid.

³¹ UNHCR. 'Operational update.' 30 June 2019. Available [here](#).

³² Food Security Cluster. 'ACF SMART Survey Report (Ukhiya and Teknaf) February 2021.' 23 June 2021. Available [here](#).

³³ WFP. 'Refugee influx emergency vulnerability assessment (REVA) - Cox's Bazar, Bangladesh Technical Report (April 2021).' 15 April 2021. Available [here](#).

Rising food insecurity affects the nutrition status of children aged less than five years. According to the most recent SMART survey conducted in July 2021, the GAM rate observed in Pekua Upazila was 11.7 per cent, decreased only slightly compared to 12.4 per cent GAM observed in April 2019. Although a slight improvement is recorded still classified as “high” based on WHO/UNICEF emergency threshold of >10 per cent.

Lack of food adequacy drives people to engage in negative coping strategies like distressed selling and incurring debts. The proportion of households using stress coping strategies increased from 30 per cent in 2020 to 43 per cent in 2021. Households reported reduced access to food and had to go into debt for food. As a result, overall vulnerability has increased compared to 2019, households that are moderate to highly vulnerable increased from 41 percent in 2019 to 51 percent in 2021.

Child Protection

The situation of children in Cox's Bazar remains precarious. The landscape is dominated by the Rohingya refugee crisis, set within the broader context of a district that lags markedly in Bangladesh in terms of key child protection indicators. The overarching child protection architecture is under pressure from the refugee population and is not able to meet the needs of either the Bangladeshi or the Rohingya communities without support. The elements of the child protection system – the legal and regulatory framework and how it is operationalized, the access of citizens and rights-holders to social welfare and services, and the social norms and behaviors that influence how children are viewed and protected – remain disjointed with no meaningful inter-relationship between them. Coordination between government ministries and departmental jurisdictions is fragmented and there are considerable gaps in the technical capacities of personnel to respond which means that children rarely benefit from the continuum of care they need.

Camps

While there have been many gains in child protection in Cox's Bazar, the number of children affected by violence, abuse and exploitation are concerning. High levels of Gender-Based Violence (GBV), child marriage, and child labor persist in the camps. The Covid19 pandemic continues to have an impact on the most vulnerable. Measures to prevent the spread of the virus have restricted movement, limited access to services, curtailed many group and site-based interventions and reduced the overall humanitarian footfall to the areas that need it most. Covid19 has exacerbated pre-existing child protection concerns, from mental health and psychosocial wellbeing to domestic violence, with a widespread elevation in anxiety reported alongside an increase in GBV especially intimate partner violence. The August 2020 analysis report of the GBV Information Management System showed that intimate partner violence constituted 84.4 percent of all reported GBV incidents compared to 72 percent before the pandemic. This is largely attributable to Covid19-related lockdowns in 2020 and 2021 which exacerbated stress and tension within the camps and made it even harder for girls and women to access services and support networks. Such dynamics within the household had a terrible impact on the wellbeing of children and adolescents witnessing the violence.

The 'Child Protection Sub-Sector assessment in Rohingya camps' from October 2021 established that the most prevalent child protection concerns perceived by respondents were child labor (64 per cent), neglect (59 per cent), child marriage (57 per cent), risk of trafficking (32 per cent), separation of children (25 per cent), physical abuse (23 per cent) and sexual and gender-based violence (GBV) (12 per cent).³⁴

An 'iMMAP COVID-19 situation analysis' from September 2021 further reported that child labor increased by 16 per cent and the marriage of girls under 18 increased by 9 per cent.³⁵ In the host

³⁴ Protection Cluster, UNICEF. 'Findings from the Child Protection Assessment in Rohingya Refugee Camps in Cox's Bazar (October 2021).' 20 October 2021. Available [here](#).

³⁵ iMMAP. 'Bangladesh: iMMAP/DFS COVID-19 Situation Analysis - Part One: Sectoral Analysis (May 2020 - July 2021).' 2 September 2021. Available [here](#).

community almost half of all households surveyed (49 per cent) reported that child labor had increased in their communities in the six months prior to data collection, with the increase in child marriage being attributed to increased financial pressure faced by families as well as the desire to keep girls safe.

Overall, 5 per cent of households in the refugee community reported an increase in violence against children and mental health and psychosocial distress needs also increased, affecting both children and their caregivers.³⁶ There was a need to increase community-based, unstructured and structured psychosocial support, as well as specialized mental health services.³⁷ Parents and caregivers reported needing guidance on positive parenting and coping skills both at the household level and through community-based mechanisms.

Adolescent boys and girls further faced unique challenges that called for tailored measures to mitigate the impact of limited access to education and livelihood opportunities that were exacerbated by COVID-19. Adolescents were not able routinely to engage and participate in decision-making and continued living under the specter of child marriage, risks of further refugee movements and exposures to criminal activity such as drug abuse.³⁸

Host community

The overarching Child protection system in Cox's Bazar remained under constrain during the reporting period with the Government of Bangladesh struggling to meet the needs of all children in the district. The justice system is not child-friendly and requires investment to bring it in line with the Government of Bangladesh's Children's Act 2013 (amended 2018). Capacity building was needed to operationalize diversion and strengthen the monitoring of children as they move through the justice system. Children's courts, Child Welfare Boards (CWBs), Child Affairs Desks at police stations also required further strengthening and coordination support. Technical support to the Department of Social Services (DSS) to strengthen the social service workforce was ongoing but required further support to raise quality standards, especially around case management. Birth registration further also required technical assistance to, and advocacy with, the Office of the Registrar General at national and sub-national levels and the District Administration for their improvement. Additional human resources and capacity building of local government units was finally also required on using the upgraded birth and death registration (BDRIS) and accelerating birth registration in Cox's Bazar District, which was extremely vulnerable to natural hazards (monsoon, cyclones and landslides) that regularly impact safety, livelihoods and infrastructure.

Education

Schools in Bangladesh and learning centers (LCs) in the Rohingya refugee camps were closed in March 2020 to prevent further spread of COVID-19. Following the peak of the second wave of infection in July 2021, the situation steadily improved as of September 2021, with a positivity rate of under five per cent being reported in both Rohingya camps and host communities. The Government of Bangladesh announced a partial re-opening of educational institutions across the country as of 12 September 2021.

Camps

For much of 2021, education activities were severely limited in the camps due to the pandemic. Based on the 'Joint Multi Sector Needs Assessment' (JMNSA) from May 2021, of the children who were interviewed, the highest percentage of the children with access to home-based learning were in the age group of 6 to 14 years.³⁹ Access to education by older girls was significantly lower than for boys of the same age groups, which is a long-standing gap in the sector and was further intensified by the pandemic. On a more encouraging note, the difference in the percentage of the children previously

³⁶ Ibid.

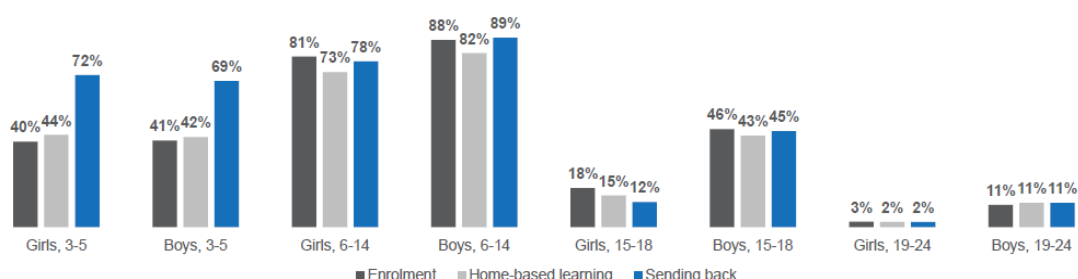
³⁷ Ibid.

³⁸ Ibid.

³⁹ ISCG. 'Joint Multi-Sector Needs Assessment (J-MSNA): Bangladesh Rohingya Refugees - May 2021 [EN/BN].' 6 May 2021. Available [here](#).

enrolled and accessing home-based learning in 2021 is less than 5 per cent for all age groups which implies that most children were able to access learning activities during the lockdown period.

% of children aged 3-24 reported as having been **enrolled in learning facilities before learning facilities closed in March 2020 (pre-COVID)**, having **regularly accessed home-based learning** since the start of the 2021 school year until support for home-based learning stopped at the end of March 2021, and that will reportedly **be sent back** once learning facilities will re-open*



*Results for girls (n = 1,088) and boys (n = 1,173) aged 3-5 as well as girls (1,368) and boys (1,150) aged 19-24 are representative with a +/- 3% margin of error. Results for girls (n = 860) and boys (n = 757) aged 15-18 are representative with a +/- 4% margin of error. Results are presented out of children in the specified age groups, which may not correspond to the target population for Education Sector support, if not all individuals of the specified age groups are targeted for support.

Figure 7: Percentage of children aged 3 to 24 years enrolled in learning facilities as of May 2021

Although learning facilities remained closed and face to face meetings were restricted, UNICEF worked with partners and the Education Sector to continue implementing education activities. Programmes and activities such as caregiver-led education, distribution of learning materials, use of education technology (EduTech) solutions such as e-learning platform and radio programmes, planning of the Myanmar Curriculum Pilot (MCP), remote training of master trainers and capacity development of partners continued during the reporting period. However, there were many challenges resulting from Camp in Charges-imposed (CiCs) restrictions related to movements in the camps, advocacy and coordination with the office of the Refugee Relief and Repatriation Commissioner (RRRC) led to delays in implementing field-based activities such as distribution of learning materials.

Finally, on 22 September 2021, LCs in the camps were given permission to reopen while observing COVID-19 mitigation and prevention guidelines. Partners were prepared to ensure COVID-19 protocols were followed, including wearing face masks and regular handwashing with soap. A maximum of 15 students are allowed to attend classes at a time. Initially only levels 2, 3 and 4 were allowed to attend classes. Later, on 28 December 2021, the RRRC gave verbal permission for all level learners to attend LCs twice a week.

Partners were not able to access learning facilities which were affected by fire and monsoon in a timely manner due to movement restrictions during the pandemic, which effected their reopening and the return of learners to centers. Across the camps, 1,414 LCs damaged and work on repairing the centers could not begin while restrictions on movement were in place. Upon reopening, as of December 2022, 765 of the facilities were repaired while the remaining 649 LCs were yet to receive permission to do repair work from the RRRC despite requests having been made.

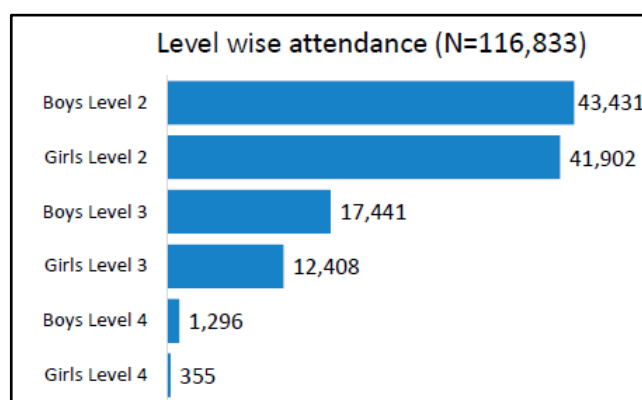


Figure 8: Level wise attendance of LCs, 2021

Mobilization efforts are needed to bring learners back to the learning centers, especially girls. Upon receiving permission to reopen, partners worked on re-enrolling learners and re-opening facilities. Children returned to the LCs on a rolling basis and as of 21 December 2021, while 116,833 children (48 per cent girls) continued in-person learning one day per week while maintaining COVID-19 health and hygiene protocols (through 2,163 LCs).

As a result of COVID-19 restriction in the camps, the launching of the MCP was further delayed until the LCs in the camps were re-opened. Even after reopening facilities in September 2021, following prolonged negotiations and ongoing advocacy, on 1 December 2021, the RRRC gave UNICEF verbal permission to start implementing the MCP. Partners were able to initiate the MCP rollout on 5 December 2021 in 10 LCs in seven camps.

Host community

Most marginalized children from Cox's Bazar District's host communities suffered the most as majority of them did not have access to remote learning opportunities through online, television and radios operated by the Ministry of Primary and Mass Education (MoPME). During the reporting period, UNICEF provided school effectiveness grants to all 657 schools in Cox's Bazar District. This grant benefited approximately 364,463 students (51 per cent girls) in Cox's Bazar District. To support education system strengthening in Cox's Bazar, UNICEF engaged with the Directorate of Primary Education (DPE) to issue a circular through which host community schools were able to procure hygiene and sanitation supplies and prepared for safe school reopening. Additionally, school management committees (SMC) were engaged to improve teaching and learning environments through activities as the installation of water connections, minor repairs and the construction girls' and book corners. Furthermore, in line with the safe school reopening plan, UNICEF provided hygiene materials to Government of Bangladesh primary schools in six upazilas in Cox's Bazar.

In addition to mainstream schools, UNICEF supported a total of 6,502 out of school children (57 per cent girls) in 100 Activity Based Accelerated Learning (ABAL) centers in the Ramu, Chakaria, and Sadar Upazilas. This platform provided adolescents with an opportunity to re-engage and participate in learning activities. Overall, 1,122 children/adolescents (50 per cent girls) graduated from the Activity-Based Accelerated Learning centers and returned to mainstream schools. UNICEF also provided science kits to 999 learners from six secondary schools in Cox's Bazar and provided mini libraries in 202 government primary schools. Through UNICEF's continued support, the Primary Teachers Training Institutes (PTI) hired nine short term instructors to teach Diploma in Primary Education.

Communication for Development

Camps

Since the outbreak of Covid-19 in March 2020, UNICEF in collaboration with WHO and the United Nations Communicating with Children (CwC) Risk Communication and Community Engagement (RCCE) Working Group led the RCCE pillar of the COVID-19 prevention and response plan in the humanitarian programme in Cox's Bazar covering the Rohingya Refugees camps and surrounding host communities. UNICEF supported social and behavior change with focus on sustaining lifesaving behaviors, addressed harmful social norms and practices, undertook mass mobilization and campaigns for infectious disease outbreak prevention and response, reduction of health and social-related risks and promoted of social services to ensure the continuing health and wellbeing of both Rohingya and host community populations. Information, knowledge and consistent reinforcement of key behaviors were key in community adoption of positive attitudes and desirable COVID-19 prevention behaviors. Given the context of the Rohingya Refugees camps with high population density, following COVID-19 measures specifically social distancing were proven to be a challenge, including low adoption of other practices handwashing and mask wearing. Although there is evidence about people's increased knowledge and awareness about COVID-19, practices still lag far behind due to social and cultural norms in both the host communities and Rohingya refugees. The need to sustain public health campaign to reinforce the preventive measures remained relevant even as COVID-19 vaccination coverage reached the critical mass of the population. An extensive communication and engagement involving key community members was key in promoting and maintaining COVID-19 preventive practices. As part of community engagement in meeting the grand bargain Accountability to Affected population (AAP) commitment UNICEF established 14 Information and Feedback Centers (IFCs) as service points in the camps. The IFCs played a fundamental role in community outreach and

engagement efforts by enhancing accountability to the effected populations. At the onset of COVID-19 and during related restrictions the IFCs played a critical role in disseminating COVID-19 prevention messaging including referral processes for people who experienced flu-like symptoms.

Host community

C4D in collaboration with District Office and NGO partners supports 9 Upazilas in Cox's Bazar on RCCE interventions through engagement with individuals, households, and communities for adoption of positive care practices and behaviors, including Covid-19 preventive measures and uptake of vaccine, strengthening capacity of partners and communities to respond to outbreaks and emergencies and helping to build household and community resilience. Mechanism have also been established on Social Accountability to the community through 4 Information and Feedback Centers in Teknaf, Ukhiya, Moheshkhali and Pekua as service points for community members to share their complains, concerns and receive feedback about humanitarian services.

C. Humanitarian Results: Rohingya Refugee Crisis and COVID-19 Pandemic

Water, Sanitation and Hygiene (WASH)

Camps

Throughout 2021, UNICEF and its implementing partners ensured access to safe water for all 243,000 Rohingya refugees (51 per cent female, including 3 per cent persons with disabilities, reaching 100 per cent of annual target) in the eight camps under the UNICEF's area of responsibility.⁴⁰ Through the construction and upgradation of 15 water supply networks and expansion of 471 tap stands, the proportion of refugees with access to piped, chlorinated water supply increased from 63 per cent in 2020 to 77 per cent in 2021. In addition, 425 tube wells were upgraded through construction of concrete platforms, slab and drainage systems including the operation and maintenance of 4,522 tube wells that provided water to the remaining population. A monitoring visit by Environment and Infrastructure Management Solution (EIMS) Ltd. Partner showed that 88 per cent of the tube wells were functional compared to 84 per cent in 2020 during same period. In addition, 76 per cent of refugees reported having proper drainage system for wastewater.

Despite the above progress, equitable access to WASH services remained challenging due to the distance and functionality of water points. An internal third-party monitoring report received in December 2021 showed that 57 per cent of households in all eight camps did not have any problems with collecting water. However, around 19 per cent mentioned that long distances to collection point remained a challenge, compared to 25 per cent reporting the same in 2020. Only 1 per cent reported safety issues during collection of water at night compared to 5 per cent in 2020. These issues are of particular concern for adolescent girls, women, persons with disabilities and the elderly. Camp 22 in the Teknaf Upazila continued to face water scarcity during dry season, which resulted in the reduction of water quantity per person from 20 liters to 5 to 10 liters per camp residents.

UNICEF and its partners ensured continuous access to safe sanitation through the operation and maintenance of 15,000 latrines across the eight camps. Each latrine has a handwashing device. Eighty-five per cent of the latrines were functional during the reporting period.

Camp	People per latrine
Camp 6	23
Camp 7	23
Camp 8E	23

⁴⁰ The WASH Sector has divided the Rohingya camps into three roughly equal areas of responsibility led respectively by UNICEF, UNHCR and IOM.

Camp 8W	20
Camp 14	13
Camp 15	15
Camp 16	14
Camp 22	12

Table 1: Number of persons per latrine, source: ‘September 2021 WASH Sector gap analysis: latrines and bathing cubicles

Although there is a ratio of 1 latrine per 17 individuals across the Rohingya refugee response, there remains a disparity in terms of equitable access, notably resulting from the lack of space in the refugee camps. UNICEF and partners are progressively reducing these gaps. In 2020, the ratio of 1 latrine per 27 individuals was reduced to 1 latrine per 23 individuals in Camp 6. Regardless of this progress, the ‘JAM 2021’ report indicated that more 59 per cent of households reported problems with accessing sanitation facilities in the camps.⁴¹ UNICEF third party monitors further reported that 41 per cent of household mentioned that latrines were used by many people and 6 per cent reported latrines being far away from households. Girls and women further faced issues of overcrowding and a lack of privacy when using latrines and bathing spaces during the day and at night they faced harassment and violence. People with disabilities also faced difficulties in accessing latrines. To address these challenges, UNICEF constructed 535 new latrines including 70 WASH blocks for inclusive sanitation and 593 accessible latrines for persons with disabilities in 2021, bringing the total to 1,015 facilities (out of an estimated needed 2,000). In addition, 242 bathing facilities were adapted with improved gender and inclusion features in line with the ‘WASH Sector gender, GBV and inclusion roadmap,’ benefitting over 9,000 girls and women.

To increase latrine functionality, UNICEF operated 77 FSM systems, including the construction of 5 FSMs, upgrading of 27 and installation of 78 FSM transfer stations in 2021. Quality assurance of FSMs across the entire Cox’s Bazar refugee complex was provided by UNICEF through a partnership with icddr,b. In addition, a study on the efficiency of FSM sites by icddr,b was completed. A secondary analysis of the data of the study was completed to investigate the prevalence of E. coli in fecal sludge samples collected from fecal sludge treatment plants (FSTPs) in Rohingya camps. Key concerns related to optimal operation and maintenance which was affecting the environment. Icddr,b worked on recommendations related to optimum FSM technology use in Rohingya refugee camps considering best practices for operation and maintenance.

UNICEF increased the number of material recovery facilities (MRFs) to 17 facilities and 3 plastic recycling plants with one new MRF constructed in 2021. Waste was transported to the MRFs where organic waste was composted, and inorganics were segregated into different categories for further processing, recycling, or landfill. A total of 1,445 communal waste bins were installed providing approximately 1 communal bin per 13 households.

The percentage of households disposing of waste properly increased from 77 per cent in October to 86 per cent in December 2021, as highlighted through monitoring by EIMS. During the reporting period, UNICEF operated 6,651 bathing spaces within the eight camps, with an average of 38 persons per bathing space. This exceeds the WASH Sector minimum standards of 50 people per bathing space. Overall, 91 per cent of the bathing spaces were functional as of October 2020, according to regular monitoring by EIMS.

Hygiene promotion activities focused on community engagement to achieve behavior change through the ‘Clean Camp Campaign-People Led Total Hygiene (CCC-PLTH) and risks, attitudes, norms, abilities, and self-regulation (RANAS) approaches. UNICEF and partners continued to scale-up community engagement activities to support promotion of appropriate hygiene practices and behavior change. For the second year, COVID-19 impacted hygiene promotion activities, resulting in a renewed focus on the importance of handwashing with soap. This practice was also promoted to reduce

⁴¹ UNHCR, WFP. ‘Cox’s Bazar: Joint Assessment Mission 2021 (JAM 2021) Report.’ 19 December 2021. Available [here](#).

the spread of AWD in camps. UNICEF and partners continued to respond to this critical situation by intensifying hygiene promotion activities focusing on IPC in the refugee camps to reduce the spread of the COVID-19.

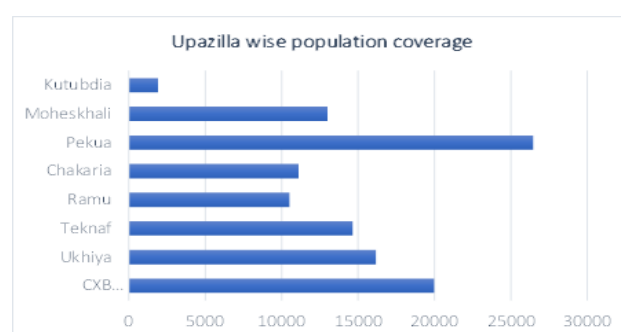
Efforts in scaling-up and strengthening of community engagement led to the establishment of several community structures including 300 WASH Committees, 9,808 latrine and bathing areas user groups and 1,990 MHM facilitator groups. Through these committees and user groups, approximately 90,000 refugees were actively involved in the WASH response. These community structures played an important role in the maintenance of the facilities, which contributed towards an increased sense of ownership of facilities by beneficiaries. This was especially relevant for the latrine user groups which oversaw cleaning their own facilities. A quarterly monitoring report from the fourth quarter of 2021 showed that only 20 per cent of refugees were not satisfied with latrine cleanliness in 2021 compared to 36 per cent in 2020.

UNICEF further provided soap throughout the year for 243,000 refugees, in line with the WASH Sector standards of 200 grams of bathing soap and 130 grams of laundry soap per person per month. In total, 100 per cent of the refugees under UNICEF's area of responsibility or 243,000 individuals (51 per cent female, including 3 per cent persons with disabilities) accessed soap through e-voucher systems such as SCOPE and Building Blocks in partnership with the World Food Programme (WFP) and the United Nations High Commissioner for Refugees (UNHCR). These e-voucher systems allowed refugees to collect soap alongside food rations from the WFP trading centers allowing for greater flexibility and choice. In addition, 66,239 MHM kits were distributed to 66,239 girls and women of reproductive age.

UNICEF also continued to support IPC for COVID-19 in the Rohingya refugee camps. A total of 259,992 Rohingya refugees (51 per cent female) were reached with critical WASH services, including the installation of 27,458 hand washing devices, weekly disinfection of 58,873 WASH facilities and the distribution of 27,801 hygiene kits

Host community

UNICEF improved access to safe drinking water supply for 113,791 individuals (50 per cent female, including 1 per cent persons with disabilities), representing 30 percent of the population of Cox's Bazar District, through the construction of 208 new deep hand pumps, 10 mini-water distribution networks and the rehabilitation and disinfection of 9,045 water points. UNICEF supported the establishment of WASH management committees for each of the water facilities to ensure sustainability of the facilities.



A total of 156,097 people (50 per cent female, including 1 per cent persons with disabilities), gained access to sanitation through the construction of 10,600 new latrines and rehabilitation of 25,269 latrines. In addition, 600 communities were declared as open defecation free communities during the reporting period.

Figure 9: Population by upazila with access water supply

UNICEF also reached 266,557 people (50 per cent female, including 1 per cent persons with disabilities), representing 10 per cent of the population of the District, with key hygiene messaging aimed at improving personal hygiene behaviors. To support this, UNICEF installed 48,614 handwashing devices. Further, 94,410 girls and women (including 1 per cent persons with disabilities) of reproductive age were reached with information and training on safe MHM practices.

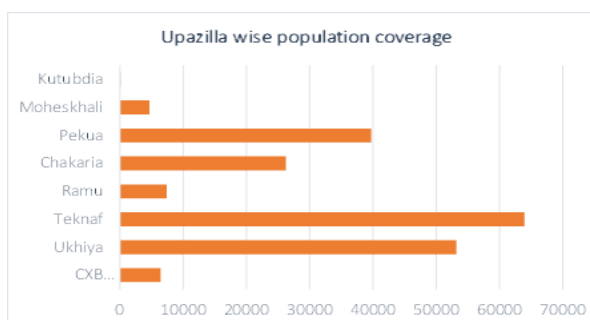


Figure 10: Population by upazila with access to sanitation

During the reporting period, 44 schools were supported with improved WASH facilities, which included appropriate gender-segregated latrines, handwashing, drinking water and hygiene promotion. This benefitted 95,837 school children (50 per cent girls, including 1 per cent persons with disabilities) as well as 386 male teachers and 426 female teachers. UNICEF supported improved WASH services in 3 healthcare facilities and provided hygiene promotion to frontline healthcare staff at 42 facilities, benefiting 84,551 individuals (61 per cent female, including 0.07 persons with disabilities).

UNICEF further worked closely with stakeholders throughout the year to develop their capacities to maintain quality WASH services. A total of 67 wards were declared open defecation free following their certification and validation. This involved the training of 11,569 host community stakeholders (61 per cent female, including 0.9 per cent persons with disabilities) on a range of subjects related to sanitation.

COVID-19 response

UNICEF supported the Government of Bangladesh to ensure an uninterrupted water supply for four million people (48 per cent female) in Bangladesh through repair, maintenance and disinfection of water points to prevent and protect human health during the COVID-19 pandemic. By the end of 2021, 3,563,340 people (51 per cent female) were able to access safe water and 1,973,428 people (52 per cent female) were reached with sanitation services.

Due to high COVID-19 positivity rates, access to the camps and host communities by partner staff was restricted. UNICEF worked closely with all implementing partners to develop business continuity plans (BCP), through which, community-based volunteers (CBVs) were engaged and supported to undertake the operation and maintenance of WASH facilities and conduct household visits. A total of 259,071 Rohingya refugees (51 per cent female) were reached with critical WASH services, including the installation of 27,458 hand washing devices, weekly disinfection of 58,873 WASH facilities and distribution of 27,801 hygiene kits. In the host community, 655,647 individuals (47 per cent female, including 1 per cent persons with disabilities) were reached with critical WASH services.

UNICEF also supported the Water Supply and Sewerage Authority to ensure continuity of critical WASH services focused on improving water and hygiene condition in 492 sub-districts, selective 65 Pourashava and the slum area in the Dhaka North City Corporations through repair and disinfection of 22,878 hand tube-wells. The main challenge was that slum dwellers/low-income community individuals lacked the awareness of benefits of washing hands. UNICEF was involved in advocacy with the Government of Bangladesh to materialize the COVID-19 response plan and provided technical support to approve and implement the Hand Hygiene for All (HH4A) roadmap to make universal hand hygiene a habit for all by 2030. In addition, UNICEF supported 160 safe school reopening for 51,338 school children (52 per cent girls) and 426 female teachers by installing handwashing facilities, providing soaps and repairing WASH facilities and hygiene promotion. UNICEF also reached 1,500 health care staff and frontline health workers on key hygiene messages for COVID-19 prevention.

UNICEF comparative advantage

UNICEF's comparative advantage lies in its leadership role in WASH Sector of Cox's Bazar both in terms of coordination, capacity building and evidence generation. UNICEF provided sector coordination and leadership to the WASH Sector through support to the DPHE. In addition, UNICEF played a critical role in evidence generation for informing the overall WASH Sector response. UNICEF leveraged expertise to produce technical documents for the Sector. This included the recent WASH field notes developed on overcoming barriers to sanitation for Rohingya refugees with disabilities in Cox's Bazar refugee camps. UNICEF was also the main contributor for evaluation and adoption of FSM technologies for emergencies. At the camp level, UNICEF coordinated closely with the office of the RRRC as the government agency responsible for the Rohingya refugees in Cox's Bazar. This coordination was at both Cox's Bazar level with the RRRC, as well as at camp level with the CiCs in each of the camps.

At the national and subnational level, UNICEF worked to support the efforts of the Government of Bangladesh to improve the lives of all children, particularly those among the most disadvantaged and excluded. UNICEF maintained a presence in Cox's Bazar since well before the 2017 Rohingya influx and continued to scale-up support to the Rohingya community in collaboration with local government entities, the community and international and national non-governmental organization (NGO) partners to increase and improve services in the camps and host communities. UNICEF's efforts in the Rohingya camps and host communities are aligned with the Sustainable Development Goals (SDGs), including Government of Bangladesh national strategic plans and district action plans.

UNICEF also strengthened the capacity of NGOs for WASH programme planning, implementation and monitoring. UNICEF's support and guidance within the humanitarian community helped strengthen the capacity of national NGOs to enable their response to local issues and the needs of local populations within the localization strategy. To this extent, UNICEF rationalized the implementation of WASH interventions in camps by ensuring concentrations of partners in specific areas/blocks of the camp to avoid overlap and duplication.

Challenges, deviations, constraints or obstacles

In 2021, high COVID-19 positivity rates in the camps and mitigation restrictions put in place to prevent the spread of infection, rising cases of AWD/Cholera from May to July 2021 and flooding due to the heavy monsoon rains resulted in significant delays to the implementation of WASH activities, particularly the construction and upgrading of WASH infrastructure and community engagement activities. Access to the camps and host communities by partner staff was restricted and UNICEF worked closely with all implementing partners to develop BCPs through which CBVs were engaged and supported to undertake the operation and maintenance of WASH facilities and conduct household visits.

In addition to the access constraints, emergency response and recovery efforts for emerging emergencies such as cyclone- and monsoon-related flooding and landslides, fire hazards and increasing AWD in both the Rohingya camps and host community were prioritized over other regular programme interventions.

Space for the reconstruction of WASH facilities became a challenge after the fire incident in March 2021. UNICEF and partners engaged shelter, site planning actors and camp authorities for allocation of space/land areas for construction of inclusive WASH blocks during the rush to rebuild the shelters. Partners also ensured that existing WASH facilities were protected and secured to ensure they were not used for shelter construction.

Participation of women and girls in community engagement remained a challenge and continuous monitoring was needed to ensure that adolescent girls and women be actively engaged in the design and delivery of programmes. Equitable representation in community feedback and complaint mechanisms was also a challenge which was addressed by UNICEF and partners by conducting gender analysis prior to some interventions.

Innovations

Gender and inclusion responsive infrastructure – community participation and consultation

process: Ensuring access to WASH facilities for persons with disabilities was challenging in Cox's Bazar due to the crowded and congested living conditions. This was amplified by the hilly terrain and inadequate and safe sanitation facilities for the persons with disabilities. UNICEF and partners worked towards overcoming barriers to easy access to sanitation facilities for persons with disabilities. Community consultations were conducted with 55 men, 47 women, 20 adolescents (boys and girls), ten children and eight persons with disabilities to determine their choices/preferences for WASH blocks. A hand-sketched design proposed by the community was developed into a more all-inclusive WASH block design consisting of two latrines, one bathing space and one handwashing station. Each latrine and bathing space was provided with features such as ramps, railings on the accessway, adapted commodes, grab bars inside the structures, adapted door locks, cloth rails or cloth hooks, soap cases, paddle bins, privacy screens, mirrors and MHM disposal pit units.

Field trial of accessible latrines: UNICEF conducted a six-month field trial in Rohingya refugee camps on new accessible latrines for persons with disabilities, using add-on products. The add-on products were added to standard squatting *plateii* to make latrines more accessible for persons with disabilities. Through this innovation two add-on products were developed by industry partners in close consultation with UNICEF. Persons with disabilities, family members and the community involved in the field trial were encouraged to use the mechanism to register complains and provide feedback. The products were developed by UNICEF Supply Division in collaboration with UNICEF WASH and Disability Sections and in partnership with the private sector, to find innovative solutions for providing accessible sanitation for persons with disabilities within humanitarian contexts.

Lessons learned

Rohingya refugees with disabilities in the camp continue facing challenges in accessing WASH facilities and latrines, particularly due to the hilly terrain and inaccessible locations where such facilities were located within the camps. To address these barriers, UNICEF and CARE Bangladesh conducted a six-month field trial of new accessible latrines for persons with disabilities in Camp 16 of Cox's Bazar District. After six months, all persons with disabilities engaged in the trial were using the accessible latrines. The accessible latrines located near shelters and schools reduced the time taken to use sanitation facilities and reduced the proportion of persons with disabilities that restricted their use of latrines. The sanitation trial also increased the proportion of persons with disabilities washing their hands after defecation, from 61 per cent to 100 per cent.⁴²

As a result of the introduction of accessible latrines, refugees with disabilities in the camps reported increased independence, improved self-esteem and more positive attitudes from family and community members, including reports of increased involvement in decision-making. In the six-month period, there were changes in perceptions towards persons with disabilities, indicating that improving WASH conditions for persons with disabilities can help to reduce stigma and discrimination.

Community engagement, two-way communications and/or feedback and complaint mechanisms

UNICEF strived towards increasing the quality and accountability of the response and involving communities in the planning and acting in the matters that affect them. UNICEF's approach to community engagement through CCC-PLTH supported the establishment and training of water and latrine user groups and those have been key in operating and maintaining WASH infrastructure, especially during access restrictions related to COVID-19. The establishment of clearly defined community structures with specific terms of reference with defined roles and responsibilities ensured

⁴² UNICEF. 'Rohingya Refugees with Disabilities Overcoming Barriers to Sanitation in Cox's Bazar Refugee Camp, Bangladesh.' 2022. Available [here](#).

affected population involvement in consultations, decision-making, design, operation and maintenance and monitoring of initiatives and systems that affect stakeholders.

The community feedback response mechanism achieved through a rigorous harmonization of the databases and dashboards across all implementing partners was critical to support Rohingya refugees and communities seeking feedback and information on topics related to WASH and receive appropriate response from the partners or the wider humanitarian system. Gender sensitive approaches for community engagement were considered in the design of community feedback mechanisms.

Localization

UNICEF's strategy is to, wherever possible, hand over the provision of WASH services to local partners in line with Grand Bargain principles. This entailed major capacity building exercises including WASH Sector-wide approaches for all partners operating in the camps. Over the past four years, UNICEF invested heavily to build the capacity of local partners including the DPHE in the planning, implementation and monitoring of quality WASH services. In 2021, of the seven partners delivering WASH services in the camps, five of them were local NGOs. Programme documents with international NGOs were centered around the need to localize, with the localization strategy focusing on working, coaching, and supporting capacity building of local partners including community-based organizations to hand over the delivery of WASH services in 2022.

Contributes to longer term resilience; to shrinking humanitarian needs over the long term; increases prevention, mitigation and preparedness; and/or results that are connect to development outcomes

UNICEF worked to rationalize the implementation of WASH activities in the camps. This entailed concentrating the implementing partners as far as possible in defined camp areas and reducing the spread of agencies working across different camps, thereby reducing costs. In 2021, UNICEF shifted to alternative contract agreements for the operation and maintenance of WASH services including hygiene promotion and community engagement in a further effort to reduce costs. These agreements are designed to reduce and standardize costs of services based on the experience of three years of providing WASH services in the camps.

Under these arrangements, four national NGOs were selected to support WASH interventions in camps. The Rohingya refugee response increased the capacity to plan, implement and monitor the scale up and delivery of high quality, gender sensitive and inclusive WASH services to very vulnerable populations.

UNICEF also continued to engage Dhaka University to support the DPHE in water resources monitoring and regulating. A hydrogeological model was developed based on data from all WASH Sector actors who constructed boreholes as part of the Rohingya refugee response as well as historical data. Dhaka University continued to refine the model with updated data from new boreholes which added to the sensitivity and accuracy of the overall model and its ability to analyze the environmental impact of water extraction for the refugees.

The development of the hydrogeological model and the strengthening of the partnership between DPHE and Dhaka University greatly increased the capacities of the Government of Bangladesh to understand and analyze the environmental impact of water supply to the refugees and host communities. This ensured better planning and management of the water resources in Cox's Bazar leading to reduced negative impacts and improved environmental sustainability. This model was also used in the host community development programme.

Sector leadership

UNICEF chaired the WASH Sector in Cox's Bazar during the reporting period. The Sector is made up of 32 partners. Sector Coordination efforts enabled the inclusion of partners through regular meetings

that continued despite COVID-19 restrictions. Coordination was conducted at Cox's Bazar-level by the WASH Sector Coordinator. At camp level, coordination meetings were also held through the Camp Focal Agencies in each of the 34 refugee camps. The Sector undertook joint initiative such as FSM efficiency studies to develop an FSM strategy. The solid waste management plan was developed and an assessment of the solid waste management practices and community was undertaken during the reporting period.

UNICEF continued supporting evidence-based data generation to the WASH Sector through the implementation of the water quality surveillance program covering the 34 camps. This data was essential to provide guidance to sector partners to monitor water quality, identify potential contamination and take action to reduce public health risks. UNICEF's and Dhaka University's project in groundwater modelling and monitoring continued to provide support to DPHE and sector partners on the identification of water supply issues in the Rohingya refugee camp and water-scarce area in the Teknaf Upazila as well as assist risk-informed programming.

In 2021, UNICEF worked closely with the WASH Sector on the elaboration of strategies related to sanitation. UNICEF, through the icddr, conducted a study to measure the efficiency of sewage treatment from different types of fecal sludge treatment plants across the camps to feed the information to practitioners as well as the WASH Sector to work on further to develop an FSM strategy. Additionally, UNICEF was actively involved in the review and development of the 'Solid waste management strategy' documents under the leadership of WASH Sector.

Finally, UNICEF was a key strategic partner and contributor to the Hygiene Promotion Technical Working Group. During 2021, UNICEF advocated for the strengthening of community engagement and empowerment of marginalized groups, including women, adolescents and persons with disabilities for equitable access and utilization of WASH infrastructure. Mainstreaming of gender, GBV and inclusion remained high in the agenda. Additionally, UNICEF contributed to the development of the WASH Sector 'Guiding principles for community engagement in WASH infrastructures in planning and design' and advocated for the inclusion of child safeguarding and PSEA trainings for all partners, making a significant contribution to the enhancement of the WASH Sector's AAP.

WASH	Sector Results		UNICEF Results	
	2021 Target	Total Results 2021	2021 Target	Total Results 2021
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	889,407	776,986	331,754	355,545
People benefiting from functional latrines to agreed standards	889,407	890,780	351,754	398,565
UNICEF, as sector lead agency, is responsible for information management of sector partner results and sharing overall results achieved by sector members collectively.				

Table 2: Summary of programme results 2021

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Health

Camps

UNICEF and partners continued to ensure accessibility to a high quality minimum essential service package (MESP) to an estimated 248,795 Rohingya refugees in 10 camps. A total of 274,459 primary health consultations were provided in 2021, including 115,721 consultations for children under the age of 5 years (48 per cent girls) through 13 health facilities in Rohingya refugee camps. This corresponded to a 16 per cent decrease in consultations provided to children under the

age of 5 years when compared to the preceding, which may be a result of COVID-19 restrictions. Between February and May 2021 when there was a surge in COVID-19 cases, outpatient consultations and other services provided also dropped.

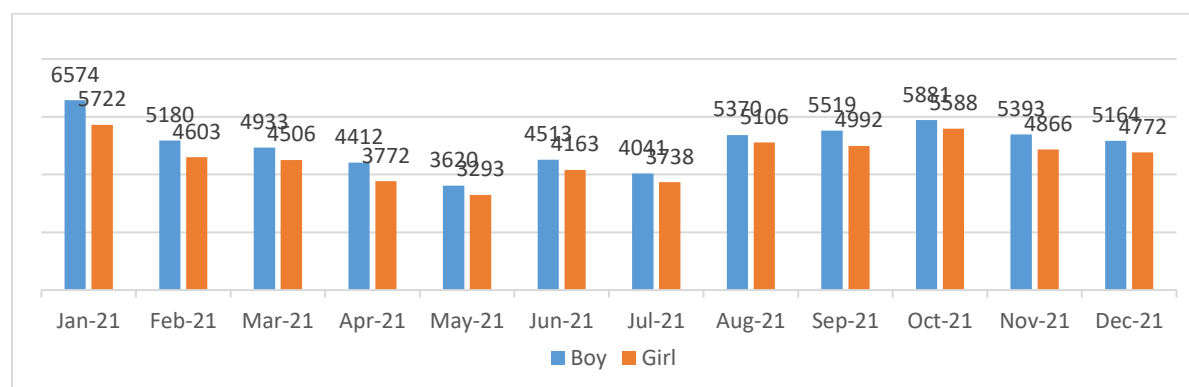


Figure 11: Consultations for children under the age of 5 years 2021

Primary health care services were implemented according to the MESP which is a Health Sector and Government of Bangladesh prescribed and approved package of care. Consultations provided for children were mostly respiratory in nature. Overall, 30 per cent of all consultations were for respiratory illnesses while diarrheal diseases accounted for 6 per cent of consultations. In addition, 34,402 children aged 0 to 11 months (48 per cent girls) received the third dose of Pentavalent vaccine. In addition, 5,441 pregnant and lactating women received fourth ANC visits and 2,976 facility deliveries were assisted by skilled birth attendants. Further, 2,161 mothers and new-born babies received two PNC visits in the health facilities. Additionally, 190 sick new-born babies (39 per cent girls) received advanced new-born care at the SCANU at the CSDH and four NSUs, corresponding to a 17 per cent increase in sick newborn care when compared to the preceding year.

UNICEF continued to work with the Government of Bangladesh to ensure vaccine availability across service delivery points in both host communities and Rohingya refugee camps. This has contributed to improvements in access and uptake of immunization services across Cox's Bazar District. UNICEF provided transport support and logistics to ensure vaccines were transported from district and upazila level stores to service delivery sites. UNICEF also provided support that ensure quality and responsive micro plans were developed to support immunization service delivery. As a result, 34,402 (48 per cent female) and 86,328 (49 per cent female) children aged 0 to 11 months received the Pentavalent 3 vaccination across Rohingya refugee camps and Host community, respectively.

UNICEF ensured quality RMNCAH services were provided for women, adolescents and children by supporting the scale up of HIV/PMTCT programmes in Cox's Bazar, for both host communities and the Rohingya refugees by supporting the integration of HIV services into ANC/PNC services. UNICEF further supported the integration of PMTCT into service delivery at 29 health facilities in Rohingya refugee camps as well as at referral facilities at the UHC in Ukhiya and at the CSDH. PMTCT services provided HIV testing and counseling and antiretroviral therapy (ART) for HIV-positive women and exposed newborns. Newborns were provided care including early infant diagnosis (EID), cotrimoxazole prophylaxis and regular follow up until 18 months of age. As result of this support, 43,670 pregnant and lactating women (16,365 from host communities and 27,305 from Rohingya refugee camps) were tested and counselled for HIV at ANC and PNC services delivery points. Of these, 37 positive pregnant women (2 from host communities and 35 from Rohingya refugee camps) were identified as HIV positive and were provided lifesaving services.

In addition, 39 HIV-exposed babies were delivered and are managed according to the standard protocols,⁴³ with a total of 38 polymerase chain reaction (PCR) being done for exposed baby resulting in no new positive cases being identified among these newborns during 2021.

UNICEF further supported 169 facility staff (72 per cent female) from the CDSH, UHCs and health facilities in Rohingya refugee camps. As part of strengthening and support among partners/care providers, 12 HIV technical committee meetings, 4 HIV advisory committee meetings and 4 coordination meeting with stakeholders meeting were conducted.

UNICEF and partners strengthened the capabilities of health systems to prevent and respond to cases of AWD and Cholera. During 2021, UNICEF supported 14 sites in Ukhiya and Teknaf Upazila with trainings, supplies, capacity building and operational support to ensure their optimal functioning. As a result, 15,113 diarrhea patients were surveilled from which 4,820 Cholera tests were conducted, yielding 286 positive cases of AWD/Cholera.

UNICEF also ensured vaccine availability and logistics for vaccinators to conduct 2 rounds of OCV campaign for an estimated 869,095, reaching 87 per cent of targets for the first round, and 98 of the round 2 targets.

UNICEF finally also supported the Diarrheal Treatment Centre Leda with the management of 2,606 patients (49 percent female). Of these, 1,443 individuals (39 per cent female) were children under the age of 5 years.

Host Community:

UNICEF and partners continued to focus on systems strengthening as a way of ensuring equitable access and uptake of health services in Cox's Bazar District by supporting 243 staffs (including doctors, nurses, vaccinators and non-clinical staffs) across UHCs to help address human resource constraints in terms of numbers of staff and their skill sets. As a result of this, 124,312 consultations were provided for children under the age of 5 years (including management for 14,705 diarrhea cases and 14,681 f pneumonia cases). In addition, 86,328 children (49 per cent girls) aged 0 to 11 months were vaccinated with Pentavalent 3 vaccines. In addition, 5,001 women attended four ANC visits, 11,854 deliveries took place, 11,729 women were provided PNC post-natal care; and 12,975 pregnant women who received HIV testing and counselling. Finally, 5,297 newborns (39 per cent females) received care at the Ukhiya, Teknaf, Chakaria and Ramu NSUs and the SCANU at the CSDH.

UNICEF further supported the Government of Bangladesh with its COVID-19 response. Across SARI ITC at UHC in Ramu, Chokoria and Kutubdia, inpatient case management of COVID-19 cases for both Rohingya refugees and host community was supported through the provision of support staff to ensure optimal care. UNICEF also supported the strengthening of identification of COVID-19 cases in Rohingya refugee camps and their referral to designated SARI ITC. In camp settings, IPC measures were put in place with adequate supply of essential personal protective equipment (PPE), technical support of patient flows and the maintenance of isolation corners.

In addition, UNICEF supported the icddr,b to maintain a 200 bed SARI ITC equipped with oxygen supplies to beds and other essentials. UNICEF ensured a total of 238 staff (including doctors, nurses, pharmacists, laboratory technologists, management and support staff) were in place to provide outpatient care, care for AWD as well as COVID-19 case management. As a result of this support a total of 33,408 cases (31,045 outpatient, 1,910 inpatient and 453 emergency cases) were managed at the SARI ITC. A total of 1,442 COVID-19 positive cases (52 per cent females) were treated during the reporting period. Of these, 8 per cent of the positive cases were children under the age of 5 years. Finally, 16,216 samples were collected and transported to approved laboratories for COVID-19 testing.

⁴³ HIV exposed infants provided with received ARV prophylaxis immediate after birth, supported for exclusive breast feeding, early infant diagnosis (EID) services offered as at when due

COVID-19 response

UNICEF supported the Government of Bangladesh to implement its 'COVID-19 emergency response plan' ensuring adequate COVID-19 response and health service delivery continuity across the country. With support of UNICEF, a 'National deployment vaccine plan' was developed with UNICEF acting as the delivery partner for the COVID-19 COVAX. As of 31 December 2021, the capacity of 43,836 vaccinators and cold chain personnel was built to ensure safety, efficacy and delivery of COVID-19 vaccines to targeted populations. As of same period, 60.7 per cent of the targeted population of 72,376,774 (48 per cent female) was partially vaccinated and 36 per cent of the targeted population of 50,372,107 (46.67 per cent female) was fully vaccinated against COVID-19. UNICEF played a critical role in supporting the planning of the 'COVID-19 deployment and vaccination plan' and ensured equitable access to COVID-19 vaccines for Rohingya refugees. UNICEF continued to advocate for access to COVID-19 vaccines for Rohingya refugees at all levels. This yielded results as the Government of Bangladesh provided much needed vaccines for Rohingya refugees during the reporting period. In addition, UNICEF continued to support COVID-19 vaccination campaigns in Rohingya refugee camps by providing for vaccines logistics and ensuring COVID-19 vaccines to 65 service delivery points providing vaccinations. UNICEF also supported community and grassroots engagement and mobilization to ensure the uptake of COVID-19 vaccines and support the management of any adverse events following immunization. In addition, UNICEF ensured the appropriate disposal and waste management for all vaccination related waste that was generated. As a result of this support, two phases of COVID-19 vaccinations were successfully conducted during the reporting period. The first phase provided a first dose of vaccines for refugees aged 55 years of more to 36,943 Rohingya refugees (86 per cent of target) and a second dose 33,396 Rohingya refugees (90 per cent of target). The second phase of vaccination is targeted Rohingya refugees aged 18 years and above, the first round of vaccination was conducted with a total of 306,727 (79 per cent of target) receiving the first dose. The 2nd round is scheduled to start January 2022.

Targets for service continuity regarding Pentavalent 3 immunization coverage and health services consultations on the MNCAH continuum of care were also achieved. A total of 3,935,509 children (50 per cent girls) received the Pentavalent 3 vaccine, while a total of 9,569,284 child consultations took place (50 percent female).

With UNICEF support, oxygen equipment including 4,192 oxygen concentrators, over 2,500 pulse oximeters, 21 ventilators and over 2,300 cylinders were procured and handed over to the Government of Bangladesh for distribution to facilities across the country. This equipment improved clinical management of hypoxemia across the country and reduced fatal COVID-19-related outcomes because of better management of patients with COVID-19. UNICEF also supported the development of a 'National medical oxygen plan "Oxyopia"' and an online oxygen management information system. Further, UNICEF supported the establishment of 30 liquid medical oxygen supply systems in 30 hospitals across the country. UNICEF helped strengthen the oxygen management capacity of 68 facilities (facilities, oxygen pipelines, supplies and triaging system) and 300 service providers from 15 supported districts were trained for the rational use of oxygen.

In addition, the procurement and donations of laboratory equipment strengthened COVID-19 diagnostic capacities, scaling up the number of testing laboratories from 73 to 151 across the country and established 57 Gene Xpert centers and over 640 rapid antigen test centers. PPEs were also procured and distributed to health facilities which strengthened IPC and helped protect the healthcare workforce. Capacities of health care workers was also strengthened on IPC through an online training on small and sick newborn services in SCANUs.

UNICEF also supported COVID-19-related operational research in four areas including surveillance of multiple inflammatory syndrome in children, slum zero surveillance of COVID-19 antibody titers, healthcare workers survey and mortality reviews which provided evidence to shape and finetune the COVID-19 response. With the support of UNICEF, an online COVID-19 dashboard was also developed that helped monitor progress against various pillars of the COVID-19

response including number of cases, deaths, laboratory support and vaccinations across the country. This dashboard helped with providing real-time evidence that shaped the overall COVID-19 response in the country.

UNICEF comparative advantage

UNICEF continued to lead in access to universal health care while addressing inequity to health service through primary healthcare. UNICEF leverage global technical and logistical expertise to immediately support health service delivery in a wide range of contexts in Bangladesh, as well as ensured that interventions were integrated across multiple sectors and programmes. Health facilities that were supported by UNICEF ensured the integration of health, nutrition, early childhood care and development (ECCD) and PMTCT with other key services and needs such as protection or WASH. This supported addressing multiple deprivations and meeting overlapping needs of vulnerable children and their families.

UNICEF was further seen as a leader in developing sustainable oxygen systems in Bangladesh by drawing from experiences from other countries where UNICEF previously supported similar work. Aside from the work in establishing 30 liquid medical oxygen systems in hospitals, the Government of Bangladesh expanded this support to other facilities with UNICEF's support.

Being the delivery partner for COVAX, UNICEF helped ensure vaccine availability as well as COVID-19 vaccination across the country. UNICEF also supported the management of COVID-19 data for decision making by implementing a dynamic dashboard for COVID-19, which provides real time data on the overall COVID-19 response.

Challenges, deviations, constraints or obstacles

The uncertain nature of COVID 19 pandemic was a major challenge in 2021. There were 3 surges in cases of COVID-19 since 2020, with significant mortality and morbidity rates associated with each surge. Every surge in cases or discovery of a new variants resulted in restrictions that limited movements and access Rohingya refugee camps which complicated programme implementations across Bangladesh.

Another major challenge encountered was related to delays in clearing some supplies at the seaport by the Government of Bangladesh, which incurring demurrage and lead to delayed utilization of such items by the beneficiaries.

Although COVID-19 vaccine uptake was good, individuals showed preference to some vaccines against others. For instance, Sinovac vaccines were being avoided despite the large stock of this vaccine in the country. Initial vaccine storage capacity challenges were resolved, however managing different vaccines with different storage requirement remained a challenge in the field. As a result, the Government of Bangladesh decided to accept only AstraZeneca and Pfizer vaccines to address these challenges.

Innovations

UNICEF developed and deployed a remote monitoring framework to sustain oversight and continue the provision of technical support to implementing partners and health facilities in Rohingya refugee camps. This was very useful during the limited access to camps and spikes in COVID-19 cases to ensure quality of health services that were delivered.

Lessons learned

Strong advocacy with Government of Bangladesh authorities were important in achieving results. UNICEF played a critical role in advocating for COVID-19 vaccination for Rohingya refugees in Cox's

Bazar District. This resulted in the Government of Bangladesh making provisions for life saving immunization for Rohingya refugees in the camps.

In addition, strong collaborative efforts between UNICEF, the Government of Bangladesh and other partners had significant effects in the recovery of access and uptake of lifesaving intervention which as a result returned to near pre-COVID-19 levels.

Finally, the continuous leveraging of community resources such as community health volunteers not only contributed to the COVID-19 response by ensuring sustained messaging on prevention measures dissemination to affected individuals, but also contributed to the recovery of access and uptake of lifesaving health interventions.

Community engagement, two-way communications and/or feedback and complaint mechanisms

Across supported health facilities, UNICEF deployed several mechanisms to ensure sustained community engagement and two-way communications. In Rohingya refugee camps, patients visiting supported facilities were randomly selected to provide feedback on their experiences during the visits. This was done through digital means where patients selected a smiley face if happy with services or a sad face if dissatisfied. At other health facilities, exit interviews were conducted for patients who were randomly selected. Across all health facilities in camps, feedback boxes were in place to allow patients or community members to provide anonymous feedback or complaints. In addition, community health volunteers who visited all household within the catchment areas of the health facilities provided feedback during such visits and transmitted it to focal points in health facilities.

In host community settings, UNICEF strengthened the government grievance redressal mechanism. Across the CSDH and UHCs, patients were able to provide feedback through complaint boxes or via text message to a number displayed across the health facilities. These feedback and complaints were then collated and reviewed at the local level and either addressed or escalated. Feedback was then provided to the complainant and supported the active improvement of services by providers.

Localization

UNICEF continued to engage with district and sub-district level health authorities as well as local partners where expertise was lacking by strengthening existing local partners' capacities to deliver services and results for children.

UNICEF underwent a rationalization of partners implementing supported programmes with a strong element of localization. By the end of the reporting period, all UNICEF implementing partners were local Bangladeshi organizations who offered a higher degree of cost efficiency on implemented programmes. It is also important for UNICEF to work with local partners as a way of building local capacities and transfer relevant skills to local NGOs who in turn contributed to building a more resilient ecosystem for supporting health services delivery in Cox's Bazar District in Bangladesh.

Contributes to longer term resilience; to shrinking humanitarian needs over the long term; increases prevention, mitigation and preparedness; and/or results that are connect to development outcomes

UNICEF programmes focused on building resilience and reducing humanitarian needs where possible. UNICEF continued to support surveillance for Cholera/AWD in Rohingya refugee camp. Such surveillance was necessary and contributed to preparedness and the improvement of responses to outbreaks in case of their occurrence.

UNICEF also contributed to building resilience within the health systems by strengthening capacities to respond to shocks. UNICEF supported healthcare workers across districts and sub-district by ensuring that they have the requisite skillsets necessary to provide quality care. Without such staffs, health systems are unlikely to adequately be able to cope with shocks.

Finally, UNICEF continued to contribute towards improving health infrastructures and expand services across Cox's Bazar District. Camp-level facilities were renovated to ensure they are safe, fit for service delivery and able to cope with the harsh monsoon and cyclones the district is prone to.

Health (UNICEF results only)	2021 Target	Total Result 2021
Children aged 0 to 11 months who have received Pentavalent 3 vaccine	30509	31848
Sick newborns treated	191	190

Table 3: Summary of programme results 2021

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Nutrition

Camps

UNICEF continued to support early detection and treatment of children under the age of 5 years suffering from severe acute malnutrition (SAM) deploying 1,316 community nutrition volunteers (41 per cent female) who regularly screened children and identified cases of acute malnutrition. Simultaneously, 78,264 mothers and caregivers (99 per cent female) were trained on mother led MUAC (MLM) screening approaches and were given MUAC tapes to screen their own children. Throughout 2021, an average of 91,000 children (51 per cent girls) aged 6 to 59 months were screened monthly, reaching 96 per cent of the target. Additionally, to ensure no children were missed, three mass house-to-house MUAC screening rounds were conducted with each round reaching 96 per cent of the targeted 155,080 children in all camps.

Following the start of COVID-19 pandemic, numerous programme adaptations were made as advised by the Nutrition Sector in Cox's Bazar. Expanded MUAC only admission criteria were used with a raised cut-off to admit children in the outpatient therapeutic programme (OTP). To reduce the footfall at INFs, the frequency of visits were reduced and rations of supplementary foods were doubled. With these changes, the nutrition programme was able to reach maximum number of vulnerable children suffering from acute malnutrition. **Throughout 2021, 6,923 Rohingya children (63 per cent girls, 1.7 per cent with disabilities) including 346 with medical complications were admitted and treated for SAM, reaching 107 per cent of the target.** Children with medical complications were also referred to UNICEF-supported stabilization centers where needed. Follow-up home visits were conducted for every child undergoing SAM treatment. Mothers and caregivers were also counselled on IYCF and care practices to ensure successful completion of treatment. These efforts greatly increased the performance of interventions, far surpassing global SPHERE minimum standards. Of the children treated in 27 UNICEF-supported nutrition facilities, 92 per cent were discharged as cured with a default rate of 0.1 per cent.

To ensure that children aged less than 2 years are continued developing in a healthy manner, monthly growth monitoring and promotion (GMP) sessions were conducted in the later quarter of 2021. As the COVID-19 IPC mechanisms were put in place by the Nutrition Sector, weights and heights were not measured in the first three quarters. During GMP sessions, children's height and weight were measured and compared to a standard WHO growth chart that assessed their growth adequacy and where necessary referred to onwards services where necessary. Until December 2021, 12,036 children (55 per cent girls) enrolled and attended in GMP sessions. To ensure quality of GMP services, 27 GMP promoters were trained and standard GMP cards and relevant IEC materials were distributed to each of the 27 nutrition facilities.

High dose of VAS is essential to improve child's immune system as it provides protection against infections. In the context of COVID-19, house-to-house distribution of VAS and deworming campaigns reached 146,976 children (49 per cent girls, no data on disability available) and 150,000 children (49 per cent girls, including 0.2 per cent children with disabilities) aged 6 to 59 months respectively in two rounds in all Rohingya refugee camps. Furthermore, additional VAS and deworming rounds reached 98,791 children (49 per cent female, no data on disability available) and 97,830 children (49 per cent female, no data on disability available) aged 24 to 59 months across all camps respectively, reaching 97 per cent of the annual target. Each round of VAS and deworming was coupled with screening for acute malnutrition, screening for disabilities and IYCF messaging for the caregivers.

Further, UNICEF prioritized efforts to prevent malnutrition by improving knowledge and feeding practices of caregivers. UNICEF deployed 27 trained IYCF counsellors (100 per cent female) who provided one-on-one IYCF counselling in the 27 INFs. Simultaneously, 1,316 community-based nutrition volunteers (41 per cent female) disseminated IYCF messages during home visits. Throughout 2021, over 49,330 pregnant and lactating women and primary caregivers (100 per cent female, no data on disabilities available) of children aged 0 to 23 months received counselling and messaging on IYCF, representing 99 of the yearly target. In addition to that, psychosocial counselling, supervised breastfeeding and wet nursing support was provided by the 27 Community-based Management of Acute Malnutrition (CMAM) Counsellors to 15,009 highly vulnerable newborns and infants aged than 6 months showing signs of malnutrition.

Nutritional anemia remained a major contributor to poor pregnancy and birth outcomes in Rohingya refugee camps in Cox's Bazar. **To prevent anemia among the pregnant and lactating women, Iron Folic Acid (IFA) tablets were provided from each of the 27 INFs. Pregnant and lactating women also received dietary counselling from the IYCF counsellors.** During home visits, nutrition volunteers provided follow-up counselling and information about correct doses of IFA tablets, which helped pregnant and lactating women avoid any potential and temporary side effects. During the reporting period, 25,568 pregnant and lactating women received IFA supplementation along with dietary counselling, representing 102 per cent of the annual target achieved. In addition, to prevent adolescent anemia, 49,342 adolescent girls aged 10 to 19 years received IFA tablets and nutrition messaging, representing 99 per cent of the yearly target.

Finally, UNICEF continued strengthening the capacities of nutrition service providers following a standardized protocol in line with national standards. A comprehensive training package including GMP, CMAM and anemia prevention was used for conducting trainings. In the context of COVID-19, relevant topics on IPC and messaging techniques were included in the training package. During this reporting period, a total of 426 nutrition service providers (69 per cent female) and 1,016 volunteers (41 per cent female) were trained on CMAM and IYCF.

Host community

Children with SAM with medical complications were identified and admitted to SAM units at the supported CSDH and UHCs. UNICEF deployed human resource and ensured the availability of required medications and nutrition supplies for SAM treatment. In 2021, 618 children (53 per cent girls and no children with disabilities with SAM and medical complications received necessary medications and services, representing 124 per cent of the annual target. Targeted cash assistance of BDT 3,000 (BDT 1,000 for transportation and BDT 2,000 for the completion of follow up visits) was provided to 618 mothers and caregivers of children undergoing inpatient SAM treatment. After the successful completion of inpatient treatment, children were discharged from the SAM unit and referred to the community clinics near to their houses. In the community clinics, children completed at least four follow-up visits (once every two weeks) during which community healthcare providers checked child's nutritional statuses and encouraged household-level IYCF practices. After the successful completion of these four follow-up visits, a further amount of BDT 2,000 was disbursed to the mother and caregiver to support additional needs. Throughout these efforts, completion of full treatments (including follow-ups) increased from 8 per cent (initial) to 52 per cent during the reporting period.

Additionally, UNICEF ensured quality nutrition services in supported host communities through health system strengthening and community engagement. UNICEF deployed 70 female nutrition counsellors at 62 Union Health and Family Welfare Centers (UH&FWCs), 7 UHCs, and the CSDH to provide counselling and messaging on IYCF, maternal nutrition and caring practices. Eight nutrition supervisors (25 per cent female) were deployed in each of eight upazilas to provide systematic supportive supervision, monitoring and mentoring and on-the-job trainings. At the facilities, IYCF counselling was provided based on needs. Mothers having breastfeeding difficulties were identified through rapid and in-depth assessments and admitted in the IYCF programme for systematic counselling. IYCF messages were disseminated by 124 community nutrition workers during their home visits. Throughout 2021, a total of 18,508 pregnant and lactating women were reached through these visits, representing 93 per cent of the annual target.

In parallel to the facility-based counselling for IYCF, a strong focus on community engagement was maintained across all interventions. Following the easing of COVID-19 movement restrictions in September 2021, UNICEF supported the implementation of community engagement activities such as cooking demonstrations and *mukhe bhaat* ceremonies⁴⁴ that helped mothers and caregivers 'learn by doing' and created awareness on optimal IYCF practices. Cooking demonstration sessions focused on practical demonstrations on various ways of improving quality of complementary food and making the food more energy dense and diverse. In 2021, a total of 2,584 *mukhe bhaat* sessions were conducted where reaching 24,065 mothers and caregivers. Simultaneously, 1,336 cooking demonstration sessions reached 14,186 mother and caregivers of children aged 6 to 23 months.

To ensure the quality of the nutrition services at health facilities, Government of Bangladesh frontline healthcare service providers were trained on comprehensive competency-based trainings for nutrition (CCTN). The CCTN package was complemented with other relevant technical guidelines and materials related to CMAM and IYCF practices. Throughout 2021, 433 out of 820 of targeted government frontline health staff (68 percent female) were trained in 25 batches. These trained staff provided nutrition services in the community-based facilities including 184 community clinics, 62 UH&FWCs, 7 UHCs, and the CSDH.

In addition, UNICEF provided technical support to the Government of Bangladesh to develop guidelines and standard operating procedures to integrate GMP into immunization platforms. Accordingly, sensitization sessions were conducted under the expanded programme on immunization (EPI) platforms to create community demand for GMP. Overall, 184 community clinics were supplied with anthropometric tools, ECCD kits, and information education and communication (IEC) materials for the successful conduction of GMP. In total 13,756 children aged under 2 years (52 per cent girls) were enrolled in GMP sessions, reaching 51 per cent of the annual target.

UNICEF, in partnership with the Department of Agricultural Extension (DAE), integrated nutrition components into agricultural extension services. Overall, 400 farmers field schools were established, and 800 farmer field facilitators (25 per cent female) were trained to train 10,000 small land holding/ultra-poor farmers (0.8 percent female) on food production techniques. Seeds, fruit saplings, fertilizers, tools and fencing equipment were distributed to each of the targeted 10,000 farmer families and 100 demonstration gardens were established to promote best practices and help families replicate them. In addition, 124 community nutrition workers under the community-based nutrition programme worked closely with field level DAE staff to disseminate messaging on diet diversity and nutrient intake. These beneficiaries were also linked to the community-based health and nutrition services.

The nutrition-sensitive social protection component included income generation activities and provision of cash support to 1,000 ultra-poor women-headed families. UNICEF with technical support from the Food and Agriculture Organization (FAO) trained 800 female beneficiaries on poultry rearing and distributed starter kits. Another 200 ultra-poor women with adequate literacy were trained

⁴⁴ The *mukhe bhaat* ceremony is a cultural even that is observed to initiate the first complimentary food provision to the child (at the age of 6 months).

on tailoring. Upon successful completion of the training these beneficiaries received a grant support of 4,500 BDT. The process was supervised by local government representatives.

To reduce the impacts of climate change, UNICEF promoted environment-friendly practices and technologies at household levels. UNICEF procured and distributed 7,000 improved cooking stoves to 7,000 heads of the ultra-poor households (71 per cent female). Using these, families were able to improve their health statuses by reducing indoor air pollution as well as reducing household expenditures on buying wood.

COVID-19 response

During the reporting period, 18,060 children (59 per cent girls) suffering from SAM (SAM) were treated in UNICEF-supported SAM facilities countrywide. In total, 300 cartons of therapeutic milk were distributed to Government of Bangladesh SAM facilities to treat and manage children with SAM. Children enrolled in SAM facilities were increased from 15 per cent to 39 per cent and the functionality of SAM facilities increased from 27 per cent to 49 per cent from 2020 to 2021. As a result, the percentage of health facilities reporting on completion of nutrition indicator increased from 52 per cent to 62 per cent from 2020 to 2021. In addition, in November 2021, UNICEF supported National Nutrition Services, Institute of Public Health Nutrition to draft a 'Severe acute malnutrition action plan', which will be finalized in 2022.

Furthermore, a national Vitamin A plus campaign implemented by UNICEF reached more than 96 per cent (22,000,000) of children aged 6 to 59 months countrywide. Through increased monitoring of the priority nutrition results indicators, IYCF counselling increased from 41 per cent to 94 per cent and maternal nutrition counselling increased from 55 to 80 per cent from 2020 to 2021.

UNICEF comparative advantage

UNICEF has a strong and sustained presence in Cox's Bazar District. Through the system strengthening approach, UNICEF forged relationships with various Government of Bangladesh ministries resulting in a strong comparative advantage in the field. UNICEF, in partnership with the Ministry of Health and Family Affairs (MoHFW), addressed gaps in the community-based approach. UNICEF provided funding and technical support to the Civil Surgeon's Office that ensured completion of SAM treatment in supported health facilities. The partnership with the District Agriculture Extension (DAE) resulted in successful integration of nutrition into agricultural extension services. Nutrition-sensitive social protection schemes through the Department of Livestock Services provided income generation opportunities to ultra-poor women headed families.

Furthermore, UNICEF remained the Nutrition Sector-leading agency in the context of the Rohingya refugee crisis. UNICEF provided critical policy and technical support to the Nutrition Sector in addressing any emerging challenges in Rohingya camps. UNICEF leveraged its broad global expertise to formulate strategies, procedures and guidance which leads to more effective interventions. Through its geographical presence in the Rohingya camps, UNICEF provided critical nutrition services to treat and prevent malnutrition among children, pregnant and lactating women and other vulnerable population groups and performed the role of agency of last resort for nutrition.

Challenges, deviations, constraints or obstacles

Conducting face-to-face workshops, organizing consultation meetings and limits to field mobility remained challenges throughout the reporting period. Remote communication with stakeholders through zoom meetings were initiated to tackle some of these challenges. However, many Government of Bangladesh offices were not equipped with necessary technologies and many officials were not familiar with online platforms. Gradually, Government of Bangladesh offices equipped themselves with necessary tools, with additional resources being spent on providing technical support for organizing online meetings.

During the reporting period, the DAE used a centralized system, supported by focal person sat Dhaka-level. Staff from the DAE in Cox's Bazar were however very new to the system, resulting in an unfamiliarity in its use. To mitigate these challenges, negotiations with the DAE at Dhaka-level were initiated to involve Cox's Bazar DAE staff in this partnership so that their ownership will be increased.

Further, there were no multipurpose health volunteers in Ukhiya and Teknaf Upazilas which posed a major challenge regarding the delivery of community-based activities such as cooking demonstrations. UNICEF raised this issue to the respective district- and upazila-level authorities to provide support for deploying the vacant positions and guidance for adopting the local initiatives to carry out these community-based activities.

Innovations

The impact of COVID-19 pandemic resulted in gaps in access to basic services calling for urgent institutionalization of multisectoral interventions. UNICEF, in collaboration with the DAE, supported vulnerable households in food production techniques.

Furthermore, trained agricultural extension workers initiated on-farm trainings of the beneficiaries. In total, 400 farmers' field schools were established and 800 farmer field facilitators were trained by DAE to train 10,000 small land holder/ultra-poor farmers. Besides the training, the selected 10,000 marginal farmers were **provided with seeds, fruit saplings, fertilizers, tools and fencing that helped them to establish homestead gardens**. Using the productive assets and learning from the farmer field school all 10,000 farmers households built their own gardens and cultivated various types of nutrition-rich vegetable and fruits. These families consumed vegetables from these garden and shared surplus amount with their neighbors or earned money selling them.

Bridging the nexus between nutrition and agriculture supported communities to withstand and cope with pandemic stresses also gave them an opportunity for transformation through empowerment, enhanced livelihood and changing social norms and behaviors. This intervention lessened the need for humanitarian support but also complemented existing local Government of Bangladesh efforts and was a good example of humanitarian-development nexus. Globally there were very few examples where UNICEF actively worked with agriculture ministries at such a scale. At the same time, UNICEF nutrition intervention has been a pivotal to improve capacity of relevant government stakeholders.

Lessons Learned

The use of locally produce therapeutic food in CMAM is a sensitive issue in Bangladesh; face-to-face meetings are required to facilitate good communication, coordination and, eventually, agreement or consensus among stakeholders.

A multi-sectoral approach to prevent SAM and MAM, in combination with SAM and MAM management with a strong community-based approach and linkages, was necessary to effectively reduce the prevalence of wasting, which required strong multi-stakeholder coordination. The Government of Bangladesh, through intensive engagement and advocacy, demonstrated its leadership in these efforts throughout the reporting period.

In the context of COVID-19, it was possible to effectively implement nutrition services through adapting web-based virtual mechanisms for coordinating the nutrition response by robustly implementing recommended IPC control measures, stepping up community outreach services as well as empowering of caregivers to take a greater role in the care of their children. The increased implementation of integrated health and nutrition programmes ensured increased programme coverage for children and women and contributed to cost efficiency for greater impact. The reduction of nutrition sites through the rationalization exercise promoted equity in service provision and avoided duplication of resources.

Furthermore, the nutrition surveillance initiative that was conducted quarterly was key to ensuring early identification of malnourished children and their referrals, including detecting fluctuations in the incidences of malnutrition amidst the complexities posed by COVID-19.

Community engagement, two-way communications and/or feedback and complaint mechanisms

Each nutrition facility maintained a designated helpdesk where beneficiaries could make any complaints, seek information or share their views on topics of concern. Community feedback was received through focus group discussions, community feedback sessions and exit interviews. Complaints and concerns directly related to service provision were raised at the appropriate staff levels and addressed in a timely manner. During community sessions, beneficiaries were interviewed to explore issues related to accessibility, satisfaction and areas for improvement and concerns. The participation of women was ensured by positioning male and female volunteers at the helpdesks, posting the complaint box in secure locations nearby guard posts, female community volunteer approach mothers/women for feedback and a hotline number that posted at INFs through which mother/women could provide feedback anonymously.

Throughout the reporting period, 1,367 comments were received with 77 per cent being addressed by implementing partners and the remaining 23 per cent being referred to appropriate service providers in the Rohingya refugee camps. Most of the issues raised by the beneficiaries were related to difficulties faced by the pregnant women regarding accessing facilities due to long distances, delayed blanket supplementary food rations and requests for emergency medicines. A satisfaction survey was conducted through exit poll interviews where 98 per cent of the interviewed beneficiaries expressed satisfaction with the quality of nutrition services.

Localization

In 2021, the nutrition programme was implemented through four implementing partners comprising of two local partners and two international partners in accordance with Grand Bargain principles. However, in December 2021, aligning with UNICEF rationalization and localization principles, a rearrangement of these partnerships was made. More responsibility was given to the national partners to enhance sustainability of the nutrition activities. As a result, one international NGO and two national NGOs will continue implementation of nutrition activities in 2022. UNICEF also requested the remaining international NGO, Concern Worldwide, to identify potential local partners during the first quarter of 2022 and start engaging them in grant management and capacity building to operate INFs moving into 2023.

Contributes to longer term resilience; to shrinking humanitarian needs over the long term; increases prevention, mitigation and preparedness; and/or results that are connect to development outcomes

UNICEF recognizes the need for systems, communities and households to resist, absorb, adapt to and recover from shocks and stresses and their effects in a timely and efficient manner as well as thrive in the aftermath of adversity by not compromising their long-term prospects. As such, UNICEF programmes promoted child-sensitive, gender-responsive and community-focused approaches to reduce underlying vulnerabilities and create safe environments that encourage a child's learning, development, growth and empowerment. This was done through prioritizing prevention and early action by targeting households and communities that are economically deprived, socially marginalized and disproportionately exposed to various shocks and stresses. Building capacities at various levels, notably by forging partnerships with various Government of Bangladesh ministries and working closely with the RRRC provided a framework for systems strengthening and more sustainable service delivery in Bangladesh. Due consideration was given to the effects of gender inequalities and the socio-economic disadvantages of women, adolescents and girls and special emphasis has been given to addressing needs of these. Promoting positive behavior change among vulnerable children and communities, integrated across multiple sectors, and creating awareness of, and demand for, basic social services continued to be key to UNICEF resilience programming.

Sector leadership

A strong coordination structure is critical to ensuring that children can survive and thrive. UNICEF, through the sector system, provided coordination and leadership in delivering nutrition services and preventing all forms of malnutrition, including stunting and wasting, among the Rohingya refugees in Cox's Bazar District. UNICEF's role was indispensable to strengthening coordination mechanisms, the building of partner capacities with special focus on the national partners, the harmonization of protocols and guidelines for delivery of nutrition services, the alignment of nutrition-relevant programmes and mobilizing resources. UNICEF provided technical support to the various sub-sectors and technical working groups and provided critical lifesaving supplies while monitoring the integrity of supplies pipelines. Coordination structure provided a powerful tool not only to review and address programmatic issues but also to serve as platforms to address beneficiary concerns. Additionally, they provided a means to monitor partner presence in Rohingya refugee camps and in turn guide better allocation of resources. This was vital to informing equity in service provision, avoid duplication and wastage of resources while guaranteeing that services are provided to those that need them most

Nutrition	Sector Results		UNICEF Results	
	2021 Revised Target	Total Result 2021	2020 Revised Target	Total Result 2020
Number of children aged 6 to 59 months affected by SAM who are admitted for treatment	13,100	10,969	7,000	7,541 ⁴⁵
Children aged 6 to 59 months who received vitamin A at least once in the year	145,000	150,026	619,762	617,244
UNICEF, as sector lead agency, is responsible for information management of sector partner results and sharing overall results achieved by sector members collectively.				

Table 4: Summary of programme results 2021

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Child Protection

Camps

In Rohingya refugee camps, UNICEF provided community-based mental health and psychosocial support (MHPSS) to 87,452 individuals (52 per cent female, including 1 per cent persons with disabilities). The broader goal of the MHPSS programme was to strengthen resilience, enhance emotional well-being, positive coping and effective functioning of children, families and their communities. The programme helped to strengthen social relationships, community connectedness and social support structures with peers, parents, and community members. The programme also helped to provide easy accessed to children, families and their communities to various mechanisms in the camps including those supporting positive attitude changes about oneself and others.

UNICEF strengthened case management systems to respond to the direct needs of survivors of abuse, neglect, exploitation, violence and children including unaccompanied and separated children with specific protection concerns and vulnerabilities. This was supported by the continued application and use of existing standard operating procedures for case management, use of standardized case management forms and the enforcement of the information sharing protocol and data protection protocols for the Rohingya response. Referral pathways were also developed and kept

⁴⁵ Includes six upazilas' data as the target was set considering these upazillas

up to date. UNICEF further supported the CPSS to operationalize the Child Protection Information Management System Plus (CPIMS+) to harmonize child protection case management. As a result of all these mechanisms, 10,234 children (48 per cent girls) benefitted from case management as registered in CPIMS+, among whom 3,719 children (52 per cent girls) were directly reached through UNICEF implementing partners.

Due to lack of formal education for the refugee populations, UNICEF supported the development of the life skills programme to ensure adolescents are provided with alternative learning reaching 15,000 adolescents (52 per cent girls) aged 10 to 14 years. The life skills training program imparted adolescent core functioning skills such as self-awareness, empathy, effective communication and interpersonal relationships including other core skills such as ability to manage emotions and cope with stress, creative thinking, critical thinking, decision-making and problem solving and conflict resolution. The intervention equipped adolescents with essential preventative competencies which ensured they lived healthy lifestyles that prevented and reduced the likelihoods of negative behaviors. This was achieved through the implementation of a curriculum-based life skills programme (adapted for COVID-19 context) that lasted 4 to 6 months per cohort. Each adolescent participated in weekly sessions that also covered other topics such as health and nutrition, drug addiction, child marriage, peace building, employability skills training, positive parenting, gender and GBV, disaster risk reductions, internet communication technologies, child rights and protection, values, ethics, child labor, child trafficking among others.

UNICEF continued to emphasize on the importance and need for investment and strengthening community-based child protection mechanism especially Community-Based Child Protection Committees (CBCPCs). In total, 221 CBCPCs with a combined membership of 3,466 individuals (38 per cent girls) were mobilized to support child protection prevention and response work at community level. These members were also trained on their roles and responsibilities. The CBCPCs were pivotal and instrumental in creating a protective and enabling environment for children and adolescents. In the context of COVID-19, the CBCPCs served as an additional layer of the protective environment to prevent and respond to child protection concerns in the community. A total of 68,098 community members (42 per cent female) were reached with child rights awareness, contributing to strengthening protective space for children.

Host Communities

In the Teknaf and Ukhiya Upazilas, UNICEF provided community based MHPSS to 18,507 individuals (53 per cent female) through the implementation of structured and unstructured recreation and psychosocial interventions delivered through home visits and a network of 16 MPCs and 11 Social Hubs. The psychosocial programme ensured strengthened social relationships and connectedness and helped build support structures for the protection and well-being of children. An additional 703 children (46 per cent female) were reached through case management services. An additional, 5,653 adolescent children (44 per cent female) were reached through life skills services. Furthermore, 10,415 community members (66 per cent female) were reached with child protection awareness and risks mitigation messages as part of the measures to strengthen protective environment for children.

At national level, UNICEF provided community-based mental health and psychosocial support for 663,651 children and primary caregivers (46 per cent female). A total of 9,428 (60 per cent female) social workers were trained on case management during the COVID-19 response, while UNICEF supported the Government of Bangladesh to meet the salaries of 196 social workers. UNICEF also supported the Government of Bangladesh with the establishment of virtual courts during COVID-19 to ensure children had access to justice. A total number of 2,070 children (8 per cent female) were released through virtual courts and reunified with their family in 2021.

UNICEF supported workforce strengthening to the DSS with support from partners Australia Assists Red R Australia. Through this intervention, the skills and capacities of 80 social workers and

8 supervisors were strengthened through monthly technical training sessions, mentoring and resource sharing. In addition, DSS were involved in several CPSS trainings, through which three female and twelve male social workers DSS provided case management support to 834 children (49 per cent female) in host communities. Feedback from social workers indicated that their confidence and skills were developed because of these trainings.

In response to continued emerging natural disasters and climate change emergencies, UNICEF supported linkages between development and humanitarian approaches for both nationals and refugees. UNICEF led the launch of the 2019 'Minimum standards for child protection in humanitarian action'⁴⁶ in Bangladesh which culminated into interagency and sectoral collaboration on the protection of children from violence, abuse, exploitation and neglect. As a result, UNICEF and UNHCR including Plan International supported the improvement of the capacities of 750 of child protection and other sectoral practitioners (at national and Cox's Bazar levels).

COVID-19 response

To reduce the spread of COVID-19 from humanitarian workers to beneficiaries, UNICEF procured at distributed an assortment of COVID-19 kits to 1,958 humanitarian workers (55 per cent female) to protect them from potential infections. These kits comprised of 195 boxes of face masks, 195 boxes of hand gloves, 3,916 pieces of hand-sanitizers and 9,790 pieces of soap. Additionally, 66,296 community members (61 per cent female) were reached with COVID-19 risk mitigation measures, with 25 per cent of whom being from the host communities.

UNICEF used a combination of approaches to reach children and communities during the COVID-19 including individual to individual approaches and home-to-home-based approaches including through greater reliance on informal community-level child protection mechanisms (volunteers and networks) to provide services. The use of adolescent clubs and peer-to-peer approaches was also key to reaching out to communities.

Other key innovations and approaches introduced during COVID-19 included **the use of online trainings, teleworking and remote case management support, virtual case conferencing, the use of webinars for staff capacity development, the use of Whatsapp groups for information sharing and coordination and the use of audio-visual methodologies to reach wider audiences.** In the Rohingya refugee camps, 51,940 individuals (68 per cent female) were reached and 7,945 individuals (69 per cent female) were reached in the host communities with information on GBV prevention and risk mitigation, respectively.

UNICEF comparative advantage

In Cox Bazar District, throughout 2021, UNICEF maintained a strong field presence and provided leadership in child protection through the Child Protection Sub-Sector (CPSS) and the Case Management Technical Working Group (CMTWG). The CPSS coordinated the work of 40 partners under the wider umbrella of the Protection Working Group. These partners include the Ministry of Women and Children Affairs, the DSS and other national and international organizations. UNICEF also led the child protection Strategic Advisory Group and remained a core member of the GBV in Emergencies Working Group, Anti-Trafficking Task Team and the Mental Health and Psychosocial Support Task Team.

UNICEF programming directly funded 14 civil society organizations and maintained a field presence in 32 Rohingya refugee camps including in the affected host community Upazilas of Teknaf and Ukhiya. UNICEF continued to place communities at the center of the child protection response through capacity building and community engagement, including developing tip sheets, guidelines and tools to allow child protection actors to provide services safely during COVID-19.

⁴⁶ The Alliance. 'Minimum standards for child protection in humanitarian action.' 2019. Available [here](#).

Challenges, deviations, constraints or obstacles

The Government of Bangladesh introduced COVID-19-related restrictions in April 2021 and the measures continued through the greater part of 2021 resulting in limited humanitarian field presence in the camps and affecting the normal operation of child protection service hubs, exacerbating pre-existing child protection conditions while creating new ones.

With lack of harmonized salaries among the humanitarian agencies, UNICEF implementing partners continued to experience greater staff turnover as locally hired staff continued to look for better opportunities. These frequent staff turnovers affected programme continuity and quality.

Additionally, UNICEF and partners also witnessed delays in getting approval from the RRRC for partner project activity implementation, especially regarding the upgradation of facilities. In response, UNICEF continued supporting partners in advocating for government approvals for these interventions.

Innovations

UNICEF's support for the child helpline system with the DSS contributed to reaching and supporting vulnerable children through a comprehensive case management approach. Further, a database system to share data with Registrar General for birth and death registration contributed to ensuring successful birth registration within 45 days of birth. Involving frontline workers such as health and family welfare workers, social workers and other community workers also contributed to coverage of birth registration within 45 days of birth. Continuing to involve those frontline workers will help to achieve the target of 100 per cent birth registration within 45 days of birth by 2024.

Partnerships and advocacy were instrumental in proceeding with emergency legal reform. Timely availability of funding helped to initiate all the responses and initiatives for recruiting new social workers and equipping judges, police and social services to enable them to continue to provide services. The capacity of the duty bearers on innovative tools and techniques needs to continue to be built. During the pandemic, equipping all service providers digitally and providing remote services for children during the lockdown proved to be efficient and effective.

UNICEF exceeded its target of empowering 100,000 adolescents in 2021, which was only possible by providing a mixture of virtual and offline adolescent clubs. Adolescents, parents, and community members received messaging on COVID-19 through mobile phone applications. Peer leaders who graduated last year were engaged to support programme interventions.

Lessons learned

Since 2019, UNICEF moved towards an integrated approach to service provision where elements of child protection, education, and adolescent development and participation programming were brought together under one roof. This approach relied on site-based facilities that act as one-stop service hubs. In 2021, it became clear that the closure of such facilities has seriously impacts on service delivery and jeopardized programmes. A key lesson learned from the COVID-19-related restrictions was the importance of community-based child protection mechanisms such as CBCPCs in maintaining a protective environment without relying on service providers being available around the clock. CBCPCs were essential to prevention and sustainability of interventions in the longer term.

It was increasingly clear that programmes should strengthen collaboration with other sectors including health, nutrition, non-food items and education to reach more children and be better able to meet children's diverse needs including by mitigating protection concerns that arise in the course of implementing other sector activities.

Community engagement, two-way communications and/or feedback and complaint mechanisms

During 2021, communities were engaged in child protection programmes through a range of mechanisms. These community structures were responsible for carrying out community-led child protection prevention and response activities across the camps from a community perspective.

The programme also engaged with 294 Adolescent Clubs as a vital forum for adolescents to collectively work through protection and 'growing-up' challenges they face by identifying protection issues and dealing with them together with their peers. This platform provided adolescents an opportunity to engage and participate in their own protection and development and will be sustained further during 2022.

Child protection interventions operated 108 services hubs, all of which had well established complaint and feedback mechanisms. All children and adolescents attending the services hubs were oriented on how to report and or provide complaints and or feedback about the services quality and/or concerns. While the programme did not document how many complaints and feedbacks were received and resolved through these mechanisms, their existence provided children with opportunity to participate and engage with UNICEF programmes implemented by partners.

Localization

In collaboration with the CPSS, a Localization Working Group was established during 2021 to promote the localization agenda within the child protection sub-sector. A localization work-plan for 2022 was developed. An analysis of the progress made towards localization as reported in the child protection localization dashboard indicated that 43 per cent of CPSS members were national civil society organizations in 2021. This was an improvement from the 2020 dashboard in where less than 43 per cent of CPSS members were local actors. In addition, 27 per cent of the members of the Child Protection Strategic Advisory Group were local actors. This is a 100% improvement from 2019 during which local actors were not part of SAG. Finally, 22 per cent of CPSS local agencies reported having been able to directly secure funding from donors unlike in the previous years in which the funds were through intermediaries.

Within UNICEF Child Protection section, 60 per cent of implementing partners are local civil society organizations including government departments.

Contributes to longer term resilience; to shrinking humanitarian needs over the long term; increases prevention, mitigation and preparedness; and/or results that are connect to development outcomes

The overarching aim of the child protection programme in 2021 was to strengthen child protection systems that bridge the humanitarian-development nexus. At the same time, ensuring the child protection services reached children and their caregivers to build resilience including building the capacity of the child protection stakeholders for programme responses both in the Rohingya refugee camps and Bangladeshi communities in Cox's Bazar remained a priority. UNICEF programmes contributed to strengthening child protection systems while pursuing an integrated approach to service delivery and community mobilization using a bottom-up approach for the prevention from and protection of children against child protection concerns. UNICEF worked closely with the DSS and the Ministry of Social Welfare (MoSW) by deploying an international Social Work Consultant to mentor and coach DSS workers, thereby helping to position the Government of Bangladesh to fulfil its statutory mandate.

Sector leadership

UNICEF is working with DSS in the camps and host communities to strengthen the social services workforce and child protection systems. In 2022, as part of strengthening localization agenda, UNICEF will strengthen engagement and support the DSS to be actively involved in the coordination and leadership on key thematic issues within the CPSS. At the camp level, UNICEF closely coordinated with the CICs to oversee all camp coordination work. UNICEF also closely coordinated with site

coordinators from other humanitarian agencies involved in site management work. UNICEF further deployed camp coordinators who were appointed to support the coordination of interventions supporting each of the refugee camps. At Cox's Bazar level, UNICEF actions will also be coordinated within the sector coordination mechanism. At national level, UNICEF works closely with line ministries including the MoSW and the MoWCA to strengthen the Government of Bangladesh's role in the CPSS. UNICEF further supported the MoWCA with improving the quality of its services in the camps. The MoWCA currently has one crisis center in Kutupalong camp and is planning on opening additional ones. UNICEF has finally also been proposed to partner with the Government of Bangladesh to provide technical support in its response to GBV in the camps/settlements.

Child Protection and GBV	Sector Results		UNICEF Results	
	2021 Revised Target	Total Result 2021	2021 Revised Target	Total Result 2021
Children accessing psychosocial support services	51,592	51,592	87,452	87,452
Children and women accessing GBV risk mitigation, prevention and response interventions	478,400	343,543	31,025	44,011
UNICEF, as Child Protection Sub-Sector lead agency, is responsible for information management of sub-sector partner results and sharing overall results achieved by sub-sector members collectively.				

Table 5: Summary of programme results 2021

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

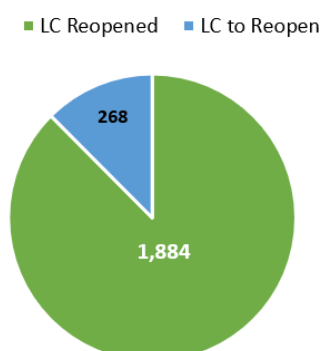
Education

Camps

Due to the closure of LCs in response to COVID-19 until 22 September 2021, and without access to the traditionally safe learning spaces, support systems, life skills education or psychosocial support (PSS) services in the Rohingya refugee camps, children in Cox's Bazar District experienced high levels of learning loss during the reporting period. **To mitigate this, UNICEF continued the implementation of caregiver-led education at home under guidelines developed by the Cox's Bazar Education Sector.** Burmese Language Instructors (BLIs) conducted home visits to monitor and support caregivers with implementing learning activities at home.

Following the Government of Bangladesh guidance on reopening education institutions, the office of the RRRC provided permission to re-open LCs in Rohingya refugee camps as of 22 September 2021 for the children from LCFA Levels II to IV. **As of 15 December 2021, UNICEF-managed LCs reported the return of 69,061 children (representing 67 per cent of children previously registered) to 1,884 of the 2,152 UNICEF-managed LCs (for LCFA Level II to IV LCs only) .** The 108,375 children enrolled in LCFA Level I in 2020 continued to receive home-based learning support in 2021 as these had not been allowed to return to LCs. To increase girls' participation, UNICEF partners engaged 300 parents and caregivers with messaging on the importance of girls' education. In response to cultural barriers for girls to access education, 137 girls were reached through sessions initiated by UNICEF.

Number of LCs with level 2 to 4 that have reopened in Dec 2021



Number of learners who returned to LCs	
TOTAL 2-4	69,061
Level4 Boys	914
Level4 Girls	313
Level3 Boys	7759
Level3 Girls	5398
Level2 Boys	28287
Level2 Girls	26390

Figure 12: Number of LCs for levels II to IV that reopened, including number of learners who returned to LCs following reopening in September 2021

Assessment and placement examinations for the MCP started in 2021. Once field-based activities were given permission to resume, UNICEF and partners tested the competency levels of learners for placing them at appropriate grade levels under the Myanmar Curriculum (MC). A small first round of placement tests was conducted with 1,219 learners in attendance (16 per cent female). A large-scale examination took place in February 2022 with the participation of 11,012 learners. In addition, 473 teachers (15 per cent female) who took a tablet-based competency assessment in December 2021 and will be allocated to a specific grade and subject upon finalization of the teacher assessment.

Learning centers for the MC started being prepared on a rolling basis. Given that it will take time to place teacher and learners, while administering the assessments, scoring and analyzing the results, UNICEF prepared MCP classrooms by working with partners to ready facilities and organize teachers and learners. The partners started by transitioning Learning Competency Framework Assessment (LCFA) Level IV children to Grade 6 under the MC as of 5 December 2021. Partners also assigned 180 teacher candidates who were specifically selected based on working experience. All these teachers and learners will be placed at grade level and the classroom upon the completion of the interview process for teachers and scoring of the placement examinations for learners.

Teacher professional development also continued with the completion of the training of 170 master trainers. An e-learning platform, the Learning Passport, was used to train all the master trainers while COVID-19 restrictions were in place and face-to-face workshops were restricted. National learning continued covering 38,311,635 students (50 per cent girls, including 0.09 per cent children with disabilities) through remotely modalities using digital media and home-based projects and assignments.

Host community

In 2021, the humanitarian response in host community schools was reduced due to COVID-19-related restrictions that also impacted the delivery of education services.

To mitigate losses caused, UNICEF supported children from host communities through the delivery of services through alternative means, such as through online, television and radios modalities. At national level the DPE was supported to institutionalise and deliver remote learning. For the marginalised children (those who have limited or no access to remote learning measures) UNICEF provided supplies such as writing materials, workbooks and other items to allow children to engage in learning continuity.

Awareness-raising activities were implemented among the host community families regarding personal hygiene, especially relation to COVID-19 prevention. Direct school improvement support

benefited 180,000 children (50 percent female) in 657 primary schools in Cox's Bazar District. These children received packages to support home-based learning and hygiene and sanitation supplies to help protect them from COVID-19. Messaging on education, protection, gender, sanitation and hygiene for COVID-19 prevention were distributed to support the uninterrupted continuity of education for children. To prepare the schools for safe school reopening after 543 days of closure, SMCs, with support from UNICEF, began cleaning and disinfecting the schools in host communities to ensure safe re-opening.

Upon a request from the DPE, UNICEF also supported the renovation of a secondary school in the host community in Cox's Bazar District including the construction of three classrooms and gender-segregated WASH blocks. This provided a safe and hygienic learning environment for 150 students. In addition, UNICEF supported the Primary Teachers' Training Institute in Cox's Bazar District with the repair of classrooms and the construction of WASH facilities.

Together with Rohingya refugee educators, teachers from host communities were adequately prepared and continually supported with providing quality learning opportunities to support the wellbeing of learners and their peers. In total, 648 teachers (69 per cent female) in camps and host communities were trained on the use of LCFA materials such as subject-wise teachers' guides, posters and supplementary reading materials.

COVID-19 response

During COVID-19-related restrictions including those on access and movement, UNICEF supported 367,792 marginalized children (49 per cent girls) with accessing formal and non-formal education, including early learning. UNICEF also supported the Ministry of Education with reaching 2,911,000 children (50 per cent girls, including 1 per cent children with disabilities) who continued learning remotely using digital media and home-based projects and assignments. UNICEF provided technical and financial support to the Government of Bangladesh to coordinate and operationalize remote learning and make education interactive and engaging across multiple platforms (mobile phones, internet and radio) and linking teachers with students, parents and caregivers. Expanding home-based learning coverage, especially for marginalized students with limited/no access to televisions, internet and smartphones remained challenging. Adolescent girls and boys from low-income families also had to contribute to chores and work to generate income. Education cluster members mobilized civil society to support learning continuity through a range of activities such as the adolescent education portal and live Facebook classes to encourage attendance.

Additionally, UNICEF issued the 'Global framework for school reopening' together with the United Nations Educational, Scientific and Cultural Organization (UNESCO), World Bank, WFP and UNHCR, which was followed by the issue of school reopening guidelines by the MoPME and Ministry of Education. To support the primary education authority with school reopening initiatives, UNICEF provided critical hygiene supplies for over 600,000 students (50% girls) in 3,000 primary schools under 26 sub-districts, strengthening infection prevention and control, and suppressing the COVID-19 transmission. In the camps, UNICEF supported the Education Sector with developing safe reopening guidelines as well as provided COVID-19 response supplies, such as extra hand washings stations.

In 2021, UNICEF partners received refresher orientations on COVID-19 guidelines in preparation of LC reopening, along with appropriate materials and training for their staff. A task team on the MCP provided guidance to UNICEF and partners through the development and review of operational guidelines for the MCP. UNICEF and partners started MCP classes on 5 December 2021 using these guidelines.

UNICEF comparative advantage

At the national level, UNICEF was the coordinating agency for the Education Local Consultative Group led by the Secretary of the MoPME. This position provided a unique opportunity to lobby, advocate and

engage in policy decision making for the continuity of refugee children's education. Engagement and advocacy with the Government of Bangladesh was done at different levels regarding the re-opening of schools and LCs and finally, the Government of Bangladesh, through the RRRC, circulated an instruction to reopen the learning facilities on 22 September 2021.

Through Education Sector-led advocacy, the MoPME delegated the Additional Deputy Commissioner for Education to chair the Education Sector's Strategic Advisory Group to take the lead and be aware of the response by the humanitarian community in Cox's Bazar District.

UNICEF further administered the Cox's EMIS. UNICEF has deployed an Information Management Officer within the Education Sector to support the development of this system. The Education Sector was able to better showcase evidence of tightly synchronized information collected monthly with the support of EMIS, especially on the reopening status following the easing of COVID-19-related restrictions.

Challenges, deviations, constraints or obstacles

Long closures and restricted access for education actors of LCs had negative impacts on children's learning and learning outcomes in Rohingya refugee camps and surrounding host communities. To address this, UNICEF provided critical messaging, capacity building and coordination support despite the implementation of these remaining a challenge regarding maximum coverage and continuity of learning for children in 2021. Uncertainty regarding LC reopening and challenges regarding reaching children through distance learning programmes had further notable impacts on vulnerable children and their families. The restricted access not only led to challenges with continuing learning, but also meant the LCs could not be repaired or reconstructed ahead of the reopening. Upon reopening, not all children could attend the LCs and the attendance was also limited by group size, which meant that children were not meaningfully engaged with learning activities.

In the host communities, expanding coverage, especially for marginalized students, remained a challenge. Nearly 52 per cent of learners were not able to follow television and internet-based lessons regularly due to lack of devices and connectivity. Limited capacities of systems to address equity-based learning during pandemic were also constraining factors, especially regarding safeguarding access and learning continuity for girls and other marginalized groups such as children with disabilities. To improve access, teachers at the local level were mobilized to support and follow-up with marginalized children through mobile/local phone calls. Considering the device and connectivity challenge, UNICEF supported ministries to design project/worksheet/assignment-based learning to reach and engage learners remotely.

Innovations

To support the continuity of learning despite COVID-19-related restrictions, UNICEF with support from partners operationalised caregiver-led education during 2021 as well and provided a 13-week learning plan. UNICEF also led the piloting of peer-to-peer learning groups under the 'Learning for every adaptive pathway programme' (LEAP) to improve the efficacy of home-based learning. For the LEAP model, a learning coach with a grade 3 education was assigned to 6 learners with this group meeting regularly during the week for study sessions where the coach ensured learners followed the assigned activities. The learning coach and children were from the same localities with this arrangement enabling them to meet easily without long traveling times and distances. During the pilot the coaches were debriefed about every week's activities by the BLIs and teachers checked-in regularly to support with questions and troubles that learners had with the schoolwork. Following the piloting of this intervention, focus group discussions were conducted with learning coaches, instructors and learners to help better understand if this model was successful. All participants were more satisfied by this model than by caregiver-led education. Given the positive feedback from learners, caregivers and teachers, the Education Sector is working on scaling-up the model to be implemented for all learners attending LCs.

A Technology Task Team (TTT) also continued to meet and support the Education Sector with the use of technology solutions to address access, quality and systems strengthening of activities. During the pandemic, while the learning centers were closed, the TTT worked to operationalize the EdTech strategy, offer workshops to partners on the use of contextually appropriate solutions such as radio programmes, Bluetooth file transfers, the use of messaging applications and gathering content to be used by partners. The Education Sector, under the leadership of the TTT, developed eight guidelines on the different uses of technology-based solutions in learning. These were shared through a workshop that was offered to partners

In 2021, radios and Bluetooth speakers were also distributed to all UNICEF partners, followed by a training on the use of the devices. Partners further developed systems to monitor the use of these technologies as well as track the devices. In addition to the devices, UNICEF also developed listening group-based programmes for partners' implementation in Rohingya refugee camps. Listening groups were also organized for learners, caregivers and teachers. The learner listening groups are to be formed for the children and parents and caregivers attending LCs. The teacher listening groups are to be based on the teacher learning circles that will meet biweekly. During the reporting period, UNICEF provided orientations on implementing this programme, on related monitoring tools and on the use of audio files for the radio shows to be used with the devices. Following the orientation, partners were ready to implement at scale, pending permission from CiCs to implement this intervention. Consequently, partners piloted the programme in select camps with the scope to expand to all LCs.

A 'Quality assurance guideline,'⁴⁷ which is a framework for monitoring, evaluating, and learning for the MCP, was developed in consultation with Education Sector partners to support the MCP rollout in the Rohingya camps. UNICEF in partnership with Room to Read developed a framework to support teachers to assess students' learning progress, which allows teachers to assess and manage learners with different learning needs on an ongoing basis.⁴⁸

Lessons learned

Monitoring of results during pandemic and other emergencies including tracking progress of children's learning through remote learning modalities was a challenge. To address this, the DPE is working on an EMIS structure to report data for these children affected by an emergency to support alternative modalities through remote monitoring.

The MoE and MoPME created opportunities for access to learning for many students from diverse socio-economic needs and ensured continuity of learning amidst global pandemic, natural calamities (prolonged flood and cyclone) and other pre-existing disadvantages for the most vulnerable children.

Community engagement, two-way communications and/or feedback and complaint mechanisms

During 2021, communities were engaged in the education programmes through a range of mechanisms. The MCMC members from the LCs trained on disaster risk reduction were critical in keeping the LC facilities well-functioning and minimizing damage from man-made or natural disasters during the COVID-19 restrictions. In response to the devastating fire that broke out in the Rohingya camps in March 2021,⁴⁹ LCMC members along with other community members provided real-time information on the situation to BLIs and UNICEF partner focal points and provided support to children whose shelters had been burnt down. They also distributed food and other materials to the affected individuals and guarded the spaces where the damaged and destroyed LCs were located to help ensure the space was saved for reconstruction of the LCs and not taken up for other purposes. UNICEF's implementing partners engaged regularly with BLIs and LCMC members to ensure that the toilets used by LC students were cleaned and properly maintained.

⁴⁷ UNICEF. 'Quality Assurance Guideline for MCP.' 2021. Available [here](#).

⁴⁸ UNICEF. "Providing Learner's/Teacher Assessment & Supplementary Teaching and Learning Materials for LCFA Levels I-II." 2021. Available [here](#).

⁴⁹ UNICEF. 'Bangladesh Humanitarian Situation Report (Rohingya Camp Fire). 31 March 2021. Available [here](#).

The BLIs in the Rohingya refugee camps provided support to children on caregiver-led education during the reporting period. The BLIs were trained by the partner's trainers, on the use of LCFA materials such as the subject-wise teachers' guides, posters and supplementary reading materials.

CBCPCs were actively engaged at the community level to enhance child, adolescent and youth rights and were able to maintain regular contact with children, caregivers and parents during the pandemic through raising awareness on issues such as COVID-19 and the negative impacts of child marriage.

Community consultations and the 'Education needs assessment' shed light on the tangible barriers to girls' and adolescent girls' continuing education, some of which can clearly be addressed. Examples are the provision of separate toilet units for girls and boys in LCs and the initiation of segregated classes which has made adolescent girls feel safer and parents more accepting of their girls attending the classes.

UNICEF and Education Sector partners worked towards reinforcing actions and interventions that safeguard children and protect all beneficiaries of humanitarian assistance from sexual exploitation and abuse. Each LC is provided with a complaint box to enforce individual complaint mechanisms.

Localization

UNICEF interventions supported humanitarian-development nexus through building local capacities which has ensured sustainability and contributed to building resilience of the local communities that lasts beyond the humanitarian response. Authorities of the upazilas in Cox's Bazar were supported to train and implement the national Primary Education Development Programme and National Education Sector.

On a wider scale, UNICEF in partnership with Save the Children supported capacity development of local teachers in camps as well as in the host communities to improve their quality of teaching in the short and long terms. It is expected that teachers will stay in the Cox's Bazar District even after refugees have left. The investment in local teachers is expected to benefit and strengthen the capacity of the local education system in the long term.

Sector leadership

UNICEF leads several groups within the Sector which support the overall quality and delivery of education services. UNICEF as the largest provider of the education services in the Rohingya refugee camps continuously engaged with Government of Bangladesh, Education Sector and partners in strategizing advocacy for continuity of education of refugee children.

In partnership with the MoPME and the DPE, UNICEF as the coordinating agency of the education consultative group mobilized development partners for national policy advocacy as well as continuity of education of Rohingya refugee children. As part of strengthening localization agenda, UNICEF engaged with the Cox's Bazar District education office to strengthen coordinated education services for host community children. At the refugee camp level, the partners' capacities were improved to implement the education programme in collaboration with CiCs and the office of the RRRC. UNICEF also coordinated with site coordinators from other humanitarian agencies involved in site management work. At Cox's Bazar level, UNICEF was the leading agency for education service delivery in the camps within the Education Sector coordination mechanism.

UNICEF also took a leading role in the development of education data related to Rohingya refugee children. An Information Management Officer was recruited by UNICEF within the Education Sector and was engaged with harmonizing UNICEF and ISCG systems and mobilizing local implementing partners. Education data on the LCs was produced monthly and shared with relevant Sector partners for further review and analysis.

Education	Sector Results		UNICEF Results	
	2021 Target	Total Result 2021	2021 Target	Total Result 2021
Children accessing quality education	451,548	398,465	296,065	231,578
Adolescents aged 15 to 18 years accessing secondary education	79,974	44,267	16,860	16,896
Adolescents aged 15 to 18 years and youth aged 19 to 24 years accessing vocational skills training			N/A	16,896 ⁵⁰
UNICEF, as sector co-lead agency, is responsible for information management of sector partner results and sharing overall results achieved by sector members collectively.				

Table 6: Summary of programme results 2021

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

Integrated Adolescent Programme (Education and Child Protection)

The main barriers to education stemmed from gender, social and cultural norms. Girls tended to drop out of schools to get married or due to conservative social norms, while boys dropped out to search for work. Adolescents face other risks such as child labor and other forms of trafficking. In 2021, measures to contain the COVID-19 pandemic and resulting economic difficulties exacerbated these risks and created additional accessibility barriers to education for adolescents.

In response, UNICEF and partners implemented child safeguarding measures through sensitizing local committees, parents and children on the PSEA. This supported the institutionalization of safety and protection of all children and adolescent learners in LCs, MPCs and other community-based learning platforms. Recognizing the importance of addressing the unique needs and vulnerabilities of adolescents in both host communities and refugee camps, UNICEF worked to offer integrated, adolescent-centered programming and participation activities.

During the COVID-19 restrictions, UNICEF supported the caregiver-led learning at home using materials containing education and child protection messaging. BLIs reached caregivers and parents with critical messaging through food distribution points, prayer centers, posters displayed in strategic locations and recorded messages. Messaging included information on the importance of uninterrupted education and COVID-19 mitigation and prevention.

UNICEF placed greater emphasis on community-based prevention and response by working with community volunteers to effect change in social norms and behaviors. With COVID-19 restrictions, GBV incidences were exacerbated and working with communities to establish and improve the functionality of CBCPCs remained difficult. In 2021, 521,314 individuals (74 per cent female, including 7 per cent persons with disabilities) accessed GBV risk mitigation, prevention and response interventions and/or were referred to specialized services. A total number of 5,030 females additionally received dignity kits as a GBV prevention measure. In addition, CBCPCs were included in the new workplan of DSS for the next two years thanks to greater leadership of DSS.

Communication for Development

Camps

UNICEF prioritized focusing on social and behavior change communication interventions including enhancing the capacity of frontline workers and volunteers to engage communities on the adoption of essential lifesaving behavior practices at households and within communities. UNICEF supported the Communicating with Communities Working Group (CwC-WG) with capacity strengthening of 35 members by improving their knowledge and skills on social and behavior change interventions. The capacity-building training focused on community engagement, RCCE, mechanisms to enhance community feedback on humanitarian services and strengthening common data-sharing platforms.

Through the network of 612 community volunteers (38 per cent female) including model mothers, youths and religious leaders from the Rohingya community, the social and behavior change intervention covered 28 camps and engaged parents, caregivers and community members on essential family care practices including COVID-19 prevention. A total of 655,554 Rohingya refugees (52 per cent female) were regularly reached with an integrated package of key messages on disease prevention, hygiene, health-seeking and emergency preparedness. In addition, seven community engagement campaigns were held related to health besides COVID-19 response, including two rounds of VAS, OCV, Measles and Rubella, promoting routine immunization and the World Breastfeeding Week. These initiatives have contributed to increasing vaccine uptake in Cox's Bazar District, thereby directly contributing to the prevention of vaccine-preventable diseases among children under the age of 5 years.

To promote the continuity of services, Rohingya refugees were engaged with the MCP to gauge buy-in and support from parents and caregivers in the enrolment of their children. Efforts were also channeled towards promoting girl's education. Community engagement included 668 community-based consultations and advocacy meetings which brought together camp administrations, community leaders including *Majhis*, block leaders, religious leaders, youth, adolescents and community members.

UNICEF partnered with local media organizations to broadcast life-saving messages through weekly and monthly radio shows and public service announcements targeting various audiences including adolescent-focused radio programmes on lifesaving behavior practices including COVID-19 prevention and vaccination. The adolescent programmes were further disseminated and broadcasted through ARLCs during community sessions, bringing together a total of 3,798 adolescents (48 per cent girls) who participated in 158 ARLCs. The radio programmes, produced and broadcasted in the Rohingya dialect, connected the community with topics related to their welfare, capacities to take preventative measures and significantly enhanced their knowledge regarding seeking health services if feeling unwell (as well as maintaining mental health).

The funding further supported the maintenance of 14 IFCs as a service point for Rohingya refugees to register complaints, provide feedback on humanitarian service and queries in the camps. The IFCs are an integral part of community engagement interventions aimed at facilitating interactions with Rohingya refugees on humanitarian services and supplies, supporting dissemination of household behaviors to prevent disease outbreaks and as well as other life-saving practices. In 2021, the IFCs received a total of 61,362 total complaints, feedback and queries (4,966 complaints, 14,054 feedback and 42,342 queries). The most common issues were on health, non-food items, shelter and WASH services. IFCs roles are gradually expanding from being information service points to a social platform which facilitates dialogue and discussions on a wider range of health and social issues, thereby enhancing social cohesion among Rohingya refugees, host communities and humanitarian responders. Each IFC has a 'safe space' or private room for girls and women who sought information on sexual and reproductive health or more importantly, wished to report a GBV, sexual harassment and abuse cases.

Host community

In the host community, social and behavior change interventions covered the Teknaf, Ukhiya, Cox's Bazar Sadar, Pekua and Maheshkhali Upazilas. In response to COVID-19 restrictions imposed by the Government of Bangladesh to prevent community spread of COVID-19, UNICEF in collaboration

with Cox's Bazar District Authority and national partners implemented RCCE interventions aimed at promoting maintenance of COVID-19 prevention practices, vaccination, continuity of health services including immunization for children under 5 years and school reopening, with an emphasis on encouraging parents and caregivers to send girls back to schools. The RCCE interventions reached 178,038 people (59 per cent female) with an integrated package of lifesaving behavior practices and information through 32 community volunteers. These volunteers engaged the communities through inter-personal communication sessions including courtyard meetings, group sessions and house-to-house visits with a particular focus on COVID-19 prevention and vaccination, education, nutrition, mental health, coping mechanism with the COVID-19 pandemic and disaster preparedness.

This community engagement was reinforced with mass media interventions through radio, which played a critical role in disseminating critical information on COVID-19 prevention, available referral services and vaccinations. In partnership with UNICEF, Bangladesh Betar and Community Radio Naf broadcasted 210 magazine programs and 179 live phone-in programmes on COVID-19 prevention and vaccination, health, education, nutrition and menstrual hygiene. Special programmes were broadcasted aimed at building community trust in Government of Bangladesh efforts to strengthen infection prevention and suppress COVID-19 transmission at the community level. The radio programmes reached approximately 1,200,000 individuals in Cox's Bazar District including in the Rohingya refugee camps. Special radio programmes targeting children and adolescents were further disseminated through the 80 ARLCs to promote discussions among adolescents on issues related to their wellbeing. The sessions engaged 3,825 adolescents (31 per cent girls) and discussed COVID-19 prevention and vaccination, climate change and alternative uses of fuels and stoves, child marriage, substance abuse, health and nutrition.

With the support from UNICEF, the District Information Office in Cox's Bazar disseminated van-based loudspeaker messaging on COVID-19 prevention and vaccination specifically in coastal and disaster-prone Moheshkhali Upazila, Kutubdia Islands and Pekua Upazilas. The messaging included critical information on the importance of continuing home-based education and COVID-19-related prevention practices including the importance of vaccinations.

Through the four IFCs established and functioning in host communities, a total of 11,861 queries and 4,738 feedback were collected, recorded and referred to the local authorities and service providers which helped provide better services to the community.

COVID-19 response

UNICEF continued co-leading the RCCE pillar in collaboration with the WHO under the CwC-WG in Cox's Bazar supporting the Government of Bangladesh in combating COVID-19. The RCCE pillar promoted preventive measures, engaged communities and created demand for COVID-19 vaccine uptake. In 2021 RCCE focused on intensified actions promoting compliance to key preventive practices, providing accurate information to counter rumors and misinformation, promote uptake of COVID-19 vaccinations, provide masks for vulnerable populations and engage social influencers to promote and model the corrective preventive behaviors. The interventions were implemented through a wide range of community actions including through IPC sessions through which UNICEF and partners engaged and mobilized 655,504 individuals (52 per cent female, including 1.4 per cent persons with disabilities) in Rohingya refugee camps and 178,038 individuals (sex and disability disaggregation not available) in host communities through group sessions, courtyard meetings and house-to-house visits by disseminating health education messages on COVID-19 prevention practices and vaccination.

The intervention was also implemented through IFCs, which were invaluable for receiving continuous feedback from communities and for monitoring rumors/misinformation on COVID-19 within specific areas, which enabled a localized responsive action. The feedback allowed UNICEF and partners to analyze significant trends for broader level actions and as an indicator on the types of messaging requested from the community for RCCE interventions. In 2021 the IFCs received,

responded to and referred onwards a total of 10,051 individuals (52 per cent female) who had queries related to COVID-19 registration for vaccinations, face masks and referral services.

Mass media through radio also supported the dissemination of COVID-19-related information, with wide of coverage of about 87 per cent of the population in Cox's Bazar including in the Rohingya refugee camps who listened to radio on daily basis. To support this the ability to develop and broadcast programmes in the local dialect proved invaluable, and radios remained the most effective means to reaching a wide range of the population. During 2021 Bangladesh Betar and Community Radio Naf FM kept the community connected with various interactive programmes related to COVID-19 preventive measures and vaccination, mental health during the COVID-19 pandemic, the promotion of immunization for children under the age of 5 years including special programs for children and adolescents on education while the schools remained closed.

As part of the distance learning programme during school closure, 52 Koishorer Kolorob studio-based adolescents programmes, 55 educational programmes (Kiccha Boithok) and 37 caregiver shows (Fuyati Jani) on hygiene promotion, GBV awareness, nutrition for maternal care, child mental health, immunity and childcare, importance of using mask properly and the importance of breastfeeding were disseminated during the reporting period. In addition, special programmes targeting parents and caregivers on parenting tips to cope up with COVID-19 and a teacher's professional learning course were broadcasted to sustain hopes that schools will be opened once COVID-19 cases are contained. The programmes were produced and broadcasted in the Rohingya dialect.

To compliment these mass media interventions, the District Information Office in Cox's Bazar with support from UNICEF disseminated van-based loudspeaker messaging on COVID-19 prevention and vaccinations with a focus on hard-to-reach areas, especially in the Kutubdia Islands and the Moheshkhali and Pekua Upazilas. In addition, key partners ACLAB, BITA, SHED and Bangladesh Betar Radio used their social media platforms to disseminate key messaging on COVID-19 response. A total of 54,777 people reacted on COVID-19 prevention and vaccination related posts on social media including Facebook, Twitter with 40,987 views, 9,865 likes, 964 shares, and 2,961 comments.

Additionally, religious leaders were engaged as social influencers with a total of 375 Rohingya religious leaders and volunteers (13 per cent female) being mobilized to engage community through dialogue to influence the adoption and maintenance of COVID-19 preventive practices in the context of religious virtues. These individuals played a critical role in addressing rumors and misinformation on COVID-19 by ensuring accurate information was conveyed to communities. Special efforts were made to engage women through *Talim* sessions (religious group sessions for women) on COVID-19-related issues including on the prevention of violence against women and children during COVID-19. A total of 46,321 girls and 126,871 females were engaged and mobilized through 173,192 *Talim* sessions.

Finally, to ensure wide dissemination of correct information on COVID-19 and related issues, total of 119,300 posters, 79,000 frequently asked questions leaflets, 600 banners and 4,500 festoons on COVID-19 prevention practices were distributed during the reporting period. These dealt with topic related to AWD, wearing mask properly and COVID-19 vaccination and were printed in Bangla, English, and Burmese whereupon they were distributed in Rohingya refugee camps and host communities.

UNICEF comparative advantage

UNICEF in collaboration with the WHO co-led the CwC-WH in Cox's Bazar which was responsible for coordinating communication, community engagement and social mobilization for disease prevention, disaster risk mitigation, AAP, behavior development and social change across all sectors and agencies.

Challenges, deviations, constraints or obstacles

The surge of COVID-19 cases in the camps and mitigation restrictions put in place to prevent the spread of infection, compounded by rising cases of AWD and Cholera from May to July and flooding due to the heavy monsoon rains resulted in significant disruption of community engagement interventions, which relied heavily on inter-personal communication through home visits and group sessions. Mobility in the camps and host communities by partner staff was restricted only to COVID-19 response measures including RCCE. C4D worked closely with all implementing partners to develop contingency plans for partners to undertake community engagement interventions while observing COVID-19 prevention measures.

Innovations

While Bangladesh, like many countries in the world, experienced several waves of COVID-19 cases, schools/learning facilities remained closed leaving limited options for children to access education especially those in poor resource settings. UNICEF, in partnership with local radio stations, developed distance learning radio programmes targeting learners, parents and caregivers and teachers. Through the radio programs, developed and broadcast by local radio station -Bangladesh Betar, Cox's Bazar and Community Radio Naf, communities were engaged through interactive educational programmes throughout the long weeks and months of isolation.

Special radio programmes on critical lifesaving COVID-19 prevention, vaccination, basic knowledge on mental health, breastfeeding and coping mechanism were also developed. Produced and broadcasted in Rohingya dialect, the Rohingya community felt connected on the issues related to them, resulting in their capacities to take preventive actions being enhanced including on knowledge related to where to seek health services if feeling unwell. During the reporting period, a total of 87 shows were developed and broadcasted in all 34 Rohingya refugee camps.

Lessons Learned

During COVID-19 restrictions imposed to contain the community spread of COVID-19, UNICEF adapted an outreach communication approach through mobile mic-ing and radio programmes which proved the most effective means of communication for disseminating critical COVID-19 public health messaging. The alternative approach can be applied in situations where interpersonal communication is restricted.

Community engagement, two-way communications and/or feedback and complaint mechanisms

UNICEF interventions were supported by 644 community volunteers in the camps and host communities who applied two-way communication approaches when engaging communities with tailor-made and contextualized messages facilitated through house-to-house visits and group sessions.

As part of AAP and to ensure improved delivery of equitable humanitarian aid, the 18 IFCs established in camps and host community played a critical role in gathering community feedback on services, addressing queries and complains on health, nutrition, education, protection and WASH services. The centers located at strategic points in camps served as 'one-stop shops' for community members to register grievances, gather information and obtain referrals for services.

Localization

In 2021, UNICEF supported the capacity building of 160 personnel in from five national NGOs who cascaded the training to community volunteers supporting communication and community engagement in the humanitarian response programme in Cox's Bazar. UNICEF integrated localization as part of building sustainability and resilient communities in Cox's Bazar. All partner NGOs have a strong grassroots presence in Cox' Bazar. Community engagement in four upazilas also ensured that child rights issues were mainstreamed into the local government budgets and programmes.

In addition, the UNICEF planning process is consultative and inclusive ensuring NGOs have an opportunity to review and share feedback on the proposed plans. All communication messages and products have been developed with rigorous consultation processes which include but not limited to; systematic pre-test to ensure the messages resonates with intended community to address the needs of the affected people.

Contributes to longer term resilience; to shrinking humanitarian needs over the long term; increases prevention, mitigation and preparedness; and/or results that are connect to development outcomes

Communication and community engagement for social and behavior change aims at improving the key behavior practices which contributes to the lifelong wellbeing of the child and the whole family. It also empowers parents and caregivers with knowledge and practices to withstand future emergency outbreaks, thus contributing to resilience. C4D is a cross sectoral strategy positioned to support key sectors Health, Nutrition, Education, Child Protection and WASH in engaging communities to promote demand for services, adopting positive behavior practices and addressing harmful social norms.

Sector leadership

UNICEF co-led the Risk Communication and Community Engagement (RCCE) pillar in collaboration with WHO under the United Nations Communication with Communities (CwC) Working Group in Cox's Bazar supporting the Government of Bangladesh in combating COVID-19. RCCE pillar promotes preventive measures, engages communities, and creates demand for COVID-19 vaccine uptake. UNICEF was also a key partner leading the development and finalization of 2021 JRP alongside the CwC-WG and leading in consultation with other stakeholders.

Figure 27: Summary of Programme Results

Communication for Development	UNICEF Results	
	2021 Revised Target (HC & RC)	Total Result 2021 (HC & RC)
People reached through two-way engagement on key life-saving behaviors and referrals to services with a focus on health, nutrition, WASH, education and child protection	800,000	833,592
People accessing mechanisms to voice their needs/concerns, including feedback and complaint mechanisms	50,000	77,961

Table 7: Summary of programme results 2021

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

D. Rohingya Influx Results Achieved from Humanitarian Thematic Funding

WASH

Global thematic funds were used to support WASH staff costs for staff working both in the Rohingya camps as well as in the host communities. This support was extended to staff working in the WASH Sector coordination mechanism, which is led by UNICEF.

The funds were also disbursed to UNICEF's partners working directly in the camps, contributing to ensuring access to safe water, sanitation and hygiene promotion to 125,000 Rohingya beneficiaries (51 per cent female, including 3 per cent persons with disabilities). Access to essential supplies such as jerry cans and soap were provided to 15,000 beneficiaries to ensure that handwashing with soap was conducted as a main measure to control the spread of COVID-19.

In the host communities, a total of 30,000 people (50 per cent female, including 1 per cent persons with disabilities) benefitted from 6,304 latrines and hygiene promotion activities at the Ukhiya, Teknaf, Cox's Bazar Sadar, Ramu, Chakaria and Pekua Upazilas. Apart from sanitation and hygiene services, 1,500 host community stakeholders (50 per cent female, including 1 per cent persons with disabilities) were supported with the development of their capacities on WASH planning, implementation, monitoring, reporting and COVID-19 response.

This grant has also contributed to ensuring that climate resilient approaches are being implemented, such as the under the groundwater resources management project being implemented in partnership with Dhaka University. This partnership with the team of experts from Dhaka University ensured continued provision of technical support to UNICEF and partners, including the DPHE, WASH Sector and other stakeholders on hydrogeological activities where required across all interventions.

Thematic funds finally also assisted with the engagement of a third-party monitoring services to monitor activity implementation at field level and ensure quality of UNICEF's response.

Health

Global thematic funds were used to support newborn care at NSUs and the SCANU as well as PMTCT services delivery. For newborn care, 2,766 premature newborns were admitted to the SCANU at the CSDH of which 16 were Rohingya refugees. These newborns were at high risk for retinopathy of prematurity which can potentially cause blindness in the premature and low birth weight infants at early stages of life. These newborns were all screened and managed appropriately

For PMTCT, 43,670 women (27,305 Rohingya refugees and 16,365 individuals from host communities) were tested for HIV during ANC/PNC sessions and labor. Among them, 37 positive pregnant women were identified as positive and received PMTCT services. Additionally, 45 HIV-exposed babies were delivered through 29 institutional deliveries and 16 through home delivery. There was an increase of 69 percent in institutional deliveries for this subgroup when compared to the previous year. All the newborns that were managed after being exposed to HIV were provided antiretroviral prophylaxis immediately after birth, were placed on exclusive breast feeding and were provided early infant diagnosis. No babies were found positive in the year 2021.

Nutrition

Global thematic funding was utilized to administer the second round of vitamin A supplementation campaign (24 per cent of total cost of the VAS was utilized from global thematic) in the Rohingya refugee camps. A total of 892 Rohingya volunteers (40 per cent female) were mobilized from 46 INFs reaching targeted 155,080 children under the age of 5 years in all camps. From the results received, 150,026 children (49 per cent girls, 0.3 per cent with disabilities, representing 97 per cent of the target) were provided with age-appropriate doses of Vitamin-A and were screened for acute malnutrition. There were 1,991 children (62 per cent girls) identified with SAM including 318 new cases (61 per cent girls) who were not in the treatment were referred to the INFs for treatment. Simultaneously, 78,195 mothers and caregivers (77 per cent of the target) received IYCF messaging.

Child Protection

Global thematic funding was utilized to support staff costs for UNICEF Child Protection section including the hiring of one GBV Consultant that the provided GBV case management technical support to the GBV Sub-Sector in Cox's Bazar. The fund also supported the operation of six UNICEF child protection partners in Cox's Bazar including the CPSS, Save the Children International, Plan International, CARE International, the DSS, the Office of the Register and UNICEF partner CODEC.

The global thematic fund supported the operation of the CPIMS+ software managed by the CPSS. The CPIMS+ is a tool for child protection case management used to gather timely and accurate data for child survivors of abuse, neglect, exploitation and violence, including secure storage and dissemination of such information. During 2021, the CPIMS+ system was utilized by more than 15 CPSS member agencies in Cox Bazar who supported the case management of 23,770 children (49 per cent female). Relevant operating licenses for the CPSS were also secured/renewed through this funding (including Adobe licenses, Drop-Box licenses, Scale Fusion licenses and CPIMS+ licenses).

UNICEF supported the Office of the Register General for Birth and Death to conduct birth registration awareness and mobilization for the registration of birth within 45 days of every delivery. Birth Registration was suspended in Cox Bazar since 2017 and was only resumed in 2021 after high-level advocacy by UNICEF. The 2021 registration data from ORG office indicated that 324,764 individuals (49 per cent female) were registered in the system among which was 356 children aged 0 to 5 years whose births were registered within 45 days, 7,525 children whose birth were registered within 1 year and 53,513 children whose births were registered within 1 to 5 years.

UNICEF continued working with the DSS on strengthening the role of the Government of Bangladesh as the lead agency in dealing with protection concerns including responses for children in Rohingya refugee camps and the host community in Cox's Bazar. A core programmatic element of the response was strengthening family-based care for vulnerable children through placements in alternative care arrangements. Several reasons sometimes necessitate the placement of children in alternative care including the death of one or both parents; abandonment by their parents or a situation of being separated or unaccompanied. The DSS provided cash assistance to strengthen the capacities of families to care for children and to prevent further separation. Each instalment of cash assistance was BDT 2000 provided to the caregivers of the children. The cash assistance was designed to provide additional support to families that were facing financial difficulties regarding caring for additional children during their prolonged displacement. These were selected through stringent case management assessments and referral pathways.

Education

In Cox's Bazar, global thematic funds were utilized to support staff costs and for COVID-19-related supplies for safe reopening of schools and LCs. The funds were channeled through partners to implement home-based caregiver led education activities, repair and maintenance of LCs, capacity development activities for partners and LC management committees, teachers' trainings and hygiene materials to 657 government primary schools/host community for safe reopening. As a result, a total of 231,578 children (52 per cent girls, including 1 per cent children with disabilities) were able to continue accessing education despite the interruptions to learning because of COVID-19. In 2021, 138,022 children (49 per cent girls) were supported through caregiver-led homebased learning in safe and protective environments. COVID-19 awareness messaging was also broadcasted through the radios to children, caregivers and teachers. Disinfection and cleaning materials, soap, hand sanitizers were procured and handwashing stations were established to allow refugee and host community children in 2,500 LCs and in 675 schools to continue learning in a safe environment following the reopening of facilities as of September 2021.

In response to the devastating fire that took place in the Rohingya camps in March 2021,⁵¹ the global thematic fund was pivotal in enabling UNICEF and partners to reconstruct 142 LCs, 2 multipurpose centers, 1 teacher resource centers and 44 WASH facilities destroyed by fire.

The fund was also utilized for the Cox's Bazar Education Sector's general operation and for staffing costs.

⁵¹ UNICEF. 'Bangladesh Humanitarian Situation Report (Rohingya Camp Fire). 31 March 2021. Available [here](#).



Figure 13: Learners at home being guided by their BLI during a household visit, ©UNICEF Bangladesh/2021/Salman

Top Level Results: Overall, 138,022 children (49 per cent girls including 1 per cent children with disabilities) from LCFA Levels I to IV continued their learning throughout the COVID-19 pandemic through caregiver-led education.

Issue/Background: Despite the provision of basic education services in the camps, due to COVID-19-related restrictions, children were not able to attend LCs for a total period of 543 days (March 2020 to September 2021). Furthermore, in 2021, 150 fire incidences, heavy rains, landslides, windstorms, lightning strikes and floods affected 44,615 households (208,709 individuals including 108,528 children), displacing approximately 62,600 and killing 21 people (half of whom children). These incidents damaged many UNICEF-supported facilities including 1,166 LCs. Further, risks related to neglect, exploitation and violence including GBV further contributed to learning losses for children in Rohingya refugee camps. Due to lack of access to education facilities during COVID-19, children further experienced losses of interest learning and became further involved in income-generating activities. In addition, girls who reached puberty faced further obstacles from both society and male family members due to existing negative social cultural practices, resulting in higher cases of child marriage.

Resources Allocated: US \$ 540,582

Progress and Results: From April 2020 to September 2021), children were supported through a blended learning approach including distance and caregiver-led learning, which continued after the re-opening of the LCs on 22 September 2021. As mentioned earlier, 138,022 learners were supported through context-adapted approaches to enable equitable learning opportunities. UNICEF and partners adopted innovative and flexible education delivery modalities to meet the learning needs of vulnerable groups, especially girls, children involved in child labor and children with disabilities. Alternative services delivery modalities, such as through radio programmes, were used to reach children, teachers and caregivers with educational content covering all 34 Rohingya refugee camps. Radio shows for caregivers, teachers and students were developed and broadcasted in all 34 Rohingya refugee camps. In addition, the weekly sessions by ARLCs kept the 4,948 adolescents (60 per cent girls, including 1 per cent children with disabilities) engaged and in touch with basic education through distance learning programmes.

Criticality and value addition: The care giver-led education was critical to ensure continued, uninterrupted education to vulnerable children in Rohingya refugee camps in Cox's Bazar District. Immediately after learning facilities were reopened from 22 September 2021, 119,444 Rohingya refugee children (47 per cent girls) from LCFA Levels II to IV were able to start attended in-person learning (four days a week) through 2,587 learning facilities (81 per cent of the total facilities). Likewise, more than 500 adolescent girls resumed learning through targeted measures after the LCs were reopened. Community engagement was also critical. It was supported by more than 600 volunteers and 200 religious leaders who were engaged in community consultations for bringing girls back to learning through agreeing to send their adolescent daughters to the girls-only classes.

The capacity of the teachers (refugee as well as host community) was also enhanced regarding the use of the e-learning platform which commenced during the pandemic and was used to train master trainers despite the ban on face-to-face sessions due to COVID-19 restrictions.

Challenges and Lesson Learned: One of the key constraints identified for the successful delivery of quality home-based education support was the limited capacity or limited literacy of the parents and caregivers. Bi-monthly home visits by the BLIs helped address this challenge to some extent by supporting caregivers with providing home-based learning to their children.

Moving Forward: Caregiver-led education as part of blended learning will continue even after the re-opening of LCs to fulfil the gaps related to reduced learning hours at LCs. UNICEF and partners will ensure adequate plans are in place to address any future emergency response needs including resource mobilization planning, improving partners' capacities and mobilizing community stakeholders.

The Government of Bangladesh through the RRRC verbally agreed to the launch of the MCP which was repeatedly delayed. In December 2021 the RRRC provided UNICEF the green light to start the transition from the LCFA to the MC. A total of 810 students (17 per cent girls) were enrolled to continue their learning under the MCP until December 31, 2021. To increase girls' participation, UNICEF partners will continuously engage parents and caregivers to sensitize them on the importance of girls' education. In response to cultural barriers related to girls' access to education, 137 girls were reached through sessions that UNICEF initiated after the reopening of LCs.

F. Humanitarian Results: Other Emergency Responses in 2021

Cyclone and Flood preparedness

Bangladesh is highly vulnerable to climate-related shocks and stresses, including monsoon flooding events. UNICEF participated in the preparation of the anticipatory action framework for severe flooding during the monsoon period to provide timely and effective life-saving support for 130,000 vulnerable people (51 per cent female) in northern Bangladesh. UNICEF prepositioned 74,000 jerry cans and 100,000 water purification tablets packs (50 tablets per 1 pack for 15 days) in the selected districts. Ten mobile water treatment plants were also in place to ensure safe drinking water at the evacuation points for two weeks. One mobile water treatment plant produces 5,000 L water per day. Through the anticipatory action, beneficiaries can better minimize the loss of life, household structures, assets, food grains and income from livestock. Moreover, they can avoid negative coping mechanisms, reduce psycho-social stress, water borne diseases, recover more rapidly and build resilience against future risks. Although the measures were not triggered in the reporting year, the anticipatory action will be in place for 2022.

With the generous contribution from the Foreign, Commonwealth and Development Office of the United Kingdom, UNICEF strengthened cyclone and flood preparedness in WASH and Nutrition Sectors at the national level. Close to 150,000 people will benefit from the WASH prepositioned supplies during times of cyclones and floods. These supplies will be ready for distribution by Government of Bangladesh partners and NGOs in times of crisis. In addition, with UNICEF's technical support, the DPHE conducted

six workshops on disaster risk reduction and local level cluster coordination mechanisms in March 2021 across six divisions. These workshops helped strengthen the capacity of WASH Sector stakeholders on cyclone emergency preparedness, the planning and delivery of WASH services and the identification of gaps in current activities and opportunities. In total, 221 participants (15 per cent female) attended these workshops, including DPHE staff from national, division and district levels, officials from the Department of Disaster Management, Education and Health Ministries and WASH cluster members. Mid-level and senior managers/programme directors were closely involved in the workshops programme design and strategy development.

UNICEF also supported the development of the national 'Compendium of water, sanitation and hygiene technologies in emergencies, Bangladesh' compendium in partnership with the Bangladesh University of Engineering and Technology. This national catalogue, covering a comprehensive set of WASH facilities using different technologies with designs, drawings and bill of quantities, outlines the various options for renovation and new construction of affordable, resilient and gender-friendly WASH facilities. UNICEF will ensure the dissemination of material among stakeholders for their ownership and utilization to provide a better and standardized response during emergencies.

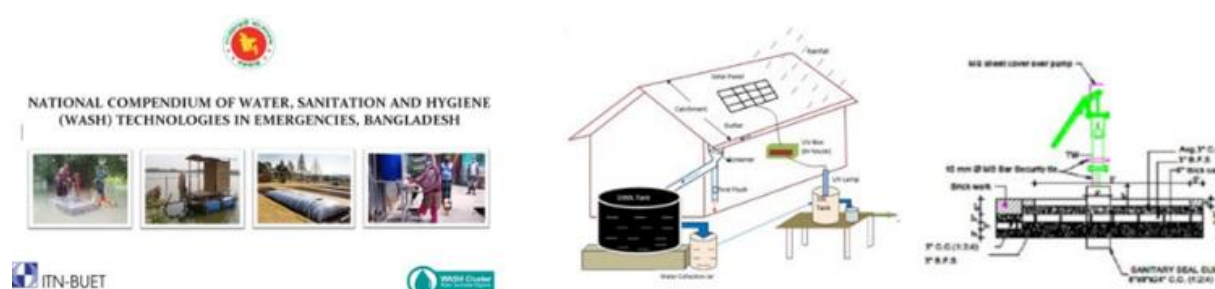


Figure 14: National compendium of water, sanitation and hygiene technologies in emergencies, Bangladesh, and examples of the designs of some of the technologies

UNICEF further strengthened national capacities to implement timely and cost-effective response activities through the development of communication materials for IYCF counselling and the Breastmilk Violation Code (BMS). The project supported the development of communication materials and key contents of public service announcements covering dangers of using BMS during disaster and age specific complementary feeding up to 24 months of age. These two communication materials will be used at facility and community levels as part of disaster risk reduction-related activities as well as during disasters to raise awareness among child, women and service providers on appropriate IYCF practices.

Flood Response in the refugee camps and host communities

From 27 July till mid-September 2021 Cox's Bazar experienced more than 1,300mm of rain and 200mm between 27 and 28 August. This significant amount of rainfall triggered flash floods and inundations in the Rohingya refugee camps and host communities. The floods and heavy rain affected 87,617 Rohingya refugees (52 per cent female), resulting in 25,469 being and 10 being killed (five due to landslides triggered by heavy rain). In addition, 11,675 shelters were damaged in the Rohingya camps⁵². In addition, a further 1,166 LCs, 1,914 latrines, 223 tube-wells, 63 tap-stands, 551 bathing cubicles, 18 FSM sites and 13 pipeline networks were damaged by floods and heavy rain during the monsoon season in 2021.

Response

In response to the flooding, 117,135 people, of whom 31,600 were Rohingya refugees and 85,535 were individuals from host communities (48 per cent female, including 1.7 per cent persons with disabilities) received emergency assistance from UNICEF. By December 2021, 717 LCs, 221 tube-wells, 63 tap-

⁵² ISCG. 'ISCG Monsoon Response Flash Update #6, 1 September 2021.' 2 September 2021. Available [here](#).

stands, 13 pipeline networks, 1,824 latrines, 505 bathing cubicles and 18 FSM were repaired and 138 service facilities recommissioned, benefitting 57,360 learners and approximately 76,000 Rohingya refugees (39,520 female). In addition, 18,000 individuals (51 per cent female) were provided with information on public health risks associated with poor hygiene through the CCC-PLTH approach.

In August, 6,648 flood affected families in Camp 8W received two-months stocks of soap in response to AWD outbreaks, benefitting a total of 33,240 individuals (52 per cent female, including 1 per cent persons with disabilities) 8,310 women and 17,105 children. Additionally, 704 children (451 girls including 10 with disabilities) with SAM were treated in supported INFs.

Finally, in the host communities, 648 water points were repaired/disinfected and 7,483 latrines repaired/constructed, benefitting 85,535 individuals (47 per cent female, including 1 per cent persons with disabilities).

Future Workplan

UNICEF will ensure that a sufficient contingency supply of medicines, soaps, jerry cans, aqua tabs, recreation kits, MHMs, tarpaulins and other supplies are available and prepositioned in facilities to support any sudden onset crises in the future. UNICEF will also ensure the availability of tarpaulins to cover the land and slopes around premises of the facilities to reduce and prevent land erosion and slope failure and protect the facilities from erosion during monsoons and periods of heavy rain.

Additionally, trainings will be arranged for partner's staff at UNICEF-supported facilities on disaster preparedness, response, risk mitigation and prevention. In parallel to this, contingency plans and response plans will be kept up to date pending their activation following any sudden onset crises.

UNICEF will further participate in drills and simulation exercises organized by the Site Management and Site Development Sector, camp disaster management committees and disaster response units. This will be informed by a multi-hazard risk assessment that will be conducted at UNICEF-supported facilities, whose outcome will inform best methods and practices for reducing and mitigating risks of land erosion and slope failure as well as damages to facilities following crises.

Further, UNICEF will complete all reconstruction and decommissioning activities of the damaged facilities of 2021 monsoon. Finally, UNICEF will continue strengthening coordination and monitoring mechanisms with partners in case immediate surge support needs are identified following an onset of a further crisis.

Fire Response

On 22 March 2021, a massive fire broke out in three Rohingya refugee camps (Camps 9, 8W and 8E) and affected approximately 92,000 people⁵³ (of whom 48,300 individuals, including 24,633 children, were directly affected) and resulted in the deaths of 11 refugees. Many UNICEF-supported facilities were destroyed or damaged due to the fire including 1 primary healthcare center, 148 LCs, two nutrition facilities, six water supply networks, 750 latrines, 280 bathing spaces and one IFC.

Response

In response to the fire, UNICEF and partners reached 44,080 children (47 per cent girls, including 0.07 per cent children with disabilities) and 40,180 adults (55 per cent female, no data on persons with disabilities available) with lifesaving supports in the fire affected camps. Supports provided to children included reunification with parents, referrals to health services, psychological first aid and PSS, screening for acute malnutrition, lifesaving treatment for SAM, supplementary food, dignity kits, injury treatment and essential health services. Emergency mobile medical teams provided services to 36 burnt

⁵³ ISCG. 'Fire Incident: Initial Rapid Joint Needs Assessment Report - March 2021, Cox's Bazar-Bangladesh.' 1 January 2022. Available [here](#).

and 134 injured individuals and ensured essential services to 1,506 children (49 per cent girls, no data on disabilities) under the age of 5 years. In the INFs in and around fire affected camps, UNICEF partners created emergency breastfeeding corners which provided safe spaces to 3,168 mothers to safely breastfeed their children. In addition, the wellbeing of over 4,101 children (46 per cent girls including 0.4 per cent with disabilities) was ensured through the establishment of two ECCD. Finally, 5,814 children (45 per cent girls including 0.4 per cent with disabilities) under the age of 5 years received age-appropriate supplementary foods in these centers, where necessary.

UNICEF further restored access to safe water supply to 18,000 fire affected Rohingya refugees (51 per cent female, including 3 per cent persons with disabilities) and 1,000 individuals (51 per cent female, including 1 per cent persons with disabilities) from surrounding host communities through the reconstruction of five water distribution networks and 120 handpump wells. Some 9,800 refugees (51 per cent female, including 3 per cent persons with disabilities) were supported with access to improved sanitation through the construction of 306 latrines, 181 bathing spaces and two FSM sites. A total of 18,000 Rohingya refugees (51 per cent female, including 3 per cent persons with disabilities) were also provided with a monthly ration of three bars of soap and engaged on hygiene behavior change through CCC-PLTH, while 6,270 women and adolescent girls received MHM kits.

Progress was also on repairing and rebuilding facilities affected by fire and monsoon. As of December 2021, 112 of the 140 LCs that were damaged during the reporting period were repaired. In addition, 32 of 44 damaged toilets were repaired and 1 of 2 teacher resource centers was also rehabilitated. Permission is still needed to complete the rehabilitation of 12 LCs and 1 of the teacher resource centers. In addition to the fire damage, a total of 1,166 learning centers and 332 toilets were damaged by monsoon winds and rains. By the end of the year, 717 learning centers and 192 toilets were repaired and/or rebuilt from those damaged by monsoon winds.

The fire incident in Camp 9, 10, 8E and 8W also destroyed properties including one IFC in Camp 9. UNICEF and partners responded within the first 72 hours by deploying 30 community volunteers to support child protection with tracing of unaccompanied children, including disseminating key messages on protection, family re-unifications and shelter related messages and information. In addition, three temporary IFCs were established in the fire affected camps to address information needs and receive complaints, feedback and queries. In total, 35,069 individuals (sex disaggregation not available) were reached with key child protection prevention messaging and information on family reunification and various other service points. Community volunteers and religious leaders also supported the re-unification of 70 children (sex and disability disaggregation not available). An emergency news bulletin was broadcasted every three hours by Community Radio Naf which included Information on unaccounted for children, health seeking, food distribution, registration, care and the protection of children targeting parents, caregivers, and children, fire safety and first aid burn, lost documents and PSEA. A special radio dialogue on the mental health was organized with support from CiCs.

Future Workplan

UNICEF will ensure that a sufficient contingency supply of medicines, soaps, jerry cans, aqua tabs, recreation kits, MHMs, tarpaulins and other supplies are available and prepositioned in facilities to support any sudden onset crises in the future. In addition, UNICEF will arrange trainings for partners staff of UNICEF-supported facilities on fire preparedness, response, and prevention.

To support future emergency response interventions, UNICEF ensure that existing contingency and response plans remain up to date with the latest standard operating procedures and best practices for fire response. In addition, UNICEF will actively participate in drills and simulations organized by the Site Management and Site Development Sector, camp disaster management committees and disaster response units. Further, UNICEF will conduct a fire risk assessment of the UNICEF-supported facilities and take initiatives to prevent fire following the assessment's outcomes.

Conditions	Learning Centers		Toilets	
	Damaged	Repaired or reconstructed	Damaged	Repaired or reconstructed
Fire	140	112	44	32
Monsoon	1,166	717	332	192

Table 8: Number of LCs damaged and repaired by the fire and monsoon in Rohingya refugee camps in Cox's Bazar District, 2021

G. Assessment, Monitoring and Evaluation

UNICEF continued supporting the annual ISCG-led JMSNA with support of sectors and worked to ensure the needs to children were captured throughout the process. UNICEF also contributed to data and evidence in term of nutrition (regarding the VAS and deworming campaigns); WASH (regular water quality monitoring in all supported camps) and education (on the rollout of the MCP).

UNICEF Cox's Bazar continued receiving monthly updates on high critical indicators from its partners through an online platform. This data is critical for capturing the results of programming in the field, with data being disaggregated by sex, age, disability and refugee/host community allowing UNICEF and partners to compile and analyze this data for reporting and other purposes. Reporting data also captures COVID-19 response and activities. UNICEF staff (Information Management Officers) clean and analyze data, which serves each UNICEF section to have regular and up to date information on section-specific interventions. Some UNICEF sections additionally use third party monitoring to both support with data collection and analysis, as well as assist in conducting larger scale studies in the field. This third-party monitoring further also assists in assessing the performance of UNICEF partners. Results from the monitoring and analysis through these means are then able to be compared against higher-level strategic benchmarks, such as those in the JRP 2021, HAC 2021 appeal or 2020 Core Commitments for Children in Humanitarian Action.

To support with the compilation and data analysis and contribute towards evidence-based decision-making on programme interventions, **UNICEF continued to manage and utilize an online dashboard that tracks real-time results against each programme intervention implemented both country-wide, as well as in Cox's Bazar District.**⁵⁴

Data validation is supported by UNICEF field monitoring staff, dedicated field monitors, as well as third-party monitors where relevant. Field monitoring takes place on a regular basis and serves to inform the validity of data being reported by partner staff. In addition, section staff conduct regular programmatic visits with partners in the field, which allows regular observations of field implementations against partner programme commitments. Furthermore, this provides a forum for UNICEF and partners to discuss any challenges experienced and lessons learned from field experiences, which serve to inform and improve the design of programme interventions.

Another key feedback mechanism, serving as a critical aspect of UNICEF's AAP in Rohingya refugee camps in Cox's Bazar District are the 14 and 4 UNICEF-supported IFCs in Rohingya camps and host communities, respectively. These are critical to ensure active community engagement, ensuring that beneficiaries from camps and host communities have a direct line of communication to UNICEF and partners, through which they can provide complaints, feedback and queries on programme interventions. This data is in compiled and analyzed by UNICEF and partners, accordingly serving to inform and improve interventions. During the reporting period, these a total of 74,223 complaints, feedback and queries. These were collected, recorded and where relevant referred

⁵⁴ UNICEF. 'Response to the COVID-19 Pandemic in Bangladesh.' 2022. Available [here](#).

onwards to local authorities and service providers to improve the impact of services for the benefit of the affected communities.

H. Financial Analysis

Funding for the 2021 appeal reached US \$ 203,618,874, of which US \$ 88,233,077 was received in 2020 and US \$ 66,935,593 was available from the previous year.

Appeal Sector	Funding Requirements	Funds Available Against Appeal as of 31 December 2021				% gap in funding against the HAC
		Funds Received Current Year		Carry-Over ORE	Carry-Over ORR	
		ORE	ORR			
Nutrition	22,639,274	1,339,557	7,453,442	4,150,239	8,929,445	3%
Health	36,373,000	8,952,986	9,438,002	1,931,895	7,809,945	23%
Water, Sanitation and Hygiene	34,633,000	16,634,881	1,574,643	1,453,041	5,421,185	28%
Child Protection/GBV	28,266,000	9,825,181	372,377	2,606,035	7,485,204	28%
Education	69,701,600	17,125,076	4,440,858	4,790,152	17,778,571	37%
Communication for Development	5,006,000	1,613,573	1,580,674	1,703,471	1,508,736	0.00%
Emergency Preparedness	7,000,000	7,881,756	-	962,138	405,535	0%
Total	203,618,874	63,373,011	24,859,996	17,596,971	49,338,622	26%

Table 9: Funding status against the appeal by sector

** Funds available includes funds received against current appeal and carry-forward from previous year.*

Table 2 - Funding Received and Available by 31 December 2021 by Donor and Funding type (in USD)		
Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/18/9910	2,994,956
	SM/20/9910	262,535
b) Non-Thematic Humanitarian Funds		
USA (State) BPRM	SM/21/0202	25,880,000
Bangladesh/ World Bank	SC/21/0091	12,141,247
USAID	SM/21/0583	8,500,000
Australia	SM/20/0031	5,365,526
UNOPS - New York	SM/19/0445	4,064,278
USA (State) BPRM	SM/21/0366	3,820,000

SIDA - Covid-19	SC/20/0401	3,507,951
The United Kingdom of Great Britain and Northern Ireland	SM/21/0659	2,274,052
Bangladesh/ World Bank	SC/19/0517	2,000,000
Global Muslim Philanthropy Fund for Children	SC/21/0375	1,804,351
Germany	SM/21/0263	1,756,585
European Commission / ECHO	SM/21/0308	1,393,065
Canada DFATD	SC/18/1065	1,564,945
Germany	SC/19/0700	1,365,654
KfW - Germany Kreditanstalt für Wiederaufbau	SC/21/0688	1,156,272
Republic of Korea	SM/21/0255	1,000,000
US NatCom/BMGF	SM/21/0293	1,000,000
Germany	SM/21/0265	992,733
Gavi	SC/19/0354	543,705
USAID/Food for Peace	SM/21/0967	436,320
Norwegian NatCom	SM/21/0871	367,500
Australian NatCom	SC/19/0337	300,000
Danish NatCom (Telethon)	SC/20/0257	208,989
US Natcom: (Secondary: Facebook)	SC/20/0348	151,200
Australian NatCom	SM/21/0939	112,613
LIECHTENSTEIN	SM/20/0861	110,375
WHO GSC, Global Procurement Services	SM/21/0140	91,800
Swiss Agency for Development and Cooperation (SDC)	SC/21/0626	73,529
Italian NatCom	SC/18/99070014	24,390
UNICEF Bangladesh: Private Sector	SC/18/99050033	17,762
Total Non-Thematic Humanitarian Funds		82,024,842
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF	SM/21/0176	1,474,920
d) Other types of humanitarian funds		
USAID/Food for Peace	KM/20/0042	3,953
USAID/Food for Peace	KM/21/0127	275,000
Japan NatCom	KM/21/0024	36,800
USAID/Food for Peace	KM/21/0128	1,160,000
Total humanitarian funds received in 2021		87,958,006
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/18/9910	5,276,838
	SM/20/9910	461,263
f) Carry-over of non-Thematic Humanitarian Funds		
European Commission / DEVCO	SC/20/0571	8,692,338
European Commission / DEVCO	SC/19/0011	7,653,729
Australia	SM/20/0031	4,218,792

Germany	SC/19/0703	3,830,970
Germany (KFW)	SC/20/0781	3,699,743
Germany	SC/18/1102	3,283,575
Germany	SC/19/0700	3,058,056
European Commission / DEVCO	SC/20/0571	2,854,215
European Commission / (EU-IcSP)	SC/20/0572	2,721,308
WB	SC/19/0177	2,653,300
SIDA Sweden	SC/20/0401	2,013,725
WB	SC/19/0517	1,710,690
ECW FUND	SC/18/0850	1,674,552
Germany (KFW)	SC/19/0700	1,379,827
UNOCHA	SM/19/0408	1,343,725
European Commission / ECHO	SM/19/0249	1,086,566
USAID/Food for Peace	KM/20/0044	860,000
Republic of Korea	SM/20/0649	803,850
Japan	SM/20/0070	729,112
SIDA - Sweden	SC/20/0401	720,000
Global Partnership for Education	SC/18/0849	640,923
USAID/Food for Peace	KM/20/0042	613,800
Danish NatCom	SC/20/0257	600,006
Swiss NatCom	SC/20/0520	502,836
United States Fund for UNICEF	SM/18/0517	490,780
GAVI The Vaccine Alliance	SC/19/0354	385,995
AusAid/DFAT	SM/20/0373	377,840
SIDA - Sweden	SC/17/0507	347,919
UNICEF (FOR GR ALLOCATIONS ONLY)	GS/19/0025	327,982
UNOPS - New York	SM/19/0445	238,106
USAID/Food for Peace	SM/20/0434	234,919
BRITISH GOVERNMENT (DFID)	SM/20/0803	182,124
Islamic Development Bank	SM/17/0518	176,926
Germany	SC/18/1101	142,486
New Zealand Committee for UNICEF	SM/20/0773	136,928
Australian NatCom	SC/19/0337	131,696
Switzerland/SDC	SM/20/0400	125,501
Australia	SM/20/0031	100,000
Hong Kong Committee for UNICEF CHINA	SC/19/0541	92,891
EC/ECHO	SM/20/0550	84,590
CONSOLIDATED NatCom	SC/18/0800	79,000
UNICEF (FOR GR ALLOCATIONS ONLY)	GS/18/0106	75,847
Romania	SM/20/0821	33,187
Global WASH	SC/18/9906	24,613
Romania	SM/20/0822	22,125
GPE	SC/20/0189	21,620
Norwegian NatCom	SC/17/0336	14,018
German NatCom	SC/20/0103	2,372
GERMAN NatCom	SC/20/0396	1,676
NORWEGIAN NatCom	SC/19/0504	431

GLOBAL - CHILD PROTECTION	SC/18/9905	242
GAVI	SC/19/0107	42
Total carry-over non-Thematic Humanitarian Funds		61,197,491
Total carry-over humanitarian funds		66,935,592
III. Other sources		
Not applicable		
Total other resources		-

Table 10: Funding received and available by donor and funding type

* Programmable amounts of donor contributions, excluding recovery cost.

** 2021 loans have not been waived; COs are liable to reimburse in 2022 as donor funds become available.

Thematic Humanitarian Contributions Received in 2021 (in USD): Donor	Grant Number	Programmable Amount in USD	Total Contribution Amount in USD
Australian Committee for UNICEF	SM/18/9910/0556	21,285	22,530
Austrian Committee for UNICEF	SM/18/9910/0562	8,446	8,940
Canadian UNICEF Committee	SM/18/9910/0028	43,875	46,440
Danish Committee for UNICEF	SM/18/9910/0066	60,620	64,164
German Committee for UNICEF	SM/18/9910/0061	1,240,768	1,313,317
Global - Thematic Humanitarian Response	SM/20/9910	249,375	262,535
Global Thematic Humanitarian	SM/18/9910	348,853	369,251
Hong Kong Committee for UNICEF	SM/18/9910/0981	29,765	31,505
Japan Committee for UNICEF	SM/18/9910/0057	194,143	205,495
Japan Committee for UNICEF	SM/18/9910/0558	13,405	14,189
Korean Committee for UNICEF	SM/18/9910/0980	120,481	127,525
Netherlands Committee for UNICEF	SM/18/9910/0072	12,883	13,637
New Zealand Committee for UNICEF	SM/18/9910/0362	12,516	13,248
Polish National Comm for UNICEF	SM/18/9910/1008	23,124	24,476
Spanish Committee for UNICEF	SM/18/9910/0215	68,537	72,545
Turkish National Comm for UNICEF	SM/18/9910/0991	2,254	2,386
United Kingdom Committee for UNICEF	SM/18/9910/0031	159,294	168,608
UNICEF-Mexico	SM/18/9910/0560	4,585	4,853
UNICEF-Philippines	SM/18/9910/0561	4,151	4,394
United States Fund for UNICEF	SM/18/9910/0008	321,218	340,000
United States Fund for UNICEF	SM/18/9910/0213	139,307	147,453
Total		3,078,887	3,257,491

Table 11: Thematic humanitarian contributions received in 2021

*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2020 Humanitarian Action Global Annual Results Report.

I. Future Work Plan

WASH

The water component of the project will focus on water quality improvements and monitoring at the source and points of use. UNICEF will support the DPHE in the monitoring of groundwater resources in host communities. Water network coverage will be assessed to inform options for small water networks covering critical areas to ensure equitable distribution of safe water supply to vulnerable populations. UNICEF will provide assistance through routine operation and maintenance of water networks and hand pumps. Chlorine products will be distributed to conduct household water treatment where needed and ensure access to safe drinking water to the Rohingya population.

For sanitation, UNICEF will focus on operations, maintenance and improvement of existing latrines and bathing spaces to ensure safety, privacy and address the needs of women, girls, persons with disabilities, the elderly and other vulnerable people in the community. WASH infrastructure assessment will be done to identify the needs and address gaps. UNICEF will work towards protecting the environment through the operation and maintenance of FSM sites. UNICEF and partners will work towards the establishment and operation of solid waste management sites for composting and segregation units. UNICEF will support the provision of waste collection bins and materials for household and communal use

Hygiene promotion and community engagement will continue working towards the achievement of protective behaviour change focusing on additional behaviours such as safe water collection and storage, elimination of open defecation and safe handling of children's faeces, and waste management related behaviours such as non-littering and waste segregation at household level. Community participation in the operation and maintenance of infrastructure. Mainstreaming of gender, GBV and inclusion will be observed in all interventions to ensure that the needs of the most vulnerable are covered.

Health

UNICEF will continue to work on ensuring equitable access to high quality RMNCAH for Rohingya Refugees in camps through support for the delivery of primary health care services at 13 health facilities in Rohingya refugees camps in Cox's Bazar and based on gaps related to refugee relocations to Bhasan Char Island.

UNICEF will also support the delivery of essential and sick newborn care for both host communities and Rohingya refugees. In the camps, essential newborn care practises will be supported with NSUs and the CSDH will continue to be prioritized. On Bhasan Char Island, UNICEF will support the operationalization of a 10 bed SCANU in the Government of Bangladesh facility to address newborn care needs that is complicated by difficulties with completing referrals.

UNICEF will also continue to support the provision of PMTCT services for Rohingya refugees ensuring pregnant women and their partners are provided access to HIV counselling and testing and linkages to antiretroviral therapy for HIV positive women.

Nutrition

UNICEF will continue implementing CMAM through its 26 INFs in 19 camps. The project will combine facility, community and household-based approaches to facilitate improved access for the most at-risk groups. At the facility level, UNICEF and partners will target children with SAM for treatment. **Caregivers of children under the age of 2 years will be screened to identify needs for breastfeeding support with need based IYCF counselling and messaging support being provided.** Monthly GMP sessions will be conducted in GMP corners focusing on children aged less than 2 years. ECCD services will be mainstreamed as part of essential basic services of health and nutrition.

To improve children's immune system age-appropriate doses of VAS, these campaigns will be undertaken twice annually in all camps. Each round of vitamin A supplementation will be coupled with mass screening for acute malnutrition, screening for disabilities and IYCF messaging for the caregivers. Deworming tablets will be provided among children aged 24 to 59 months twice annually to improve their abilities to absorb critical nutrients and to improve their immunities, thereby protecting children from chronic illnesses caused by worms. Simultaneously, pregnant and lactating women and adolescents will be given IFA tablets to prevent nutritional anaemia.

All community mobilization activities will be conducted through community-based nutrition volunteers. These volunteers will do follow-up visits with an emphasis on absentees, defaulters, and non-responders from severe acute malnutrition treatment. Strategies for behaviour change communication mainly focusing on IYCF will include mother-to-mother support groups, cooking demonstration, *mukhe bhaat* ceremonies, peer groups for adolescent girls as well as courtyard sessions targeting community leaders, male caregivers and other stakeholders.

To ensure the quality of services, all staff and volunteers will be trained on a comprehensive training package on nutrition including GMP, CMAM, IYCF practices and maternal nutrition and anaemia prevention.

Cross cutting issues such as gender, AAP, disability, ECCD and disaster risk reduction will also be addressed through different nutrition project. As Nutrition sector lead UNICEF will provide technical guidance to all sector partners as per global and national protocol to ensure standardized nutrition programming and strengthened the coordination and partnership to minimize the resource duplication and smooth implementation.

UNICEF will ensure the management of SAM children in Bhasan Char through provision of supplies and supporting establishment of a SCANU facility.

To ensure quality nutrition services in Government of Bangladesh facilities, frontline health and nutrition service providers will be trained on a comprehensive CCTN). Essential nutrition supplies will be procured and distributed to the targeted facilities.

Nutrition services in host communities will involve community engagement and mobilization by the multipurpose health volunteers who will be trained on comprehensive package of nutrition and will mobilize community groups and community support group members to strengthened community level nutrition services.

Community engagement activities will mainly focus on the promotion of age appropriate and timely initiation of complimentary feeding through practical demonstrations for mothers and caregivers such as cooking demonstrations and *mukhe bhaat* ceremonies.

UNICEF will collaborate with the DAE, the DLS and local NGOs on nutrition sensitive interventions such as build the capacities of beneficiary households on sustainable homestead gardening and backyard poultry rearing to produce nutrient rich foods thus improve household level food security.

Child Protection

UNICEF will continue to 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 risks, including girls, boys, women and men of all ages, who have diverse needs and vulnerabilities, to mitigate exposure to protection risks, strengthen the resilience of affected communities to build skills for return and reintegration. In addition, UNICEF will place communities at the centre of the response by ensuring active and meaningful two-way communication between humanitarian actors and communities of concern in line with AAP principles.

UNICEF will support system strengthening together with Government of Bangladesh and local partners, including local women-led rights organizations and disabled persons organizations promoting peaceful coexistence within and between the Rohingya refugee and host communities.

UNICEF will strive to 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 protection services.

Following the signing of the memorandum of understanding between Government of Bangladesh and United Nations agencies in October 2021 aimed at launching humanitarian programmes on Bhasan Char Island, **UNICEF plans to initiate, maintain and strengthen child protection services at the highland with the overall objective of ensuring that boys and girls, including adolescents, who are at risks of abuse, neglect, violence, exploitation and severe distress have access to well-coordinated and gender-responsive quality child/youth protection services**

Education

Following approval of the MC by the Government of Bangladesh in January 2020, UNICEF have been planning the transition of all children accessing education in the camps from the LCFA to the MC starting from 2020. The MCP was initially planned to commence in April 2020, but due to COVID-19-related restrictions, the Government of Bangladesh only allowed to start the gradual introduction of the MC as of November 2021. In the currently ongoing pilot stage, the focus is on the core subjects for grades 6 to 9, namely Burmese, English, mathematics, sciences and social studies (history and geography). As of 31 January 2022, a total of 2,430 children (23 per cent girls) are attending MCP facilities across 115 MC LCs.

UNICEF is currently supporting local partners to conduct all preparatory activities to roll out the MC as soon as possible. This includes the selection of MC facilities, procurement of furniture, textbooks, teacher guides and other materials for the MC. Learners previously enrolled in LCFA Levels III and IV are taking a placement test in the transition to the MC (grade-based classes) and teachers are taking a competency assessment as they switch from teaching the LCFA to teaching the MC. Six technical guidelines have also been developed and distributed, including the following guidelines: Student Placement Test, Facilitator Recruitment and Induction, Communication, Learning Facility Management, Partnership with Rohingya Community Education Initiative and Quality Assurance were developed and endorsed by the Strategic Advisory Group of the Sector in Cox's Bazar.

Providing remedial and alternative education opportunities remains of crucial importance, given the significant learning losses incurred during the long period when children were not able to attend LCs. UNICEF and partners rolled out a catch-up package, including alternative lesson plans, pedagogical trainings and COVID-19 awareness trainings as well as psycho-social support. In 2021, UNICEF started a technical collaboration with BRAC and BRAC University to develop a framework for remedial education, in support of the Cox's Bazar Education Sector.

LCs in the refugee camps were allowed to reopen as of 22 September 2021 while adhering to COVID-19 mitigation and prevention measures, including the wearing of masks, regular handwashing with soap and temperature checks upon arrival. A maximum of 15 children can attend classes at a time to comply with social distancing requirements while always maintaining three feet of distance. Each group of children in LCFA Levels II, III and IV attend classes in person only once a week. Children enrolled at LCFA Level I (the equivalent of preprimary grade) were also re-allowed to join in-person classes from 23 December 2021. Caregiver-led learning, or home-based support, will continue to be provided to children between 3 and 5 years and to other children to supplement their contact time at the LCs.

During the period when LCs were closed, UNICEF in partnership with local radio stations launched three different shows for three main groups: caregivers, learners and teachers. The first show focuses

on supporting caregivers with engaging children and youth in their care. The second focuses on developing the literacy skills of learners through storytelling by broadcasting stories that highlight Burmese and English language vocabulary. The third discusses various professional development topics for teachers such as classroom management, lesson planning and self-care practices. All UNICEF partners were given an orientation on the radio programs, the broadcast schedules and information on how radio stations can be accessed through different technologies such as feature and smartphones. To ensure that access to audio programmes such as these radio shows and more academic content will be available, radios were distributed to partners and are planned to be used in every learning facility. Given the spotty radio signal coverage, radios that can play audio content via memory cards and sticks to ensure audio programmes are as accessible as possible. All partners were given trainings and provided access to the audio files of the episodes from the radio shows to download onto memory cards and played via the radios. In addition to the radios and programmes, tablets will be provided to teachers to support the rollout of the MCP to support teacher capacity development and facilitate quality teaching. The RRRC reviewed and provided verbal approval for the use of tablets for MCP and required tablets to not connect to the internet. Following in line with the RRRC requirements, the applications will be available in offline mode.

In the context of COVID-19, the Education Sector with the support and involvement of the Government of Bangladesh started outlining and disseminating the COVID-19 response and recovery plans through television, radio, mobile technology and online platforms as the key remote learning modalities to ensure continuity of learning and reduce learning loss during the COVID-19 pandemic. In collaboration with radio partners the development of radio scripts to guide the broadcast of remote learning support for learners, caregivers and teachers is ongoing.

Communication for Development

UNICEF as co-lead of the RCCE pillar will continue supporting COVID-19 prevention measures and promote COVID-19 vaccine uptake through sustained community engagement to maintain COVID-19 prevention practices and promote vaccine acceptance. The RCCE response will be informed by behavioural monitoring to track shifts in attitude and practices towards COVID-19 prevention and vaccine acceptance among Rohingya refugees and host communities. The information gathered would be crucial in tailoring community interventions.

Further support will be provided in promoting demand for continuity of essential services in health, nutrition, education and child protection with a focus on engaging communities to send girls back to school, ensuring children under the age of 5 years complete routine immunization and community nutrition services including exclusive breastfeeding. Strengthening the complaint feedback mechanisms will be prioritized with a special focus on strengthening data sharing among the humanitarian agencies aiming at improving referrals and responding to the community feedback both in Rohingya camps and surrounding host communities in Cox's Bazar District in Bangladesh.