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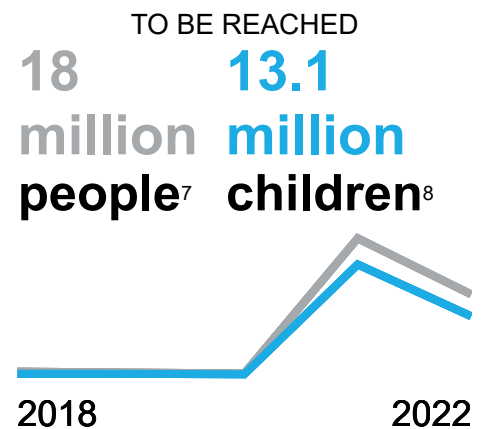
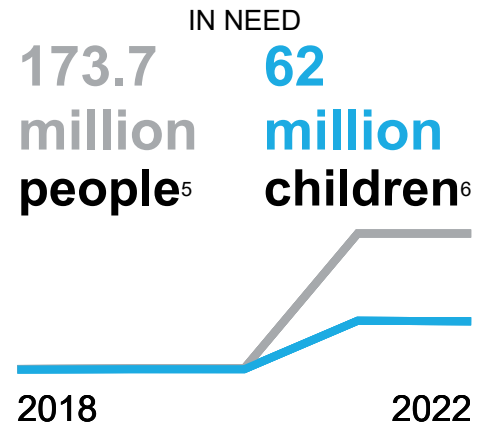
Humanitarian Action for Children

When monsoon rainfall flooded their home in the Rohingya refugee camp, Kabira and her baby took shelter in the UNICEF health post, where they usually access primary healthcare and nutrition services.

Bangladesh

HIGHLIGHTS¹

- Four years on, Bangladesh is hosting over 895,000 Rohingya refugees³ in Cox's Bazar District. A densely populated country, Bangladesh is among the top 30 countries in terms of the COVID-19 caseload globally, with 1,561,463 reported cases.² Amid the pandemic, over 6 million people, of whom 43.6 per cent are children, are affected by monsoon floods annually.
- In line with inter-agency response plans,⁴ UNICEF will support the Government to prepare for and respond to humanitarian needs, providing equitable health, nutrition, water, sanitation and hygiene (WASH), education, child protection and gender-based violence services at scale.
- UNICEF is appealing for US\$216.5 million to maintain life-saving services for Rohingya children and their families, support host communities affected by the refugee influx, and mitigate the worst direct and indirect impacts of COVID-19 and natural disasters on children and families across the country.



KEY PLANNED TARGETS



3.7 million

children and women
accessing health care



3.1 million

people accessing a
sufficient quantity of safe
water



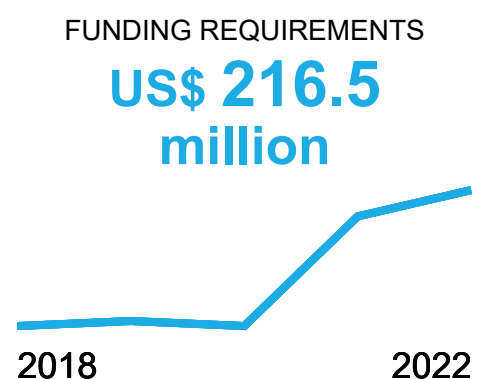
10 million

children/caregivers
accessing mental health
and psychosocial support



734,369

children receiving individual
learning materials



HUMANITARIAN SITUATION AND NEEDS

As of 31 August 2021, Bangladesh is hosting over 895,000 Rohingya refugees, including 456,712 children, who fled violence in Rakhine State, Myanmar four years ago. Durable solutions are still being sought for their safe return to Myanmar. The COVID-19 pandemic, fire incidents, upsurge of acute watery diarrhoea/cholera, monsoon floods and landslides have further exacerbated their living conditions, especially for women and children. In 2021, the humanitarian response in the camps was delivered at drastically reduced levels due to the COVID-19 situation and related restrictions. Thousands of Rohingya refugee and host community volunteers worked tirelessly to deliver the most critical services through alternative means, such as home-based learning, and in compliance with COVID-19 prevention measures. However, the humanitarian community remains concerned by the deterioration of the overall protection environment and limited services in the camps. The need for reliable access to services, including psychosocial support and referrals, particularly the response to cases of gender-based violence and child protection issues, as well as much-needed education services, remains critical.

The COVID-19 situation across the country has severely affected the economy and for the first time in two decades reversed the poverty reduction trend.⁹ In addition to the impact on health, including mental health, and a steep increase in protection needs, the pandemic may also have long-term implications as a result of the learning losses. As of 10 October 2021, Bangladesh had the twenty-ninth (29) highest caseload of COVID-19 globally, with 1,561,463 confirmed cases, including 27,654 deaths.¹⁰ The mass COVID-19 inoculation is underway, however, as of October 2021, only 11 per cent of the total Bangladesh population and 3.7 per cent of Rohingya refugees in camps have been fully vaccinated.¹¹ While response needs in some sectors (e.g., education, WASH, health and nutrition) are being increasingly addressed through the development programme, all response sectors are in need of strengthening preparedness with risk communication and community engagement for a potential COVID-19 upsurge.

Furthermore, Bangladesh is highly vulnerable to disasters such as floods, landslides and cyclones (Yaas and Gulab occurred in 2021). Over 6 million people are affected by monsoon floods annually,¹² with mostly children and women bearing the brunt of the crisis. People with disabilities, particularly women and girls, are disproportionately at risk of violence, exploitation and abuse, including gender-based violence (GBV). These risks are further exacerbated in the context of the pandemic.

SECTOR NEEDS



3.4 million children in need of immunization services¹³



30.3 million people lack access to safe water¹⁴



20.1 million children need psychosocial support¹⁵



32.8 million children in need of education support¹⁶

STORY FROM THE FIELD



Over 45,000 Rohingya refugees were rendered homeless, more than half of whom were children, when nearly 10,000 shelters were destroyed in a fire in the refugee camps on 22 March 2021. At least 11 people have perished, including three children. During the first 24 hours, UNICEF's immediate response was to ensure the safety and protection of children who were separated or missing from their families. UNICEF and partners sheltered over 70 children overnight. By midday the day after the fire, nearly half of them were successfully reunited with their families.

[Read more about this story here](#)

A child stands in the ruins after the massive fire that devastated the Balukhali area of the Rohingya refugee camps in March 2021.

HUMANITARIAN STRATEGY

UNICEF will continue to provide multi-sectoral, life-saving humanitarian and sustainable interventions aligned with the Bangladesh Preparedness and Response Plan for COVID-19, Joint Response Plan for Rohingya refugee crisis and the revised Core Commitments for Children, while fostering coherence and complementarity between humanitarian and development programming. Adhering to COVID-19 infection prevention and control measures, UNICEF will prioritize continuity of services in the camps and host communities, focusing on: 1) safe reopening and operation of Learning Centres and transition of education to the Myanmar Curriculum Pilot; 2) building and maintaining resilient water, sanitation and hygiene infrastructure and supporting adoption of appropriate hygiene practices; 3) enhancing primary healthcare, improving coverage of immunization services and expanding the community-based nutrition programme; 4) supporting community-based structures to identify vulnerable children in need of care and protection and provide adequate care, referrals and psychosocial support. UNICEF will address the needs of women and girls, including through mitigation, prevention and response to gender-based violence, and engaging communities, especially adolescents, in preparedness, response and resilience-building.

UNICEF will support the Government of Bangladesh to address and mitigate the direct and indirect impacts of COVID-19 and natural disasters. With its strong field presence,¹⁸ UNICEF will monitor and support continuity of essential services for girls and boys, women and vulnerable communities. In particular, UNICEF will assist Government partners to maintain and improve quality of health and nutrition services at community and facility level. UNICEF will assist Ministry of Education and partners with safe reopening of schools/learning centres through supplies, communication materials and monitoring system to track equitable blended learning. UNICEF and the Department of Public Health Engineering will emphasize uninterrupted safe water supply and implementation of safe school protocols, including access to hand hygiene services. UNICEF will continue strengthening social workers' capacity to prevent and respond to increasing child protection and gender-based violence incidents and to address child marriage.

Furthermore, UNICEF will continue leading the nutrition and WASH sectors/clusters, child protection sub-sector/cluster and co-leading the education sector/cluster. UNICEF will also co-lead the Risk Communication and Community Engagement Pillar to support the Government's efforts to combat COVID-19. UNICEF will give a priority to Grand Bargain¹⁹ commitments, and will continue mainstreaming preparedness to disasters across sectors to strengthen national actors' capacity to lead the response. UNICEF will ensure integrating accountability to affected populations and focusing on the prevention of gender-based violence and sexual exploitation, while enhancing reporting by its partners.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/bangladesh/situation-reports>

2022 PROGRAMME TARGETS



Nutrition²⁰

- **17,775** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **221,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling



Health²¹

- **3,654,751** children and women accessing primary health care in UNICEF-supported facilities²²
- **765,325** children aged 0 to 11 months who have received pentavalent 3 vaccine²³



Water, sanitation and hygiene

- **3,060,360** people accessing a sufficient quantity of safe water for drinking and domestic needs²⁴
- **2,535,330** people use safe and appropriate sanitation facilities²⁵



Child protection, GBViE and PSEA

- **9,955,063** children and parents/caregivers accessing mental health and psychosocial support²⁶
- **207,178** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions²⁷
- **753,965** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers²⁸



Education²⁹

- **263,186** children accessing formal or non-formal education, including early learning³⁰
- **734,369** children receiving individual learning materials³¹

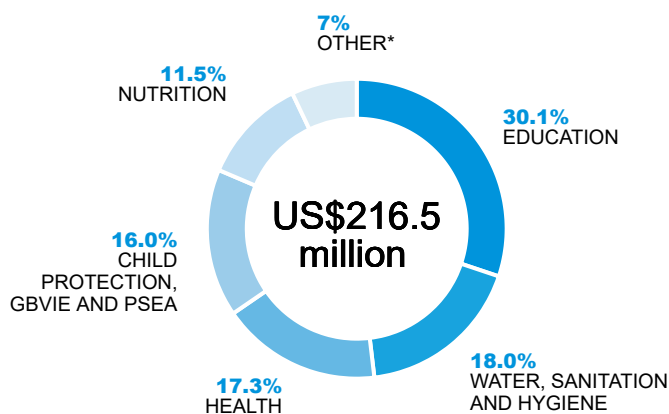


Cross-sectoral (HCT, C4D, RCCE and AAP)

- **50,970,440** people reached through messaging on prevention and access to services³²
- **495,289** people with access to established accountability mechanisms

FUNDING REQUIREMENTS IN 2022

UNICEF requires US\$216.5 million to support continuity of life-saving services and meet the needs of children, adolescents and women in Bangladesh in 2022. The funds will enable UNICEF and partners to maintain life-saving services for Rohingya children and their families, support host communities affected by the refugee influx, and mitigate the worst direct and indirect impacts of COVID-19 and natural disasters on children and families across the country. Nutrition, health, WASH, education, child protection and gender-based violence services will be provided at scale, adhering to COVID-19 prevention measures. This appeal includes the US\$151.1 million required under the 2022 Joint Response Plan³⁴ to support critical unmet needs identified in the Humanitarian Needs Overview (2022 HNO), US\$55.6 million to mitigate impacts of COVID-19 on children and their families, with specific focus on education and protection needs, and US\$9.8 million to contribute to the inter-agency humanitarian response to recurrent floods and cyclones nationwide.³³ Without timely multi-year and flexible funding, UNICEF and its partners will not be able to effectively address the needs of the most affected children and families.



Sector	2022 requirements (US\$)
Nutrition	24,965,142 ³⁵
Health	37,489,701
Water, sanitation and hygiene	38,908,720 ³⁶
Child protection, GBVIE and PSEA	34,579,382 ³⁷
Education	65,282,855
Emergency preparedness	7,000,000 ³⁸
Cross-sectoral (HCT, C4D, RCCE and AAP)	8,302,120 ³⁹
Total	216,527,920

*This includes costs from other sectors/interventions : Cross-sectoral (HCT, C4D, RCCE and AAP) (3.8%), Emergency preparedness (3.2%).

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ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. COVID-19 Coronavirus Pandemic data, World Health Organization. Data as of 10 October 2021.
3. Joint Government of Bangladesh - UNHCR Population Factsheet as of 31 August 2021.
4. 2022 Joint Response Plan (under development), Bangladesh Preparedness and Response Plan for COVID-19, Humanitarian Coordination Task Team (HCTT) Nexus Strategy for Climate-related Disasters 2021-2025.
5. In line with the Bangladesh Preparedness and Response Plan for COVID-19, this includes the population of Bangladesh (172,809,384 as per Ministry of Health and Family Welfare); and 895,515 Rohingya refugees living in Bangladesh, as per the Joint Government of Bangladesh - UNHCR Population Factsheet as of 31 August 2021.
6. In line with the Bangladesh Preparedness and Response Plan for COVID-19, this includes 61,520,141 Bangladeshi children (considering 35.6 per cent children in Bangladesh as per MICS 2019); and 456,713 Rohingya children (51 per cent of the total Rohingya population) as per the Joint Government of Bangladesh - UNHCR Population Factsheet as of 31 August 2021. Children in need has been revised downwards by 694,225 compared to 2021 based on the Bangladesh Bureau of Statistics survey 'Population Project of Bangladesh: Dynamics and Trends 2011-2061, BBS, 2015' showing the declining trend of children population in Bangladesh.
7. Calculation based on 221,000 women to be reached through Infant and Young Child Feeding Counselling, 857,895 women to be reached through healthcare facilities, 1,753,782 adults (890,523 women) to be reached with WASH services, 1,481,011 adults (734,053 women) receiving mental health and psychosocial support and 495,289 adults (219,518 women) reached through feedback mechanisms at the national level and in refugee camps. The total figure includes 317,132 people with disabilities and 13,147,007 children to be reached. The total figure also includes 895,515 Rohingya refugees (51 per cent children, 52 per cent women, 1 per cent people with disabilities (PWD)) as of 31 August 2021. The people to be reached figure has decreased by nearly 12.2 million compared to 2021, as vitamin A campaign and national level WASH, health and education activities under the COVID-19 response are being increasingly supported through the development programme for 2022. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
8. Calculation based on 17,775 children (8,881 girls, 305 children with disabilities (CWD)) aged 6 to 59 months affected by SAM and admitted for treatment; 2,796,857 children (1,368,219 girls, 18,442 CWD) accessing primary healthcare in UNICEF-supported facilities; 734,369 children (371,955 girls, 11,016 CWD) receiving individual learning materials; 1,306,578 children (653,373 girls, 17,063 CWD) accessing safe water; 8,291,428 children (4,098,760 girls, 51,449 CWD) accessing mental health and psychosocial support. The total figure includes 456,713 Rohingya refugee children (51 per cent girls, 1 per cent CWD as of 31 August 2021). The children to be reached has decreased by 11.3 million compared to 2021, due to the vitamin A campaign being supported through the development programme (technical assistance only) in 2022, thus UNICEF will focus on IYCF. However, UNICEF remains committed to serve as the provider of last resort with its cluster mandate where/when necessary.
9. Bangladesh Overview, the World Bank, 20 September 2021.
10. COVID-19 Coronavirus Pandemic data, World Health Organization. Data as of 10 October 2021
11. National data: Health Emergency Control Center, Management Information System, Directorate General for Health Services, 10 October 2021. Camp data: Ukhia and Teknaf Upazila Health Complex data for 29 September 2021.
12. Bangladesh Humanitarian Coordination Task Team 'Nexus Strategy for Climate-related Disasters 2021-2025'.
13. This includes 30,485 Rohingya refugee children in Cox's Bazar district under 1 year of age as per the '2021 Joint Response Plan for Rohingya Humanitarian Crisis' and 3,336,817 Bangladeshi children aged under 1 year of age as per the Bangladesh Ministry of Health and Family Welfare.
14. Includes 895,515 Rohingya refugees and 400,500 members of affected host communities as per '2021 Joint Response Plan (January-December 2021)'; 4 million flood-affected Bangladeshis as per 'HCTT Response Plan Monsoon Floods'; and 25 million Bangladeshis as per 'WASH Sector Strategic Paper' in line with the 'Bangladesh Preparedness and Response Plan for COVID-19'. The national level humanitarian needs have been substantially reduced based on the sectoral discussions and funding trend over the last two years and this has affected the overall humanitarian WASH needs compared to 2021. In the camps and host communities in Cox's Bazar, the WASH sector needs remain and priority will be on improving access to chlorinated piped water to reduce public health risks, taking into account the upsurge of AWD/cholera in 2021.
15. Includes 456,559 Rohingya refugee children and 114,140 host community children as per '2021 Joint Response Plan: Rohingya Humanitarian Crisis'; 19,076,455 vulnerable Bangladeshi children impacted by COVID-19 as per 'Bangladesh Preparedness and Response Plan for COVID-19' and 500,000 flood-affected Bangladeshi children as per the 'Nexus Strategy for Climate-related Disasters 2021-2025'.
16. Includes 515,052 Rohingya refugee children as per the '2021 Joint Response Plan: Rohingya Humanitarian Crisis'; 445,909 flood-affected Bangladeshi children as per Nexus Strategy for Climate-related Disasters 2021-2025; and 31,803,817 Bangladeshi children nationwide as per the Ministry of Education/BANBEIS report 2020. Education sector needs have reduced by 10 million compared to 2021, due to the national level COVID-19 response needs being increasingly supported through the development programme. Also, in 2021 based on the Government request, sector needs included all children (pre/primary, secondary, higher secondary, tertiary, Technical and Vocational Education, and non-Formal) for support with the home based/remote education.
17. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
18. UNICEF Bangladesh has seven field offices across the country.
19. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.
20. Nutrition targets have reduced compared to 2021 due to the change of the indicator. In 2022, Nutrition will report on the number of people reached with IYCF counselling, as vitamin A supplementation will be supported through the development programme, focusing on technical assistance only.
21. The Health programme targets have reduced compared to 2021, as in 2022, 80 per cent of population targeted will be supported through the development programme led by the Government (including support by the development partners). UNICEF will continue to focus on preparedness and response to potential COVID-19 upsurge (Data, Oxygen and case management, vaccination, supplies and continuity of services in camps and nationwide).
22. Calculation based on 164,374 Rohingya refugee children and women, 90,852 children and women from the host community to be reached under the 2022 Joint Response Plan (under development), and 3,399,525 children and women to be reached under the Bangladesh COVID-19 preparedness and response plan. The total figure also includes 940,460 people to be reached under the flood response.
23. UNICEF target for pentavalent 3 vaccine has been calculated based on 30,485 Rohingya refugee children and 84,346 children from the host community to be reached under the 2022 Joint Response Plan (under development), and 650,494 children to be reached under the Bangladesh COVID-19 preparedness and response plan.
24. Calculation based on 250,000 Rohingya refugees in the camps and 100,000 people from the host communities in Cox's Bazar to be reached under the 2022 Joint Response Plan (under development), 2,507,860 people across the country to be reached under the Bangladesh Preparedness and Response Plan to COVID-19 and 202,500 people to be reached through flood response. The national level target has substantially reduced following the reduction of the sector needs. In the camps and host communities, targets remain and WASH sector prioritized improving access to chlorinated piped water to reduce public health risks, taking into account the upsurge of AWD/cholera cases in 2021. In both settings, WASH will continue focusing on strengthening the resilience of the services and facilities.
25. Calculation based on 250,000 Rohingya refugees in the camps and 110,000 people from the host communities in Cox's Bazar to be reached under the 2022 Joint Response Plan (under development), 2,045,330 people across the country to be reached under the Bangladesh Preparedness and Response Plan to COVID-19 and 130,000 people to be reached through flood response.
26. Calculation based on 269,367 Rohingya refugees in the camps and 90,398 people from the host communities in Cox's Bazar to be reached under the 2022 Joint Response Plan (under development); 9,595,298 people across the country to be reached under the Bangladesh Preparedness and Response Plan to COVID-19. The total figure also includes 847,000 people to be reached through flood response. The steep increase in the target is due to the change in indicator criteria. UNICEF will train additional social workers and volunteers, who will provide mental health and psychosocial support to affected children and caregivers through online platforms and helpline. In camps, 100 per cent of refugee boys, girls, men and women are in need of Mental Health and Psychosocial Support. Considering the contribution of CP AoR partners, UNICEF will target 15 per cent of the sector need in camps, including 2 per cent people with disabilities.
27. Calculation based on 21,671 Rohingya refugees in the camps and 7,524 people from the host communities in Cox's Bazar to be reached under the 2022 Joint Response Plan (under development); 177,983 people across the country to be reached under the Bangladesh Preparedness and Response Plan to COVID-19. Total figure includes 2 per cent PWD in UNICEF geographic coverage areas in 13 camps and host community. The target has been reduced taking into account increasing community members' efforts in addressing the negative social norms and harmful practices that expose women and children to all forms of violence including GBV.
28. Calculation based on 623,193 Rohingya refugees in the camps and 130,772 people from the host communities in Cox's Bazar to be reached under the 2022 Joint Response Plan (under development). This is based on the availability of various safe reporting channels and community-based mechanisms among other channels. The target also includes refugees and host population with 2 per cent PWD.
29. The education targets primarily focus on Rohingya refugee children, host community children, Bangladeshi children from hard to reach areas affected by COVID-19 and children affected by floods. 2022 programme targets for education have reduced following the reduction in sector needs and will focus on children from pre-primary to secondary level only, whereas in 2021 as per the Government request all children (pre/primary, secondary, higher secondary, tertiary, technical and vocational education, and non-formal) were targeted to support with the home based/remote education. With national level COVID-19 response activities being increasingly supported through the development programme, education will focus on provision of individual learning materials for children in hard-to-reach areas, who have no/very limited access to remote/home based learning (IT platforms) and are on the verge of dropping out.
30. Includes 224,811 Rohingya children and 38,375 Bangladeshi children in affected host communities to be reached under the 2022 Joint Response Plan (under development). The target includes institution-based education such as schools, learning centres, temporary learning centres or other physical spaces where formal or non-formal education, consistent with the definition, is provided.
31. Includes 212,722 Rohingya children, 477,057 Bangladeshi children affected by COVID-19 and 44,590 Bangladeshi children affected by floods receiving individual learning materials. Individual learning materials for host community is not planned as Government provides them with materials such as textbook.
32. The targeted population is higher than the total number of people/children to be reached because the target includes mass media outreach.
33. The amount of US\$9.8 million is a sum of budget dedicated to non-COVID-19 disaster response, embedded in the budget lines of all programme sectors, emergency preparedness and cross-sectoral budget.
34. Figures are provisional and subject to change upon finalization of the 2022 Joint Response Plan for the Rohingya Humanitarian Crisis.
35. This includes US\$7,331,200 for preventive and curative nutrition interventions in Rohingya camps and US\$6,696,388 for response in the host communities - an increase will support the scale-up of preventive nutrition interventions such as infant and young child feeding counselling and growth monitoring and promotion across all sub-districts. The SAM target has changed and in place of vitamin A supplementation, for 2022, IYCF counselling will be reported. The funding requirement also includes, US\$8,540,994 for COVID-19 response and US\$2,396,560 for the flood response.
36. 2022 funding requirement for WASH response has increased due to the upsurge of acute watery diarrhea/cholera incidents in 2021 with 48 confirmed and 148 suspected cases in the camps. The number of targeted population in camps has increased slightly from 241,000 to 250,000 people. The WASH sector prioritized improving access to chlorinated piped water to 250,000 refugees in eight camps under its Area of Responsibility to reduce public health risks.
37. This includes US\$14,218,498 for the response in Rohingya camps, US\$4,700,697 for the response in host communities affected by the refugee crisis, US\$13,038,234 for COVID-19 response and US\$2,621,953 for the flood response. An increase in funding requirement is due to the change in indicator criteria, which now includes provision of psychosocial support via online engagement and phone, based on which Child Protection has targeted a significantly higher number of beneficiaries.
38. This includes Humanitarian coordination, emergency preparedness and contingency supplies prepositioning.
39. An increase in funding requirement for 2022 is due to an elevated need for behaviour change communication at scale, while also strengthening the focus on evidence generation and feedback mechanisms.