



Reporting Period: 1 January to 31 March 2022

# Bangladesh Country Office

## Humanitarian Situation Report No. 59

for every child

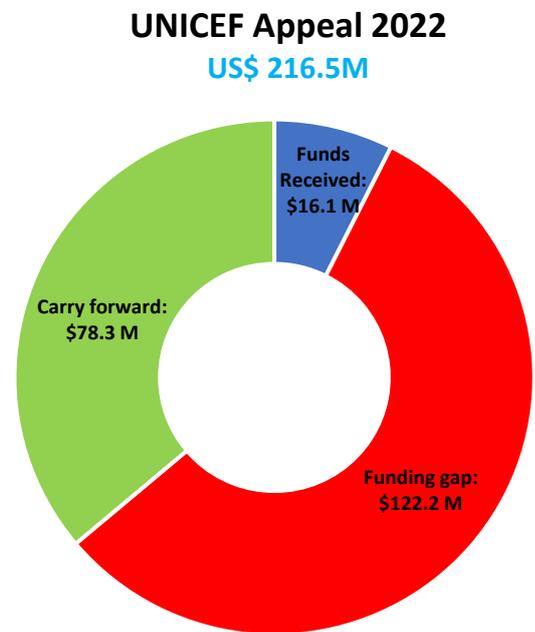
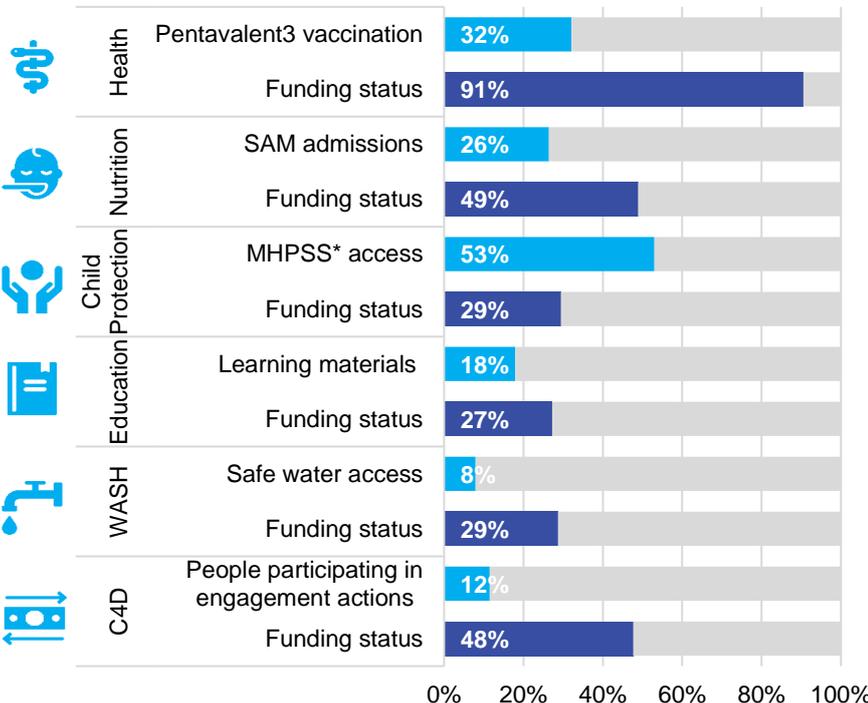
### Highlights

- In Bangladesh 1,950,975 COVID-19 cases were confirmed with 29,122 deaths since the beginning of the pandemic<sup>1</sup>. The omicron wave, which started late in 2021 reached its peak in January 2022 and declined thereafter. This is in line with the increasing COVID-19 vaccination coverage (74.7 per cent of the population), and the strict prevention measures implemented by the government.
- During the reporting period, UNICEF and partners provided lifesaving support to 6,270 fire affected Rohingya and host community population in Camps 5 and 16 of Ukhiya, Cox's Bazar. This includes 1,997 women, 98 children (50 girls), 117 persons with disabilities and 425 children under five, pregnant and lactating women receiving supplies through the integrated nutrition centre, psychological support service by the Department of Social Services, primary health care, reconstruction of 96 latrines, 90 bathing space, 14 handwashing facilities and safe water supplies.
- In Bhasan Char, a Vitamin A supplementation campaign took place in March reaching 4,034 children. On March 21-23, the first routine immunization reached 912 children under two. Also, a mini lab has been setup for monitoring and testing of water quality at source and point of use.

### Situation in Numbers

- 62 million** children in need of humanitarian assistance (UNICEF HAC 2022)
- 173.7 million** People in need including refugee and host communities (UNICEF HAC 2022)
- 472,546** Rohingya children in need of assistance (UNHCR, 31 March 2022)
- 926,561** Total Rohingya population in need of assistance (UNHCR, 31 March 2022)

### UNICEF's Response and Funding Status



\* Mental health and psychosocial support

<sup>1</sup> Institute of Epidemiology, Disease Control and Research – Update as of 31 March 2022

## Funding Overview and Partnerships

With 44 per cent of funding requirement received, UNICEF wishes to express its sincere gratitude to Australia, BMGF, Canada, Education Cannot Wait, the European Union, ECHO, GAVI, Germany, Global Partnership for Education, Global Muslim Philanthropy Fund, Japan, BMZ/KfW Development Bank, the Republic of Korea, Sweden, Switzerland, the United States (BPRM/USAID/FFP), the United Kingdom (FCDO), the World Bank, Islamic Development Bank and various UNICEF National Committees for their generous contributions to this response. At the same time, critical funding gaps in Education (73 per cent), Child Protection (71 per cent), WASH (71 per cent) and Nutrition (51 per cent) restricted UNICEF's ability to meet all priority needs of girls, women and people with disabilities. It also negatively impacted service delivery due to delays in planned improvement of education and WASH facilities. Flexible and multi-year donor funding in 2022 will be critical to provide essential support to Rohingya refugees and the most vulnerable children in Bangladesh.

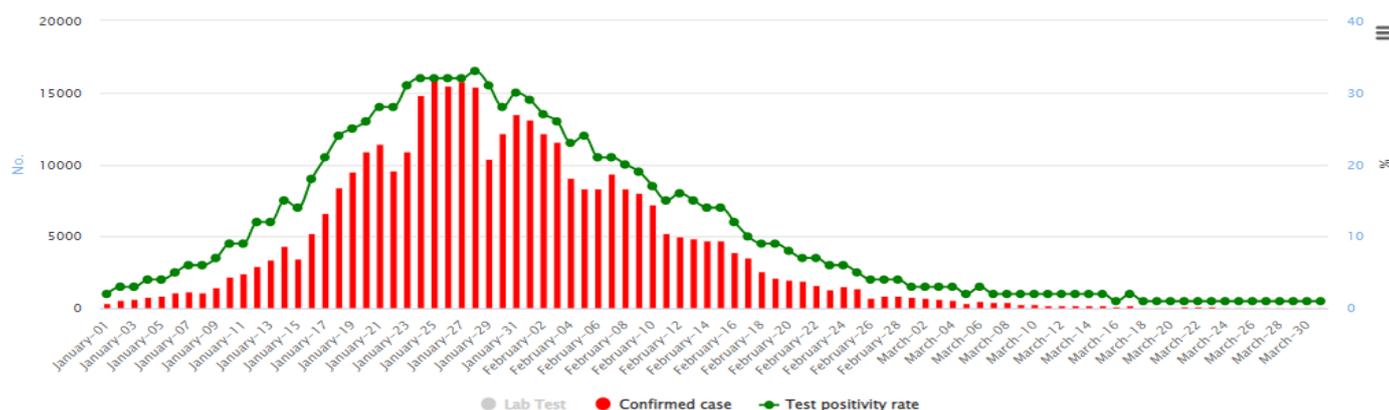
## Situation Overview & Humanitarian Needs

Bangladesh is hosting over 926,561 Rohingya refugees<sup>2</sup> from Myanmar in 33 camps in Cox's Bazar District and in Bhasan Char island, about 51 per cent of whom are children. The 2022 Joint Response Plan (JRP) was launched in March, with a budget of USD 881 Million, including USD 100 Million for the Bhasan Char response. As of March 31, 22,976 refugees have been relocated to Bhasan Char. Despite the provision of basic services, children face disease outbreaks, malnutrition, inadequate educational opportunities, and the risks related to neglect, exploitation and violence, including Gender Based Violence (GBV).

In the first quarter of 2022, 74 fire incidences have been reported, which have inversely disrupted humanitarian action in the camps. On 8 March, a fire broke out in Camp-5 which damaged 553 shelters; 460 were fully damaged; in addition, two Learning Centres (LC) and one Primary Healthcare Centre (PHC) were also fully damaged; a four-years old boy sadly died, and four people were injured; 80 latrines, 15 tube-wells and 35 bathing spaces damaged<sup>3</sup>. 48 UNICEF-supported LCs were safe, four of them however were converted into emergency safe shelters for 30 people, including ten children. Learning for 317 children (174 boys and 143 girls) who were enrolled in the affected four LCs, had been temporarily disrupted. UNICEF replaced the learning materials, which were stolen, to assist Jagorani Chakra Foundation partner to resume classes in four LCs of sub-block D6 from 20th March 2022. In the fire affected camp 5, 425 beneficiaries (children under five, and pregnant & lactating women - PLW) received support from integrated nutrition centre, 88 children (50 girls) received psychological support service through DSS, and 76 Rohingyas including 10 children received primary health care and 1,784 persons received ORS from UNICEF partner RTMI.

The Omicron wave, which started late in 2021 reached its peak in January 2022 and declined thereafter. This may be related to increasing COVID-19 vaccination coverage and other measures implemented by the government. As of 31 March 2022, the test positivity rate has stabilized at one per cent, with 74.7 per cent of the population being vaccinated with the 1st dose and 63 per cent with the 2nd dose. In the camps, 42 per cent of Rohingya refugees received the 1<sup>st</sup> and 35 per cent have received two doses of COVID-19 vaccine. Since the beginning of the pandemic, 1,950,975 COVID-19 cases were confirmed in Bangladesh with 29,122 deaths<sup>1</sup>. Of this figure, 27,577 cases and 269 deaths were in the host communities in Cox's Bazar District and 6,138 cases and 42 deaths were reported among refugees in the camps<sup>4</sup>.

Chart: Number of Lab Tests vs. Confirmed Cases National, 1 Jan -31 March 2022



<sup>2</sup> UNHCR data as of 31 March 2022

<sup>3</sup> Source: Social Assistance and Rehabilitation for the Physically Vulnerable

<sup>4</sup> Health Sector and WHO, Cox's Bazar as of 31<sup>st</sup> March 2022

## Summary Analysis of Programme Response

### Nutrition

**As of 31 March 2022, 2,768 children (1,265 girls) suffering from Severe Acute Malnutrition (SAM) were treated in UNICEF supported facilities countrywide<sup>5</sup>.** Also, 123,718 caregivers of children 0-23 months received Infant and Young Child Feeding (IYCF) counselling. UNICEF supported the Government to conduct the third round of online assessment for SAM facility preparedness and functionality in January. Some of key finding are following: 53% of health facilities functional which is slightly higher than the previous assessment (49%) The presence of trained health care providers for SAM unit has increased from 595 in 2021 to 657 in 2022. The findings of the assessment are used to inform actions to strengthen the facility including availability of essential nutrition supplies and materials and capacity of health care providers.

**1,738 children (1,030 girls, 26 children with disabilities (CWD)) diagnosed with Severe Acute Malnutrition (SAM) have been treated in UNICEF-supported 26 Integrated Nutrition facilities (INFs) in the camps.** Two stabilization centres were strengthened and treated 146 children (81 girls, including 4 CWD) with SAM and medical complications. UNICEF deployed 26 trained Infant and young child feeding (IYCF) counsellors (100 per cent female) in 26 INFs who provided need based one-on-one counselling and messaging to 8,231 pregnant and lactating mothers. In Bhasan Char, MUAC screening and a Vitamin A supplementation campaign took place in March reaching 4,034 children.

**In the host community, through active case findings, 189 children (98 girls, including 2 with disabilities) identified with SAM received treatment in the UNICEF-supported SAM units at the District Hospital and 7 Upazila Health Complexes (UHCs).** UNICEF also supported the Civil Surgeon office and provided nutrition supplies in 184 healthcare facilities in the Cox's Bazar district. Targeted cash assistance of BDT 3,000 was provided to mothers and caregivers of 111 children (70 girls, including 2 CWD) undergoing in-patient treatment and identified with SAM and medical complication. UNICEF ensured quality nutrition services in host communities through health system strengthening. UNICEF positioned 70 female nutrition counsellors in the governmental health and family planning facilities and provided IYCF counselling and messaging to 23,593 pregnant and lactating mothers. As part of the disaster risk reduction work, UNICEF and partners supported training of 16 nutrition staff on fire safety and equipped 12 nutrition facilities with fire extinguishers and first aid boxes.

### Health

**UNICEF and partners maintained the quality and accessibility of health services for 298,457 Rohingya refugees** (16 per cent children under five, 1 per cent PwD) in ten camps through five 24/7 Primary Healthcare Centres (PHCs) and eight Health Posts (HPs). 8,805 children aged 0-11 months (48 per cent girls) received the third dose of Pentavalent vaccine. 28,510 medical consultations with children under five were conducted, 984 pregnant women received fourth ANC, 606 facility deliveries were assisted by the skilled birth attendants. 6,615 pregnant women received HIV testing and counselling for HIV. In Bhasan Char, an immunization catch-up campaign was held on March 21 – 23, reaching 912 children under two.

**In the host communities, 10,226 under 5 years received health consultations for Pneumonia and Diarrheal diseases** (47 per cent females) 22,752 children (49 per cent girls) aged 0-11 months received the third dose of Pentavalent vaccine. 4,646 received HIV testing and counselling for HIV. 1,217 sick newborns received advance newborn care in SCANU Cox's Bazar District Hospital and NSUs in 4 upazilas (38 per cent girls, 3 per cent Rohingyas).

**Under the COVID-19 response, UNICEF supported the costing of the "Oxypedia" National medical oxygen plan and an online oxygen data monitoring tool.** Aside the installation of 30 Liquid medical oxygen across the country, plans are underway to install additional plant in Mymensingh medical college. Installation of oxygen manifold system is underway in 60 Upazilas. About 1,000 oxygen concentrators were distributed to 100 Upazila health centres. UNICEF is supporting the International Centre for Diarrhoeal Disease Research, Bangladesh to conduct the research to determine COVID-19 Seroprevalence in the country. COVID-19 Vaccination is successful in Bangladesh. The percentage of those that received two doses of vaccine is about 68% and the vaccination campaign is continuing across the country.

**Challenges and gaps:** Delays with recruitment of personnel to support service delivery in camps encountered during the last quarter of 2021 continued in the reporting period. The team is working assiduously to address this, and recruitment has commenced earnestly. All required staff are expected to be recruited in the second quarter of 2022.

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<sup>5</sup> This figure does not include Rohingya refugee children suffering from Severe Acute Malnutrition who were treated.

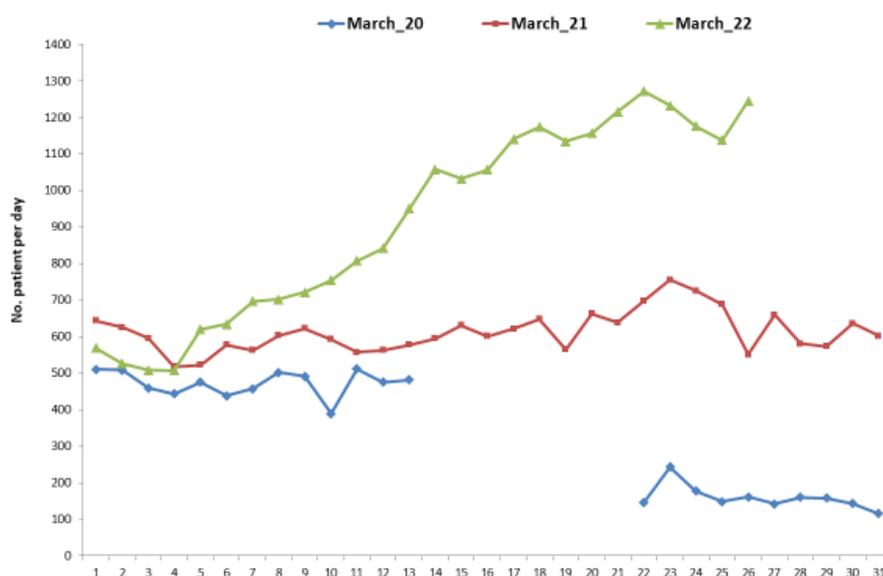
## Water, sanitation and hygiene

In March 2022, Dhaka city has suffered an outbreak of diarrhoea cases as reported by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, b). Diarrhoea cases increase every year in this period, but this year the rate was relatively high: 69,115 case in 2022 compared to 54,229 in 2019.

In response to the situation, UNICEF supported the Water, sanitation and hygiene (WASH) Cluster coordination meeting with all the relevant stakeholders, including Dhaka Water Supply and Sewerage Authority (WASA) to discuss the situation, identify the causes and agree on the actions. Consequently, UNICEF

WASH team met with WASA Director and head of water quality control on this issue and offered technical solutions, including to increase chlorination dose and undertake water quality testing at the distribution point to end user level. UNICEF also supported message dissemination in media to promote boiling water before drinking, washing hands at critical times and cleaning household reservoirs every six months. Over 8 million people have been reached via social media with this critical lifesaving information.

Daily patient visits to Dhaka Hospital, icddr,b during March 2020-2022



**Through UNICEF direct support, a total of 242,500 Rohingya population (124,888 female, 127,313 children, 7,500 PwD) in eight camps have access to water supply, sanitation, and hygiene.** 49,691 adolescent girls and women have been oriented on improved Menstrual Hygiene Management (MHM) practices, as a result, 54 per cent women of reproductive age have reported drying their reusable MHM material under sunlight<sup>6</sup>. Access to sanitation and water supply has been restored for additional 4,937 Rohingya Refugees (2,518 female, 148 PwD) affected by fire incidents in camp 16 and 8W through reconstruction of 245 latrines, 94 bathing facilities and 18 tube wells. One Faecal Sludge Management (FSM) and solid waste management sites have been constructed providing access to safe latrines and clean environment for 10,684 refugees (5,449 female and 321 PwD). Through partnership with BRAC, 6,178 refugees (3,032 female, 63 PwD) have gained access to safe water supply and sanitation through the rehabilitation and maintenance of two solar powered water distribution networks, 26 tube wells and 28 latrines. In Cox's Bazar host community, UNICEF supported 6,603 (20 PwD) people with access to improved latrines and 24 persons with access to safe water supply.

**In Bhasan Char, a mini water quality lab has been setup to meet the urgent gap for monitoring and testing of water quality** at source and point of use. UNICEF supported the WASH baseline assessment and infrastructure mapping is in progress. This assessment will provide information on the adequacy and efficiency of the existing infrastructure, Operation and maintenance modalities for sustainability, community engagement, Water and sewage effluent quality monitoring. UNICEF will support to undertake an assessment of the ground water for understanding the risks to freshwater resources in Bhasan Char and define the required mitigation measures to alleviate the risks.

**Challenges and gaps:** The delay in securing approval of projects for upgrading of water networks and FSMs was one of the key challenges faced. UNICEF continued advocacy at the level of Refugee Relief and Repatriation Commissioner (RRRC) through the Inter Sector Coordination Group to ensure humanitarian space and timely approval for implementation of WASH projects in fulfilment of the Rohingya children's right to WASH. Funding shortfall is another challenge affecting service delivery. With available funding, WASH has been able to issue contracts for three months only, which will run out in June.

<sup>6</sup> EIMS data, January – February 2022 report

## Education

**At the national level, UNICEF supported 367,792 marginalised children (180,390 girls) to access formal or non-formal education, including early learning.** The primary education institutions from grade 1 to 5 reopened in two shifts on March 2, 2022, the pre-primary on March 15, 2022 and the secondary schools on February 25 following safe school reopening guidelines, after six-weeks closure. UNICEF provided strategic inputs and direction to the National Taskforce to develop the National Blended Education Master Plan and recover the learning loss caused by the interruption of learning due to the long school closures and the global COVID-19 pandemic.

**UNICEF advocated for the national school reopening and roll-out of Myanmar Curriculum Piloting (MCP) in Rohingya refugee camps.** In the Cox's Bazar refugee camps 198,468 learners (94,264 girls) including 1,027 children with disabilities have attended 2,700 Learning Centres (LCs) in this quarter. 2,430 adolescents (553 girls) learning through MCP. With this UNICEF has supported a total of 200,898 learners (94,817 girls) in the camps.

In the process of operationalizing the MCP, a first batch of learners' placement test is successfully conducted in which 11,000+ learners appeared. A total of 7,595 are now enrolled to attend grade 6 to 9. Another 9,200 learners will participate in the 2nd round of placement test scheduled for 18 April 2022. Likewise, 326 teachers are selected through a first round of rigorous assessment. A second round of teacher's assessment is also scheduled to fulfil the total need of 360 teachers for 10,000 MCP learners. Finding Myanmar medium teachers in the camps remains a challenge with limited academic achievements of the candidates. To overcome this situation UNICEF will organise intensive teachers training programme.

During the reporting period, 687 LCs have been repaired and operationalised. With this a total of 1,541 LCs are repaired out of 1,693 (51 per cent of total LCs supported by UNICEF) damaged by monsoon, cyclone, fire and other hazards.

**Challenges and gaps:** Major challenge encountered is a short span of the comprehensive learning recovery plan for the students by the Government due to prolonged school closures. Only three-months remedial packages were developed for primary level students with no subsequent measures in place. Additional challenge, particularly with regards to host community interventions, is the complexity around humanitarian response and coordination gaps between the Ministry of Foreign Affairs and the Ministry of Primary and Mass Education.

## Child protection, GBViE

**UNICEF has strengthened the social service workforce, especially the capacity of the Department of Social Services (DSS) social workers** to provide quality case management at the national level and in the Rohingya refugee response. UNICEF has supported DSS to upgrade the Child Helpline (CHL) with links to the case management system for better coordination with social workers and CHL service providers. From January to March 2022, the CHL received 31,350 calls of which 81.70% were related to violence against children and women. 1,072 children (559 girls) have been supported by the referral mechanism.

**5,274,456 (2,600,758 female, 29,537 PwD) children and caregivers have received Mental Health and Psychosocial Support (MHPSS) through the social workforce,** child rights facilitators, adolescent clubs and strengthened Community-Based Child Protection Committees (CBCPC) nationwide. In Cox's Bazar, 56,294 children and caregivers in the Rohingya community and 35,961 in the Bangladeshi host communities are accessing MHPSS since the beginning of the year. Of these, 1,924 (876 girls) children from the Rohingya community and 542 (275 girls) children from the host community are benefitting from case management services.

**As part of the peacebuilding work in child protection, 1,166 adolescents (439 girls) from the Rohingya community and 4,640 adolescents (1,806 girls) from the host community have been trained on tolerance, conflict resolution and peacebuilding.** Also, significant strides have been made in social cohesion, resilience and peacebuilding as part of greater investment in adolescents and youth. Maintaining focus on community-based prevention and response, significant progress has been made in Cox's Bazar, where DSS has assumed greater responsibility for coordinating the roll-out of CBCPCs and ensuring their linkage to government service providers.

**62,494 individuals (35,474 female, 621 PwD) have been reached with Gender Based Violence prevention, risk mitigation and response services nationally.** Among them 7,294 (3,258 girls) children are from the Rohingya refugee community in Cox's Bazar.

**Challenges and gaps:** Although MHPSS has been providing through the social workforce, their capacity need to be further strengthened and improved. Further, there is a Case management working group established at national level which is yet to organize formal meetings to ensure quality case management by all service providers in equal manner.

Cases of children in contact and conflict with the law are less addressed in terms of accessing legal services when required ensuring their rights. Multiple government law enforcement agencies and judiciary including social services are involved in dealing with these issues and found not adequately acquainted and skilled with the enforcement of the Children Act 2013 and other relevant laws on VAC and GBV cases and there is lack of proper governance in the child justice system in Cox's bazar. UNICEF has been undertaking several capacity building initiatives and consultations with different actors engaging the relevant Ministries and higher Judiciary in coming quarter to address these issues and strengthen the child sensitive justice system.

## PSEA and Child Safeguarding

**During the reporting period, UNICEF has focused on strengthening capacity of the senior management to ensure accountability and enable an environment that will prevent SEA.** Hence, orientation sessions on "Values, Attitudes and Organizational Culture in relation to Prevention of Sexual Misconduct (SEA & SHA)" have been provided in three batches for the Chief of Field Offices and senior management at Dhaka and Cox's Bazar. As a continuous measure of prevention, messages on PSEA have been disseminated in the community along with the information on available reporting channels. Further, 27 staff were trained on PSEA and the assessment toolkit.

## Communications for Development (C4D), Community Engagement & Accountability

**A total of 214,318 people (48,433 girls, 87,550 female, and 1,064 PWD) were reached in camps for COVID-19 prevention and vaccination, Acute Watery Diarrhoea (AWD) and MCP.** Interpersonal Communication (IPC) sessions have been an integral part of the Social Behaviour Change (SBC) community engagement packages. A 570-strong army of SBC volunteers facilitated the sessions with the tailor-made key behavioural matrix.

**Through 14 Information and Feedback Centres (IFCs), UNICEF partners received and referred 5,670 feedback, 2,092 complaints and 7,375 queries,** of which 793 were related to COVID-19. Other issues were related to health, non-food items, and WASH. About 60 per cent of the service seeker's feedback loop was closed.

UNICEF partnered with state-run Bangladesh Betar and Community Radio Naf 99.2 FM to develop and broadcast 54 radio magazines, 40 Live phone-ins and 23 Public Service Announcements (PSAs). A total of 20 mini-drama, *Puthi*, five songs, ten storytelling programmes on social cohesion, one episode of Education-focused radio program, nine dialogues were also developed and broadcasted. 315,000 culturally appropriate and language-specific information materials on Routine Immunization (RI), were also developed and distributed to all health facilities in camps and host communities, focusing on vaccination schedules and instructions to vaccinators and caregivers.

**In host community, 64,337 people (14,191 girls, 23,688 female, and 209 PWDs) have been reached with messages on essential life-saving behaviours and child-care practices** through 25,712 household visits in Teknaf, Ukhiya, Pekua, Moheshkhali Upazilas. Also, 2,600 adolescents (1,560 girls, and 17 PWDs) in 104 Adolescent Radio Listener Clubs took part in weekly sessions discussing various issues including lifesaving behaviour, menstrual hygiene, and mental health. Further, Cox's Bazar's District Information Office reached about 200,000 people in eight Upazilas on COVID-19 vaccination, through Tomtom-based loudspeaker messaging.

**Four Information and Feedback Centres (IFCs) collected 4,997 feedback and queries,** of which, 585 were on COVID-19. Most of them were referred immediately to local authorities (Union/Upazila level authorities) for better service delivery to the community. About 45 percent of service seekers' feedback loop was closed successfully.

## Humanitarian Leadership, Coordination and Strategy

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

The Government of Bangladesh (GoB) plans to relocate up to 100,000 refugees on Bhasan Char island<sup>9</sup>. The United Nations humanitarian response, which is coordinated by the United Nations High Commissioner for Refugees (UNHCR), seeks to complement the work of the Government, and builds on the services and activities already implemented by

Bangladeshi NGOs on the island. As of March 2022, the GoB and over eleven local NGOs have provided humanitarian assistance and services. UNICEF is supporting UNHCR with the coordination of Health and Nutrition sector in Bhasan Char and all health facilities on the island to align with the government reporting system (DHIS2). From December 2021 to end of March 2022, there were three joint UNICEF and UNHCR missions and over 15 independent UNICEF missions focusing on Health, WASH, Education and Nutrition. Within the framework of effective and predictable sector coordination mechanism in Bhasan Char, the United Nations Rohingya Response (UNRR) has endorsed that UNICEF will lead sector coordination in Education and WASH to ensure efficient and synchronized delivery of humanitarian actions in collaboration with UNHCR, Additional Refugee Relief and Repatriation Commissioner and Navy.

## Human Interest Stories and External Media

UNICEF developed communication and advocacy content raising awareness on and encouraging continued support to tackle COVID-19 and for all six key programmatic areas of response for Rohingya and Bangladeshi children and communities, highlighted through the UNICEF Bangladesh website and social media channels. UNICEF Bangladesh is leading all Country Offices globally in terms of outreach, with over 11 million followers and readers on digital media.

### Stories:

- [The science of play: It's not just fun – it's fundamental to your child's development](#) (9 January 2022)
- [Cyberbullying: What is it and how to stop it](#) (9 January 2022)
- [What we know about the Omicron variant](#) (12 January 2022)
- [What is free play and why should you encourage it at home?](#) (13 January 2022)
- [Jamila was rescued by her grandmother from terrifying fire in the Rohingya refugee camps](#) (24 January 2022)
- [Tent-based service hubs throw a lifeline to children living on the streets during COVID-19](#) (31 January 2022)
- [Growing pains + COVID-19 = turmoil for Bangladeshi adolescents](#) (8 March 2022)
- [Bangladeshi adolescents refuse to let disability limit the pursuit of dreams](#) (8 March 2022)

### Press releases/statements:

- [Statement by Mr. Sheldon Yett, UNICEF Representative to Bangladesh, on the fire in the Rohingya refugee camp in Cox's Bazar](#) (10 January 2022)
- [COVID-19: Scale of education loss 'nearly insurmountable'](#) (24 January 2022)
- [No excuses. Keep schools open. Children can't wait. Statement by UNICEF Executive Director Henrietta Fore](#) (28 January 2022)
- [Progress on breastfeeding in Bangladesh undermined by aggressive formula milk marketing – WHO, UNICEF](#) (23 February 2022)
- [We must prioritize girls in our COVID-19 recovery. Statement by UNICEF Executive Director Catherine Russell on International Women's Day](#) (8 March 2022)
- [Learning loss must be recovered to avoid long-term damage to children's well-being, new report says](#) (12 March 2022)
- [Cooking show for adolescents serves up ideas for healthy eating and clean cooking in Bangladesh](#) (14 March 2022)
- [Investing in the social service workforce crucial for the protection of millions of children in Bangladesh](#) (29 March 2022)
- [With 23 countries yet to fully reopen schools, education risks becoming 'greatest divider' as COVID-19 pandemic enters third year – UNICEF](#) (30 March 2022)

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

- [UNICEF Bangladesh Humanitarian Action for Children appeal \(HAC\)](#)
- [UNICEF Bangladesh Facebook page](#)
- [Bangladesh 2022 Joint Response Plan Rohingya Humanitarian Crisis](#)

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## Annex A

### Summary of Programme Results\*

Sector		UNICEF and IPs Response			Cluster/Sector Response <sup>7</sup>		
Indicator	Disaggregation	2022 target	Total results	Change** ▲ ▼	2022 target	Total results	Change** ▲ ▼
<b>Nutrition</b>							
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Girls	8,881	2,393	-	6,950	1,409	-
	Boys	8,895	2,302	-	6,650	966	-
	Person with Disability (PwD)	305	28	-	230	-	-
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women	221,000	131,949	-	70,000	24,974	-
	PwD	3,199	13	-	-	-	-
<b>Health</b>							
Children and women accessing primary health care in UNICEF-supported facilities	Girls	1,368,219	386,095	-			
	Boys	1,428,638	401,656	-			
	Women	857,895	511,680	-			
	PwD	51,804	26	-			
Children aged 0 to 11 months who have received pentavalent 3 vaccine	Girls	374,591	127,812	-			
	Boys	390,734	117,855	-			
	PwD	10,643	-	-			
<b>WASH</b>							
People accessing a sufficient quantity of safe water for drinking and domestic needs	Girls	653,373	62,086	-	302,383	269,833	-
	Boys	653,205	65,240	-	317,465	283,275	-
	Men	863,259	52,385	-	265,500	236,948	-
	Women	890,523	62,813	-	305,257	272,300	-
	PwD	47,930	7,500	-	-	-	-
People use safe and appropriate sanitation facilities	Girls	745,087	58,283	-	302,383	277,829	-
	Boys	678,050	61,462	-	317,465	292,164	-
	Men	678,428	52,480	-	265,500	243,188	-
	Women	433,765	60,402	-	305,257	283,339	-
	PwD	26,780	7,520	-	-	2,382	-
<b>Child Protection</b>							
Children and parents/caregivers accessing mental health and psychosocial support	Girls	4,187,742	2,214,531	-	25,893	6,962	-
	Boys	4,286,310	2,275,658	-	27,155	6,565	-
	Men	746,959	398,040	-	-	-	-
	Women	734,053	386,227	-	-	-	-
	PwD	147,286	29,537	-	1,591	203	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Girls	88,583	27,767	-			
	Boys	87,342	27,020	-			
	Women	31,253	7,707	-			
	PwD	3,075	621	-			
People who have access to a safe and accessible	Girls	175,996	-	-			
	Boys	196,704	-	-			

\* Includes response in the camps, host communities, as well as the national level response to COVID-19 and natural disasters.

\*\* Change since last report.

<sup>7</sup> Cluster/Sector response covers Cox's Bazar sector level targets only. More detailed information is available in the next table below.

channel to report sexual exploitation and abuse by aid workers <sup>8</sup>	Men	183,608	-	-			
	Women	197,657	-	-			
	PwD	15,079	-	-			
<b>Education</b>							
Children accessing formal or non-formal education, including early learning	Girls	131,594	94,817	-	220,163	147,401	-
	Boys	131,592	106,081	-	225,296	156,360	-
	Men	-	-	-	10,236	1,351	-
	Women	-	-	-	14,187	2,278	-
	PwD	3,948	1,027	-	-	1,381	-
Children receiving individual learning materials	Girls	371,955	63,345	-	220,163	45,985	-
	Boys	362,414	68,025	-	225,296	49,337	-
	Men	-	-	-	10,236	663	-
	Women	-	-	-	14,187	759	-
	PwD	11,016	1,557	-	-	-	-
<b>C4D / ACCOUNTABILITY MECHANISM</b>							
People reached through messaging on prevention and access to services	Girls	6,608,031	848,433	-			
	Boys	6,880,283	797,896	-			
	Men	20,312,365	2,140,439	-			
	Women	17,169,761	2,087,550	-			
	PwD	266,704	2,264	-			
People with access to established accountability /feedback mechanisms (CFQ)	Men	275,771	13,227	-			
	Women	219,518	15,760	-			
	PwD	20,311	53	-			

## Cox's Bazar level Summary of Humanitarian Programme Results

Indicator	disaggregation	UNICEF and IPs					Sector Response				
		2022 Target		Total Results		Change since last report ▲▼	2022 Target		Total Results		Change since last report
		Refugee	Host Community	Refugee	Host Community		Refugee	Host Community	Refugee	Host Community	
<b>NUTRITION</b>											
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Girls	4,165	355	1,030	98	-	6,100	850	1,287	122	-
	Boys	4,335	370	708	91	-	5,900	750	891	75	-
	CwD	170	10	26	2	-	220	10	-	-	-
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women	46,000	115,000	8,231	23,593	-	52,000	18,000	10,124	14,850	-
	CwD	644	1,679	13	-	-	-	-	-	-	-
<b>HEALTH</b>											
Children aged 0 to 11 months who have received pentavalent 3 vaccine	Girls	14,823	41,026	4,372	11,163	-					
	Boys	15,662	43,320	4,717	11,589	-					
	CwD	305	1,231	-	-	-					
Children and women accessing primary health care in UNICEF-supported facilities	Girls	53,518	15,304	15,284	5,636	-					
	Boys	59,886	16,318	16,829	5,741	-					
	Women	50,970	59,230	11,372	17,048	-					
	PwD	1,644	2,567	25	1	-					
<b>WATER, SANITATION &amp; HYGIENE</b>											
People accessing a sufficient quantity of safe water for drinking and domestic needs	Girls	62,586	26,304	62,080	6	-	226,014	76,369	200,944	68,889	-
	Boys	66,063	27,430	65,233	7	-	238,570	78,895	212,107	71,168	-
	Women	65,409	25,036	62,808	5	-	235,879	69,378	209,716	62,584	-
	Men	55,942	21,230	52,379	6	-	196,416	69,084	174,630	62,318	-
	PwD	7,500	1,460	7,500	-	-	-	-	-	-	-

<sup>8</sup> UNICEF has maintained PSEA reporting channels, however comprehensive data on refugees access to these channels and willingness to use them is not yet available.

People use safe and appropriate sanitation facilities	Girls	62,586	28,934	56,865	1,418	-	226,014	76,369	228,881	48,948	-
	Boys	66,063	30,173	59,975	1,487	-	238,570	78,895	241,597	50,567	-
	Women	65,409	27,540	58,590	1,812	-	235,879	69,378	238,872	44,467	-
	Men	55,942	23,353	50,594	1,886	-	196,416	69,084	198,909	44,279	-
	PwD	7,500	1,100	7,500	20	-	-	-	669	1,713	-
<b>CHILD PROTECTION &amp; GENDER-BASED VIOLENCE</b>											
Children and parents/caregivers accessing mental health and psychosocial support	Girls	88,982	35,593	14,371	11,647	-	20,738	5,155	6,402	560	-
	Boys	93,641	37,456	18,858	9,631	-	21,831	5,324	6,082	483	-
	Women	44,420	8,884	10,090	8,061	-	-	-	-	-	-
	Men	42,324	8,465	12,975	6,622	-	-	-	-	-	-
	PwD	5,387	1,808	358	140	-	1,277	314	189	14	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Girls	5,856	1,464	3,258	2,278	-					
	Boys	3,389	847	1,166	143	-					
	Women	12,426	5,213	2,870	449	-					
	PwD	433	150	19	10	-					
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers <sup>8</sup>	Girls	162,092	13,904	-	-	-					
	Boys	155,736	40,968	-	-	-					
	Women	158,790	38,867	-	-	-					
	Men	146,575	37,033	-	-	-					
	PwD	12,464	2,615	-	-	-					
<b>EDUCATION</b>											
Children accessing formal or non-formal education, including early learning	Girls	112,406	19,188	94,817	-	-	190,550	29,613	143,090	4,311	-
	Boys	112,405	19,187	106,081	-	-	199,830	25,466	152,384	3,976	-
	Women	-	-	-	-	-	11,298	2,889	1,877	401	-
	Men	-	-	-	-	-	8,168	2,068	1,198	153	-
	CwD	3,372	576	1,027	-	-	N/A	N/A	1,322	59	-
Children receiving individual learning materials	Girls	106,361	-	63,345	-	-	190,550	29,613	41,981	4,004	-
	Boys	106,361	-	68,025	-	-	199,830	25,466	45,627	3,710	-
	Women	-	-	-	-	-	11,298	2,889	759	-	-
	Men	-	-	-	-	-	8,168	2,068	663	-	-
	CwD	3,191	-	1,557	-	-	N/A	N/A	-	-	-
<b>C4D/ ACCOUNTABILITY MECHANISM</b>											
People reached through messaging on prevention and access to services	Girls	152,207	27,000	48,433	14,191	-					
	Boys	160,956	27,000	37,896	13,368	-					
	Women	223,223	51,000	87,550	23,688	-					
	Men	186,384	45,000	40,439	13,090	-					
	PwD	36,139	2,190	1,064	209	-					
People with access to established accountability /feedback Mechanisms (CFQ)	Women	26,000	7,000	9,110	2,292	-					
	Men	24,000	8,000	6,027	2,705	-					
	PwD	2,500	750	-	4	-					

## Annex B

### Funding Status\*

Appeal Sector	Funding Requirements	Funds available*						Funding gap	
		Funds Received Current Year		Total	Resources available from 2020 (Carry-Over)		Total funds available	\$	%
		ORE	ORR		ORE	ORR			
Nutrition	24,965,142	-	-	-	3,359,445	8,846,446	12,205,891	12,759,251	51%
Health	37,489,701	4,430,744	-	4,430,744	7,907,296	21,607,678	33,945,719	3,543,982	9%
Water, Sanitation and Hygiene	38,908,720	4,166,951	-	4,166,951	2,866,671	4,138,884	11,172,506	27,736,214	71%

Child Protection/GBV	34,579,382	2,559,105	-	2,559,105	1,707,012	5,900,581	10,166,698	24,412,684	71%
Education	65,282,855	2,804,861	85,395	2,890,256	4,614,473	10,294,069	17,798,798	47,484,057	73%
Communication for Development	8,302,120	919,956	-	919,956	685,357	2,349,554	3,954,867	4,347,253	52%
Emergency Preparedness	7,000,000	1,093,070	-	1,093,070	3,834,448	162,269	5,089,787	1,910,213	27%
<b>Total</b>	<b>216,527,920</b>	<b>15,974,687</b>	<b>85,395</b>	<b>16,060,082</b>	<b>24,974,702</b>	<b>53,299,482</b>	<b>94,334,266</b>	<b>122,193,654</b>	<b>56%</b>

\*As defined in the Bangladesh Humanitarian Action for Children Appeal for 2022