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Reporting Period: 1 January to 30 June 2020

Bangladesh

Humanitarian Situation Report No. 54



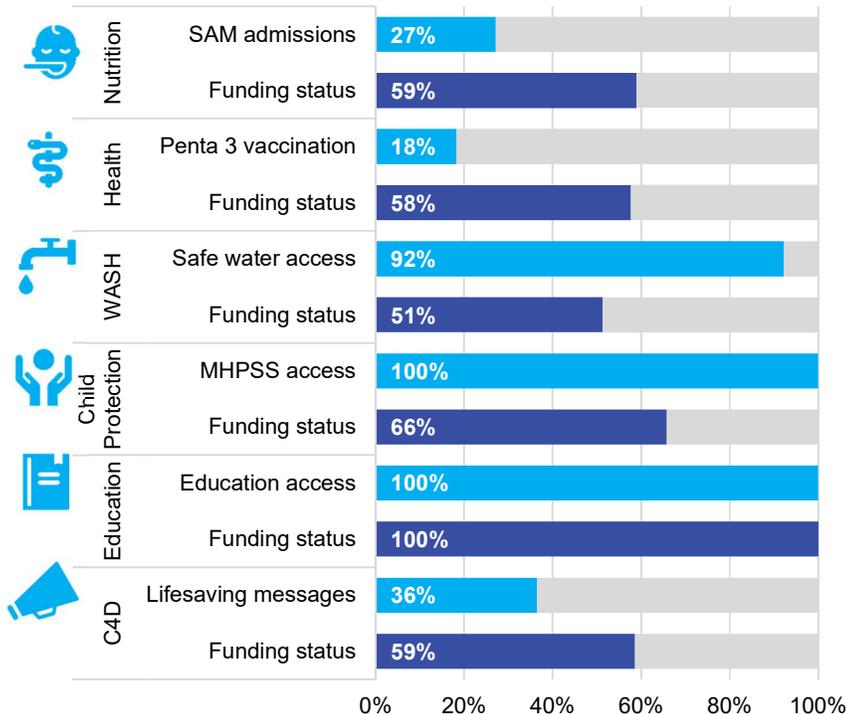
Highlights

- With the confirmation of the first COVID-19 cases in Cox's Bazar District in late March, access to the Rohingya camps was restricted to critical services only, and learning and multipurpose centres were closed. Utilization of health and nutrition services dropped by half in April and May due to decreased staffing and fear of infection before starting to rebound in June.
- UNICEF has mobilized all available resources to minimize the impact of COVID-19 on Rohingya and host community children by disseminating lifesaving messages; scaling up handwashing points and hygiene promotion; adopting infection and control measures at all service points; and adopting alternative modalities including home-based caregiver-led learning and one-on-one psychosocial support.
- Approval to introduce the Myanmar Curriculum in the camps was granted by the Government of Bangladesh in January 2020. UNICEF, UNHCR and Education Sector partners have undertaken preparatory activities to launch the curriculum for grades 6 to 9 targeting 10,000 students when learning centres reopen.

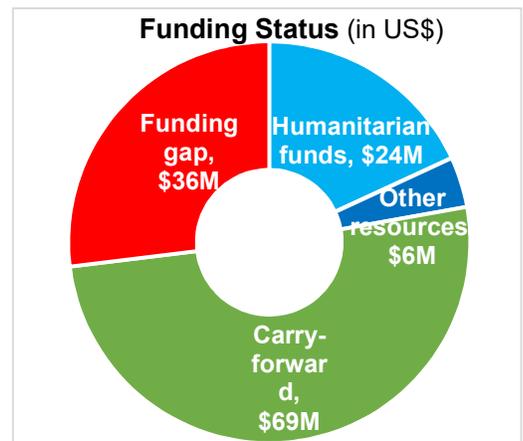
Situation in Numbers

- 1,060,000** children in need of humanitarian assistance
- 2,000,000** people in need (JRP 2020)
- 860,243** Rohingya refugees in Bangladesh
- 466,253** Rohingya refugee children in Bangladesh (UNHCR, 31 May 2020)

UNICEF's Response and Funding Status



UNICEF Appeal 2020 US\$ 135 million



*Funding available includes: funds received in the current year "Humanitarian funds and Other resources"; carry-over from the previous year; and reprogrammed funds with agreement from donors.

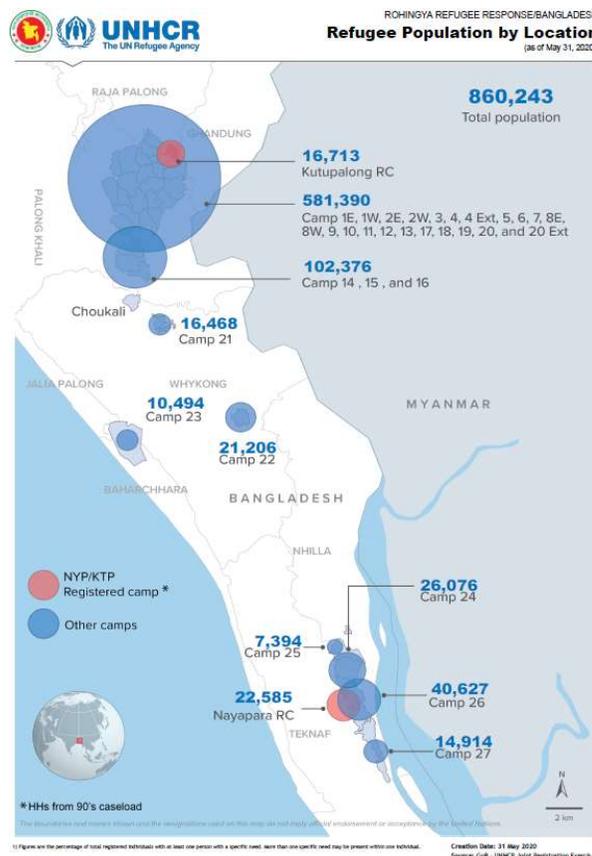
Funding Overview and Partnerships

UNICEF is appealing for USD 135 million to sustain the provision of lifesaving services for women and children in Bangladesh, including Rohingya refugees. In 2020, Canada, Education Cannot Wait, the European Union, France, GAVI, Germany, Global Partnership on Education, Japan, BMZ/KfW Development Bank, the Republic of Korea, Sweden, Switzerland, the United States, the United Kingdom, King Abdullah Foundation, CERF, the World Bank and various UNICEF National Committees have generously contributed to the UNICEF Bangladesh humanitarian response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. However, the 2020 HAC still has a funding gap of 27 per cent. It is critical to continue to raise fund to fill in this gap to sustain basic services including primary health care and treatment for acute malnutrition and ensure access to safe water and sanitation for 240,000 refugees in view of multiple outbreaks of cholera since the August 2017 influx. UNICEF has allocated flexible humanitarian resources to help meet the most urgent WASH as well as Gender-Based Violence and Child Protection needs while it works to mobilize additional funds.

Situation Overview & Humanitarian Needs

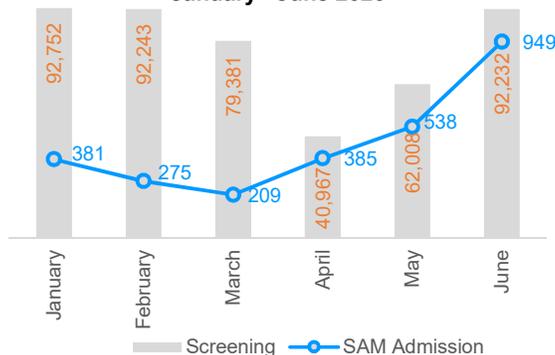
There are 860,000 Rohingya refugees (54 per cent children) living in Cox's Bazar District of Bangladesh, the majority of whom arrived after an outbreak of violence in Rakhaine State in August 2017. Three years on, the conditions are still not in place for their safe, dignified and voluntary return to Myanmar. While basic services are now provided at scale for the Rohingya refugee population across 34 camps in Cox's Bazar, children face regular disease outbreaks, high levels of malnutrition, inadequate educational opportunities and protection risks including child marriage, child labour and trafficking. The annual monsoon floods and cyclones mean additional risks for Rohingya refugees and the host community.

The camps are highly congested, with shared WASH infrastructure and sub-optimal hygiene practices, leaving the population at high risk of COVID-19. The first case of COVID-19 in the camps was confirmed in the camps in May and by now 64 cases have been confirmed as of 24 July. The level of testing in the camps is very low at 1,722 per million. At the same time, there is no evidence of mass transmission, clustered cases or excess mortality so far. However, it is unlikely that transmission has hit its peak. The host communities of Cox's Bazar District has been more affected, with 3,143 confirmed cases since the first case in March 2020. The direct and indirect socioeconomic impacts of COVID-19 in the district are worsening tensions with the host communities. Cox's Bazar District had a high level of poverty even before the pandemic and has among the lowest development indicators in the country before the 2017 refugee influx.



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Screening and SAM admissions in the Camps January - June 2020



Summary Analysis of Programme Response Nutrition

From January to June 2020, 2,737 Rohingya refugee children (1,681 girls, 8 with disabilities) have been admitted for the treatment of severe acute malnutrition (SAM), which is 46 per cent of the annual target. While all nutrition facilities in the camps have remained open since the start of the pandemic, active case finding has been hampered by decreased access to the camps which required a reduction from 10 to 3 Bangladeshi staff per facility. UNICEF and partners have recruited 243 additional Rohingya community nutrition outreach volunteers; trained 18,639 mothers/caregivers on how to screen their children for malnutrition; and undertaken a door-to-door Vitamin A and nutrition screening campaign. Together, these measures have revitalized both screening and admissions to pre-pandemic levels. Of children with SAM

admitted to the 27 UNICEF-supported integrated nutrition facilities from January to June 2020, 77.9 per cent were discharged as cured (SPHERE standard >75 per cent) with a default rate of 1.1 per cent. This is similar to the 79.7 per cent cure rate observed during 2019.

UNICEF and Nutrition Sector partners organized a door-to-door Vitamin A supplementation campaign across all Rohingya camps from 21 June to 20 July to strengthen the immune system of children under 5. From the results received so far, 97 per cent of the 160,026 targeted children under 5 (49 per cent girls) were provided with Vitamin A and also screened for acute malnutrition. There were 691 new cases of SAM (61 per cent girls) identified and referred to integrated nutrition facilities for treatment. Additionally, 109,165 mothers/caregivers (86 per cent of the target) received messages on best practices in infant and young child feeding as well as on COVID-19 prevention, signs and symptoms.

Host community: UNICEF supports its government counterparts to improve its nutrition interventions, including actively mobilizing 124 nutrition volunteers to identify children with acute malnutrition who are not accessing services. There were 145 children with SAM and medical complications admitted to the SAM Units in the District Hospital and Upazila Health Complexes for inpatient treatment from January to June. This is 24 per cent of the target for year, largely constrained by COVID-19-related movement restrictions which stopped household visits by nutrition volunteers in April and May as well as fewer parents visiting clinics due to the fear of getting infected by COVID-19. To ensure treatment is available for children who need it, UNICEF is working to improve the quality of SAM Units and ensuring the availability of therapeutic milk and other supplies. In host communities, 40,737 primary caregivers were counselled to optimally feed their infants and young children.

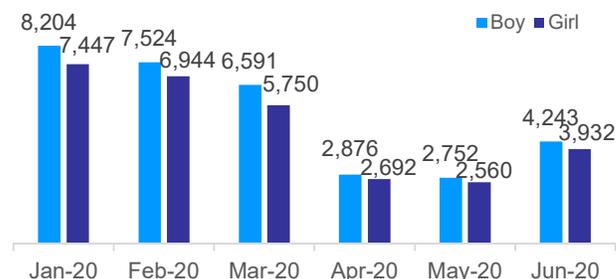
Nutrition Sector: The Nutrition Sector completed its rationalization process at the start of the year, shifting from 84 down to 46 integrated nutrition facilities and 4 inpatient stabilization centres mobilizing 2,800 community nutrition workers and volunteers, including from the Rohingya community. Seven nutrition sector implementing partners provide services for the Rohingya camps. Three of these partners also work in the host community. The Sector ensures the provision of quality services for almost 250,000 Rohingya children and pregnant and lactating women through SAM and moderate acute malnutrition treatment as well as blanket supplementary feeding for the prevention of malnutrition.

Health

UNICEF and partners have provided 122,004 primary health consultations (70,916 for females) in the Rohingya camps in the first half of the year, including 61,515 for children under 5 (29,325 for girls, 5 for children with disabilities). The majority of children's consultations were for coughs and colds (42 per cent) and pneumonia and diarrhoea (both at 4 per cent). Additionally, 1,585 pregnant women attended their fourth antenatal care (ANC4) visit and 645 facility-based deliveries were conducted. In host communities, UNICEF supported 18 government health facilities in Ukhiya and Teknaf which provided 3,896 health consultations (2,107 for girls) for children under 5; 6,185 ANC4 visits; and 6,185 normal deliveries.

To ensure the continuity of services during the COVID-19 pandemic, UNICEF trained 501 staff (290 female) from its 14 health facilities in the camps and 25 staff (22 female) from 18 government health facilities on COVID-19 infection prevention and control and equipped them with appropriate personal protective equipment. Additionally, 165 health workers (101 female) were trained on detecting, referral and appropriate management of COVID-19 cases. All UNICEF-supported health facilities have handwashing stations, triage for suspected COVID-19 patients, waiting space with physical distancing measures and ambulances dedicated for referral of suspected cases. The staff have also been trained on home-based care and community-based surveillance.

Consultations for children under 5 in camps



Despite these efforts, consultations dropped by 50 per cent in April and May, before beginning to recover in June. According to feedback from health workers and Rohingya refugees, this was due in large part to long wait times as fewer staff were deployed to clinics and fear of becoming infected while at a health facility. Immunization rates were also affected, with only 22 per cent of targeted children under 1 from the Rohingya camps and 17 per cent from the host community receiving their third dose of pentavalent vaccines by mid-year. Community health workers are reaching out to children who have missed out to help them catch up on their vaccinations.

In parallel, to ensure the continuity of health services, UNICEF is constructing and will support an NGO partner to operate a 200-bed severe acute respiratory infection isolation and treatment centre (SARI ITC) for the Rohingya and host communities as part of a collaboration with eight international actors to establish a surge capacity of 1,000 SARI ITC beds in the district. The UNICEF-supported centre is expected to open in August.

WASH

UNICEF ensures access to safe water and sanitation for 240,000 refugees (52 per cent female) in eight camps. Efforts to upgrade water sources from deep tube wells to automatically chlorinated piped water networks were constrained by access restrictions from March to June due to COVID-19. To date, 25 out of 40 planned solar-powered water networks are operational in the eight camps. These are providing 53 per cent of the refugees with safe, chlorinated piped water, up from 45 per cent at the end of 2019. A further 15 water networks are under construction in partnership with the World Bank and Asian Development Bank. The remaining water networks are expected to be completed by the end of the year.



In June, a report from the International Centre for Diarrhoeal Disease Research, Bangladesh showed that 95 per cent of the water samples in the camps were free from contamination at the source level and 59 per cent at the household level. This is an improvement from 83 per cent and 34 per cent, respectively, at the end of 2019. Meanwhile, the quantity of water provided has been increased from 20 to 25 litres per person wherever possible to provide more water for the increased handwashing and infection prevention and control activities required to prevent COVID-19.

Eight new faecal sludge management (FSM) sites have been constructed. With this, a total of 88 FSM sites are now supporting the regular emptying of the almost 15,000 latrines across UNICEF's area of responsibility. These latrines ensure coverage as per the sector standard of 20 people per latrine. In total, 100 FSM sites are needed to achieve full coverage. A series of transfer stations are moving sludge to the nearest FSM while the remaining 12 FSM sites are constructed. This year, 185 additional latrines have been upgraded for people living with disabilities and 497 to be more gender sensitive.

In response to COVID-19, UNICEF has intensified evidence-based hygiene promotion activities focused on strengthening of handwashing with soap through community engagement and behaviour change methodologies. Anticipating limited access to the camps during lockdowns, UNICEF activated a Business Continuity Plan, training 480 Rohingya hygiene promoters, religious leaders, community leaders and WASH committee members to support handwashing with soap and other key hygiene practices. All Rohingya refugees have been reached with messages at least once since March while 2,000 handwashing stations were installed in public areas and 10,500 in households.

So far this monsoon season, 207 latrines, 61 bathing cubicles and 19 tube wells have been damaged, all of which have been repaired. A further 10 latrines and 4 bathing which were destroyed have been decommissioned.

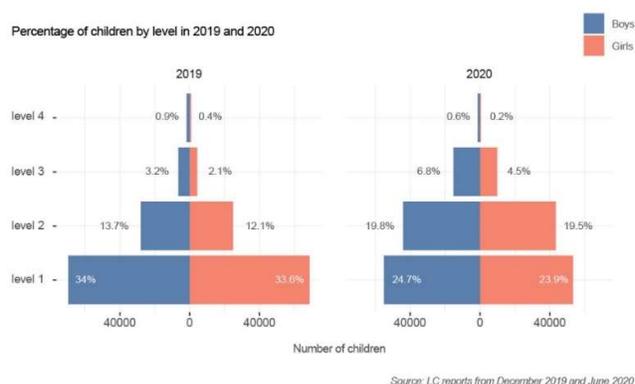
Host communities: Three community water supply schemes have been constructed in Ukhiya Upazila together with a framework for their community-managed financing and operation. Additionally, 36 new deep tube wells have been constructed with 13,651 host community members are now accessing safe water (39 per cent of the target). There were 174 communities (29 per cent of the target) where the community-led total sanitation approach had been started before activities were delayed due to restrictions on large gatherings due to COVID-19. Meanwhile, 12,529 people have gained access to improved sanitation through the construction (4,380) and rehabilitation (490) of latrines. All host community WASH results are expected to be met by the end of the year as movement restrictions ease. As part of the COVID-19 response, over 270,000 people have been supported through new handwashing devices, the disinfection of water points and sanitation facilities and the distribution of hygiene kits, waste bins and soap.

WASH Sector: As the coverage of water networks across the 34 camps has increased from 29 to 54 per cent of refugees (upgraded from tube wells), water quality has significantly increased with 94 per cent of water analysis at household level without fecal contamination and 62 per cent of them with residual chlorine at required levels. In this first half of the year, the WASH Sector has been strongly involved as part of the [COVID-19 response](#) through coordination, technical

orientation and field response resulting in 86 per cent of beneficiaries being able to mention at least three ways to protect themselves from COVID-19 (WASH Sector, June 2020).

Education

Before the closure of learning centres (LCs) in March 2020 due to COVID-19, UNICEF and its partners were providing education to 231,577 (111,845 girls) children through 2,500 LCs¹ (110 per cent of the annual target). As of October 2019, 76 per cent of boys and 70 per cent of girls aged 6 to 14 years were attending LCs in the camps². All Education Sector LCs follow the Learning Competency Framework and Approach (LCFA), first rolled out in 2019, in the absence of a formal curriculum. Learning assessments undertaken at the end of 2019 showed that 33 per cent of children now demonstrate LCFA Level 2 competencies while 59 per cent demonstrate Level 1 competencies. Seven per cent of children are at Level 3 while only 1 per cent are at Level 4. This is an increase in the proportion of children at Levels 2 and 3 compared to December 2018.



Approval to introduce the Myanmar Curriculum in the camps was granted by the Government of Bangladesh in January 2020. The Myanmar Curriculum Pilot (MCP) had been planned to be launched in April but had to be postponed due to the COVID-19 pandemic. However, UNICEF and Education Sector partners have been pursuing preparatory activities to launch the curriculum for grades 6 to 9 as soon as LCs reopen. It will then be expanded to the remaining grades over the coming two years.

With LCs closed, Rohingya volunteer teachers are supporting caregiver-led, home-based learning. In early May, UNICEF implementing partners surveyed 11,000 Rohingya refugees (29 per cent female) in 32 camps. Of those surveyed, 77 per cent reported that their children are studying at home. Ninety-four per cent of caregivers said their children need additional printed workbooks to continue learning at home, and 87 per cent said they would like to be able to contact a teacher for support. Rohingya volunteer teachers engaged by other sectors for COVID-19 messaging are able to check in with families regarding their children's learning while additional education materials are planned to be distributed through critical service providers who continue to have access to the camps (e.g. food distribution).

As the monsoon season intensifies, an increasing number of LCs are being damaged. Since the lockdown started in early April 2020, 744 UNICEF-supported LCs have been damaged by storms. This represents almost 30 per cent of UNICEF-supported LCs. To date, 201 of the damaged LCs have been repaired with 165 LCs currently undergoing repairs. The extended period of LC closure has made the bamboo structures even more vulnerable to the heavy rains, flooding and landslides as routine maintenance to minimize impact of the monsoon season cannot be undertaken.

Host communities: Distributing school grants, teachers training, supporting non-formal education for adolescent girls and improving infrastructure are the main focus of education interventions in the host community. All schools in the country were closed in March to slow down the transmission of COVID-19. UNICEF is supporting the Ministry of Education at the national-level to operate classes through the internet, TV and radio. UNICEF estimates that at least 60 per cent of children are reached through these platforms. Preparations have also continued for the construction of 125 classrooms (including 25 pre-primary) to reduce classroom congestion and to renovate the Primary Teachers Institute.

Education Sector: From March, the Education Sector has led the COVID-19 Education Response Plan, focused on developing learning packages for early learning, the LCFA and adolescents and youth along with guidelines for Rohingya volunteer teacher engagement during COVID-19. The Sector advocated for the use of technology in the camps to support alternative learning modalities. Meanwhile, sector technical working groups have continued preparing for the introduction of the Myanmar Curriculum by finalizing the curriculum, teaching training packages and guidelines for standardizing its implementation once education in the camps reopens.

¹ This is above the original target as UNICEF took over LCs from other Education Sector partners who could no longer fund them.

² JOINT MULTI-SECTOR NEEDS ASSESSMENT: Refugees and host communities, Preliminary Findings, ISCG October 2019

Integrated Adolescent Programming

UNICEF and its partners operate 142 multipurpose centres offering 16,354 adolescents (8,760 girls) aged 15 to 18 in camps and 1,744 adolescents (1,094 girls) in host communities a package of services including vocational training, life skills, psychosocial support and, where required, basic literacy and numeracy. The goal of this programme is to provide opportunities for adolescents as 87 per cent of boys and 98 per cent of girls in this age range are currently out of education or training³. So far, over 2,300 adolescents have graduated from the integrated programme. A tracer study has been underway to better understand how they are putting their new skills to work. The integrated adolescent programme has been suspended since March to slow down the transmission of COVID-19. Advocacy is underway to restart small-group classes.

Child Protection

The arrival of COVID-19 rapidly increased fear and distress among Rohingya children and their parents as well as increasing their vulnerability to violence and exploitation. In response, UNICEF quickly pivoted from a structured three-month psychosocial curriculum to meet immediate needs on a one-on-one basis through psychological first aid, stress management services and bereavement support. So far this year, 63,063 children (50 per cent female, 3 per cent with disabilities) and 33,733 parents/caregivers (47 per cent female, 1 per cent with a disability) have been reached with these services in the camps. In the host community, 15,640 children (58 per cent female; 1 per cent with disabilities) have been supported with psychosocial support along with 9,385 parents and caregivers (45 per cent female; 1 per cent with a disability).

UNICEF and its partners are also working to mitigate the increased risk of gender-based violence (GBV) by operating 18 safe spaces for women and girls including 15 in the camps and 3 in the host community. While group sessions (including skills training) have been suspended in these sites due to COVID-19 restrictions, 7,206 women and girls in camps and 2,655 in host communities have still accessed services this year, including to one-on-one psychosocial support and case management services during the pandemic. The engagement of 16,124 men and boys has allowed them to become more aware about GBV, disseminate messages and influence community leaders.

To accelerate efforts for the prevention of sexual exploitation and abuse (PSEA), UNICEF has trained 1,201 UNICEF personnel and implementing partner staff. Implementing partners are now cascading the training down to their staff and volunteers. UNICEF has a 24/7 hotline number for the reporting of PSEA and information on the reporting mechanism is being shared with the community. UNICEF, as a co-chair for PSEA Network in Cox's Bazar, is working actively to build the capacity of the network and strengthen the reporting and referral mechanism.

The Child Protection Sub-Sector (CPSS) coordinates the Child Protection response with a membership of 28 agencies. So far this year, the focus of the CPSS has been on strengthening community-level protection and capacities of volunteers, strengthening case management work and mainstreaming of child protection in other sectors.

Communications for Development (C4D), Community Engagement & Accountability

UNICEF and partners used a combination of flexible mechanisms – including radio, mosque loudspeaker, auto rickshaw miking, house-to-house visits, consultation meetings, advocacy through religious leaders and adolescent radio listener clubs – to reach Rohingya refugees with lifesaving and protection messages. This work was intensified in March to reduce risks related to COVID-19. In a recent UNICEF assessment, 60 per cent of Rohingya refugees reported washing their hands for 20 seconds, indicating a potential change in behaviour as the October 2019 ISCG Multisectoral Needs Assessment showed 33 per cent of refugees washing their hands at critical times. Thirty-seven rumours were tracked and looped back to inform messaging. As the pandemic continues, radio is playing a vital role in engaging communities. A recent radio listenership survey found that about 90 per cent of people heard COVID-19 messages on the radio while 99 per cent wanted more information on COVID-19 through radio. Fifty-six radio magazine programmes and 40 live phone-in programmes have been broadcasted to date on COVID-19 awareness.



³ JOINT MULTI-SECTOR NEEDS ASSESSMENT: Refugees and host communities, Preliminary Findings, ISCG October 2019

The 14 UNICEF-supported information and feedback centres (IFCs) in the camps received 38,791 complaints, comments and queries. Key concerns raised were around COVID-19 isolation and treatment; sanitation; and shelter.

Host communities: UNICEF and its partners also scaled up community engagement activities in the host communities to combat COVID-19 through similar mechanisms as in the camps. Additionally, 32 UNICEF partner staff from the Local Governance for Children programme undertook 16,704 visits to health facilities, community clinics, vaccination centres, schools and colleges to disseminate key messages. Posters and loudspeaker messaging were intensified to reach people in hard to reach areas. Through four IFCs communities provided 8,714 complaints, comments and queries, including on COVID-19.

Humanitarian Leadership, Coordination and Strategy

The humanitarian response for the Rohingya refugee crisis is facilitated by the Inter Sector Coordination Group (ISCG) in Cox's Bazar. The ISCG Secretariat is guided by the Strategic Executive Group that is designed to be an inclusive decision-making forum consisting of heads of humanitarian organizations. On the government side, a National Task Force, established by the Ministry of Foreign Affairs, has been leading the overall coordination of the Rohingya crisis. Since the 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 communities throughout the district of Cox's Bazar. UNICEF leads the Nutrition and WASH Sectors and Child Protection Sub-Sector and co-leads the Education Sector with Save the Children from humanitarian partner side, in coordination with the concerned government counterparts.

In Cox's Bazar, UNICEF's actions are focused on four key strategies. Firstly, saving lives and protecting children and their families in the refugee camps continues to remain paramount. Secondly, UNICEF is promoting social cohesion and confidence building in the host communities in Ukhia and Teknaf Sub-Districts. Thirdly, systems are being strengthened and programme implementation accelerated in the rest of the district of Cox's Bazar. Finally, UNICEF will apply the lessons learnt from its work in the refugee camps and the district of Cox's Bazar to development of national strategies and its work in other parts of the country.

Cyclone Amphan Response and Flood Preparedness

On 20 May 2020, Cyclone Amphan made landfall in south western Bangladesh with windspeeds of 130 to 140 km/h. The cyclone affected 10 million people in 19 districts and displaced 100,000 people. The Government of Bangladesh evacuated 2.4 million people to 12,078 cyclone shelters and other public infrastructure such as schools and mosques which were opened to provide additional space in line with COVID-19 prevention measures. Shelters were equipped with masks and handwashing facilities.

In consultation with MODMR, the Humanitarian Coordination Task Team (HCTT) developed a US\$25 million [Humanitarian Response Plan for Cyclone Amphan](#) targeting 700,000 people⁴ in the 7 most severely affected districts: Khulna, Satkhira, Bagerhat, Patuakhali, Barguna, Bhola and Jashore. As Cluster lead, UNICEF coordinated preparedness and response actions in the Education, Child Protection, Nutrition and WASH sectors. The CERF Secretariat approved US\$ 5 million allocation for Amphan response, of which UNICEF received US\$ 1.25 million to provide lifesaving support focusing on WASH, Child Protection and Nutrition to 250,000 persons in four priority districts.

UNICEF is working closely with the Government of Bangladesh to increase its capacity to respond to disasters, including in the management of contingency stock and ensuring the equity of the response. At national level, with UNICEF advocacy and support, the Department of Public Health Engineering (DPHE) procured 10 million water purification tablets while the UNICEF Field Offices in Khulna and Barisal provided technical support to DPHE on tube-well maintenance along with providing spare parts and additional water purification tablets. In Khulna division, UNICEF provided COVID-19-related post-cyclone communication messages to the regional radio stations and District Information Office for local-level miking. Three community radio stations are disseminating messages provided by UNICEF on post-cyclone recovery measures and the importance of maintaining good hygiene for infection prevention.

Since the beginning of July 2020, UNICEF has been monitoring the flood situation through its field offices in coordination with the HCTT Needs Assessment Working Group (NAWG). In line with the [contingency plan for climate-related](#)

⁴ Men: 203,713; Women: 205,158; Boys: 144,943, Girls: 146,186, including 213,545 people with disabilities

[disasters in the time of the COVID-19 pandemic](#), the deterioration of the situation will trigger a rapid needs assessment and development of the response plan in agreement with the Government of Bangladesh. UNICEF will continue supporting cluster coordination and strengthening the national preparedness and response capacity in line with the Localization Agenda and in close coordination with all HCTT partners.

Human Interest Stories and External Media

UNICEF continued highlighting the urgent needs of Rohingya refugees, advocating for protection of their rights to both national and international audiences. In view of the global COVID-19 pandemic, a substantial amount of content was created to raise awareness on the crisis and the impact of COVID-19 on Rohingya refugees. UNICEF's work across six key programme areas supporting Rohingya and Bangladeshi children and families was highlighted on the UNICEF Bangladesh website and social media channels keeping this issue under a national and global spotlight. On average, over 20 posts were published each month on UNICEF Bangladesh social media platforms acknowledging donors for their critical contributions. UNICEF Bangladesh is currently leading all UNICEF country offices globally in terms of outreach, with over 8.7 million followers on social media.

External Media:

- Interview on rte on COVID19 ([link](#))
- A podcast featuring two UNICEF UK Goodwill Ambassadors, singer Jessie Ware and actor Michael Sheen discussing their work with UNICEF and particularly the situation in the Rohingya refugee camps which they visited in 2018. The podcast can be found at the following [link](#).
- BBC TV Interview on Cyclone Amphan impact in Cox's Bazar and Bangladesh, May 23.
- The COVID-19 threat to the developing world ([link](#))
- Coronavirus, After Delay, Arrives in Bangladesh's Refugee Camps ([link](#))

Articles:

- UNICEF Supply Division published a [story](#) on the disability friendly latrines project.
- UNICEF's engagement of religious leaders in the fight to contain the spread of COVID-19 in the Rohingya refugee camps and at national level ([link](#))
- Knowledge as a tool for empowerment for Rohingya refugee women and girls ([link](#)).
- Malnourished Rohingya children at heightened risk during pandemic ([link](#))
- In search for education for Rohingya children ([link](#))
- Courageous health workers on the frontline in a time of deadly COVID-19 ([link](#))
- Expanding education for Rohingya refugee children in Bangladesh ([link](#))
- Rohingya and Bangladeshi girls bond in UNICEF Safe Spaces ([link](#))
- Rohingya parents of six daughters share concerns for 2020 ([link](#))
- Preventing a silent crisis for Rohingya women and girls during COVID-19 pandemic ([link](#))

Video

- UNICEF supply division released a [video](#) on the disability friendly latrines.
- A video was published on World Refugee Day showing how UNICEF and its partners are on the front-line delivering critical services for Rohingya refugees during COVID-19. ([link](#))
- Young Rohingya adolescents discuss their ideas and dreams of home on World Refugee Day. ([link](#))
- "Stay home diaries" following Rashed (14) and his daily life in the Rohingya camps during COVID-19 ([link](#)).
- A video on the impact of a multi-purpose centre for an adolescent girl from the Chakma community ([link](#))
- A story of friendship between a Rohingya and a Bangladeshi girl ([link](#))
- The dangers associated with lockdown measures for Rohingya women and girls during COVID-19 pandemic ([link](#))

UNICEF Bangladesh: <https://www.unicef.org/bangladesh/>

UNICEF Bangladesh Appeal: <https://www.unicef.org/appeals/>

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Annex A

Summary of Programme Results

	UNICEF and IPs					Sector Response				
	2020 Target		Total Results		Change since last report	2020 Target		Total Results		Change since last report
	Refugee	Host Community (including flood response)	Refugee	Host Community (including flood response)		Refugee	Host Community (including flood response)	Refugee	Host Community (including flood response)	
NUTRITION										
Number of children aged 6-59 months affected by SAM who are admitted for treatment	6,000 ⁱⁱ	600	2,737	145 ⁱⁱⁱ	1,077	15,500	1,400	5,669	345	1,644
Children aged 6 to 59 months who received vitamin A at least once in the year	145,000 ^{iv}	46,100	130,634 ^v	46,100 ^{vi}	130,634	126,554	46,100	130,634	46,100	130,634
HEALTH^{vii}										
Children aged 0 to 11 months who have received Pentavalent 3 vaccine	29,300	75,600	6,470	12,744	2,305					
Sick newborns treated	350	4,650	96	1,614	206					
WATER, SANITATION & HYGIENE										
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	241,754	96,280 ^{viii}	241,754 ^{ix}	13,651	12,091 ^x	840,000	705,003 ^{xi}	627,795	166,155	..xii
People benefiting from functional latrines to agreed standards	241,754	135,850 ^{xiii}	241,754 ^{xiv}	12,529	1,305	840,000	510,000 ^{xv}	638,910	95,840	7,910
CHILD PROTECTION & GENDER-BASED VIOLENCE										
Children accessing psychosocial support services	100,000 ^{xvi}	25,000 ^{xii}	63,063 ^{xvii}	15,640	13,973 ^{xviii}	117,627	11,375	28,102	8,335	1,260
Children and women accessing GBV risk mitigation, prevention and response interventions	11,600	4,900	7,206	2,655	274					
EDUCATION										
Children accessing quality education	210,000	83,750 ^{xix}	231,577 ^{xx}	50,189 ^{xxi}	-	315,017 ^{xxii}	488,333 ^{xxiii} ^{xxiv}	322,674 ^{xxv}	30,322	3,184
Adolescents aged 15 to 18 years accessing secondary education	10,000	5,000	..xxvi	-	-	49,864	1,652	-	-	-
Adolescents aged 15 to 18 years and youth aged 19 to 24 years accessing vocational skills training	21,500	10,500	16,354	1,744	-					
C4D/ ACCOUNTABILITY MECHANISM										
People reached through messaging and dialogue (house to house) on key life-saving behaviours and referrals to services with a focus on health, nutrition, WASH, education and child protection ^{xxvii}	473,044	227,125	233,253 ^{xxviii}	22,176 ^{xxix}						
People accessing mechanisms to voice their needs/concerns, including feedback and complaint mechanisms	40,000	10,000	38,791	8,714	10,211					

Note on mid-year progress: Achievements in both camps and host communities have been affected by access restrictions (camps); lockdowns (host communities); and a decrease in demand for services due to fears of infection (both Rohingya and host communities). By the end of the second quarter, access to **health and nutrition services** had returned to pre-pandemic levels. However, these targets may not be achieved by the end of the year as it may not be possible to make up for time lost in the second quarter. For **WASH** in host communities, these targets are still expected to be met. As movement restrictions across the country ease, UNICEF is accelerating efforts in terms of water and sanitation. Achievements in terms of **Education** have been particularly hampered by the closure of schools, LCs and MPCs. Achievement of these results will depend largely on when these spaces reopen.

Annex B

Funding Status*

Appeal Sector	Funding Requirements	Funds available*					Funding gap	
		Funds Received Current Year		Total	Carry-Over ORE	Carry-Over ORR	\$	%
		ORE	ORR					
Nutrition	14,230,000	1,683,397	61,043	1,744,441	1,671,278	4,970,020	5,844,262	41%
Health	15,180,000	3,181,372	279,714	3,461,086	1,001,683	4,295,723	6,421,508	42%
Water, Sanitation and Hygiene	30,000,000	7,096,696	706,220	7,802,916	3,806,085	3,787,594	14,603,405	49%
Child Protection/GBV	17,000,000	5,434,678	196,518	5,631,196	1,943,617	3,606,084	5,819,103	34%
Education	47,000,000	2,080,761	4,256,165	6,336,926	7,161,712	35,279,808	0	0%
Communication for development	3,150,000	962,132	12,235	974,367	458,236	413,667	1,303,730	41%
Emergency preparedness	8,700,000	4,057,503	-	4,057,503	224,410	192,775	4,225,311	49%
Total	135,260,000	24,496,539	5,511,896	30,008,434	16,267,022	52,545,670	36,438,874	27%

* As defined in Humanitarian Appeal of January 2020 for a period of 12 months

ⁱ The host community results cover JRP areas (Teknaf and Ukhia Upazilas) except where otherwise noted.

ⁱⁱ The target for SAM treatment in camps was reduced to 6,000 as the initial caseload of 10,000 children was based on admissions using weight-for-height. Due to COVID-19 restrictions, children are being screened only through mid-upper arm circumference (MUAC) as it requires less close contact. Programme data from the last two years shows that only one-third of admissions for SAM treatment were based on MUAC. Meanwhile, UNICEF has reduced the MUAC cut-off for the identification of SAM from 115 to 120 mm based upon the global recommendations as well as Nutrition Sector guidance to help compensate for this admission.

ⁱⁱⁱ Includes results from six upazilas

^{iv} The target for Vitamin A in camps has been increased based on the microplanning exercise for the June campaign, which identified more children from 6-59 months than initially estimated.

^v Results from the Vitamin A Campaign in the camps (June-July 2020).

^{vi} Results from the National Vitamin A Campaign in the host community (January 2020)

^{vii} Results include Cox's Bazar Sadar along with Teknaf and Ukhia Upazilas

^{viii} Includes 35,000 people in Ukhia and Teknaf Upazilas hosting Rohingya refugees and 61,280 flood-affected Bangladeshis across the country. No flood-related results were achieved as of mid-year.

^{ix} Based on coverage surveys indicating adequate safe, functional water sources for all refugees in the eight UNICEF-supported camps.

^x 6,090 people served by new water distribution networks and 6,001 people accessing newly chlorination water sources.

^{xi} Includes 285,000 people in Ukhia and Teknaf Upazilas hosting Rohingya refugees targeted by the Cox's Bazar WASH Sector and 420,003 flood-affected Bangladeshis across the country targeted by the national WASH Cluster in the monsoon HRP. No flood-related results were achieved as of mid-year.

^{xii} 75,310 people have been removed due to the data cleaning at sector level along with JRP midterm review monitoring

^{xiii} Includes 35,000 people in Ukhia and Teknaf Upazilas hosting Rohingya refugees and 20,850 flood-affected Bangladeshis across the country. No flood-related results were achieved as of mid-year.

^{xiv} Based on coverage surveys indicating adequate functional latrines for all refugees in the eight UNICEF-supported camps.

^{xv} Includes 285,000 people in Ukhia and Teknaf Upazilas hosting Rohingya refugees targeted by the Cox's Bazar WASH Sector and 225,000 flood-affected Bangladeshis across the country targeted by the national WASH Cluster in the monsoon HRP. No flood-related results were achieved as of mid-year.

^{xvi} UNICEF is increasing its annual psychosocial support target in camps and host communities in line with the shift in implementation modality. Specifically, the initial target was based on a structured group-based curriculum. It has now changed to individual or family-based interventions aimed at promoting the psychosocial wellbeing of children and caregivers in response to the additional stress caused by the pandemic. Specifically, this includes: bereavement support; stress management; psychological first aid; basic; family or child recreation support; mediation services; basic essential material support link to deprivation and mental wellbeing; and referrals services.

^{xvii} Overachievement due to the shift in programme modalities from group classes following a structured curriculum to individual

support in response to the increased levels of stress and fear in the camps. Target to be revised.

^{xviii} Includes COVID-19 response, resulting in a higher increase than for the sector.

^{xix} Includes 50,000 children in Ukhia and Teknaf Upazilas hosting Rohingya refugees and 33,750 flood-affected Bangladeshi children across the country. No flood-related results were achieved as of mid-year.

^{xx} Includes 2,043 children aged 3 years enrolled in LCs. Increase after the LC closure in March – and overachievement – due to UNICEF taking over support to LCs previously supported by other Sector partners who are no longer able to fund them.

^{xxi} Based on the distribution of school effectiveness grants to all government primary schools in Teknaf and Ukhia Upazilas.

^{xxii} This includes 35,363 children aged 3 years as well as children aged 4-14 years.

^{xxiii} Includes 43,547 children in Ukhia and Teknaf Upazilas hosting Rohingya refugees targeted by the Cox's Bazar Education Sector and 444,786 flood-affected Bangladeshi children across the country targeted by the national WASH Cluster in the monsoon HRP. No flood-related results were achieved as of mid-year.

^{xxiv} The target age group is 4-14 years.

^{xxv} Includes 15,207 children who are 3 years of age

^{xxvi} Results to be based on the Myanmar Curriculum Pilot, to start once LCs reopen.

^{xxvii} This is a monthly figure, indicating the number of people reached with at least one round of messaging within the month.

^{xxviii} Highest number of people reached in a month from Jan – June 2020

^{xxix} Highest number of people reached in a month from Jan – June 2020