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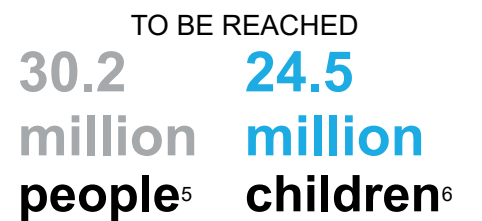
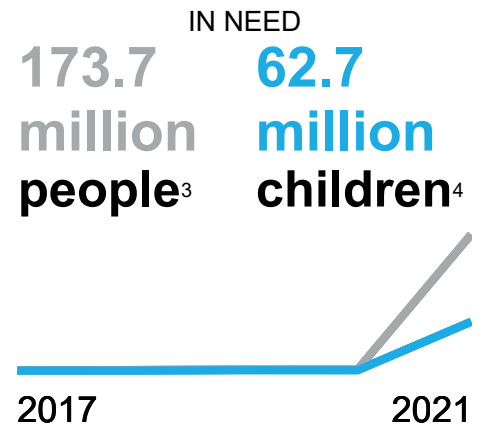
## Humanitarian Action for Children

Amina (L) and her sister Farina (R) learn at home as part of UNICEF's caregiver-led home-based learning modality in the Rohingya refugee camps in Cox's Bazar during the COVID-19 pandemic.

# Bangladesh

### HIGHLIGHTS

- Bangladesh faces three overlapping humanitarian emergencies. Over 884,000 Rohingya refugees<sup>1</sup> living in Cox's Bazar District are highly dependent on international aid. A densely populated country, Bangladesh is experiencing a significant COVID-19 pandemic, in addition, millions of families are vulnerable to floods and cyclones. UNICEF Humanitarian Action is in line with the 2021 Joint Response Plan (JRP)<sup>2</sup> and the Bangladesh Preparedness Response Plan (BPRP) for COVID-19.
- In refugee camps, UNICEF and partners will provide health, nutrition, water, sanitation and hygiene (WASH), education, including introduction of the Myanmar curriculum for Rohingya children, child protection and gender-based violence services at scale. Across the country, UNICEF will support the Government to prepare for and respond to humanitarian needs.
- UNICEF is appealing for US\$ 203.6 million in 2021 to support COVID-19 prevention and treatment, to continue vital health, nutrition, and WASH services in Bangladesh and to address unmet critical needs of the Rohingya refugees in the camps.



### KEY PLANNED TARGETS



**20.2 million** children receiving vitamin A supplementation every six months



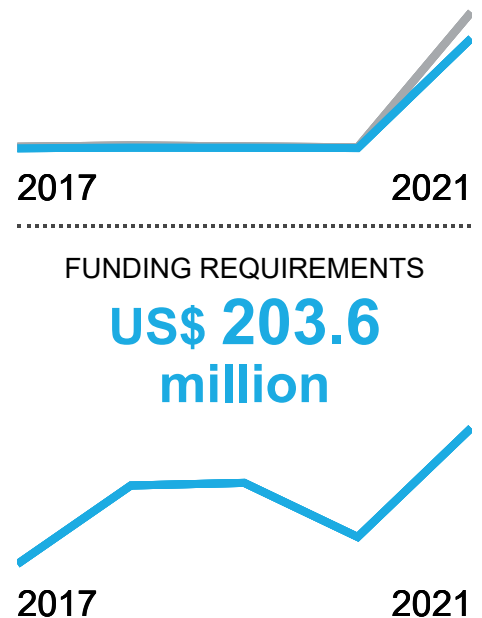
**10.5 million** people accessing a sufficient quantity of safe water



**966,206** people accessing safe channels for reporting sexual exploitation and abuse



**47.7 million** people participating in engagement actions



## HUMANITARIAN SITUATION AND NEEDS

Three years after extreme violence in Rakhine State, Myanmar, sparked a massive refugee influx into Bangladesh, there are 884,041 Rohingya refugees living in 34 congested camps in Cox's Bazar District.<sup>7</sup> To date, conditions for their safe and voluntary return to Myanmar have not been achieved. With increasing number of COVID-19 cases in the camps, it is essential that treatment facilities, masks and accurate information are widely available.

On 22 March 2021, a massive fire in three refugee camps left 37,078 individuals temporarily displaced.<sup>8</sup>

The primary and secondary impacts of COVID-19 have compromised access to health and nutrition services for Rohingya refugees, reversing some of the gains made in the past. Before the closure of learning centres in March 2020 due to COVID-19 restrictions, 80 per cent of Rohingya boys and 76 per cent of Rohingya girls aged 6 to 14 years were accessing education.<sup>9</sup> Child protection sub-sector partners are reporting increased levels of violence against children, gender-based violence and psychosocial distress. With deteriorating COVID-19 situation, since April 2021 access to the camps has been restricted to critical services only<sup>10</sup>, and adolescent girls and people with disabilities are least likely to access the services they need.

As of 17 July 2021, Bangladesh had the 28th highest caseload of COVID-19 globally with 1,092,411 confirmed cases, including 17,669 deaths<sup>11</sup>. The pandemic has had a major impact on the economy and is overwhelming health and nutrition services. There were already too few health workers before the pandemic (8.3 health workers per 10,000 people, compared with 45 per 10,000 recommended by the World Health Organization)<sup>12</sup>. Constrained access to health and nutrition services could lead to higher acute malnutrition rates by 14 per cent<sup>13</sup>.

2021 real gross domestic product is projected at 5 per cent.<sup>14</sup> Increased poverty will create an additional barrier to children's rights. Children from vulnerable households, report lower levels of access to alternative learning modalities.<sup>15</sup> In a country where 45 million children are subjected to violent discipline<sup>16</sup>, violence against women and children, including gender-based violence, has increased by an estimated 31 per cent during the pandemic.<sup>17</sup>

In addition to these vulnerabilities, the population is at risk of recurrent monsoon and cyclone-related disasters exacerbated by climate change. In 2020, one quarter of the country was flooded<sup>18</sup>, affecting 5.4 million people.<sup>19</sup>

## SECTOR NEEDS



### Health

**3.4 million** children need immunization services<sup>20</sup>



### Water, sanitation and hygiene

**103.2 million** people lack access to safe water<sup>21</sup>



### Child protection, GBViE and PSEA

**1.3 million** children need psychosocial support<sup>22,23</sup>



### Education

**42.8 million** children need education support<sup>24</sup>

## STORY FROM THE FIELD



Shefuka stands in front of her home at a Rohingya refugee camp in Cox's Bazar, Bangladesh. With schools closed, UNICEF is supporting Rohingya volunteer teachers to keep children learning.

As schools remain closed across the world to contain the spread of COVID-19, students like Shefuka are trying to adapt to their new reality, within the framework of "new normal". However, studying from home in a refugee shelter without access to electricity is extremely challenging.

"I feel very sad that our learning centre is closed. I cannot continue my study like before. I miss my classmates and my teachers," says Shefuka.

UNICEF is implementing alternative modalities to sustain children's education, including through Rohingya volunteer teachers to continue education via home learning activities with the support of parents and caregivers.

**[Read more about this story here](#)**

# HUMANITARIAN STRATEGY

UNICEF's humanitarian response in Bangladesh will focus on supporting the Rohingya refugees and host communities, COVID-19, and the monsoon floods. The priorities will be: (1) making COVID-19 treatment facilities available; (2) supporting the continuity and utilization of health and nutrition services; (3) providing sustainable and resilient safe water and sanitation services and supporting the adoption of handwashing behaviours; (4) facilitating enabling environment for adopting infection prevention control (IPC) and life-saving behaviours including mask usage and social distancing; (5) providing education, child protection and prevention of gender-based violence services at scale using modalities informed by the latest evidence on COVID-19 prevention; and (6) engaging adolescents to participate within their communities and in the response. As introduction of the Myanmar curriculum in the camps was delayed due to the closure of learning centres, UNICEF continues to prepare for eventual launch of Myanmar Curriculum Pilot and simultaneously prepare for Myanmar Curriculum scale-up in 2022. Wherever possible, UNICEF will strengthen the linkages between its humanitarian response and development programmes to achieve more sustainable results.

UNICEF is providing technical, logistical, financial, and in-kind assistance to the Government of Bangladesh to mitigate impacts of COVID-19 across the country. UNICEF will support the Directorate General of Health Services to ensure uninterrupted access to health and nutrition services, while coordinating the Case Management and Infection Prevention Control Pillar and procuring personal protective and other equipment. UNICEF will promote interventions aimed at providing accurate information on COVID-19 prevention to enhance social behaviour practices, promote COVID-19 vaccination. In coordination with the Department of Public Health Engineering, UNICEF will provide and monitor access to safe water. Education authorities will be supported to safely operate schools and offer quality and equitable distance learning opportunities, while ensuring the provision of integrated early child education and development opportunities. UNICEF will focus on strengthening the social worker workforce to prevent and respond to increasing child protection and gender-based violence incidents, including by addressing child marriage through in-person and outreach services.

Across its humanitarian response, UNICEF will support national non-governmental organizations to lead the response, in line with the localization agenda. Mechanisms have been established to gather feedback from affected communities to improve the response, and prevent, report and respond to cases of sexual exploitation and abuse. All sectors will continue focusing on disaster preparedness and response to recurrent disasters.

UNICEF leads nutrition and WASH sectors/clusters and the child protection sub-sector/cluster and co-leads the education sector/cluster.

Progress against the 2020 programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/bangladesh/situation-reports>

# 2021 PROGRAMME TARGETS



## Nutrition

- **13,300** children aged 6 to 59 months with severe acute malnutrition admitted for treatment<sup>25</sup>
- **20,155,080** children aged 6 to 59 months receiving vitamin A supplementation every six months



## Health

- **3,349,733** children aged 0 to 11 months who have received pentavalent 3 vaccine
- **15,234,254** health service consultations for children and women, including prenatal, delivery and postnatal care; essential newborn care; immunization; treatment of childhood illnesses; and HIV care<sup>26</sup>



## Water, sanitation and hygiene

- **10,533,151** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- **1,219,818** people accessing appropriately designed and managed latrines



## Child protection, GBViE and PSEA

- **550,000** children and caregivers accessing mental health and psychosocial support
- **547,692** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- **966,206** people with access to safe channels to report sexual exploitation and abuse



## Education<sup>27</sup>

- **838,550** children accessing formal or non-formal education, including early learning<sup>28</sup>
- **2,402,178** girls and boys supported with distance/remote learning in emergencies<sup>29</sup>



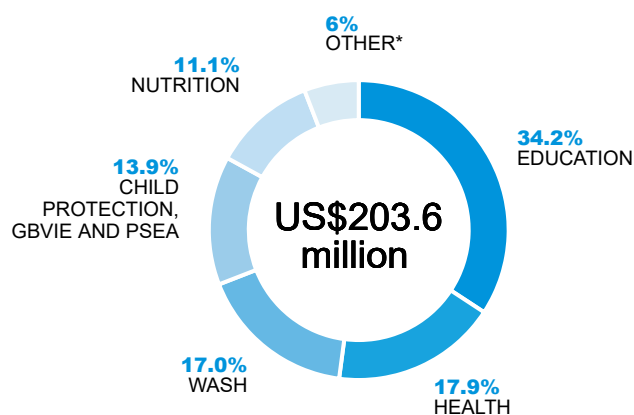
## C4D, community engagement and AAP<sup>30</sup>

- **47,650,000** people participating in engagement actions for social and behavioural change<sup>31</sup>
- **1,040,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms



## FUNDING REQUIREMENTS IN 2021

UNICEF has revised its appeal from US\$198.8 million to US\$203.6 million due to deteriorating COVID-19 situation and to support peace building and social cohesion in the camps. The funds will enable UNICEF and partners to maintain life-saving services for Rohingya children and their families; rebuild facilities and reinstate services after a devastating fire in the camps; support host communities affected by the refugee influx, and mitigate the worst direct and socio-economic impacts of COVID-19 and the cyclical monsoon floods and cyclones on children and families across the country. Nutrition, health, WASH, education, child protection and gender-based violence services will be provided at scale in the camps, using adapted modalities to prevent the COVID-19 transmission. This appeal will also cover the additional resources required to ensure that children most affected by the impacts of COVID-19, including those in densely populated urban areas, from minority ethnic groups, and from the lowest wealth quintile, are able to realize their rights during this challenging time. This appeal includes the US\$146.0 million required under the JRP launched in May 2021, US\$46.5 million to mitigate the worst impacts of COVID-19 on children and their families and US\$11.0 million to contribute to disaster preparedness and response nationwide.



Appeal sector	Revised 2021 HAC requirement (US\$)
Nutrition	22,639,274 <sup>32</sup>
Health	36,373,000
WASH	34,633,000
Child protection, GBViE and PSEA	28,266,000 <sup>33</sup>
Education	69,701,600
C4D, community engagement and AAP	5,006,000
Emergency	7,000,000 <sup>34</sup>
<b>Total</b>	<b>203,618,874</b>

\*This includes costs from other sectors/interventions : Emergency (3.4%), C4D, community engagement and AAP (2.5%).

Appeal sector	Original 2021 HAC requirement (US\$)	Revised 2021 HAC requirement (US\$)	Funds available (US\$)	Funding gap (US\$)	2021 funding gap (%)
Nutrition	20,688,000	22,639,274 <sup>32</sup>	20,101,789	2,537,485	11.2%
Health	36,373,000	36,373,000	19,381,118	16,991,882	46.7%
WASH	32,133,000	34,633,000	16,824,488	17,808,512	51.4%
Child protection, GBViE and PSEA	28,266,000	28,266,000 <sup>33</sup>	18,999,171	9,266,829	32.8%
Education	69,701,600	69,701,600	30,295,498	39,406,102	56.5%
C4D, community engagement and AAP	4,641,000	5,006,000	4,261,305	744,695	14.9%
Emergency	7,000,000	7,000,000 <sup>34</sup>	6,821,111	178,889	2.6%
<b>Total</b>	<b>198,802,600</b>	<b>203,618,874</b>	<b>116,684,480</b>	<b>86,934,394</b>	<b>42.7%</b>

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# ENDNOTES

1. Joint Government of Bangladesh and United Nations High Commissioner for Refugees 'Population Factsheet as of 31 March 2021'.
2. The HAC is revised to align strategies and interventions with the Joint Response Plan for Rohingya Humanitarian Crisis, which was launched on 18 May 2021.
3. This includes the population of Bangladesh (172,809,384) as per Bangladesh Ministry of Health and Family Welfare, 'Bangladesh Preparedness and Response Plan (BPRP) for COVID-19', July 2020; and 884,041 Rohingya refugees living in Bangladesh, as per the 'Joint Government of Bangladesh - UNHCR Population Factsheet as of 31 March 2021'.
4. This includes 62,211,378 Bangladeshi children as per 'BPRP for COVID-19'; and 459,701 Rohingya children (52 per cent of the total Rohingya population) as per 'Joint Government of Bangladesh - UNHCR Population Factsheet as of 31 March 2021'.
5. This includes 3,349,733 children under 1 year to be reached with pentavalent vaccination (50 per cent girls, 1.4 per cent with a disability and 1 per cent Rohingya); 17,915,627 children aged 12 to 59 months to be reached with vitamin A (percentage of total target for vitamin A supplementation) (50 per cent girls, 1.4 per cent with a disability, 0.8 per cent Rohingya); 248,000 Rohingya children aged 5 to 18 years access to education and 68,100 with remote education (49 per cent girls, 1 per cent with a disability); and 590,550 Bangladeshi children aged 5 to 18 years with formal/no-formal access; and 2,334,078 Bangladeshi children aged 5 to 18 years to be supported with remote access to education (50 per cent girls, 0.9 per cent children with a disability); and 5,739,900 adults to be reached with WASH services (60 per cent women, 0.9 per cent with a disability, 2.0 per cent Rohingya). The total figure includes 52 per cent women/girls, 1.1 per cent people with a disability and 2.2 per cent Rohingya refugees.
6. This includes 3,349,733 children under 1 year to be reached with pentavalent vaccination (50 per cent girls, 1.4 per cent with a disability and 0.9 per cent Rohingya); 17,915,627 children aged 12 to 59 months to be reached with vitamin A supplementation (percentage of total target for vitamin A) (50 per cent girls, 1.4 per cent with a disability, 0.8 per cent Rohingya); 248,000 Rohingya children aged 5 to 18 years to be reached with education and 68,100 with remote education (49 per cent girls, 1 per cent with a disability); and 590,550 Bangladeshi children aged 5 to 18 years to be supported access to education and 2,334,078 Bangladeshi children with remote access to education (50 per cent girls, 0.9 per cent children with a disability). The total figure includes 50 per cent girls, 1.3 per cent with a disability and 2.4 per cent Rohingya. UNICEF is committed to needs-based targeting, and will serve as the provider of last resort where it has cluster coordination responsibilities.
7. 'Joint Government of Bangladesh - UNHCR Population Factsheet as of 31 March 2021'.
8. UNICEF Bangladesh Situation report No.3. UNICEF supported facilities damaged by the fire include a Primary Health Centre, Learning Centers (141), Nutrition Facilities (2), water supply networks (6), latrines (750), bathing spaces (280) and an Information and Feedback Centre. US\$ 3.9m is required for reconstruction of the UNICEF supported facilities damaged by the fire and to restore services.
9. Inter Sector Coordination Group, 'Joint Multi-Sector Needs Assessment - Rohingya refugees', ISCG, July-August 2020.
10. Inter Sector Coordination Group, International Organization for Migration, United Nations High Commissioner for Refugees and United Nations Resident Coordinator for Bangladesh, '2020 Joint Response Plan: Rohingya Humanitarian Crisis (January-December 2020) - Bangladesh', 3 March 2020.
11. Worldometer, 'COVID-19 Coronavirus Pandemic' data as of 17 July 2021.
12. World Health Organization, 'Global Strategy on Human Resources for Health: Workforce 2030', WHO, Geneva, 2016.
13. Headey, Derek, et al., 'Impacts of COVID-19 on Childhood Malnutrition and Nutrition-Related Mortality', The Lancet, vol. 396, no. 10250, 27 July 2020.
14. International Monetary Fund, IMF data April 2021.
15. UNICEF, June 2020.
16. Government of Bangladesh and United Nations Children's Fund, Bangladesh: Multiple Indicator Cluster Survey 2019', 2020.
17. Manusher Jonno Foundation, 'Violence Against Women and Children: COVID-19', May 2020.
18. NASA Earth Observatory, 'Intense Flooding in Bangladesh', 1 August 2020.
19. Bangladesh Humanitarian Coordination Task Team, 'HCTT Response Plan Monsoon Floods', August 2020.
20. This includes 31,000 Rohingya children under 1 year as per the 2021 Joint Response Plan: Rohingya Humanitarian Crisis (January-December 2021) - Bangladesh'; and 3,319,224 Bangladeshi children under 1 year as per 'Bangladesh Preparedness and Response Plan for COVID-19'.
21. This includes 884,041 Rohingya refugees and 472,002 members of affected host communities as per '2021 Joint Response Plan (January-December 2021) - Bangladesh'; 5.4 million flood-affected Bangladeshis as per 'HCTT Response Plan Monsoon Floods'; and 96,432,000 other Bangladeshis as per 'BPRP for COVID-19'.
22. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
23. This includes 451,662 Rohingya and 249,511 host community children as per '2021 Joint Response Plan: Rohingya Humanitarian Crisis (January-December 2021)'; 36,667 flood-affected Bangladeshi children as per 'HCTT Response Plan Monsoon Floods'; and 550,000 other vulnerable Bangladeshi children impacted by COVID-19 as per 'Bangladesh Preparedness and Response Plan for COVID-19'.
24. The total figure refers to the broader country population, which is being covered mainly through technical assistance and systems strengthening support by UNICEF Bangladesh. This includes 390,900 Rohingya and 60,000 host community children as per '2021 Joint Response Plan: Rohingya Humanitarian Crisis (January-December 2021) - Bangladesh'; 444,786 flood-affected Bangladeshi children as per 'HCTT Response Plan Monsoon Floods'; and 41,890,019 other vulnerable Bangladeshi children as per 'Bangladesh Preparedness and Response Plan for COVID-19'.
25. UNICEF reduced its target for SAM admissions in the Rohingya camps in line with the Nutrition Sector reduction. This was done based on the 2020 SMART Survey for the camps released in December 2020.
26. It is expected that individual children and women will have multiple consultations within a one-year period and, as such, the number of consultations is not equal to the number of people reached.
27. The education targets for UNICEF Bangladesh primarily focus on Rohingya children, host community children and children affected by floods.
28. 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. This includes 248,000 Rohingya children; 70,000 Bangladeshi children in affected host communities; 438,000 Bangladeshi children directly impacted by COVID-19; and 82,550 Bangladeshi children affected by floods.
29. This includes 68,100 Rohingya children accessing blended learning opportunities in parallel to informal learning; 2,313,440 million Bangladeshi children affected by COVID-19 (including those in host communities of Cox's Bazar); and 20,638 Bangladeshi children affected by floods.
30. On C4D, UNICEF has added some new interventions to sensitize communities and humanitarian actors for mainstreaming response to people with disabilities in programme design and implementation, increasing community engagement for bringing in social cohesion, resilience and integrating Accountability to Affected Populations in UNICEF programmes. The population target remains the same as for the other C4D activities as the same people in Rohingya camps in Cox's Bazar are being covered with these new interventions.
31. The targeted population is higher than the total number of people/children to be reached because the target includes mass media outreach.
32. For the response in Rohingya camps, this includes US\$5,295,317 for preventive and curative nutrition interventions. For the response to host communities, this includes US\$8,060,957 - an increase will support the scale up of preventive nutrition interventions such as Infant and young child feeding (IYCF) counselling and growth monitoring and promotion (GMP) across all sub-districts. HAC target has been revised due to requirement of scale-up of preventive nutrition interventions in host communities. For the COVID-19 response, this includes US\$6,575,000, and for the flood response this includes US\$2,708,000 for nutrition interventions.
33. For the response in Rohingya camps, this includes US\$12,251,344 for child protection interventions; US\$1,719,450 for gender-based violence interventions; and US\$59,206 for prevention of sexual exploitation and abuse interventions. For the response to host communities affected by the Rohingya crisis, this includes US\$3,466,702 for child protection interventions; US\$486,544 for gender-based violence interventions; and US\$16,754 for prevention of sexual exploitation and abuse interventions. For the COVID-19 response, this includes US\$6,403,357 for child protection interventions; US\$898,698 for gender-based violence interventions; and US\$30,945 for prevention of sexual exploitation and abuse interventions. For the flood response, this includes US\$2,561,168 for child protection interventions; US\$359,455 for gender-based violence interventions; and US\$12,377 for prevention of sexual exploitation and abuse interventions.
34. This includes emergency preparedness, disaster risk reduction and response to massive fire in the camps on 22 March 2021.