2020
COVID-19 RESPONSE PLAN

Addendum to the Joint Response Plan 2020

ROHINGYA HUMANITARIAN CRISIS

APRIL - DECEMBER 2020

BANGLADESH

For the purpose of the COVID-19 Response Plan, the term "affected populations" refers to the entire population impacted by the crisis. People or populations "in need" refer to a sub-set of the affected population who have been assessed to be in need of protection interventions or humanitarian assistance as a result of the crisis. "Target population" refers to those people in need who are specifically targets of support interventions and assistance activities contained in this response plan.

The Government of Bangladesh refers to the Rohingya as "Forcibly Displaced Myanmar Nationals". The UN system refers to this population as Rohingya refugees, in line with the applicable international framework. In this COVID-19 addendum to the 2020 Joint Response Plan for the Rohingya Humanitarian Crisis, both terms are used, as appropriate, to refer to the same population.

This document is produced on behalf of the Strategic Executive Group and partners.

This document provides the Strategic Executive Group's shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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LIST OF ABBREVIATIONS

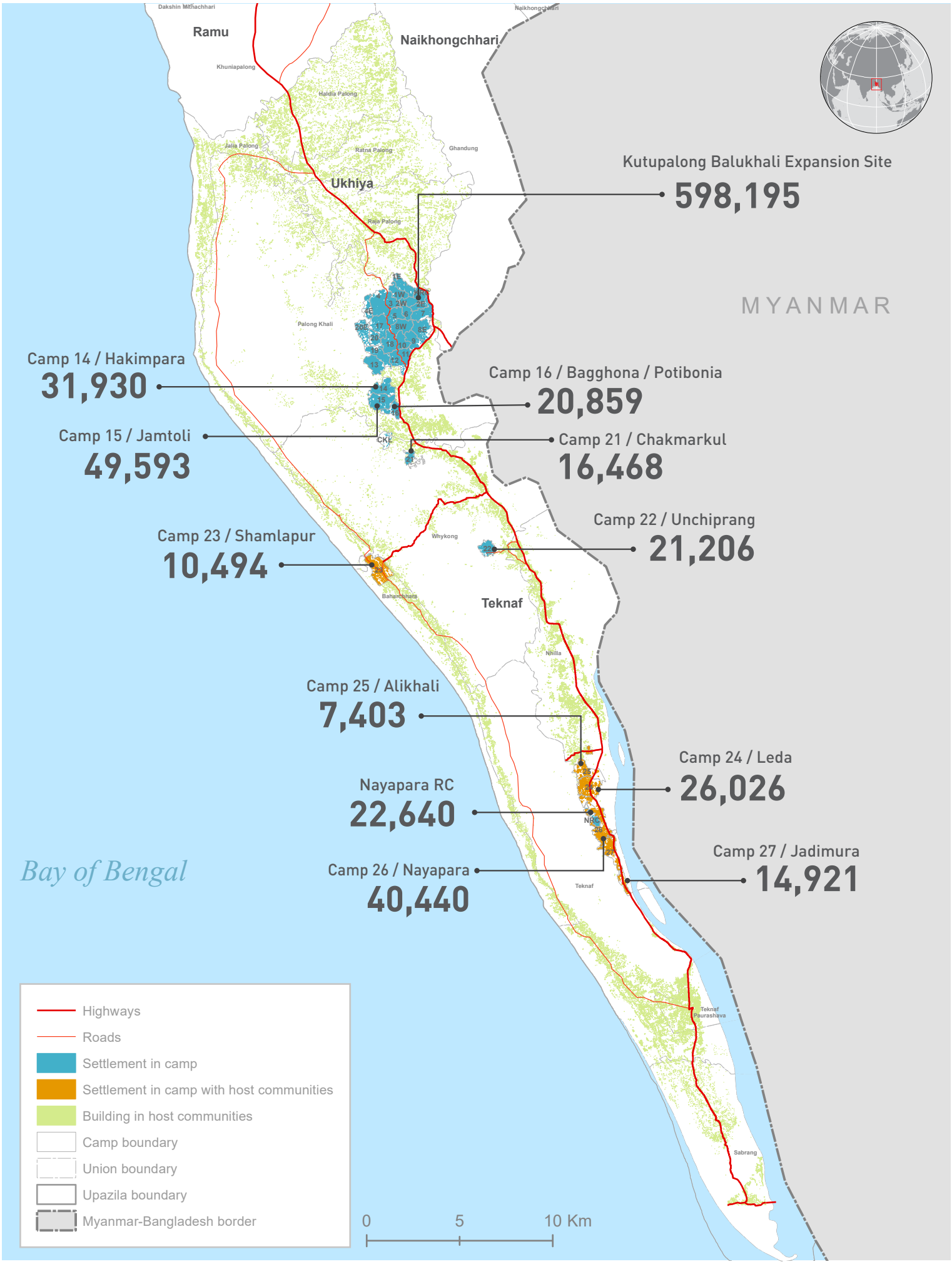
AAP	Accountability to Affected Populations
ADWG	Age and Disability Group
AFD	Armed Forces Division
AGD	Age, Gender, Diversity
AWD	Acute Watery Diarrhoea
BCC	Behaviour Change Communication
BSFP	Blanket Supplementary Feeding Programmes
CiC	Camp-in-Charge
COVID-19	Novel Coronavirus 2019
CP	Child Protection
CPP	Cyclone Preparedness Programme
CPRP	Country Preparedness and Plan
CSO	Civil Society Organisation
CwC	Communication with Communities
DAE	Department of Agricultural Extension
DC	Deputy Commissioner
DEO	District Education Officer
DPHE	Department of Public Engineering
DRU	Dispatch and Referral Unit
DSS	Department of Social Services
ECCD	Early Childhood Care and Development
ERT	Emergency Response Team
ETS	Emergency Telecommunications Sector
FSL	Food Security and Livelihoods
FSS	Food Security Sector
FTS	Financial Tracking Service
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GBVIMS	Information Management System
GiHA	Gender in Humanitarian Action
HEB	High Energy Biscuits
HEOC	Health Emergency Operations Centre
HLP	Housing Land and Property
HoSOG	Head of Sub-Offices Group
IASC	Inter-Agency Standing Committee
ICU	Intensive Care Units
IEDCR	Institute of Epidemiology, Control and Research
IM	Information Management
IMAWG	Information Management and Assessments Working Group
IPC	Infection Prevention Control
IPV	Intimate Partner Violence
ISCG	Inter-Sector Coordination Group
IYCF-	E Infant and Young Child Feeding Education
IYCF	Infant and Young Child Feeding
JRP	Joint Response Plan
LPG	Liquid Petroleum Gas
MAM	Moderate Acute Malnutrition
MHM	Menstrual Hygiene Management
MHPSS	Mental Health and Psychosocial Support
MoA	Ministry of Agriculture
MoFL	Ministry of Fisheries and Livestock
MoHFW	Ministry of Health and Family Welfare
MoPME	Ministry of Primary Mass Education
MoSW	Ministry of Social Welfare
MUAC	Measurement of Upper Arm Circumference
NCD	Non-Communicable Disease
NFI	Non-Food Items
NGO	Non-Governmental Organisation
OCC	One Stop Crisis Centre
OTP	Outpatient Therapeutic Programme
PERU	Protection Emergency Response Units
PFP	Protection Focal Points
PHC	Primary Healthcare Centres
PLW	Pregnant and Lactating Women
PPE	Personal Protective Equipment
PSEA	Prevention against Sexual Exploitation and Abuse

PSS	Psychosocial Support
RCCE	Risk Communication and Community Engagement
REVA	Refugee influx Emergency Vulnerability Assessment
RHU	Refugee Housing Units
RRRC	Refugee Relief and Repatriation Commissioner
SAM	Severe Acute Malnutrition
SARI	ITC Severe Acute Infection Isolation and Treatment Centres
SEG	Strategic Executive Group
SMSD	Site Management Site Development
SOP	Standard Operating Procedures
SRH	Sexual Reproductive Health
TSFP	Targeted Supplementary Feeding Programme
UNO	Upazila Nirbahi Officer
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene
WG	Working Group

ORGANIZATION ABBREVIATION

ACF	Action Contre La Faim/Action Against Hunger
DRC	Danish Refugee Council
FAO	Food and Agriculture Organization of the United Nations
IFRC	International Federation of the Red Cross
IOM	International Organization for Migration
IRC	International Rescue Committee
MSF	Medicines Sans Frontieres
SCI	Save the Children
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WFP	United Nations World Food Programme
WHO	World Health Organization

BANGLADESH: COX'S BAZAR ROHINGYA REFUGEE POPULATION AS OF 30 APRIL 2020



PART I:
RESPONSE PLAN OVERVIEW

Photo: BRAC / 2020

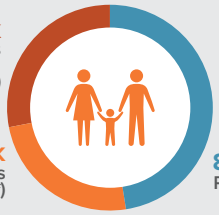
AT A GLANCE

KEY FIGURES 2020

1.8M PEOPLE IN NEED AND TARGETED

49% Men & Boys

51% Women & Girls



Rohingya refugees registered under the joint Government-UNHCR registration exercise, 31 Mar 2020

$181M NEW COVID-19 REQUIREMENT

63 NEW COVID-19 PROJECTS

72 PARTNERS NEW COVID-19 PROJECTS

- 34 National NGOs
- 9 UN agencies
- 29 International NGOs

*This includes 32 partners appealing directly, with 40 implementing partners identified thus far

Out of the total JRP 2020 requirement **$877M**, there is a priority funding gap to sustain critical, life-saving activities of **$389M**

BREAKDOWN PEOPLE TARGETED TARGETED BY SECTOR

JRP target

1.3M

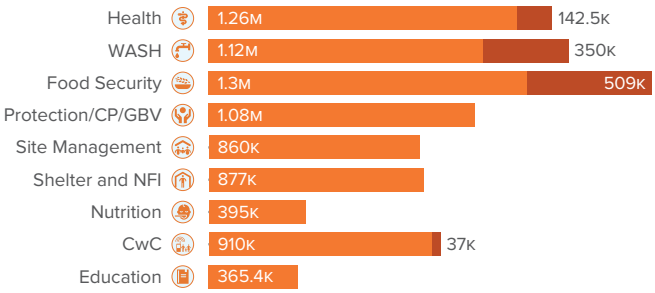
49% Men & Boys 51% Women & Girls

Additional host population targeted due to COVID-19

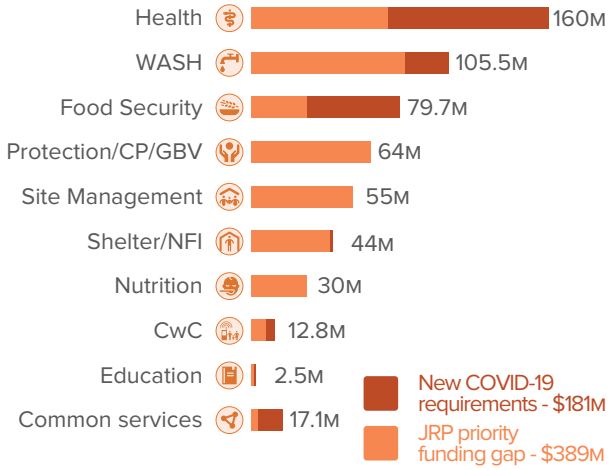
509K

48.3% Men & Boys 51.7% Women & Girls

PEOPLE TARGETED BY SECTOR



BREAKDOWN OF REQUIREMENTS BY SECTOR



BREAKDOWN PEOPLE TARGETED TARGETED BY SECTOR

Rohingya Refugees

860,000

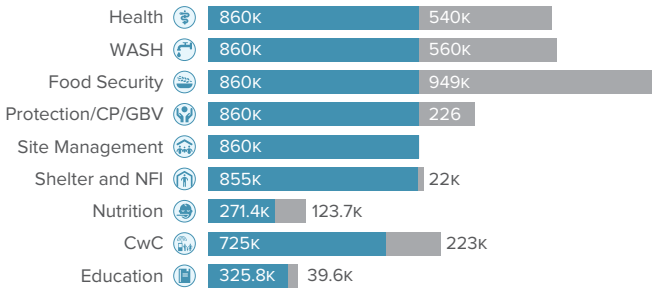
48.3% Men & Boys 51.7% Women & Girls

Bangladeshi host communities

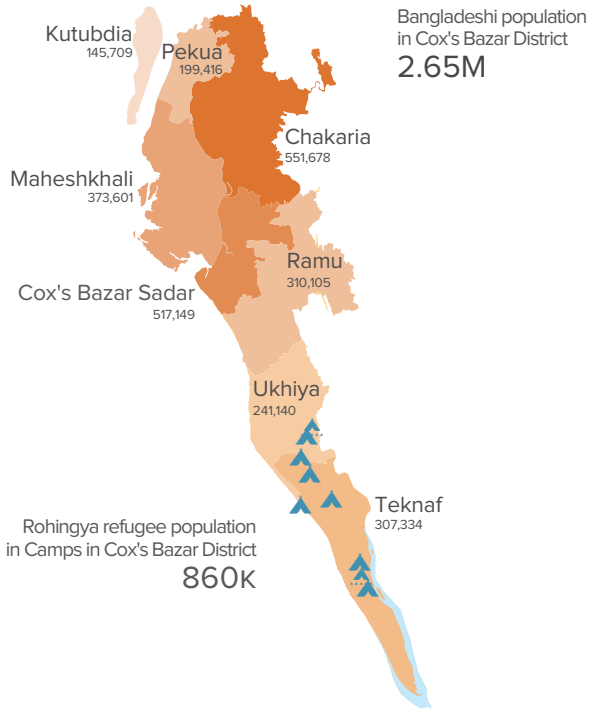
949,000

50.4% Men & Boys 49.6% Women & Girls

PEOPLE TARGETED BY SECTOR



COX'S BAZAR DISTRICT POPULATION



Source: Bangladesh Bureau of Statistics population census 2011, with 2017 WB projections

STRATEGIC PRIORITIES

Strategic Priority 1

Reduce the spread of the COVID-19 pandemic and decrease morbidity and mortality among Rohingya refugee and Bangladeshi women, men, boys and girls in Cox's Bazar District.

Strategic Priority 2

Ensure against the deterioration of human rights, social cohesion, food security, self-reliance and livelihoods by maintaining and extending critical services.

Strategic Priority 3

Protect, assist and advocate for Rohingya refugee and Bangladeshi women, men, boys and girls who are particularly vulnerable due to the pandemic.

These priorities will be achieved through new COVID-19 response activities, that were not foreseen or costed in the 2020 JRP:

- *Expanding the health response to COVID-19 for Rohingya refugees and Bangladeshis through a multi-sector effort.*
  - **Surveillance and investigation of COVID-19 cases across Cox's Bazar District,** through support to the IECR field laboratory in Cox's Bazar, which serves both Bangladeshis and Rohingya refugees, which currently operates at a capacity of **up to 500 tests per day,** with the objective of scaling up to some 1,000 tests per day.
  - Support to **1,900 beds for Rohingya refugees and Bangladeshis,** including establishment of **12 Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs)** in and near the Rohingya settlements in Ukhiya and Teknaf Upazilas, multi-sector support for **300 beds in nine existing Government health facilities** in Ramu, Chakaria, Sadar Hospital, and the Upazila health complexes, and **establishment of 1 new SARI ITC in Cox's Bazar town** to serve Bangladeshis in the District.
  - Establishment of **5 quarantine** and **20 isolation facilities** in Ukhiya and Teknaf Upazilas, with multi-sector support.
  - **Multi-sector support for up to 75,000 Rohingya refugee households providing for home-based care for COVID-19 patients,** including dedicated support from Community Health Workers, and home deliveries of food, fuel, and non-food items, based on need.
  - Preparation for **safe and dignified burials,** with multi-sector support.
- *Scaling up Risk Communication and Community Engagement (RCCE) on health, hygiene, protection and overall COVID-19 response efforts, and increasing the availability of water, sanitation and hygiene services for Rohingya refugees and Bangladeshis.*
  - Ramped up **hygiene promotion, disinfection,** and **maintenance of water and sanitation infrastructure across the District,** as well as increased distribution of soap and the installation of **additional water points** in the camps to enable handwashing.
  - Use of radio and cable TV networks, loudspeakers, hand-held microphones and speakers, mosque loudspeakers, Interactive Voice Recognition (IVR) technology, and community-led, community engagement initiatives to **raise awareness on how people can keep themselves and others safe** from COVID-19 in camps and across the District, as well as strengthened rumour-tracking to address fears of testing and treatment, and **complaints and feedback** mechanisms.
- *Protecting older Rohingya refugees, who are vulnerable to severe complications from COVID-19.*
  - **Targeted support to 31,500 Rohingya refugees over 59-years old to enable them to reduce their exposure to the virus,** given the increased risk of complications of COVID-19 for older

persons, including where needed home deliveries of food, fuel, and additional non-food items, such as mats, blankets, mosquito nets, cloth masks,, as well as the installation of handwashing stations outside their shelters. Other groups vulnerable to severe complications from COVID-19, such as those with chronic illnesses, will be supported through the Health Sector.

Augmenting Government social safety nets for vulnerable Bangladeshis whose livelihoods have been impacted by the COVID-19 pandemic.

- **Food, cash assistance, and agricultural inputs for 949,000 vulnerable Bangladeshis across Cox's Bazar District** whose livelihoods have been disrupted by the pandemic. Food assistance will include High Energy Biscuits and in-kind food distribution to complement Government of Bangladesh programmes, along with other support aimed at reinforcing the social safety net through cash assistance and regenerating **livelihoods and agriculture crop production,** including bulk local production of cloth masks.

Scaling up critical common services to enable the humanitarian operation.

- **Common storage, transport, connectivity and access** for humanitarian staff.
- Establish **staff health facilities to serve 6,500 humanitarian personnel,** including frontline health workers who may fall sick with COVID-19, in order to ensure the viability and continuity of the operation, and the ability of humanitarian organisations to uphold their Duty of Care.

As well as continuing life-saving activities as included in the 2020 Joint Response Plan:

Sustaining critical services and assistance, with public health measures adapted to the context that aim at minimising COVID-19 transmission.

- **Food Assistance** for 860,000 refugee women, men, girls and boys; **protection** and **nutrition** services; **site management; water and sanitation;** and the distribution of **non-food items,** including fuel; and **non-COVID-19 related essential health** services for Rohingya refugees and vulnerable Bangladeshis in Ukhiya and Teknaf Upazilas[1] over a nine-month period through the end of 2020;, as well as support to families to provide **education** at home through appropriate technologies, while learning centres and schools are closed.
- **Cyclone and monsoon preparedness and response,** including emergency **shelter and WASH** activities, the distribution of **food** supplies, and essential **infrastructure maintenance and repair.**
- To minimize transmission and exposure, humanitarian partners have reduced their operational "footprint" and the presence of personnel in the camps and host communities been reduced. The delivery of all services and assistance has been adapted to ensure screening for symptoms and to observe **physical distancing** as far as possible, while also carrying out **disinfection** and making **handwashing facilities** available. Increasing rations has also allowed for a reduction in the frequency of distributions.

1. Upazilas are administrative units in Bangladesh. Districts are divided into Upazilas (or sub-Districts); Unions; wards and villages.

Photo: World Vision / 2020

OVERVIEW OF THE CRISIS

As of 28 June, Bangladesh had reported 133,978 confirmed COVID-19 cases,[2] 2,526 of which had been identified in Cox's Bazar District, including 50 Rohingya refugees.[3]

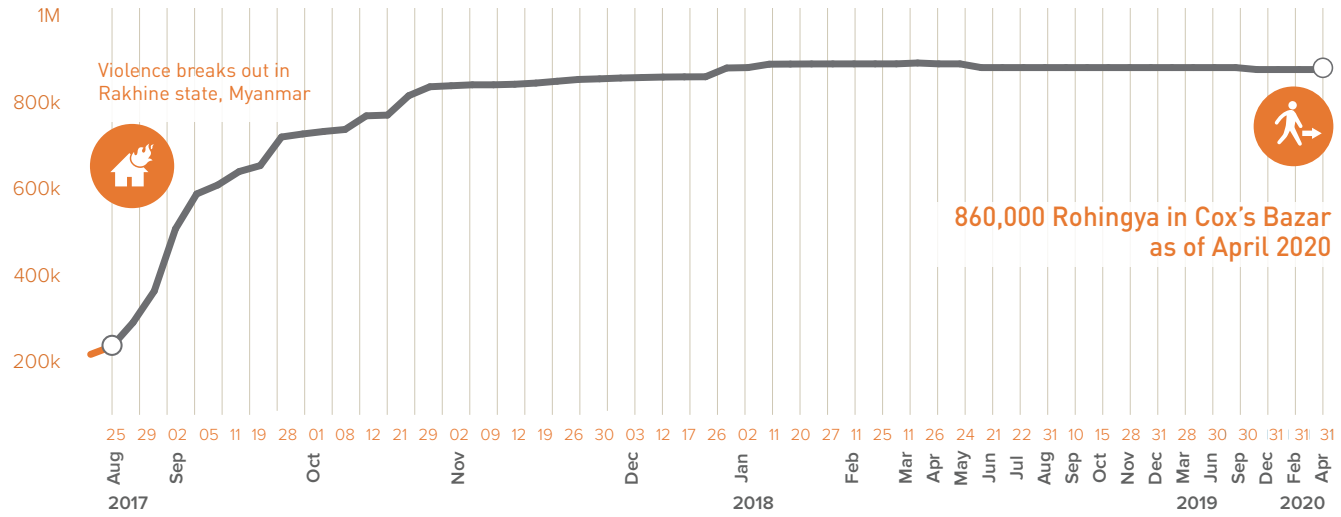
Cox's Bazar District is at extreme risk, given the highly congested conditions in the refugee camps, the high levels of vulnerability among the Rohingya refugee and Bangladeshi communities, and a national healthcare system that was already under severe strain before the COVID-19 pandemic. The Government and humanitarian partners have mobilized to mitigate and respond to the impact of the virus on the Rohingya refugees and Bangladeshis that live in Cox's Bazar District. Some 860,000 Rohingya refugees currently reside in 34 highly congested camps formally designated by the Government of Bangladesh in Ukhiya and Teknaf Upazilas of Cox's Bazar District; these refugee camps are among the most densely populated places on earth, and the overcrowding and unhygienic conditions increase the potential for the rapid spread of communicable diseases.

The Rohingya refugee population is entirely reliant on humanitarian assistance. It is essential to sustain the response for pre-existing, priority humanitarian needs, while strengthening and complementing it to address the additional response requirements from the COVID-19 pandemic and its impact on the overall protection environment. Travel restrictions driven by public health imperatives and global supply constraints present serious challenges. A surge in personnel– particularly medical experts – and the delivery of critical supplies and equipment are urgently required to scale up the response, including the creation of new COVID-19 treatment facilities. Even all targets set in this plan are realised, the number of refugees and local Bangladeshis needing hospitalization will likely far surpass the availability of beds.[4]

On 22 March, to contain the spread of COVID-19, the Government of Bangladesh issued directives closing all non-essential businesses and offices and calling upon people to stay at home, except when needed to meet essential needs. The Refugee Relief and Repatriation Commissioner (RRRC) similarly announced on 24 March that humanitarian operations in the camps would move to essential services only, in order to reduce the aid worker "footprint" of the operation and reduce the risk of introducing the virus into the camps. In coordination with the humanitarian agencies, the RRRC further narrowed to scope of operations to critical services only from 8 April. The Government has also suspended all domestic and most international flights by 30 March, and entry into Cox's Bazar District is also restricted.

The District Deputy Commissioner leads the overall response in Cox's Bazar District, while the RRRC coordinates the operational response in the Rohingya settlements. A Health Emergency Operations Centre (HEOC) and a Control Room are now functioning in the Offices of the Civil Surgeon and Deputy Commissioner,

Figure 1: Rohingya influx from August 2017 to April 2020



2. WHO Situation Report #160, 28 June 2020, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports
3. IEDCR Bangladesh.
4. Johns Hopkins Bloomberg School of Public Health, Johns Hopkins Centre for Humanitarian Health, Infectious Disease Dynamics, COVID-19: Projecting the impact in Rohingya refugee camps and beyond, 22 March 2020. http://hopkinshumanitarianhealth.org/assets/documents/COVID-19__Rohinya_Refugees__Beyond_-_Summary_FINAL_March_25_2020.pdf. John Hopkins projections for a high transmission scenario, extrapolated to all camps, project some 16,000 refugees alone requiring hospitalization on a single day at the peak. The total target in this plan for beds across the entire District is 1,900. The starting point for the District was 2 ICU beds.

respectively, and the Civil Surgeon has established a technical committee and medical response team at District and Upazila levels. The Bangladesh Army has been supporting the civilian administration with the COVID-19 response since 22 March, both nationally and in Cox's Bazar District, including at the Upazila level through support for the establishment of quarantine facilities and the reinforcement of emergency services, as well as by ensuring adherence to Government directives and movement restrictions. The United Nations has supported the Government in establishing and strengthening COVID-19 testing capacity in Cox's Bazar, which began in early April with initial capacity of 30 tests per day, now expanded to 500 tests per day, with the goal of 1,000 tests per day. Efforts are underway to increase testing capacity further for Rohingya refugees and Bangladeshis both in Cox's Bazar and surrounding Districts in Chittagong Division.

PUBLIC HEALTH IMPACT OF THE COVID-19 PANDEMIC

The public health impact of COVID-19 in Cox's Bazar is likely to be devastating: the pandemic outbreak worldwide has shown that the sharp and sudden rise in the number of people needing hospitalization can outstrip the capacity of even the strongest healthcare systems. The starting point for the District was only two Intensive Care Unit (ICU) beds in Cox's Bazar at the Sadar Hospital. The Government and humanitarian partners are working intensively increase the number of treatment beds and strengthen the supply chain for essential requirements, such as oxygen, as far as possible. Overall planning for Cox's Bazar District only provides for 1,900 beds across the entire District, based upon an assessment of what can be realistically achieved rather than what may actually be needed. Modeling undertaken by John Hopkins University projects that in a high transmission scenario, when extrapolated to include all camps, as many as 16,000 refugees could require hospitalization in a single day at the peak.[5] This figure does not include local Bangladeshis who would have access the same COVID-19 isolation and treatment facilities, so the availability of beds will inevitably fall well below what is needed.

INDIRECT IMPACT OF THE COVID-19 PANDEMIC

Cox's Bazar is one of the country's poorest and most vulnerable districts, with a total Bangladeshi population of 2,650,000. The District Administration predicts that more than 700,000 people in Cox's Bazar District may have become jobless because of Government restrictions related to COVID-19, based upon poverty and vulnerability estimates for the Bangladeshi population. The loss of livelihoods, coupled with decreased access to the local markets, has disrupted economic activity and increased the support needs of Bangladeshis in the District. This is especially true for the most marginalized and vulnerable, such as persons living with disabilities, households headed by women, and the elderly. The breakdown of food production and market systems during the crisis could lead to years of decreased agricultural productivity and worsening of food and nutrition indicators. Increased competition over livelihoods may create or exacerbate tensions within and between communities and lead to negative coping mechanisms including child labour, increased child marriage, and dangerous onward movement, which place people at risk of trafficking. The Government of Bangladesh is urgently seeking to protect assets, infrastructure and advances in food and nutrition security made in recent years.

In Cox's Bazar, malnutrition and food insecurity were already at high levels, and poverty is well above the national average. Before the 2017 refugee influx, one in every five households in the District already had poor and borderline food consumption patterns.[6] The Primary School completion rate for Cox's Bazar is 54.8 percent, against the divisional and country level rate of about 80 percent. Over the last three years, the situation has been compounded by the significant population increase resulting from the 2017 Rohingya influx, which adversely affected the food security and nutrition situation for the host community in some areas, including through the introduction of a labour surplus which drove day-labour wages down in Ukhiya and Teknaf Upazilas.[7] While subsequent humanitarian and development support has begun to address these issues and yielded major dividends for communities in Cox's Bazar, COVID-19 will once again stretch the capacities of communities, local government institutions and civil servants in the District, impacting local communities and Rohingya refugees alike.

Protracted levels of high food insecurity are expected, particularly among poor households. The nationwide lockdown following the COVID-19 outbreak has already caused trade flow disruptions for

5. Johns Hopkins Bloomberg School of Public Health, Johns Hopkins Centre for Humanitarian Health, Infectious Disease Dynamics, COVID-19: Projecting the impact in Rohingya refugee camps and beyond, 22 March 2020. http://hopkinshumanitarianhealth.org/assets/documents/COVID-19__Rohinya_Refugees__Beyond_-_Summary_FINAL_March_25_2020.pdf

6. Bangladesh Integrated Food Security Phase Classification (IPC, August 2013)

7. The mean agricultural wage rate in Teknaf Upazila has fallen by 11 percent in the post-influx period, while the corresponding figure for Ukhiya Upazila is 17 percent. Wages in rest of Cox's Bazar District (i.e. other than the most affected unions in Teknaf and Ukhiya Upazilas) have risen by 6.6 percent during the same period. PRI, Socio-Economic Impact on the Host Community, October 2018; PRI, UNDP, Impact on Public Service and Public Goods Delivery in Cox's Bazar, October 2018.

essential food and non-food items. Mixed price trends were observed in the markets at the end of March through to May, with increased prices for rice and red lentils, while vegetable oil and garlic remained stable. Rice is still available in sufficient quantities in Chattogram and local markets, supported by inflows from newly harvested Boro rice. High labour costs at milling plants and high transport costs, however, have driven up prices. Red lentil price spikes have been driven by low imports, unavailability of labour to load and unloading vessels at the port, and higher wage demands by port and mill workers. Traders report 30 to 35 percent increases in milling costs. Increased rice and red lentil prices also reflect increased demand by humanitarian actors mounting relief efforts to support vulnerable people. Unfavourable terms of trade are evident in the markets. Increased food prices coupled with reduced household income have eroded purchasing power for many households.[8] Most food commodity supply chains have been disrupted, in particular, poultry, dairy and fisheries are under stress.[9]

The social impact of the COVID-19 pandemic could further undermine cohesion and deepen inequalities between communities. In Cox's Bazar, relations between the refugee and host communities were already becoming increasingly fragile prior to the pandemic. A recent Rapid Gender Analysis[10] revealed rapidly deteriorating security dynamics between Rohingya and host communities, stemming from fears around COVID-19 and its economic impact. Tensions and insecurity may also arise as the Rohingya refugees and humanitarians may be blamed for the spread of the virus because of the unhygienic and overcrowded conditions in the camps. An increase in hate speech, racism and stigmatisation is already evident in local reporting and social media, and in the rise in crime and attacks. Emergency public health strategies introduced to delay, mitigate, contain or control the spread of COVID-19 must ensure the centrality of protection, ensure non-discrimination in line with human rights standards, and safeguard the principle of asylum and non-refoulement. The Government has fully included the Rohingya refugees in national and District-level planning and implementation, and this welcome approach should continue.

The stigma and pervasive misinformation related to COVID-19 have the potential to exacerbate existing health problems and impede efforts to mitigate the disease outbreak. These factors can dissuade people who may be infected from seeking care or cause households to hide sick family members to avoid discrimination, especially for minorities and marginalized groups. Religion has also influenced how Rohingya communities understand COVID-19, with many viewing it as a punishment from God. Consultations with Rohingya women and men highlighted that activities by women judged as "dishonorable", such as breaking purdah, was one of the causes of COVID-19. The result may be increased restrictions on women and girls, which in turn will further limit their mobility and access to services, which may contribute both to the spread of the virus and the escalation of Gender-Based Violence (GBV).

Targeting and violence against individuals or communities affected by the virus may also increase. In times of crisis, such as disease outbreaks, women and adolescents and young girls are at higher risk of intimate partner violence and other forms of domestic violence. Confinement and economic vulnerability, coupled with restrictions on services and the presence of humanitarian workers, may result in a rise in tensions and increased levels of GBV, child abuse and neglect, and sexual exploitation and abuse. The result may also be an increase in resort to negative coping mechanisms, including early or forced marriage and trafficking of women and girls.[11] Women, especially older women, overall receive much less information than men. Their access to information, moreover, is highly dependent on men. COVID-19 will also have negative impacts on child protection. The closure of temporary learning centres, schools and the partial closure of child-friendly centres, except for individual case management and counselling services, and increased household tensions are leaving children and adolescents at a greater risk of abuse neglect and violence.[12]

The uncertainties of the global COVID-19 pandemic will also compound the already overwhelming sense of insecurity and psychological trauma caused by the limited control that Rohingya refugees have over their own lives and futures. Among the Rohingya, mental health issues are often tolerated or explained as signs of black magic or spirit possession. Lockdown measures may make mental health and psychiatric patients harder to reach and more at risk of mistreatment by others in the household or the community. Consultations with the refugees, including women and adolescent girls, showed increased anxiety and stress stemming from the COVID-19 situation. Women, as the primary caregivers in the household, may experience a greater impact on their mental health as they will be directly exposed to the trauma of supporting those who contract the virus.[13] Clear, responsive and inclusive communication and open channels for raising and addressing

8. WFP VAM, Flash Market Update, 9 April 2020.
9. Food and Agriculture Organization of The United Nations (FAO). Assessment on the Potential Impact of COVID-19 on the Food and Agriculture System in Cox's Bazar. April 2020
10. COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis May 2020.
11. Ibid
12. Ibid
13. COVID-19 Outbreak: Cox's Bazar Rapid Gender Analysis May 2020.

concerns is paramount at this time, consistent with accountability to affected populations and Age-Gender and Diversity Principles, as is effective and timely tracking and response to rumours. Communication must reach all members of the community, including women, older persons, adolescents, children, and persons with disabilities. Mental health and psychosocial support, services that were already stretched in the camps, will be needed even more.

The refugee camps and the Upazilas hosting the Rohingya population are highly vulnerable to the impacts of cyclones and monsoon seasons. Bangladesh is among the countries most at risk to weather-related hazards countries in the Asia and Pacific region: most recently in May 2020, the super Cyclone Amphan impacted parts of Bangladesh's west coast. The monsoon season runs from May to October and brings an average of 2.5 meters of rain each year, which risk the loss of life and injuries from landslides, flooding, and the increased prevalence communicable diseases, such as Acute Watery Diarrhoea. Building on Bangladesh's well-established and effective disaster response capacities, the Government and humanitarian partners work to mitigate risks, enhance community resilience to shocks and ensure adequate contingency planning and preparedness for cyclones and monsoons, which remains critical and an integral component of the COVID-19 response. The Rohingya camps are now more developed and safer, with better roads, drainage, bridges, walkways, and stabilized hillsides, and have trained and equipped camp-level emergency response teams in which refugee volunteers play the central role. Refugee shelters and community facilities, however, are mainly built from plastic sheeting and bamboo that deteriorates rapidly and requires urgent replacement. The impact of a cyclone would be devastating on the fragile camps and Bangladeshi communities, particularly if such a disaster occurs in the midst of the COVID-19 outbreak. Communities on the coast are particularly exposed to storm surges. Such disasters would exacerbate already existing needs and vulnerabilities, especially for the most marginalized, including women and girls, people with disabilities, older people and children.[14] No cyclone-safe shelters are currently designated for use by refugees. Furthermore, safe spaces and facilities used in the past as temporary collective shelters for people displaced by monsoon-related damage will not be afford the same capacity this year, because of the need for physical distancing.

MOST AFFECTED POPULATION GROUPS

Older persons (people over 59 comprise 4 percent of the Rohingya population), and people with different types of disabilities or underlying health conditions are at higher risk if infected with the COVID-19 virus. High-risk comorbidities include hypertension, cardiovascular disease, diabetes mellitus, chronic lung disease, renal failure, liver disease, tuberculosis, immunosuppressive disorders, Severe Acute Malnutrition (SAM) and severe anemia. While the health status and mortality rates of the Rohingya refugee population have marginally improved over the last two years, these gains remain very fragile, with high levels of malnutrition, stunting and other negative health indicators.

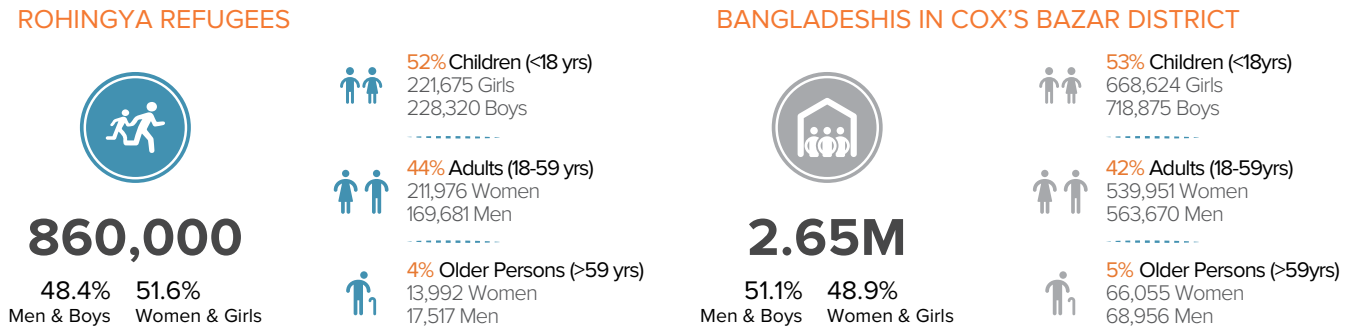
Women and girls are likely to be disproportionately impacted due to specific and restrictive gender norms and roles. Gender barriers to women's mobility, access to services and information, as well as women's lower health and nutrition status, lower education status, and their roles as primary caregivers of the sick and older persons within households put them at a higher risk. Women and girls are underrepresented in decision making and leadership roles, as well as among camp and village administration and security personnel, which can risk limiting their voices and needs from being adequately heard and addressed. Female-headed households, and households with many dependents are among the most vulnerable in the camps. They now facing unmanageable additional burdens in case of sickness. Their risk of exposure to GBV is also increased due to the need to stay indoors, as well as the reduced presence of case workers to receive and address GBV incidents as well as violence against children.

Adolescents and youth from the Rohingya refugee camps and host communities – young people between the ages of 10 and 24 years – constitute approximately 38 percent of the Rohingya refugee population – have already been impacted by the recent closure of non-formal and formal educational opportunities, as well as restrictions on movement in Cox's Bazar, which reduces access to peers and educators. Continued school closures and movement restrictions may lead to increased levels of emotional disturbance and anxiety among adolescents and youth, and in turn lead to higher incidences of violence in the home, unhealthy coping strategies, and suicidal ideation. In the likely event that an adolescent or youth's parent or caregiver is infected, quarantined, or passes away, the resulting protection and psychosocial issues for that young person will be dire, particularly for adolescent girls. Additionally, in Cox's Bazar, adolescent and youth already face very high levels of domestic and intimate partner violence, as well as child marriage. The economic impacts of the Government "lockdown" may place adolescent girls and young women at even greater risk of sexual abuse and exploitation. Refugee adolescents and youth n the Rohingya camps are at greater risk

14. Protection Sector, 2019.

of contracting COVID-19 because of the substandard living conditions. Strategies for communicating with Rohingya adolescents and youth must take into account their limited access to technology and the internet and alternate ways to share information on how to mitigate exposure to COVID-19.

Figure 2: Sex and Age Disaggregation Data (SADD) of Rohingya and Bangladeshi population in CXB



SCOPE OF THE PLAN

The 2020 Joint Response Plan (JRP)[15] remains the foundation for the Rohingya humanitarian response and presentation of needs and resource requirements. The COVID-19 Response Plan is an addendum to the JRP 2020. According to the Financial Tracking Service, at the beginning of June 2020, the 2020 JRP is 27.5 percent funded.[16]

The COVID-19 Response Plan presents both the additional, unforeseen funding requirements for critical activities that are arising from the COVID-19 pandemic, as well as the priority elements of the JRP 2020 that require urgent funding at this time. The plan covers a **nine-month** period to the end of 2020.

The Cox's Bazar Plan is aligned with the strategy and key response pillars of the Bangladesh Country Preparedness and Response Plan (CPRP) and outlines the multi-sector efforts underway, while specifically highlighting the core health components of the response to COVID-19. Against the CPRP response pillars, multi-sector efforts support risk communication and community engagement, operational support and logistics pillars. The Health Sector is addressing the core health components of the COVID-19 response, including surveillance, rapid response teams and case investigation; laboratories; infection prevention and control; and case management. In the Plan, each Sector also details the response strategies and the adjustments and modifications made to programming to ensure that life-saving assistance continues and respond to the indirect impacts of the pandemic. Planning integrates the principles of protection, gender equality and accountability to affected populations as life-saving, critical and cross-cutting dimensions.

The Plan focuses on both Rohingya refugees and Bangladeshis in need. Implementation of the Plan will support of the Government of Bangladesh's COVID-19 response in Cox's Bazar District, with overall coordination by the ISCG and under the WHO's technical guidance for the public health response. The Plan includes support to the District's isolation and treatment facilities, and supplementary support in food security, livelihoods and WASH to people in need across the District, as developed in coordination with the District Deputy Commissioner. Planning will be revised and updated as the situation evolves District-level planning adapts to the changing demands.

At the national level for Bangladesh, an immediate Socio-Economic Response Framework for COVID-19 is being developed to define the short-term response to the pandemic and simultaneously lay the groundwork for a longer-term approach to recovery. This is a whole of UN multi-sector response developed in close coordination with the Government including line ministries, General Economics Division (GED), Economic Relations Division (ERD), and the Prime Minister's Office (PMO). While the Rohingya refugee response and humanitarian needs in Cox's Bazar is included in the global humanitarian response plan, the recovery needs of Cox's Bazar District will be included in the Socio-Economic Response Framework.

15. https://www.humanitarianresponse.info/en/operations/bangladesh/document/2020-joint-response-plan-rohingya-humanitarian-crisis-january
16. As of 9 June 2020 on Financial Tracking Service: https://fts.unocha.org/appeals/906/summary

RESPONSE PRIORITIES

The Bangladesh Country Preparedness and Response Plan (CPRP) supports the national strategy aimed at slowing transmission at community level and gaining time to prepare and expand the capacity of health facilities. The transmission dynamics of COVID-19, as currently understood, present particular challenges in densely populated areas, such as the Rohingya camps and other concentrated settlements in the District.

The Government and humanitarian partners are introducing public health measures that respond to the camp context, including encouraging physical distancing and use of masks as far as is feasible in public spaces and between households wherever feasible. Despite the real constraints of the congested setting, these interventions aim to make the spread of the virus slower than if no action is taken. Such basic measures as marking out queue spots to maintain minimal spacing between people during distributions, limiting the numbers of people scheduled each day, and the frontloading rations (i.e., providing enough food for 4 weeks, instead of 2 weeks, at each distribution) are now in place. Distribution of reusable masks to households has been initiated but needs to be scaled up to reach full coverage. These measures take into consideration persons with specific needs who may need additional help to access assistance.

Basic hygiene measures can limit spread of the virus through reduction in person-to-person transmission via fomites and direct skin contact. Recent data has confirmed that COVID-19 can persist for multiple days in viable form even on man-made surfaces like plastics. Simple personal hygiene measures, such as handwashing with soap, can be very effective against removing the virus from skin and surfaces, making enhanced hygiene promotion an urgent priority for the response. Many of the planned interventions depend upon building awareness, understanding and support among the Rohingya and Bangladeshi target populations.

Comprehensive and broad-based risk communication activities that take into consideration age, gender, and diversity principles is a priority, in order to convey critical information on COVID-19, strategies for reducing and protecting against spread of the virus, informing communities of what they can expect, responding to their concerns, fears and needs, and promoting the behavioural modifications they need to make.

The Plan's core principles align with the Sphere guidance on COVID-19 humanitarian response: non-discrimination and respect for human dignity, engagement of communities in the response, and ensuring that the continuing needs of the Rohingya and host community populations are met.[17]

MULTI-SECTOR ACTIONS SUPPORTING BOTH THE PUBLIC HEALTH AND INDIRECT IMPACTS OF THE PANDEMIC INCLUDE:

- **Reducing the footprint of the operation by delivering critical services only.** The RRRC and humanitarian partners agreed implement only essential activities from 25 March, and further narrowed the scope of operations to critical services only from 8 April. All gatherings, including religious ceremonies, have been suspended within the camps, and many marketplaces closed. A camp access pass was put in place to facilitate ongoing critical services.
- **Mitigating the risk of interruptions to the life-saving response by ensuring preventive measures** are taken during all critical service delivery, including pre-screening at the gates of health and nutrition service facilities, ensuring handwashing points are available at all facilities and promoting their use; urging physical distancing to the extent possible in the camps; and increasing disinfection measures, in line with WHO technical guidance, in facilities and public places across the camps. The Sectors are working to prepare and strengthen the capacity of volunteers and exploring other alternatives for ensuring the continued delivery of critical services.
- **Communicating key messages through all Sector operations.** The Communication with Communities Working Group (CWC WG) and the Health and WASH Sectors are developing key messages, and all Sectors are engaging their partners and volunteers to disseminate these to Rohingya refugee and host communities through two-way communication. These interactions also gather questions, feedback, suggestions and concerns. Strategic points for messaging, such as distributions and information hubs, are being used to play audio and video in Rohingya, Burmese and Bangla languages, as appropriate. Tom-tom based miking and mosque miking are critical features to reach out to a large audience. The CwC WG and Protection Sector are engaging Imams, who are among the strongest community

17. https://spherestandards.org/coronavirus/

influencers, civil society and women's groups as well as youth, older persons and other community groups on a regular basis. Child protection actors are working closely with volunteers and through community-based child protection mechanisms to raise the awareness of children, caregivers and communities on risks associated with COVID-19 and to support communities in ensuring that systems are in place to protect children, provide alternative care, and increase children's knowledge and understanding. The Health Sector is training community health workers to provide door-to-door advice and messaging on the disease and its prevention, and has prepared a cadre of trainers, who cascading knowledge to other Sectors' volunteer teams. In addition to Protection, Child Protection, and GBV focal points, the Protection Sector has also activated its Protection Emergency Response Units to disseminate messages and ensure that the most vulnerable are reached.

- **In support of the District health response, providing multi-sector support to the existing and planned isolation and treatment facilities,** including the treatment of Severe and Moderate Acute Malnutrition among children, pregnant and lactating women. These efforts include WASH, shelter, logistics and food support for facilities in Ramu, Chakaria, Cox's Bazar Sadar, Ukhiya, Teknaf, and the Upazila health complexes.
- **Supporting families that will be providing home-based care for COVID-19 patients.** Partners will provide multi-sector support, based on needs, for up to 75,000 Rohingya refugee households that may be called upon to care for COVID-19 patients at home, including through dedicated support from Community Health Workers and, where needed, home deliveries of regular assistance entitlements including food, fuel, and non-food items. A referral system for household support will be established by Health and SMSD Sectors. In a high transmission scenario, it is anticipated that up to 98 percent of the Rohingya refugees will be infected, likely impacting almost all households.
- **Protecting older persons.** The 31,500 Rohingya refugees over 59 years old will receive support aimed at allowing them minimise their movements and reduce their risk of exposure to the virus, taking into consideration the increased risk of complications with COVID-19 for older persons. These mitigation measures will involve dedicated support from the Protection and Site Management teams, such as home deliveries of food, fuel, and additional non-food items, including mats, blankets, mosquito nets, cloth masks, as well as the installation of handwashing stations outside their shelters.
- **Adjusting cyclone and monsoon preparedness plans to take COVID-19 into account.** Prior to the onset of the cyclone and monsoon season, humanitarian partners have already distributed tie-down kits, consisting of ropes and other materials to strengthen shelters, as well as LPG and hygiene kits. Forward positioning of critical supplies will also allow for rapid distribution of a basic package of assistance – shelter, WASH, and food) – in case of a weather-related disaster. Planning is also in place for joint distributions as an option to minimize the need for staff on the ground and to have people gather multiple times. In the event of a cyclone, essential Nutrition Therapeutic and Preventive Food will be delivered in sealable containers before landfall. Communicating with Communities (CwC) and Site Management partners, with support from the Cyclone Preparedness Programme (CPP), engage with communities in innovative ways, such as audio-video messages, in order to ensure refugees are aware and well informed of the actions they must take when the cyclone signals are raised. Camp level volunteer units trained in multi-hazard response, and Protection and Health Emergency Response Units are in place and trained, working with the CPP, and with the benefit of experience from the cyclone and monsoon seasons over the last two years. The lack of cyclone shelters and options for relocation of Rohingya refugees in case of major cyclone, however, remain the key challenges.
- **Augmenting Government social safety nets for the poorest and most vulnerable Bangladeshis in the District whose livelihoods will be impacted by the pandemic,** through food, cash support, and agricultural inputs. As Prime Minister Sheikh Hasina noted in her speech on 31 March: "The most important thing is food security.... Aiming at the next season, agricultural input and support needed should be ensured so that we can overcome the global recession."[18]

18. Prime Minister Sheikh Hasina's 31 March speech.

RESPONSE ACTIONS UNDER THE WHO / CPRP RESPONSE PILLARS

Pillar	Immediate needs
COORDINATION, PLANNING AND MONITORING	
ISCG **All Sectors**	**Coordination arrangements**
	• **Led by the Senior Coordinator,** the Head of Sub-Offices Group and the Sector Coordinators remain the core coordination bodies for the COVID-19 response, supported by the ISCG Secretariat.
	• **WHO will provide technical leadership and advice** to the response, supported by the Health Sector's Strategic Advisory Group of health experts.
	• ISCG will lead on Government liaison with the Deputy Commissioner, RRRC and Armed Forces Division, with technical support from WHO. WHO will lead on liaison with the Civil Surgeon.
	• ISCG will release weekly updates and monthly sitreps on the COVID-19 response. Health Sector will disseminate situation updates and other guidance to Health Sector partners and stakeholders. Health Sector will continue collecting, compiling, and disseminating technical information, including data to all stakeholders on the health response.
	• The inter-agency Communications Group will regularly update media lines and Q&A. UNHCR at Cox's Bazar and WHO at Dhaka level are the focal points for media liaison.
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT	
CwC WG (IOM) **Health Sector** (WHO) **WASH Sector** (UNICEF/ACF) **Protection Sector** (UNHCR, UNICEF, UNFPA, UNWomen) **All Sectors** will support dissemination of messages as appropriate	The Communication with Communities Working Group through its Risk Communications Technical Working Group will:
	• **Rapidly contextualize national, District and camp-level risk communication** and community engagement strategies and action plans for COVID-19, including details of anticipated public health measures, preparing communities for isolation and other upcoming measures.
	• **Develop key messages** and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups.
	• **Engage trusted community groups** (i.e., local influencers such as community leaders, imams and other religious leaders, health workers, female and male community volunteers, etc.) and local networks (i.e., women's groups, youth groups, business groups, traditional healers, etc.).
	• **Disseminate messages and behavior change communication materials** in a timely manner in local languages, including Rohingya, Burmese and Bangla, as appropriate)[19], through multiple media and relevant communication channels, including information and feedback centres, with a primary focus on closing the feedback loop.
	• **Ensure changes to community engagement approaches are based on evidence and needs** shown through rumour tracking mechanisms, such as Rumor Tracking Tool, What Matters and COVID 19: Explained, and ensure all engagement is culturally appropriate and empathetic.
	• **Strengthen large scale community engagement** for social and behaviour change to ensure preventive community and individual health and hygiene practices are in line with national public health recommendations.

19. CwC Key messages and Materials can be accessed at the Shongjog website: http://www.shongjog.org.bd/resources/i/?id=ce0f6749-e7af-4168-aad0-aa81904040b9

	The Health Sector, through its Community Health Working Group will: • **Develop, update, implement and monitor health risk communication** and community health engagement engagements in an integrated manner. • **Establish community engagement for social and behavior change** approaches to ensure preventive community and individual health and hygiene practices are in line with national public health recommendations and implemented in an integrated manner, linking community health to health services. • **Train community health workers** and other Sectors' volunteers on the COVID-19 response. • **Carry out messaging on COVID-19 and prevention measures.** • **Refer identified suspected cases** to health facilities, as part of epidemiological surveillance; and support contact tracing undertaken by Rapid Investigation Teams. The Water, Sanitation and Hygiene (WASH) Sector, through its Hygiene Promotion Working Group, will: • **Scale-up hygiene promotion,** including through community-based response teams that will target affected households or most affected camps and blocks. • **Distribute hygiene kits** to an estimated 25 percent of the Rohingya refugee population, around 57,000 households, and carry out blanket distribution of two rounds of hygiene top-up item, such as soap, and Aquatabs, where needed in the refugee camps for around 228,000 households. • **Increase the availability of handwashing facilities** in camps and host communities.

SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION

Health Sector (WHO)	• **Enhance and strengthen existing surveillance systems** to enable monitoring of COVID-19 transmission and adapt tools and protocols for contact tracing and monitoring of COVID-19. • **Rapidly train, equip and keep ready, Rapid Investigation Teams to respond to cases** and clusters early in the outbreak, and support the Government to conduct contact tracing within 24 hours. • **Provide robust and timely epidemiological data analysis,** disaggregated by sex and age, to inform risk assessment continuously and support operational decision making for the response. • **Actively monitor and report disease trends** by age group and gender, including anonymised clinical data, case fatality ratio, high-risk groups, such as pregnant women and immunocompromised persons, and children. • **Produce routine epidemiological reports** and disseminate to all relevant stakeholders.

POINTS OF ENTRY TO THE DISTRICT AND THE CAMPS

Health Sector (WHO)	Health Sector will: • **Support screening** for COVID-19 specific signs and symptoms at camp entry points through the development of guidance and protocols and support for implementation at the field level.
Protection Sector (UNHCR)	Protection Sector will: • Ensure **reception and quarantine of new arrivals.**

DISTRICT LABORATORIES

Health Sector (WHO)	Health Sector will: • **Support testing capacity at the IEDCR Field laboratory** in Cox's Bazar, including through lab technicians and equipment for the required testing methodology. • **Provide necessary additional reagents** (primers and probes) and onsite **trainings** and **establish quality assurance mechanisms.**

INFECTION PREVENTION AND CONTROL

Health Sector (WHO)	Health Sector will: • **Assess Infection Prevention and Control (IPC) capacity at all levels of the healthcare system** and develop a specific Cox's Bazar-level plan to manage IPC supplies, including the planning, stockpiling, distribution, and monitoring of Personal Protective Equipment (PPE). • **Adapt and apply existing standard IPC guidance,** including through defining patient referral pathways, in collaboration with IPC and case management focal points, and provide community guidance with specific recommendations on IPC measures and referral systems for public places, such as schools, community centres, distribution points, markets and public transport, as well as community, household, and family practices. • **Monitor IPC and WASH implementation in healthcare facilities** using the Infection Prevention and Control Assessment Framework, the Hand Hygiene Self-Assessment Framework, hand hygiene compliance observation tools, and the WASH Facilities Improvement Tool. • **Implement screening and triage, early detection, and infectious-source controls,** as well as administrative and engineering controls. • **Provide training to health staff on IPC.**

CASE MANAGEMENT

Health Sector (WHO)	Health Sector will: • **Establish isolation and treatment facilities to ensure the availability of >1,900 beds** for Bangladeshi communities across the District and Rohingya refugees, keeping in mind protection and gender considerations. • This includes the expansion of capacity in **Government facilities: support to 300 beds,** including 20 at Sadar Hospital, 50 beds each at Ramu and Chakuria Health Complexes and 30 beds each at Ukhiya, Teknaf, Moheskhali, Sadar, Kutubdia and Pekua Upazilas. • **Prepare for up to 300 isolation and treatment beds for mild and moderate cases** in several existing facilities located in and around the camps in Ukhiya and Teknaf Upazilas. • **Prepare >1300 beds in 12 new Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITC).** One of the new SARI ITCs will be established in Cox's Bazar town to serve Bangladeshis in the District. The rest will be established in Ukhiya and Teknaf Upazilas. • **Ensure proper management of twelve dedicated SARI ITCs** by seven identified partners (UNHCR, UNICEF, IOM, IFRC, SCI, MSF, and IRC). All centres are in various stages of construction with a view to readiness in the course of May. • **Support home isolation and community-based care,** to complement the SARI ITCs once bed capacity is exceeded. • **Ensure health facilities in and around the camps have triage and isolation capabilities** in order to receive and manage effectively suspected cases. Triage includes both health and nutrition screening to identify children, pregnant and lactating women as well as older people who may require the immediate initiation of integrated COVID-19 and SAM/MAM treatment. • **Strengthen and support the Dispatch and Referral Unit** to allow for safe and effective transportation by ambulance and referral of confirmed cases through an agreed mechanism.

	• **Adapt, develop and support the delivery of gender sensitive clinical case management training materials** as part of the wider COVID-19 training curriculum, in line with national protocols and global recommendations for dissemination in support of case management for clinical management, community-based care, and referral pathways, including for maternity patients.
	• **Develop a dedicated COVID-19 Isolation Unit and SARI ITC quality assurance tool** to facilitate site monitoring visits and compliance with recommended minimum standards.
	• **Ensure agreement on minimum data sets** across the Isolation Units and SARI ITCs to support operational decision making, bed management and evaluation of the effectiveness of case management.
	• **Provide SAM/MAM treatment, mental health and psychosocial support** for people with COVID-19, as needed.

PROVISION OF ESSENTIAL HEALTH SERVICES

Health Sector (WHO)	Health Sector will:
	• **Ensure a functioning community healthcare system,** linking with facility-based health services.
	• **Continue providing essential health services,** ensuring functioning health and hospital services. The regular health structure includes 3 field hospitals, 36 Primary Healthcare Centres, 32 specialised facilities, and 106 health posts.
Protection Sector and GBV Sub-Sector	• **Ensure a functioning referral system,** linking community health, primary health care centres and hospitals. Ensure emergency services are available, accessible and utilized by men, women, boys and girls.
(UNHCR and UNFPA)	Protection (including GBV Sub-Sector) and Nutrition Sector will:
Nutrition Sector (UNICEF)	• **Continue providing sexual and reproductive health and rights (SRHR) services** for sexual and intimate partner violence survivors.
	• **Essential nutrition services will also continue** through Nutrition Sector partners.

OPERATIONAL SUPPORT AND LOGISTICS

Health Sector (WHO)	Health and Logistics Sectors will:
Logistics Sector (WFP)	• **Work in partnership to enable inter-agency collaboration,** through coordination mechanisms and information sharing platforms that increase the efficiency and coherence of the COVID-19 logistics response and minimize disruptions to the supply chain.
	• **Support partner supply capacities** through specifying needs, reviewing and sharing market capacities and identifying sources.
	• **Compile and share updates on logistics capacities (sea/airport, transport, storage) and access constraints.** Identify solutions to common logistics gaps and bottlenecks affecting the humanitarian operation through the exploration of inter-agency collaboration opportunities.
	• Implement interim common services as required to address COVID-19 specific logistics constraints, including additional storage capacity in Ukhiya and Teknaf, and sanitized truck availability.

PROTECTION MAINSTREAMING

The four protection pillars of the 2020 JRP Protection Framework for Humanitarian Response continue to underpin all COVID-19 activities, in line with the principles of Do No Harm and Leave No One Behind. Sectors ensure the inclusion and mainstreaming throughout the response of protection principles of safety and dignity, inclusive, meaningful and equitable access and service provision, accountability and participation. Protection mainstreaming focal points are embedded in the WASH, Site Management Site Development,

and Health Sectors, and most critical protection services are being delivered through adapted modalities, despite the reduction in the humanitarian "footprint". At the camp level, focal points for Protection, Child Protection, Gender-Based Violence and Prevention of Sexual Exploitation and Abuse (PSEA) are deployed in all camps. They participate in camp-level coordination, undertake community engagement and ensure rapid identification, monitoring and referral of protection cases. Thirty-four Protection Emergency Response Units (PERU) have also been deployed in each camp to support the Protection focal points with the identification and referral of refugees needed specific support and services.

The Protection Sector ensures that protection considerations are included in the COVID-19 response, which must be tailored to the specific needs of vulnerable groups, including women, older persons, transgender persons and persons with disabilities. Guidance has been jointly developed with the Gender in Humanitarian Action (GiHA) Working Group and the Age and Disability Working Group to ensure the inclusion of older persons and persons with disabilities in the COVID-19 response. **The Child Protection Sub-Sector** mainstreams common protection initiatives across Sectors, including the development of online child safeguarding training; ensuring training of community health workers, as well as staff in isolation and quarantine facilities; and developing additional modules to ensure that the response upholds minimum child protection standards. **The Gender Based Violence Sub-Sector** oversees actions for the prevention of gender-based violence (GBV) across Sectors, ensuring that monitoring data collected is disaggregated by sex, age and diversity.

The Health Sector focuses on ensuring that all population groups can meaningfully access health services and participate in prevention efforts to minimize the spread of COVID-19. Key actions include establishing a complaints mechanism in quarantine and isolation facilities, ensuring that the Sectors adopt clear referral pathways for health services and conduct mandatory protection and behavioural protocol training for all frontline health workers. Community consultations implemented with age, gender and disability lenses ensure that all population groups can provide meaningful input.

The Food Security Sector supports continued access to food and cash and agricultural inputs to the most vulnerable Rohingya refugees and the most vulnerable Bangladeshis across the District. The Sector is addressing disruption in the provision of critical agricultural services during emergencies to ensure the continuity of the food supply chain, in collaboration with government partners.

The **WASH Sector** ensures that all groups of people facing additional vulnerabilities, including girls, women, older people, people with disabilities, have **adequate and safe access to water collection and use; functional latrines and bathing units with safe and accessible pathways, solid doors, locks** and other features that ensure inclusion.

The Nutrition Sector has adapted child protection assessment monitoring tools for nutrition screening and examinations. The Sector has also taken steps to prioritize the treatment of children with moderate and severe acute malnutrition in nutrition facilities. Child protection training for staff is also ongoing.

The **CwC Working Group** ensures that staff and volunteers carrying out messaging and community engagement efforts are **aware of referral pathways and refer any protection cases to protection focal points.** Community based protection remains at the forefront during community-led decision-making processes.

The Shelter/NFI Sector will provide specific training for volunteers conducting home delivery services for non-food items (NFI) and Liquid Petroleum Gas (LPG) to vulnerable families to ensure safety and dignity. NFI packages for families in home care will be developed in discussion with women, men, girls and boys.

The **SMSD Sector** continues to **conduct protection mainstreaming training** with teams support the Camp-in-Charge (CiC) officials through the Capacity Sharing Initiative and individual partners conduct ongoing refresher training.

The **Education Sector** continues to ensure that small, home-based awareness sessions for parents and caregivers focus on understanding **child rights and raise awareness of risks,** such as child marriage, child trafficking and child labour. Community watch networks ensure protection of the most vulnerable children. The Youth Working Group under the Education Sector continues to advocate for the meaningful engagement of young people in all phases of the response and provides technical assistance in that regard.

GENDER MAINSTREAMING

Gender mainstreaming is critical to ensure gender responsive interventions aligned with the IASC Gender Policy and commitments endorsed by the Strategic Executive Group (SEG) on Gender Equality and Empowerment of Women and Girls. The inclusion of women leaders, networks and volunteers in the planning, implementation and monitoring of response plans will have a strong impact on ensuring that response activities are rights-based, inclusive and effective.

With support from the **GIHA Working Group and ISCG Gender Hub, Sectors reinforce gender mainstreaming and gender-targeted actions,** through dedicated sector Gender Focal Points and gender advisers from each partner agency. This has included the development of a Call for Urgent Gender Actions in COVID-19 response and an Advocacy Brief "Rohingya Women Speak Up: Concerns, Demands and Solutions," based on consultations with Rohingya women leaders, CSOs and volunteers. A Rapid Gender Analysis looking at the gendered implications of COVID-19 supports gender mainstreaming in the COVID-19 response, as do gendered protection guidance, checklists, as well as a behavioural protocol for staff for COVID-19 quarantine, isolation and treatment facilities. At the camp level, Camp-in-Charge (CiC) Gender Officers ensure the active participation of women in decision-making and community representation. The Sectors and partner agencies work closely with community-based women's organisations to promote participation and leadership of women across the response.

The IASC Gender with Age Marker (GAM) has been used to ensure all new COVID-19 projects address gender and age-related differences, measuring programme effectiveness and examining levels of accountability and protection. The ISCG Gender Hub has undertaken a Rapid Gender Analysis to measure and identify the immediate impact of COVID-19 on women, girls, men and boys in Rohingya and host communities, to ensure that activities are inclusive and gender and age responsive.

In addition, **the Prevention of Sexual Exploitation and Abuse (PSEA) Network** continues to work with Sectors to **operationalise safe and conflict-sensitive SEA reporting mechanisms through adapting and using alternative modalities,** to ensure effective SEA referral pathways, capacity development, awareness raising and information for communities, humanitarian actors and relevant authorities in the COVID-19 context. PSEA guidance has been disseminated in coordination with the PSEA Network.

The Protection Sector, including the Child Protection Sub-Sector (CPSS) and the Gender Based Violence Sub-Sector (GBVSS), will upscale efforts to mitigate gender-specific protection risks. The Sector will provide technical support to authorities and community representatives on applying rights-based, inclusive, age, gender and diversity approaches in alternative dispute resolution mechanisms, such as mediation. The Sector will continue to engage with women-led organisations for sustainable protection solutions.

T**he Food Security Sector is supporting gender-responsive food assistance and livelihood options through consultation with women, men, girls and boys, in order** to identify and design different ways to deliver services and ensure access to COVID-19 specific IEC materials targeting women and girls.

The CwC Working Group ensures that communication and mass messaging specifically targets women and girls. As primary caregivers in the home, it is essential to engage with women and girls, in order to ensure messages on COVID-19 care and prevention reach them in a timely manner. The widely disseminated Risk Communication and Community Engagement strategy includes gender considerations.

The Health Sector is providing gender-segregated spaces in isolation and treatment facilities and is developing a gendered protection action plan on COVID-19 to fast-track and monitor implementation of critical gender guidance and recommendations. Discussions are ongoing on how maternal health services will be adapted in the COVID-19 context.

The Nutrition Sector promotes the role of women in family decision making and prioritises the health and nutrition of children, pregnant and lactating women. The Sector uses and promotes use of gender-sensitive language at all integrated nutrition facilities.

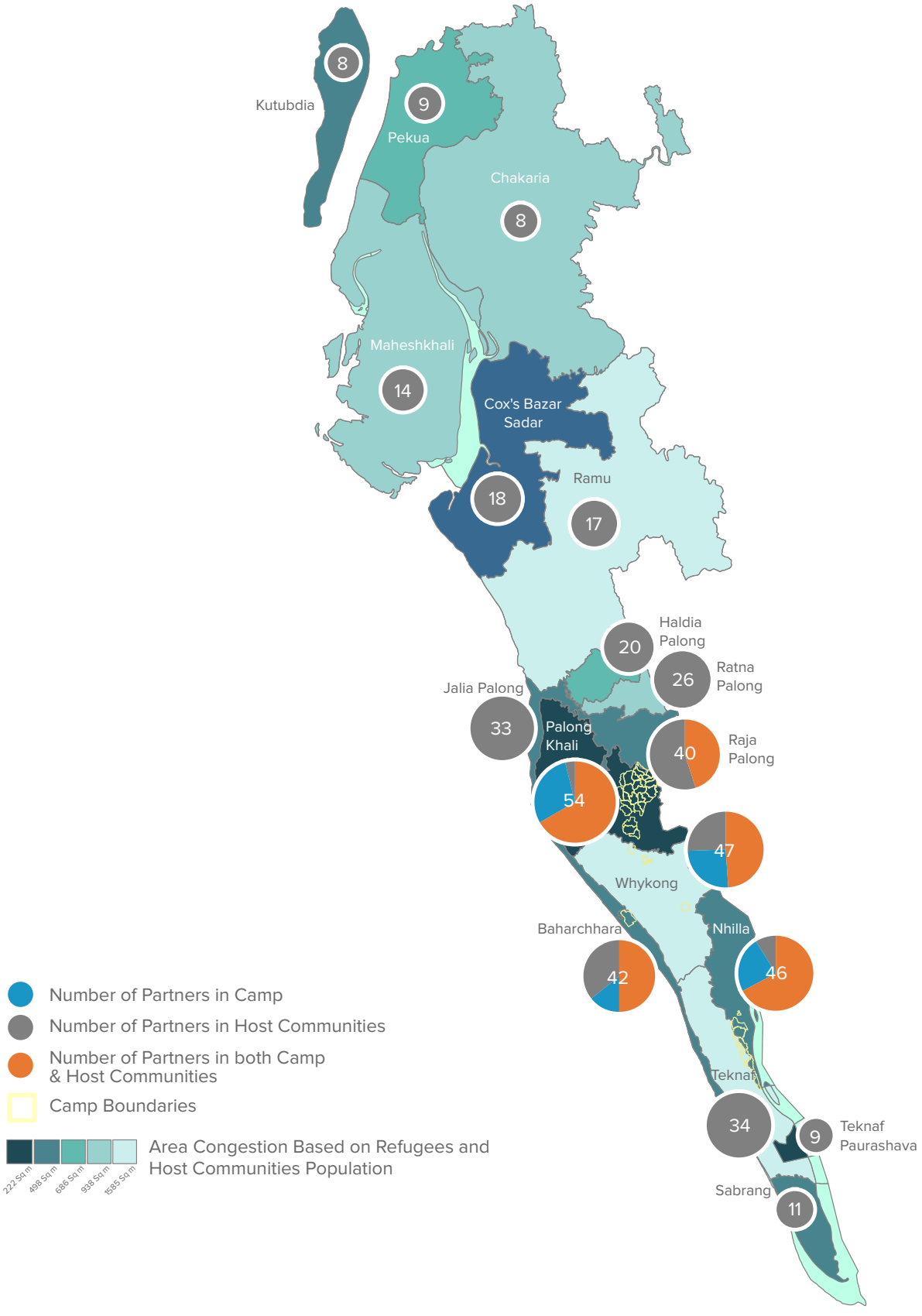
The WASH Sector continues to identify specific barriers that different groups of people face in accessing and using WASH infrastructure and services. Interventions to address these barriers include the establishment of feedback mechanisms, carrying out of consultations and involving Rohingya refugees and Bangladeshis in assessing WASH infrastructure from a gender and inclusion perspective.

The Shelter and NFI Sector is developing gender sensitive NFI packages to ensure the special needs of women in gender segregated facilities and home-based care are met.

Engaging communities and authorities in order to ensure gender responsive camp management is a key priority for the **SMSD Sector,** as are diverse community engagement modalities and advocating for the effective engagement of women in the community representative system.

The Education Sector is focused on improving access to alternative community-based learning facilities to allow for the enrolment of adolescents and youths segregated by sex. Education partners continue to engage Rohingya and host community women leaders through COVID-19 information sharing and conduct gender and inclusion sensitive trainings for facilitators.

Figure 3: Geographic coverage of COVID-19 Projects: number of partners per Union



OPERATIONAL CAPACITY, GAPS AND CHALLENGES

MOVEMENT RESTRICTIONS AND RELIEF COMMODITIES

Access to critically needed relief supplies and equipment by humanitarian agencies depends upon funding, availability on local and international markets and import and export restrictions, as well as logistics constraints arising from the COVID-19 pandemic. Global competition for scarce medical supplies has been a challenge, as has the decision of some countries to bar exports in order to build up domestic stockpiles. Oxygen, life-saving critical medicines, Personal Protective Equipment (PPE), such as masks and other consumables are urgently required to meet the expect scale of the outbreak. Reducing morbidity and mortality from COVID-19 will depend upon having hospital beds and all critical supplies available, including oxygen. The continuous sourcing and delivery of COVID-19 testing kits will also be of tremendous importance to manag the pandemic.

Skilled staff are also a prerequisite to delivery. A small number of surge staff have come into the country on repatriation flights but securing visas has been a challenge. Medical facilities require both medical professionals, such as doctors and nurses, as well as support staff to manage essential tasks such as administration and logistics. Additional surge expertise is urgently needed to support the proposed health response.

OPERATIONAL RESPONSE CAPACITY

Humanitarian partners are committed to stay and deliver. The COVID-19 pandemic, however, poses enormous challenges. Ongoing operations must continue, while key response areas, particularly medical care and treatment, must scale up dramatically. Agencies are already overstretched, and their resources and response capacity will be put under further strain as the outbreak unfolds and inevitably impacts on their own teams. Some NGOs have reduced their international footprint in Cox's Bazar, while others are urgently seeking to scale up. As noted above, recruiting and facilitating the deployment of critically needed medical staff has posed a challenge, given current travel restrictions and the suspension of scheduled flights to Bangladesh.

Frontline aid workers face a heightened risk of COVID-19 infection. Should they fall ill, humanitarian agencies will not be able to respond as needed. The humanitarian partners are working to ensure that their teams have access to appropriate Personal Protective Equipment (PPE). This includes supporting the local production of masks for use in non-medical contexts. Humanitarian personnel, including healthcare workers, share the risks faced by the local Bangladeshi population, because of the extremely limited availability of healthcare services in Cox's Bazar. At present, organisations are not able to meet their duty of care in Cox's Bazar. The agencies are mobilizing to establish additional capacity specifically for staff who fall ill, but it is a race against time.

Movement of humanitarian personnel into and within the country has become increasingly challenging, both due to Government travel restrictions and the suspension of most scheduled international flights, significantly limiting the ability to bring in critically needed staffing reinforcements and allow those who have been on the frontlines for months to rest. The UN is making every effort to stay and deliver life-saving services and coordinate the humanitarian response, but this will require additional robust measures to keep staff and persons of concern safe. While critical operations in the camp continue, the UN operational agencies supporting the COVID-19 response have modified working modalities, including the introduction of teleworking and telecommuting arrangements where possible, moving meetings online and reducing in person gatherings to small groups only when essential and where social distancing can be assured.

ONGOING COMMUNICATIONS RESTRICTIONS IN THE CAMPS

Since September 2019, the Government of Bangladesh has suspended 3G and 4G mobile networks and internet access in the Rohingya settlements. These restrictions have hindered the rapid dissemination of important public health messages related to COVID-19 targeting both Rohingya refugees and Bangladeshis, as well as their ability to stay connected with family and loved ones. During the COVID-19 pandemic and the cyclone and monsoon seasons now underway, communication will be essential to save lives and ensure strong coordination and support to the Bangladeshi authorities.

MONITORING AND REPORTING

The COVID-19 pandemic has shifted priorities and capacities within the Rohingya humanitarian response, and the monitoring approach for the year will be adjusted accordingly.

A full review of the 2020 Joint Response Plan, covering the period from January to July, as well as the additional projects presented in this COVID-19 Response Plan implemented from April to July, will be initiated in August. The review will produce a monitoring report, with a decision on whether undertake a full revision of the 2020 JRP will be taken closer to that time. The Sectors will report on progress against the indicators in their monitoring frameworks. The ISCG, Information Management and Assessments Working Group, Sector Coordinators and the Heads of Sub-Offices Group will consolidate and analyse the results. A final report on the 2020 JRP, including the additional projects set out in this COVID-19 Response Plan, covering the period through the end of the year will follow in early 2021.

The ISCG will adjust monthly sitreps to reflect cumulative progress and gaps for new COVID-19 activities, as well as priority JRP activities. The weekly updates will continue, covering highlights and key figures for COVID-19 response, as well as for the cyclone and monsoon response.

In the restricted operating environment, Site Management Sector service monitoring will be a critical tool for tracking emerging needs and gaps in the camps and ensuring these are referred to appropriate Sectors for a timely response.

The ISCG partner agencies are discussing a revised methodology for a joint Multi-Sector Needs Assessment aligned with the review of the plan. Planned Sector assessments are recorded in the Assessments Registry to ensure a coordinated approach in the new environment. The Information Management and Assessments Working Group (IMAWG) continues to coordinate assessments.

The Financial Tracking Service will remain the principal tool for recording progress on resource mobilisation against both the 2020 JRP and the new COVID-19 projects. The FTS will only provide a useful and up-to-date view if all partners and donors ensure it accurately records funds contributed, including any adjustments grant allocations resulting from the unfolding COVID-19 situation.

Photo: UNICEF / Himu / 2020

PART II:
SECTOR RESPONSES

Photo: ACLAB / Ershadul Haque / 2020

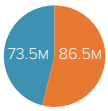
HEALTH

SECTOR OBJECTIVES

1. **Reduce to the extent possible the morbidity, mortality and spread of COVID-19** by rapid identification and isolation of all cases, including most vulnerable providing them with appropriate care, and tracing, quarantining, and supporting all contacts.
2. **Prevent transmission and amplification of COVID-19,** by enhancing infection prevention and control in community and health care settings and effectively communicate critical risks and counter misinformation to men, women, boys and girls.
3. **Provide technical leadership, coordination, collaboration and information management** support to all partners responding to the COVID-19 pandemic.
4. **Ensure continuity of equitable access to and utilization of quality lifesaving and comprehensive primary and secondary health services** for all crisis-affected populations with a special focus on sexual, reproductive, maternal, neonatal, child and adolescent health; mental health and psychosocial support; and non-communicable diseases while adapting services to the current context.

FUNDING REQUIRED

USD 160M



POPULATION TARGETED

1.4M

860,000 Rohingya Refugees

540,000 Bangladeshi Host Community

1,257,500 Existing JRP Target

142,500 New COVID-19 Target

10 New COVID-19 projects

CONTACT

Government of Bangladesh: Civil Surgeon (Ministry of Health and Family Welfare)

Sector Lead Agency: WHO

Sector Coordinator:
Dr. Mukesh Prajapati/ coord_cxb@who.int

SECTOR NEEDS ANALYSIS

NEEDS OF ROHINGYA REFUGEES

There is dire need to rapidly detect, diagnose, and prevent spread of the COVID-19 virus, continue provision of dignified care, and minimize human-to-human transmission. The Rohingya refugee camps had 100 functional isolation beds at the onset of the pandemic, which is insufficient to meet the expected demand to treat expected severe cases of COVID-19, and no facilities exist in the camps to treat those in need of critical care. Severe acute respiratory infection (SARI) facilities require increased human resources and appropriate equipment including oxygen and personal protective equipment (PPE).

Robust coordination will be necessary to ensure continued communications with all stakeholders for not only COVID-19 response, but continuation of essential services. Culturally appropriate risk communication and community engagement can employ impactful risk reduction strategies. Scale up of surveillance, rapid investigations and increased laboratory capacity are needed to mitigate wide-spread transmission. The need to adapt all-inclusive sexual and reproductive health, including GBV, will remain critical during this phase to minimize the gendered impact of COVID-19.

NEEDS OF HOST COMMUNITIES

Cox's Bazar is ranked eighth[20] out of 64 districts in Bangladesh for composite[21] risk of exposure to COVID-19. High population density areas of the district are susceptible to the spread of COVID-19, as physical distancing becomes challenging. Persistent gender inequality and

DISAGGREGATED DATA

			Children (<18 years)		Adult (>18 years)	
Population Type	Total Female	Total Male	Female	Male	Female	Male
Rohingya	**444,575**	**415,425**	**225,122**	**234,525**	**219,453**	**180,900**
Bangladeshi	**267,960**	**272,040**	**140,648**	**145,297**	**127,312**	**126,743**

gender-based violence could worsen with lockdown measures. There is need to scale up the number of isolation and ICU beds in the District.

SECTOR RESPONSE STRATEGY

ROHINGYA REFUGEE RESPONSE STRATEGY

In close collaboration with the RRRC, Civil Surgeon, and other Sectors, Health Sector partners will ensure measures that will reduce morbidity and mortality from COVID-19. The Health Sector response strategy to COVID-19 is built around nine pillars. **Coordination, planning and monitoring** is led by WHO together with Health Sector partners, the Ministry of Health and Family Welfare (MoHFW) and RRRC. WHO will continue to provide leadership, coordination, supportive supervision, and collaborative support to all health partners and sectors responding to the COVID-19 emergency. This will include engaging all relevant stakeholders and disseminating technical guidelines to health sector partners. In collaboration with CwC, WASH and MoHFW have developed a strategy for **risk communication and community engagement** that will be implemented to monitor and communicate health risk and carry out community health engagement activities.

For **surveillance**, rapid investigation teams have been formed in each camp and are undergoing training to investigate cases during the outbreak and conduct contact tracing within 24 hours. Community based maternal mortality surveillance will be continued with special focus on any inferential relation to COVID-19 and pregnancy status. Engagement of health and WASH partners in cooperation with national authorities will ensure temperature screening and hand washing stations are operational at select **camp points of entry**. Capacity at IEDCR **field laboratory for Cox's Bazar District** will be increased to conduct more tests in a timely and accurate manner for COVID-19. The Health Sector will engage partners in exploring decentralization of laboratory services in the camps and adopting diagnostic methods, such as GeneXpert.

Assessment and quality assurance of **Infection Prevention and Control (IPC)** capacity in health facilities to respond to COVID-19 is essential. Continuous IPC guidance will be provided to both medical and non-medical facilities. COVID-19 related IPC trainings are planned. For **case management**, all health facilities will have screening areas, established to separate and identify suspected COVID-19 cases for appropriate referral and management. The Sector aims to establish approximately 1,600 beds in isolation and treatment facilities in and around the camps including twelve new SARI ITCs. Gender and protection aspects will be considered in all facilities, and pediatric and obstetric care offered as needed. Mental health and psychosocial support will be integrated into all levels of care. Dispatch and referral unit (DRU) will be supported to coordinate transport of individuals to isolation and quarantine facilities.

Continued implementation of the **minimum essential health service** package is required. Health facilities and community health system adapt to the severity of COVID-19 pandemic. The Sector will ensure functionally tiered[22] referral pathways, linked to relevant sectors. For **operational support and logistics,** the Health and Logistics Sectors will coordinate to ensure availability of core medical supplies, including oxygen, hospital equipment and PPE,[23] based on local and global stock availability.

HOST COMMUNITY RESPONSE STRATEGY

In coordination with the Civil Surgeon and District authorities, the Sector is supporting the implementation of the National Preparedness and Response Plan for COVID-19 in Cox's Bazar. In total, 300 beds will be supported in Government facilities across the District. Ten Intensive Care Unit (ICU) and 10 high dependency unit beds are underway at the District hospital in Cox's Bazar Sadar. Ramu and Chakaria have 50 isolation beds planned, while the remaining six Upazilas each plan for 30. Sector planning emphasises the prevention of hospital acquired infection and the protection of caregivers, both at the health care facility, at home, and the community. A risk communication and community engagement strategy has been developed and is being implemented across the District using multiple forms of media and dissemination of Information Education Communication (IEC) and Behaviour Change Communication (BCC) materials.

20. According to the national Needs Assessment Working Group, Bangladesh: multi-sectoral anticipatory impact and needs analysis on COVID-19.

21. The composite risk is calculated based on confirmed cases, and looking at quarantine, density, floating population, urban poor population, older persons, and safe hand-washing practices.

22. Such as schools, markets, community centres, distribution points and public transport as well as community and households.

23. PPE includes surgical masks, N95 masks, eye protection, hand sanitizer, disinfectant, etc.

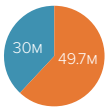
FOOD SECURITY

SECTOR OBJECTIVES

1. **Expand support to improve food security and compensate for loss of livelihoods of the most vulnerable Bangladeshis in Cox's Bazar** whose livelihoods are impacted by the pandemic, through food, cash support, according to need.
2. **Secure the continuity of the food supply chain by supporting the food production system,** aligning with the Ministry of Agriculture and Ministry of Fisheries and Livestock policies and directives in order to ensure continuity of crop, fish and livestock production and marketing throughout the year across Cox's Bazar District.
3. **Support the District health response in coordination with the Health Sector,** including provision of support to existing and planned isolation, treatment, and quarantine facilities in Cox's Bazar District, and home-based care packages for vulnerable groups (i.e., older persons or patients, and families of home care patients), and livelihoods and self-reliance initiatives in support of the health response, such as the production of masks.

FUNDING REQUIRED

USD **79.7M**



COVID-19 requirements
JRP priority requirements

POPULATION TARGETED

1.8M

860,000
Rohingya Refugees

949,000
Bangladeshi Host Community

1,300,000
Existing JRP Target

509,000
New COVID-19 Target

15
New COVID-19 projects

CONTACT

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC), Department of Agricultural Extension

Sector Co-Lead Agencies: WFP / FAO
Sector Co-Chair: BRAC

Sector Coordinator:
Martina Iannizzotto / martina.iannizzotto@wfp.org

SECTOR NEEDS ANALYSIS

NEEDS OF ROHINGYA REFUGEES

Rohingya refugees remain 100 percent dependent on humanitarian assistance.[24] Ensuring life-saving food assistance (e-voucher outlets and in-kind) to all 860,000 Rohingya and potential new arrivals in the camps therefore remains a critical need. Additional health facilities in the camps – isolation, quarantine and SARI ITCs – require food support. As many as 75,000 households providing home-based care for COVID-19 patients and 31,500 older persons may require home delivery arrangements. With the reduction of activities in the camps, some cash-for-work and self-reliance programming have halted: this is having an impact on household earnings for many Rohingya refugees. At the same time, there is urgent need for specific items that can be locally produced, including cloth masks to mitigate virus transmission.

NEEDS OF HOST COMMUNITIES

In Cox's Bazar, 377,411 people live under the poverty line, among whom some 161,201 people receive support through the regular Government Social Safety Net programme. Some four hundred thousand more across the District are estimated to be poor or vulnerable to the impact of COVID-19.[25] WFP market monitoring has found that retail prices for rice, cooking oil and pulses (red lentils) have all increased from 10 to 50 percent between February and April 2020. In April, a daily wage earned by a household can only buy 3 to 4kg of rice, compared to the 12 to 17kg of rice that a household would buy in February, reflecting the depth of purchasing power erosion among market dependent rural poor households. Effective demand for food has also reduced among urban poor households who depend mainly on daily labour, as their incomes

DISAGGREGATED DATA

			Children (<18 years)		Adult (>18 years)	
Population Type	Total Female	Total Male	Female	Male	Female	Male
Rohingya	444,575	415,425	225,122	234,525	219,453	180,900
Bangladeshi	470,000	470,000	281,998	310,198	188,002	159,802

and purchasing power have been decreased. As a result, vulnerabilities related to gender, disability, age and ethnicity are anticipated to increase with time.[26]

SECTOR RESPONSE STRATEGY

ROHINGYA REFUGEE RESPONSE STRATEGY

In coordination with the RRRC, the Food Security Sector will continue to ensure blanket life-saving food assistance to 860,000 Rohingya refugees in the camps, as provided in the 2020 JRP. Partners have adopted COVID-19 prevention and risk mitigation measures[27] to reduce virus transmission, including moving food distributions to a monthly cycle, and a shift from value voucher to commodity voucher. Rohingya refugees now receive a pre-packaged food basket of nine items identified based on nutritional value. The Sector will also support existing and planned isolation, treatment, and quarantine facilities in the camps with food, based upon need, and will ensure adequate food provision to older people and people in home-based care in coordination with the Health Sector.

A multi-sector initiative is supporting the production of cloth masks by refugee and Bangladeshi women and men tailors, with over 80,000 cloth masks already produced over four weeks in March, providing income for beneficiaries while producing needed items for distribution. The poplin fabric required for cloth mask production is increasingly difficult to source on the local market: solutions are being sought. The Sector will also conduct targeted, critical self-reliance and disaster risk reduction activities that support the health response and preparedness and response to cyclone and monsoon risks, while also providing income support.

HOST COMMUNITY RESPONSE STRATEGY

In coordination with the District Deputy Commissioner's Office and the Department of Agricultural Extension, the Sector plans to augment the Government response including reinforcing the social safety net response to mitigate the impact of lockdown measures on the food security and livelihoods of vulnerable Bangladeshis. The response is based on supporting food availability through food production and marketing, physical and economic access to food through in-kind food and cash grant, and food utilization and stability.[28] Support to the agri-food system is planned at different levels, including enhanced agricultural production, cash transfers and safety nets for the poor and vulnerable, labour mobilization of local service providers, and use of information and database support for farmers' groups and business coordination within the food supply chain. Cox's Bazar is mostly dependent on marine fisheries, however, the demand for fish has decreased as non-residents and tourists have left Cox's Bazar. Fishermen need to sell their catch to earn their livelihood and ensure the continuity of the fish production. Farmers face similar challenges, with limited access to quality inputs and appropriate technology, which affects the upcoming agriculture seasons and hampers the movement of agri-food commodities in the local market. This can cause chronic food insecurity.[29]

Partners are already providing food, cash assistance, and agricultural inputs to mitigate impact and avoid disruption of food production chains. In line with National Cash Working Group COVID-19 response guidelines, the reference transfer value for multi-purpose cash grants is BDT 4,500. Distribution of High Energy Biscuits and in-kind food to 24,000 extremely vulnerable Bangladeshi households across the District has already taken place in Ukhiya and Teknaf and will extend to 71,500 households in the other six Upazilas in Cox's Bazar District that are currently underserved. The key challenges include a limited number of vendors from certified companies to supply inputs for agricultural production locally, and difficulties in engaging workers to prepare the land and sow seeds due restrictions on movement. Continuity of crop production and harvests must be ensured in late summer (May to Mid-July), monsoon (Mid-July to Mid-November) and winter seasons (Mid-November to Mid-March). The Sector is also providing agricultural support livestock raising and aquaculture production.

In support of District health response, food support to existing and planned isolation, treatment, and quarantine facilities in Cox's Bazar District will be provided according to need. The Sector will also conduct market and food security assessments to ensure programming initiatives are well informed and prioritized.

24. United Nations World Food Programme (WFP). Refugee influx Emergency Vulnerability Assessment (REVA). April 2020. Publication of report forthcoming.

25. The REVA 3 estimates that 50 percent of the population of Ukhiya and Teknaf are vulnerable. In the rest of the Upazilas of Cox's Bazar, 30 percent are estimated to be vulnerable. Comprehensive data for the other Upazilas are not available.

26. Ibid

27. These include physical distancing practices and limiting person to person contact.

28. FSS. Food Security Sector Covid-19 Strategic Response. April 2020. Link found *here*. Accessed 24.04.2020

29. Food and Agriculture Organization of The United Nations (FAO). Assessment on the Potential Impact of COVID-19 on the Food and Agriculture System in Cox's Bazar. April 2020.

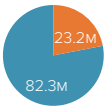
WATER, SANITATION AND HYGIENE

SECTOR OBJECTIVES

1. **Ensure regular, sufficient, equitable and dignified access to safe water** for drinking, domestic needs and medical purposes for women, girls, men and boys living in camps and affected host communities.
2. **Ensure adequate, appropriate and functional sanitation facilities** to allow rapid, safe and secure access at all times for women, girls, men and boys living in camps, host communities or affected by COVID-19.
3. **Ensure the change of potentially risky behaviors through hygiene promotion and distribution of hygiene items** with strong focus on highly contagious diseases, for all Rohingya refugees, affected and vulnerable communities of the district.

FUNDING REQUIRED

USD **105.5M**



POPULATION TARGETED

1.4M

860,000
Rohingya Refugees

560,000
Bangladeshi Host Community

1,120,000
Existing JRP Target

350,000
New COVID-19 Target

16
New COVID-19 projects

CONTACT

Government of Bangladesh:
Department of Public Health Engineering (DPHE)

Sector Co-lead Agencies: UNICEF / ACF

Sector Coordinators:
Julien Graveleau / jgraveleau@unicef.org;
Asif Arafat / washsecco-cox@bd-actionagainsthunger.org

SECTOR NEEDS ANALYSIS

NEEDS OF ROHINGYA REFUGEES

Currently, 54 percent of the Rohingya refugees have access to chlorinated water supply through small, borehole-fed water networks, although water quality varies. Complementary water comes from shallow boreholes with hand-pumps, again with varying water quality. Water consumption overall is estimated at 29 liters per person and per day, with seasonal shortages in some areas. Safe water availability is essential to support handwashing and hygiene for COVID-19 and other infectious diseases, such as Acute Watery Diarrhea (AWD). The extension of chlorinated water networks, or an increase in daily operation of existing networks, is essential to increase safe water coverage and availability. Access to adequate sanitation remains a challenge in the camps, mainly due to the lack of space and the need for constant maintenance and improvements to sanitation facilities. While coverage averages 20 persons per latrine, only 78 percent are functioning. Critical sanitation activities include maintaining bathing facilities, with each bathing space serving an average of 40 persons, fecal sludge management units and solid waste management.

Hygiene promotion focusing on COVID-19 is being strengthened to increase awareness of the routes of contamination and disease prevention measures, including addressing misconceptions and adapting social norms. The distribution of hygiene kits, soaps and aquatabs is being increased to enable people to keep themselves safe. To mitigate virus transmission, hand-washing points have been installed in strategic places, and these will be increased, as will disinfection through spraying of chlorine solution on WASH infrastructure and communal spaces. Maintaining physical distancing at water points is a major concern, especially in southern camps where the dry season resulted in significant water shortages, a situation that will ease with the monsoon. The new SARI ITCs and other health facilities require water, sanitation, waste services and hygiene facilities, maintenance and supplies.

DISAGGREGATED DATA

			Children (<18 years)		Adult (>18 years)	
Population Type	Total Female	Total Male	Female	Male	Female	Male
Rohingya	444,575	415,425	225,122	234,525	219,453	180,900
Bangladeshi	278,315	281,685	145,914	150,540	132,401	131,146

NEEDS OF HOST COMMUNITIES

In Cox's Bazar, only 63 percent of people report having sufficient water to meet household needs, and 86 percent use household latrines. During the COVID-19 pandemic, Bangladeshi communities will need support for the operation and maintenance of water and sanitation facilities, and they will benefit from intensified hygiene promotion efforts, including distribution of soap for handwashing and stepped up disinfection of WASH facilities and public buildings to limit the spread of the disease. Patients in District health care facilities and isolation centres established for the COVID-19 response will receive support with access to water, sanitation, waste management services and hygiene items.

SECTOR RESPONSE STRATEGY

ROHINGYA REFUGEE RESPONSE STRATEGY

WASH is a critical sector for the COVID-19 pandemic response. Working with the RRRC and the Department of Public Health Engineering (DPHE), the Sector will deliver key activities to address ongoing basic human needs, as well as scaling up support for the prevention and control of disease through appropriate hygiene behaviours. These efforts will include the establishment and operation of 175 water networks and providing regular maintenance for an estimated 10,000 hand-pumps in the camps. Emergency water supply activities, including water trucking and the distribution of aquatabs, will also be crucial to service hand-washing points and meet needs for safe water.

Hygiene promotion will focus on COVID-19 prevention and mitigation, including the distribution of hygiene kits with soap; installation and maintenance of appropriate handwashing facilities; and maintenance of sanitation facilities including latrines, showers and fecal sludge management units. Disinfection through spraying of WASH facilities and communal places will be scaled up throughout the outbreak. Hygiene items and hand-washing facilities will be made available to support home-based care and vulnerable older persons.

Solid waste management will be essential throughout the pandemic response, particularly as a preventive measure in advance of the rainy season. The Sector will also ensure that patients in health care facilities and isolation centres have access to water, sanitation, waste services and hygiene items. Healthcare workers and community volunteers will receive appropriate PPE and training and capacity building on working in the context of COVID-19. The Sector will enrol and orient a second line of volunteers and care and maintenance workers to maintain continuity and capacity during the outbreak if illness spreads and restrictions impact on movements within the camps.

HOST COMMUNITY RESPONSE STRATEGY

In coordination with DPHE, the Sector will focus on supporting the operation and maintenance of existing water and sanitation facilities and the disinfection of WASH facilities and public buildings for Bangladeshi communities across the District. Scaled up hygiene promotion activities will target vulnerable areas across the District, including the distribution of soap for handwashing in response to need and the patterns of the outbreak. To augment the Government's health response, humanitarian partners will support health care facilities and isolation centres by ensuring access to water, sanitation, waste services and hygiene items.

Photo: World Vision / S. Al-Fuad / 2020

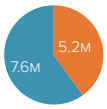
COMMUNICATION WITH COMMUNITIES

SECTOR OBJECTIVES

1. **Mainstream Risk Communication and Community Engagement to reduce to the extent possible the spread of COVID-19,** through strengthening and maintaining close coordination, advocacy and technical support with government authorities and through humanitarian coordination forums.
2. **Provide context appropriate, community-centred and evidence-based communication resources** and strategic guidance in order to scale up Risk Communication and Community Engagement.
3. **Support Government and the Sectors to adopt appropriate community engagement approaches** for awareness raising, with community participation in designing and implementing public health measures for COVID-19, integrating gender, inclusion and protection considerations.

FUNDING REQUIRED

USD **12.8M**



POPULATION TARGETED

947,000

724,549 Rohingya Refugees

223,000 Bangladeshi Host Community

910,000 Existing JRP Target

37,000 New COVID-19 Target

7 New COVID-19 projects

CONTACT

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC)

Working Group Lead Agency: IOM

Sector Coordinator:
Md. Mahbubur Rahman / cxb.cwcwg@gmail.com

SECTOR NEEDS ANALYSIS

NEEDS OF ROHINGYA REFUGEES

Community awareness and community-led approaches are key to mitigating the impact of the COVID-19 pandemic in Cox's Bazar. Clear, understandable, and readily available information and multi-media messages are needed in Bangla, Burmese, and Rohingya, including on how to protect individuals and communities, what to do in case of sickness, on what to expect from the health response, such as the isolation and quarantine processes. It is also crucial to address and correct rumors and misinformation quickly through rumor tracking mechanisms. The effective dissemination of messages to all calls for the broad engagement of different groups, including religious leaders and refugees participating in camp governance structures and non-formal mechanisms. Small community consultations will complement ongoing mass messaging efforts on hygiene, the health response, and other relevant information.

The Communicating with Communities (CwC) Working Group will provide focused and strengthened technical support to all Sectors, including Health and WASH. Accountability to affected populations requires ensuring that response activities on the ground are aligned with the community needs, in part

lar those of the vulnerable population, such as older persons, individuals with pre-existing health concerns and people with special needs. Movement restrictions and the suppression of mobile telephone and internet connectivity in the camps are major obstacles to information dissemination and two-way communications, requiring innovative solutions.

DISAGGREGATED DATA

			Children (<18 years)		Adult (>18 years)	
Population Type	Total Female	Total Male	Female	Male	Female	Male
Rohingya	**378,656**	**345,893**	**152,721**	**159,650**	**225,935**	**186,243**
Bangladeshi	**110,764**	**112,236**	**49,701**	**50,361**	**61,064**	**61,875**

NEEDS OF HOST COMMUNITIES

Engagement with social and religious leaders, youth and women groups, as well as the dissemination of basic hygiene and health messages are needed to support the COVID-19 response across Cox's Bazar. As in the camps, addressing rumors and information gaps quickly is essential to avoid panic, or negative or disruptive reactions. Accurate messages will be disseminated through mass messaging tools and interpersonal communication channels. Both traditional and non-traditional forms of communication will support the communication measures undertaken by the Government.

SECTOR RESPONSE STRATEGY

ROHINGYA REFUGEE RESPONSE STRATEGY

In close coordination with the Civil Surgeon, RRRC, and other Sectors, the CwC Working Group will promote Risk Communication and Community Engagement (RCCE) for COVID-19. The RCCE strategy is designed to be responsive to the evolving situation and to community perceptions, insights and feedback. Partners will continue developing and disseminating FAQs and audio-visual materials in appropriate languages. Harmonized visual materials, such as posters, banners, art, murals, videos, and animation, are in use and and will be promoted across the response. The training of trainers on guidelines for hygiene and physical distancing will enable these messages to to cascade to frontline volunteers. Humanitarian partners will continue to collect information and evidence on community perceptions, insights, suggestions, feedback, and rumors, through rumor tracking and through contextual and community analysis in order to inform decisions and the design of the response on an ongoing basis.

One-on-one communication for health awareness and hygiene promotion will continue through a neighborhood-based approach that fully respects physical distancing, in order to address directly individual questions and concerns. Critical small group sessions will facilitate information exchange, such as discussions at distribution points, community centres and with community leaders, as well as through religious groups and radio listening groups, but only where physical distancing is ensured and handwashing facilities are available.

Communication by radio through Bangladesh Betar and Radio Naf will continue, as will announcements in all camps by loudspeakers mounted on "Tom-Tom" motorised rickshaws or other vehicle). Religious leaders also send messages with Mosque and temple loudspeakers. Volunteers will increasingly use hand microphones and speakers to make announcements inside camps disseminating messages to those living deep inside the community. Hotlines and an Interactive Voice Response (IVR) system will respond to queries and feedback, reducing dependency on physical visits to the information hubs. With the restoration of mobile connectivity, the Working Group will explore the use of messaging applications, such as WhatsApp, and social media pages and groups to disseminate messages and verified information to counter rumours and misinformation rapidly. To prepare for the cyclone season now underway, CwC partners have been working together with the Site Management Sector and the Cyclone Preparedness Programme (CPP) to develop audio-video messages to ensure that Rohingya refugees are aware and well-informed of the actions they need to take, when a cyclone signals are raised, as they were during the passage of Cyclone Amphan in May 2020.

Women and men community leaders, Civil Society Organisations (CSOs), community-based groups, such as religious groups, women's groups, clubs, etc., as well as camp governance structures are and will be further engaged to support the dissemination of messages and contribute to long-term behaviour change. This will reinforce a community-led approach to the pandemic response. Addressing the needs of vulnerable population, including older people, people with pre-existing health conditions and those having specific needs, will be a focus.

HOST COMMUNITY RESPONSE STRATEGY

Similar strategies, such as the use of harmonized visual materials, rumor tracking, context and community analysis, and small group sessions, are also relevant for the response in Bangladeshi communities. Radio programming through Bangladesh Betar and Radio Naf, hotlines and social media messaging will continue. Bangladeshi volunteers will be engaged in RCCE activities, and partners will engage with existing community groups, CSOs and community structures. Existing cable TV network will be used to pass on awareness raising messages targeting host communities. Loudspeaker announcements using vehicle-mounted loudspeakers and hand microphones and speakers will be extended in targeted Unions, as well as in other parts of Cox's Bazar District. As in the camps, religious leaders will also send messages through Mosque and temple loudspeakers to the host community.

SHELTER AND NON-FOOD ITEMS

SECTOR OBJECTIVES

1. **Ensure that families affected by COVID-19 are supported with needed emergency shelter and non-food items,** home delivery of LPG, and delivery as well as implementation of emergency shelter response according to need.
2. **Mitigate the risk of exposure to the virus for the elderly population,** by providing specific NFI support, home delivery of NFIs and LPG, as well as the delivery implementation of emergency shelter response
3. **Social cohesion is maintained by effective use of the Housing, Land and Property due diligence process** to prevent tension with host community over land use.

FUNDING REQUIRED

USD44M

POPULATION TARGETED

877,000

855,000 Rohingya Refugees

22,000 Bangladeshi Host Community

877,000 Existing JRP Target

6 New COVID-19 Projects

CONTACT

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC)

Sector Co-lead Agencies: IOM / Caritas Bangladesh

Sector Coordinators:
Tonja Klansek / sheltercxb.coord@gmail.com; Ratan Podder / sheltercxb.coord1@gmail.com

SECTOR NEEDS ANALYSIS

NEEDS OF ROHINGYA REFUGEES

During the monsoon season, damage to shelters will increase along with the need for the delivery of materials and implementation of repairs, which are likely to be delayed and hampered by limited access to construction materials and limitations on transitional shelter support due to movement restrictions. Where people are in home-based care for COVID-19 or undergoing medical treatment in facilities, they also will not be able to collect shelter repair materials, which will exacerbate the impacts. The delivery of Liquid Petroleum Gas (LPG) refills for cooking fuel will also be required to households providing home-based care.

Rohingya refugees in quarantine facilities and households with older persons will receive targeted support, including additional Non-Food Items such as blankets and floor mats. home deliveries of LPG, shelter materials and additional NFI items will be needed for the most vulnerable households with elderly members and in home-care, in order to enable vulnerable older persons to remain at home and limit their movements and exposure to infection.

NEEDS OF HOST COMMUNITIES

With the construction of new health facilities for COVID-19 response in Ukhiya and Teknaf, following the Housing, Land and property (HLP) Due Diligence process is essential. This will minimize the potential for further tensions over land use, as the process involves clear communication to the community and relevant authorities on how the land will be used and for how long. While host community households are also benefiting from LPG refills, planning in the 2020 JRP foresaw this distribution would be limited in time. COVID-19 has severely impacted on livelihoods, making

DISAGGREGATED DATA

			Children (<18 years)		Adult (>18 years)	
Population Type	Total Female	Total Male	Female	Male	Female	Male
Rohingya	441,515	413,190	224,736	234,376	216,779	178,814
Bangladeshi	10,914	11,086	5,698	5,880	5,216	5,206

it impossible for local households receiving LPG to purchase their own refills as anticipated.

SECTOR RESPONSE STRATEGY

ROHINGYA REFUGEE RESPONSE STRATEGY

To ensure preparedness for the monsoon season, while minimising contact and the need for refugees to gather, distributions of tie-down kits for strengthening shelters in April and May were done in tandem with the distribution of hygiene kits, soap or LPG. The Sector has developed guidance notes and recommendations on distributions and construction safety in light of COVID-19, as well as template designs and design recommendations for pre-triage holding areas for new and existing health facilities.

Quarantine facilities and households with elderly members will receive relevant NFIs. The NFI package to support home-based care is being identified through discussions with the Rohingya refugees. The most vulnerable households, including those providing home care, will receive delivery of LPG and emergency shelter materials, along with support for the implementation of emergency shelter responses as needed. Households with older members will receive the same type of assistance to enable them to limit movement and reduce exposure to the virus. Consultations with Health Sector and cross-sectoral coordination will guide all activities.

Photo: DC Office, Cox's Bazar / 2020

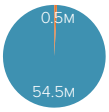
SITE MANAGEMENT AND SITE DEVELOPMENT

SECTOR OBJECTIVES

1. **To reduce the spread of COVID-19 through support to the Government of Bangladesh Camp-in-Charge Officials for overall management and coordination of camps,** facilitating equitable and adequate access to COVID-19 related services and continuity of humanitarian assistance to all residents, through strengthening existing coordination mechanisms and supporting new response processes.
2. **To reduce the spread of COVID-19 through support to camp-based initiatives and community engagement,** including community consultation and dialogue mechanisms, camp-level committees, and volunteer networks.
3. **To reduce the spread of COVID-19 and decrease morbidity and mortality through upgrading and improving settlement areas and their immediate surroundings** through construction, maintenance works, and infrastructure development that enables safe access to humanitarian assistance and COVID-19 treatment, both home-based and in facilities, before, during, and after weather-related incidents and emergencies.

FUNDING REQUIRED

USD55M



POPULATION TARGETED

860,000

860,000
Rohingya Refugees

860,000
Existing JRP Target

02
New COVID-19 Projects

CONTACT

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC)

Sector Co-lead Agencies: IOM / DRC

Sector Coordinators:
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Sector Co-coordinator:
Nana Kharbedia / smcxb.coord2@gmal.com

SECTOR NEEDS ANALYSIS

The need for coordination, improved living conditions, and community engagement in the Rohingya refugee camps has only intensified with the COVID-19 pandemic and more limited humanitarian access, along with the onset of cyclone and monsoon seasons. Camp residents require adequate access to harmonized and standardized assistance. Older people, people with disabilities, women, and girls may face additional challenges accessing assistance and information about assistance if they cannot leave their homes because of reduced mobility, caretaking obligations or poor security related to the COVID-19 pandemic.

Even in the best--case scenario, humanitarian partners will only be able to meet partially the demand for COVID-19 treatment, with as many as 16,000 people requiring hospitalization at the peak. Larger numbers will suffer from less severe COVID-19 infection and illness requiring care but not hospitalisation. Most Rohingya refugees will thus receive home-based care, which will involve complex tracking and delivery of multi-sector assistance. To operationalize prevention and treatment approaches effectively, partner agencies will need camp management and coordination support and inputs from Community Feedback and Referral Mechanisms.

Safe and dignified burials will present a major new challenge on a scale that has not been part of the Rohingya response until now. According to modelling by Johns Hopkins University, the projected death rate could climb from about 160 per month to some 3,000 per month.[30] Existing graveyards are currently at or near capacity, and the detailed instructions

DISAGGREGATED DATA

			Children (<18 years)		Adult (>18 years)	
Population Type	Total Female	Total Male	Female	Male	Female	Male
Rohingya	**444,575**	**415,425**	**225,122**	**234,525**	**219,453**	**180,900**
Bangladeshi	-	-	-	-	-	-

in the Government's Standard Operating Procedures for casualties need to be contextualised and adapted for the camp setting, and accompanied by carefully designed messaging. The nearly 2,000 Imams and mosque committees throughout the camps have requested materials, including soap, oils, shrouds, and bamboo for transportation to enable them to provide safe and dignified burials.

Health facilities require infrastructure improvements to ensure access and proper functioning, including roads, drainage, bridges, weather-related routine maintenance and repairs. In 2019, weather and fire incidents affected 19,118 households, and infrastructure repairs were critical to the response. Continued support to households affected by such incidents is essential to prevent them from becoming more vulnerable. The move to critical activities only, as part of the COVID-19 response, has reduced access for regular repair and maintenance in the camps, with the consequence that more intensive repair and rebuilding of infrastructure will likely be necessary following the monsoon season.

SECTOR RESPONSE STRATEGY

ROHINGYA REFUGEE RESPONSE STRATEGY

Working with the RRRC and Camp-in-Charge (CiC) officials, the Site Management and Site Development (SMSD) Sector teams provided critical support in locating space for new Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs). SMSD teams have supported mosques in the identification of additional sites for safe and dignified burials. They have also provided construction and engineering support for new facilities and to ensure access and for the relocation of households. The SMSD Sector collaborates with other Sectors to disseminate approved messaging on regular hand washing, physical distancing, crowd control at distribution centres and community facilities, as well as maintaining complaints and feedback systems to address questions on COVID-19, address rumors, and coordinate the response to requests for assistance. SMSD partners have also provided emergency assistance to households affected by weather-related events and fires.

Sustaining planned SMSD activities under 2020 JRP 2020 during the COVID-19 response will be critical. Site Management Support teams will work closely with CiCs to coordinate Sector Focal Points and monitor services and ensure access to humanitarian assistance. The SMS teams support messaging and community engagement. They train and engage volunteers in emergency preparedness including messaging and measuring impacts, operate and maintain complaints and feedback mechanisms and respond to weather-related incidents.

New activities for the COVID-19 response include managing quarantine sites, managing and coordinating safe and dignified burials, including distributing materials, preparing and maintaining graveyards and monitoring available capacity. The Sector is training SMS volunteers and Disaster Management Unit volunteers on COVID-19 prevention and work with health colleagues to train and equip volunteers on treatment and prevention initiatives. Site As mentioned, development partners will construct and maintain new roads and culverts to ensure access to new and existing health facilities and services. Site Development partners will also support the installation of infrastructure needed to maintain physical distancing and allow for handwashing in public spaces. The Sector will also advocate for improved internet and telecommunications connectivity, as well as authorisation to make site improvements and strengthen emergency preparedness infrastructure.

HOST COMMUNITY RESPONSE STRATEGY

While the Sector has a primary focus on the camps, Site Management partners rely heavily upon paid volunteers from the host community to support disaster response and infrastructure projects, including the development of facilities needed for the COVID-19 response and to build roads and culverts. Many host community families reside within the camp borders, especially in the Teknaf area. COVID-19 interventions will target these host community residents living within and adjacent to camps equally, in order to reduce social tensions, provide equitable access to humanitarian assistance and uphold the "do no harm" principle.

30. Johns Hopkins Bloomberg School of Public Health, Johns Hopkins Centre for Humanitarian Health, Infectious Disease Dynamics, COVID-19: Projecting the impact in Rohingya refugee camps and beyond, 22 March 2020. http://hopkinshumanitarianhealth.org/assets/documents/COVID-19__Rohinya_Refugees__Beyond_-_Summary_FINAL_March_25_2020.pdf.

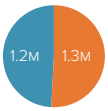
EDUCATION

SECTOR OBJECTIVES

1. **Protect, prevent the spread and mitigate the impact of COVID-19 among teachers, learners and school communities** through life-saving messaging and mental health and psychosocial support interventions.
2. **Ensure continued and safe return to quality learning for teachers, learners and school communities.**
3. **Improve the ability of education partners to respond to education needs in emergencies.**

FUNDING REQUIRED

USD**2.5**M



COVID-19 requirements
JRP priority requirements

POPULATION TARGETED

365,400

325,800
Rohingya Refugees

39,600
Bangladeshi Host Community

365,400
Existing JRP Target

02
New COVID-19 Projects

CONTACT

Government of Bangladesh:
Ministry of Primary and Mass Education

Sector Co-lead Agencies: UNICEF / Save the Children

Sector Coordinators:
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Zireva Ralph / ralph.zireva@savethechildren.org

SECTOR NEEDS ANALYSIS

NEEDS OF ROHINGYA REFUGEES

There are about 325,764 refugee children and youth between the ages of 3 to 24 who need education services, including early childhood development (ECCD), basic education, and youth vocational training. Due to the closure of all learning centres to mitigate the spread of COVID-19, children and youth do not have access to learning, creating the need to provide distance learning alternatives. To mitigate the impacts of disrupted learning, which might extend far longer than the immediate period, the Education Sector is considering alternative modalities for learning to take place. Given the need to minimize contact, the alternative modality to facilitate learning and continuity of education from a distance is audio programming, which does not require people to gather physically. The same modality can also be leveraged to disseminate critical information regarding COVID-19, health and wellbeing, as well as on protection related issues. When return to learning becomes possible, the learning centres and communities need support to ensure that adequate water and sanitation facilities are available, including hand washing points.

NEEDS OF HOST COMMUNITIES

About 39,651 children and youth between 3 to 24 years in Ukhiya and Teknaf are in need of ECCD, basic education and youth vocational training. The needs of host community children are similar, as schools have closed and distance learning models will be needed until schools can open again. Parallel audio learning programming can be developed and implemented for host community children and families which aligns with the efforts of the Ministry of Education and Ministry of Mass and Primary Education.

SECTOR RESPONSE STRATEGY

ROHINGYA REFUGEE RESPONSE STRATEGY

The Education Sector will seek to ensure continuity in education services and learning during the COVID-19 pandemic, working in collaboration

DISAGGREGATED DATA

	Total		Children (0-3)		Children (4-5)		Children (6-14)		Children (15-18)		Children (19-24)	
Population Type	Total Female	Total Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Rohingya	186,256	189,668	17,514	17,849	31,756	33,038	103,757	111,103	26,843	23,026	6,386	4,652
Bangladeshi	19691	19909	-	-	6,526	6,471	12,153	12,463	722	705	289	270

with the RRRC, Ministry of Education and Ministry of Mass and Primary Education, and with the Food Security and Livelihoods (FSL), Nutrition, Health, WASH, Child Protection Sub Sector, and Shelter Sectors. Inter-Sector coordination will ensure close collaboration with teachers and facilitators in the camps, who are the key to ensuring the continuation of teaching and learning. Teachers can play an active and important role in key message dissemination, including knowledge transfer and behavior change on health, nutrition and WASH to ensure that children and communities are protected, as well as localizing the response.

Partners will design and roll out caregiver-led home learning activities and guidelines during the closure of temporary learning centres. This will include supplemental content adaptation, including the use of radio, SMS, and pre-recorded SD cards, that responds to needs of learners. Using a low technology approach, the Sector partners will procure devices that will be programmed and distributed to caregivers in the camps, along with other learning materials, complemented by small, physically distanced sessions with on how to conduct home-led learning activities. E-learning courses for master trainers and teachers from host communities will complement these efforts, and local radio agencies will assist with the disseminate of interactive radio instructions to learners in the camps. Emergency response planning protocols will be established to guide the response through possible future disruptions.

Planning for a phased reopening of learning centres will be undertaken, with clear guidelines on safe distancing, physical space disinfection, proper hygiene and WASH facilities, and staggering student hours. Teacher training on catch-up and remedial strategies will be undertaken to ensure teachers are able to identify and provide additional support to children who have lost prior learning or have been unable to continue remote learning at household level.

HOST COMMUNITY RESPONSE STRATEGY

In Ukhiya and Teknaf host communities, the Sector will clean and disinfect learning spaces and ensure that they are provided with adequate handwashing facilities in line with national guidance, including the provision of soap, handwashing stations and water. Partners will develop and deliver child-friendly key messages on COVID-19 prevention and preparedness. Teachers will receive remote guidance on lifesaving messages, how to support well-being and play remotely, make referrals and reinforce self-care, in coordination with child protection actors working with the Rohingya and host community. Children, adolescents and youth will receive household-level recreational materials for home play and edutainment.

Caregivers will receive support through audio messages on parenting for early childhood development, from 3 to 5 years old, including COVID-19 awareness. Technology will facilitate the dissemination of learning materials translated into audio and video messages using mobile phones, Mp3 and Mp4, WhatsApp and other technologies and devices.

Photo: World Concern / 2020

NUTRITION

SECTOR OBJECTIVES

1. **All malnourished boys and girls aged 6-59 months, and pregnant and lactating women, receive essential nutrition treatment services.**
2. **All boys and girls aged 6-59 months benefit from Blanket Supplementary Feeding services.**
3. **Infant and Young Child Feeding supports all new pregnant and lactating women, and for caregivers of children.**

FUNDING REQUIRED

USD**29.9**M

POPULATION TARGETED

395,050

271,400
Rohingya Refugees

123,650
Bangladeshi Host Community

395,050
Existing JRP Target

CONTACT

Government of Bangladesh:
Civil Surgeon (Ministry of Health and Family Welfare)

Sector Lead Agency: UNICEF

Sector Coordinator:
Bakhodir Rahimov / brahimov@unicef.org

SECTOR NEEDS ANALYSIS

NEEDS OF ROHINGYA REFUGEES

The Global Acute Malnutrition (GAM) level for children is 11 percent, with stunting levels of over 30 percent, which are indicative of high malnutrition levels.[31] Anaemia levels are also high, with levels over 50 percent among children from 6 to 23 months affected. Physical distancing and movement restrictions are limiting the required frequency of visits to community outreach and nutrition facilities for screening, treatment and follow up of severe and moderate acute malnourished (SAM and MAM) children under five (CU5), and pregnant and lactating women (PLW).

With the pandemic, the Sector is expecting a decrease in total admissions and an increase in the number of defaulting and non-recovering SAM and MAM, CU5 and PLW, especially as community nutrition outreach interventions, including nutrition screening, are stalled. As a result, the COVID-19 outbreak could increase the number of undiscovered malnourished children and PLWs, creating the potential for a nutrition crisis on top of the COVID-19 outbreak. Only 50 percent of children under six months of age are exclusively breastfed, and only 46 percent of households practice minimum dietary diversity. On average, about 37 percent of women of reproductive age (15 to 49 years old) are anaemic. If food security is not ensured, anaemia may worsen and potentially affect the intrauterine foetal development.

The COVID-19 outbreak is also likely to impact older persons. The Sector expects about 10,000 older persons could become SAM or MAM, according to general health condition and the severity of the COVID-19 outbreak. Therapeutic food will be needed in new COVID-19 health facilities to support COVID-19 positive children with SAM, as well as PLW and mothers who are COVID-19 positive and are breastfeeding.

NEEDS OF HOST COMMUNITIES

Global Acute Malnutrition among Bangladeshi children under five years old is 11.4 percent, indicating approximately 9,417 are suffering from

DISAGGREGATED DATA

			Children (<18 years)		Adult (>18 years)	
Population Type	Total Female	Total Male	Female	Male	Female	Male
Rohingya	**200,000**	**71,403**	**128,936**	**71,403**	**71,064**	**-**
Bangladeshi	**99,604**	**24,043**	**67,091**	**24,043**	**32,513**	**-**

acute malnutrition in Ukhiya and Teknaf. Over 33.1 percent of CU5 are stunted. With a deterioration in food security and economic status due to movement restrictions, SAM and MAM conditions in children and PLW might increase morbidity and mortality rates. The IYCF situation is similar to the refugee communities, with only 50.7 percent of children under six months of age exclusively breastfed and 20.6 percent of households with minimum dietary diversity.

SECTOR RESPONSE STRATEGY

ROHINGYA REFUGEE RESPONSE STRATEGY

In coordination with the RRRC and the Civil Surgeon, in light of COVID-19, the Outpatient (Nutrition) Therapeutic Programme (OTP), Targeted and Blanket Supplementary Feeding Programmes (TSFP and BSFP) have been modified to biweekly, monthly and bimonthly distribution plans, respectively. The Sector will continue IYCF-E services and protect and promote the child feeding practices by shifting to individualised, socially distant one-on-one counselling instead of group sessions.

Nutrition centres are observing IPC protocols, including physical distancing, disinfection, installation of handwashing points and providing hand sanitiser at every workstation. Partners will procure the minimum recommended set of disposable and multiple use PPE for the triage of beneficiaries coming to the nutrition centres because of COVID-19 symptoms and facilitating referrals to the nearest health facilities for COVID-19 pre-screening. The minimum package for the COVID-19 pre-screening points consists of masks, gloves and infrared thermometers. The nutrition sector is also contributing to awareness raising on COVID-19 prevention through the dissemination of information using print and audio media to people receiving services at nutrition sites.

To mitigate the reduction of community outreach, partners have been engaging mothers of SAM and MAM children who are enrolled in the nutrition treatment services to begin with and could extend to other mothers of children under five. The mothers receive a basic training session in MUAC measurement and nutrition assessment during one-on-one counselling sessions. They receive a set of core messages on nutrition for dissemination, and MUAC tapes for children and adults. The goal is to equip mothers with the package of nutrition knowledge and measurement tools so they can play the role of community nutrition focal point, screening for malnutrition, referring to nutrition facilities if needed, and promoting recommended child feeding and caring practices. The Sector is also working with Education to adopt Early Childhood Care and Development (ECCD) messages to community nutrition activities.

Partners will extend nutrition services to the new COVID-19 health facilities to support any patients who are also SAM. The Sector will ensure management of children and older persons with SAM and MAM, as well as protect and promote breastfeeding for mothers admitted to these COVID-19 facilities who are breastfeeding. Nutrition supplies will be pre-positioned to the newly established COVID-19 facilities, and service providers deployed as needed.

Older persons and those with pre-existing medical conditions are the most vulnerable to not only to severe COVID-19 but also have a high probability of mortality if they become malnourished. The Nutrition Sector will provide nutritional support to older persons with SAM and MAM as needed, at home. SAM and MAM older persons will receive the respective nutrition treatment according to the recommended protocols. The older persons and their caregivers will receive counselling through one-on-one sessions on healthy nutrition. The Sector will also build capacity as needed of staff to support the needs of older persons.

HOST COMMUNITY RESPONSE STRATEGY

In coordination with the Civil Surgeon, the Nutrition Sector plans to expand the number of healthcare staff in the Government hospitals and facilities that are trained in SAM and MAM treatment of children and PLW who are positive COVID-19.

31. SMART NUTRITION SURVEY, October 2019

PROTECTION

SECTOR OBJECTIVES

1. **Monitor and advocate for access to territory, prevention of refoulement, respect for Rohingya refugee rights, while enhancing continuous registration and documentation** for all Rohingya refugee women, men, girls and boys, in order to ensure effective, targeted protection and assistance and work toward sustainable solutions.
2. **Promote a community-based approach across the response,** support community self-protection mechanisms and facilitate meaningful access to specialized services for persons at heightened protection risk, including girls, boys, women and men of all ages who have diverse needs and vulnerabilities, with the aim of mitigating exposure to protection risks, strengthening the resilience of affected communities in order to build skills for return and reintegration, and placing communities at the centre of the response, as well as by ensuring active and meaningful two-way communication between humanitarian actors and communities of concern, in line with Accountability to Affected Populations (AAP) principles.
3. **Support system strengthening together with Government and local partners,** including local women-led rights organisations, promoting peaceful coexistence within and between the Rohingya refugee and host communities.
4. **Ensure well-coordinated and gender-responsive quality child protection services** for boys and girls, including adolescents, facing life-threatening risks of abuse, neglect, violence, exploitation and severe distress.
5. **Improve access to quality GBV survivor-centred services** by responding to individual needs, preventing and mitigating GBV risks, and supporting women, girls and survivors of GBV in Rohingya refugee camps and targeted areas in host communities.
6. **Promote an integrated and multi-sector Protection, Age, Gender and Diversity approach.**

FUNDING REQUIRED

USD**64.0**M

64M — JRP priority requirements

POPULATION TARGETED

1,086,000

860,000 Rohingya Refugees

226,000 Bangladeshi Host Community

1,086,000 Existing JRP Target

CONTACT

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC)

Protection Sector Lead Agency: UNHCR
GBV Sub-Sector Lead Agency: UNFPA
CP Sub-Sector Lead Agency: UNICEF

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SECTOR NEEDS ANALYSIS

NEEDS OF ROHINGYA REFUGEES

PROTECTION

The emergence of COVID-19 has exacerbated pre-existing protection risks for refugees and host communities alike due to the socio-economic impact of the virus. It is therefore essential to sustain the pre-existing protection response, while tailoring it to address the additional impact of the pandemic on the overall protection environment. The disruption of protection services, the closure of community centres, child friendly spaces, and learning centres exposes individuals to additional social and legal protection risks that require tailored responses in the context of the pandemic. Increased tensions between and within communities expose them to safety, child protection and GBV risks, , and an increased propensity to resort to negative coping mechanisms, including resorting to dangerous onward movements that can also lead them into trafficking and exploitation. The pandemic is also exacerbating psychological distress, adding to the sense of uncertainty about the future.

Vulnerable populations – older persons, female-headed households, women and persons with disabilities, transgender persons, adolescent girls and other diverse groups face particular protection risks in the context of COVID-19.; This requires, more than ever before, a community-based age gender and diversity approach to respond to their needs. The most vulnerable are frequently stigmatized, neglected,

and face increased barriers accessing services. It is thus critical to respond to COVID-19 through an inter-sector protection lens that upholds the principles of "Do no Harm" and "Leave No One Behind".

Placing the community at the centre of the response is essential. This includes promoting community policing, community-based approaches to alternative dispute resolution, responses to GBV and child protection. Strengthening community-based communication channels also contribute to mitigating conflict, improving access to justice, ensuring relevant protection and COVID-19 messages reach people and safeguarding the community's self-protection and resilience capacities, all of which helps empower the community to recover from the psychological, social, and protection impacts of the pandemic.It is also critical that monsoon and cyclone emergency preparedness and response activities mainstream protection and continue alongside the COVID-19 response.

CHILD PROTECTION SUB-SECTOR

Child protection risks amongst the Rohingya refugee population, 54 percent of whom are children, were already of paramount concern due to displacement, conditions in the camps and limited services. Prior to the COVID-19 pandemic, refugee children were susceptible to abuse, exploitation, neglect and violence, including sexual and gender-based violence. Child marriage, kidnapping and abduction, as well as severe psychosocial trauma were, and continue impact on the protection and well-being Rohingya children and remain priority issues.

The impacts of COVID-19, as well as the measures taken to control the pandemic, have had a devastating impact on child protection and may have long lasting consequences. Violence against children, both inside and outside of the home, has increased as families are in a confined space, with limited resources and heightened stress. Furthermore, due to closure of facilities, children no longer have access to many avenues through which to report abuse and seek adequate assistance, such as teachers and child protection staff. Negative coping mechanisms including child labour and child marriage cases are already increasing. Unaccompanied and separated children are more exposed to these protection challenges and, in the context of COVID-19, the risk separation of children from their caregivers, either temporarily or permanently due to treatment or death, is heightened. The need to mitigate and prevent these risks for children, as well as to respond to individual child protection cases, is urgent.

GENDER-BASED VIOLENCE SUB SECTOR

Gender Based Violence continues to be a threat for women and girls who constitute 52 percent of the population in the camps. Furthermore, 16 percent of households are female headed. Reported GBV incidents include rape, physical assault, sexual violence, forced marriage, denial of resources, and psychological abuse. According to the Gender Based Violence Information Management System (GBVIMS) data, domestic violence accounts for 76 percent of total reported cases. Several studies also found that Rohingya men and boys are subjected to different forms of sexual violence and the multifaceted impacts of violence. The COVID 19 pandemic has exacerbated the risk of GBV for adolescent girls, women, persons with disabilities, transgender and other vulnerable groups. The pandemic appears to have brought an increase in Intimate Partner Violence (IPV), Domestic Violence, and physical violence among other forms of GBV.

NEEDS OF HOST COMMUNITIES

PROTECTION

COVID-19, with its consequent socio-economic impacts, coupled with the related Government directives restricting service delivery and movement has increased the potential for conflict over natural resources, livelihoods opportunities, and access to basic life-sustaining needs. Decreased access to mediation, alternative dispute mechanisms and legal services have negatively impacted on social cohesion and stability. Within this context, the security situation has deteriorated: criminal elements exploit

DISAGGREGATED DATA

				Children (<18 years)		Adult (>18 years)	
Population Type	Sector	Total Female	Total Male	Female	Male	Female	Male
Rohingya	Protection	441,515	413,190	224,736	234,376	216,779	178,814
	CP	122,449	124,652	109,053	113,606	13,396	11,046
	GBV	295,707	163,612	81,358	66,431	214,349	97,181
Bangladeshi	Protection	47,112	47,823	24,686	25,497	22,426	22,326
	CP	15,904	16,371	14,446	14,921	1,458	1,450
	GBV	74,484	24,814	30,159	11,116	44,325	13,698

communities, and smugglers and traffickers prey on the most vulnerable. As with Rohingya refugees, host communities are also resorting to negative coping mechanisms, including using smuggling and trafficking networks in the hope of having better opportunities elsewhere. Enhancing community-based services in nearby Bangladeshi communities to address their concerns, mitigate tensions between them and the refugee community and effectively communicate COVID-19 related messages is critically important.

CHILD PROTECTION SUB-SECTOR

The COVID-19 pandemic is having similar impacts on child protection issues in host communities, with initial reports indicating an increase in both violence in the home and child labour. Evidence globally and across Bangladesh highlights the increase in child protection risks from the spread of COVID-19, compounded by further restrictions on an already limited social services in the communities.

GENDER-BASED VIOLENCE SUB SECTOR

Protection partners report an increase in domestic violence, intimate partner violence and physical violence as a result of restrictions and their impact on livelihoods. This has increased tensions within families, exacerbating vulnerabilities for women. Despite the presence of government-run services such as hospital-based One Stop Crisis Centres (OCCs), women police desks, and legal aid services, as well as GBV service entry points established by NGOs, gaps remain in ensuring adequate coverage of safe and quality GBV services for host communities. In addition, low awareness about available services and deep-rooted socio-cultural barriers limit the ability of survivors to access services. Access to justice for women and the poor remains of concern due to cost and long waiting times.

SECTOR RESPONSE STRATEGY

ROHINGYA REFUGEE RESPONSE STRATEGY

PROTECTION

In coordination with the RRRC, and in order to restore dignity, safety, human rights, and ensure solutions in this new context, the Protection Sector's strategy continues to be anchored in a rights-based and community approach. The strategy ensures accountability to affected populations and places communities at the centre of the response in order to mitigate the social and protection consequences of COVID-19, while ensuring that public health activities can be implemented in a conducive protection environment. The Protection Sector advocates for the inclusion of refugees in national plans; ensuring their access to critical services in line with the "Do no Harm" and "Leave No One Behind" principles.

The establishment of quarantine facilities for new arrivals, as a precautionary measure against the spread of COVID-19, has helped to safeguard the right to access territory and to seek asylum. The Protection Sector is contributing to raising awareness about COVID -19 and how people can protection themselves, through community outreach members and community groups, Imams, and the Anti-Trafficking Working Group who disseminate messages on the protection risks of dangerous onwards movement and trafficking. Protection Emergency Response Unit (PERU) teams are activated in all camps to respond to both the COVID emergency and, in their usual role, the impacts of the monsoon and cyclone seasons.

The Protection Sector will ensure a non-discriminatory, gender-responsive and inclusion-oriented response; while ensuring confidentiality and mitigating stigma. Priority focus areas will include critical protection case management, identification of those with heightened protection risks, and prevention, response and reintegration services for victims of trafficking. Legal services programmes will address risks emanating from physical and legal protection risks. Protection partners will adapt to COVID-19 related restrictions on access to the camps and refugees through remote case management, where necessary, while remote and mobile registration will ensure that new arrivals and persons with urgent protection needs can access documentation and other support on a continuous basis. Working with the Government and other Sectors, the Protection Sector contribute to development of guidelines for safe and dignified burials. They will also redouble advocacy to ensure vital events registration, including deaths. Older persons need specific responses to ensure protection from COVID 19 these will include targeted messaging and specific guidance on distributions aimed at mitigating their risk of exposure to the virus and by providing home-based delivery of assistance and care.

Protection monitoring will continue including through Protection Focal Points (PFP), PERU teams and refugee volunteers. Specific efforts to strengthen the capacity of the PERUs, PFPs and volunteers are underway, and community engagement strategies will enhance individual and community resilience. Mitigate emerging tensions within and between communities will be essential and a priority focus will be on enhancing community-based security mechanisms and alternative dispute resolution mechanisms, in order to strengthen access to justice and social cohesion. Social protection messaging

through community-based protection networks will continue; ensuring that refugees and host communities, including the most vulnerable, have access to lifesaving COVID 19 information and that their feedback informs the protection response.

CHILD PROTECTION SUB-SECTOR

With the Ministry of Social Welfare and Department of Social Services, the Child Protection Sub-Sector (CPSS) response works to ensure the protection of children in the current COVID-19 response, including through individual case management for children and enhanced remote case management. This requires building capacity of volunteers and the development of tools and resources adapted to the new operational environment created by restrictions on access. Child Protection partners are expanding alternative care arrangements, building capacity of community-based child protection mechanisms, and adapting coordination mechanisms and methodologies to ensure basic continuity of care.

The CPSS will scale up all the activities under the 2020 JRP in tandem with the adoption of new strategies and approaches to account for the changing context, restrictions on group activities and to reflect the increasing reliance on communities. The comprehensive package of services outlined in the JRP for child protection are even more urgent due to heightened child protection concerns in the COVID-19 context.

GENDER-BASED VIOLENCE SUB SECTOR

The GBV Sub-Sector (GVBSS) strategy aims at expanding comprehensive GBV prevention and response programmes, focusing on case management and multi-sector referral systems for GBV survivors. Adapting to access restrictions, case workers will provide remote support. GBV partners working closely with Health Sector are ensuring the continued availability of GBV Case Management, Psychosocial Support (PSS), and integrated services including Sexual Reproductive Health (SRH) STI treatment, family planning and clinical management of rape. Referral pathways have been modified to include temporary COVID-19 isolation units, treatment facilities, and midwifery services. Rohingya refugee women and adolescent girls are receiving awareness messages on COVID-19 based on Government of Bangladesh and WHO guidelines, along with hygiene and other GBV information. Although continued restrictions on mobile networks pose challenges for hotline support, legal support and medical referrals continue.

The GBVSS emphasise capacity building efforts for service providers to deliver quality, harmonized services in line with best practices and minimum standards. Adaptations in the design of service modalities and entry points, including using mobile services, will help to meet the specific needs of diverse groups. GBV Partners will also distribute a revised Dignity Kit that includes COVID-19 protective items, such as soap and sanitizer, while also increasing quantities and widening the distribution to target adolescents and older women, as opposed to the regular kit that only targets women of reproductive age from 10 to 49 years old).

HOST COMMUNITY RESPONSE STRATEGY

PROTECTION

Since the onset of COVID-19, and the resulting risks related to dangerous onward movements for Rohingya refugees and host communities alike, the Protection Sector has prioritized anti-trafficking messaging for host communities. Through these same channels, Protection partners have targeted the host community with COVID-19 messaging and are also implementing targeted services for persons living with disabilities and older persons.

Community-based initiatives aimed at contributing to peaceful co-existence, as well as dedicated protection services for those most in need will be a priority moving forward. Efforts to improve the protection environment for the host communities will include targeted support to local authorities and organisations, including through capacity-sharing initiatives, providing technical support to tackle identified protection issues, establishing referral pathways and mapping of services and promoting awareness, sensitization and related mitigation measures. Protection partners will work closely with relevant authorities and community to promote mediation and alternative dispute resolution initiatives aimed at ensuring social stability. The Sector will collaborate with authorities and partners to implement critical preventative and response activities to mitigate the risks of Bangladeshis undertaking onward dangerous movements that place them atrisk of trafficking. The approaches include awareness raising, rescue, and the reintegration of survivors, as well as support for victim identification and assistance and facilitating access to legal services, in line with the government's National Anti-Trafficking Plan.

Protection partners will deliver targeted activities for persons living with disabilities and older persons, including mental health psychosocial support. In collaboration with relevant authorities and community networks, partners will provide expert psychosocial support to children and caregivers to mitigate and respond to issues affecting safety of children in relation to COVID-19, in close coordination with

service providers and government institutions, as well as psychosocial, legal and medical responses to critical and urgent GBV incidents.

CHILD PROTECTION SUB-SECTOR

Child protection partners have increased efforts to enhance social cohesion between host community and Rohingya children, using methodologies aimed at reaching adolescents and children through appropriate recreational and psychosocial activities and skills training. A total of 3,061 host community children have received supported so far. CPSS partner agencies also reached 1,849 host community children, adolescents, and parents and caregivers with COVID-19 awareness sessions through community-based child protection mechanisms.

Child protection partners will support ongoing projects with adolescents in both the Rohingya refugee and host communities, with the objective of contributing to peaceful co-existence, including through joint activities involving both Rohingya and Bangladeshi adolescents. Child Protection programming will also focus on capacity sharing initiatives with the Department of Social Services, which will prioritise enhanced comprehensive case management services for identified at-risk girls and boys. With the Ministry of Social Welfare and Department of Social Services the CPSS will support Child Protection Systems strengthening. The response will optimize child protection mechanisms through a comprehensive systems approach to combating Violence Against Children (VAC) in the host community. Child Protection partners will advocate for birth registration for children in the in the eight Upazilas and 72 Unions in Cox's Bazar, which is a critical first step towards safeguarding lifelong protection.

GENDER-BASED VIOLENCE SUB SECTOR

While the modality and scope of service delivery for the refugee and host communities has changed, with COVID-19 related restrictions on access and the decreased humanitarian "footprint" in the camps and nearby communities, implementation of a limited package of critical services continues. GBV partners provide individual case management, psychosocial support and referrals. Awareness on GBV and COVID 19 is also ongoing, with GBV partners working closely with MoWCA and the Ministry of Health.

Photo: UN Women / 2020

COMMON SERVICES

Common services support and enable the humanitarian operation. Coordination, staff health services, logistics and emergency telecommunications are the essential underpinning for all partners across all Sectors delivering life-saving assistance to Rohingya refugees and vulnerable Bangladeshis. Without fully functional common services, the efficiency and effectiveness of the humanitarian operation will suffer, and at worst will be unable to "Stay and Deliver" during the COVID-19 pandemic.

To support some **120 organisations** to deliver critical, life-saving assistance to **1,809,000 people**: Rohingya refugees and vulnerable Bangladeshis in need in Cox's Bazar District, **USD 17,107,000** is needed to ensure critical common services.

Photo: ISCG / Saikat Mojumder / 2020

COORDINATION

SECTOR OBJECTIVES

1. **Support leadership and coordination to ensure an effective response,** with protection as the foundation.
2. **Foster a common understanding of context, needs, priorities, response progress and gaps,** and an integrated and multi-sector approach to gender mainstreaming.
3. **Promote an efficient and well-resourced response** through leading advocacy and resource mobilization efforts.

FUNDING REQUIRED

USD**677K**

POPULATION TARGETED

1.8M

860,000
Rohingya Refugees

949,000
Bangladeshi Host Community

1,300,000
Existing JRP Target

509,000
New COVID-19 Target

01
New COVID-19 Projects

CONTACT

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC), Deputy Commissioner (DC)

Senior Coordinator:
Nicole Epting / seniorcoordinator@iscgcxb.org

NEEDS ANALYSIS

The United Nations agencies and non-governmental organisations continue to deliver critical life-saving programmes for Rohingya refugee and vulnerable Bangladeshi communities and will extend this support beyond Ukhiya and Teknaf Upazilas into the wider District, in response to emerging needs. Humanitarian partners are undertaking intensive preparedness measures to ensure the ability to respond to the risks posed by the COVID-19 pandemic. With some 120 partners contributing to the response, consistent and efficient information management, coordination, communications and advocacy are needed, preserve and expand humanitarian space access, ensure a common analysis of needs, and reinforce the voices of Rohingya refugees and affected Bangladeshi communities. Effective coordination is needed more than ever during the COVID-19 pandemic, and new demands are emerging with the extension of assistance to vulnerable Bangladeshis across the District beyond Ukhiya and Teknaf Upazilas. Managing access and mobility requires consistent negotiations with Bangladeshi civilian and military authorities and adjustments to operations, including support for the mobilization of staff, supplies and financial resources. The cyclone and monsoon season are unfolding this year in the context of the COVID-19 pandemic, which makes preparedness and response and overall coordination during severe weather events even more complex.

RESPONSE STRATEGY

In Cox's Bazar, he Sector-based coordination structure, with the ISCG Secretariat as the central coordinating body, must be sustained throughout the pandemic. The ISCG will maintain strong and functional liaison with the District authorities on the design and implementation of the response and management of the humanitarian operation, including access issues and community relations. Strengthened liaison with the Bangladesh Armed Forces has taken on increased importance, as the Army has assumed important responsibilities for supporting the civilian administration with the COVID-19 response.

The PSEA Network and the Gender Hub will support the response through protection and gender mainstreaming, and specifically through a Rapid Gender Assessment to gauge the gendered impact of the situation on women, men, boys and girls. Humanitarian partners are receiving guidance how to maintain vigilance on PSEA in the current context. The Information Management and Assessments Working Group continue to provide IM services, with tools and operational datasets and coordinated assessments adjusted to the shifting context and needs. The Emergency Preparedness Working Group will continue to focus on ensuring that the humanitarian partners are ready to respond to cyclone and monsoon impacts in a rapid, agile and effective way.

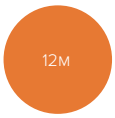
STAFF HEALTH

SECTOR OBJECTIVES

1. **Enable the humanitarian operation to Stay and Deliver through provision of adequate medical care for humanitarian staff** infected with moderate, severe or critical levels of COVID-19 disease and related illnesses.

FUNDING REQUIRED

USD **12.0M**



COVID-19 requirements

STAFF TARGETED

6,500

01
New COVID-19 Projects

NEEDS ANALYSIS

Humanitarian partners are working to establish and run Severe Acute Respiratory Infection Isolation and Treatment Centres (SARI ITCs), with reinforced teams of medical and support personnel, and to strengthen the public health infrastructure in Cox's Bazar District. Working in these conditions exposes frontline humanitarian workers to a substantial risk of COVID-19 infection. Standing up the new SARI ITCs will also requires bringing significant numbers of new personnel into the operation. Humanitarian personnel will experience moderate, severe or critical illness, and currently no adequate medical treatment facilities are in place to ensure they can receive treatment

To "Stay and Deliver," humanitarian personnel must be confident that medical treatment will be available, should they fall ill. Without the ability to uphold the "Duty of Care" towards humanitarian personnel, partner agencies may begin pulling back from the response. The Rohingya humanitarian operations should also reinforce and not place additional strains on the already overburdened public healthcare infrastructure in Cox's Bazar District.

RESPONSE STRATEGY

The Critical Health Services Support (CHESS) Project, an inter-agency initiative through which by UNHCR, WFP, IOM and UNICEF are working in collaboration to meet the gap in medical treatment and care options in Cox's Bazar district for UN personnel and eligible dependents and frontline humanitarian worker. The CHESS project will respond the moderate, severe and critical COVID-19 treatment requirements of 6,500 UN personnel and eligible dependents and frontline humanitarian workers. The CHESS Project will establish a fifty-bed COVID-19 Medical Treatment facility with ten Intensive Care Unit (ICU) beds, ten High Dependency beds and thirty Moderate to Low Dependency beds, which will provide service on a 24/7 basis through the end of 2020 . The Project will include deployment of medical and support personnel and related capacities, equipment and supplies to operate the facility, with the necessary support services, as well as the establishment of the facilities infrastructure and administrative management.

LOGISTICS

SECTOR OBJECTIVES

1. **Provide logistics coordination, support and advisory services to identify needs and gaps,** and facilitate a collaborative approach amongst humanitarian partners in identifying and resolving logistics constraints and bottlenecks.
2. **Maintain information management and communication platforms to compile and share updates on logistics capacities** (e.g., sea and airport, transport, storage, etc.) and access constraints.
3. **As a provider of last resort, implement timely and reliable temporary common storage, transport and camp access facilitation services,** to address the COVID-19 response material supply surge.

SECTOR NEEDS ANALYSIS

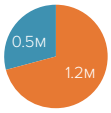
The global pandemic has resulted in severe supply constraints, notably for critically needed medical items and personal protective equipment. The movement of supplies and people across the globe, within Bangladesh and Cox's Bazar district has become increasingly challenging. The results have included a limited availability of trucks and increased transport costs, together with an increased need for additional storage capacity to stockpile humanitarian supplies closer to the people in need. An expected surge in the supply of materials specifically needed for the COVID-19 response will place further strains on an availability in an already limited market, and will increase requirements for storage outside of the camp area to maintain security and access to stocks.

Government directives aimed at slow spread of the COVID-19 virus within Cox's Bazar district have led to new measures, agreed with the humanitarian community, that strictly limit the number of humanitarian workers and vehicles entering the Rohingya refugee camps, creating congestion and long waiting times. These evolving movement restrictions require innovative solutions that balance the need to restrict and control access with operational demands and the imperative of continuing to deliver of life-saving assistance.

Access to information on customs procedures and entry points is critical: entry points have been affected and customs procedures have become increasingly challenging under increased demand and the need to import specific COVID-19 response materials. While the Government is working to ease processes, increased congestion at the Chittagong port have resulted in long processing times and limitations on air cargo entry to Dhaka airport.

FUNDING REQUIRED

USD **1.7M**



COVID-19 requirements
JRP priority requirements

ORGANIZATION TARGETED

120

01
New COVID-19 Projects

CONTACT

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC)

Sector Lead Agency: WFP

Sector Coordinator:
Cameron Kiss / cameron.kiss@wfp.org

SECTOR RESPONSE STRATEGY

The Logistics Sector strategy responds to the major constraints that currently limit operational capacity and impose significant risks on supply chain continuity, enabling timely and uninterrupted supply of life-saving aid to affected populations. The Sector maintains a full logistics information management and communications platform and will report and share information on logistics capacities, maps and access constraints through the interactive log.ie online mapping system.

The Logistics Sector works in support of the Health Sector on logistics and supply for the COVID-19 response, focusing on constraints procuring key supplies, such as PPE and oxygen. The Sector compiles and shares updated customs and import information and suppliers lists for medical PPE and equipment with partners. Information on national oxygen supply suppliers has also been mapped and shared. The Sector spearheaded early procurement and distribution of 6,000 litres of hand sanitizer for office and staff use to partners and coordinated the inter-agency procurement and airlift of logistics support assets supplied from UNHCR Dubai for WFP, IOM and UNHCR.

The Logistics Sector and WFP, with ISCG and the Refugee Relief and Repatriation Commissioner (RRRC), have put in place a new system to facilitate access for humanitarian vehicle to the camp area using digital technology, significantly reducing queues and waiting times at checkpoints and enabling civilian and military authorities to monitor the number of vehicles entering the camps each day. The Logistics Sector has positioned thirteen staff at six key checkpoints, who support authorities by digitally verifying that vehicles seeking to enter the camps have RRRC approval. The Logistics Sector has shared approximately 2761 vehicle access passes to date for 119 organisations. The Sector has developed an online system that enables organisation complete and submit request for RRRC approval for agency or contractor vehicles.

The Logistics Sector will continue to provide free-to-user storage services in Cox's Bazar area to meet identified capacity gaps from three hubs in Madhu Chara, Teknaf and Balukhali. Fifteen Mobile Storage Units are available, with a total common storage area of 4,680 m2, with Handicap International making available 480m2 as implementing partner at the Teknaf Logistics Hub and 3,600 m2 available at the Madhu Chara Logistics and Engineering Hub, and 600 m2 available at Balukhali Logistics Hub through WFP, as the Sector lead agency. The Logistics Sector is also facilitating access to six locally adapted temperature-controlled 20ft containers that are ready to store pharmaceuticals under room temperature (i.e., up to 25°C) as a common service in Madhu Chara Logistics Hub.

The Sector will set up additional common storage hubs specifically for COVID-19 materials positioned strategically outside of the camps to increase the availability of storage space and improve reporting and accountability for the management of humanitarian goods. A dedicated local sanitized truck fleet will be available upon partner request to move COVID-19 response materials for delivery to the SARI ITCs and other locations where needed to support the response.

The Logistics Sector also supported humanitarian organisations working in Cox's Bazar by positioning 20-foot containers, which are available to partners on loan as alternative for weather-proof storage. In total, the Sector has assigned 44 containers to seventeen different organisations, which are placed in eight different locations. As a part of standby capacity for disaster preparedness, the Logistics Sector has prepositioned generators, mobile storage units, refugee housing units and light towers for rapid scale-up of the response. The Sector so far loaned two Refugee Housing Units (RHU) for deployment in support of the COVID-19 response and has provided technical support for the establishment of isolation facilities in four locations. Just prior to the escalation of the COVID 19 pandemic in Bangladesh, the Logistics Sector conducted a Medical Commodities and Warehouse Management training session, facilitated by IOM and WHO, which included 20 participants from 18 humanitarian organisations.

Photo: ISCG / Saikat Mojumder / 2020

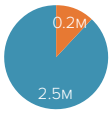
EMERGENCY TELECOMMUNICATIONS

SECTOR OBJECTIVES

1. **Increase the effectiveness of the humanitarian response through telecommunications technical assistance, coordination, information sharing and facilitation.** Maintain information management and communication platforms to compile and share updates on ETS activities.
2. **Provide reliable data connectivity services (internet access) in camps and operational areas,** including treatment centres in camps and humanitarian concentration points in Cox's Bazar.

FUNDING REQUIRED

USD **2.7M**



ORGANIZATION TARGETED

120

01
Sector Projects

CONTACT

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC)

Sector Lead Agency: WFP

Sector Coordinator:
Habib Shashati / habib.shashati@wfp.org

SECTOR NEEDS AND RESPONSE STRATEGY

The new SARI ITCs being established for the COVID-19 response require a communication channel between these facilities to manage referrals effectively. Due to the limited presence of commercial ISP solutions, ETS will need to implement timely and reliable communication solutions, establishing data connectivity services at the SARI ITC centres.

With the current movement restrictions in place, most humanitarian personnel working in Cox's Bazar are teleworking. For those working daily in the camps and those carrying out duties remotely, stable internet connectivity is essential. As additional humanitarian concentration points are needed, ETS will set up a stable and reliable data connectivity which can accommodate personnel from different humanitarian organisations.

Photo: BITA / 2020

www.humanitarianresponse.info/en/operations/bangladesh

www.facebook.com/Rohingya-Response-ISCG-Coxs-Bazar-455703051511415

www.twitter.com/Rohingya_ISCG

ANNEXES

ANNEX I :

New COVID-19 Projects, Organizations and Funding Requirements by Sector

ANNEX II:

Monitoring Framework by Sector

Photo: ISCG / Saikat Mojumder / 2020

ANNEX I
NEW COVID-19 PROJECTS, ORGANIZATIONS AND FUNDING REQUIREMENTS BY SECTOR

HEALTH

PEOPLE TARGETED	NUMBER OF ORGANIZATIONS	NEW COVID-19 PROJECTS
1.40M ppl	27	11

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
CARE Bangladesh	$400,000
Médecins du Monde	$427,744
BRAC	$572,213
International Rescue Committee	$1,700,000
United Nations Population Fund	$3,392,558
Action Against Hunger	$5,000,000
World Health Organization	$8,111,670
Save the Children	$8,504,262
United Nations High Commissioner for Refugees	$19,189,392
United Nations Children's Fund	$19,407,200
International Organization for Migration	$19,763,929
TOTAL	**$86,468,968**

FOOD SECURITY

PEOPLE TARGETED	NUMBER OF ORGANIZATIONS	NEW COVID-19 PROJECTS
1.80M ppl	32	15

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
Loving Care for Oppressed Society	$149,753
International Organization for Migration	$500,000
Non-Governmental Organization for National Goals to be Obtained and Retained	$595,420

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
Solidarités International	$820,000
United Nations High Commissioner for Refugees	$1,065,000
ACT Alliance / Christian Aid	$1,100,000
Save the Children	$1,845,572
Relief International	$2,033,000
OXFAM GB	$2,059,671
BRAC	$2,746,873
Action Against Hunger	$3,556,786
International Rescue Committee	$4,000,000
World Vision Bangladesh	$4,920,031
Food & Agriculture Organization of the United Nations	$8,000,000
World Food Programme	$16,300,000
FOOD SECURITY COVID-19 Total	**$49,692,106**

WATER SANITATION AND HYGIENE

PEOPLE TARGETED	NUMBER OF ORGANIZATIONS	NEW COVID-19 PROJECTS
1.42M ppl	**27**	**15**

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
Reaching People in Need	$39,786
Nabolok	$44,219
Danish Refugee Council	$59,286
Loving Care for Oppressed Society	$167,904
United Nations Development Programme	$198,871
ACT Alliance / Christian Aid	$291,453
OXFAM GB	$298,466
Save the Children	$300,244
World Vision Bangladesh	$378,566
ACT Alliance / Norwegian Church Aid	$388,767
Action Against Hunger	$845,142
BRAC	$1,045,227
United Nations High Commissioner for Refugees	$4,473,000
United Nations Children's Fund	$7,000,000
International Organization for Migration	$7,704,930
TOTAL	**$23,235,861**

COMMUNICATION WITH COMMUNITIES

PEOPLE TARGETED	NUMBER OF ORGANIZATIONS	NEW COVID-19 PROJECTS
947K ppl	**29**	**7**

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
ACT Alliance / Christian Aid	$20,000
OXFAM GB	$74,500
Action Against Hunger	$240,466
Food & Agriculture Organization of the United Nations	$462,066
BBC Media Action	$1,069,481
International Organization for Migration	$1,485,471
United Nations Children's Fund	$1,800,000
COMMUNICATION WITH COMMUNITIES COVID-19 Total	**$5,151,984**

SHELTER AND SHELTER AND NON-FOOD ITEMS

PEOPLE TARGETED	NUMBER OF ORGANIZATIONS	NEW COVID-19 PROJECTS
877K ppl	**8**	**6**

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
World Concern Development Organization	$21,700
Nabolok	$22,874
Caritas Bangladesh	$73,772
HEKS - Hilfswerk der Evangelischen Kirchen Schweiz	$99,100
International Organization for Migration	$320,639
United Nations High Commissioner for Refugees	$1,065,000
SHELTER/NON-FOOD ITEMS COVID-19 Total	**$1,603,085**

EDUCATION

PEOPLE TARGETED	NUMBER OF ORGANIZATIONS	NEW COVID-19 PROJECTS
365K ppl	3	3

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
Mukti Cox's Bazar	$119,516
Save the Children	$524,103
Dhaka Ahsania Mission	$619,241
EDUCATION COVID-19 Total	**$1,262,860**

SITE MANAGEMENT AND SITE DEVELOPMENT

PEOPLE TARGETED	NUMBER OF ORGANIZATIONS	NEW COVID-19 PROJECTS
860K ppl	3	2

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
Danish Refugee Council	$61,000
World Food Programme	$475,770
SITE MANAGEMENT and SITE DEVELOPMENT COVID-19 Total	**$536,770**

COMMON SERVICES

TARGETED	NUMBER OF ORGANIZATION	NEW COVID-19 PROJECTS
COMMON SERVICES **1.8M** ppl		
Staff Medical **6,500** staff	4	1
Logistics **120** org	1	1
Emergency Telecommunications **120** org	1	1
Coordination **1.8M** ppl	1	1

STAFF MEDICAL

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
United Nations Children's Fund	$3,000,000
United Nations High Commissioner for Refugees	$3,000,000
International Organization for Migration	$3,000,000
World Food Programme	$3,000,000
TOTAL	**$12,000,000**

LOGISTICS

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
Danish Refugee Council	$61,000
World Food Programme	$475,770
TOTAL	**$536,770**

EMERGENCY TELECOMMUNICATIONS

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
World Food Programme	$230,000
TOTAL	**$230,000**

COORDINATION

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
UN Women	$50,000
TOTAL	**$50,000**

FUNDING REQUIREMENTS BY AGENCY

PARTICIPATING ORGANIZATION	REQUIREMENTS (US$)
World Concern Development Organization	21,700
Reaching People in Need	39,786
UN Women	50,000
Nabolok	67,093
Caritas Bangladesh	73,772
HEKS - Hilfswerk der Evangelischen Kirchen Schweiz	99,100
Mukti Cox's Bazar	119,516
Danish Refugee Council	120,286
United Nations Development Programme	198,871
Loving Care for Oppressed Society	317,657
ACT Alliance / Norwegian Church Aid	388,767
CARE Bangladesh	400,000
Médecins du Monde	427,744
Non-Governmental Organization for National Goals to be Obtained and Retained	595,420
Dhaka Ahsania Mission	619,241
Solidarités International	820,000
BBC Media Action	1,069,481
ACT Alliance / Christian Aid	1,411,453
Relief International	2,033,000
OXFAM GB	2,432,637
United Nations Population Fund	3,392,558
BRAC	4,364,313
World Vision Bangladesh	5,298,597
International Rescue Committee	5,700,000
World Health Organization	8,111,670
Food & Agriculture Organization of the United Nations	8,462,066
Action Against Hunger	9,642,394
Save the Children	11,174,181
World Food Programme	21,205,770
United Nations High Commissioner for Refugees	28,792,392
United Nations Children's Fund	31,207,200
International Organization for Migration	32,774,969
TOTAL	**$181,431,634**

ANNEX II

MONITORING INDICATORS

HEALTH

SECTOR OBJECTIVE 1 : Reduce to the extent possible the morbidity, mortality and spread of COVID-19 by rapid identification and isolation of all cases, responding to the mostincluding most vulnerable (elderly), providing them with appropriate care, and tracing, quarantining, and supporting all contacts.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of COVID-19 alerts responded to within 24 hours		0	100%	EWARS	WHO	Weekly
Number of functional beds at isolation and treatment facilities (disaggregated by age and sex) including SARI ITCs		168	1300	Health Facility Registry	Health Sector	Weekly
Case fatality ratio among those hospitalized by age and sex disaggregation		0	< 5%	EWARS	WHO	Weekly
Percentage of samples tested and results (disaggregated by age and sex) communicated within 48 hours		0	100%	IEDCR	WHO	Weekly

SECTOR OBJECTIVE 2 : Prevent transmission and amplification of COVID-19, and enhance infection prevention and control in community and health care settings and effectively engage and communicate critical risks (counter misinformation) to men, women, boys and girls.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of healthcare facilities (isolation units, SARI ITCs, primary health centres and field hospitals) with screening capacity		0	100%	Concurrent monitoring	Health Sector	Weekly
Percentage of households reached by community volunteers at least once a month with COVID-19 messages		0	0.8	C4D/Community health WG tool	UNICEF/UNHCR	Weekly
Percentage of medical and paramedical workers trained on COVID-19 related IPC (disaggregated by age and sex)		0	>80%	Concurrent monitoring	WHO	Weekly

SECTOR OBJECTIVE 3 : Provide technical leadership, coordination, collaboration and information management support to all partners responding to the COVID-19 health emergency.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of Covid-19 related coordination meetings held		2	84	Concurrent monitoring	Health Sector	Monthly
Number of regular health information management products developed and shared		15	252	Concurrent monitoring	Health Sector	Monthly
Number of supportive supervisions to camp and government health facilities		0	36	Concurrent monitoring	Health Sector	Monthly

SECTOR OBJECTIVE 4 : Ensure continuity of equitable access to and utilization of quality lifesaving and comprehensive primary and secondary health services for all crisis-affected populations with a special focus on sexual, reproductive, maternal, neonatal, child and adolescent health; mental health and psychosocial support; and non-communicable diseases while adapting services to the current context.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of consultations/person/ years disaggregated by age group and sex		3/person/ year	2/person/ year	4Ws	Health Sector	Monthly
Percentage of deliveries assisted by a skilled birth attendant		51.50%	>65%	Community health monitoring tool	Community Health Working Group	Monthly
Coverage of Penta3 among <1-year-old disaggregated by sex		58%	>95%	DHIS/ Concurrent monitoring	DGHS/WHO/ UNICEF	Quarterly
Percentage of Primary Health Centers that provide GBV health services		59%	70%	Concurrent monitoring	Health Sector	Quarterly

FOOD SECURITY

SECTOR OBJECTIVE 1 : Expand support to improve food security and compensate for loss of livelihoods of the most vulnerable Bangladeshis in Cox's Bazar whose livelihoods will be impacted by the pandemic, through food, cash support according to need, and livelihoods initiatives in support of the health response.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of people (disagregated by sex and age) reached through food or cash distributions		N/A	189700	Distribution records	Partners, 4Ws	Monthly
Percentage of households (disagregated by sex and age of household head) with Acceptable Food Consumption Score		53%	65%	Remote Post Distribution Monitoring (PDM) surveys	FSS partners	Baseline/ Endline
Consumption-based Coping Strategy Index (Average) by SADD		N/A	4	Remote Post Distribution Monitoring (PDM) surveys	FSS partners	Baseline/ Endline

SECTOR OBJECTIVE 2 : Secure the continuity of the food supply chain by supporting the food production system, aligning with the Ministry of Agriculture (MoA) and Ministry of Fisheries and Livestock (MoFL) policies and directives in order to ensure continuity of crop, fish and livestock production and marketing throughout the year.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of households (disaggregated by sex and age) reached through agricultural and non-agricultural livelihood support		N/A	100000	Distribution record	Partners, 4Ws	Monthly
Number of households (male and female)produced crops, livestock, and fish commodities.		N/A	80,000	Monitoring survey	Cooperating Partners, 4Ws	Monthly
Percentage of households (male, female) that increased food production and income		N/A	60%	Monitoring survey	FAO	Baseline / Annual survey

SECTOR OBJECTIVE 3 : Support the District health response in coordination with the Health Sector – provide support to existing and planned isolation, treatment, and quarantine facilities in Cox's Bazar District and support cross-sectoral home care packages for vulnerable groups (i.e elderly or patient and family of home care patients).

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of medical facilities where hot meals are provided to short term stays in the refugee camps		N/A	90%	Medical facility reports	FSS Partners	Monthly
Number of individuals (disagregated by sex and age) reached in the isolation centres in the host communities provided with dry food rations		N/A	3,500	Medical facility reports	FSS Partners	Monthly
Number of individuals (disagregated by sex and age) reached in the quarantine centres in the host communities provided with hot meals		N/A	3000	Medical facility reports	FSS Partners	Monthly
Number of individuals reached with items for minimum protection against infection of COVID-19 in support of the health response		N/A	1,500,000	Distribution record	FSS Partners	Monthly
Number of elderly individuals (disagregated by sex and age) or in homecare reached through home-delivery		31,500, 340,000	1	Distribution reports	FSS partners	Monthly
Quantity of items produced in support of the health response		N/A	743,000	Activity reports	Cooperating Partners	Monthly

WATER, SANITATION AND HYGIENE

SECTOR OBJECTIVE 1 : Ensure regular, sufficient, equitable and dignified access for women, girls, men and boy refugees living in camps and affected host communities to safe water for drinking, domestic needs and medical purposes.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of targeted people disaggregated by sex and age benefitting from at least 20 l/p/d of safe water for drinking and other domestic purposes	1284000	607600	1125000	4W, Infrastructure mapping,	WASH Partners/ REACH, DPHE / WHO/ WASH Partners, IOM/ UNICEF/UNHCR	Monthly
Number of targeted people disaggregated by sex in host communities who are benefiting from safe and maintained water and improved sanitation services.	440,000	130,100	285,000	4W, water quality monitoring	WASH Partners, DPHE / WHO, IOM/ UNICEF/ UNHCR	Monthly
Percentage of water quality tests meeting minimum water quality standards	7,000	64%	80%	Water quality monitoring	DPHE / WHO/ Partners	Every 3 Month

SECTOR OBJECTIVE 2 : Ensure women, girls, men and boy refugees living in camps, host communities or affected by Covid-19 have adequate, appropriate and acceptable sanitation facilities to allow rapid, safe and secure access at all times.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of WASH facilities and public building that have been regularly disinfected	40000	0	30000	Covid-19 monitoring	WASH partners	Monthly
Percentage of households reporting visible waste in the vicinity of their accommodation	270,609	59%	30%	Household Survey	REACH	Every 6 Month
Number of targeted people disaggregated, by sex, age and disability in camps who have access to functional and improved sanitation facilities.	840000	602750	840000	4W, Infrastructure mapping, key informants' interviews	WASH Partners/ REACH, IOM/ UNICEF/UNHCR	Monthly
Percentage of targeted people disaggregated by sex, age and disability who are accessing safe, functioning and dignified communal bathing facilities.	1,284,000	86%	90%	4W, Infrastructure Mapping, Household Survey	WASH Partners/ REACH, REACH, IOM/ UNICEF/ UNHCR	Monthly

SECTOR OBJECTIVE 3 : Ensure the change of potentially dangerous behaviors through hygiene promotion and distribution of hygiene items with strong focus on highly contagious diseases, for all refugees, affected or vulnerable communities of the district.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of Health facilities targeted with full WASH package	20	0	15	Covid-19 monitoring	WASH partners	Monthly
Number of targeted households accessing hygiene supplies (voucher or in-kind system).	270609	0	0.8	Household Survey	REACH	Every 6 months
Percentage of targeted people disaggregated by sex, age and disability able to demonstrate 3 critical hygiene practices	1,620,000	46%	80%	KAP Survey, Household Survey	IOM/ UNICEF/ UNHCR, REACH	Every 3 months
Percentage of targeted people disaggregated by sex, age and disability washing hands with water and soap after defecation.	1,620,000	82%	90%	Household Survey	REACH	Every 6 months
Percentage of women and girls adopting safe and healthy menstrual hygiene management practices	413,178	TBD	80%	Household Survey, KAP Survey, Feedback and Complaints Mechanism	REACH, IOM/ UNICEF/UNHCR, WASH Partners	Every 6 months

COMMUNICATION WITH COMMUNITIES

SECTOR OBJECTIVE 1 : Strengthen and maintain close coordination, advocacy and technical support across relevant government authorities and humanitarian coordination forums for mainstreaming Risk Communication and Community Engagement for reducing to the extent possible the spread of the COVID-19 pandemic.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of humanitarian staff/ volunteer trained/oriented on issues related to COVID 19		0	3000	Progress Tracking Template	Common service, CwC agencies	Quarterly

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of coordination forums/ stakeholders received technical support from CwC actors on COVID 19		0	40	Progress Tracking Template / Minutes/reports	CwC WG Secretariat	Quarterly
Number of agencies took part in CwC WG led COVID 19 awareness/ engagement activities		0	26	Progress Tracking Template	CwC WG Secretariat	Quarterly

SECTOR OBJECTIVE 2 : Scale up Risk Communication and Community Engagement by providing context appropriate strategic guidance and making available rationalised, community-centric and evidence-based communication resources.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of COVID 19 focused weekly update bulletin with gap analysis published by CwC WG		0	24	Bulletin	CwC WG Secretariat	Quarterly
Number of COVID 19 focused contents/materials developed by CwC actors		0	100	Progress Tracking Template	Shongjog Website/ Common service	Quarterly
Number of key messages developed and disseminated on issues related to COVID 19		0	10	RCCE Strategy and Key Messages, Operational Guidance	CwC WG Secretariat	Quarterly

SECTOR OBJECTIVE 3 : Support government and operational sectors in ensuring adoption of appropriate community engagement approaches for sensitization, awareness rising and community participation in designing and implementing public health measures for COVID-19 integrating gender, inclusion and protection considerations.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of refugee and host community members reached through CwC COVID 19 services		0	700000	4W	CwC WG Secretariat	Quarterly
Number of community consultation meetings/sessions held to ensure home care of elderly people in COVID 19 crisis		0	500	Progress Tracking Template	CwC WG Secretariat	Quarterly
Number of agencys involved with community accountability mechanism		0	20	Progress Tracking Template	CwC WG Secretariat	Quarterly

SHELTER AND NON-FOOD ITEMS (NFI)

SECTOR OBJECTIVE 1 : Ensure that families affected by COVID-19 are supported with needed emergency shelter and non-food items, home delivery ofLPG, and delivery as well as implementation of emergency shelter response according to need.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of most vulnerable households in home care or with elderly members that were provided delivery and implementation of emergency shelter assistance after their shelter has been damaged.		0	100%	Emergency response reporting	Shelter/NFI Sector	Weekly

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of individuals (by gender and age) in quarantine supported with NFIs		0	1500	Health Sector Report	Health Sector/ Shelter/NFI Sector	Biweekly
Number of most vulnerable families in home care supported with continuous LPG delivery.		0	75000	4W	Shelter/NFI Sector	Biweekly

SECTOR OBJECTIVE 2 : Mitigate the risk of exposure to the virus for the elderly population, by providing specific NFI support, home delivery of NFIs to the most vulnerable, home delivery of LPG to the most vulnerable and delivery as well as implementation of emergency shelter response.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number most vulnerable families with elderly members supported with continuous LPG delivery.		0	28300	4W	Shelter/NFI Sector	Biweekly
Number of families with elderly members supported with NFIs		0	28300	4W	Shelter/NFI Sector	Biweekly

SECTOR OBJECTIVE 3 : Social cohesion is maintained by effective use of Housing, Land and Property due diligence to prevent tension with host community over land use.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of new health facilities following HLP Due Diligence (at least first 3 steps)		N/A	100%	Individual facility follow up	Shelter/NFI Sector	Quarterly

SITE MANAGEMENT AND SITE DEVELOPMENT

SECTOR OBJECTIVE 1 : To reduce the spread of COVID-19 through support to the Government of Bangladesh Camp-in-Charge Officials in overall management and coordination of camps, facilitating equitable and adequate access to COVID-19 related services and continuity of humanitarian assistance to all camp residents, through strengthening existing coordination mechanisms and supporting new response processes.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of camps with operational camp-level coordination systems during the critical phase.		34	34	4W	SMSD Sector	Monthly
Number of camps with harmonized remote service monitoring systems.		0	34	SMSD Dashboard	SMSD Sector	Daily
Number of camps with clear SOPs for safe and dignified burials.		0	34	SOPs	SMSD Sector	Monthly
Number of Imams and Mosque committees who receive materials for safe and dignified burials.		0	1500	4w	SMSD Sector	Monthly
Number of site management partners providing direct support to quarantine, isolation, shielding, and home care initiatives.		0	5	4Ws	SMSD Sector	Monthly

SECTOR OBJECTIVE 2 : To reduce the spread of COVID-19 through support to camp-based initiatives and community engagement including community consultation and dialogue mechanisms, camp-level committees, and volunteer networks.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of camps with SMS-supported initiatives for protecting elderly refugees.		0	34	4W	SMSD Sector	Monthly
Number of SMS volunteers (disaggregated by sex and age) who receive Covid-19 related training in collaboration with health actors.		0	3400	4W	SMSD Sector	Monthly
Number of male and female SMS volunteers who receive additional training on transporting sick individuals, safe & dignified burials, monitoring home-based care, and contact tracing in collaboration with health actors.		0	340	4W	SMSD Sector	Monthly

SECTOR OBJECTIVE 3 : To reduce the spread of COVID-19 and decrease morbidity and mortality through upgrading and improving settlement areas and their immediate surroundings through construction, maintenance works, and infrastructure development that enables safe access to humanitarian assistance and COVID-19 treatment (home-based and in facilities) before, during, and after weather-related incidents and emergencies.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of camps with active priority maintenance and Disaster Risk Reduction activities.		34	34	4W	SMSD Sector	Monthly
Number of new health facilities receiving support from site development works (access roads, fencing, maintenance).		0	20	4W	SMSD	Monthly

EDUCATION

SECTOR OBJECTIVE 1 : Girls, boys and youth (age 3 to 24) in the communities affected by the COVID-19 crisis have access to safe and protective learning spaces.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of disinfected learning facilities		0	5989	Agency Reports	Education Partners	Monthly
Number of handwashing station available in learning facilities		0	5989	Agency Reports	Education Partners	Monthly
Number of key messages developed on COVID-19 for parents and caregiver as well as children		0	5 key messages	Agency Reports	Education Partners	Annual

SECTOR OBJECTIVE 2 : Girls, boys and youth (age 3 to 24) affected by the COVID-19 crisis receive life-saving messaging, mental health and psychosocial support, and support the development of healthy coping strategies.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of children, adolescent, and youth reached benefiting from remote guidance on COVID-19 prevention, how to remotely support adolescents and youth well-being and play, and self-care		TBD	365415	Agency Reports	Education Partners	Monthly
Number of relevant and essential persons such as caregivers, community volunteers, youth and adolescent volunteers engaged in capacity building opportunities on EiE and child, adolescent, and youth-friendly messages		TBD	6000	Agency Reports	Education Partners	Monthly
Number of child, adolescent, and youth friendly key messages developed on COVID-19 prevention and preparedness		0	5 Messages	Agency Reports	Education Partners	Annual
Number of household-level recreational materials for home play and edutainment distributed to Children adolescent and youth		TBD	365,415	Agency Reports	Education Partners	Monthly

SECTOR OBJECTIVE 3 : Ensure continuing education for adolescent and youth learners (male and female) affected by the COVID-19 closure of schools and other formal and informal learning opportunities.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of modalities identified to continue providing critical services in available educational spaces and facilities		1	3 (audio, video, and public address systems)	Agency Reports	Education Partners	Annual
Number of content and/or materials developed for learning and skill development		0	3	Agency Reports	Education Partners	Annual
Number of distance learning guideline developed based on the national, Myanmar, education-sector approved curriculum, existing LSE and skill development training for teachers		0	2	Agency Reports	Education Partners	Annual

SECTOR OBJECTIVE 4 : Resilient systems, communities, schools and children.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of education partners trained on EiE		0	42	Agency Reports	Education Partners	Quarterly
Number of education partners with gender responsive emergency preparedness and contingency plans		42	42	Agency Reports	Education Partners	Annual
Number of education partners with Business Continuity Plans		Indicate Baseline	80%	Agency Reports	Education Partners	Annual

NUTRITION

SECTOR OBJECTIVE 1 : Reduce excess mortality and morbidity among boys and girls under 5 years old, Pregnant and Lactating Women and other vulnerable groups through provision of life-saving interventions to treat Severe and Moderate Acute Malnutrition.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of malnourished boys and girls aged 6-59 month and PLW reached by the essential nutrition treatment services.		10,518	76,650.00 (5%), 98,550.00 (35%)	Nutrition partners' OTP, TSFP, BSFP records, 4W, sector reports	NS partners	Monthly
Number of SAM and MAM COVID-19 positive older persons reached by the essential nutrition treatment services and counselling messages.		0	10000	Nutrition partners' reports	NS partners	Monthly

SECTOR OBJECTIVE 2 : Reduce the burden of malnutrition among boys, girls, Pregnant and Lactating Women and other vulnerable groups through the strengthening and scale-up of malnutrition prevention interventions.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of boys and girls aged 6-59 Months reached with Blanket Supplementary Feeding services.		141000	148,050.00 (5%), 190,350.00 (35%)	Nutrition partners' OTP, TSFP, BSFP records, 4W, sector reports	NS partners	Monthly
Number of new PLWs and caregivers of children receiving One on IYCF counselling		11235	20,000*	Nutrition partners' OTP, TSFP, BSFP records	NS partners	Monthly
Number of mothers enrolled to MUAC screening, basic nutrition assessment and IYCF-E messaging.		0	20000	Nutrition partners' OTP, TSFP, BSFP records	NS partners	Monthly

PROTECTION (INCLUDING CP AND GBV)

SECTOR OBJECTIVE 1 : Monitor and advocate for access to territory, prevention of refoulement, respect for Rohingya refugee rights, while enhancing continuous registration and documentation for all Rohingya refugee women, men, girls and boys, in order to ensure effective, targeted protection and assistance and work toward sustainable solutions.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of camps and targeted host community locations in which trainings on mediation and other alternative dispute resolution mechanisms are organized for local authorities and community representatives		70% of camps and targeted HC locations	N/A	5w	PWG Partners	Monthly
Number of cases supported with legal aid and related services including victims of trafficking and exploitation disaggregated by age and sex		7796	5000	5W	PWG Partners	Monthly

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of persons of concern for whom data disaggregated by sex, age, location and specific needs is available and updated		100%	100%	UNHCR/GOB	UNHCR	Monthly
Number of situational protection reports produced by the Protection Working Group (PWG), based on common Protection Monitoring Framework and/or ad hoc assessments (e.g. rapid protection Assessments, Border Monitoring, Settlement Protection Profiles, etc.), with recommendation on programming and advocacy priorities.		14	12	PWG repots from monitoring and assessments.	PWG	Quarterly

SECTOR OBJECTIVE 2 : Promote a community-based approach to the response, support community self-protection mechanisms and facilitate meaningful access to specialized services for persons at heightened protection risk, including girls, boys, women and men of all ages who have diverse needs and vulnerabilities, with the aim of mitigating exposure to protection risks, strengthening the resilience of affected communities in order to build skills for return and reintegration, and placing communities at the centre of the response, as well as by ensuring active and meaningful two-way communication between humanitarian actors and communities of concern, in line with Accountability to Affected Populations (AAP) principles.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of camps with established Protection Emergency Response Units whose members are trained and ready to be deployed		100%	100%	PWG reports	PWG partners	Monthly
Percentage of the CBCPMs that demonstrate ability to monitor, respond and mitigate child protection risks in their blocks in the camps and in the host communities		N/A	75% (for both refugees and host)	CBCPMs reports	CBCPMs partners	Quarterly
Number of people reached by community-led messaging on key protection risks and related mitigation measures		2019 baseline	75% of 2019 achievements	5W	PWG, Child Protection and GBV Partners	Monthly
Number of community-led initiatives supported by humanitarian actors		3,933	75% of 2019 achievements	5W	PWG, Child Protection and GBV Partners	Monthly

SECTOR OBJECTIVE 3 : Support system strengthening together with Government and local partners, including local women-led rights organizations, promoting peaceful coexistence within and between the Rohingya refugee and host communities.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of initiatives that foster social cohesion between refugees and host community		65	60	5W	Protection Partners	Monthly
Number of community groups led by women and girls		50	50	5W	PWG, Child Protection and GBV Partners	Monthly
Number of community groups led by men and boys		60	60	5W	PWG, Child Protection and GBV Partners	Monthly
Number of individuals (disagregated by sex, age, disability) from service providers and authorities trained on protection including gender.		1701	3500	5W	PWG, Child Protection and GBV Partners	Monthly

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of community discussions on macro-settlement facilitated		N/A	15	5W	PWG, Child Protection and GBV Partners	Monthly
Percentage of Interagency Child Protection SOPs developed endorsed and implemented by both agencies and the government		10%	80%	Training reports and SoPs	Child Protection Partners and DSS	Quarterly

SECTOR OBJECTIVE 4 : Ensure that boys and girls, including adolescents, facing life-threatening risks of abuse, neglect, violence, exploitation, and severe distress have access to well-coordinated and gender-responsive quality child protection services.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of girls and boys benefiting from age, diversity and gender sensitive structured and sustained, mental health and psychosocial support services		99,821 (refugee); 8,261 (host)	117,627 (refugees), 11,375 (host)	CPSS - 5W	CPSS Partners	Monthly
Number of identified girls and boys at risk who received specialized age and gender sensitive child protection service through individual case management to meet their unique needs		20,916 (refugees)	44,037 (refugees), 6,900 (host)	CPSS - 5W	CPSS Partners	Monthly
Number of caregivers (male and female) who receive MHPSS, positive parenting and other kind support leading to improved relationships with the children under their care		7,718	9,209	CPSS - 5W	CPSS Partners	Monthly
Percentage of the total number of CP actors [social workers, community volunteers, government officials] and non-child protection actors who have received CP training who demonstrate increased knowledge and skills in providing age- and gender-sensitive child protection services		N/A	80% (for both refugees and host)	CPSS - 5W and CPSS report	CPSS Partners	Quarterly
Number of adolescents (disaggregated by sex and disability) receiving services including life skills, and pre-vocational skills, resilience activities and peacebuilding skills		57,415 (refugees); 8,395 (host)	59,627 (refugees), 11,087 (host)	CPSS - 5W	CPSS Partners	Monthly
Number of targeted affected and at-risk girls and boys including adolescents with access to quality age, diversity and gender sensitive child protection services.		178,175 (refugee); 16,656 (host)	222,654 (refugees), 29,363 (host)	CPSS - 5W	CPSS Partners	Monthly

SECTOR OBJECTIVE 5 : Improve access to quality survivor-centered services by responding to individual needs, preventing and mitigating GBV risks, and supporting women, girls and survivors of GBV in Rohingya refugee camps and targeted areas in host communities.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of camps/sites where there is functional GBV referral system with effective field level coordination mechanism of multi-sectoral GBV response services		N/A	80%	GBV SS Service Mapping, Field Report	GBV SS	Quarterly

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of community activists (women, adolescent girls, adolescent boys and men) trained and engaged in GBV prevention strategies using tested social change approaches in the camps and targeted host community		N/A	22500	5W	GBV SS Partners	Monthly
Number of individuals benefitting from structured PSS services that meet minimum standards (by age, sex, diversity), in the camps and targeted host community		92264	140000	5W	GBV SS Partners	Monthly
Number of women and girls benefiting from skills development and empowerment programming (by age, diversity) in the camps and targeted host community		81182	125000	5W	GBV SS Partners	Monthly
Percentage of trained GBV service providers and other humanitarian staff who achieved at least 60% post-test score after attending trainings in case management, GBVIMS, CMR and GBV IASC Guidelines, in the camps and targeted host community		N/A	85%	5W Training report with Post-test result	GBV SS Partners	Monthly
Percentage of reported sexual violence cases that were referred and received medical care within 72 hours		29%	100%	GBVIMS Monthly Statistical Report	GBV SS	Monthly
Number of sectors that have GBV risk mitigation actions included in their sector plans and activity implementation in line with the IASC GBV Guidelines		N/A	7	Sectors' strategic plan and reports	Sector Coordi-nators	Quarterly

SECTOR OBJECTIVE 6 : Promote an integrated and multi-sector Protection, Age, Gender and Diversity approach.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of sector partners that have at least one trained PSEA and child safeguarding focal point		N/A	60%	Training reports, FP ToRs, 5W	PSEA Coordinator, Child Protection SS and other Coordinators	Quarterly
Percentage of other sectors with established and trained Protection Mainstreaming Focal Points		N/A	100%	Training reports / 5W / PM FP ToRs	PS and other Sector Coordinators	Monthly
Percentage of other sectors with strategic and/or operational frameworks (sectors' strategies, work plans, SOPs, assessments, etc.) which mainstream Protection		Achieve-ments as of Dec 2019	80%	Should come from Sector IM.	PS and other Sector Coordinators	Monthly
Number of Protection Mainstreaming trainings organized for other sectors' staff		Achieve-ments as of Dec 2019	100	Training reports / 5W	CPSS, GBV & Protection Partners	Monthly

COORDINATION

SECTOR OBJECTIVE 1 : Support leadership and coordination to ensure an effective response, with protection as the foundation.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of refugee households receiving multi-sector assistance to provide home-based care for household members with COVID-19	75,000	0	75,000	Sector reports/ sitreps	Sectors/ISCG Secretariat	Monthly
Number of people in need disaggregated by sex and age, and by refugee and host, receiving multi-sector assistance	1,809,000		1,809,000	Sector reports/ sitreps	ISCG Secretariat	Monthly
Number of older refugees (above 59) receiving targeted multi-sector support	31,500	0	31,500	Sector reports/ sitreps	Sectors/ISCG Secretariat	Monthly
Number of SEG, Inter-Sector Coordination and HoSOG meetings held and minutes shared	N/A		100	Meeting Minutes	ISCG Secretariat/ RCO/IOM/UNHCR	Quarterly
Number of Rapid Gender Assessments produced to inform the response and promote gender mainstreaming	N/A		1	Sitreps	ISCG Secretariat	Monthly

SECTOR OBJECTIVE 2: Foster a common understanding of the context, needs, priorities, response progress and gaps, and an integrated and multi-sector approach to gender mainstreaming.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of sitreps produced and shared, which include detailed sex, age and diversity disaggregated data, situation and gender analysis from all sectors, and clearly identify gaps in refugee and host community response	N/A		9	Products	ISCG Secretariat	Monthly
Number of 4W and other IM products released that are comprehensive, gender sensitive and are actively used for operational and strategic decision making	N/A		9	Products	ISCG Secretariat	Monthly
Number of updates produced on monsoon and cyclone (including monsoon reports, and reports on status of cyclone preparedness) and COVID-19 response	N/A		10	Reports	ISCG Secretariat	Weekly

SECTOR OBJECTIVE 3: Promote an efficient and well-resourced response through effective advocacy and resource mobilization efforts.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of JRP/COVID-19 Addendum monitoring reports produced and shared that provide update on both refugee and host community response progress and funding	N/A		1	Reports	ISCG Secretariat	Quarterly

STAFF HEALTH

SECTOR OBJECTIVE 3: Enable the humanitarian operation to "Stay and Deliver" through provision of adequate medical care for humanitarian staff infected with moderate, severe or critical levels of COVID-19 disease and related illnesses.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Staff health facility prepared and operationalised (50 beds: 10 ICU / 10 HDU / 30 M/LDU)		0	50 beds	Staff medical team	UNHCR/WFP/ IOM/UNICEF	Monthly

LOGISTICS

SECTOR OBJECTIVE 1 : Provide logistics coordination mechanisms, support and advisory services to identify needs and gaps, and facilitate a collaborative approach amongst humanitarian partners to identify and resolve logistics constraints and bottlenecks.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of (national/international) organizations actively participating in coordination meetings (provide names of organisations regularly participating to allow for cross-sector aggregation)		39	40	Sector Reporting	Logistics Sector	Quarterly
Percentage of Logistics Sector partners' satisfaction feedback rated as "Satisfied" and "Very Satisfied" in regard to coordination initiatives.		92%	85%	Sector performance survey	Logistics Sector	6 months

SECTOR OBJECTIVE 2: Information Management: Maintain information management and communication platforms to compile and share updates on logistics capacities (sea/airport, transport, storage) and access constraints.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of Logistics Sector partners' satisfaction feedback rated as "Satisfied" and "Very Satisfied" in regard to IM products		85%	85%	Sector performance survey	Logistics Sector	6 months
Number of IM Products produced and published		30	33	Logistics Cluster Website	Logistics Sector	Quarterly
Number of access to Logistics Sector - Bangladesh website		5500	5500	Logistics Cluster Website	Logistics Sector	Quarterly

SECTOR OBJECTIVE 3: As a provider of last resort, implement timely and reliable temporary common storage, transport and camp access facilitation services, to address the Covid response material supply surge.

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Percentage of Logistics Sector partners' satisfaction feedback rated as "Satisfied" and "Very Satisfied" in regard to common logistics services		87%	85%	Sector performance survey	Logistics Sector	6 months

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of organizations using common logistics services		31	20	RITA System	Logistics Sector	Quarterly
Percentage of storage service/ transport requests delivered in full (accepted, storage provided and released)		100.00%	90.00%	RITA System	Logistics Sector	Quarterly

EMERGENCY TELECOMMUNICATIONS

SECTOR OBJECTIVE 1 : Increase the effectiveness of the humanitarian response through technical assistance, coordination, information sharing and facilitation activities. Maintain information management and communication platforms to compile and share updates on ETS activities (covered by the current JRP 2020)

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of Coordination meetings		8	8	Sector partners reporting	ETS	Quarterly
Number of Information management products (Infographic, Report, etc..)		8	8	Emergency Telecommunications Cluster website	ETS	Quarterly
Percentage of ETS partners' satisfaction feedback rated as "Satisfied" and "Very Satisfied" in regard to coordination initiatives.		80%	90%	Sector performance survey	ETS	Once a year

SECTOR OBJECTIVE 2 : Provide reliable data connectivity services (Internet access) in camps and operational areas (treatment centres in camp and a concentration point for humanitarians in Cox's Bazar)

INDICATOR	IN NEED	BASELINE	TARGET	DATA SOURCE	ORGANIZATION	FREQUENCY
Number of SARI treatment provided with ETS Data connectivity services		0	15	Emergency Telecommunications Cluster website	ETS	Quarterly
Number of concentration point for humanitarians in Cox's Bazar provided with ETS Data connectivity services		0	1	Emergency Telecommunications Cluster website	ETS	Quarterly

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