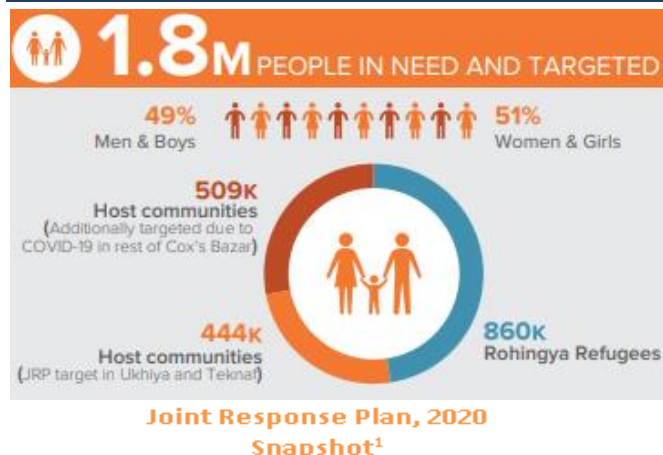




UNFPA BANGLADESH SITUATION REPORT

UNFPA BANGLADESH EXTERNAL SITREP
ROHINGYA HUMANITARIAN RESPONSE PROGRAMME
COX'S BAZAR
July- August- September 2021

SITUATION OVERVIEW



UNFPA is the lead agency of sexual and reproductive health and rights [SRHR] and gender-based ¹violence [GBV] providing services to Rohingya refugees in Cox's Bazar. About 855,000 Rohingya refugees currently reside in 34 formally established camps within Cox's Bazar District. Living conditions in the camps are highly congested resulting in security and protection issues as well as accessibility to basic services including SRHR care.

COVID 19 update among Rohingya Refugees and Host Population according WHO [as of 30th September, 2021]:

As of 26 September 2021, in total 17,311 COVID-19 cases and 253 COVID-19 deaths have been reported from the host community in Cox's Bazar and 3,084 COVID-19 cases were confirmed among the Rohingya refugees. A total of 32 COVID19 deaths were recorded among Rohingya refugees by September 26th as per WHO Coronavirus Disease 2019 (COVID-19) weekly update.

As of (week 40) (28th September - 4th October) there were 273 new confirmed cases of COVID-19.

RESPONSE HIGHLIGHTS

SEXUAL REPRODUCTIVE HEALTH AND RIGHTS [SRHR]

- Mobile Medical Team [MMT], Community Health Workers [CHWs] and ambulances were deployed to support SRHR response to monsoon rain induced heavy flooding in the Rohingya refugee camps which affected an estimated 46,545 refugees in July and August. Over **170 Women of Reproductive Age [WRA] received SRHR services through the midwifery-led outreach teams** and CHWs reached an additional 8,577 [Female 7,638: Male 939] community members in the affected areas. In addition, five [5] ambulances deployed transported, mostly women and girls, requiring Emergency Obstetric and Newborn Care (EmONC) services, across 10 Rohingya refugee camps and eight (8) Unions that were severely affected by the floods;



Doreen Ababiku, one of UNFPA International Midwife Mentors, makes door to door visits to ensure pregnant women affected by the flood have access to ante-natal care, referrals and safe delivery
©UNFPA

- A total of **22 [Rohingya refugee camps 11: Host communities 11] health facilities** were supported by UNFPA to provide SRHR services including Family Planning, ante natal care [ANC], facility based deliveries [FBDs] and post-natal care [PNC] to Rohingya refugees and host communities. UNFPA also contributed towards support to an additional two [2]

¹ Joint Response Plan (JRP), 2020 Inter Agency Coordination Group, Cox's Bazaar, Bangladesh

hospitals providing referral services, that is Cox's Bazar Sadar District Hospital and Ramu Hospital were also supported;

- A total of **28,669 [Rohingya refugees 20,942: Host communities 7,727] Family Planning visits, 21,417 [Rohingya refugees 10,546: Host communities 10,871] ANC visits, 2,151 [Rohingya refugees 1,136: Host communities 1,015] FBD and 5,192 ANC visits** were reported across the 22 UNFPA supported health facilities during the quarter under reporting;
- UNFPA supported **Community Health Workers [CHWs] reached 167,047 [Rohingya refugees 149,484: Host communities 17,563] households with SRHR and COVID-19 information**, community based surveillance [CBS], referrals and other community services during the month of September 2021;
- In the context of COVID-19, **13,000 pieces of Personal Protective Equipment [PPE] were distributed**, through UNFPA and SRH Working Group partners, to health workers providing SRHR services to Rohingya refugees and host communities between July and September 2021. The PPE enabled at least **392 [Female 303: Male 89] health workers to deliver life-saving SRHR services** in the Rohingya refugee camps and host communities.

GENDER BASED VIOLENCE IN EMERGENCIES [GBViE] - PREVENTION AND RESPONSE

- A total of **29 Women Friendly Spaces** (22 in camps and 7 in Host communities) were operational with *comprehensive survivor-centered GBV case management services, psychosocial support and lifesaving emergency referrals*. Moreover, *integrated SRHR services* - including *family planning and clinical management of rape for survivors* - were provided by *midwives*;
- A total of **34,543** (22,197 females and 12,346 male) participated in **GBV prevention and mitigation sessions through the SASA! Together approach** conducted by the UNFPA Social Mobilization team. The team consists of **117 social mobilisers** (78 women, 39 men) that are active in 33 camps and 6 host communities (July to September 2021);
- **Mask making activities** continued in Women Led Community Centers, with a total of **10,916 reusable cloth masks** produced by women community volunteers;
- **UNFPA's MHPSS team**, along with trained implementing partner GBV caseworkers and community volunteers, provided Psychological First Aid (PFA) to **4,019 flood affected refugees** (men: 151; women: 3,057; adolescent girls: 811) in July - August 2021;
- A total number of **4,148 dignity kits** were distributed to vulnerable women and girls during the heavy monsoon rains and floods. The kits were distributed in **20 camp locations and 7 surrounding host community locations in Ukhiya and Teknaf**. The women and girls expressed that the kits were useful since the heavy rains and flooding had made it difficult for them to **manage menstrual hygiene and safety**;
- **Total 781** (7,00 females and 81 male) **participants** were trained by the **UNFPA GBViE Team on different types of training through virtual (4 batches) and in-person (51 batches) between Jul-Aug 2021**. The participants included; GBV case workers and case managers, social mobilizers, IP core staff, female volunteers

| Training on | Female | Male | Total | Participants from Camps and Host Community |
|--|------------|-----------|------------|---|
| Psychological First Aid (PFA) | 141 | 0 | 141 | Case workers, Volunteers and Social Welfare Officers |
| SASA! Together | 27 | 15 | 42 | Social Mobilizers |
| Engaging men and boys | 47 | 25 | 72 | Volunteers and Community Mobilizers |
| GBV Basic Concepts | 12 | 21 | 33 | Case Workers, and Night Guards |
| GBV Case Management including PSEA | 25 | 0 | 25 | Case Workers |
| Protection from Sexual Exploitation Abuse (PSEA) | 220 | 20 | 240 | Night Guards, Volunteers, Self-help groups members and IP Staff |
| Psychosocial Support | 75 | 0 | 75 | Case Workers and Case Managers |
| Suicide prevention | 23 | 0 | 23 | Case Workers |
| Womens' Leadership | 130 | 0 | 130 | Volunteers, Self-help group members, IP Support Staff |
| Total | 700 | 81 | 781 | |

(camp and host community), women self-help groups members, a Social Welfare Officer and Women Led Community Centers (WLCC) night guards.

GBV SUB SECTOR

- In response to the Circular issued on August 10 by the Government of Bangladesh, whereas WFS and GBV activities were suspended in the camps, the GBVSS developed a **GBV advocacy note** and **complementary technical brief submitted to the ISCG**. An additional GBV advocacy brief drafted in coordination with the Protection Sector was also submitted and used to debrief SEG;
- As per GBVSS partner reports, **3589 individuals (225 males, 3080 females) including 13 people with disabilities were referred for MHPSS services, health care, safe shelter, GBV case management, general protection, wash, legal services, site management sector and CIC, food and other non-food items (NFIs);**
- **9,836 Dignity Kits** were distributed to women and girls (including 56 girls and 200 women with disabilities), and **26,583 were prepositioned for distribution in camps and host community areas;**
- **Psychosocial First Aid sessions** reached **1,563 women, 485 adolescent girls, 51 boys and 356 men, while 136 women, 75 girls, and 89 men** also benefited from psychosocial support;
- **12,060 awareness-raising sessions** were conducted both remotely and in-person reaching **29,305 individuals (16,210 women, 5,787 girls, 4,825 men and 2,483 boys) including 40 people living with disabilities;**

ADOLESCENTS AND YOUTH

- Through **Girl Shine** programming, **669 adolescent girls**, [543 Rohingya camps; 126 host communities], attended sessions on Adolescents Sexual and Reproductive Health and Rights (ASRHR), GBV, gender and COVID-19. Among them, 609 adolescent girls graduated and received a graduation kit;
- **420 parents and caregivers**, 210 mothers/female caregivers and 210 fathers/male caregivers, attended the **Caregivers Support programme** in both host communities and refugee camps. Among them, 180 mothers/female caregivers and 160 fathers/male caregivers graduated from the programme and the remaining 80 will complete shortly. 60 adolescent girls from the Rohingya camps and 11 from the host communities implemented **9 advocacy campaigns on SRHR and GBV issues;**



A Girl Shine session for Adolescent girls in host community ©UNFPA



Distribution of MHM kits among adolescent girls ©CWFD

- As part of the **Champions of Change (CoC)** programme, **18 CoC facilitators and 35 adolescent peer leaders** received training on **life skills education, ASRHR, and gender;**
- **1700 adolescent boys**, 1300 from the camps and 400 from the host communities, attended sessions on gender, SRHR, and COVID-19. Additionally, 11 trainings have been conducted on SRHR, GBV, and protection of adolescents with **157 key community stakeholders**, 142 males and 15 females;
- Through the CERF Global GBV Pilot, **2973 menstrual hygiene management kits** were distributed to adolescent girls ages 10 - 19 years, including **192 girls** with disabilities, living in surrounding host communities of Cox's Bazar, namely Ramu and Chokoria;

- Additionally, 38 adolescent girls, 52 adolescent boys, 6 male caregivers, and 2 female caregivers utilized the Rohingya **Alapon Helpline** (remote MHPSS counselling).
- **13 Alapon Live Sessions** were held on **local radio in Cox's Bazar district** and **received 31 calls from adolescent boys and girls and 24 from male and female caregivers**;
- The **Youth Working Group (YWG)** organized **three monthly meetings** and five ad-hocs meetings to work on the action points for 2021. Action points include the discussion on the next steps of selecting Youth Advisory Group members and Youth Working Group Focal Points for ensuring **meaningful youth engagement**, organizing another round of training on human-centered programme design, and creating a repository of youth enrollment.

Key Challenges and Recommended Actions

| | Challenges | Recommended Action locally | Recommended Actions from the HQ |
|----|--|---|---------------------------------|
| 1. | Due to the nationwide lockdown and RRRC directive issued in August 2021, group psychosocial support activities were restricted in all WFS. | The group psychosocial support activities tailored to the Rohingya and host communities that are provided for women and girls at the WFS were replaced by individual sessions (in the WFS and door to door in the community). This also included COVID-19 awareness sessions and dissemination of updated information about the availability of essential services during the lockdown. | Not required |
| | Due to the nationwide lockdown the skill development and women empowerment activities were interrupted in WLCCs, especially in the camp areas. | As soon as the lockdown was lifted, the graduates from the WLCC in two host community areas were engaged in small group mask-making sessions . In addition, WLCC graduates in the camp locations were selected to start community based mask making from October, 2021. | Not required |
| 2. | The Government of Bangladesh recruited a good number of trained midwives as government staff and placed them in other areas across Bangladesh. This caused scarcity of skilled midwives working in the Rohingya refugee camps. | Immediately, UNFPA and partners had to recruit new midwives and trained them to equip them with knowledge and skill of delivering SRHR services including midwifery and family planning in the humanitarian context . | Not required |

Communication: Donor Visits, Events and Advocacy



Women inside a WFS during a session ©UNFPA

Human interest stories

- [4 years since the Rohingya refugees influx, UNFPA remains committed to supporting women and girls in Cox's Bazar](#)
- [Displaced Rohingya navigate new parenthood in Bangladesh](#)
- [Transforming education for adolescents and youth in the Rohingya camps, one micro-garden at a time](#)

Publications

A heavy monsoon rain on the night of 26 July and during the day on 27 July 2021 triggered landslides and flooding in the refugee camps in Bangladesh. UNFPA stood ready to provide sexual and reproductive health and rights services, gender-based violence awareness-raising sessions, mental health and psychosocial support, distribution of dignity kits and menstrual hygiene management kits to the most vulnerable women and girls.

- [Update on floods and landslides in the Rohingya camps in Cox's Bazar](#)
- [2nd update on floods and landslides in the Rohingya camps in Cox's Bazar](#)
- [3rd update on floods and landslides in the Rohingya camps in Cox's Bazar](#)
- [4th update on floods and landslides in the Rohingya camps in Cox's Bazar](#)



Volunteers in action during the flood and landslide inside the Rohingya camp ©UNFPA

Donors' visits

Switzerland, 7 September 2021 [Facebook](#) & [Twitter](#)

Australia, 14 September 2021 [Facebook](#) & [Twitter](#)

United States of America, 18 September (WLCC), 19 September (HOPE Field Hospital) [Facebook](#), [Twitter 1](#) and [Twitter 2](#)

Norway, 26 September 2021, WLCC on [Facebook](#), [Twitter 1](#) and [Twitter 2](#)

Sweden, 4 to 7 October 2021 Family Planning on [Facebook](#), [Twitter 1](#), [2](#), [3](#), [4](#)



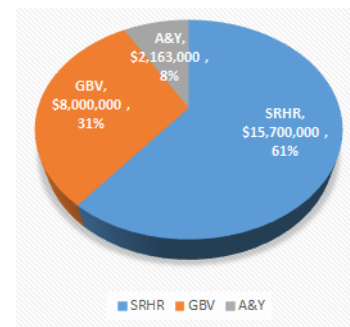
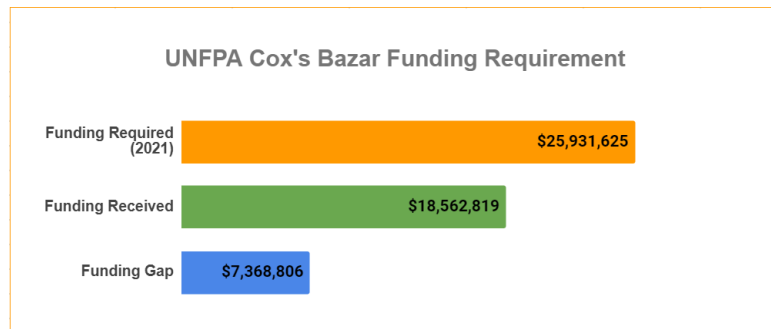


FUNDING REQUIREMENTS - 2021

Donors during the reporting period:

Australian High Commission, BPRM - Bureau of Population, Refugees and Migration (US), Canada, CERF, FCDO-UK Foreign Commonwealth and Development Office, Friends of UNFPA, Japan, New Zealand, Norway, Republic of Korea, Sweden, Women's Refugee Commission (WRC), World Bank

Funding requirements:



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