

A photograph of a family of five in a refugee camp. A man in a yellow t-shirt with a 'FILA' logo and an orange face mask stands in the center. To his left is a woman in a green headscarf and orange face mask. In front of her is a young girl in an orange floral dress and blue face mask. To the man's right is a young boy in a pink t-shirt and orange face mask. In front of him is another young boy in a red patterned shirt and blue face mask. A small child in a blue face mask is visible at the bottom center. The background shows a makeshift structure with a thatched roof and some outdoor equipment.

World Vision

# Rohingya Refugee Response COVID-19 Report

World Vision Bangladesh

September 2020

## Summary Table

Country (Districts)	Rohingya Refugee Response, Cox's Bazar, Bangladesh																																			
Goal	Limit the spread of COVID -19 and reduce its impact on vulnerable children and families.																																			
Strategic Objectives	Objective 1. Scale up preventative measures to limit the spread of the disease. Objective 2. Strengthen health systems and workers . Outcome 3. Support for children impacted by COVID -19 through education, child protection, food security and livelihoods . Outcome 4. Collaborate and advocate to ensure the world's response prioritises and protects vulnerable children.																																			
Reporting timeline	April-August 2020																																			
Sectors	Protection (Child Protection, Gender -based Violence Prevention), Nutrition, WASH, Cash, Food Security and Livelihoods																																			
Total estimated programme budget	Proposed budget (as per response plan) US D 6,583,781 Total funds raised USD 2,572,837 Expenditure during reporting period USD 749,402 (77%)																																			
Target number of beneficiaries	<table><tr><th>Target Locations/Project</th><th>Households</th><th>People targeted</th><th>Male</th><th>Female</th><th>Boy</th><th>Girl</th><th>RC</th><th>Non-RC</th></tr><tr><td>Targeted beneficiaries (Refugee &amp; Host community)</td><td>92,580</td><td>462,899</td><td>93,205</td><td>116,124</td><td>122,827</td><td>130,743</td><td>N/A</td><td>N/A</td></tr><tr><td>Achieved</td><td>201,081</td><td>511,077</td><td>108875</td><td>163659</td><td>117,348</td><td>121,195</td><td>N/A</td><td>N/A</td></tr></table>									Target Locations/Project	Households	People targeted	Male	Female	Boy	Girl	RC	Non-RC	Targeted beneficiaries (Refugee & Host community)	92,580	462,899	93,205	116,124	122,827	130,743	N/A	N/A	Achieved	201,081	511,077	108875	163659	117,348	121,195	N/A	N/A
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## I. Introduction

On 30 January 2020, COVID-19 was declared a Public Health Emergency of International Concern on the recommendation of the WHO's Emergency Committee. By 11 March 2020, WHO declared the virus a pandemic—the first coronavirus to be declared as such. Bangladesh recorded its first COVID-19 cases in early March 2020, and since then cases have continued to increase exponentially. At the time of reporting, 317,528 positive cases, 211,016 recoveries and 4,351 deaths had been reported.

Currently, more than 860,000 Rohingya reside in the world's largest, most densely populated refugee camp in Cox's Bazar, Bangladesh. With a population density of 40,000 people/square kilometre, the risk of COVID-19 infection is high. The risk of morbidity and mortality is compounded by a nexus of factors, including local transmission (within Bangladesh), limited health infrastructure, poor health-seeking behaviours, shared sanitary facilities and general unhygienic living conditions. In February 2020, data was collected from 407 listening groups conducted by different agencies. Among them, only 1.2 percent of the groups mentioned coronavirus. The lack of awareness is amplified by the telecommunications blackout imposed across the camps in September 2019.

In early April, the first cases of COVID-19 were reported in the host community, followed by the first case in the camp on 14 May 2020. As of 5 September, 4,056 cases were confirmed in the host community (65 deaths) and 130 cases (6 deaths) in the camps.

In order to mitigate the effects of the pandemic in Cox's Bazar district among both the Bangladeshi and Rohingya communities, World Vision developed and implemented a COVID-19 response plan as part of the organisation's global COVID-19 Emergency Response (COVER). The programme's strategic objectives aimed to:

1. Scale up preventative measures to limit the spread of the disease.
2. Strengthen health systems and workers.
3. Support for children impacted by COVID-19 through education, child protection, food security and livelihoods.
4. Collaborate and advocate to ensure the world's response prioritises and protects vulnerable children.

World Vision works in 32 camps out of 34 refugee camps, serving 498,906 people last year. In keeping with our regular grant-funded sectoral interventions in the camps and host community, the COVID-19 response focused on Protection (Child Protection, Gender-based Violence Prevention), Nutrition, WASH and Cash, Food Security and Livelihoods (CFSL).



## 2. Objective 1: Scale up preventive measures to limit the spread of disease.

World Vision Rohingya Refugee Response integrated this objective throughout its five sectors, including Protection (Child Protection, GBV prevention), Nutrition, WASH and Cash, Food Security and Livelihoods (CFSL), mainstreaming awareness raising on COVID-19 and providing psychosocial support to children and adults. Our awareness raising and promotion of preventive behaviours sessions, which reached 221,001 people, were based on standardised messages developed by the Communications with Communities (CWC) Working Group in keeping with Ministry of Health and WHO guidelines, and were endorsed by all response sectors.

Producing accurate public health messaging material quickly for the Rohingya population is challenging given that the majority of adults are illiterate and Rohingya is not a written language. Audio materials must be produced (e.g. radio broadcasts, audio text messages) by professional interpreters working with the CwC group. Disseminating life-saving information was further hindered by the lack of internet access in the camps, which has been restricted since September 2019 for security reasons.

Table 1: Objective 1 Achievements		
1.1	# of new people reached through promotion of preventive behaviors (e.g. hand and respiratory hygiene; isolation; WASH behaviors)	221,001
1.2	# of new community members, including caregivers, provided essential materials (e.g. hand sanitizer, soap, masks)	2,315
1.3	# of community-level public handwashing stations established or maintained	60
1.4	# of masks distributed	26,906
1.5	# of handwashing supplies distributed	12,015
1.5.1	# of new people received handwashing supplies	38,406
1.9	# of religious leaders engaged to disseminate preventative measures and create hope	596
GC	# of comprehensive hygiene kits distributed	13,384
GC	# of cleaning kits distributed to vulnerable communities	11,031

**Child Protection:** When the COVID-19 pandemic began, World Vision was operating 29 informal learning centres in 10 camps (4 Ext., 8E, 11, 12, 13, 14, 15, 16, 18 and 19) funded by UNICEF. Eleven of the learning centres provided informal education for children age 3-14 based on the Learning Competency Framework Approach; 18 multi-purpose child and adolescents centres for children age 15-18 focused on delivering pre-vocational training, life skills, literacy and numeracy skills. However, most of these activities were suspended in March due to COVID-19 prevention measures.

To reach children and their families with prevention information, World Vision worked with members of 78 community-based child protection committees and members of 48 adolescents' clubs to disseminate print and audio messages. We also conducted handwashing demonstrations at project centres. Extended funding for the UNICEF project was not approved until late May, which hampered activities. Programming increased when funding came through in June 2020.

**GBV Prevention:** World Vision sector staff conducted awareness sessions on COVID-19 at our four women and girls' safe spaces (WGSS), in our eight tea corners for men and at household level in Camps 13, 15 and 19. These sessions were conducted by trained World Vision response officers, prevention officers, case workers and facilitators. A total of 14,543 people (6,238 women, 2,209 girls, 4,166 men and 1,930 boys) were reached. Social distancing was strictly maintained in sessions limited to 10 participants. Our staff wore masks and gloves, and ensured that participants washed their hands and wore face masks.

**CFSL:** Awareness messages were shared with 51,020 households before distributions in line with national guidelines. This included advice for at-risk groups and extremely vulnerable individuals (the elderly and persons with pre-existing health conditions). Those with confirmed/suspected cases of COVID-19 were advised not to come to the distribution sites. World Vision provided six megaphones for use at the distribution points/outlets and three public address systems for three e-voucher outlets. Social-distancing markers were placed in all the centres; household-level door-to-door



mobilization was suspended. We provided personal protective equipment (PPE) for our 120 distribution staff members, including face masks, gloves, soap and hand sanitizer to protect both staff and refugees.

World Vision further adjusted its distribution planning by increasing the number of distribution days from the usual five to six days to 10 days a month. This helped reduce crowd size at distribution points/outlets. We also staggered the distribution cycle (e.g. monthly instead of bi-monthly distributions) and changed from value vouchers to commodity vouchers that covered a longer duration. The introduction of food pre-packaging reduced refugees' contact with each other and their time on site.

Handwashing areas, equipped with an adequate supply of hand-wash solution (0.05% chlorine solution or soapy water) were set up at all six distribution points/outlets. A total of 56 handwashing facilities and 150 litres of sanitizer were provided at all centres. We also introduced fever screening and referral at all project sites. (No cases were identified). In order to reduce their COVID-19 exposure, we delivered food to 48 households with elderly residents who are at high-risk.

**Nutrition:** World Vision operates five nutrition centres in Camps 16, 22, 23, 25 and 27, targeting 12,345 children under age 5, as well as 5,826 adolescent girls, and 3,466 pregnant and lactating women as part of its malnutrition prevention and treatment programme.

Ninety nutrition sector staff completed the WHO COVID-19 training. A total of 116 non-nutrition staff members (including 26 drivers) also participated in these sessions conducted by World Vision staff members trained as WHO training-of-trainers. An additional 220 nutrition facilitators trained in COVID-19 awareness raising disseminated messages at the nutrition centres and at community level.

In addition to awareness raising, we established fever screening and handwashing stations at every nutrition centre. These were overseen by volunteers trained on the referral pathway for suspected COVID-19 cases. No case of fever was reported during the period under review.

Social distancing was promoted in nutrition centres through (i) marking standing points on the floors and walls (ii) reducing the number of people at the centres by focusing on essential lifesaving care only (iii) decongesting the centres by moving the blanket supplementary feeding programme (BSFP) to the general feeding programme sites, which are



more spacious (iv) rolling out a procedure whereby 5,823 mothers were trained how to conduct middle-upper arm circumference (MUAC) screening of children for malnutrition. They were equipped with MUAC measuring tapes so they could screen their children at home and only visit the centres as needed (iv) reducing the number of follow-up visits, i.e. monthly instead of every fortnight for the BSFP and bi-weekly instead of weekly for Targeted Supplementary feeding programme.

**WASH:** The WASH Sector established a robust community-based awareness raising outreach focused on COVID-19 and WASH-related diseases. This involved 115 community-based volunteers trained in COVID-19 preparedness, awareness raising and response. A total of 45 World Vision WASH staff and 155 volunteers (from the both the Rohingya and host community) were trained and involved in awareness raising. We targeted Camps 7, 8E, 8W, 13 and 15, while Camp 19 was covered by World Vision's partner agency Bangla German Sampretee (BGS). A total of 54,900 people at household level were reached with COVID-19 messaging, which focused on handwashing, cough etiquette, isolation, social distancing and the importance of wearing masks. Several strategies were used to spread COVID-19 information, including working closely with Rohingya leaders, engaging children, market place public dissemination and mobilisation of water-point committees. Some 596 faith leaders actively disseminated COVID-19 prevention messages. Furthermore, 5,792 IEC materials were distributed within target communities. A total of 12,015 households received handwashing supplies (soap, household-level handwashing devices). World Vision also installed 8,274 handwashing stations at community level and provided 460,870 pieces of soap to 38,406 households. In addition, 11,609 female refugees received menstrual hygiene materials. Due to funding challenges and camps access restrictions, some activities were not implemented.

**USAID Emergency Food Security Programme (EFSP):** On 16 March, our community cooking and learning centres (CCLCs) and multipurpose training centres (MTC) were closed as part of the government's nationwide prevention measures. EFSP staff rapidly reorganized the programmes in our three MTC by training Rohingya and host-community women to produce reusable cloth face masks. This equipped the women with livelihood skills while making masks to protect their own communities. This innovation aligned with the ISCG/Livelihood Working Group's plan for blanket mask coverage in the camps. We plan to train 376 women at the MTC and distribute 129,020 masks to 64,510 individuals in Camps 8E, 9, 12 and 19.

The 55 CCLC re-opened in July, providing women from 2,750 households with a safe place to cook while participating in learning sessions on COVID-19 awareness, WASH and other important issues, such as disaster risk reduction. All activities were implemented with modified standard operating procedures that included wearing face masks, ensuring social distancing, and disinfecting sites and equipment. The CCLCs deployed 126 lead mothers who reached 1,391 individuals on COVID-19 prevention and awareness messaging during the closure of the centres.

Delays in programme implementation occurred due to the Eid holiday. Certain camps stopped fresh food voucher activities immediately after the first COVID-19 case was identified in Camp 1W; other COVID-19-related government restrictions also made implementation challenging.





### 3. Objective 2: Strengthen health systems and workers.

World Vision does not implement health activities in the camps and, therefore, we did not directly support health systems or workers. We did provide staff with personal protection equipment (masks, gloves) and distributed hygiene materials under our WASH activities. (Please see above.)

### 4. Objective 3: Support for children impacted by COVID-19 through education, child protection, food security and livelihoods.

Table 2: Objective 3 Achievements		
3.1	# of new people (children and their families) reached through IEC PSS/MHPSS psychosocial support	2,265
3.3	Total amount of cash/vouchers distributed in reporting period (in USD\$)	\$13,472,590
3.4	# of new households who received cash disbursements/vouchers	131,753
3.5	# of food packages provided	6,459
3.6	# of new households provided family support packages	8,661
3.7	# of new children reached with targeted age-specific health education	752
3.8	# of new children supported with child protection programming (e.g. engagement of CP/social workers in coordination and awareness-raising)	648
GC 3.3	# of new individuals who received food assistance	5,487

**Child Protection:** World Vision continued to provide child protection and case management services, serving as focal lead in Camp 16. More than 1,000 children continue to receive COVID-19 related awareness services and follow up by Home based visits. High-risk cases were prioritised given the lack of case management workers due to funding challenges. The case management coordinator followed up remotely with the cases despite limited access and resources.

The distribution of PPE to members of community-based protection committees and adolescents' clubs was not done due to budgetary challenges. The Child Protection team collaborated with these groups and other organisations to ensure the target community had access to health and WASH services.

**GBV Prevention:** Our staff and facilitators continued to provide psychosocial support at our centres and at household level. We also provided case management and referral services to 2,265 refugees in Camps 13, 15 and 19 as needed. Teams were oriented on COVID-19 and equipped with masks and gloves. Social distancing was maintained by reducing the number of participants per session. All participants and facilitators were asked to wash their hands with soap for at least 20 seconds and to wear masks before the sessions commenced.

**EFSP:** During April, May and June, we provided fresh food vouchers to 36,742 households in Camps 1W, 1E, 2W, 3, 4, 4E, 5, 8W, 14, 15, 16, 21 and 22 as part of the essential life-saving assistance, having rapidly resumed by the end of March. EFSP engaged vendors to prepack the fresh food to expedite the distribution process and we established a house-to-house distribution protocol in case it was needed for households in isolation.

In the host community, we distributed 31,918,500 taka (USD379,982) in unconditional cash to 7,093 community members from May to July; 89,72,000 taka (USD100,495) in conditional cash was distributed to 2,542 beneficiaries in May.

In addition, 5,191 host community members benefitted from agricultural training and inputs (seeds); gardening tools were also distributed to 5,167 beneficiaries. A total of 110 women were trained to produce masks, for which they received 15,000 taka (USD180), totalling 1,650,000 taka (USD19,643).

Training on goat rearing and indigenous chicken raising was conducted for 3,987 host community members, who also received business development plan support. A total of 1,915 people participated in MenCare orientation and groups will graduate next month.

**CFSL:** Extensive activities were planned, but funding was not secured. We will continue to seek funding opportunities to scale up our COVER response, complementing the ongoing work of EFSP, our WFP-funded General Food Assistance project and the Gender Inclusive Pathways Out of Poverty (GPOP) project.

Nutrition and WASH sectors did not implement activities under Objective 3.

## 5. Objective 4: Collaborate and advocate to ensure vulnerable children are protected.

The Public Engagement team, including the Advocacy Manager, produced an advocacy strategy and key messages as part of the national strategy, collaborating with the World Vision Bangladesh National Office.

World Vision has been an active member of the response-wide Advocacy Working Group (AWG) for three years, which is coordinated by the INGO Platform. All joint advocacy initiatives are coordinated through this group of about 20 leading international organisations. For example, we worked with this group to issue a joint statement in March about the internet blackout in the camps since September 2019 that was hindering the dissemination of life-saving information to the Rohingya, who are dependent on the internet for audio communication, most being illiterate. After almost one year of lobbying alongside UN and government representatives, the internet was restored on 28 August.

Highlights:

- Supported the Response Director who spoke to UN Member State representatives in Geneva during virtual meetings with two other NGO representatives on child protection issues in the camp related to COVID-19.
- Contributed feedback to AWG Protection Brief that was presented to the UN Senior Executive Group in September.
- Contributed comments to AWG submission to Asia Pacific Refugee Rights Network statement on Year 3 mark.
- Monitored AWG skype group daily; contributed to conversation and kept World Vision visible.
- Participated in WV Advocacy Response Group meetings.

Unfortunately, after almost three years of diligent advocacy work that helped position World Vision as a leading organization in Cox's Bazar, our expatriate Advocacy Manager and newly hired national Advocacy Officer were laid off due to budget constraints. It is concerning that World Vision currently does not have representation at important advocacy-related meetings and events across the response in this rights-based protracted protection crisis. It is hoped that the amalgamation of the Response with the extremely competent National Office Advocacy team will serve to keep Rohingya issues in focus.



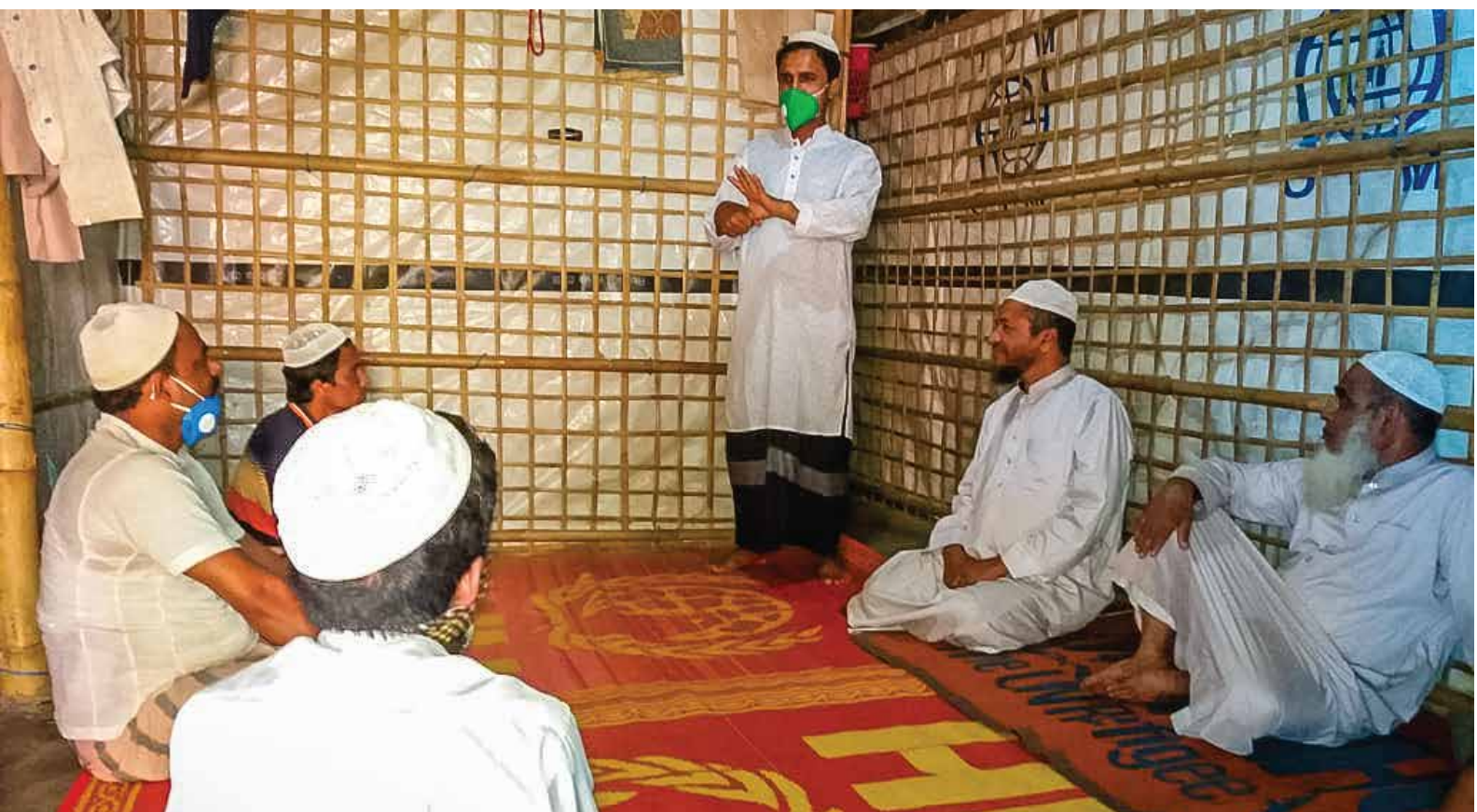


## 6. Financial Summary

Grant Name (Project Name)	Project Start Date	Project End Date	Donor Funding (In USD\$)	WVB National office communication	Match Funding (In USD\$)	GIK/ Food/ Cash Value to Beneficiaries (In USD\$)	Donor Funding (In USD\$)
Unicef WASH Phase 4	20 May 2020	19 Nov 2020	201,759.00		1,325.00		203,084.00
JPF (MOFA)   Japan WASH COVID -19	1 July 2020	31 Dec 2020	104,461.23				120,961.78
WFP General Food Assistance	1 Jan 2020	31 Dec 2020	20,920.00	459,458.00	16,500.55		408,378.00
USAID- Emergency Food Security Program (EFSP)	1 Sep 2019	31 Aug 2020					
Unicef WFP Integrated Program	16 March 2020	15 March 2021	74,035.49				74,035.49
WVNZ Rohingya Response to COVID-19	31 March 2020	30 Sep 2020	50,000.00				50,000.00
KOICA GVB Project to refugees and host commun	26 Feb 2020	31 Dec 2021	44,349.58				44,349.58
UNICEF CP and Education- COVID-19 response	31 May 2020	30 Nov 2020	459,267.00		58,226.00		517,493.00
DFID-UNOPS III - Cover	1 August 2019	30 April 2019	74,561.41				74,561.41
COVID-19 Bangladesh Response Startup	1 March 2020	31 May 2020		424,400.00			424,400.00
DFAT-Cover	8 May 2020	30 June 2020	69,388.00				69,388.00
SG PNS Nutrition	1 Oct 2020	31 March 2020	24,800.00				24,800.00
Protection and WASH services for vulnerable	1 July 2020	30 Oct 2020	18,020.00				18,020.00
UNHCR Cash Based Interventions (CBI) to targete	1 Jun 2020	31 Dec 2020	2,366.00				2,366.00
DFAT   AHP COVID-19	1 July 2020	31 Dec 2020	469,000.00				469,000.00
<b>Total</b>			<b>1,612,927.71</b>	<b>883,858.00</b>	<b>76,051.55</b>		<b>2,572,837.26</b>

The Rohingya Refugee Response will require an estimated **USD6,583,781** in order to reach both the host and refugee communities in across Cox's Bazar. As of September 2020, we have USD 2.6 million available budget from World Vision Bangladesh local funding, existing and new grants and donor budget re-allocation. We will advocate and seek for additional resources through various sources.

Budget Summary		
Objective	Description	Budget in USD
1.	Scale up preventive measures to slow the spread of disease.	748,542
2.	Strengthen health systems and workers.	2,900
3.	Support for children impacted by COVID-19 through education, child protection, food and livelihoods.	4,827,453
4.	Engage, collaborate and advocate to ensure children are protected and reached by the global response.	-
	Direct project management costs	1,004,886
	<b>Total</b>	<b>6,583,781</b>



## 7. Donor Landscape and Engagement

In the early stages of the response, most multi-lateral and bilateral donors that had funded on-going projects adapted their interventions in light of COVID-19 as the situation evolved. New donor funding also came through as donor priorities were modified and funding sources from the Global COVID-19 Response Fund Appeal became available. However, over 95 percent of the funds that donors pledged went through UN agencies and governments, with less than 1 percent being granted directly to NGOs.

World Vision continues its engagement with both bilateral and multilateral UN agencies, the regional Resource Development Team, the global COVER team, in-country donor meetings and sector clusters to design adapted, context-appropriate programming that seeks to mitigate against the worst effects of COVID-19 faced by vulnerable communities. The response has pre-positioned itself for opportunities by sharing monthly and quarterly sit-reps, and hosting donor briefings and virtual meetings.

## 8. Monitoring, Evaluation, Accountability and Learning

MEAL plans were adapted significantly due to COVID-19 restrictions, including postponed baseline, endline and other formative/normative surveys. Within the restrictions, onsite distribution monitoring activities were conducted regularly in both the host community and refugee camps. However, post-distribution monitoring and market price monitoring activities were conducted regularly following host community interventions following the remote monitoring approach, such as phone call surveys and mobile device-based data collection. All face-to-face interviews and surveys, including post-distribution monitoring, were postponed in the refugee camps due to COVID-19 restrictions and the lack of access internet coverage for mobile phones.

These monitoring activities supported the Operations team to improve its implementation strategy, such as adjusting the price at fresh food voucher (FFV) outlets, shifting from open food selection to bucket food distribution, offering on-the-spot Help Desk solutions, reducing the beneficiary target in daily distribution to control crowds, maintaining social distancing, holding regular COVID-19 awareness sessions, and ensuring that distribution points were equipped with handwashing stations.

1. **Market Price Monitoring:** Adjustment in food commodity prices in FFV outlets after finding that prices for some produce (green chili, onion, dried fish and vegetables) were higher than the market. After receiving complaints from the beneficiaries, World Vision conducted market analysis and consulted with the vendors, revising the produce prices.
2. **Post-Distribution Monitoring:** The Operations team changed the procedure from open food selection to bucket food distribution, which was made by the Post Distribution Monitoring reports food Consumption status.
3. **Onsite Distribution Monitoring:** Help Desk staff solved beneficiary enlistment issues on the spot, if possible.
4. **Onsite Distribution Monitoring:** More handwashing points, equipped with soap and clean water, were established outside distribution points. Sensitizations sessions on COVID-19 were conducted daily before distributions began, advising refugees about handwashing, maintaining social distancing, not to shake hands, not to touch one's mouth with one's hands, use of masks, and to stay home if one feels sick, and consult a doctor.
5. **Strengthened monitoring systems** and ensured the quality of food items during the packaging process.



MEAL adapted a remote monitoring approach by conducting phone interviews, using the Kobo platform for data collection and conducting meetings/training/orientation through Zoom/Skype applications. In the process, MEAL learned that timing and techniques have to be adjusted based on respondents' requirements and convenience (evenings, nights) and that a gentle approach is required. Due to this remote monitoring approach, as well as irregular electricity, weak internet networks and mobile phone network disruptions, staff often worked day and night during the post-distribution monitoring and market price monitoring. Such changes and working conditions caused added stress. Supervisors and P&C staff needed to provide extra care to support this situation.

The COVID-19 crisis will continue. In this new normal situation, more investment should be made in digital/technology-driven MEAL activities.

## 9. Participation and Accountability to Affected Populations

The refugees were oriented on prevention measures during group sessions. Pictorial material on COVID-19 awareness and audio messaging in Rohingya using megaphones were also used. Community members were encouraged to seek support regarding any suspected COVIDs-19 case and to communicate with the national hotline or local administration. They were also informed about the complaints and feedback process, and how to raise and escalate issues via the Help Desks, complaints boxes and by mobile phone. The refugees expressed their preference to use the hotline and mobile phone to share their complaints and feedback during the COVID-19 pandemic.

During field activities, such as the distribution of non-food items, seeds, cash and supplementary food in both the camps and host community, beneficiaries preferred coming to the Help Desks directly to receive information, as well as to provide feedback and complaints, and to be consulted on issues. They also prefer face-to-face interviews with staff members and facilitators in the community. Complaint boxes were also established at different distribution points. However, at the general food assistance outlets these complaint boxes are consistently empty due to Rohingya population's low literacy levels.

Community members previously used community feedback sessions as a platform to share their opinions. However, this has been replaced with key informant interviews (KII) due to COVID-19 restrictions on gatherings. KII were conducted with a very small sample size, so the findings cannot be used to make reflect the entire Rohingya population as a whole. The accountability implementation process was adapted to include the introduction of the digital platform Kobo Tool Box, staff rosters, avoiding household visits for data collection and maintaining social distancing.

More than 95 percent of complaints and feedback were received through the Help Desks, with 100 percent being resolved within the agreed timeline in the Rohingya camps. In the host communities of Ukhiya and Teknaf, 60 percent of complaints and feedback were resolved based on the agreed timeline. Based on some key issues received from beneficiaries, management responded and resolved those on a case-by-case basis.

## 10. Staffing

The Rohingya Refugee Response has 512 staff (16 international; 496 national) of which 425 are field-based personnel. This staff complement is supported by team of 500 Rohingya and 498 Bangladeshi host community volunteers. Beginning in March until present, the Government of Bangladesh limited humanitarian staff access to the camps so as to reduce the spread of COVID-19. During this period, 125 essential staff accessed the camps.

World Vision staff received COVID-19 prevention training, as well as face masks and gloves, and were instructed to seek treatment early if they had symptoms. All non-essential staff worked from their homes, while essential field staff worked on rotation. P&C staff provided information and support as needed, including counselling, advice on access to health services, and support in accessing food supplies and medication during quarantine.

## II. Communications

World Vision's Communications team based in Cox's Bazar worked diligently to position and protect World Vision in the midst of the COVID-19 crisis. We consistently delivered high-quality materials and managed local and international media in order to build trust and awareness among our donors.

The challenges were many. When government lockdown orders were announced, our Communications staff could not access the camps for almost three months. Several of our staff were ill with COVID-19 themselves. However, we quickly trained and equipped some of the programme staff who could access the camps to collect interviews and images so that needed material was available across the Partnership. As soon as camp access resumed in July, we were back steadily collecting and producing materials.

### Highlights:

- Public Engagement Director seconded to National Office Communication for six weeks (mid-March to 1 May) to assist with COVID-19 ramp up and onboarding of new Sr. Public Engagement Director.
- Edited 10 weekly NO COVID-19 situation reports and trained Communications Specialist to take over management.
- Successfully managed extremely negative national TV and print news story that ran in late February accusing a World Vision staff member of spreading COVID-19 in the camps and host community.
- Beginning in March, Response Communications team delivered a steady stream of high-quality stories, photographs and videos that were used repeatedly by Support Offices for fundraising and awareness, especially those offices having government grants with the response. Our video of children handwashing in the camp was one of the most downloaded videos in 2020.
- In April, Issued news release on approaching COVID-19 crisis in Rohingya camps quoting Response Director that was picked up by Associated Press; ran in New York Times, Washington Times, Canadian national TV and scores of outlets worldwide.
- Issued news release on first case of COVID-19 in the camps on 15 May leading to extensive interviews with the Response Director on Australian national radio, CBC Canada, and other international outlets.
- Cyclone Amphan: Supported National Office Communications team with production of news release and media outreach, resulting in broad international broadcast and print coverage featuring Response Director who was designated as WVB spokesperson in absence of the Director.
- Supported grant acquisition and management by producing 10+ impact stories for quarterly and end-of-grant reports, including COVID-19 angle. (See Success Stories below.)
- Produced and delivered on deadline the Three Years On: Rohingya Refugee Response Report 2020, which was distributed to the Partnership, as well as global donors and supporters, including World Vision's extensive COVID-19-related activities beginning in March 2020.
- Distributed news release on Year 3 mark of the Rohingya influx to Partnership, resulting in five media interviews (two broadcast in New Zealand, one radio interview in US, one interview with the Telegraph in the UK, and notes to Radio Free Asia) by Interim Response Director.



## 12. Success Stories from the Field (See Storyhub for more content)

[Inspired by my father: Why I dedicated my life to serving disaster victims and refugees](#)

[COVID-19 in a refugee camp: Eunus, a Rohingya adolescent, tells his story](#)

[Containing COVID-19 in the world's largest refugee camp: challenge of a lifetime for operations director, Atul](#)

[Mrong, a former sponsored child](#)

[Stay safe, pray at home: Rohingya imams urge refugee followers to stay home to slow COVID-19 spread](#)

### Grant-related impact stories with COVID-19 angle

[DFAT-AHP—GBV prevention](#)

[KOICA—Mask production/GBV prevention](#)

[USAID EFSP—Unconditional cash for host communities](#)

[USAID EFSP—Mask distribution in Camp 9](#)

[WFP—General food distribution](#)

[WFP/UNICEF Nutrition—Impact story](#)



### 13. Lessons Learned and Adaptations

Problem Statement	Adaptations	Results
<b>Crowds at fresh food voucher distribution points.</b>	Limit number of beneficiaries at the site. Ensure social distancing. Support/guide vendors on disinfection procedures. Offer multiple solutions (pre-packed food, household delivery) in case of changing camp scenarios. Use every opportunity for messaging.	Reduced transmission risk at WV Food distribution points
<b>It is was predicted that people would be compelled to sell their assets to cover basic needs such as food.</b>	Through cash transfers and close coaching, as well as in-person and remote follow-up this predicted asset loss was prevented.	Cash distribution through mobile bank accounts prevented the asset loss. Cash support reduces the panic and asset loss.
<b>Staff had limited knowledge on COVID-19 at the beginning of the response.</b>	Conducted several awareness raising and training sessions for all staff, mostly online.	Trainings where based on WHO and GoB key messages; training materials increased staff capacity to respond.
<b>Conducting food and NFI distributions during community transmission was a challenge, as the distribution centres could potentially expose beneficiaries and staff to the COVID-19 virus.</b>	Screening for fever on point of entry and referral. Training of staff on COVID-19, and provision of PPE. Increased handwashing facilities at distribution centres. Increasing the number of distribution days assisted decongestion in the centres. Reducing the frequency of distributions, e.g. monthly instead of bi-weekly also contributed to decongestion of sites. Reducing congestion by marking the standing points for beneficiaries waiting or queuing for distributions. WASH soap and hygiene materials were distributed to households instead of in centres.	Helped reduce the risk of transmission at distribution centres. World Vision was able to continue its food and NFI distributions in the target camps with minimal interruptions.



<b>Limited humanitarian access to the camps.</b>	<p>Increased the number of Rohingya volunteers so that they could continue to provide support during limited access phase.</p> <p>Remote monitoring was used, such as mobile phone, to monitor project progress.</p> <p>Only essential staff continued to access the camps while others worked from home.</p>	<p>Continued to provide essential services to both the refugee and host community with minimal interruptions.</p>
<b>Limited access to face masks by host and refugee community</b>	<p>Introduced community-level mask making by women's groups.</p>	<p>WorldVision distributed 129,020 masks to 64,510 individuals in the Rohingya refugee camps.</p>
<b>Household-level screening for acute malnutrition is difficult during local transmission.</b>	<p>Trained 4,791 lead mothers how to conduct MUAC to screen their own children and equipped them with MUAC measuring tapes.</p>	<p>The mothers and caregivers were excited about mother-led MUAC as it empowered them to monitor their children's nutritional status. There is need for continued monitoring so that programme coverage and motivation does not decrease over time.</p>
<b>Community awareness was very low at the beginning of the response. This was coupled with the challenge of awareness raising during local COVID-19 transmission.</b>	<p>None of our essential community activities were suspended allowing staff to focus on awareness raising. Started awareness raising well in advance before any cases of COVID-19 were reported in the target communities.</p> <p>Awareness-raising activities continued with groups of less than 10 to maintain social distancing.</p> <p>Use of megaphones and projectors to communicate messaging while maintaining social distancing.</p>	<p>Continued essential services including COVID-19 awareness sessions in both host and refugee communities.</p>

### 13. Lessons Learned and Adaptations

While COVID-19 cases among the Rohingya refugees are relatively low (106 as of 30 August), incidence is expected to increase in the coming months. We will continue to implement COVER activities during the next 90 days and beyond, focusing on the same sectors and continuing all main activities. The following new activities will be added based on need.

- Scale up of community-level face mask production by building the capacity of women's groups and providing materials for homebased mask making.
- Increase engagement, training and support for leaders, including imams, majhis, community leaders and household heads, to actively participate in COVID-19 prevention and awareness raising initiatives.
- Scale up involvement of lead mothers in MUAC screening for acute malnutrition by training 5,000 more mothers and providing them with MUAC tapes.
- Scale up door-to-door/household services provision across all sectors to accommodate for the reduced number of people accessing World Vision project sites.
- Conduct construction/renovations of nutrition centres, including improved water provision.
- Continue existing livelihood asset support activities (conditional cash) to 2,880 households and basic need support (unconditional cash) to 1,440 second cohort households.
- Create initiatives for increased livelihoods options.
- Constructed separate spaces in distribution centres to serve people with suspected cases of COVID-19.

### 15. Pictures (For an extensive collection of photos, see [Storyhub](#).)





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