RESEARCH BRIEF

Covid-19 Awareness, Preparedness, and Impact on the Most Vulnerable Groups among the Host Communities in Cox's Bazar

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Background

Bangladesh hosts the world's largest forcibly displaced population in Cox's Bazar district, with 855,000 Rohingyas, flee from Myanmar, residing in Ukhiya and Teknaf sub-districts (1). Alongside the Rohingyas, an estimated population of half a million Bangladeshis lives, who are one of the poorest populations groups in the country (2-3). The Covid-19 pandemic poses a range of challenges in such an already fragile context.

To prevent Covid-19 in Bangladesh and mitigate its impacts, long-term transformative, sustainable, and inclusive interventions are required, particularly in humanitarian crises. To support this notion and to explore Covid-19 awareness, preparedness, and impact on the most vulnerable groups (MVGs) among the Rohingya Community in Cox's Bazar, BRAC James P Grant School of Public Health (BRAC JPGSPH), BRAC University undertook one participatory action research project funded by the International Development Research Centre (IDRC), Canada (4) in partnership with the implementation partner – Centre for Peace and Justice, BRAC University.

The overarching objective of this project was to identify the most vulnerable groups, explore their Covid-19 related knowledge, perception, and practices and understand the impact of Covid-19 on their lives. This project aimed to provide critical evidence to support policies and interventions to mitigate the adverse impacts of Covid-19 on the MVGs in the Host community.

This brief is a part of the Research Brief series published by the BRAC JPGSPH and presents research findings around existing knowledge, attitude, and practices regarding Covid-19 and its impact on the Host community, focusing on the MVGs.

Study Settings

This research was conducted in the four selected wards of the Rajapalong union of the Ukhiya sub-district of Cox's Bazar, Bangladesh, where host communities reside.

Being Bangladeshis, the host communities are integrated with the formal service delivery model of the Government of Bangladesh (GoB) (2), which includes health care service delivery primarily by the government-owned facilities, allowances of different social safety-net programs for the persons with disabilities, elderly, widows, deserted, and destitute women (5). Additionally, some non-governmental organizations (NGOs) are complementing these services.

The host community lives near the Rohingya camps and frequently shares market spaces, roads, and livelihood opportunities with camp residents (1). They were already struggling economically and socially due to the influx of Rohingyas, and the Covid-19 pandemic exacerbated their pre-existing vulnerabilities (6), with varying effects on their overall wellbeing, especially on the MVGs.

Methodology

This project employed a mixed-methods approach applying qualitative and quantitative methods sequentially. Data were collected from October 2020 to March 2021 in four wards of the Host community, purposively selected based on the intervention and coverage areas of the implementation partner - CPJ. Figure 1 depicts the methodology followed in the study.

Research participants included adolescent girls and boys (11 – 17 years), adult women and men, elderly women and men, and persons with disabilities. Participants for qualitative assessments were selected using purposive, convenient, and opportunistic sampling techniques. Two-stage cluster sampling technique was applied in the household survey. In the first stage, four wards (project implementation sites) were purposively selected and the numbers of required households to be surveyed were proportionately distributed according to the population. In the second stage, households with at least one member from the most vulnerable groups were selected using the snowball and chain referral sampling procedure.

The ethical clearance of this project was obtained from the Institutional Review Board (7) of the BRAC James P Grant School of Public Health, BRAC University under reference number-IRB-6 November 20-057. This research brief summarizes the triangulated key findings.

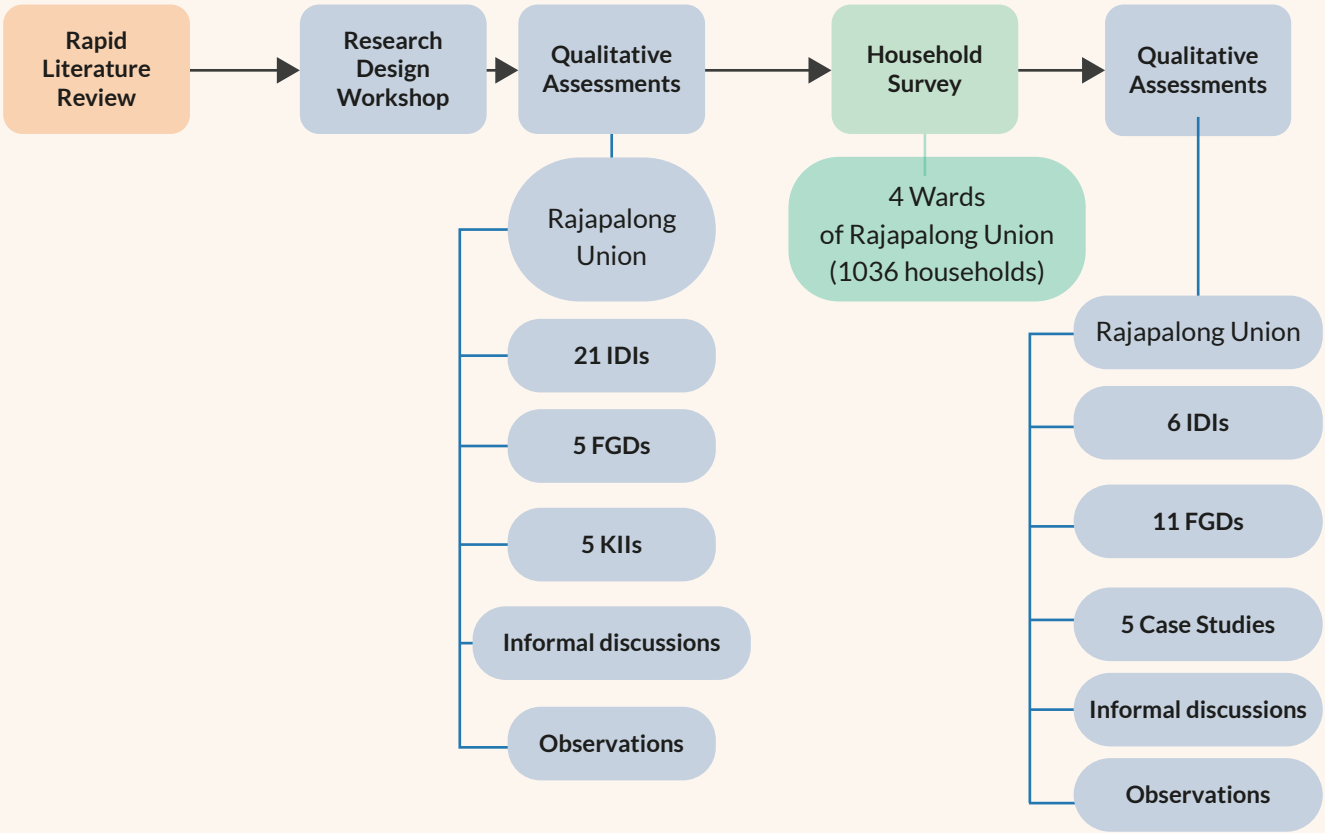


Figure 1: Methodology of the research

The Most Vulnerable Groups (MVGs)

The MVGs were identified applying a rigorous systematic approach including a rapid literature review, expert consultations made in a research design workshop conducted with local humanitarian actors – representatives from the Rohingya Relief and Repatriation Commissioner (RRRC) office, Union Partishad members, UN agencies, local NGOs, and researchers, local community leaders, and informal discussions with Host participants.

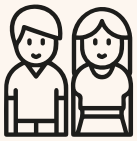
The most vulnerable groups identified in this research (both qualitative and quantitative samples):

494

Pregnant or lactating women

250

Elderly (Age>64)



495

Adolescent boy/girl (10-19 years)

142

Single female-headed Households

234

Person with disability

1615

Total respondents from MVGs

Perception about Covid-19

The qualitative data revealed that some adult female respondents, male PWDs, and male adolescent respondents stated that Covid-19 came from 'Allah' as a curse upon his followers because of their misdeeds and sins. One 30-year-old female participant stated,

> **"Coronavirus was sent from God as a curse upon his followers. God wants to turn away his followers from sin and make them repent"** (30 years old female, Homemaker).

One Hindu female respondent shared similar thoughts who believed that Covid-19 resulted from "Mondo Bhaggo" (bad fate) upon the evil deeds committed by people. On the contrary, many elderly Muslim male respondents identified Corona as a "Gujob" (rumor), spread by non-Muslims to "prevent the Muslims from offering prayers (Namaz)." Some female respondents also referred to certain eating habits, such as consumption of raw meat, as the perceived causes of Covid-19.

The quantitative survey findings showed that out of 1036 surveyed households, most of the respondents (over 70%) reported that close contact or touching, sneezing, and coughing were the main modes of transmission for Covid-19. Another commonly reported transmission mode was 'spreading through dirt' (18.9%).

Qualitative findings revealed that almost all adults, youth, PWDs, and adolescent respondents shared identical thoughts about the transmission of Covid-19. Most of them agreed that touching a Covid-19 infected person, sitting near an infected person, or sharing food with them can cause Covid-19. One 28-year-old female participant said,

> **"If I touch the person's belongings having the disease, I will get infected"** (28 Years old female, Homemaker).

More than half of the households (n=1036) in the quantitative survey reported awareness of Covid-19 symptoms. The most reported symptoms were fever (89 %), dry cough (83 %), sore throat (79%), and a runny nose (48%).

In the qualitative interviews and FGDs, the most common symptoms mentioned by all groups of respondents were "Jor" (fever), "Kashi' (Cough), "Thanda" (cold), and "Gola Betha" (throat ache). Some older adult male respondents added, "gaye betha" (body ache), "Iedami" (fatigue) as the early symptoms of Covid-19.

Preventive measures and practices

The most-reported knowledge on Covid-19 preventive measures in the quantitative survey (Figure 2) includes keeping the home clean (91.7%), frequent hand washing (89.2%), wearing masks (86.2%), staying home (66.8%), and not allowing visitors into the home (45.0%). Even though most of them were aware that wearing a mask would help avoid contracting Covid-19, nearly half of them admitted that they do not always wear a mask when going out in public. The survey respondents who reported not practicing frequent hand washing mentioned the cost of buying soaps as the primary main reason.

More than 50% of respondents out of a total of 1,032 household representatives admitted that they did not know how to wash their hands properly: ¬ for 20 seconds to prevent Covid-19.

Across all respondent groups, irrespective of age and gender, there appeared to be less fear around Covid-19 once the lockdown was lifted in July 2020. Fewer reported cases and deaths had been identified in the community, which resulted in a reluctance to follow guidelines. One of the male respondents, a 37-year-old day laborer, mentioned,

> **"No one is wearing masks here. If this virus exists, then why are not people dying of it!".** (37-year-old Male, Day laborer)

Covid-19 Vaccination

Although this research was conducted before and during the initial Covid-19 vaccine roll-out in Bangladesh (between October 2020 to March 2021), we asked questions on the host community's awareness and views of the Covid-19 vaccination.

The quantitative survey found that out of 1036 surveyed households, around 82% of respondents (males 84%; females 80%) had heard about the Covid-19 vaccine. Most of the respondents (around 67%), both male and female, had heard about the vaccine from television, which was followed by hearing about Coronavirus from the neighbors (39.2% male and 39.4% female) and social networks (10.5% male and 13% female), respectively. However, the local health worker was rarely reported in the baseline survey as the source of information by male (2.2%) and female (1.6%) respondents.

During the qualitative sessions, several adult female respondents explained that the vaccine's availability alleviated community fear of Covid-19 and rendered people "tension-free." A few female PWD respondents mentioned that they had heard of vaccines being available in the Upazilla health complex (sub-district level public secondary hospital) and expressed their excitement towards availing the vaccine.

Our qualitative study also found some local beliefs and rumors against the Covid-19 vaccine, emerging from a religious perspective. One adult male mentioned that he learned from some local newspapers and magazines that the Covid-19 vaccine could reduce the sexual power of men under 40, thereby affecting their fertility levels, deterring him from taking the vaccine unless it was made mandatory by the government.

> In his own words, **"I have heard that the Covid-19 vaccine has several side effects. It was written in one magazine that this vaccine could reduce the sexual power of any man under 40. As I am only 28 years old, I will not take the vaccine"** (28 years old male, Day laborer).

More than 96% (N = 1,036 households) of host respondents who participated in the quantitative survey expressed their interest in the Covid-19 vaccine. Of the respondents who did not show interest in taking the vaccine, approximately 40% (Male: 33.3%, Female: 40.7%) considered "fear of taking injection" the main reason for not taking the vaccine.

Looking at age groups, we found adolescents and adults were most interested in getting the vaccine (97.7% and 97.2%). Older adults (93.8%) were comparatively less interested in vaccination. A total of 33.3% of the respondents reported that people would die if they took the vaccine, where the proportion of the male and female respondents was similar.

The qualitative study revealed that most female respondents were willing to be vaccinated to protect themselves and their children against Covid-19. They also reported that this decision depended on their male household heads and required their permission to avail the vaccine. A female single household head said,

> **"I will surely vaccinate myself when it is available... I need to save myself from corona, as my children will suffer a lot if something happens to me."** (46 years old, Female, Housekeeper).

Community's perspectives on Covid-19 information dissemination

Main sources of information: According to findings from the baseline survey, radio or television were the primary sources of getting Covid-19-related information in the host community (52.75 % male and 37.36 % female) as depicted in Figure 2. Qualitative findings revealed that religious leaders were the most-trusted community members.

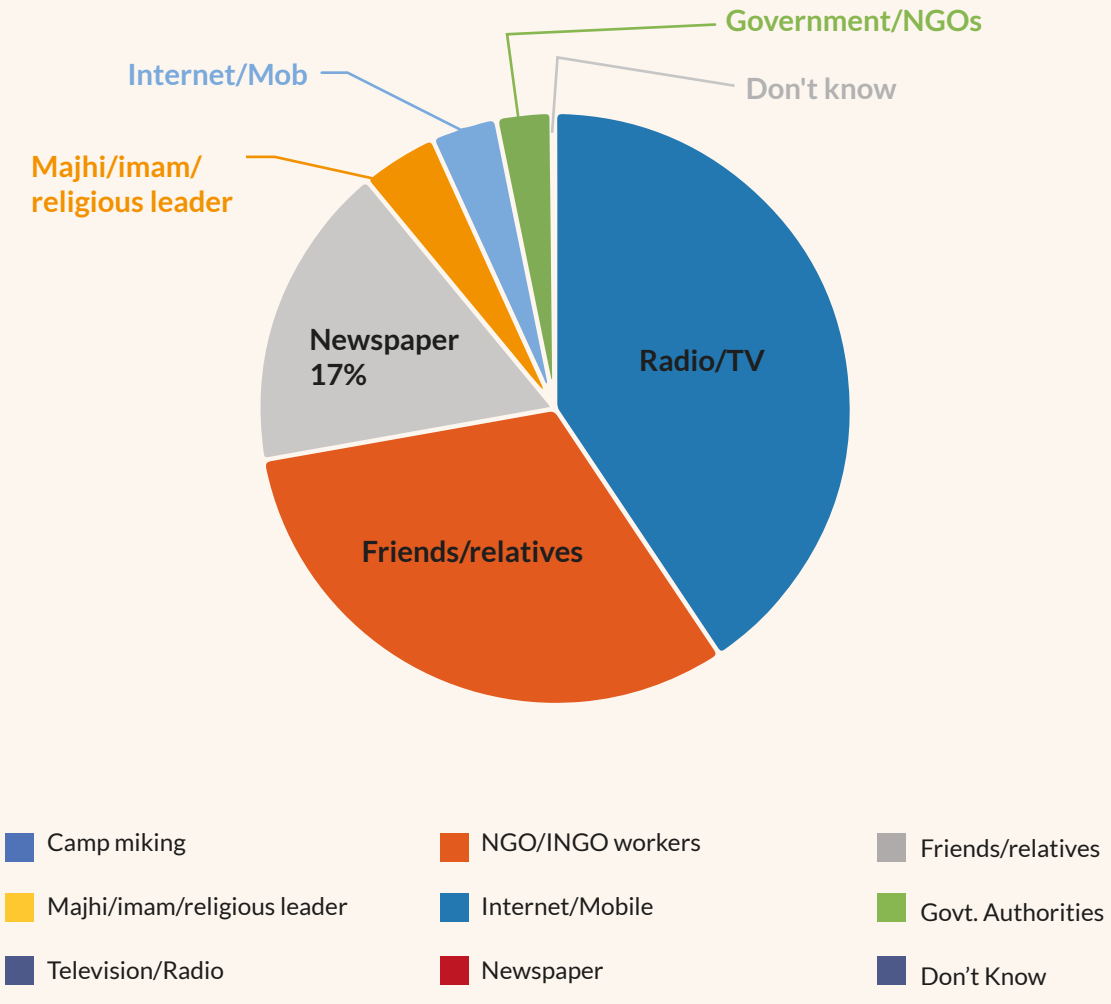


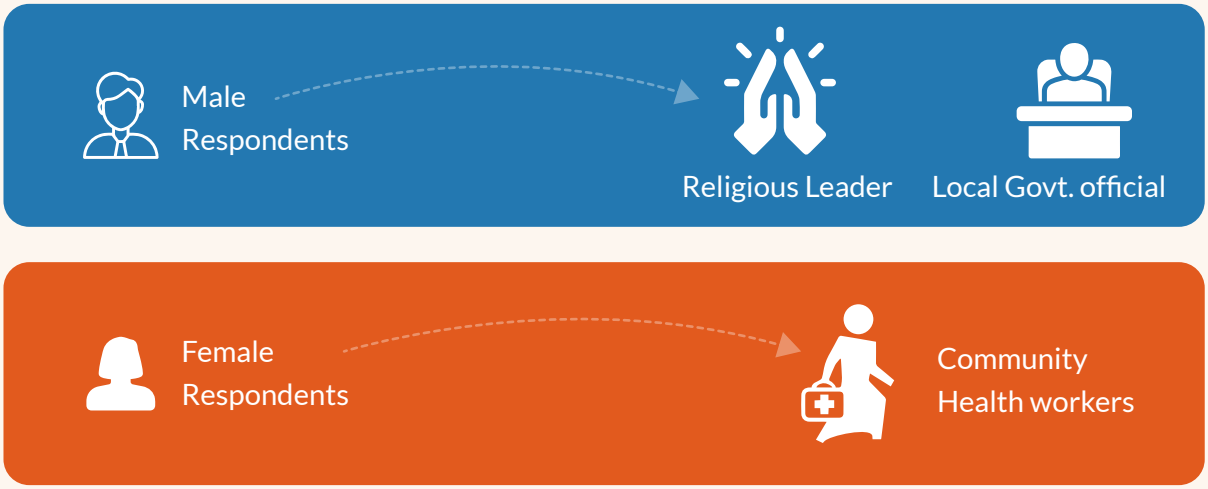
Figure 2: Initial sources of Covid-19 related information of Host community

Women's Preference: Almost all the female adult respondents mentioned that their households were the most effective communication place since they spent most of their time attending to household chores This reflects the gender and cultural norms of the communities, where women are not allowed to go outside without the approval of their male counterparts, and most stay outside of public spaces.

Qualitative data revealed that host community women preferred miking (mike announcements) and door-to-door visits by NGO CHWs as an effective method of information dissemination as they trusted the NGO workers. Most of the female respondents across all age groups considered community health workers (CHWs) who visited door-to-door and schoolteachers as the most-trusted individuals in the community.

Men's Preference: In contrast, the male respondents cited religious leaders and elected community members as trusted individuals. Most of the adult male group discussions respondents also identified the "chotkhato bazarguli" (small marketplaces) as effective spots for any knowledge or information dissemination for the wider community. In general, the community males primarily relied upon announcements made in the mosques by the Imams during prayers as they had more mobility in the community.

Adolescents' and Youths' Preference: Male adolescent respondents mentioned that due to the closure of schools, they are usually in the playgrounds and only return to their homes just before the sunset or at lunchtime. Therefore, they preferred afternoons (3:00 pm to 5:00 pm) just before the sunset as the most convenient time for reaching out to them. One community leader mentioned that male adolescents have clubs in the community, and they meet every Friday after the noon prayer. According to him, this could be the most convenient time and place to reach out to many adolescents at the same time. However, as mentioned earlier, many preferred and relied on social media as a platform for their source of information. On the other hand, adult females, adolescent girls, and female elderly respondents preferred mornings for Covid-19 dissemination and closer to their homes.



Impacts of Covid-19 on host communities

Economic Impact

To understand the economic impact of Covid-19 on the host community, the quantitative survey respondents were asked about their jobs and household income status pre-pandemic and during the pandemic (one month prior to data collection) periods. Around 45% of the respondents reported having a job at the time of the survey. Regarding household income concerning pre-pandemic levels, approximately 69% of households reported a decrease, and 11% reported a complete loss of income sources (Figure 3).

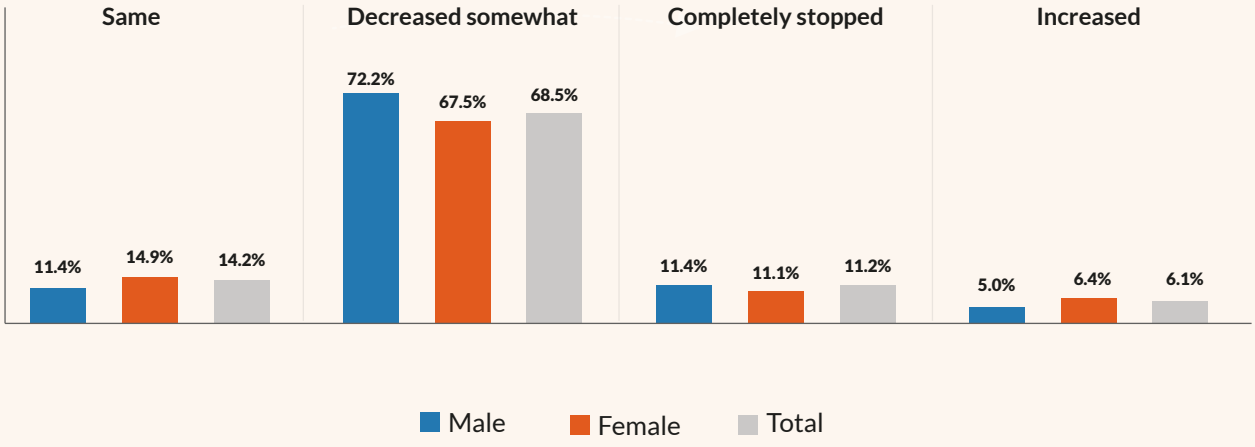


Figure 3: Situation of household income compared to pre-pandemic levels

Among the respondents who reported income losses (reduced or complete loss), about 76% had to cut back on their household expenses, and 55% reported taking loans to cope with these losses.

Most adult males in the qualitative interviews mentioned that the lockdown had affected the job market. People involved with informal job sectors, such as day laborers and construction workers, had utterly lost their jobs. Furthermore, many formal employees were retrenched, while some did not get paid regularly. Additionally, small business owners suffered due to the forced shutdown of their shops and income opportunities.

Though only 2.8% of quantitative survey respondents among 1036 surveyed households reported receiving government support/relief, more than half of them reported receiving support in the form of food (58%). Regarding their current (at time of data collection) priority needs, 69% mentioned cash, and 36% wanted food support.

In qualitative interviews, adult female respondents shared that they had to borrow money or goods from their neighbors or relatives to meet their daily needs. The caregiver of a female PWD mentioned, "Who will give me anything when everyone is suffering? There is nothing to do. We must manage. I told my heart that this is only because of Corona and once it (Covid-19) goes away, everything will be fine" (27 years old, Female, Homemaker). Almost all respondents shared that during the lockdown (2020), some NGOs and Union Parishad members provided food items (rice and lentils) and cash assistance to selected ultra-poor households in the host community.

Impact on food security

Compared to the period before the pandemic, out of 1036 surveyed households, most of the quantitative survey respondents (almost 79.7%) reported a decline in food consumption (Figure 4).

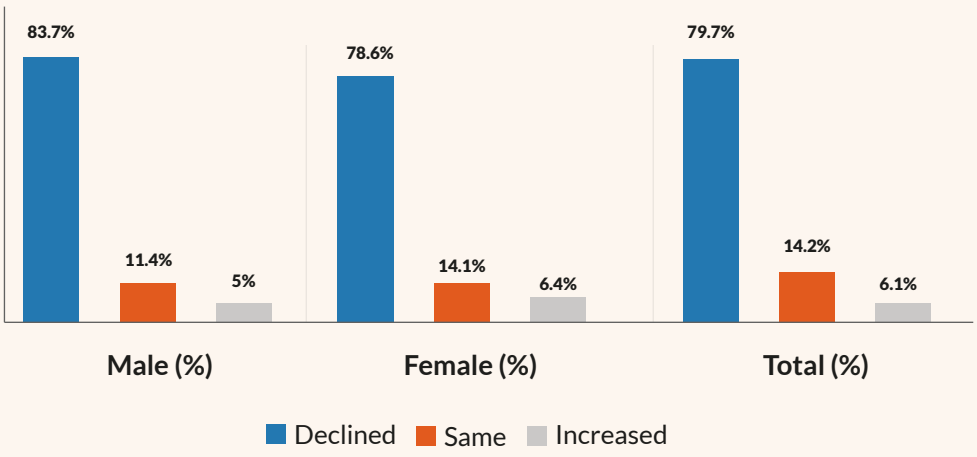


Figure 4: Self-reported food consumption levels compared to pre-pandemic levels

In addition, in the last nine months before data collection (April – December 2020), they had to skip meals on an average for 22 days and had less food at home than their required amount for an average of 24 days due to lack of money to buy food. Also, around 65% of households reported running out of food due to less money available for buying food. About one-third of the respondents (27%) also reported starving 'sometimes.' To cope with household food shortages, most respondents reported eating less food (67%), borrowing money (60%) to buy food, and borrowing food (55%) from neighbors/relatives. About one-third of the respondents (27%) also reported occasional skipping meals.

The qualitative data found that almost all respondents faced overwhelming difficulties managing three meals a day during the lockdown period. Food security issues in the host community were directly related to the negative economic impacts of certain socio-economic groups. For instance, single female-headed households suffered greatly, as they lost their jobs, their only source of income. As people could not earn enough money, most respondents reported not able to afford adequate food for their families. Additionally, the adult male respondents mentioned that daily wage earners, small shopkeepers, and rickshaw pullers were most affected and vulnerable to food insecurity, as they lived hand-to-mouth and were unable to work and earn money consequently were unable to manage food for their families.

Social Impact

The main impact of Covid-19 on the regular social life of the host community as reported by the baseline survey respondents was the inability to host/attend marriage ceremonies (96%), inability to attend mosque/temple/church for regular prayers (96%), not being able to meet neighbors/relatives/friends (96%), and inability socialize at the marketplaces (87%).

According to the qualitative data, respondents' movement restrictions impacted their social lives and relationships. The lockdown measures resulted in the closures of educational institutions, workplaces, and markets. Social gatherings were prohibited, affecting the traditional social and religious ceremonies—for the cancellation of 'Waz Mehfils' (Religious gatherings), many complained that they could not arrange traditional large wedding ceremonies. However, with the lockdown, women were forced to remain at home with an increased burden of maintaining caregiving roles. The extra workload of having all household members at home added to their stress and negatively impacted their wellbeing.

The restrictions on mobility were extremely severe among certain MVGs, e.g., elderly, persons with disabilities, pregnant and lactating mothers, and their needs were often ignored during the lockdown. This impacted their ability to obtain essential services. According to one male PWD respondent,

> **"Due to my physical condition, I have to visit the hospitals quite often. However, since the lockdown was imposed, the authority restricted our movement. Therefore, I had suffered a lot to go to the hospitals during the lockdown, and hence, could not avail my required health services"** (28 years old male, PWD, Unemployed)

Impact on non-Covid-19 health-seeking behavior

Among the households having one or more members suffering some form of illness (15 days prior to interview), the most reported first points of contact for treatment were certified public or private medical doctors (44%), local drug shops/pharmacies (36%), and village doctors (23%). The qualitative data found that the lockdown reduced local drug seller shops and hospitals. Most adult male respondents reported that during the lockdown, the community people had little access to the government UHC, and even when they were able to go to the health complex, doctors were often absent. One adult male respondent said,

> **"They (the doctors) did not check us properly. They sat far away. Sometimes the assistant would check us and give medicine. Can the assistant treat us like the doctor does?"** (42 years old male, Farmer).

Pregnant and lactating women also faced problems accessing maternal and child health services (ANC, PNC, Immunization, etc.). One lactating mother said,

> **"After I had my child, I faced trouble while vaccinating my son or taking my PNC services as well."** (26 Years old, Lactating mother, Homemaker).

Covid-19 impact on Mental Health

Covid-19, they would be taken away to isolation centers, and the community would stigmatize them and abandon their families. This fear was particularly dominant among the male elderly and female PWD respondents.

Covid-19 impact on Mental Health

The qualitative data in the host community, found that adult male and female respondents mentioned that they were worried about their financial situation during the lockdown, which added to their stress and anxiety. Additionally, adult and youth male respondents were also worried about possible job prospects after the lockdown. One female adult respondent mentioned,

> **"We three were living on the earnings of one member. Now that earning is also gone. This makes me worry what is going to happen?"** (30 years old female, Homemaker, Host).

Moreover, the stigma surrounding Covid-19 also added to people's stress as they had to hide their symptoms for fear of being ostracized by the community. This stress was mainly reported by the elderly and PWD respondents, both male, and female, in the community. This may be due to their perception of being more vulnerable to Covid-19 and they were worried about passing this on to their families. Moreover, some community members said they were afraid that if they caught Covid-19 they would be taken away to isolation centers, and the community would stigmatize them and abandon their families. This fear was particularly dominant among the male elderly and female PWD respondents.

One female PWD respondent mentioned that she had all the symptoms of Covid-19 during the lockdown, but she did not tell anyone about them because she was scared that her neighbors would call the hospital and police would come and take her away. She did not know where the authorities took Covid-19 patients; she had only heard about isolation centers and did not want to visit one. In her own words,

> **"Even my mother-in-law had symptoms. I did too. But I couldn't dare to tell anyone. They (the authorities) had already taken away an old lady when she had symptoms of Corona. I did not want that."** (29 years old female, Unemployed, Host).

Impact of Covid-19 on Most Vulnerable Groups

Impact on single-female-headed households

Single female households live a particularly vulnerable life in the host community. Due to the absence of male members in the house, who are usually the sole breadwinner in the host context, they faced severe financial hardship.

In our quantitative survey, around 62% (n=142) reported that the household income decreased in the current pandemic crisis compared to the "before the pandemic." The surveyed households had 20% or more single female-headed households where the household's income was "completely stopped." Availing of loans (at times with high interest) was the most reported coping strategy for the host community single female household heads.

During the qualitative interviews, many single female household heads shared their financial hardship since the lockdown was announced. Most of them experienced immense financial suffering as they lost their only source of income due to the pandemic-induced lockdown. As narrated by one of the respondents,

> **"I used to work as a maid...I lost my only earning source since the pandemic started. I could not manage any other job at that time. In our village, men have many more working opportunities but not us. During this pandemic, many men continued with their job and earnings as they could choose between so many options"** (35 years old female, Unemployed).

Impact on Pregnant or Lactating Mothers

In the quantitative survey, around 38% (n=494) reported a disruption in availing of post-natal care (PNC) services, nine percentage points higher than antenatal care (ANC) services (29.3%). The reduction in available PNC services was 1.3 times lower than ANC services. However, self-reported child immunization rates remained high (97%). Home deliveries were most reported (40%) among the host community, followed by deliveries at government UHCs (20%) and NGO hospitals (18%).

The qualitative data from the host community found that pregnant and lactating mothers, during the lockdown, had to suffer immensely to access healthcare services. Some limited hospitals and facilities provided Maternal and Child Health (MNCH) services, especially child delivery services. As shared by one pregnant woman about her child delivery experience during the Covid-19 lockdown,

> **"I started bleeding…. situation turned more complex and serious within a few minutes. Very few hospitals were available that could handle the delivery (C-section). The hospital authority tried to bring the doctor from another hospital, but I was refused since those doctors had other patients to attend. None were there who could refer me to another hospital…. O, Allah! Those memories are like a nightmare to me"**
> (21-year-old, Pregnant Mother).

Impact on Adolescents

According to the baseline survey, one primary effect of Covid-19 was the closure of formal educational institutions (75%) (among 494 interviewed adolescent boys and girls). Only 13.2% of households with adolescents reported boys and girls continuing their education via online platforms. Surprisingly, in terms of safety, more male adolescents felt 'somewhat' unsafe about going out, with the fear of going out and being mugged (45%) as the most reported reasons.

Most of the adolescents in qualitative interviews were uncertain whether they could attend school and college again. Some adolescent girls shared that they tried to continue their studies at home, as some schools and colleges were running classes online. However, they could not continue studying for more than 30 minutes. One adolescent girl narrated,

> **"It is tough to study without guidance...I could not fully concentrate on my studies"** (14 years old female, Student).

Some adolescent boys mentioned that lockdown limited their social lives, and they were confined within their homes. They reported suffering from extreme boredom stuck at home. Their outdoor activities, such as recreation outside and hanging out with friends, and participation in other recreational activities, were severely restricted or prohibited. They expressed suffering from mental anxiety and stress. In most cases, the male adolescents did not seem to realize that females were as greatly affected and mentioned that girls usually stayed at home except going to school.

Impact on the Elderly people

Covid-19 brought significant changes to the daily routine of older adults in the host communities. During the lockdown, family members were strict in ensuring proper safety measures for their elderly family members, considering the associated risks. Among the 250 interviewed elderly respondents of a quantitative survey, most of them (94%) reported to have taken some form of special care during the lockdown, but their biggest concerns were related to their restricted mobility (62%), household finances (42%), their health (40%), and their families' wellbeing (34%) (Figure 5).

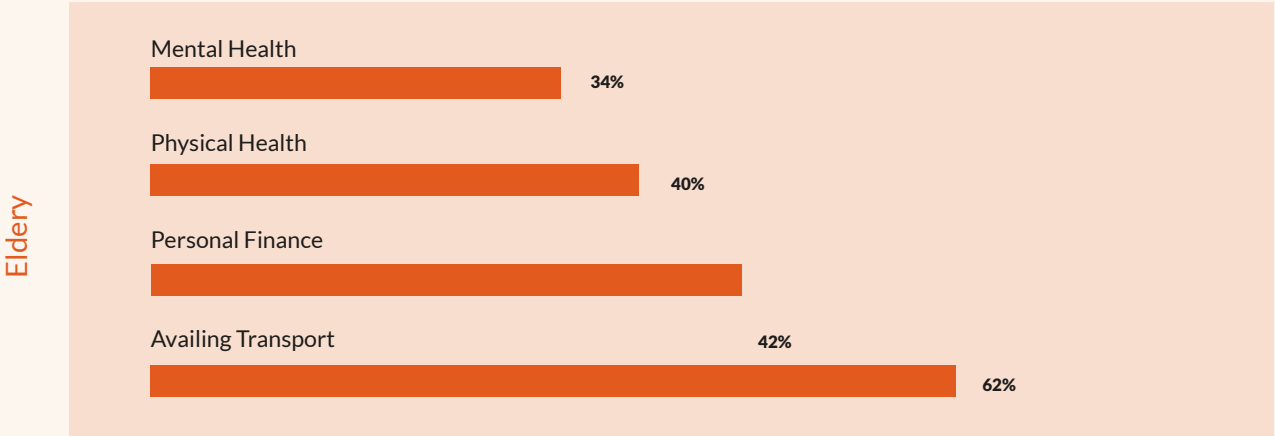


Figure 5: Concerns about the daily life of elderly respondents

Overall, two-thirds of elderly respondents in the host community believed that the pandemic had created problems in their daily lives, with 76% reporting a significant impact. Close to a third of respondents reported 'never' going outside during the lockdown period (31%). The qualitative data recorded possible psychosocial health consequences of Covid-19 among the elderly population. Many respondents shared that they were aware of the risk of this disease in their age group and felt extremely vulnerable. They had learned about the severity of the disease through media sources. One of them shared,

> **"Aged people, particularly 50 years old and above, tended to be at higher risk"** (Elderly Male, 65 years old, Unemployed)

Impact on Persons with Disabilities

Over half of surveyed 234 PWDs reported concerns about their physical health (56%). However, around 59% were worried about their finances, which concerned their ongoing treatment(s). Almost twice as many PWDs reported concerns about their mental health than elderly respondents (Figure 6).

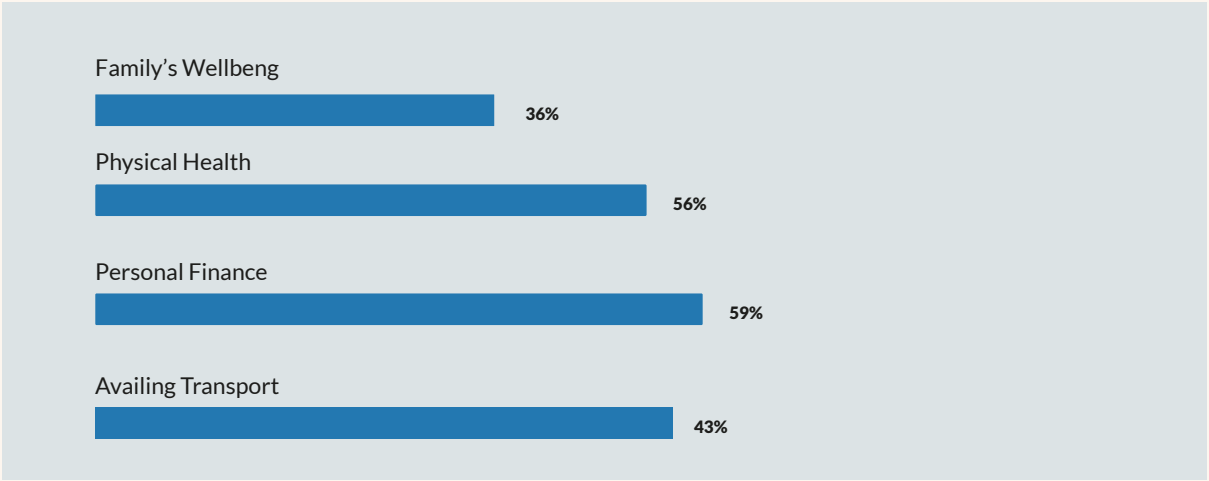


Figure 6: Concerns about the daily life of PWD respondents

The majority of PWD respondents shared their struggle availing of health services. Some of them shared that their economic hardships had made them more vulnerable. Some respondents involved in the economic activities lost their only earning source when the pandemic started. As one of the female respondents who had difficulties walking shared,

> **"I have been working in a grocery shop that was closed during the lockdown. Therefore, I had lost my only earning source and became economically dependent on my family members…. As I am already physically dependent on them, this economic dependency made me feel more helpless and miserable"** (35 years old female, small business owner).

Conclusion

This report identifies MVGs in the host communities of Cox's Bazar in the context of Covid-19; pregnant and lactating mothers, adolescent boys and girls, single female household heads, PWDs, and the elderly. The drivers of their vulnerabilities are intersectional and represent deeply embedded gender, social, cultural norms, and poor economic capacities. Moreover, multiple MVGs in a household further increase their vulnerabilities. The findings also suggest that the community people have many misconceptions on the knowledge and practices of Covid-19 that require targeted interventions. People suffer significant economic, social, and health consequences exacerbated by their pre-existing vulnerabilities. When combined, these factors exhibit severe effects on these groups, making them complex populations that require extra attention from the implementers and policymakers.

Recommendations

The study suggests the following policy recommendations.

1. Clear messaging for Covid-19 risk communication: Culturally appropriate, accurate and precise messaging is required to address the social, religious, and other concerns regarding Covid-19. Community gatekeepers (like Religious Leaders, CHWs etc.,) need to be included in the campaign as they are the most trusted people in the community. Moreover, culturally contextualized explanations in simple local language with pictorials and video demonstration is required.

2. Risk communication on social media to reach the younger generation: In the current context, social media platforms could be leveraged to target young adults and adolescents as the penetration of digital tool is deeper in these age groups.

3. Targeted approaches for MVG: For the MVGs, it is important to establish priority lanes and shorter waiting areas at health centers/facilities. Additionally, special food and cash assistance to households/families with members from MVGs is recommended.

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Acknowledgments

We are indebted to the International Development Research Centre (IDRC), Canada, for funding this project. The research team would like to thank all the respondents involved for sparing their valuable time. We would also like to thank the Union Parishad Office, Shardars, local community leaders, and gatekeepers for their support during the data collection. The BRAC JPGSPH research team has also benefited from the support provided by the Rohingya response sectors, Cox's Bazar and BRAC Humanitarian Crisis Management Programme, Cox's Bazar during the data collection period.

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Funded by:

IDRC · CRDI
International Development Research Centre
Centre de recherches pour le développement international

Canada

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