FACTS:

- **Beneficiaries:** In 2021, DCA has reached more than 78,794 beneficiaries in Cox Bazar.
- **Employees:** 154 programme and support staff (125 females; 29 males) based in Cox’s Bazar, including 77 GBV team members (67 females; 10 males), 6 Emergency Livelihoods staff (3 females; 3 males) and 51 Education team staff (49 female, 02 males).
- DCA currently operates with country head office in Cox’s Bazar.
- **Annual turnover:** USD 4,33 million (EUR 3,9 million).
- **Registration:** DCA is registered in Bangladesh and has implemented development and humanitarian programmes through local partners since 1971.
- **Partnerships:** DCA currently partners with five local organisations in Cox’s Bazar: UTSA, FIVDB, NGO Forum for Public Health, Friendship, and BNKS.
- DCA is represented in all sector-specific working groups and camp level coordination mechanisms.

OPERATIONAL CONTEXT:

- Bangladesh is one of the most densely populated countries in the world, almost one third of the population lives below the poverty line.
- In 2017 a surge of violence in Myanmar’s Rakhine state saw more than 700,000 Rohingya flee across the border to neighbouring Bangladesh. They joined refugees already seeking shelter in Cox’s Bazar District, one of the poorest districts in Bangladesh, and the total number of people in need is now more than 1.36 million.
- In 2019, DCA decided to focus its refugee response and programmes in Cox’s Bazar and enhance partnership in Chittagong/ Chattogram Division.
- Over the last few years, more restrictions on programmatic activities and camp permits for NGOs have been imposed.
- The Government of Bangladesh enacted a ban on the 4G mobile network in all 34 camps, which made communication and programming more challenging, particularly during the COVID-19 lockdown.

OVERVIEW OF THE ROHINGYA REFUGEE CRISIS

In Cox’s Bazar, more than 1.36 million people (Rohingya refugee: 884,041; Host community: 472,002) are in urgent need of humanitarian assistance as shelter, food, security, health and education services in camps and host communities are under severe pressure.

To date, several attempts to facilitate voluntary repatriation of the Rohingya refugees failed. As a result, tensions between the host and refugee communities increased. Since repatriation of Rohingya refugees may take further time, both Rohingya and host communities require triple nexus programme interventions.

55% of the refugee population in need are children and some 83 percent of youth and adolescents do not have access to any education and learning opportunities. Young women and girls face disproportionately high needs.

The settlements in Cox’s Bazar are high-risk areas for climate change and natural disasters especially during the monsoon season and due to cyclone and drought risks.

51% of the total refugee population are women and girls. Many of them have been and still are exposed to sexual and gender-based violence (GBV). The number of incidents continue to increase due to stigma and fear remains a major concern. According to the Bangladesh Bureau of Statistics, GBV remains the most pervasive human rights violation to which Bangladeshi women are exposed.

CONTACT:

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HOW AND WHERE WE WORK:
The overall goal of DCA’s ongoing operations in Bangladesh is to save lives and to build more resilient communities through a holistic, triple nexus, and survivor-centred approach. Through cooperation with Government of Bangladesh partners, donors and the affected population, DCA works to deliver humanitarian support to the most vulnerable people.

More explicitly, DCA implements a holistic response focusing on SGBV, education, WaSH, site improvement, cash and livelihoods support in 24 camps and 8 host community

WHAT WE DO:
**Sexual and Gender Based Violence:** DCA has nine Women and Girl Safe Spaces (WGSS) that as of October 2021, have reached more than 55,778 women, adolescent girls, men and boys through GBV response and prevention activities. The spaces offer case management and psychological support (PSS), comprehensive women and girls’ empowerment activities, and livelihood skills training. During the COVID-19 pandemic, DCA continued to provide essential services including remote and in-person case management and PSS and disseminated massages on COVID-19 awareness and GBV risk mitigation.

**Education in Emergencies:** DCA is a leading actor in providing non-formal education sessions in female friendly spaces and through a home-based approach, reaching over 5,000 female adolescents and youth. DCA developed a literacy, numeracy, and life skills curriculum framework for Rohingya youth and adolescents that was endorsed as the official curriculum framework for this age group. During the COVID-19 lockdown, DCA delivered remote teacher training using WhatsApp and Zoom and developed the lessons learned into a comprehensive Training Package that has been shared with the Cox’s Bazar Education Sector and global education partners as well.

**WaSH (Water, Sanitation and Hygiene):** Through WASH (Water, Sanitation and Hygiene) programme interventions, vulnerable populations have increased access to safe water supplies and sanitary facilities. In 2021, DCA partnered with NCA to address the targeted WASH needs of the communities in which we work.

**Site Improvement and Emergency Response:** By constructing drainage systems, solar streetlights, and bathing cubicles, renovating pathways, and distributing NFIs, DCA supports the thousands of individuals in need of shelter and protection from various natural hazards. Additionally, DCA engages affected populations via cash-for-work as part of the construction activities as well as through tree plantation and liquid petroleum gas distribution and refilling, in attempt to reverse the environmental degradation caused by the massive influx of people to the camps.

**Livelihood, Cash & DRR:** Through backyard vegetable gardening, livelihood support and cash transfers DCA enhances self-reliance and resilience in camps and host communities. Agricultural inputs and micro gardening kits are distributed to strengthen food consumption and dietary diversity of households.