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REPORTING PERIOD: 18 September - 08 October 2018

# Bangladesh

## Humanitarian Situation report No.41 (Rohingya influx)

SITUATION IN NUMBERS

### Highlights

- On the 27<sup>th</sup> of September the Health Minister inaugurated the extension of Cox’s Bazar District Hospital Special Care New-born Unit (SCANU) supported by UNICEF. The unit expanded from 24 to 65 beds. In 2018, a total of 2,258 sick new-born were treated in the three UNICEF-supported facilities in host communities.
- On 16<sup>th</sup> September, Prevention of Mother-to-Child Transmission of HIV infection (PMTCT) services supported by UNICEF was initiated in Cox’s Bazar District Hospital. By end of September, 352 pregnant women received HIV counselling and testing.
- UNICEF has built so far 1,077 Learning Centres (LCs), 224 are under construction and 118 contracted.
- An additional 1,581 foster families have been verified by the Social Workers of the Department of Social Services (DSS) to receive cash assistance. In total, 3,000 families to date benefit from UNICEF’s cash assistance.
- The Bangladesh 2018 HAC appeal is 74 per cent funded with the generous support of its donors. However, an additional US\$38.8 million is required to fully deliver UNICEF’s response to meet Rohingya and host community needs.

### 11 October 2018

**703,000**

Children in need of humanitarian assistance (JRP March to December 2018)

**1.3 million**

People in need - including refugees and host community (JRP March to December 2018)

**392,580**

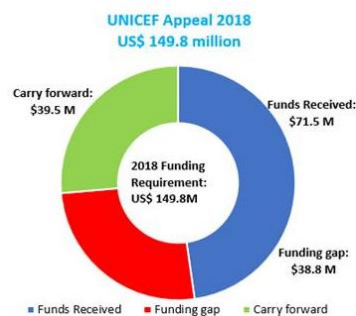
Children (arrived since 25 August 2017) in need of humanitarian assistance (Based on ISCG SitRep 5 September 2018)

**727,000**

New arrivals since 25 August (ISCG SitRep, as of 27 September 2018)







### UNICEF’s Response with Partners

Key Programme Indicators	Sector		UNICEF and IPs (Refugees and Host Communities)	
	Target	Total Results (2018)	Target*	Total Results (2018)
<b>Nutrition:</b> Children 0-59 months treated for severe acute malnutrition	35,093	23,881	24,546	14,926
<b>Health:</b> People aged 1 year and above who received oral cholera vaccine			950,000	879,273
<b>WASH:</b> People with access to safe drinking water	1,052,495	801,737	600,000	334,650
<b>Child Protection:</b> Children benefitted from psychosocial activities	400,000	208,841	300,000	155,135
<b>Education:</b> Children (4-14) enrolled in emergency non-formal education	368,000	162,013	151,765	110,687



\*UNICEF aligned its programme targets and results with the JRP. All targets are from January-December 2018 except nutrition which is March-December 2018 to be in line with the sector.

The transition from monsoon to cyclone season is slowly taking place. The cyclone period is expected to continue until November and may significantly impact on many parts of the country. Rohingya refugees living in temporary bamboo frame and tarpaulin shelters will be highly vulnerable to any strong winds. The post monsoon season may see a spike in cholera cases in Bangladesh and the risk of outbreaks of cholera or acute watery diarrhoea outbreak remains high. Mid-term review of the Joint Response Plan (JRP) is on-going and expected to be completed by mid-October. Based on the mid-term review and consultation with the Government, a plan for 2019 will be finalised by the end of 2018. UNICEF's 2018 revised Humanitarian Action for Children includes the key components of the current JRP, an emphasis on expanding support to the Bangladeshi community in Cox's Bazar district along with preparedness and response to other emergencies nationwide.

	Newly arrived Rohingya refugees	725,000
	Newly arrived children	54%
	Newly arrived women and girls	60%
	Newly arrived pregnant and lactating women	10%
	Total affected population	1,300,000
	Total affected children	703,000
<i>Note: Based on Inter-Sector Coordination Group reports</i>		

## Humanitarian Leadership, Coordination, and Strategy

The humanitarian response for the Rohingya refugee crisis is facilitated by the Inter-Sectoral Coordination Group (ISCG) in Cox's Bazar. The ISCG Secretariat is guided by the Strategic Executive Group (SEG) that is designed to be an inclusive decision-making forum consisting of heads of humanitarian organizations.<sup>1</sup> It was agreed by relevant stakeholders that this current coordination structure would be reviewed following the conclusion of the monsoon season in Cox's Bazar. UNHCR, IOM and UNDP are conducting the review to make recommendations that aim toward a coordination approach that will enable the different national and international stakeholders in the Bangladesh refugee operation to work together more effectively in pursuit of common goals in the areas of protection, humanitarian assistance, development, resilience and support to the host communities. On the government side, a National Task Force, established by the Ministry of Foreign Affairs, leads the coordination of the overall Rohingya crisis. Since the August 2017 influx, the Ministry of Disaster Management and Relief (MoDMR) has been assigned to coordinate the Rohingya response with support from the Bangladesh Army and Border Guard Bangladesh. At the Cox's Bazar level, the Refugee, Relief and Repatriation Commissioner (RRRC) and the Deputy Commissioner are critical for day-to-day coordination. In Cox's Bazar UNICEF leads the nutrition sector and child protection sub-sector, and co-leads the education sector with Save the Children and co-leads the WASH sector with Action Against Hunger.

In Cox's Bazar, UNICEF's actions are focused around four key strategies. (1) Firstly on saving lives and protecting children and their families in the refugee camps. (2) Secondly promoting social cohesion and confidence building in the host communities in Ukhiya and Teknaf Sub-districts; and (3) thirdly contributing to system strengthening and accelerating programme implementation to the rest of the district of Cox's Bazar. Lastly, (4) UNICEF will apply the lessons learnt from the work in the refugee camps and the district of Cox's Bazar to feed these into national strategies and its work in other parts of the country.

## Summary Analysis of Programme Response

**Nutrition:** During the reporting period, a total of 96,100 under five children were screened for malnutrition by community nutrition volunteers. Among them, 862 children aged 6-59 months were identified with severe acute malnutrition (SAM) through active case findings, and subsequently referred to UNICEF supported Outpatient Therapeutic Programme (OTP). A total of 870 children including 8 aged 6-59 months, identified by families, were admitted in OTPs and 32 infants aged 0-6 months treated in 7 CMAM-I centres supported by UNICEF. Moreover, 3 children aged 0-59 months who are severely malnourished with medical complications were admitted in UNICEF supported stabilization centers with access to critical medical support. Community nutrition volunteers also identified and referred 2,366 under five children with MAM to nearest supplementary feeding programs supported by WFP. To prevent and address the detrimental impacts of micronutrient deficiency, 2,210 Pregnant and Lactating Women (PLW) and 907 adolescent girls were provided with Iron Folic Acid supplements during the reporting period. Ongoing service provision from decommissioned breast feeding support centers is ensured through the use of temporary tents while new site selection and relocation process are being conducted. One stabilization center which was decommissioned due to monsoon impact has now been relocated and is functional for routine service provision including referral and admissions of SAM children with medical complication from nearby OTPs in the Balukhali makeshift area.

**Host Community:** Since early 2017, UNICEF has been supporting the Civil Surgeon's Office, Cox's Bazar to provide essential nutrition services<sup>2</sup> to the of host community. During the reporting period, a total of 5,662 children were screened for detection of malnutrition in community, with 16 children identified with severe acute malnutrition (SAM) and 418 with moderate acute malnutrition (MAM). Among the children identified with SAM, 11 were admitted into four Government in-patient facilities supported by UNICEF. A total of

<sup>1</sup>The SEG meets weekly, chaired by the Resident Coordinator and co-chaired by IOM and UNHCR. The membership includes UN agencies, INGOs (ACF, MSF and Save the Children), and the Red Cross/Crescent movement (ICRC, IFRC).

<sup>2</sup> Essential nutrition services include SAM treatment, IYCF counselling, IFA tablet distribution, counselling on maternal nutrition

1,702 Pregnant and Lactating Woman received messages and counselling on IYCF by community nutrition volunteers at 60 community clinics and satellite points.

**Health:** During the reporting period, 152 patients, including 82 children under five, from both the camp setting and host community suffering from acute watery diarrhoea were treated in the five UNICEF-supported Diarrhoea Treatment Centres (DTCs).. The laboratory tests conducted on 49 of these patient's stool samples show no cholera bacteria. The health sector recorded zero case of diphtheria with no deaths, bringing the total cases since 8 November to 8,176 cases with 44 recorded deaths. Despite the declining trend, the transmission risk is still present as the latest confirmed cases occurred on 5 September 2018. The trend of Measles-Rubella (MR) has been declining with 1 case in the past two weeks with no deaths, bringing the total number to 1,501 cases in 2018. The 24 UNICEF-supported health facilities including the five DTCs provided health services to 16,946 people in the past two weeks which included 5,816 children under age five (including host communities).

**Host Community:** On 27th September, the Health Minister, inaugurated the extension of Cox's Bazar District Hospital Special Care New-born Unit (SCANU) with an expansion from 24 to 65 beds. The unit cared for 190 sick new-borns during the reporting period. Meanwhile, the New-born Stabilization Units (NSUs) in Teknaf and Ukhiya cared for 11 sick new-borns. A total of 2,258 sick new-borns have received treatment in the three UNICEF-supported facilities in 2018. On 16<sup>th</sup> September, Cox's Bazar District Hospital launched Prevention of Mother-to-Child Transmission of HIV infection (PMTCT)<sup>3</sup> and 352 pregnant women received HIV counselling and testing during this reporting period. 24 health workers from the hospital, Ukhiya health complex and UNICEF's partners were trained for comprehensive PMTCT of HIV services and Post-Exposure Prophylaxis (PEP) kits.

**WASH:** During the reporting period, 172 water points have been renovated in three camps and construction of 2 water networks have been initiated. An estimated 21,500 people are accessing safe, treated drinking water through bucket chlorination in six camps. 800,750 aquatabs and 4,010 jerrycans have been distributed. A total of 41 new latrines were constructed at camp 22. In addition, 174 latrines were renovated at six camps. Furthermore 10 bathing facilities, 55 hand washing stations, 25 solid waste transfer pits and 3 waste dumps have been established.

A total of 15,140 people reached with hygiene messages dissemination along with 1,500 women and girls with Menstrual Hygiene Management messages. In addition, distribution of 16,373 hygiene kits, 31,090 hand soap and 61,082 laundry soap has been ensured during this reporting period. WASH has focused on improvements to the quality of hygiene promotion interventions through the establishment and training of a cadre of Core Facilitator Trainers (CFT). Their objective is to ensure appropriate, effective and harmonized hygiene promotion interventions using community engagement approaches. This activity reinforces the capacities of implementing partners and the WASH Sector.

**Host Community:** A total of 510 people were reached with hygiene promotion messages and 120 women and girls of reproductive age were reached with messages on menstrual hygiene promotion.

**Child Protection:** During the reporting period UNICEF and its implementing partners further strengthened and expanded the Gender Based Violence (GBV) response across targeted camps. With the opening of 3 new spaces, there are now 12 Safe Spaces for women which have provided an estimated 3,000 women and girls with psychosocial support activities, case management and training on occupational skills such as good practices of community kitchen and vegetable gardening. So far UNICEF and its implementing partners established 60 Adolescent Friendly Spaces and 211 Adolescent Clubs providing life-skills based education to over 40,000 adolescents in camps. UNICEF in partnership with partner BITA facilitated an orientation session for religious and community leaders to raise awareness on the code of conduct for child safeguarding and child protection concerns. The sessions emphasised social responsibility and accountability in creating a protective and enabling environment for adolescents; with a specific focus on girls. Through the Case Management Taskforce, UNICEF supported the preparatory stages for the deployment of the Case Management Information Management System. UNICEF facilitated data migration process for all its partners implementing Case Management activities for unaccompanied, separated and vulnerable children.

**Host community:** UNICEF continues to provide support to Child Friendly Spaces in host communities. Through the existing ten child friendly spaces and 90 adolescent clubs, UNICEF provided child protection response for children and adolescents in the host community to over 7,000 children and over 4,000 adolescents. In total, 178 members from seven peer groups and 72 members from three youth groups participated in child rights and child protection sessions. A total of 265 members from Community based child protection committees participated in 18 meetings which were conducted to create a protective environment for children and adolescents. 205 parents were oriented through child rights and child protection sessions

<sup>3</sup> The PMTCT services includes; universal HIV Testing and Counselling at Antenatal Care (ANC), Delivery (labour) and Postnatal Care (PNC), provide Anti Retro Viral (ARV) medicines and counselling, ensuring safe institutional delivery, Infant feeding counselling, post-partum contraception, provide ARV and Cotrimoxazole prophylaxis to neonates, ensure immunization, organize Early Infant Diagnosis (EID) and follow up, and ensure External Quality Assurance of testing.

**Education:** In total, UNICEF and its partners constructed 1,077 Learning Centres (LCs) in the refugee camps. In addition, 224 are under construction and 118 contracted. Out of the 1,077 LCs constructed, 975 LCs are operational providing non-formal education to 110,687 children (aged 4-14 years) with 2,916 trained teachers. Intermediary materials for level I and II based on the Learning Competency Framework and Approach (LCFA)<sup>4</sup> are ready to be rolled out in the learning centers from the week of 14<sup>th</sup> October. The package includes teaching plans for teachers covering all subjects and levels, student language books for Myanmar language and supplementary reading materials for students both in English and Myanmar. Based on the LCFA, UNICEF is also conducting competency assessment of all enrolled students in the learning centers. Findings from this assessment will be instrumental for grouping children as per their competency levels and complete the roll out of LCFA.

**Host community:** During the reporting period, UNICEF continued to provide support in the eight sub-districts of Cox's Bazar for capacity building of teachers through trainings to strengthen teaching and classroom management practices.

**Communication for Development, Community Engagement and Accountability:** A total of 3,075 complaints, feedback and queries were recorded (665 complaints, 73 feedback and 2,337 queries) in the 12 Information and Feedback Centers during the reporting period. The complaints, feedback and queries were mainly on non-food items, WASH, shelter, GBV and health. They were all responded to by referring them to the respective services. A total of 4,262 pregnant and lactating women were sensitized on maternal health care issues and were referred for ante-natal care services to different health facilities. UNICEF supported the formation of 80 radio listeners clubs across Rohingya camps with 2,000 adolescents girls and boys being registered as members. UNICEF partners, Bangladesh Betar and BBC Media Action have facilitated orientation session for 25 community volunteers on the facilitation of radio programmes in the Rohingya camps.

**Host Community:** Under the Local Governance for Children Programme, ten coordinators from Ukhiya and Teknavisited 54 Primary and Secondary Schools and 15 Community Clinics and engaged with an estimated 5,000 students on community issues including child marriage, hand-washing, immunization and hygiene. The Programme also mobilized and engaged 150 community members on Expanded Programme of Immunization (EPI) activities in several Unions under Ukhiya Upazila.

## Cyclone Preparedness

Cyclone preparedness is the top priority at the moment. In coordination with Government partners, response planning and risk mitigation activities are ongoing. During the reporting period, no significant rainfall was recorded in Cox's Bazar. From the 246,600 refugees at risk of landslides and floods, as of 30 September 2018, 43,996 refugees have been relocated into newly developed sites or within their camps.

**Communication for Development, Community Engagement and Accountability:** UNICEF, being an active member of Emergency (Cyclone) Communications Taskforce, is instrumental in refining and finalizing the cyclone preparedness information and message along with the government and development partners. UNICEF is working to engage community volunteers, information hubs and radio partners to get people prepared for any potential cyclone.

## Funding

UNICEF's 2018 Humanitarian Action for Children (HAC) appeal requires US\$149.8 million to meet the life-saving and longer-term development needs of Rohingya refugees and affected host communities in 2018; as well as emergency preparedness and response in other parts of the country. The 2018 appeal takes into consideration the US\$25.3 million requirement for the months of January and February in the previous inter-agency HRP (September 2017 to February 2018) and US\$113 million, which is aligned with the 2018 JRP.

UNICEF wishes to express its sincere gratitude to Canada, Denmark, the European Union, Germany, Japan, Portugal, the Republic of Korea, Sweden, Switzerland, the United States, the United Kingdom, King Abdullah Foundation, UN OCHA and various UNICEF National Committees who have contributed generously to the 2018 humanitarian response. Continued and timely donor support will be critical for 2019 in order to carry on quality response and provide essential WASH, Health, Nutrition, Child Protection and Education services to Rohingya refugees and host communities.

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<sup>4</sup> The LCFA is a guiding document for all stakeholders involved in delivering education for refugee children and will be applicable to various methods of delivery, including the Learning Centre Approach. The Education sector has so far developed LCFA level I to IV.

# UNICEF Humanitarian Situation Report (Rohingya Influx)

October 2018

Appeal Sector	Funding Requirements	Funds available*		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	22,941,376	5,467,761	9,172,697	8,300,918	36%
Health	26,489,600	6,966,226	4,511,379	15,011,996	57%
Water, sanitation and hygiene	41,911,497	14,016,482	9,098,356	18,796,658	45%
Child Protection/GBV	16,366,908	10,339,681	3,939,405	2,087,821	13%
Education	28,203,156	8,210,716	7,625,383	12,367,058	44%
Communication for development	4,035,525	2,392,845	1,200,645	442,036	11%
Emergency preparedness	9,830,125	5,886,588	3,977,635	-	0%
Unallocated		18,213,340			
<b>Total</b>	<b>149,778,187</b>	<b>71,493,639</b>	<b>39,525,500</b>	<b>38,759,048</b>	<b>26%</b>

\*The funds available include funds received against the current appeal year and the carry-forward from the previous year.

\*\*Carry-over includes US\$17.5m which have been used by 30 April 2018 and US\$7.9m envisaged for the response beyond 2018

## Next SitRep: 26 October 2018

UNICEF Bangladesh HAC:

UNICEF Bangladesh Facebook: <https://www.facebook.com/unicef.bd/>

Bangladesh Joint Response Plan 2018: <https://www.humanitarianresponse.info/en/operations/bangladesh>

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	UNICEF and IPs					Sector Response		
	2018 Target		Total Results		Change since last report ▲ ▼	2018 Target	Total Results	Change since last report ▲ ▼
	Refugee	Host Community	Refugee	Host Community				
<b>NUTRITION</b>								
Children aged 0 to 59 months treated for SAM	24,000	546	14,775	151	913	35,093	23,881	1,965
Pregnant and lactating women reached with counselling & messaging on infant & young child feeding practices*	50,780	13,178	88,001	25,903	1,702	85,956	193,092	4,743
Children aged 6-59 months receiving Vitamin A*****	187,576	48,676	147,167	103,461	-	187,576	195,323	-
<b>HEALTH</b>								
Children aged 0 to 11 months receiving Penta 3 vaccine	26,518	72,298	7,595	45,742	-			
Children under 5, including new born, receiving primary healthcare in UNICEF supported facilities	46,440	40,000	96,878	19,010	5,816			
Sick new-born treated in UNICEF supported new-born stabilization units (NSU) and Special Care New-born Units	360	3,240	171	2,258	201			
People aged 1 year and above who have received oral cholera vaccine	815,000	135,000	775,668	103,605	-			
Pregnant women who have received HIV testing and counseling	2,000	3,000	-	352				
<b>WATER, SANITATION &amp; HYGIENE</b>								
People who have continued access to safe drinking water of agreed standard	400,000	200,000	334,650		-	1,052,495	801,737	80,250**
People with access to culturally appropriate latrines & washing facilities	400,000	200,000	638,950		820	1,052,495	774,599	71,251**
People receiving key messages on improved hygiene practices*****	400,000	200,000	682,793		15,140	1,052,495	985,249	122,426**
<b>CHILD PROTECTION &amp; GENDER-BASED VIOLENCE</b>								
Children reached with psychosocial support services	210,000	90,000	147,427	7,708	2,943	400,000	208,841	703
Children at risk, including unaccompanied & separated children, identified & receiving case management services	7,000	3,000	4,629	79	143	22,000	11,076	55
People accessing Gender-based Violence (GBV) services	7,000	3,000	28,750	777	3,648			
<b>EDUCATION</b>								
Children aged 4 to 14 years enrolled in emergency non-formal education, including early learning***	151,765	50,514	110,687	23,088	4,194	368,000	162,013	22,569
Teachers trained to support improved learning	3,449	750	2,916	-	109	9,000	3,208	61*****
<b>C4D/ ACCOUNTABILITY MECHANISM</b>								
People reached with information dissemination, community engagement & accountability mechanisms on life-saving behaviors & available services	300,000		330,000		-			
Adolescent girls & boys engaged to provide life- saving information & referral to services as change agents****	10,000	5,000	8,630	2,000	-			

\*Results for PLW counselled in IYFC and children attended for health care may include recurrence during the response period. Nutrition sector and UNICEF is reviewing this indicator to enhance reporting quality. \*\*The sector is undergoing data validation. \*\*\*The host community result covers children from 47 government schools in Ukhtia and Teknaf reached by education supplies e.g., school bags, school-in-a-box kits, ECD kits, EIE kits and/or school improvement grant. The age group for education sector is based on the JRP age disaggregation i.e., 3-5 years and 6-14 years old. \*\*\*\*UNICEF is working with current group of adolescents to strengthen their capacity as agents of change. \*\*\*\*\*may include recurrence during the response period. \*\*\*\*\* Change in sector data does not reflect the changes in host community data\*\*\*\*\* Sector data was not updated during the report preparation time