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# Bangladesh

## Humanitarian Situation report No.33 (Rohingya influx)

REPORTING PERIOD: 20 MAY – 2 JUNE 2018

SITUATION IN NUMBERS

### Highlights

- As part of monsoon risk mitigation, out of 25,000 Rohingya at very high risk of flood/landslide, 18,885 have been relocated to safer land. Additionally, 7,098 have also been relocated who are at risk and 11,172 people are planned to be relocated by 30 June.
- Final data from the second round of Oral Cholera Vaccine (OCV) Campaign conducted from 6 to 13 May 2018 confirms a total of 879,273 individuals aged one year and above (89 per cent of the target) were vaccinated.
- On the request of Refugee Relief and Repatriation Commissioner (RRRC), UNICEF revised the Latrines Construction plans as per the unified WASH sector design. A total of additional 1,500 latrines will be now constructed with a sludge capacity storage increased by five times. The construction of 5,000 bathing cubicles and the decommissioning of 2,000 unhygienic latrine are ongoing. Plan is to complete by Mid-August, but may vary depending on the Monsoon.
- Around 45,000 people have been receiving safe water through water trucking at Hakimpara and Alikhali Camps and surface water treatment at Unchiprang Camp.
- The Bangladesh 2018 HAC appeal is 59 per cent funded with the generous support of its donors. However, an additional US\$62 million is required to fully deliver the Rohingya response.

3 June 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)

**379,166**

Children (arrived since 25 August 2017) in need of humanitarian assistance (Based on ISCG SitRep 24 May 2018)

**702,160**

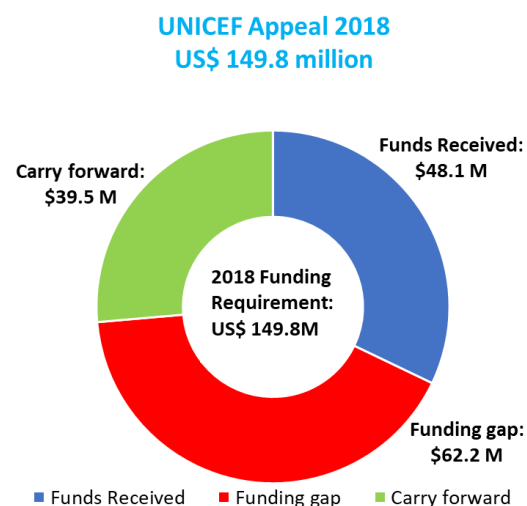
New arrivals since 25 August (ISCG SitRep, as of 24 May 2018)

UNICEF HAC Appeal 2018

**US\$ 149.8 million**

### UNICEF's Response with Partners

Key Programme Indicators	Sector		UNICEF and IPs	
	Target	Total Results (2018)	Target*	Total Results (2018)
<b>Nutrition:</b> Children 0-59 months treated for severe acute malnutrition	35,093	10,668	24,546	6,526
<b>Health:</b> People aged 1 year and above who have received oral cholera vaccine			950,000	879,273
<b>WASH:</b> People with access to safe drinking water	1,052,495	677,257	600,000	306,900
<b>Child Protection:</b> Children who have benefitted from psychosocial activities	400,000	190,699	300,000	144,098
<b>Education:</b> Children (4-14) enrolled in emergency non-formal education	368,000	137,646	202,279	90,124









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

## Situation Overview and Humanitarian Needs

The ongoing cyclone and monsoon season, which is expected to continue until November will likely affect various parts of the country and especially the Rohingya refugees and host communities in Cox's Bazar. Heavy rains have not led to flooding at this point. Risks of cholera or acute watery diarrhoea outbreak remain high during the monsoon season.

The Joint Response Plan (JRP) for March to December 2018 was launched on 16 March, appealing for US\$950.8 million, including US\$113 million for UNICEF. UNICEF's 2018 revised Humanitarian Action for Children includes the key components of the JRP as well as an emphasis on expanding support to the Bangladeshi community in Cox's Bazar district.

	Newly arrived Rohingya refugees	702,160
	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

*Note: Based on Inter-Sector Coordination Group reports*

## Humanitarian Leadership and Coordination

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 international humanitarian organizations.<sup>1</sup> 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. The Refugee, Relief and Repatriation Commissioner (RRRC) and the Deputy Commissioner of Cox's Bazar district are critical for day-to-day coordination. At the sub-national level, UNICEF leads the nutrition sector and child protection sub-sector, and co-leads the education sector with Save the Children. UNICEF also co-leads the WASH sector along with Action Against Hunger. It is important to note that the cluster system has not been officially activated.

## Humanitarian Strategy

In Cox's Bazar, UNICEF is following four key strategies. (1) The first is related to saving lives and protecting children and their families in the refugee camps. This will be achieved through the provision of safe water, sanitation and washing facilities; SAM treatment; and vaccination. UNICEF is also addressing the protection needs of the most at-risk through the prevention of sexual violence and abuse and by supporting case management, psychosocial support and basic education. Nutrition, WASH, child protection and gender-based violence outcomes will be bolstered through targeted cash assistance. (2) The second is promoting social cohesion and confidence building in the host communities in Ukhiya and Teknaf Sub-districts; and (3) the third is 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

**Health:** Total 879,273 people above the age of one received vaccination during the second round of Oral Cholera Vaccine (OCV) Campaign conducted between 6 and 13 May 2018. Of these, 775,668 were Rohingya refugees and 103,605 were from the host community. The total number also includes 2,538 people, both Rohingya refugees and host community residing in Naikhyongchhari, the area between Bangladesh and Myanmar border.

UNICEF-supported Diarrhoea Treatment Centres (DTCs) in Leda, Shamlapur, Balukhali and Ukhiya had a total of 49 patients treated in the last two weeks. The DTCs in addition to providing treatment facilities, also provide early warnings messages, alerts, responses, and investigate probable cases for further laboratory tests in parallel with surveillance. Laboratory tests collected since the beginning of stool specimen for suspected cholera cases revealed that a total of 68 Acute Water Diarrhoea (AWD) cases do not contain cholera bacteria such as *Vibrio Cholerae* or *Shigella flexneri*.

Since 8 November 2017 until 26 May 2018, 7,630 cases of diphtheria with 42 deaths were reported, including 105 cases in the last two weeks. In host communities, a total of 60 cases were reported with no deaths. The trend of Measles-Rubella (MR) has been steadily declining with a total of 1,339 reported cases in 2018 and 39 suspected cases in the past two weeks with no deaths. There were 2,210 Acute Jaundice Syndrome (AJS) cases reported, including 110 cases in the past two weeks. An extensive sampling campaign of AJS cases took place with 269 samples collected from 28 February to 26 March 2018. The results reveal that the majority is positive for Hepatitis A (56 per cent), Hepatitis B (13 per cent), Hepatitis C (9 percent), Hepatitis E (0.4 per cent) and Leptospirosis (5 per cent).

In addition, 23 UNICEF-supported health facilities (including four DTCs) provided health services to both refugee and host community population, 1,225 pregnant women received at least one antenatal care consultation, and 196 postpartum mothers received postnatal care.

**Nutrition:** During this reporting period over 100,000 children under five years old were screened for Severe Acute Malnutrition (SAM). The community nutrition mobilizers detected around 1,000 children with SAM and subsequently referred them to the

<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).

Outpatient Therapeutic Programme (OTP). In total, 988 children aged 0-59 months were admitted for treatment. Additionally, 4,273 children were identified with Moderate Acute Malnutrition (MAM) and were referred for treatment at WFP supported Blanket and Targeted Supplementary Feeding Programmes (BSFP/TSFP). Among the children aged under five, 4,589 were supplemented with Micro Nutrient Powder (MNP). Further, 3,633 adolescent girls and 7,559 Pregnant and Lactating Women (PLW) were provided with Iron Folic Acid supplementation to prevent iron deficiency and anemia. Infant and Young Child Feeding (IYCF) counselling was provided to 3,259 PLW and caregivers of children under the age of two. The dissemination of key nutrition messages, including life-cycle based nutritional needs, child and maternal nutrition, and safe hygiene practices continued through 225 courtyard sessions, benefiting 1,139 pregnant women and 1,111 lactating mothers. During the reporting period, 15 leadership meetings reached 267 religious leaders (imams) and community leaders (majhis) to gain their support in outreach activities and strengthening of community referral systems.

**WASH:** During the reporting period, safe water was provided to an estimated 45,000 people through water trucking at Hakimpara and Alikhali Camps and surface water treatment at Unchiprang Camp, and to additional 4,750 people through the installation of 19 new tubewells fitted with handpumps in camps 8E, 15, 16 and Rajapalong Union host community. Furthermore, 10 waterpoint handpumps were rehabilitated. A total of 166,200 aquatabs together with 19,850 jerry cans were distributed for household-level water purification to support an estimated 8,300 people. Water quality testing continues with a total of 298 waterpoints and 596 households. The water quality test continues to confirm that the major source of contamination is at the household level. The results show that 25 per cent of water points contamination reduced to 10 per cent once the handpump nozzle is cleaned. However, over 70 per cent of water stored in households is contaminated. Hygiene promotion activities continue to be strengthened to respond to this with ongoing field training of implementing partners.

On the request of Refugee Relief and Repatriation Commissioner (RRRC), UNICEF revised the Latrines Construction plans. The latrine design has been upgraded to meet the new WASH Sector standards, which allow a much-increased volumes for sludge storage, resulting in less frequent desludgement. As per the new design, UNICEF with Ministry of Disaster Management and Relief (MoDMR) will reduce the number of latrines to be constructed to 1,500. In addition, UNICEF and MoDMR are constructing also 5,000 bathing cubicles and decommissioning 2,000 unhygienic latrines. It is anticipated that by Mid-August the construction will be completed but this may vary depending on the severity of the monsoon. UNICEF is coordinating the location of the new latrines and bathing cubicles with Camp-in-Charges (CICs) and all partners to ensure the most urgent needs are addressed. Space for construction within the camps remains challenging. During the reporting period, UNICEF and partners improved sanitation access to 2,380 people through construction of 119 new latrines, rehabilitation of 720 latrines, desludging of 1,128 latrines and decommissioning of 163 latrines.

The dissemination of key hygiene messages, including safe management of water at the household level is ongoing reaching 42,842 (22,278 women and 20,564 men) during the reporting period. In addition, 9,507 women and girls of reproductive age received messages on menstruation hygiene management. Furthermore, 20,887 hygiene kits were distributed to 104,435 people, while 150 Hygiene Promoters from implementing partners have been trained in AWD prevention to mobilise and train Hygiene Promoters from the communities to continue the dissemination of hygiene promotion messages in their camps.

**Child Protection:** UNICEF continues to focus on providing psychosocial support through Child-Friendly Spaces (CFS) and adolescent clubs. At the same time, UNICEF is providing critical services in Gender-Based Violence (GBV) from its Women-Friendly Spaces (WFS), and mainstreaming of GBV through its humanitarian response. UNICEF and its partners reached a total of 1,076 new children with psychosocial activities and 459 adolescents with life skills support. In addition, UNICEF has built the capacity of twenty partner staff members through training on addressing disability and inclusion, with a specific focus on Inclusive Education and Child Protection. Concurrently, over 8,000 Rohingya refugees participated in the GBV prevention programme which reached a total of almost 16,000 people so far. Since last week, two more WFS and five additional CFS are now operational. UNICEF, in partnership with Department of Social Services (DSS), continues to support 50 social workers to assess pre-identified foster caregivers and children for the provision of cash-based assistances. 2,872 foster care-givers have been assessed so far.

A new partnership between UNICEF and Transitional International (TI) will build the capacity of GBV and Child Protection frontline workers in the camps.

**Education:** UNICEF reached more than 90,124 children (aged 4-14) in the camps with non-formal education through 867 learning centres and 2,625 teachers. In the last two weeks, 60 temporary learning facilities were upgraded to learning centres in the camps. In this same period, a total of 159 UNICEF-supported facilitators both from host community and Rohingya received Psychosocial Training (PSS). In Teknaf, 244 education programme organisers and teachers benefitted from PSS training. Similarly, 90 teachers participated in teacher's refreshers training in Teknaf in the latter half of May. Attendance of the enrolled children has been a challenge in the past two weeks as parents are preferring to send their children to *madrasas* for religious studies during Ramadan. Meeting of 150 Learning Centre Management Committee were held in Kutupalong and Balukhali areas of the refugee camps.

**Communication for Development, Community Engagement and Accountability:** More than 53,000 households were visited by the Community Mobilization Volunteers (CMVs), reaching 98,971 people (around 70,000 women) through Inter-Personal Communication (IPC) at household level. In addition, 241 imams (religious leaders), 635 majhis (community leaders) and 333 teachers were directly engaged at the community level by the CMVs. A total of 2,509 people (1,623 female and 886 male)

visited 12 Information and Feedback Centres (IFCs) to inquire about service points and delivery. Meanwhile, 120 Model Mothers and Youth Volunteers visited around 16,000 households with key lifesaving messages. UNICEF supported Health, WASH, Nutrition and Child protection sectors by providing technical assistance in development of communication materials and supporting community-based programme in the camps. UNICEF provided technical guidance and leadership at the Communication with Communities (CwC) coordination, Info-hub and Radio sub group, and in the Emergency preparedness and Risk communication sub group.

### Monsoon Preparedness:

According to the ISCG update on 30 May, 503 people at risk of landslides or floods have been relocated to safer areas and six weather related incidents affected 661 people during the reporting period covering 22nd May – 30th May 2018. The report also indicated that 500+ additional acres of land, allocated by the Government of Bangladesh in March, are being prepared for more relocations of people at risk of landslide or flood.

**Health:** Four Diarrhoea Treatment Centres (DTCs) are now fully operational. Other health facilities have a functional Oral Rehydration Treatment Point (ORTP) and the focal persons have received training from WHO/UNICEF. The OCV campaign from 6 to 13 May 2018 concluded reaching 89 per cent of its targets. UNICEF provided additional tarpaulins to health facilities for better protection during the monsoon.

**Nutrition:** A training was conducted for 50 Outpatient Therapeutic Programme (OTP) outreach supervisors on mother-led Mid-Upper Arm Circumference (MUAC) measurement to train mothers and caregivers on use of MUAC measurements to detect potential SAM and MAM cases.

**WASH:** For Acute Water Diarrhoea (AWD) prevention, a training was carried out for UNICEF implementing partners on bucket chlorination in Camp 7 where 20 persons from BRAC, CARE, DSK, NGO Forum, Practical Action, TDH, VERC, WaterAid, World Vision and UNICEF attended. In addition, a knowledge sharing visit on Bucket chlorination was conducted, facilitated by Médecins Sans Frontières (MSF), which allowed UNICEF partners to discuss challenges and solutions. Bucket chlorination continues at 50 tubewells, providing safe chlorinated water to an estimated 12,500 people.

**Child Protection:** UNICEF is closely working with partner organizations and the sub-sector to assess community facilities such as Child Friendly Spaces (CFS) that are considered to be at risk of landslides and flooding as per REACH assessments. Accordingly, 50 CFS were assessed, of which 28 were recommended to be decommissioned and 16 recommended for reinforcement due to bad conditions. A total of 250,000 water resistance bracelets, which is intended to speed-up family tracing for separated and unaccompanied children during the monsoon season, have arrived and are in process to be distributed in the first week of June.

**Education:** Finding space for relocation of learning centres that are at monsoon risk is still a challenge but UNICEF and partners are working hard to find a solution. So far, 68 Learning centres at the risk of landslide or flood are already reinforced with the appropriate mitigation measures. Partners are regularly reminded not to use the landslide risk learning centres and have been asked to shift the children to the learning centres that are close by until the relocation of the centres is complete.

**C4D:** Key messages, Information, Education and Communication (IEC) and training materials for the CMVs have been prepared for monsoon preparedness in collaboration with CwC and cyclone preparedness emergency task force. CMVs disseminated key life-saving messages and followed up on cyclone preparedness at household level.

## Summary Analysis of Host Community Response

**Health:** A refresher training was provided to Cox's Bazar Civil Surgeon on using District Health Information System Version 2 (DHIS2) for all NGO partners working in the Rohingya response. More than 80 participants from UN Agencies, international and national NGOs participated in the training given that the Directorate General of Health Services (DGHS) strongly encouraged all partners in Health and Nutrition sectors to report daily to the system. Cox's Bazar District Hospital Special Care Newborn Unit (SCANU) cared for 1,204 newborns in total, including 139 newborns in the past two weeks; while Teknaf Newborn Stabilization Unit (NSU) has treated 94 newborns since January 2018, including 7 in the past two weeks. These facilities are receiving referral cases largely from the host community and also from the refugee population in various camps. The OCV campaign reached over a 100,000 people from the host community to ensure that they are protected during monsoon against any potential cholera outbreak.

**Nutrition:** Since January 2018, almost 50,000 children aged 6-59 months have been screened for acute malnutrition by Community Nutrition Volunteers (CNVs). UNICEF's continued support for four in-patient facilities, including Cox's Bazar District Hospital and three additional upazila health complexes, has resulted in 106 children with SAM admitted for in-patient treatment. In addition, Community Nutrition Volunteers delivered key messages and integral counselling on Infant and Young Child Feeding (IYCF) and care practices to over 19,000 Bangladeshi pregnant and lactating mothers. During the reporting period, a total of 5,617 children have been screened for malnutrition, with 20 children identified as SAM and, among them, 9 children were admitted for in-patient treatment. In addition, Ministry of Health and Family Welfare provided essential IYCF counselling to 2,210 pregnant and lactating mothers. Also, CNVs provided micronutrient supplementation for 24 children aged 6-23 months, supporting their overall mental and physical development with key micronutrients.

**WASH:** UNICEF and its partners are improving access to WASH services in host communities, targeting 200,000 people in 2018. During this reporting period, UNICEF and its partners created access to safe water in Rajapalong Union for 500 people through construction of one tube-well and one borehole along with rehabilitating 3 tube-wells. In addition, safe water is ensured to 400

people through water trucking of 6,000 litres. Further, 81,000 aquatabs distributed during this reporting period. Improved sanitation ensured for 200 people through installation of ten new latrines, rehabilitation of 30 latrines, and desludging of 19 latrines and decommissioning of 17 latrines. In addition, 3,200 people in the host communities were reached with hygiene promotion messages, including 729 women and girls and 400 hygiene kits were distributed to 2,000 people.

**Child Protection:** UNICEF continues to support five Child-Friendly Spaces (CFSs) and 90 adolescent clubs for children and adolescents in host communities. An additional 85 children were reached with psychosocial and recreational activities through the CFSs at Rajapalong and Palongkhali unions in Ukhiya upazila, and Hnila union in Teknaf upazilla. Further, 10 peer leaders were trained to facilitate the adolescent clubs with 174 sessions during the reporting period. The role of community members' engagement in creating protective environment for children and adolescents was discussed with the participation of 192 parents in parents' meetings. Add to this, 156 community members participated in the community based child protection committee meeting held at community level with the participation of 30 community members.

**Communication for Development:** Adolescent radio listener groups were activated in ten host community schools during the reporting period. At least 200 adolescent girls were engaged through radio sessions by Bangladesh Betar Cox's Bazar Centre in Sadar and Ukhiya upazilas. Plans are underway to further develop engagement with the host community.

## Funding

UNICEF's 2018 Humanitarian Action for Children (HAC) appeal requires US\$149.8 million to meet the immediate 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 humanitarian response. Continued and timely donor support will be critical in 2018 to scaling up the response to provide essential WASH, Health, Nutrition, Child Protection and Education services to Rohingya refugees and host communities.

Appeal Sector	Funding Requirements	Funds available*		Funding gap	
		Funds Received Current Year	Carry-Over**	\$	%
Nutrition	22,941,376	4,035,110	9,172,697	9,733,569	42%
Health	26,489,600	6,629,806	4,511,379	15,348,416	58%
WASH	41,911,497	13,368,445	9,098,356	19,444,695	46%
Child Protection	16,366,908	7,201,079	3,939,405	5,226,424	32%
Education	28,203,156	5,730,359	7,625,383	14,847,414	53%
Communication for development	4,035,525	1,376,944	1,200,645	1,457,936	36%
Emergency Preparedness	9,830,125	4,234,716	3,977,635	1,617,773	16%
Unallocated funds		5,551,951			
<b>Total</b>	<b>149,778,187</b>	<b>48,128,411</b>	<b>39,525,500</b>	<b>62,124,276</b>	<b>41%</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: 17 June 2018

**UNICEF Bangladesh HAC:** <https://www.unicef.org/appeals/bangladesh.html>

**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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# SUMMARY OF PROGRAMME RESULTS

	UNICEF and IPs			Sector Response		
	2018 Target	Total Results	Change since last report ▲▼	2018 Target	Total Results	Change since last report ▲▼
<b>NUTRITION*</b>						
Children aged 0 to 59 months treated for SAM	24,546	6,526	988	35,093	10,668	1,666
Pregnant and lactating women reached with counselling and messaging on infant and young child feeding practices**	63,958	87,392	3,259	85,956	98,223	-**
<b>HEALTH</b>						
Children aged 0 months to 11 months who have received Penta 3 vaccine	98,816	33,422	7,026			
Children under five, including new born, who received primary healthcare services in UNICEF supported facilities	86,440	62,318	16,493			
Sick new-born treated in UNICEF supported new-born stabilization units (NSU) and Special Care New-born Units	3,600	1,298	146			
People aged 1 year and above who have received oral cholera vaccine	950,000	879,273	(13,331)			
<b>WATER, SANITATION &amp; HYGIENE</b>						
People who have continued access to safe drinking water of agreed standard	600,000	306,900	4,750	1,052,495	677,257	***
People with access to culturally appropriate latrines and washing facilities	600,000	398,730	2,380	1,052,495	674,308	(14,357)***
People receiving key messages on improved hygiene practices	600,000	322,013	42,842	1,052,495	716,188	61,059
<b>CHILD PROTECTION &amp; GENDER-BASED VIOLENCE</b>						
Children reached with psychosocial support services	300,000	144,098	1,076	400,000	190,699	2,540
Children at risk, including unaccompanied and separated children, identified and receiving case management services	10,000	2,050	-	22,000	11,230	-
<b>EDUCATION</b>						
Children aged 4 to 14 years enrolled in emergency nonformal education, including early learning	202,279	90,124	26	368,000	137,646	****
Teachers trained to support improved learning	4,199	2,625	-	9,000	2,791	-

C4D/ ACCOUNTABILITY MECHANISM						
People reached through information dissemination and community engagement and accountability mechanisms on life-saving behaviours and available services	300,000	330,000	-			
Adolescent girls and boys engaged to provide life-saving information and referral to services as change agents	15,000	8,630	-			

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

\*\*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.

\*\*\*WASH sector is undergoing rigorous data clean-up and triangulation with available GPS data. Decommissioning of latrines is also on-going. This causes the adjustment in its current total results.

\*\*\*\*Education sector is undergoing data validation