

REPORTING PERIOD: 8 - 21 APRIL 2018

Highlights

- UNICEF has finalized its monsoon preparedness/operational plan to mitigate the risk of floods and landslides, and to respond during the monsoon with a budget of US\$10million.
- A Diarrhoea Treatment Centre (DTC) is now operational in Leda, Teknaf Upazila treating up to 20 cases of Acute Watery Diarrhoea (AWD) per day from both host and refugee communities. Four more DTCs will be operational in the next few weeks.
- Nutrition programme has significantly reduced defaulter rate as reflected in the March report indicating 98.3 per cent children with Severe Acute Malnutrition (SAM) continued treatment. At least 600 community influencers received awareness training to support nutrition outreach activities and strengthen community referral systems.
- So far UNICEF, through partners, has reached almost 90,000 children (aged 3-14) in the camps with non-formal education through 866 learning centres, and has trained 2,203 teachers on early learning and non-formal education.
- The Department of Social Services (DSS), through the deployed Social Workers is undertaking a re-verification exercise where a pre-identified group will be targeted for the provision of cash assistance.
- UNICEF is 47 per cent funded against its 2018 appeal with the generous support of its donors. An additional US\$76.9 million is required to fully deliver on the Rohingya response.

	Sector		UNICEF and IPs	
	Target	Total Results	Target	Total Results
Children 0-59 months treated for severe acute malnutrition	35,093	6,229	24,000	3,326
Children received diphtheria vaccines			415,072	431,448
People with access to safe drinking water	1,052,495	681,359	600,000	301,400
Children who have benefitted from psychosocial activities	400,000	182,287	300,000	142,317
Children (3-14) enrolled in emergency non-formal education	368,000	130, 178	202,279	89,973

Bangladesh

Humanitarian Situation report No.30 (Rohingya influx)



SITUATION IN NUMBERS

22 April 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)

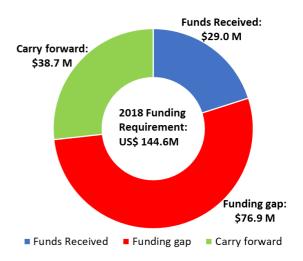
398,460

Children (arrived since 25 August 2017) in need of humanitarian assistance (Based on ISCG SitRep 12 April 2018)

687,000

New arrivals since 25 August (ISCG SitRep, as of 12 April 2018)

UNICEF Appeal 2018 US\$ 144.6 million



Situation Overview and Humanitarian Needs

Existing basic services for refugees and host communities have been overwhelmed due to the massive increase in population. Over 16 million litres of clean water are required daily and 50,000 latrines are needed or maintained. Unsanitary and congested camp conditions are increasing the risk of deadly and communicable disease outbreaks as vaccination coverage among the refugees has been low prior to their arrival in Bangladesh. Both refugees and host

∱ →	Newly arrived Rohingya refugees	687,000		
Ť	Newly arrived children	58%		
ŧŤ.	Newly arrived women and girls	60%		
•	Newly arrived pregnant and	10%		
©	lactating women			
1	Total affected population	1,300,000		
Ťi	Total affected children	703,000		
Note: Based on Inter-Sector Coordination Group reports				

communities in Cox's Bazar are also susceptible to environmental hazards associated with the upcoming cyclone and monsoon seasons from April to November which will also affect around 60 per cent of other areas in Bangladesh, having devastating impact on people's lives, livelihoods and property. Risks of cholera or acute watery diarrhoea outbreak will remain high during the monsoon season. Urgent nutrition needs have been prioritized, as severe acute malnutrition (SAM) rates have been high amongst small children. An estimated 400,000 children need protection and education services, many requiring psychosocial support. 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 will include the key components of the JRP as well as expanded support to the Bangladeshi community in Cox's Bazar district.

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. ¹ 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. 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. Second is promoting social cohesion and confidence building in the host communities in Ukhiya and Teknaf Sub-districts. Third is system strengthening and accelerating programme implementation to the rest of the district of Cox's Bazar. Lastly, UNICEF will take the lessons it has learnt from the work in the refugee camps and the district of Cox's Bazar and feed these into national strategies and its work in other parts of the country.

Summary Analysis of Programme Response

Health: Since the outbreak began, 6,687 cases of diphtheria, including 42 deaths, were reported; 332 cases were reported in the past two weeks, including a fatal case on 9 April. In host communities, 57 diphtheria cases were reported so far, with no deaths.

The trend of Measles-Rubella (MR) cases has been steadily declining, with a total of 1,183 reported cases in 2018, and 65 suspected cases in the past two weeks, with no deaths. On 15 April, a measles sampling strategy to assess viral transmission was implemented and results are expected by the end of the month.

Meanwhile, 1,772 cases of Acute Jaundice Syndrome (AJS) have been reported this year, including 175 new cases in the past two weeks. Comprehensive sampling for AJS cases was conducted from 26 February to 26 March 2018. Three out of four batches have tested positive with Hepatitis A (more than 50 per cent), chronic Hepatitis B, Hepatitis C, and Leptospirosis. No sample was positive for Hepatitis E. The result from the final batch will be available by the end of April.

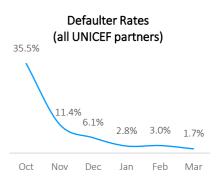
A UNICEF-supported Diarrhoea Treatment Centre (DTC) in partnership with icddr,b is now operational in Leda, Teknaf Upazila to treat Acute Watery Diarrhoea (AWD) cases from both host and refugee communities. Two more DTCs will open next week in Shamlapur and Balukhali. Routine immunization is ongoing at 31 fixed sites in different Rohingya settlements located in Ukhiya and Teknaf Upazilas.

In the past two weeks, 14,010 patients (68 per cent female), including 4,658 children under five years (47 per cent female) received health services in ten UNICEF-supported health facilities. 1,611 pregnant women received at least one antenatal care consultation

¹The 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).

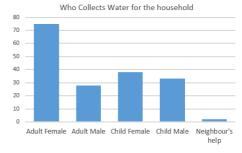
and 284 women received a postnatal care consultation. So far Cox's Bazar District Hospital Special Care Newborn Unit (SCANU) cared for 830 newborns (45 per cent females), including 135 newborns in the last two weeks; while Teknaf Newborn Stabilization Unit (NSU) has treated 101 newborns since November 2017, including 8 in the last two weeks. These facilities are receiving referral cases from both host (almost 90 per cent) and Rohingya communities.

Nutrition: During this reporting period, UNICEF has admitted 1,111 children with Severe Acute Malnutrition (SAM) for treatment. Nine children were identified with additional complications and admitted to Stabilization Centre (SC). Also, in the last two weeks, 4,327 children under 5 years were detected with Moderate Acute Malnutrition (MAM). They received referrals to Targeted Supplementary Feeding Programme (TSFP)



and Blanket Supplementary Feeding Programme (BSFP) to prevent progression to SAM status. Additionally, 27,807 pregnant and lactating women and care givers of children under 2 years were counselled on Infant and Young Child Feeding (IYCF) practices to reduce under-nutrition among children during the reporting period. At least 30 leadership meetings with 600 community influencers such as imams (religious leaders) and majhis (community leaders) were organized to sensitize them to support nutrition outreach activities, and strengthen community referral systems.

WASH: Household WASH Surveys are being conducted throughout the camps by a third-party monitoring team. So far 162 households have been surveyed. KOBO mobile application is being used for the surveys which are providing a wealth of WASH data to guide programme implementation planning. An example of one data set is in this graph that shows who collects the household water from the water point.



UNICEF and its partners have constructed 638 tube wells so far, providing safe water for 301,400 people. The contract with the Ministry of Disaster Management and Relief to construct additional 5,000 latrines and bathing spaces by the Bangladesh

Army is ongoing. The WASH Sector has compiled a list of locations for construction and RRRC will disseminate this list through the Camp-in-Charge (CICs) in each camp. Safe sanitation interventions, including 14,731 latrines and 30 faecal sludge management sites, are benefitting 395,310 people. Since 1 January 2018, the dissemination of key hygiene messages, including on safe management of water at the household level, is continuing, reaching 200,183 people. During the reporting period, 9,946 hygiene kits were distributed, benefitting 49,730 people.

Child Protection: During the reporting period, UNICEF's partners addressing Gender-based Violence (GBV) in Chakmarkul camp reached 2,800 women and adolescent girls with dignity kits to fulfil their right to health and dignity, and improve protection during displacement. Additionally, 451 Rohingya women and girls participated in GBV prevention programmes, and 565 of them received GBV services at two Women-Friendly Spaces (WFSs) in Chakmarkul and Jamtoli camps. UNICEF and the Ministry of Women & Children Affairs (MoWCA) supported ActionAid Bangladesh to train 24 staff on Psychological First Aid.

The Department of Social Services (DSS), through the deployed Social Workers, is undertaking a re-verification exercise where a pre-identified group will be targeted for the provision of cash assistance. To fast track the process, UNICEF, DSS and representatives from two financial institutions conducted a one-day meeting to discuss the modalities for the transfers of cash to foster families and to agree on clear guidelines for foster care; including commitments foster families require as a pre-condition for the cash assistance.

Education: UNICEF has reached almost 90,000 children (aged 3-14) in the camps with non-formal education through 866 learning centres. In the last two weeks, ten temporary learning facilities were upgraded to learning centres in Kutupalong extension camp, while 100 more are in the process of being upgraded; and 203 teachers were trained on early learning, basic education and psychosocial support. To date, a total of 2,203 Bangladeshi and Burmese teachers received training on early learning and non-formal education. Education Sector agreed that a Learning Framework Working Group will be established to coordinate the roll-out of Learning Competency Framework & Approach (LCFA) materials, pending the Government's approval. The sector will develop a new learning package based on mapping of existing resources.

Communication for Development, Community Engagement and Accountability: During the reporting period, 1,040 community volunteers reached 138,089 Rohingya refugees with life-saving information on cyclone preparedness, hygiene and Mother & Newborn Child Health (MCH) issues through shelter to shelter visits. To strengthen community engagement efforts, 279 women and 175 adolescent groups have been formed, consisting of 7,381 members of the Rohingya community. Capacity building of 1,011 community volunteers has been done through a series of training on interpersonal communication (IPC) skills which covered issues concerning child protection, new born care, antenatal care, menstrual hygiene management, and overall hygiene. In past two weeks, 756 community influencers (imams and majhis), reaching a total of 3,693 influencers, were mobilized and engaged through dialogues and orientations. During the reporting weeks, 2,096 queries, feedback and complaints (QFCs) were recorded and responded through 12 Information and Feedback Centres (IFCs), reaching a total of 33,685 QFCs.

Monsoon Preparedness: UNICEF finalized its monsoon preparedness/operational plan with the aim to support a proportion of 100,000 people who are at risk of floods and landslides as identified at the inter-agency level. The plan includes key actions that are currently implemented or planned to mitigate the risk of floods and landslides, or to respond during monsoon. The total plan requires approximately US\$10 million and is structured around three main pillars: supplies, human resources and partnerships. Supply plan has been developed of around US\$2.8 million, out of which almost 70 per cent has already been ordered. Storage arrangements for the prepositioning has been made with the partners. Human Resources elements of the preparedness plan have been developed and include three parts: immediate deployment of selected surge on no regret basis; identification of senior professionals in specific areas of expertise on standby basis; and identification of national officers within the country office for immediate deployment in case of imminent emergency based on the country office prioritization. Partnership requirements were also identified and some project documents with UNICEF's partners have been revised to allow them to deliver emergency activities. Contingency agreement with partners are also under development.

Health: Five Diarrhoea Treatment Centres (DTCs) are being constructed to deal with AWD cases; one in Leda, Teknaf Upazila is providing treatment since 10 April 2018. WASH: 540 kg of chlorine powder arrived and is being distributed to partners to scale up bucket chlorination in the camps. More chlorine supplies have been ordered to ensure a continued supply through the rest of the year. During the reporting period, an additional 30 latrines were decommissioned to reduce the risk of AWD, with total 159 decommissioned in 2018. To respond to the urgent need to scale up desludging, 54 faecal sludge management sites will be constructed over the next three months. Child Protection: UNICEF is continuing to work with partners to identify and reinforce shelters to be used as temporary emergency shelter for children who may become separated during the monsoon. So far 11 out of 28 shelters have now been reinforced and are ready to receive and host children. Procurement of water proof trackable bracelets for children to facilitate rapid tracing, in case they get separated from their families and caregivers, is currently ongoing. Education: UNICEF has completed the development of disaster risk reduction and management plan for each of its partners. At least 203 learning centres have been identified to be at risk of either landslide or floods. UNICEF and partners are putting full effort to mitigate risks and relocating some of the centres. C4D: Door-to-door awareness interventions have reached 293,450 people (of a 300,000 target) in April, focusing on monsoon preparedness.

Summary Analysis of Host Community Response

Health: UNICEF provides technical assistance to medical staff members in Cox's Bazar District Hospital, including at Integrated Management of Childhood Illness (IMCI) Corner. Monthly reports indicate that between January and March, 391 children under five years of age have received treatment for diarrhoea, while 299 children received treatment for pneumonia from this facility. As part of strengthening the health system in Bangladesh, UNICEF continues to support Health Management Information Systems (HMIS) in all districts, including Cox's Bazar. One information management server is dedicated within the host community system to manage health information of the refugee community.

Nutrition: UNICEF continues to support Ministry of Health & Family Welfare (MoH&FW) to reach the affected host community to provide both preventive and curative nutrition services through National Nutrition Services (NNS). These efforts aim to reduce the prevalence of malnutrition among the people of Bangladesh, with a special emphasis on targeting women, children, and adolescents through comprehensive, life-cycle based programming. In 2018, 35,332 children aged 6-59 months have been screened for acute malnutrition and among them, 175 children were identified as SAM. 84 of these children were admitted for treatment to in-patient SAM units in government health facilities. During the reporting period, a total of 5,262 children have been screened for malnutrition and 30 children identified as SAM. Among them, 10 children required inpatient care for treatment. In addition to targeting at-risk children for malnutrition screening in the host community, MoH&FW reached 1,828 pregnant and lactating mothers for counselling on IYCF. MoH&FW also provided Micronutrient Powder (MNP) supplementation for 112 children aged 6-23 months, with the aim of prevention in micronutrient deficiency disorders among this key population.

WASH: UNICEF is ensuring that its response targets both the refugee and local population, and that Bangladeshi children are not negatively affected by the impact of the massive population influx. UNICEF and its WASH partners are improving access to WASH services in host communities, targeting 150,000 people in 2018. A total of nine new water systems have been installed, providing safe water to 2,250 people. 107 tube wells have been rehabilitated to restore access to safe water for 26,750 people in host communities. Also 480 people have access to improved latrines facilities through the construction of five new latrines and renovation of 19 latrines. In addition, 5,682 members of the host communities were reached with hygiene promotion messages, including distribution of 256 hygiene kits.

Child Protection: UNICEF continues to support five Child-Friendly Spaces and 80 adolescents' clubs and has reached a total of 24,688 children and 2,666 adolescents in host communities. During the reporting period, an additional 115 children were reached with psychosocial and recreational activities through CFSs and 750 adolescents (75 per cent girls) received support to participate in life skills based sessions, including recreational activities in Rajapalong and Palongkhali union in Ukhiya and Hnila union in Teknaf Upazila of Cox's Bazar district. 15 community-based child protection committee members have been trained on child rights and development for their involvement in creating protective environment for children, including identifying and referring children to receive child protection services in host communities.

Education: UNICEF has supported 14 new primary schools in Cox's Bazar district with school effectiveness grants. Each school received BDT 100,000 (Approx. US\$1,200) to implement their plans. Additional grants have been provided to 36 primary schools

in Cox's Bazar (26 in Teknaf and Ukhiya) that received funding last year to help continue implementation of the improvement plans. Similarly, 14 secondary schools in Cox's Bazar district received sports materials and BDT 100,000 (Approx. US\$1,200) each for implementing school plan to prevent dropouts of adolescents and increase their school completion rate.

C4D: At least five host community school-based Adolescent Radio Listeners Clubs (ARLCs) have been formed with participation of 125 students (25 in each ARLC). Additionally, 12 quiz competitions have been arranged for adolescents to raise awareness on key life-saving behaviours in Cox's Bazar Sadar and Ukhiya Upazila. At least 6,000 students from 12 schools participated in these contests, organized by the host communities with support from UNICEF. In the host communities, 300 wind-up radio sets and 82 mega-phones have been distributed to Cyclone Preparedness Programme (CPP) volunteers as part of monsoon preparedness.

Funding

UNICEF's 2018 Humanitarian Action for Children (HAC) appeal for the Rohingya refugees requires US\$144.6 million to provide, in partnership with the government, life-saving and basic social services to over 700,000 children, which include the existing Rohingya population, new influx and the vulnerable children in the host community. The 2018 HAC supersedes the 2017 HAC covering the period September 2017 to February 2018, and takes into consideration the US\$25.3 million requirement for the first two months of 2018 from the 2017 HAC appeal.

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.

		Funds	available*	Funding gap		
Appeal Sector	Funding Requirements	Funds Received Current Year	Carry-Over**	\$	%	
Nutrition	22,200,000	2,637,741	8,973,969	10,588,290	48%	
Health	25,600,000	4,514,347	4,368,494	16,717,159	65%	
WASH	39,000,000	9,623,427	8,336,089	21,040,484	54%	
Child Protection	18,400,000	5,046,462	3,711,425	9,642,113	52%	
Education	28,500,000	390,665	7,386,742	20,722,593	73%	
Communication for development	3,900,000	705,126	1,178,877	2,015,997	52%	
Emergency Preparedness and Sector Coordination	7,000,000	5,343,209	4,726,219	0	0%	
Unallocated funds		751,966				
Total	144,600,000	29,012,942	38,681,816	76,905,243	53%	

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

Next SitRep: 6 May 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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^{**}Carry-over includes US\$16.7m which have been used by 31 March 2018 and US\$7.9m envisaged for the response beyond 2018.

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 ▲ ▼
NUTRITION						
Number of children (o-59 months) with SAM admitted for treatment	24,000	3,326	1,111	35,093	6,229	2,240
Number of pregnant and lactating women counselled on infant and young child feeding (IYCF)*	50,780	82,141	27,807	85,956	96,231	32,421
HEALTH						
Number of children under five attended for healthcare including new born*	54,000	36,101	4,658			
WATER, SANITATION & HYGIENE						
Number of people who have access to safe drinking water of agreed standards	600,000	301,400	5,750	1,052,495	681,359	6,000
Number of people who have access to functional latrines of agreed standards	600,000	395,310	360	1,052,495	687,512	7,700
Number of people reached with key hygiene messages	450,000	200,183	73,527	1,052,495	646,875	92,653
CHILD PROTECTION & GENDER-BASED VIOLENCE**						
Number of children benefiting from psychosocial activities	300,000	142,317	-	400,000	182,287	1,162
Number of children at risk, including unaccompanied and separated, identified and receiving case management services	10,000	2,050	-	22,000	10,633	-
Number of people participating in Gender- Based Violence (GBV) prevention programs	40,000	4,370	1,016			
EDUCATION						
Number of children (3-14 years) enrolled in non-formal/formal education, including early learning	202,279	89,973*	177	368,000	130, 178	552
C ₄ D/ ACCOUNTABILITY MECHANISM						
Number of people reached through information dissemination and community engagement efforts on life saving behaviours and available services	300,000	330,000	_*			
Number of adolescent girls and boys sensitized to provide life-saving information and referral	5,000	5,710	2,850			

^{*}Results for PLW counselled in IYFC and children attended for health care may include recurrence during the response period. For education, total results adjusted covering the current case-load which includes children reached since February 2017 who are currently enrolled in non-formal education. For C4D, partners reached during this reporting period around 138,089 people with information dissemination and community engagement activities.

^{**} UNICEF and IPs have no new children registered in psychosocial activities. UNICEF and partners are in the process of revalidating children at risks including UASC to ensure targeted and appropriate response.