



Bangladesh

Humanitarian Situation report No.28 (Rohingya influx)



REPORTING PERIOD: 18-24 MARCH 2018

SITUATION IN NUMBERS

Highlights

- World Water Day was commemorated in Camps 5, 6 and 7 with an advocacy meeting on safe water. Two hundred community leaders and youth volunteers participated in discussions to identify measures to address the water quality challenges in the camps.
- In the first 10 days of the diphtheria vaccination campaign, 75 per cent of targeted children were vaccinated, including 130,246 children from 6 weeks to 7 years who were vaccinated with pentavalent vaccine and 191,344 children from 7- 15 years vaccinated with tetanus-diphtheria vaccine.
- Thirty-eight per cent of learning centres (270 out of 707) have now been upgraded to semi-permanent structures, which will help the continuity of education services during the upcoming monsoon season.
- Door-to-door awareness visits have now reached 293,450 refugees, providing guidance on how to prepare their households for the upcoming monsoon season.
- The Joint Response Plan for March-December 2018, coordinated by the Inter Sector Coordination Group, was launched on 16 March. The humanitarian community has appealed for US\$950.8 million (including US\$113 million for UNICEF) to provide critical life-saving and protective humanitarian assistance to 1.3 million people.
- UNICEF has 42 per cent of funding required against its 2018 appeal with the generous support of its donors. An additional US\$ 84.5 million is required to fully deliver on the Rohingya response.

25 March 2018

703,000

Children in need of humanitarian assistance

1.3 million

People in need (refugee and host community) (JRP March to December 2018)

362,340

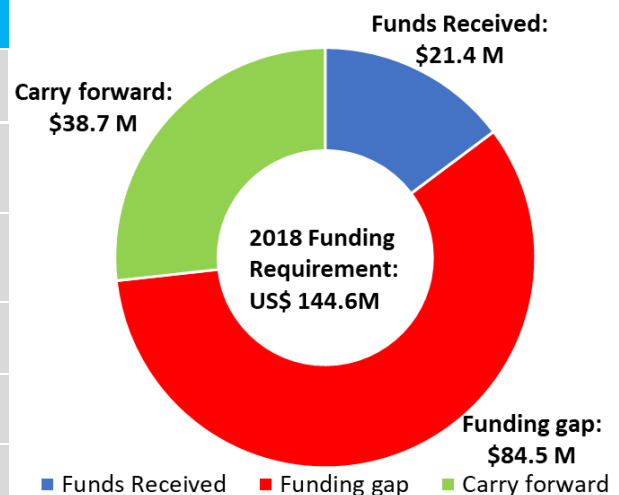
Children (arrived since 25 August 2017) in need of humanitarian assistance (Based on ISCG SitRep 11 March 2018)

671,000

New arrivals since 25 August (ISCG SitRep, as of 11 March 2018. The decrease is not a result of population return, but rather the use of a more detailed and accurate methodology to estimate total population figures)







Summary of programme results 11 March 2018	Sector		UNICEF and IPs	
	Target	Total Results	Target	Total Results
Children 0-59 months treated for severe acute malnutrition	35,093	2,244	24,000	824
Children (0-23 months) who have received all the childhood vaccines			112,132	-
People (1 year and above) who have received oral cholera vaccine			1,100,000	-
People with access to safe drinking water	1,260,740	599,081	600,000	293,150
Children who have received psychosocial support	400,000	180,754	350,000	142,317
Children (4-14) enrolled in emergency non-formal education	383,668	126,029	305,315	82,802

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 semi-permanent latrines need to be constructed or maintained. Prior vaccination coverage amongst new arrivals is very low and deadly outbreaks of communicable diseases such as measles and diphtheria have already occurred. Risks of cholera or acute watery diarrhoea outbreaks will be high during the upcoming monsoon season. Urgent nutrition needs have been prioritized for children under 5 (including infants), with severe acute malnutrition (SAM) rates as high as three per cent recorded. Over 400,000 Rohingya children are also in need of psychosocial support and other protection and education services. 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 Humanitarian Action for Children will be revisited to ensure full alignment with the JRP.

	Newly arrived Rohingya refugees	671,000
	Newly arrived children	58%
	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.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

UNICEF's overall strategy is to strengthen government systems to provide basic social services to refugees and host communities. The most urgent priority is the prevention of an increase in mortality and morbidity. 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 vulnerable through the prevention of abuse and gender-based violence 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.

In advance of the monsoon season, facilities at risk of floods and landslides (such as latrines; health and nutrition centres; child friendly spaces; and learning centres) have been mapped out and are being progressively reinforced, decommissioned or relocated as required. Five diarrhoea treatment centres are being constructed to deal with acute watery diarrhoea cases. Contingency stock is also being increased and prepositioned. Meanwhile, a network of 1,000 community mobilization volunteers are encouraging households to prepare themselves for the impact of adverse weather.

Summary Analysis of Programme Response

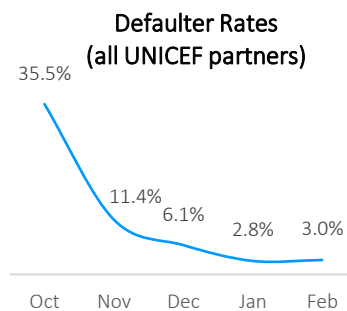
Health: So far in 2018, 998 cases of measles/rubella have been reported, with 41 suspected cases (no deaths) last week. The trend of cases is currently in decline. Routine immunization, including against measles/rubella, has started at 25 out of 75 fixed posts set up by government and partners. Meanwhile, 1,336 cases of acute jaundice syndrome have also been reported in 2018, including 75 this week. With 114 samples now analysed, 42 per cent have been positive for Hepatitis A and none for Hepatitis E. Sample collection is ongoing and hygiene promotion scaled up.

From 8 November 2017 to 17 March 2018, 6,250 cases of diphtheria, including 38 deaths, have been reported, with 173 cases in the past week. No deaths have been reported since 2 February 2018. The third round of diphtheria vaccination campaign ran from 10 to 25 March 2018. In the first 10 days of campaign, 75 per cent of targeted children were vaccinated, including 130,246 children from 6 weeks to 7 years who were vaccinated with pentavalent vaccine and 191,344 children from 7- 15 years vaccinated with tetanus-diphtheria vaccine. Rapid Convenience Monitoring has found that one in five children in Teknaf were not vaccinated. A third of these children were not vaccinated due to the fear of an adverse reaction, while other children were not at home or not aware of the campaign. Efforts to increase participation are detailed in the Communication for Development section.

Last week, in ten UNICEF-supported health facilities, 2,114 children under five (48 per cent girls) of a total of 6,420 patients (67 per cent female) received health services. Additionally, 723 pregnant women received at least one antenatal care consultation and 121 women a postnatal 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).

Nutrition: UNICEF implementing partners have identified 841 children as suffering from severe acute malnutrition (SAM) through community-based screening since 1 March. Of these children, 824 (98 per cent) were admitted for treatment, including 240 admitted this week. This week, 37 frontline staff were trained on various components of the management of malnutrition to improve the quality of treatment. Performance indicators from February 2018 show a cure rate of 95.1 per cent; defaulter rate of 3 per cent; non-response rate of 1.8 per cent and death rate of 0.2 per cent, within Sphere Standards. To prevent malnutrition, 30,640 pregnant and lactating women and caregivers of children under 2 were counselled on best practices in infant and young child feeding while 9,088 adolescents and 6,910 pregnant and lactating women received Iron Folate supplementation.



WASH: UNICEF and its partners have constructed 610 tube wells since the start of the crisis, which are currently providing safe water for 293,150 people (49 per cent of the 2018 target). On 22 March, UNICEF commemorated World Water Day in three refugee camps to increase awareness on issues of water quality. In camps 5, 6 and 7, discussions were held between the Government of Bangladesh and humanitarian partners, as well as among 200 community leaders and youth volunteers on how to improve water quality, including at the household level.

To date, 1,619 water samples from 407 tube wells and 615 households have been tested for contamination (12 per cent of the targeted number of samples). Preliminary results showed contaminated water from 22 per cent of tube wells. This dropped to six per cent once the handpump was cleaned. With 83 per cent of water samples at the household level contaminated, this indicates a need to focus on chlorinating all jerry cans at water points and the safe management of household water including through water purification tablets. Shock chlorination of contaminated water points is also ongoing with a total of 85 tube wells chlorinated in camp 7 where the majority of the water quality samples were collected.

Safe sanitation interventions, including 14,713 latrines and 30 faecal sludge management sites, are benefitting 394,950 people (66 per cent of the 2018 target). To date, 3,462 latrines have been desludged. The dissemination of key hygiene messages, including on safe management of water at the household level continue, reaching 115,168 people since 1 January. During the reporting week, 840 hygiene kits were distributed, benefitting 4,200 people.

Child Protection: This year, UNICEF has reached 182,705 (42 per cent of the 2018 target) children and adolescents with critical child protection services. The programme focuses on providing psychosocial support through child-friendly spaces and adolescent clubs. Capacity building on case management continues, given its critical role in this emergency. During this reporting period, UNICEF and the Child Protection Sub-Sector conducted a five-day case management training for 35 social workers from implementing partners. The 50 trained Department of Social Services social workers were deployed in the camp for the first time last week to commence a verification exercise of children identified by the Department in 2017. This exercise will improve the case management process, and will lead to the provision of assistance to foster families caring for vulnerable children.

Education: UNICEF has reached 82,802 children (aged 4-14) with non-formal education (27 per cent of the 2018 target) with the support of 1,835 teachers, 1,401 of whom have been trained on early learning and non-formal education. This week UNICEF with the support from BRAC supported the training of 400 teachers on how to engage children using education supplies, including those distributed in in school-in-a-box kits. Of the 707 learning centres established, 270 centres have been up-graded to semi-permanent structures, including 27 spaces upgraded this week.

Communication for Development, Community Engagement and Accountability: Since their establishment, 27,054 community queries, complaints and feedback have been recorded and responded to in the twelve UNICEF-supported Information and Feedback Centres, including 1,689 in the last week. Meanwhile, community mobilization for the third round of the diphtheria vaccination campaign continued last week with 1,047 frontline staff and community volunteers, including 366 Imams and Mahjis, reaching over 330,020 individuals through tent-to-tent visits and 166 megaphone announcements by volunteers and Imams in mosques. Volunteers referred or accompanied 67,673 children to vaccination centres. Six radio public service announcements and a phone-in programme were aired, aiming to mobilize children who had been missed.

Monsoon Preparedness: UNICEF procured six containers to preposition supplies at the new WFP logistics hub. Discussions are also ongoing with UNHCR and IOM to preposition key items in their containers in the camps. Joint discussions were held between Shelter, NFI and WASH sectors to define their joint distribution strategy during the first 72 hours of the monsoon.

During the reporting period, an additional 30 latrines were decommissioned to reduce the risk of acute watery diarrhoea (AWD), with 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. On the health side, three of the five planned Diarrhoea Treatment Centres are expected to be functional by the end of March. Door-to-door awareness interventions have reached 293,450 people (of a 300,000-person target) this month, focusing on monsoon preparedness.

Summary Analysis of Host Community Response

UNICEF is ensuring that its response is targeting both the refugee and local population, ensuring 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. During the reporting period two new water systems were constructed in Thanghali and 50 tube wells were rehabilitated (40 Thanghali and 10 Balukali East) to restore access to safe water for 2,685 people in host communities. In addition, 3,100 members of the host communities were reached with hygiene promotion messages.

UNICEF supports the Cox's Bazar District Hospital Special Care Newborn Unit (SCANU), which cared for 610 babies in 2018 (42 per cent female), including 45 this week, while Teknaf Newborn Stabilization Unit (NSU) has treated 83 newborns, including 10 this week. These facilities are receiving referral cases from both host and Rohingya communities. Additionally, UNICEF is supporting four Stabilization Centres run by the Ministry of Health and Family Welfare for in-patient management of SAM. So far this year, 49 Bangladeshi children under 5 have been admitted to in-patient government health facilities for the treatment of SAM this year, with support from UNICEF.

Finally, this week, 146 staff from the Health and Family Department of the Ministry of Health and Family Welfare were trained on interpersonal communication skills; 30 more staff remain to be trained. These staff will then roll out training for frontline service providers, who will then undertake social mobilization campaigns in the host community.

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.

UNICEF wishes to express its sincere gratitude to Canada, Denmark, the European Commission, 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	22,200,000	2,637,741	8,973,969	10,588,290	48%
Health	25,600,000	2,315,217	4,368,494	18,916,289	74%
WASH	39,000,000	7,793,326	8,336,089	22,870,584	59%
Child Protection	18,400,000	3,286,245	3,711,425	11,402,329	62%
Education	28,500,000	390,665	7,386,742	20,722,593	73%
Communication for development	3,900,000	52,500	1,178,877	2,668,623	68%
Emergency Preparedness and Sector Coordination	7,000,000	4,894,786	4,726,219	0	0%
Total	144,600,000	21,370,480	38,681,816	84,547,704	58%

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

**Carry-over includes \$ 7.9m envisaged for the response beyond 2018.

Next SitRep: 8 April 2018

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

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

Bangladesh Humanitarian Response Plan 2017: <https://www.humanitarianresponse.info/en/operations/bangladesh>

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SUMMARY OF 2018 PROGRAMME RESULTS

	UNICEF and IPs			Cluster Response		
	Mar to Dec 2018 Target	Mar to Dec 2018 Results	Change since last report ▲	Mar to Dec 2018 Target	Mar to Dec 2018 Results	Change since last report ▲
NUTRITION*						
Number of children (under 5 years) treated for severe acute malnutrition	24,000	824	527	35,093	2,244	1,739
Number of pregnant and lactating women who have received infant and young child feeding counselling	50,780	30,640	21,020	85,956	41,116	28,063
Number of children (6-59 months) reached with vitamin A supplementation	198,868	-	-	198,868	48	48
	2018 Target	Total Results	Change since last report ▲	2018 Target	Total Results	Change since last report ▲
HEALTH						
Number of children (0-23 months) who have received all the childhood vaccines	112,132	-	-			
Number of people (1 year and above) who have received oral cholera vaccine	1,100,000	-	-			
Number of pregnant women who have received HIV testing and counselling	26,400	-	-			
WATER, SANITATION & HYGIENE						
Number of people who have access to safe drinking water	600,000	293,150	1,450	1,260,740	599,081**	-
Number of people who have access to culturally appropriate sanitation facilities	600,000	394,950	2,700	1,052,495	530,231**	-
Number of people who have received key hygiene messages and supplies	450,000	115,168	16,350	1,008,209	485,388**	-
CHILD PROTECTION						
Number of children who have received psychosocial support	350,000	142,317	-	400,000	180,754	-
Number of unaccompanied and separated children who have received case management services	10,000	2,050	52	22,000	5,575	-
Number of adolescents who have received life skills support	90,000	40,338	-	110,000	44,552	-
EDUCATION						
Number of children (4-14 years) enrolled in non-formal/formal education, including early learning	305,315	82,802	40	383,668	126,029	(8,658)***
Number of adolescents (14-18 years) enrolled in non-formal/formal education including life skills and technical and vocational education training	120,000	-	-	146,332	-	-
C4D/ ACCOUNTABILITY MECHANISM						
Number of people reached through information dissemination and community engagement efforts on life saving behaviours and available services	600,000	330,020	184,923			

* The Nutrition Cluster is the only Cluster which has decided to report based on March to December 2018 targets and results. Throughout 2018, UNICEF and its IPs have reached 5,135 children with SAM treatment and 111,463 women with IYCF counselling, with double-counting included. The Cluster has reached 11,123 children with SAM and 147,503 women with IYCF counselling.

**WASH Cluster cumulative results have been adjusted due to data validation and some facilities being decommissioned or undergoing facility improvement.

***Two partners in the education sector adjusted their beneficiary reach this reporting period due to data validation.