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Bangladesh

Humanitarian Situation report No.22 (Rohingya influx)

REPORTING PERIOD: 2 - 8 FEBRUARY 2018

SITUATION IN NUMBERS

Highlights

- 79 new cases of acute jaundice syndrome were reported with no deaths, bringing the total to 556 cases for 2018. The aetiology is still not well defined.
- Since the beginning of the outbreak, a total of 5,511 suspected cases of diphtheria were reported, with 38 deaths and 298 new cases during the reporting period, indicating a declining trend. UNICEF and partners are pursuing the second round of the diphtheria vaccination campaign in the Rohingya community, which commenced on 27 January, 327,992 (92 % of the target) children were reached during the first 11 days.
- As of 6 February 2018, 282,200 people have access to safe water, and 385,150 people have access to sanitation facilities. A total of 1,870 latrines have been de-sludged, a key activity in preparation of the monsoon season.
- During the reporting period, 612 new children aged 4-14 were enrolled in the learning centres, and 45 new teachers were trained. Assessments of the learning centre premises are ongoing to consolidate them in advance of the monsoon season.
- At the start of the year, UNICEF has 28 per cent funding available against its 2018 appeal requirement. An additional US\$ 104.5 million is required to fully deliver on the Rohingya response. UNICEF would like to thank the Government of Japan for its renewed commitment to generously support UNICEF's Rohingya response in 2018

11 February 2018

720,000

Children in need of humanitarian assistance

1.2 million

People in need (HRP 2017-18)

399,040

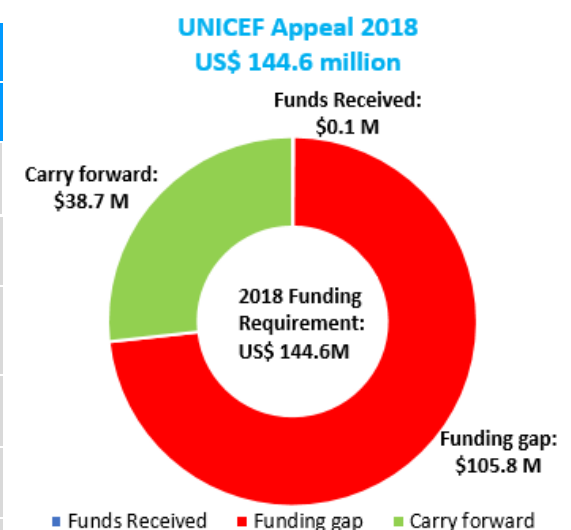
Children (arrived since 25 August 2017) in need of humanitarian assistance
The figure is based on ISCG SitRep dated 27 January, 2018.

688,000

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

Summary of programme results 2017-2018	Sector		UNICEF and IPs	
	Target	Total Results	Target	Total Results*
Children 0-59 months treated for Severe Acute Malnutrition (SAM)	11,876	25,836	7,500	14,040
Children 6 months–15 years who received MR vaccine			237,500	475,299
Number of doses of Oral Cholera Vaccines (OCV) administered to population			900,000	899,959
People with access to safe drinking water	887,000	724,883	450,000	282,200
Children who received psychosocial support	200,000	168,022	180,000	136,416
Children (4-14) enrolled in emergency non-formal education	370,000	112,402	201,765	80,982

*Results since 25 August 2017



Situation Overview and Humanitarian Needs

As of 27 January 2018, the Inter-Sector Coordination Group (ISCG) reported that almost 688,000¹ Rohingya refugees have entered Bangladesh since the attacks. According to ISCG's rapid needs assessment, 58 per cent of new arrivals are children and 60 per cent are girls and women including a high number of pregnant (3 per cent) and lactating women (7 per cent). The estimated total affected population of existing refugees, new arrivals and host communities is 1.2 million people.² This includes 720,000 affected children in need of urgent humanitarian assistance including critical life-saving interventions.

Existing basic services for refugees and host communities have been overwhelmed due to the sudden and massive increase in population. The high population density in the settlements has increased the risk of disease outbreaks and 1.2 million people urgently require water and sanitation services. More than 17 million litres of clean water per day are needed and approximately 50,000 latrines with semi-permanent structures need to be constructed or maintained. Vaccination coverage amongst new arrivals is very low and deadly outbreaks of communicable diseases (measles and diphtheria) have already occurred. In the densely populated settlements, with poor sanitation and hygiene conditions, an outbreak of cholera or acute watery diarrhoea (AWD) is a risk that is being addressed in the rainy/cyclone season preparedness plan. Urgent nutrition needs have been prioritized for children under five (including infants), pregnant and lactating women (PLW) and adolescent girls, with 3 per cent of children suffering from life-threatening severe acute malnutrition (SAM) in the biggest settlement (Kutupalong). An estimated 400,000 Rohingya children are also in need of psychosocial support and other protection and education services.

The inter-agency Humanitarian Response Plan (HRP), covering the period from September 2017 to February 2018, identified the need to immediately scale-up activities in the areas of WASH, health, nutrition and food security and shelter to save lives in both settlements and host communities. The "Rohingya Refugee Crisis Joint Response Plan" covering the period from March to December 2018 will ensure that the needs of the most vulnerable population will continue to be addressed.

UNICEF's 2018 HAC was developed prior to the upcoming inter-agency Joint Response Plan (JRP) and will therefore be revisited later to ensure full alignment with the JRP.

Humanitarian Leadership and Coordination

The overall humanitarian response for the Rohingya refugee crisis is facilitated by a sector-based coordination mechanism, the Inter-Sectoral Coordination Group (ISCG), established for refugee response 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 to ensure an effective humanitarian response to the crisis.³ On the government side, a National Task Force (NTF), established by the Ministry of Foreign Affairs (MoFA), 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 (BGB). In this structure, the roles of the Refugee, Relief and Repatriation (RRRC) Commissioner and the Deputy Commissioner (DC) of Cox's Bazar district are critical for daily coordination and information sharing. At sub-national level, UNICEF continues to lead coordination in the nutrition sector and child protection sub-sector and co-lead the education sector with Save the Children. UNICEF also co-leads the WASH sector along with Action against Hunger (ACF). 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 in order to provide basic social services to refugees and host communities, using a district-specific approach. The most urgent priorities are the prevention of an increase in mortality and morbidity as well as communicable disease outbreaks among refugees and host communities. These objectives will be achieved through the provision of safe water, sanitation and washing facilities, SAM treatment, vaccination against preventable diseases and preparedness for acute watery diarrhoea and cholera outbreaks. UNICEF is addressing the protection needs of the most vulnerable groups, children and women, through prevention of abuse and gender-based violence and by supporting case management, psychosocial support and the provision of basic education. UNICEF will strengthen its adolescent programming by providing a minimum package for adolescent health and focusing on providing tailored services for pregnancy in adolescent girls. Voucher systems will be used to further strengthen nutrition, water, sanitation and hygiene (WASH), child protection and gender-based violence interventions. UNICEF will continue to work closely with local government departments and will co-lead the WASH,

¹ Situation Update: Rohingya Crisis, Inter Sector Coordination Group (ISCG), 27 January 2018

² The 1.2 million also includes 200,000 Rohingya before the new influx, 12,000 for contingency and 300,000 affected host communities. Prior to August this year, around 33,000 registered Rohingya refugees lived in two camps officially recognised by the Government located in Kutupalong and Nayapara in Ukhiya and Teknaf upazilas respectively, which have been functioning since 1992 under the care of UNHCR. In addition, more than 60,000 undocumented Rohingya resided in makeshift settlements (Leda, Kutupalong, Shamlapur and Balukhali) and an estimated 300,000-500,000 lived scattered within the host communities through the district and across the country.

³ The SEG is chaired by the Resident Coordinator with the IOM Head of Mission and UNHCR Representative as co-chairs. At this stage of the crisis, the SEG is meeting on a weekly basis. The membership includes UN agencies, INGOs (ACF, MSF and Save the Children), and the Red Cross/Crescent movement (ICRC, IFRC). The SEG is a flexible coordination structure which will be adjusted as the situation evolves.

Education and Nutrition sectors and the child protection sub-sector with the government. UNICEF will also strengthen its own and partners' capacities for emergency preparedness for both epidemics and natural hazards.

Summary Analysis of Programme Response

Nutrition

In 2018, UNICEF estimates that 50,119 children under 59 months of age will require treatment for Severe Acute Malnutrition (SAM) within the makeshift camps and the host community; 50,780 pregnant and lactating women (PLW) will need counselling on Infant and Young Child Feeding Practices (IYCF); and 198,868 children aged 6-59 months will require Vitamin A supplementation.

Since 1 January 2018, a total of 300,709 children aged 6-59 months have been screened for acute malnutrition, including 37,872 children who were screened during the reporting period. 3,818 children were identified with SAM, including 367 during the reporting period. 3,315 children were admitted for treatment including 312 children during the reporting period. 47 children with severe acute malnutrition and medical complications were admitted to UNICEF-supported stabilization centres, including four during the past week. Additionally, a total of 3,668 children under 5 years of age were detected with Moderate Acute Malnutrition (MAM) and referred for treatment.

Since the beginning of the year, a total of 52,641 pregnant and lactating women and care givers of children aged 0-24 months have received Infant and Young Child Feeding (IYCF) counselling, along with communication to improve hygiene practices. This includes 9,739 pregnant and lactating women and care givers of children aged 0-24 months reached during the past week.

UNICEF and WFP made a joint visit to WFP-funded Targeted Supplementary Feeding Programmes (TSFP) and Blanket Supplementary Feeding Programmes (BSFP), as well as UNICEF-funded Outpatient Therapeutic Programmes (OTP) and service centres. The joint visit allowed to identify the solutions to the challenges that are hindering the smooth referral of children from the SAM outpatients' treatment centre to the WFP Targeted Supplementary Feeding Programmes. The final version of admission and discharge criteria for CMAM was shared with all sector members and it is expected to be adopted henceforth. All relevant changes will be made in the ongoing programme to ensure smooth implementation of the plan.

Health

Transmission of measles is still ongoing despite continuing decline in the number of new suspected cases since the second week of January 2018. 79 cases were reported on the fifth week of 2018, with 63 per cent of the cases among the children under five years of age. No deaths were reported. A total of 601 suspected measles cases were reported in 2018.

During week 5, 79 new cases of acute jaundice appeared in the refugee community, of which 32 per cent were among under 5-year old. Earlier, in fourth week, the number of jaundice cases were 131. This makes a total of 556 acute jaundice cases reported in 2018. Aetiology still not entirely clear.

As of January 7, 2018, 5,511 suspected diphtheria cases have been reported, with 38 deaths. During the past seven days, 298 suspected cases have been reported with a clear declining trend since the beginning of February, after a plateau in the second half of January. Among all the cases, almost 75 per cent are children below the age of 15 years and 14 per cent are under five years of age. Eleven per cent of cases have required diphtheria anti-toxin (DAT).

The second round of the diphtheria vaccination campaign in the Rohingya communities is still ongoing. The campaign began on January 27 and will continue until February 10, 2018, targeting almost 357,000 children. During the first 11 days of the campaign, a total of 141,837 children were vaccinated with Pentavalent and Bivalent Oral Polio Vaccine (bOPV) in the age group 6 weeks up to 7 years while 186,155 children in the age group 7- 15 years were vaccinated with tetanus-diphtheria (Td) vaccines. In total 327,992 children were vaccinated with a diphtheria-containing vaccine. UNICEF is supporting the supervision and independent monitoring of the campaign as well as delivery of information through community health volunteers helped by the imams (religious leaders), teachers and majhis (community leaders).

During the reporting period, 2,355 children under five years of age received healthcare and 833 pregnant women received at least one antenatal care consultation in 10 health facilities supported by UNICEF.

UNICEF is also supporting the Cox's Bazar District Hospital in providing health services to new-born babies through its Special Care New-born Unit (SCANU). 62 new-born babies have received care in the first week of February, reaching a total of 262 babies in 2018. This unit has been receiving referral cases from both host and refugee communities.

WASH

Over the course of 2018, UNICEF is planning to reach 600,000 people with safe water and adequate sanitation, representing approximately 50% of the estimated people in need, with 450,000 people targeted to receive information on key hygiene practices and supplies.

As of 6 February 2018, 282,200 people accessed safe water through the treatment of surface water and the construction of 590 tube wells, of which 9 were installed over the reporting period, in addition to the delivery of water by trucks to areas where the water systems and groundwater availability are severely limited. To ensure a sanitary environment, 385,150 people have benefitted from the construction of 24 Faecal Sludge Management (FSM) sites and 14,300 latrines, with an additional 95 latrines constructed over the reporting period. The volume of sludge collected and treated continues to increase with the expansion of the number and capacity of desludging teams and faecal sludge management sites, and this will be significantly increased in advance of the rains. To date, at least, 1,870 latrines have been de-sludged. To mitigate against the risk of damage to the sites during the rainy season, assessments were conducted at key FSM sites and measures identified to reduce the risk of damage due to heavy rain, landslides and flooding, with works commencing at key sites.

The dissemination of key hygiene messages continued, reaching 77,733 people since 1 January through a combination of household visits, group discussions and sessions specifically tailored for children. The primary objective of the messaging is to strengthen the practice of key hygiene behaviours including safe water storage, latrine use, household water treatment and handwashing at critical times.

Following on from the field visits last week, the WASH team have been working with the GBV Specialist to finalise the report on good practices to addressing GBV concerns to be shared across the sector, and to develop mechanisms for peer to peer learning between partners.

A rapid WASH assessment conducted at Shamlapur camp showed that access to water is nearing sector standards, however the water quality remains an issue. Sanitation access is below sector standards with some latrines poorly maintained. Implementing partners are being supported to construct sanitary latrines, improve community involvement in operation and maintenance of WASH facilities and scale up hygiene promotion activities.

The process of rationalising the distribution of WASH partners' areas of activities within the camps is underway as part of the JRP (Joint Response Plan) preparation and to reflect the new layouts of the refugee sites as they change from "Zones" to "Camps". UNICEF is participating in an exercise to align distribution of responsibilities for WASH activities with UNHCR and IOM across the whole refugee complex under the leadership of the WASH Sector. This process aims to improve coordination of the WASH response by improving the focus of agencies across the camp and clarifying UN agency areas of responsibility.

Preparedness activities for the oncoming cyclone season are continuing in line with the Monsoon/Cyclone Preparedness Plan, which involves activities in four main areas as follows: Expansion of water sources and supply, Identification of water quality concerns and decommission sources of contamination, Ensuring the operation of sanitation infrastructure, and Undertaking mobilization and capacity building.

Negotiations for a new partnership with MoDMR to construct 5,000 latrines and 5,000 bathing cubicles designed for women are in the final stage. The agreement will include the decommissioning of 2,000 non-functional or at flood risk latrines. During the reporting period, UNICEF has mobilised partners to support the construction of 300 latrines and 120 bathing spaces in Zone WW where new arrivals and those who are being moved from flood risk zones arrive.

Preparatory activities are ongoing for the location mapping of all 6,000 tube wells in the camps, utilising the KOBO app on palmtop tablets. This will give each water-point a unique code which will allow for improved monitoring of functionality and quality. The exercise to code all the water points is expected to be completed by the end of February.

The second phase of the Training of Trainers on Hygiene Promotion will take place on February 11&12. The training programme has been updated to include extensive components on AWD/Cholera preparedness and messaging. A total of 60 trainers, who attended the first round of the programme in December, are expected to attend to build on their knowledge and skills.

In addition, a one day training on shock chlorination of contaminated tube wells and bucket chlorination for at-risk water points, which involves chlorine treatment for every jerry can of water collected by refugees, will be held for all UNICEF partners on February 15.

Child Protection

UNICEF is aiming to provide psychosocial support to 350,000 children in 2018, to support case management for 10,000 unaccompanied and separated children (UASCs) and, to deliver life-skills support to 90,000 adolescents. The needs of adolescents, especially girls, are unique and require specific targeted activities to support them to build their resilience.

While provision of Psychosocial Support constitutes a major intervention for the Child Protection response, efforts during this reporting period focused also on capacity building across the different components of the response (Child Protection, WASH, Education, Health, C4D and Nutrition) on Gender Based Violence

During this reporting period, the Child Protection programme and partners reached a total of 2,281 children, of which 1,501 (66 per cent) were reached with Psychosocial Support activities through group activities mainly in Child Friendly Spaces (CFS), 762 (33 per cent) adolescents were reached with life-skills activities and 18 separated and unaccompanied children were identified, registered and are followed in their foster families.

During this reporting period, a total of 83 frontline workers were provided with skills in different thematic areas of UNICEF's work with refugee children and adolescents:

- 45 Social Workers of partner organizations were trained on the new Child Friendly (CFS) approved standards, particularly on CFS management, coordination of activities and referrals;
- 30 Social Workers were provided a five-day training on Case Management;
- 8 UNICEF Field Coordinators and UNICEF's Health service partners were trained on GBV Risk Mitigation and GBV mainstreaming. The training covered basic understanding of GBV and child protection, which emphasized the need to ensure a survivor-centered approach in all aspects of work in the field, particularly when engaging with children. Training on GBV Risk mitigation and integration for UNICEF's Health partners focused on principles for caring for GBV survivors and the Minimum Initial Service Package for Sexual Reproductive Health including clinical management of rape.

Education

In 2018, UNICEF aims to reach 305,315 children aged 4-14 years with education opportunities, including 67,350 children in the host community. In addition, non-formal education opportunities will be expanded to cover adolescents with life skills training, basic literacy and numeracy and technical/vocational components. 120,000 adolescents are targeted by these activities in 2018.

UNICEF has reached 80,982 children (aged 4-14). In total, 1,315 teachers have been trained on early learning and non-formal education and are conducting learning activities in the 695 learning centres across the makeshift camps. Last week, 612 new children aged 4-14 were enrolled in the learning centres and 45 new teachers were trained.

The engineering team in UNICEF is developing a response plan to reinforce learning centres that may be affected by the rains and the potential flooding.

To contribute to the quality of the education response, UNICEF designed and piloted a programme in teacher mentoring and peer-to-peer learning using Information and Communications Technology (ICT) to rapidly improve teaching skills, ownership, empowerment and to promote a collaborative environment. To date, UNICEF has produced two audio-visual material, trained 65 Technical Officers (TO) and Programme Organizers (PO), along with 650 teachers in peer-to-peer learning using their mobile devices. This week, UNICEF developed a refresher training course for 65 teachers and conducted a rapid assessment assess to benefits and challenges.

Communication for Development (C4D), Community Engagement and Accountability

UNICEF in collaboration with NGO partners aims to reach 600,000 people regularly with key life-saving information and messages through a network of approximately 1,000 Community Mobilization Volunteers (CMVs), model mothers and youth volunteers from the Rohingya communities. The volunteers conduct door-to-door inter-personal communication (IPC) sessions and community dialogue, and help mobilise communities during vaccination campaigns. To address community queries, complaints, feedback and service referrals, UNICEF aims to establish a total of 12 Information and Feedback Centres (IFCs).

Since September 2017, a cumulative total of 17,649 queries and complaints have been received and responded to through the 10 functional IFCs established to date. Among these, 1,282 were received and responded to during this reporting period which resulted in an average of 213 responses per day. 71 per cent of the visitors were female and 61 per cent of the visitors were between 18-39 years old.

During the past week, around 107,658 refugees, mostly women, were reached through the regular social and behaviour change communication programmes, which in the week featured 13 community dialogues and 18 interactive popular theatre and mobile film shows. Furthermore, as part of mobilization efforts for the second round of the diphtheria vaccination campaign, 70 partner

staff and 1,069 community volunteers – including 153 Imams and 152 Majhis – were mobilized and actively engaged. During the reporting period, 54,455 Rohingya people were provided with information on diphtheria vaccination through tent-to-tent visits and megaphones.

UNICEF, in consultation with CWC Working Group and sectoral partners, works to develop preparedness messages for the monsoon/cyclone season and the possibilities of heavy rainfall and landslides.

Supply and Logistics

Last week, UNICEF dispatched 150 cubic metres' worth of relief items. These include various communication and health products such as radios, hygiene kits, ready-to-use therapeutic food, jerry cans and tarpaulins.

Media and External Communication

UNICEF continued to provide support to local and international media outlets covering the Rohingya issue. The communications team worked with programme colleagues to support various donor missions along with continued collection of regular assets, generation of social media content and press notes.

Security

During the reporting period, the security situation has remained stable although minor crime, drug-related criminality, and some reported sexual offenses and prostitution are evident. Bangladesh security forces, including the army, border guards, and police, remain deployed within the camp locations during daylight hours and represent a robust presence which provides safety and security not only for the camp occupants but also reassurance and support to humanitarian operations. Road traffic accidents due to poor road conditions and travel after dark remain a major safety concern for UN/UNICEF personnel. Poor mobile phone and VHF network coverage within the camp locations remains an ongoing challenge.

Funding

UNICEF's 2018 Humanitarian Action for Children (HAC) appeal for the Rohingya refugees requires US\$144.6 million to provide life-saving and basic social services with the government to over 700,000 children, which includes existing Rohingya populations, new influx and the vulnerable host community children. The 2018 HAC supersedes the 2017 UNICEF HAC covering the period from September 2017 to February 2018. The 2018 HAC 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 all resource partners for their strong partnership and generous contributions throughout 2017. Since the start of the year, UNICEF received funding support from Canada, Portugal, UNICEF USA and Iceland National Committee for UNICEF, bringing the total funding available to 28 per cent. 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		9,193,819	13,006,181	59%
Health	25,600,000		4,368,494	21,231,506	83%
WASH	39,000,000		8,336,089	30,663,911	79%
Child Protection	18,400,000	137,013	3,710,978	14,689,022	80%
Education	28,500,000		7,386,742	21,113,258	74%
Communication for development	3,900,000		1,178,877	2,721,123	70%
Emergency Preparedness and Sector Coordination	7,000,000		4,506,369	2,493,631	36%
Unallocated		1,271,929			
Total	144,600,000	1,408,942	38,681,369	104,509,689	72%

*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: 18 February 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 PROGRAMME RESULTS 2018⁴

	UNICEF and IPs Response		
	2018 Targets	Total Results	Change since last report ▲ ▼
NUTRITION:			
Number of children (under 5 years) treated for Severe Acute Malnutrition (SAM)	50,119	3,315	312
Number of pregnant and lactating women who received infant and young child feeding counselling	50,780	52,641	9,739
Number of children (6-59 months) reached with vitamin A supplementation	198,868	-	-
HEALTH:			
Number of children (0-23 months) who received all the childhood vaccines	112,132	-	-
Number of people (1 year and above) who received oral cholera vaccine	1,100,000	-	-
Number of pregnant women who received HIV testing and counselling	26,400	-	-
WATER, SANITATION & HYGIENE:			
Number of people who have access to safe drinking water	600,000	282,200 *	5,250
Number of people who have access to culturally appropriate sanitation facilities	600,000	385,150 *	3,100
Number of people who received key hygiene messages and supplies	450,000	77,733	-
CHILD PROTECTION:			
Number of children who received psychosocial support	350,000	136,416*	1,501
Number of unaccompanied and separated children who received case management services	10,000	1,838*	18
Number of adolescents who received life-skills Support	90,000	39,666*	762
EDUCATION:			
Number of children (4-14 years) enrolled in non-formal/formal education, including early learning	305,315	80,982*	612
Number of adolescents (14-18 years) enrolled in non-formal/formal education including life skills and technical and vocational education training	120,000	-	-
C4D/ ACCOUNTABILITY MECHANISM:			
Number of people reached through information dissemination and community engagement efforts on life saving behaviours and available services**	600,000	112,161**	-

*This figure includes carried over result from 2017 because the 2018 HAC targets supersede targets of the 2017 UNICEF HAC from September 2017 to February 2018.

** This indicator is a point-in-time estimate, i.e., the total result is not cumulative of weekly progress rather is estimated maximum coverage reported during any reporting period throughout the response.

⁴ During January and February 2018, two sets of results will be presented: [Annex A](#) for UNICEF results against 2018 HAC targets; and [Annex B](#) reporting on results both for sectors and UNICEF against 2017-18 HRP targets. Reporting will be harmonised into a single annex when the current HRP is superseded by a new inter-agency Joint Response Plan for 2018 in March 2018.

SUMMARY OF PROGRAMME RESULTS: September 2017-February 2018

	Overall needs	Sector/Cluster Response (2017-18)			UNICEF and IPs Response (2017-18)		
		Target	Total Results	Change since last report ▲▼	Target	Total Results	Change since last report ▲▼
NUTRITION:							
Number of children (0-59 months) treated for Severe Acute Malnutrition (SAM)	16,965	11,876	25,836	1,371	7,500	14,040	312
Number of Pregnant and lactating women (PLW) reached with counselling on infant and young child feeding (IYCF) practices	120,000	84,000	158,582	10,747	43,000	100,156	9,739
Number of children 6-59 months, adolescents and PLW in the affected areas receiving multi-micronutrient supplementation.	564,000	335,000	284,753	2,421	335,000	234,768	-
HEALTH:							
Number of children (6 months- 15 years) who received MR vaccine	250,000				237,500	475,299	.*
Number of doses of OCV administered to population (reaching 650,000 people over 1 year)	900,000				900,000	899,959	.*
Number of children under five accessing healthcare	348,000				79,800	46,265	2,355
Number of pregnant women received at least 1 ANC consultation	42,000				7,000	16,679	833
WATER, SANITATION & HYGIENE:							
Number of people with access to safe drinking water	1,200,000	887,000	724,883	7,600	450,000	282,200	5,250
Number of people provided access to cultural and gender appropriate latrines and washing facilities	1,200,000	950,000	791,485	7,760	450,000	385,150	3,100
Number of people received key messages on improved hygiene practices	1,200,000	1,200,000	630,471	***	450,000	288,404	-

	Overall needs	Sector/Cluster Response (2017-18)			UNICEF and IPs Response (2017-18)		
		Target	Total Results	Change since last report ▲▼	Target	Total Results	Change since last report ▲▼
CHILD PROTECTION:							
Number of children receiving psychosocial support and community based child protection services	720,000	200,000	168,022	32,117	180,000	136,416	1,501
Number of unaccompanied and separated children identified and receiving case management services	5,000	5,000	5198	511	3,500	1,838	18
Number of adolescent boys and girls receiving life skills including information on GBV	144,000	40,000	44,552 ⁱ	5,652	35,000	39,666	762
Number of GBV cases receiving referral services			13****	-	2,500	13	-
EDUCATION:							
Number of Children (4-14 years) enrolled in emergency non-formal education including early learning	453,000	370,000	112,402	6,850	201,765	80,982	612
Number of teachers recruited and trained		6,000	1,915	110	3,500	1,315	45
C4D/ ACCOUNTABILITY MECHANISMS:							
Number of people reached through information dissemination and community engagement efforts on life saving behaviours and available services**					180,000	112,161**	-
Number of community/ opinion leaders sensitized to provide life-saving information and referral**					3,000	2,061**	126

*These indicators are discontinued as the campaign is closed

** The C4D indicators are point-in-time estimates, i.e., the total results are not cumulative of weekly progress rather are estimated maximum coverage reported during any reporting period throughout the response.

***The sector reported cumulative progress of 621,261 which is less than the last week's total and therefore no change is reported.

****Sector has not been reporting on this- this is the number reporting by UNICEF.

ⁱ The sector total as reported in the ISCG SitRep is less than this figure because some of the partners' reports were not included