



Bangladesh

Humanitarian Situation report No.18 (Rohingya influx)



REPORTING PERIOD: 1 – 11 JANUARY 2018

SITUATION IN NUMBERS

Highlights

- Nearly 656,000 refugees have arrived since 25 August 2017, among them 380,190 are children.
- As of 11 January 2018, over 4,000 cases of suspected diphtheria were reported, with 32 deaths registered. Over 54 per cent of these deaths occurred among children under five years.
- 82,063 children under 59 months of age were screened for malnutrition through community outreach. 1,527 children were identified with Severe Acute Malnutrition, 1,217 children (80 per cent) were admitted for treatment, and 16 severely malnourished children with medical complications were admitted in UNICEF- supported stabilization centres.
- As of 1 January 2018, 244,200 people have access to safe water and 364,250 people have access to sanitation facilities.
- During the reporting period, 10,495 refugee children aged 4-14 were enrolled in 99 new learning centres, bringing a total number of children enrolled to 78,154.
- At the start of the year, UNICEF has 25 per cent funding available against its 2018 appeal requirement. Additional US\$ 108.5 million is required to fully deliver on the Rohingya response in 2018.

17 January 2018

720,000

Children in need of humanitarian assistance

1.2 million

People in need (HRP 2017-18)

380,190

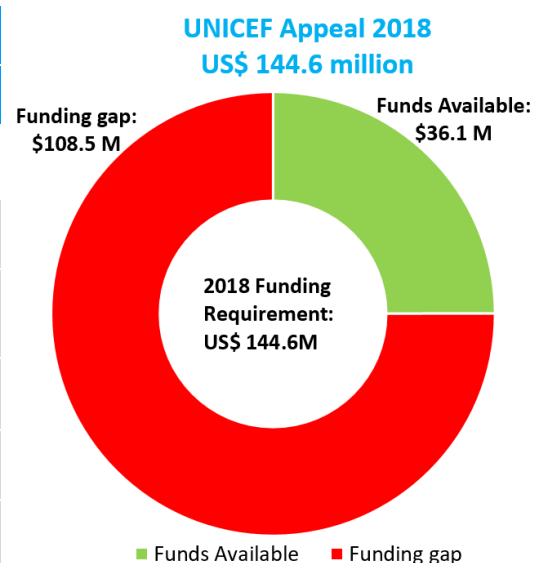
Children (arrived since 25 August 2017) in need of humanitarian assistance. The figure is based on ISCG SitRep January 14, 2018.

655,500

New arrivals since 25 August (ISCG SitRep, as of January 14, 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	21,677	7,500	11,942
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	668,550	450,000	244,200
Children who received psychosocial support	200,000	120,839	180,000	128,318
Children (4-14) enrolled in emergency non-formal education	370,000	79,874	201,765	78,154

*Results since 25 August 2017



Situation Overview and Humanitarian Needs

As of 14 January 2018, the Inter-Sector Coordination Group (ISCG) reported that almost 656,000¹ 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 girl children 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 and 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 will be considered in the rainy/cyclone season preparation plan. Urgent nutrition needs have been prioritized for children aged 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 period of September 2017 to February 2018 identified the areas of WASH, health, nutrition and food security and shelter for immediate scale-up to save lives in both settlements and host communities. As the response is pursued, 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 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 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 Rohingya refugee 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. However, after 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 diseases 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 will be 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. Vouchers 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), 14 January 2017

² The 1.2 million also includes 200,000 Rohingya before the new influx, 44,500 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 (in 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 will be 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 settlements and the host community; 50,780 pregnant and lactating women (PLW) need counselling on infant and young child feeding practices (IYFP) and 198,868 children aged 6-59 months will require Vitamin A supplementation.

During this period, we are reporting 82,063 children aged 6-59 months screened for malnutrition through active case finding at the community level. This includes new partners who are screening. 1,527 children were identified with SAM and 1,217 children were admitted for treatment (80 per cent admission rate), 16 severely acute malnourished children with medical complications were referred and admitted in UNICEF-supported stabilization centres. A total of 13,341 PLW received IYCF counselling.

The UNICEF monitoring checklist has been improved to ensure a better-informed gap analysis and for recommendations based on National Community based Management of Acute Malnutrition (CMAM) and Facility based Severe Acute Malnutrition (SAM) guidelines. Minimum Standards Operating Procedure have been developed by Nutrition Sector Partners based on these guidelines that further informed the Monitoring checklist. The sector is working to conduct the third phase of a gap analysis among sector partners, which will identify and quantify the main quality issues in the nutrition services in the settlements and camps. The exercise will be conducted using tablets and android devices for digital data collection to enable prompt analysis of the collected information. The quality gap analysis questionnaire is also based on SAM and CMAM guidelines, National Infant and Young Child Feeding and Micro Nutrient Supplementation Strategies. UNICEF and Care Bangladesh are providing CMAM expertise for capacity development plans in the sector. Strengthening the referral pathways between Outpatient Therapeutic Programmes (OTPs) facilities and Stabilization centres when the child has malnutrition and complications appear to be a major gap identified during monitoring visits.

Three OTP facilities were temporarily closed due to a miscommunication on the authorisation for utilization of Ready-to-Use Therapeutic Food (RUTF) for treatment of SAM in the camps and settlements. The Institute for Public Health and Nutrition has clarified that the Ministry of Health has allowed the use of RUTF for treatment of SAM in children of the Rohingya Population.

Health

As of 11 January 2018, just over 4,000 cases of suspected diphtheria were reported with 32 deaths registered. Over 54 per cent of these deaths occurred among children under five years of age. About 75 per cent of all the cases are identified among children below the age of 15 years, with 55 per cent of the cases among females.

In preparation for a possible Acute Watery Disease (AWD) or cholera outbreak, training sessions will resume next week for physicians, nurses, and Community Health Workers (CHWs). UNICEF's partner, the International Centre for Diarrhoeal Disease Research Bangladesh, will conduct the sessions. To enable greater participation by the CHWs and support workers who play important role in running Oral Rehydration points, the training will take place at the Ukhiya ISCG Hub near the Kutupalong extension camp.

Micro planning is ongoing for the second round of the Diphtheria Campaign. The next round will begin on 27 January 2018 covering children aged six weeks to six years. The youngest group (6 weeks – 6 years) will be receiving Oral Polio vaccine and Pentavalent, which protects against Diphtheria. Children aged 7 years to 15 years will receive Tetanus-Diphtheria (Td) vaccine. A further third round is planned after an interval of 28 days. The host community school vaccination programme will re-start on 13 January, targeting 145,000 host community children to receive the Td vaccine. Community level vaccination will be conducted to cover children that are not attending school.

The Health sector is working with military authorities to obtain the permission for health personnel presence 24/7 in the settlements and camps (most services now are discontinued at 5 pm and re-start the next morning, with the exception of the diphtheria isolation clinics and a few inpatient facilities). The permission will be essential for UNICEF supported Primary Health Care Facilities where inpatient beds will be present in six planned facilities.

The AWD working group will expand its scope and include vigilance and planning for water borne diseases including hepatitis E, dysentery; vector borne diseases including malaria, dengue, Japanese encephalitis and chikungunya will also be covered in this group to avoid fragmentation.

WASH

In 2018, UNICEF is planning to support access to safe water and adequate sanitation for 600,000 people (50 per cent of the total people in need). Moreover, 450,000 people will receive hygiene kits and information on adequate hygiene practices.

As of 11 January, 244,200 people have access to safe water through the treatment of surface water, water trucking and the construction of 541 tube wells, 8 of which have been installed during the first week of 2018, while water trucking was also pursued in few areas where water systems are currently insufficient. In addition, to ensure continued functioning of installed tube wells, UNICEF supported the training of 48 tube well mechanics. To date, 364,250 people have benefitted from the construction of 13,315 latrines for which support is still required to ensure maintenance.

Capacity building of partners on wastewater collection and treatment as well as desludging are ongoing. UNICEF also undertook a technical assessment of available options for further increasing of the volume of wastewater collected and treated and for solid waste collection and disposal.

Hygiene education sessions have been pursued reaching 31,403 people through a combination of household visits, group discussions and sessions specifically tailored for children with the objective of strengthening key hygiene practices such as safe water storage, latrine use, household water treatment and handwashing at critical times. 4,028 hygiene kits were distributed, covering the needs of 20,140 people. Partner NGOs have been trained to strengthen the quality of hygiene education.

UNICEF and DPHE undertook technical assessments at Hakimpara and Leda-Alikhali to identify longer-term options and improve the amount of water/capita available in both settlements. To address the critical water situation in Hakimpara, UNICEF is supporting water trucking to supplement areas of critical need, providing water to an estimated 2,500 people, while locations for new tube wells have been identified and drilling has started.

As the programme transits from the acute emergency stage, medium term interventions are being planned to ensure that a comprehensive WASH programme is implemented. UNICEF and its partners seek to provide consistent and equitable WASH services to the Rohingya refugees and people in host communities. There will be an increased emphasis on the mobilisation of refugees to increase the sustainability of interventions, and to ensure that the WASH infrastructures are well maintained, and operational. Furthermore, the focus will shift to ensure that standards are met in terms of distance, quality, access and safety, especially for girls and women. Key protection aspects are being incorporated into the planning, design and monitoring of all aspects of WASH programming. A further aspect of UNICEF's new partnership agreements is the incorporation of an AWD preparedness activity, which will enable partners to respond in the event of a declared emergency.

The Hygiene Promotion Technical Working Group led by UNICEF was restarted to standardize hygiene kits (and replenishment items) across the WASH sector, as well as preparedness activities for the upcoming rainy season.

Child Protection

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

During the reporting period, 5,599 additional children were reached with psychosocial support activities, resulting in a total of 128,318 children reached with psychosocial support since the beginning of the crisis. These children are expected to continue to attend child-friendly spaces (CFS) and receive support throughout 2018. In the reporting period, UNICEF and partners reached additional 6,883 adolescents with life skills-based education and information. This improved performance is the result of the partner organisations' training conducted in December 2017, with the objective to enhance the quality of service and the number of adolescents reached.

Unaccompanied and Separated children (UASC) continue to be identified amongst the most vulnerable people. During the reporting period, UNICEF and partners identified and supported an additional 14 UASC.

Capacity building on case management is a priority for UNICEF in January 2018. During the reporting period, UNICEF facilitated a three-day training for 20 social workers from partner organisations working in Balukhali 1 and 2. The training provided participants with an introduction to case management process and principles, including the use of case management tools developed by the Inter-Agency Case Management Task Force, and the Gender-Based Violence Technical Group. UNICEF is in the process of developing materials to facilitate a comprehensive case management training in the coming month.

Education

UNICEF aims at reaching 305,315 children aged 4-14 years with education opportunities, including 50,000 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 to be reached by these activities in 2018.

As of 11 January, 78,154 refugee children were enrolled in 675 learning centres across the different settlements, including 10,495 children enrolled during the first week of 2018. 165 teachers have been recruited and trained and 99 learning centres have been established in the period from 1 to 11 January.

Technical officers from UNICEF implementing partners attended a training on optimal utilisation of School-in- a- Box materials. One session covered water treatment at learning centres. UNICEF organized a three-day consultation in Cox's Bazar on a draft Education Curriculum Framework for Rohingya children. Launched by the District Primary Education Officer's chairman, the workshop was attended by 35 participants from the Education sector, UN agencies and I/NGOs. Following discussions with front-line workers, teachers and parents in the camps, the participants gathered and shared information and inputs in order to develop a common learning package framework that will be finalized in Dhaka and will be the first step towards a fully-fledged curriculum to be endorsed by the authorities.

Communication for Development (C4D), Community Engagement and Accountability

UNICEF aims at reaching 300,000 people regularly with critical life-saving information to promote a prioritised set of behaviours and practices through 80 model mothers, 75 youth mobilisers as well as a network of 800 community mobilization volunteers. From the start of January 2018 and within the reporting period, an estimated 230,000 people have been reached through 64,884 household visits with messaging and dialogue on personal hygiene, hand washing, and Diphtheria prevention and vaccination

UNICEF has established eight Information and Feedback Centres (IFCs) to record community feedback and grievances, and address service queries, as a part of its accountability to affected populations (AAP) commitments. While cumulatively, and since the establishment of the IFCs, close to 13,000 queries and complaints have been received and responded to, in the reporting period, 1,934 complaints and queries were received and responded to. 66% of the complaints and queries in the first 10 days of 2018 were made by females and close to 90% of these, as before continue to be queries around health issues particularly management of fever, cold and cough.

During the reporting period, UNICEF increased support to the Communication with Communities (CwC) Working Group and led micro-planning process on Emergency Risk Communication for Diphtheria Prevention. 15,000 leaflets, 1,000 flashcards and 100 banners on Diphtheria vaccination were disseminated to inform teachers and students in host community schools where vaccination is due to re-start on January 13, 2018. In the first week of January, UNICEF with the technical support of the United States Centre for Disease Control (US CDC), Atlanta, and in close collaboration with WHO and the CwC Working Group organized the pre-testing of Diphtheria communication messages which will be utilized by all the volunteers supporting the second diphtheria round planned for January 27, 2018.

Supply and Logistics

Over 11.97 metric tons (52.92 cubic metres) of supplies were dispatched to one partner during the reporting period, in support to the Child Protection programme. The current value of supplies in the warehouses exceeds US\$ 1.1 million with more supplies, both offshore and locally procured, incoming this week. Distribution of winterisation supplies, blankets and clothing for children under 14 years in therapeutic feeding centres started on 6 January.

Media and External Communication

During the reporting period, UNICEF has been providing support to several media covering issues related to Rohingya children and mothers, alongside arranging high profile visits. Regular communication assets collection is ongoing along with updating of the Humanitarian Situation Report, communications engagement, including social media, one-pagers and press notes.

Security

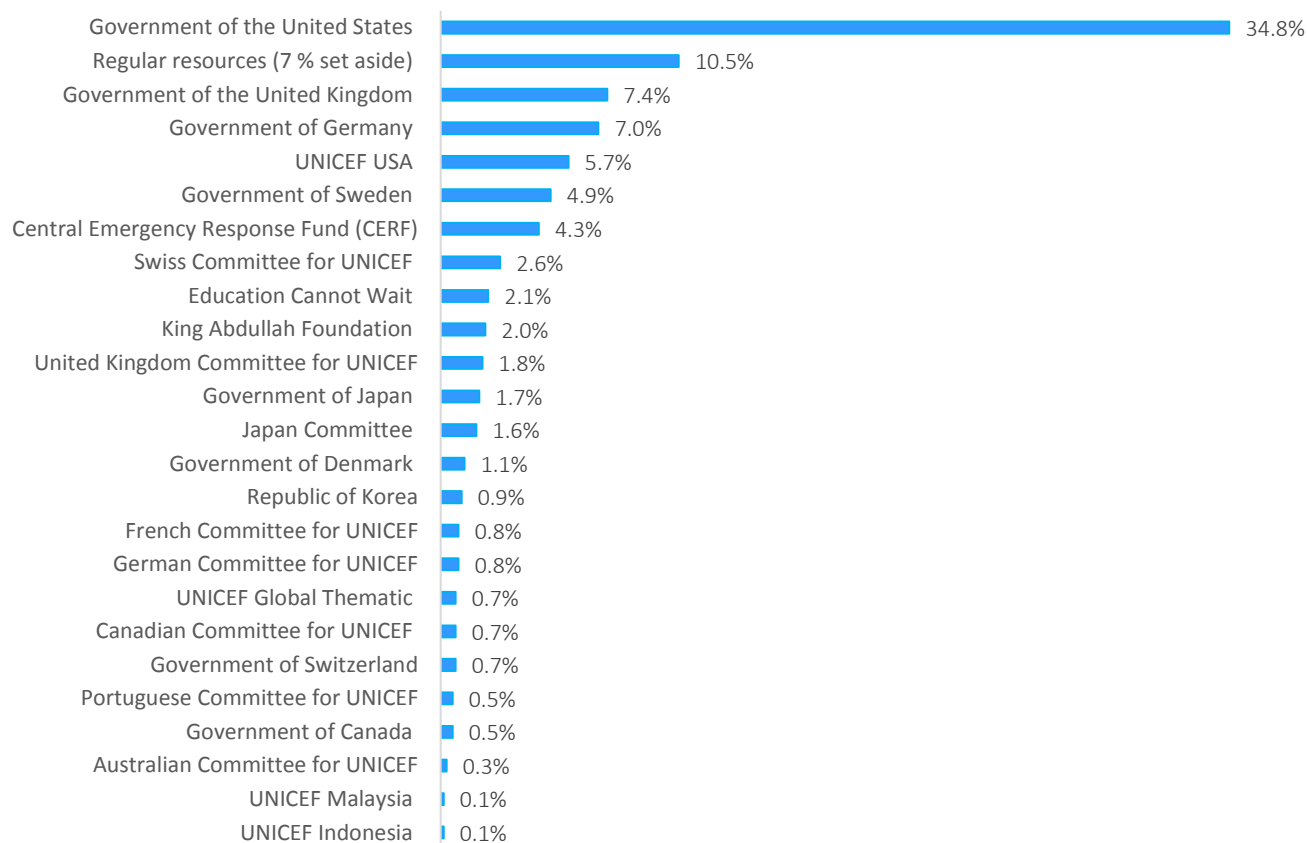
During the reporting period, the security situation has remained stable although minor crime, drug-related criminality, and some reported sexual offenses and prostitution are evident. Bangladesh security forces, including the army, border guards, and police, remain deployed within the camp locations 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. The recent diphtheria outbreak is now impacting the local Bangladeshi population, which may impact public opinion and sympathy for the Rohingya but this is unlikely to impact the overall camp security profile. Road traffic accidents due to poor road conditions and travels 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 both the existing, 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.

Donor contributions - 2017 HAC appeal (in percentages against 2017 HAC \$76.1 million requirement)



Continued and timely donor support will be critical in 2018 to scaling up the response to provide essential WASH, health, nutrition, protection and education services to Rohingya refugees and host communities.

Appeal Sector	2018 Funding Requirements	Funds available*	Funding gap	
			\$	%
Nutrition	22,200,000	8,771,031	13,428,969	60%
Health	25,600,000	3,851,885	21,748,115	85%
WASH	39,000,000	7,526,326	31,473,674	81%
Child Protection	18,400,000	657,799	17,742,201	96%
Education	28,500,000	6,177,355	22,322,645	78%
Communication for development	3,900,000	1,207,455	2,692,545	69%
Emergency Preparedness and Sector Coordination	7,000,000	4,272,907	2,727,093	39%
Unallocated funds		3,647,546		
Total	144,600,000	36,112,304	108,487,696	75%

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

Next SitRep: 21 January 2018

UNICEF Bangladesh HAC: <https://www.unicef.org/appeals/rosa.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 with Severe Acute Malnutrition (SAM) treated	50,119	1,217	1,217
Number of pregnant and lactating women who received infant and young child feeding counselling	50,780	13,341	13,341
Number of children who received vitamin A	198,868	-	-
HEALTH:			
Number of children aged 0 to 23 months who received all the childhood vaccines	112,132	-	-
Number of people aged 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	244,200*	7,500
Number of people who have access to culturally appropriate sanitation facilities	600,000	364,250*	860
Number of people who received key hygiene messages and supplies	450,000	31,403	31,403
CHILD PROTECTION:			
Number of children who received psychosocial support	350,000	128,318*	5,599
Number of unaccompanied and separated children who received case management services	10,000	1,749*	14
Number of adolescents who received life-skills Support	90,000	34,340*	6,883
EDUCATION:			
Number of children aged 4 to 14 enrolled in non-formal/formal education, including early learning	305,315	78,154*	10,495
Number of adolescents aged 14 to 18 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	-	-

*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.

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	21,677	1,132	7,500	11,942	1,217
Number of Pregnant and lactating women (PLW) reached with counselling on infant and young child feeding (IYCF) practices	120,000	84,000	115,363	10,924	43,000	60,856	13,341
Number of children 6-59 months, adolescents and PLW in the affected areas receiving multi-micronutrient supplementation.	564,000	335,000	279,397	1,520	335,000	234,768	-
HEALTH:							
Number of children 6 months – 15 years 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	37,149	2,969
Number of pregnant women received at least 1 ANC consultation	42,000				7,000	13,347	966
WATER, SANITATION & HYGIENE:							
Number of people with access to safe drinking water	1,200,000	887,000	668,550	-**	450,000	244,200	7,500
Number of people provided access to cultural and gender appropriate latrines and washing facilities	1,200,000	950,000	766,076	-**	450,000	364,250	860
Number of people received key messages on improved hygiene practices	1,200,000	1,200,000	533,192	-**	450,000	242,074	31,403

	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	120,839	2,976	180,000	128,318	5,599
Number of unaccompanied and separated children identified and receiving case management services	5,000	5,000	2,765	37	3,500	1,749	14
Number of adolescent boys and girls receiving life skills including information on GBV	144,000	40,000	30,923	2,303	35,000	34,340	6,883
Number of GBV cases receiving referral services			2	-	2,500	13	-
EDUCATION:							
Number of Children (4-14) enrolled in emergency non-formal education including early learning	453,000	370,000	79,874	10,495***	201,765	78,154	10,495
Number of teachers recruited and trained		6,000	999	165***	3,500	969	165
C4D/ ACCOUNTABILITY MECHANISMS:							
Number of people reached through information dissemination and community engagement efforts on life saving behaviours and available services					180,000		0
Number of community/ opinion leaders sensitized to provide life-saving information and referral					3,000		-

*_These indicators are discontinued as the campaign is closed

**_The number of hand-pumps have increased by 240 and similarly the number of latrines have increased by 2171 which has resulted in improving the service level (No of latrine/persons or hand-pumps/persons) but not the overall beneficiaries

***_No update shared by sector/ cluster. Hence, used the same number UNICEF reported