



Bangladesh Humanitarian Situation report



SITUATION IN NUMBERS

Highlights

- The monsoon rains that began in June, with very heavy downpours and high winds, damaged structures, bridges, culverts, drainage channels, access roads as well as water points, latrines and other facilities in Ukhia and Teknaf. A rapid analysis of the response reflected that the mitigation and preparedness measures—along with refugee volunteers on the ground—helped manage this extremely heavy rain without major disruptions. A few children were separated during the extreme rains, but established child protection mechanisms helped reunite them with their families.
- UNICEF has provided more than 300,000 (51 per cent of target) people with access to safe drinking water; has treated 8,000 children with Severe Acute Malnutrition (SAM) through its 33 Outpatient Therapeutic Programme (OTP); and vaccinated 879,273 people against Cholera.
- From January to June 2018, UNICEF has reached more than 137,744 children (48 percent of target) with psychosocial support services; and has provided non-formal education to 91,000 Rohingya children aged 4-14 (60 percent of target) with the support of 2,762 trained teachers in 867 learning centres in the Rohingya camps.
- 12 functional Information & Feedback Centers have been set-up providing life-saving or life-enhancing information to and feedback collected from affected communities using channels adapted to the context, gender and age.

01 January – 30 June 2018

703,000

Children in need of humanitarian assistance
(JRP March to December 2018)

1.3 million

People in need - including refugees and host community
(JRP March to December 2018)

381,240

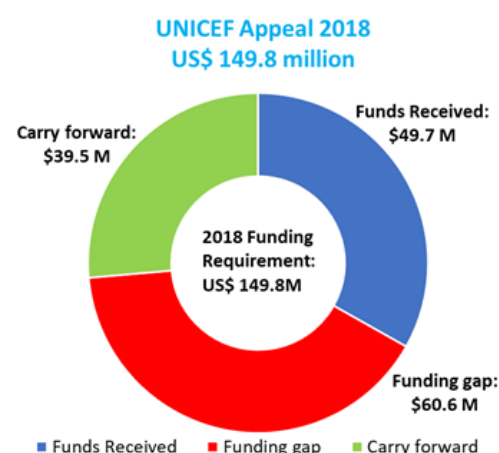
Children (arrived since 25 August 2017) in need of humanitarian assistance
(Based on ISCG SitRep 5 July 2018)

706,000

New arrivals since 25 August
(ISCG SitRep, as of 5 July 2018)







UNICEF's Response with Partners

Key Programme Indicators	Sector		UNICEF and IPs	
	Target	Total Results (2018)	Target*	Total Results (2018)
Nutrition: Children 0-59 months treated for severe acute malnutrition	35,093	12,668	24,546	8,159
Health: People aged 1 year and above who received oral cholera vaccine			950,000	879,273
WASH: People with access to safe drinking water	1,052,495	697,997	600,000	311,900
Child Protection: Children benefitted from psychosocial activities	400,000	193,212	300,000	145,332
Education: Children (4-14) enrolled in emergency non-formal education	368,000	137,640	202,279	91,350



Situation Overview & Humanitarian Needs

The influx of Rohingya refugees from northern parts of Myanmar's Rakhine State into Bangladesh since 25 August 2017 resulted in a mass displacement of refugees. As of 5 July 2018, the Inter-Sector Coordination Group (ISCG) reported that 706,000 Rohingya refugees have entered Bangladesh since the attacks. According to ISCG's rapid needs assessment, 54 per cent of new arrivals are children and 60 per cent are girls and women including a number of pregnant (3 per cent) and lactating women (7 per cent). With the new influx, the total number of Rohingya who have fled from Myanmar into Bangladesh, coupled with the affected population in the communities, has reached an estimated staggering 1.3 million. There are 703,000 children among the new arrivals, existing Rohingya populations and vulnerable host communities who are affected and need urgent humanitarian assistance including critical life-saving interventions. The ongoing cyclone and monsoon season, which started in April 2018, is expected to continue till November affecting various parts of the country and especially the Rohingya refugees and host communities in Cox's Bazar. Heavy rains since beginning June have caused localized flooding, landslides, and water logging. Risk of cholera or acute watery diarrhoea outbreak remains high during the monsoon season.

	Newly arrived Rohingya refugees	706,000
	Newly arrived children	54%
	Newly arrived women and girls	60%
	Newly arrived pregnant and lactating women	10%
	Total affected population	1,300,000
	Total affected children	703,000

Note: Based on Inter-Sector Coordination Group reports

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

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 Ministry of Disaster Management and Relief has since last month initiated coordination meetings amongst the concerned government ministries and all key stakeholders. Monthly coordination meetings are planned for this forum. At the Cox's Bazar level, the Refugee, Relief and Repatriation Commissioner (RRRC) and the Deputy Commissioner are critical for day-to-day coordination. In Cox's Bazar UNICEF leads the nutrition sector and child protection sub-sector, and co-leads the education sector with Save the Children and co-leads the WASH sector with Action Against Hunger. It is important to note that the cluster system has not been officially activated though the sector structure in place, mirrors the coordination mechanisms established in a cluster approach.

Humanitarian Strategy

In Cox's Bazar, UNICEF is following four key strategies. (1) The first is related to saving lives and protecting children and their families in the refugee camps. This will be achieved through the provision of safe water, sanitation and washing facilities; SAM treatment; and vaccination. UNICEF is also addressing the protection needs of the most at-risk through the prevention of sexual violence and abuse and by supporting case management, psychosocial support and basic education. Nutrition, WASH, child protection and gender-based violence outcomes will be bolstered through targeted cash assistance. (2) The second is promoting social cohesion and confidence building in the host communities in Ukhiya and Teknaf Sub-districts; and (3) the third is system strengthening and accelerating programme implementation to the rest of the district of Cox's Bazar. Lastly, (4) UNICEF will apply the lessons learnt from the work in the refugee camps and the district of Cox's Bazar to feed these into national strategies and its work in other parts of the country. UNICEF is present in all 28 camps and 4 main host communities (Upazilla) namely: Ukhiya, Teknaf, Ramu, and Cox's Bazar Sadar

Summary Analysis of Programme Response

Child Protection: The Child Protection programme established 121 static and mobile Child Friendly Spaces, 7 Safe Spaces for Women and Girls, and more than 1,000 Adolescent clubs. UNICEF has reached 137,744 children (66 percent of its Rohingya target) with psychosocial support services. More than 4,000 at-risk children, including unaccompanied and separated children were identified and received case management services. Through the adolescent clubs, more than 50,000 girls and boys (62 percent girls) have benefitted with some life-skills-based education activities which uses a peer-to-peer approach and girls' resilience in emergency. UNICEF through partners has also provided Gender-based violence (GBV) case management services to more than 1,000 girls and women.

¹ The SEG meets weekly, chaired by the Resident Coordinator and co-chaired by IOM and UNHCR. The membership includes UN agencies, INGOs (ACF, MSF and Save the Children), and the Red Cross/Crescent movement (ICRC, IFRC).

UNICEF collaborates with the Department of Social Services (DSS) to provide Child Protection in Emergencies services, including cash assistance to foster families of unaccompanied and separated and child-headed households. The joint-partnership, which was launched on 10th June, for an initial 50 foster families of unaccompanied, separated and orphan children of Rohingya origin in Shamlapur camp in Teknaf, Cox's Bazar. This program is targeting up to 9,000 children by providing unconditional cash of 2,000 BDT (USD \$24) per month for six months to their foster families. So far, the Department of Social Services has identified 3,000 children as part of the case management system for cash assistance.

UNICEF is the lead agency in the Child Protection sub-sector (CPSS) under the Protection Working Group (PWG) led by UNHCR in Cox's Bazar. Under UNICEF's leadership in the sub-sector, a number of interagency guidelines and procedures were developed such as: a) Child Protection and Case Management Standard Operating Procedures (SOPs) and referral pathways, b) Case management tools with the first dedicated Family Tracing and Reunification (FTR) team established which was able to support 56 complex FTR cases and c) An Inter-agency capacity building and mentoring of the case management workforce is ongoing to ensure adherence to the Inter-agency minimum standards. UNICEF is also working with the Child Protection Sub-Sector actors to pilot the roll-out of a Child Protection Information Management System (CPIMS+) to harmonize child protection case management system and data on service delivery.

Host Community: More than 7,000 children have benefitted with psychosocial support services in Teknaf and Ukha through the 31 static and mobile child-friendly spaces established in these areas. Ninety (90) adolescent clubs have also been organized in host communities reaching more than 1,000 adolescent girls and boys with life-skills programmes. These adolescent clubs are also being reinforced with various awareness raising on GBV-related issues to support prevention, reporting, and referral of cases. UNICEF continues to support government system through partnership with the Department of Social Services to improve not only case management services but also strengthen inter-agency coordination.

Education: UNICEF has reached more than 91,000 Rohingya children (aged 4-14) with non-formal education with the support of 2,762 trained teachers in 867 learning centres in the Rohingya camps. A total of 497 learning centres have been upgraded from temporary structures in various camps. In 2017, UNICEF and partners supported the Ministry of Primary and Mass Education (MoPME) to develop a structured Learning Competency Framework and Approach (LCFA) to guide the provision of education to the Rohingya children in the camp which was submitted for endorsement in February 2018 and has since been pending for official approval. This competency-based framework is a guiding document aimed at enabling children to develop literacy, numeracy and life-skills in a protective and child friendly environment. The next step to operationalize the LCFA is to develop teaching and learning materials (TLMs) aligned to the LCFA – both teacher guides and student workbooks. UNICEF is undertaking the responsibility to lead the development of TLMs for all four learning levels aligned to the LCFA core learning competencies.

In the coming months, non-formal education opportunities will be expanded to cover adolescents with life skills training, basic literacy and numeracy and technical/vocational components. 50,000 refugee and 27,150 host community adolescents (15-18 years) are targeted by these activities in 2018.

Meanwhile, the monsoon season resulted in a major challenge for conducting learning activities in the camps. A total of 93 UNICEF supported learning centres (LCs) have been damaged by landslides and rain. 3,000 tarpaulins were distributed in June to reinforce 800 Learning Centres that were affected by the rains but some seriously damaged LCs had to be decommissioned and rebuilt on stronger foundations but finding new land for relocation is challenging. The affected-children needed to attend in nearby learning centres when feasible to access non-formal education.

Host Community: UNICEF supported 47 schools in Ukha and Teknaf reaching around 23,000 children with educational supplies such as school bags, school-in-a-box kits, ECD kits, and EiE kits. Additionally, 36 schools (26 in Ukha and Teknaf) received cash assistance of BDT50,000 to support their respective school improvement plan. Meanwhile, a new out-of-school adolescent project has been approved and will provide livelihood skills and job placement for at least 1,000 disadvantaged Bangladeshi adolescent boys and girls in four sub-districts of Cox's Bazar district (Sadar, Ramu, Ukhiya and Teknaf).

Nutrition: UNICEF established 33 Outpatient Therapeutic Programme (OTP) sites in the camps which have treated more than 8,000 children for Severe Acute Malnutrition (SAM). During this period, it's also notable the high cure rate at 95.4 per cent (SPHERE standard set at >75 per cent cure rate) with default rate at 2.5% (SPHERE standard <10%). Moreover, more than 150 children with SAM aged 0-6 months were admitted to Community-based Management of Malnutrition for Infants (CMAM-I) sites for treatment of acute malnutrition and breastfeeding problems uncomplicated SAM through CMAM-I[1]. More than 64,000 children with Moderate Acute Malnutrition were also identified and referred for treatment to nearby combined Blanket Supplementary Feeding Programme (BSFP)/Targeted Supplementary Feeding Programme (TSFP) sites.

Community Nutrition Volunteers (CNV) play a critical role in strengthening the role of community in preventing and treating malnutrition. CNV activities include screening for acute malnutrition, referral to CMAM sites (BSFP, TSFP, OTP, and Stabilization Centres),

^[1] CMAM-I pilot project is operated by Save the Children and funded by UNICEF, this project is a Community based management of Malnutrition for infants aged 0-6 months. It is a different protocol used to treat SAM among Infants aged 0-6 months.

and overall improvement of systems to ensure children are receiving appropriate and effective malnutrition treatment and improving systems to ensure effective follow up. More than 74,000 children were provided with Micronutrient Powder (MNP) to support their improved survival, growth and proper development. A total of around 33,000 adolescent girls and 52,000 Pregnant and Lactating Women (PLW) received Iron Folic Acid (IFA) supplementation to support overall health and development. Caregivers, including adolescent mothers and pregnant and lactating women participate in Infant and Young Child Feeding counselling and messaging sessions to support their health, nutrition, and psychosocial needs and improve the care and feeding practices of their infants.

The second round of SMART survey was conducted in April 2018 with the objective to compare and document malnutrition scenario and trend among under five children and Pregnant and Lactating Women (PLW) between the first round and second round of Emergency Nutrition Assessment. Results of this emergency nutrition assessment, conducted in makeshift and registered camps indicated that the prevalence of Global Acute Malnutrition among Rohingya children under 5 has decreased in makeshift settlements, from 19.3 % to 12% and the prevalence of Severe Acute Malnutrition among children under 5 decreased from 3 % to 2 % in makeshift settlements.

Host community: UNICEF supported four in-patient facilities including Cox's Bazar District Hospital and three Upazilla Health Complexes (UHCs) of Cox's Bazar Sadar, Ukhia and Teknaf. Since January 2018, more than 57,000 children aged 6-59 months were screened for acute malnutrition by community nutrition volunteers in community-based clinics. Among them, 259 children were identified and referred with Sever Acute Malnutrition (SAM) and 118 cases were admitted for SAM treatment in in-patient facility units of UHCs. Community Nutrition Volunteers (CNVs) supported over 19,000 pregnant and lactating mothers from the host community with essential messaging and information sessions in Infant and Young Child Feeding (IYCF). During the reporting period, more than 2,000 under five children were also provided with supplemental micro-nutrient powder (MNP) to support their overall health, nutrition, and developmental needs.

WASH: UNICEF together with partners have reached more than 300,000 (51 per cent of target) people with access to safe drinking water, more than 400,000 people (67 per cent of target) with access to culturally appropriate latrines and washing facilities, and approximately more than 450,000 people (78 per cent) receiving key messages on improved hygiene practices.

Water quality testing of 3,500 water points and 7,000 households by Icddr,b started early in the year and expected to be finished by August. The results showed that 25 per cent of water points contamination reduced to 10 per cent once the handpump nozzle is cleaned. However, over 70 per cent of water stored in households is contaminated. Hygiene promotion activities continue to be strengthened to respond to this with ongoing field training of implementing partners. Capacity development of partners through training programmes in hygiene promotion to ensure scale up of hygiene promotion in the camps. Mobilization and training of Core Facilitator Team for hygiene promotion.

On the request of the Refugee Relief and Repatriation Commissioner (RRRC), UNICEF revised its plan and design to construct 1,500 latrines in partnership with the Ministry of Disaster Management and Relief (MoDMR). The latrine design has been upgraded to meet the new WASH sector standards, which allow a much-increased volume for sludge storage resulting in less frequent desludgement. As per the new design, UNICEF with MoDMR reduced the number of latrines initially planned. In addition, UNICEF and MoDMR are constructing 5,000 bathing cubicles and decommissioning 2,000 unhygienic latrines. It is anticipated that by end-August the construction will be completed but this may vary depending on the severity of the ongoing monsoon. UNICEF is coordinating the location of the new latrines and bathing cubicles with Camp-in-Charges (CICs) and all partners to ensure the most urgent needs are addressed. UNICEF progressively advanced with the implementation of the new latrine designs, 95 per cent of the latrine sites for 1,500 latrines and 82 per cent of the 2,500 bathing cubicle sites have been identified. Construction has already been started and units already handed over.

Further, UNICEF through the WASH sector agreement have taken responsibility for WASH services in 8 refugee camps accommodating approximately 250,000 people. This represents a third of the refugee workload with a shared responsibility with IOM and UNHCR. UNICEF conducted a coding exercise to identify and code each of the water points in the camps in line with the national standard of coding for water points in Bangladesh. A total of 15,600 water points has been coded and this information will assist with ensuring data on functionality and water quality is easily accessible and can be maintained and updated. Each of the water points will be fitted with a unique label to identify it with its code number.

Host Community: UNICEF rehabilitated more than 90 tube wells and constructed more than 100 latrines in Ukhia and Teknaf. Community mobilization has also been conducted and ongoing for hygiene promotion.

Health: As a response to the diphtheria outbreak, UNICEF with WHO, MSF and other partners supported the government in conducting diphtheria campaigns in two rounds (in February and March 2018) among the Rohingyas in Ukhia and Teknaf. A total of 429,570 children received diphtheria-containing vaccines during third round of diphtheria campaign in January and February 2018 and 775,668 people above the age of one received vaccination during the second round of Oral Cholera Vaccine (OCV) Campaign conducted between 6 and 13 May 2018.

Five UNICEF-supported Diarrhoea Treatment Centres (DTCs) in Leda, Teknaf, Shamlapur, Balukhali, and Ukhiya are functional. The DTCs in addition to providing treatment facilities, also provide early warnings messages, alerts, responses, and investigate probable cases for further laboratory tests in parallel with surveillance. Laboratory tests collected for suspected cholera cases revealed Acute Water Diarrhoea (AWD) cases do not contain cholera bacteria such as *Vibrio Cholerae* or *Shigella flexneri*.

The trend of Measles-Rubella (MR) has been steadily declining with a total of 1,414² reported cases in 2018 and suspected cases with no deaths. There were 2,526 Acute Jaundice Syndrome (AJS) cases reported. An extensive sampling campaign of AJS cases took place with 269 samples collected from 28 February to 26 March 2018. The results reveal that the majority is positive for Hepatitis A (56 per cent), Hepatitis B (13 per cent), Hepatitis C (9 percent), Hepatitis E (0.4 per cent) and Leptospirosis (5 per cent).

During the monsoon preparedness and response, one UNICEF-supported health post in Kutupalong was moved to another location due to high risk of landslide.

Host Community: In Ukhiya and Teknaf, 213,233 children in the host communities received diphtheria-containing vaccines and 103,605 individuals above age 1 received Oral Cholera Vaccine. Cox's Bazar District Hospital Special Care Newborn Unit (SCANU) cared for more than 1,400 newborns in total since January 2018. Teknaf and Ukhiya Newborn Stabilization Unit (NSU) has treated more than 100 newborns since January 2018. These facilities are receiving referral cases largely from the host community and from the refugee population in various camps.

Communications for Development (C4D), Community Engagement & Accountability: Twelve (12) Information and Feedback Centers has been set-up for common and collective mechanisms so that life-saving or life-enhancing information is provided to and feedback collected from affected communities using channels adapted to the context, gender and age. 45,000 complaints, grievances, feedback have been collected, collated through a digital platform using Online Data Kit (ODK). A network of 1,000 trained, supervised and incentivized community mobilization volunteers, as well as model mobilisers, from the Rohingya community, on Inter-Personal Communication (IPC) and community dialogue around key prioritized behavioural issues and health and disaster preparedness campaigns is functional. Around 50,000 households covered and engaged on prioritized behavioral issues and health Nutrition, WASH, Education, Protection and gender based violence and monsoon preparedness reaching out an estimated population of 300,000 people. More than 3,400 service providers, frontline staff and community leaders have received orientations on interpersonal communication. Six batches of Training of Trainers have been completed for the government, NGO and CwC partners on interpersonal communications with cascade trainings for the community. 24 weekly shows on '*Beggunur Lai/For Everyone*' have been aired, 45 public service announcements on Oral Cholera Vaccination, Diphtheria, Nutrition etc. campaigns with an approximate reach of 1.2 million population with each round of release. 5 audio visuals have been created focusing on Health, WASH, early child marriage have been developed. C4D provided support in three campaigns (2 diphtheria and 1 OCV) and mobilizing and engaging 1,040 community volunteers to disseminate key messages on diphtheria and OCV to encourage and adapt positive behaviours among the Rohingya population

During the monsoon preparedness and response, 1,040 volunteers were mobilized and engaged communities to discuss early warning systems, flooding, land slide, lightning, shelter, health, nutrition and protection with the aim of minimizing casualties. Key messages on Monsoon preparedness including early warning procedure and system, flood, landslides and lightning for communities were designed and finalized.

Host Community: Bangladesh Betar with support from UNICEF, has formed 10 Adolescent Radio Listeners Clubs (ARLCs) across 10 secondary schools in Ukhiya and Cox's Bazar Sadar Upazilas of Cox's Bazar district. 200 adolescents' girls in 10 host community schools are the members of adolescent radio listeners programme on a regular basis. 10 Live Phone organized for the adolescents of host community people in the district to let them engage with the experts on issues of health, nutrition, education, sanitation and protection. 350 members from the host community, participated in discussions to promote social harmony and build cohesion, self and collective efficacy and community action between the Rohingya and the host community people in Cox's Bazar.

Supply and Logistics: UNICEF has established four (4) warehouses in the north and south camp areas in Cox's Bazar District. In June 2018, UNICEF has prepositioned \$10M amount of supplies for the ongoing programme, 27 percent of which (\$2.7M) is for monsoon preparedness. UNICEF, with its 35 implementing partners, has prepositioned 441 psychosocial and recreational kits for children aged 6-14 years supporting support 7,200 children; distributed 13,556 tarpaulins to learning centres, health facilities, child friendly spaces, and WASH related activities; distributed 89,641 hygiene kits & 40,500 jerrycans in Balukhali Makeshift settlements and in host communities of Baharchara Union; and distributed 286,260 Water Purification Tablets (WPT) in Ramu, Ukhiya and Teknaf Upazila. Also, UNICEF has dispatched 192 Inter-agency emergency health kit (IEHK) kits, 78 AWD related kits, and 5 diarrhoea diseases treatment kits.

UNICEF developed a supply plan (\$28.3m) for emergency prepositioning and preparedness for both the monsoon and ongoing Rohingya response which facilitated the timely arrival of 80% of the response supplies in the country. UNICEF also developed a logistics emergency response plan which streamlined a clearly structured storage plan with outlay-storage posts of Teknaf, Camp 2 D4/D5 storage centres for critical supplies as well as Madhu Chara, Ukhiya logistics cluster hubs. Likewise, UNICEF established a system for partners'

² Epidemiology bulletin week 26 as of 3 July 2018

prepositioning of critical supplies to enable quick 72hr response in case of an intensified monsoon rains. UNICEF ensured that its strategic documents are in place, as part of its overall supply strategy in 2018, to facilitate a well-structured and coordinated response effectively.

Media and External Communication: Since the beginning of the influx, UNICEF has actively engaged with donors, National Committees, high profile visitors, Goodwill Ambassadors, media and a wide audience through various communications activities. A second Child Alert Report was released in February 2018 to mark six months of the crisis. Diverse issues concerning Rohingya refugees, particularly children, have been reported widely in national and international media. Several press releases received international press coverage on the vaccination campaigns and monsoon preparedness. High profile Goodwill Ambassadors Priyanka Chopra and Michael Sheen documented Rohingya children’s plea to reach global audience. UNICEF continues to document the ground realities and the joint responses from the Government, UN organizations and implementing partners in the refugee camps and host communities. This content is published on UNICEF’s global and country office websites and social media pages. UNICEF Bangladesh is currently leading all UNICEF country offices globally in terms of outreach, with over 3 million followers on social media. UNICEF Bangladesh is publishing information on the Rohingya crisis on a daily/near daily basis and keeping this issue under a national and global spotlight.

Security: From January 2018, host Government has been increasing the number of LEA (Local Enforcement Agency) forces such as police, rapid action battalion (RAB), and paramilitary force in Cox’s Bazar City specifically in camp areas. In Mega camp (Kutupalong & Balukhali), additional ten (10) police and RAB camps were established in various areas of Ukhiya and Teknaf. With the good number of LEAs in camp areas, security situation is stable inside and outside the camp though some security issues still prevails. Tensions among the Rohingyas related to rumours on repatriation exists as some of the Rohingyas want to go back to their country while others want to stay resulting to clashes among themselves. Some friction between host community and Rohingya is also observed. Government has announced zero tolerance against drug trafficking leading to a significant decrease in this issue.

Funding

UNICEF’s 2018 Humanitarian Action for Children (HAC) appeal requires US\$149.8 million to meet the immediate life-saving and longer-term development needs of Rohingya refugees and affected host communities in 2018; as well as emergency preparedness and response in other parts of the country. The 2018 appeal takes into consideration the US\$25.3 million requirement for the months of January and February in the previous inter-agency HRP (September 2017 to February 2018) and US\$113 million, which is aligned with the 2018 JRP.

UNICEF wishes to express its sincere gratitude to Canada, Denmark, the European Union, Germany, Japan, Portugal, the Republic of Korea, Sweden, Switzerland, the United States, the United Kingdom, King Abdullah Foundation, UN OCHA and various UNICEF National Committees who have contributed generously to the humanitarian response. Continued and timely donor support will be critical in 2018 to scaling up the response to provide essential WASH, Health, Nutrition, Child Protection and Education services to Rohingya refugees and host communities.

Appeal Sector	Funding Requirements	Funds available*		Funding gap	
		Funds Received Current Year	Carry-Over**	\$	%
Nutrition	22,941,376	3,936,308	9,172,697	9,832,371	43%
Health	26,489,600	6,515,723	4,511,379	15,462,498	58%
WASH	41,911,497	13,187,945	9,098,356	19,625,195	47%
Child Protection	16,366,908	7,315,207	3,939,405	5,112,296	31%
Education	28,203,156	5,978,127	7,625,383	14,599,646	52%
Communication for development	4,035,525	1,359,564	1,200,645	1,475,316	37%
Emergency Preparedness	9,830,125	5,351,158	3,977,635	501,332	5%
Unallocated funds		6,002,461			
Total	149,778,187	49,646,494	39,525,500	60,606,193	40%

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

**Carry-over includes US\$17.5m which have been used by 30 April 2018 and US\$7.9m envisaged for the response beyond 2018

Who to contact for further information:

Edouard Beigbeder
Representative
UNICEF Bangladesh
Tel: +880 1730344031
Email: ebeigbeder@unicef.org

Sheema Sen Gupta
Deputy Representative
UNICEF Bangladesh
Mob: +880 17 1300 4617
Email: ssengupta@unicef.org

Shairose Mawji
Chief Field Services
UNICEF Bangladesh
Tel: +880 17 300 89085
Email: smawji@unicef.org

Jean-Jacques Simon
Chief of Communication
UNICEF Bangladesh
Mob: +880 17 1304 3478
Email: jsimon@unicef.org

SUMMARY OF PROGRAMME RESULTS

	UNICEF and IPs				Sector Response		
	2018 Target		Total Results		2018 Target	Total Results	
	Refugee	Host Community	Refugee	Host Community			
NUTRITION							
Children aged 0 to 59 months treated for SAM	24,000	546	8,041	118	35,093	12,668	
Pregnant and lactating women reached with counselling and messaging on infant and young child feeding practices*	50,780	13,178	84,133	19,288	85,956	98,223	
HEALTH							
Children aged 0 months to 11 months who have received Penta 3 vaccine	26,518	72,298	5,967	27,846			
Children under five, including new born, who received primary healthcare services in UNICEF supported facilities	46,440	40,000	65,327	14,722			
Sick new-born treated in UNICEF supported new-born stabilization units (NSU) and Special Care New-born Units	360	3,240	117	1,405			
People aged 1 year and above who have received oral cholera vaccine	815,000	135,000	775,668	103,605			
WATER, SANITATION & HYGIENE							
People who have continued access to safe drinking water of agreed standard	400,000	200,000	311,900		1,052,495	697,997	
People with access to culturally appropriate latrines and washing facilities	400,000	200,000	407,450		1,052,495	684,540	
People receiving key messages on improved hygiene practices	400,000	200,000	469,602		1,052,495	786,102	
CHILD PROTECTION & GENDER-BASED VIOLENCE							
Children reached with psychosocial support services	210,000	90,000	137,744	7,588	400,000	193,212	
Children at risk, including unaccompanied and separated children, identified and receiving case management services	7,000	3,000	4,076	16	22,000	10,634	
People accessing Gender-based Violence (GBV) services	7,000	3,000	1,338	-			
EDUCATION							
Children aged 4 to 14 years enrolled in emergency non-formal education, including early learning**	151,765	50,514	91,350	23,088	368,000	137,646	
Teachers trained to support improved learning	3,449	750	2,762	-	9,000	2,928	
C4D/ ACCOUNTABILITY MECHANISM							
People reached through information dissemination and community engagement and accountability mechanisms on life-saving behaviors and available services	300,000		330,000				
Adolescent girls and boys engaged to provide life-saving information and referral to services as change agents	10,000	5,000	8,630	-			

*Results for PLW counselled in IYFC and children attended for health care may include recurrence during the response period. Nutrition sector and UNICEF is reviewing this indicator to enhance reporting quality. **The host community result covers children from 47 government schools in Ukha and Teknaf reached by education supplies e.g., school bags, school-in-a-box kits, ECD kits, EIE kits and/or school improvement grant. The age group for education sector is based on the JRP age disaggregation i.e., 3-5 years and 6-14 years old.