



Bangladesh

During the second half of 2017, renewed violence in Rakhine State, Myanmar, drove an estimated 687,000 Rohingya, including 371,000 children, across the border into Cox's Bazar, Bangladesh.⁵ These refugees are highly vulnerable, living in overcrowded camps and many have experienced severe psychosocial trauma. Existing basic services, especially water and sanitation services are overwhelmed leading to unsanitary conditions and increased risk of disease outbreaks.⁶ The nutrition situation is of grave concern, high percentage of children are suffering from severe acute malnutrition (SAM).⁷ An estimated 500,000 children need education, protection and psychosocial support.⁸ Both refugees and host communities are also susceptible to environmental hazards associated with annual cyclone and monsoon season from April to November, which also affects other parts of the country. Nationally, approximately 60 per cent of Bangladesh is susceptible to floods. Cyclones and storm-surges are common events in coastal areas with devastating effects on people's lives and properties.

Humanitarian strategy

UNICEF's humanitarian response in Cox's Bazar is aligned with the 2018 Joint Response Plan and based on four key strategies while working closely with government and partners linking humanitarian and development programmes for sustained results. First approach is life-saving service delivery in refugee camps including safe water, sanitation, hygiene promotion, vaccination and health services for children and pregnant women, treatment of severely malnourished children, protection services for most at-risk population including prevention of sexual violence and abuse, case management, psychosocial support and provision of non-formal education. C4D interventions support all activities with an emphasis on community engagement and accountability to affected populations. Targeted cash assistance will be linked to service delivery on need basis. Second approach focuses on host communities in Ukhiya and Teknaf, addressing needs and promoting social cohesion, including enhancing existing government's service delivery to ensure similar service delivery in refugee camps and host communities. Third approach focuses on system strengthening and accelerating programme implementation across the entire Cox's Bazar district. The fourth approach is to strengthen government service delivery across the country through preparedness and response capacities based on lesson learned.

Results from 2018

As of April 2018, UNICEF has US\$67.8 million available against the US\$149.7 million¹³ appeal (45 per cent funded). In 2018, UNICEF significantly scaled up its response, supporting both refugees and host communities. With health activities funded at 64 per cent, as of April 2018, UNICEF vaccinated 431,448 children against diphtheria. Almost 400,000 people gained access to culturally appropriate latrines and washing facilities; nearly 90,000 children aged 4-14 years have been enrolled in emergency non-formal education; and some 142,000 children benefitted from UNICEF-supported psychosocial activities. Initial focus of the emergency response was to provide access to services to as many children and their families in the refugee camps. Dialogue has been initiated to support the affected host communities through the government strengthening existing UNICEF development programme. Adolescent programming and specialized care for the most vulnerable cases will be enhanced in the coming months.

Humanitarian Action for Children

unicef 

Total people in need:

1.3 million¹

Total children (<18) in need:

703,000²

Total people to be reached:

1 million³

Total children to be reached:

540,000⁴

2018⁹ programme targets:

Nutrition

- 24,546 children (< 5 years) with SAM treated¹⁰
- 63,958 pregnant and lactating women received infant and young child feeding counselling and messaging
- 236,252 children (6-59 months) received Vitamin A supplementation

Health

- 950,000 people (>1 year) received oral cholera vaccine
- 98,816 children (0-11 months) received Penta3 vaccine
- 3,600 sick newborn treated
- 5,000 pregnant women received HIV testing & counselling

WASH

- 600,000 people accessed safe drinking water, culturally appropriate latrines, washing facilities & received support to improve hygiene practices

Child protection

- 300,000 children accessed psychosocial support
- 10,000 children at risk, including unaccompanied and separated children, received case management services
- 10,000 people accessed GBV services¹¹

Education¹²

- 202,279 children (4-14 year) enrolled in non-formal/formal education including early learning
- 77,150 adolescents (15-18 year) enrolled in non-formal/formal education including life-skills & technical vocational education training

Communication for Development/ accountability mechanisms

- 300,000 people engaged through information dissemination, social mobilisation & accountability mechanisms

	Sector 2018 targets	Sector total results	UNICEF 2018 targets		UNICEF total results
			Refugees	Host Community	
NUTRITIONⁱ					
Children aged 0 to 59 months treated for SAM	35,093	6,229	24,000	546 ⁱⁱ	3,326
Pregnant and lactating women reached with counselling and messaging on infant and young child feeding practices	85,956	96,231	50,780	13,178	82,141
Children aged 6 to 59 months receiving Vitamin A ⁱⁱⁱ	187,576	-	187,576	48,676 ^{iv}	-
HEALTH					
Children aged 0 months to 11 months who have received Penta3 vaccine ^v			26,518 ^{vi}	72,298 ^{vii}	26,396
Children under five, including new born, who received primary healthcare services in UNICEF supported facilities ^{viii}			46,440	40,000	36,101
Sick new-born treated in UNICEF supported new-born stabilization units (NSU) and Special Care New-born Units			360	3,240	830
People aged 1 year and above who have received oral cholera vaccine			815,000	135,000	ix
Pregnant women who have received HIV testing and counselling			2,000	3,000	x
WATER, SANITATION AND HYGIENE					
People who have continued access to safe drinking water of agreed standard	1,025,495	681,359	400,000	200,000	301,400
People with access to culturally appropriate latrines and washing facilities	1,025,495	687,512	400,000	200,000	395,310
People receiving key messages on improved hygiene practices	1,025,495	646,875	400,000	200,000	200,183
CHILD PROTECTION					
Children reached with psychosocial support services	400,000	182,287	210,000	90,000	142,317
Children at risk, including unaccompanied and separated children, identified and receiving case management services	22,000	10,633	7,000	3,000	2,050
Number of people accessing Gender-Based Violence (GBV) services ^{xi}			7,000	3,000	1,500
EDUCATION					
Children aged 4 to 14 years enrolled in emergency non-formal education, including early learning	368,000 ^{xii}	130,178	151,765	50,514	89,973
Adolescents aged 15-18 years enrolled in life-skills and technical and vocational education training	110,000 ^{xiii}	-	50,000	27,150	-
Teachers trained to support improved learning	9,000	2,720	3,449	750	2,203
C4D/ACCOUNTABILITY MECHANISM					
People reached through information dissemination and community engagement and accountability mechanisms on life-saving behaviours and available services			300,000 ^{xiv}	-	330,000
Adolescent girls and boys engaged to provide life-saving information and referral to services as change agents			10,000	5,000	5,710

ⁱ Nutrition targets are from March to December 2018 to be in line with the sector.

ⁱⁱ Target includes 5% of the total caseload requiring in-patient treatment from the host community.

ⁱⁱⁱ There will be campaigns twice a year, in May and November.

^{iv} Target includes 90% of all 6-59-month-old children from the host community population of 54,085.

^v Penta 3 refers to the 3rd dose of pentavalent vaccine. There will be campaigns twice a year, in May and November. Target includes 90% of all 6-59-month to protect children against haemophilus influenzae type B (causes some severe forms of meningitis and pneumonia), whooping cough, tetanus, hepatitis B, and diphtheria.

^{vi} UNHCR Population data and Key Demographic Indicator 18 March 2018 (90 per cent of the children less than 1 year).

^{vii} Cox's Bazar Routine EPI Micro plan 2018. UNICEF target is 90 per cent of the children less than 1 year.

^{viii} Access to basic healthcare services is one of UNICEF's key interventions in the Health sector.

^{ix} The Oral Cholera Vaccine (OCV) campaign for 2018 is currently ongoing, targeting both refugee and host communities between 6-13 May. Results will be reported in the UNICEF humanitarian situation report once the campaign has ended.

^x Preparations for HIV-related health activities are being finalized, results will be reported once planned activities commence.

^{xi} This is case management services which includes any of the following: medical referrals, psychosocial support, and/or relevant supply/material assistance.

^{xii} The sector uses age group 3-14 years, rounded to closest 1,000.

^{xiii} The Sector uses age group 15-17 years, rounded to closest 10,000.

^{xiv} Point-in-time coverage. Target revised from 600,000 to 300,000 based on re-assessment of intervention in priority areas and expanded coverage of other partners. This indicator is specific to UNICEF supported household-level mobilization efforts and does not include coverage of target population through radio and other local media initiatives.

Funding requirements

In line with Bangladesh's 2018 inter-agency JRP, UNICEF is requesting US\$149,778,187 to meet the immediate life-saving and longer-term development needs of Rohingya refugees, and affected host communities in 2018. These funds will enable UNICEF to provide essential WASH, health, nutrition, protection and education services. A lack of funding will diminish the humanitarian system's capacity to prepare for and respond to sudden onset disasters/epidemics. The appeal takes into consideration the US\$25.3 million requirement for the months of January and February in the previous inter-agency JRP (September 2017 to February 2018), and US\$113 million which is aligned with the 2018 JRP.

Appeal Sector	Original 2018 HAC Requirement (US\$)	Revised 2018 HAC Requirement (US\$)	Funds Available (US\$)	Funding Gap	
				US\$	%
Nutrition	22,200,000	22,941,376	12,345,666	10,595,710	46%
Health	25,600,000	26,489,600	9,503,844	16,985,756	64%
WASH	39,000,000	41,911,497	19,699,590	22,211,907	53%
Child protection	18,400,000	16,366,908	9,367,711	6,999,197	43%
Education	28,500,000	28,203,156	8,674,035	19,529,121	69%
Communication for Development	3,900,000	4,035,525	1,999,920	2,035,605	50%
Emergency Preparedness	7,000,000	9,830,125	6,220,027	3,610,098	37%
Total	144,600,000	149,778,187	67,810,793	81,967,394	55%

¹ This includes 336,000 affected people from host communities and 80,000 people as a contingency.

² 2018 Joint Response Plan (JRP) for Rohingya Humanitarian Crisis, March-December 2018.

³ This is combination of the OCV target (aged 1 year and above) and Penta3 vaccines (less than 1 year).

⁴ 54 per cent of the population to be reached is children, JRP March 2018.

⁵ Inter Sector Coordination Group (ISCG) Situation Update, 12 April 2018.

⁶ JRP, March 2018.

⁷ SAM prevalence is 7.5% in Kutupalong Registered Camp, 3.0% in Makeshift and spontaneous camps and 1.3% in Nayapara Refugee Camp, Emergency Health and Nutrition SMART survey, October-November 2017, CXB Nutrition Sector.

⁸ JRP, March 2018.

⁹ UNICEF aligned its programme targets with the 2018 JRP. All targets are from January-December 2018 except nutrition which is March-December 2018 to be in line with the sector.

¹⁰ Target revised for the camps from 50,119 to 24,000 based on nutrition survey results and redistribution of work with other partners in the sector. IYCF and vitamin A supplementation coverage has been increased.

¹¹ New indicator aimed to highlight GBV prevention activities and programmes for GBV prevention and response services.

¹² Targets revised based on sector assessment in the JRP. UNICEF will cover at least 53% of sector targets.

¹³ Available funds include US\$39.3million carried forward from the previous year.

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