



# Bangladesh

## Humanitarian Situation report No.26 (Rohingya influx)



REPORTING PERIOD: 2 - 9 MARCH 2018

SITUATION IN NUMBERS

### Highlights

- UNICEF is stepping up its monsoon preparedness in Rohingya camps. Facilities at risk of floods and landslides are being reinforced, decommissioned or relocated. Five diarrhoea treatment centres are being constructed, and contingency stock (e.g. hygiene kits, aquatabs, chlorine, soap and buckets) is being prepositioned. Meanwhile, a network of 1,000 community mobilization volunteers are proactively engaging the community on how they can protect themselves during the upcoming monsoon/cyclones.
- In response to recent assessments, which indicate that up to 70 per cent of water points have some level of contamination, a shock chlorination campaign is underway.
- UNICEF has 41 per cent funding available against its 2018 appeal requirement. An additional US\$84.8 million is required to fully deliver on the Rohingya response.
- The Joint Response Plan (JRP) for March-December 2018, coordinated by the Inter Sector Coordination Group (ISCG) will be launched on 16 March. Once the JRP is published, UNICEF's 2018 Humanitarian Action for Children will be revised to ensure full alignment.

11 March 2018

**720,000**

Children in need of humanitarian assistance

**1.2 million**

People in need (HRP 2017-18)

**389,180**

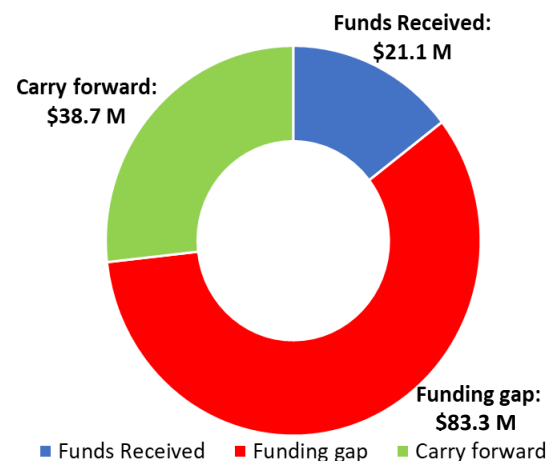
Children (arrived since 25 August 2017) in need of humanitarian assistance (Based on ISCG SitRep 25 February 2018)

**671,000**

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







Summary of programme results 2018	Sector		UNICEF and IPs	
	Target	Total Results	Target	Total Results
Children 0-59 months treated for severe acute malnutrition	35,093	505	24,000	297
Children (0-23 months) who have received all the childhood vaccines			112,132	-
People (1 year and above) who have received oral cholera vaccine			1,100,000	-
People with access to safe drinking water	1,260,740	739,394	600,000	291,700
Children who have received psychosocial support	400,000	180,754	350,000	142,317
Children (4-14) enrolled in emergency non-formal education	383,668	134,687	305,315	82,762

**UNICEF Appeal 2018**  
US\$ 144.6 million



## Situation Overview and Humanitarian Needs

Existing basic services for refugees and host communities have been overwhelmed due to the massive increase in population. Over 17 million litres of clean water are required daily and 50,000 semi-permanent latrines need to be constructed or maintained. Prior vaccination coverage amongst new arrivals is very low, and deadly outbreaks of communicable diseases such as measles and diphtheria have already occurred. Risks of cholera or acute watery diarrhoea outbreaks will be high during the upcoming monsoon season. These risks are being addressed in the flood and cyclone season preparedness plan. Urgent nutrition needs have been prioritized for children under 5 (including infants), with severe acute malnutrition (SAM) rates as high as three per cent recorded. An estimated 400,000 Rohingya children are also in need of psychosocial support, and other protection and education services.

	Newly arrived Rohingya refugees	671,000
	Newly arrived children	58%
	Newly arrived women and girls	60%
	Newly arrived pregnant and lactating women	10%
	Total affected population	1,200,000
	Total affected children	720,000

*Note: Based on Inter-Sector Coordination Group reports*

Following the inter-agency Humanitarian Response Plan (HRP), covering the period from September 2017 to February 2018, the Joint Response Plan (JRP) for March-December 2018 is under finalization. Once the JRP is published, UNICEF's 2018 Humanitarian Action for Children will be revised accordingly.

## 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.<sup>1</sup> On the government side, a National Task Force, established by the Ministry of Foreign Affairs, leads the coordination of the overall Rohingya crisis. Since the August 2017 influx, the Ministry of Disaster Management and Relief (MoDMR) has been assigned to coordinate the Rohingya response with support from the Bangladesh Army and Border Guard Bangladesh. The Refugee, Relief and Repatriation Commissioner (RRRC) and the Deputy Commissioner of Cox's Bazar district are critical for day-to-day coordination. At the sub-national level, UNICEF leads the nutrition sector and child protection sub-sector, and co-leads the education sector with Save the Children. UNICEF also co-leads the WASH sector along with Action against Hunger. It is important to note that the cluster system has not been officially activated.

## Humanitarian Strategy

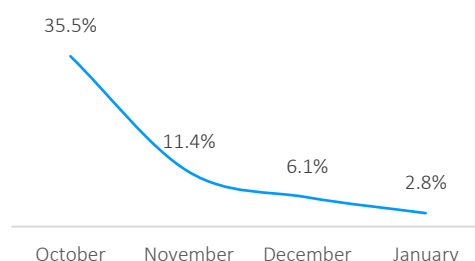
UNICEF's overall strategy is to strengthen government systems to provide basic social services to refugees and host communities, using a district-specific approach. The most urgent priority is the prevention of an increase in mortality and morbidity. These objectives will be achieved through the provision of safe water, sanitation and washing facilities; SAM treatment; vaccination; and prevention and preparedness for acute watery diarrhoea and cholera outbreaks. UNICEF is also addressing the protection needs of the most vulnerable groups, children and women, through the prevention of abuse and gender-based violence, and by supporting case management, psychosocial support and basic education. Adolescents will receive a minimum package for adolescent health with a focus on tailored services for pregnant adolescent girls. Nutrition, WASH, child protection and gender-based violence outcomes will be bolstered through targeted cash assistance.

## Summary Analysis of Programme Response

**Nutrition:** Since the start of the response, UNICEF partners have admitted 4,608 children under 5 for the treatment of SAM, including 297 admitted in the past week. The 2,785 children identified with Moderate Acute Malnutrition (MAM) last week were referred to sector partners. In January, the cure rate at the 28 functional outpatient therapeutic programme sites supported by UNICEF was 95 per cent, with 2.8 per cent defaulting and a 2.2 per cent non-response rate, all within Sphere Standards. Defaulter rates have significantly decreased over the last four months as the population becomes more settled, as well as due to increased household visits and community engagement activities, and the deployment of UNICEF and its partner staff for day-to-day field supervision.

Last week also saw 9,620 pregnant and lactating women, and caregivers of children under 2, participate in infant and young child feeding counselling sessions, which have been attended by 90,443 women and caregivers this year (noting that this number includes double counting of those who have attended more than one session). Raising awareness on nutrition issues was also expanded this week, with 114 courtyard sessions for 1,701 adolescent girls and women supported to improve their dietary intake by learning about food choices, cooking skills and goal-setting.

**Defaulter Rates (all UNICEF partners)**



<sup>1</sup> 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).

As the sector lead, UNICEF has negotiated with the Government, in coordination with WFP and other Key Nutrition Stakeholders, to receive clearance for Ready-to-Use-Supplementary-Food (RUSF), which will lead to comprehensive treatment for children with both Severe and Moderate Acute Malnutrition.

**Health:** So far in 2018, 858 cases of measles/rubella have been reported, of which 51 suspected cases (no deaths) were in the past week. While cases are currently in decline, a further round of measles-rubella vaccination is planned in the coming months. Meanwhile, 1,056 cases of acute jaundice syndrome (AJS) have also been reported in 2018, including 73 last week. Since 27 January, 45 samples have been collected from AJS patients and are being analyzed at the Institute of Epidemiology Disease Control and Research laboratory in Dhaka to test for Hepatitis A, E, B, C and leptospirosis. No results are yet available.

In addition, 6,025 diphtheria cases, including 38 deaths, have been reported since 8 November 2017, with 193 cases in the past week. Overall the declining trend continues at a slow pace. The third round of diphtheria vaccination campaign will be held from 10 to 25 March with an increased focus on communicating about its mild side effects, and that multiple shots are required to be protected. Vaccination campaigns are also covering the host community, from which 58 of the cases to date have been reported.

Last week, in ten UNICEF-supported health facilities, 2,626 children under 5 (47 per cent girls) of a total of 7,305 patients (67 per cent female) received health services. Additionally, 818 pregnant women received at least one antenatal care consultation and 131 women a postnatal care consultation.

**WASH:** UNICEF has reached 291,700 people (49 per cent of 2018 target) with safe water. In response to assessments indicating up to 70 per cent of water points have some level of contamination, 30 tube wells in Camp 7 were decontaminated as part of a shock chlorination campaign, which entails dismantling handpumps and delivering a measured quantity of chlorine to the water contained within the well. Chlorination of all jerrycans at water points has been delayed due to a lack of available chlorine powder. This is expected to arrive within the next two weeks. A UNICEF partner tested 273 water samples from 91 tube wells and 182 households to understand and respond to the sources of water contamination in the camps.

392,250 people (65 per cent of 2018 target) have been reached with safe sanitation through 14,687 latrines (32 new this week) and 27 faecal sludge management sites. The volume of sludge collected and treated continue to increase. However, there is an urgent need to further increase this activity prior to the beginning of the monsoon season. A new contract has been signed with MoDMR to construct additional 5,000 latrines and 5,000 new bathing cubicles, and to decommission 2,000 unserviceable latrines to reduce risks during the monsoon season. The dissemination of key hygiene messages continued, reaching 98,818 people since 1 January. During the reporting week, 1,000 hygiene kits were distributed, benefitting 5,000 people.

**Child Protection:** UNICEF is aiming to provide psychosocial support to 350,000 children in 2018, of whom 142,317 have been reached to date. Psychosocial support activities are provided through mobile and static child-friendly spaces, which offer a safe and protective environment for children. They also act as an entry point for the dissemination of key lifesaving messages and referrals to specialized services – including for the 1,998 unaccompanied and separated children identified to date. To respond to the unique needs of adolescents, especially girls, life skills activities have been provided to 40,338 adolescents (45 per cent of the target) to support them in building their resilience.

**Education:** UNICEF has reached 82,762 affected children (27 per cent of the 305,315 target) with learning services in 2018 through 1,401 trained teachers. Outreach is continuous, with 112 children identified and enrolled last week. To contribute to the quality of the education response, UNICEF is piloting a teacher mentoring and peer-to-peer learning system using Information Communication Technology (ICT) to supplement the on-going face-to-face training and rapidly improve teaching skills, ownership and empowerment. The Education Sector has developed standard operating procedures to guide partners in making decisions about reinforcement of infrastructure, closure of at-risk learning centres and the preparation of teachers, children and communities in anticipation of monsoon seasons.

**Communication for Development, Community Engagement and Accountability:** With the establishment of 10 Information and Feedback Centres (IFCs) in the refugee camps to promote community accountability, UNICEF has responded to 23,310 community queries, complaints, pieces of feedback and service referrals since September 2017, including 1,858 in the last week. To enhance the collection and documentation of feedback, all 36 Information Service Providers from the IFCs were trained on the software ETS Connect to record feedback from affected populations. The switch to ETS Connect is anticipated to harmonize data collection and improve accountability to affected communities.

**Monsoon preparedness:** UNICEF is stepping up its preparedness activities in anticipation of the monsoon season, and the heavy flooding and landslides expected to affect the Rohingya camps. Facilities at risk of floods and landslides (such as latrines, health and nutrition centres, child friendly spaces and learning centres) have been mapped out. The physical infrastructure of these facilities will be reinforced, decommissioned or relocated as required. The decommissioning of latrines situated in high risk areas has already started with at least 2,731 latrines de-sludged. This will mitigate against contamination of water sources and the outbreak of disease. Five Diarrhoea Treatment Centres (DTC) are being constructed to deal with acute watery diarrhoea cases.

UNICEF contingency stock is also being reinforced through the order of key items such as hygiene and dignity kits, aquatabs, chlorine, soap and buckets. Discussions are ongoing with partners to identify safe areas in and near the camps to preposition these items.

UNICEF will rely on a network of 1,000 community mobilization volunteers (CMVs), 100 model mothers and 100 youth volunteers supporting the ten Information and Feedback Centers to avoid panic among Rohingya populations. Each CMV is expected to engage 50 households on cyclone awareness and preparedness and encourage households to prepare for the impact of any adverse weather. To date, 15,000 pieces of feedback, mostly on shelter, food security, protection and support services, have been collected. In parallel, Hygiene Promotion activities are ongoing through the training of additional volunteers and the preparation of mass messaging. UNICEF is also supporting outbreak reporting and investigation to detect outbreak early and respond accordingly. This includes developing a community based surveillance system for early detection of any outbreak, specifically AWD.

**Support to Bangladeshi Host Communities** UNICEF delivers its response to the Rohingya refugee crisis through, or in close coordination with, government systems to improve the effectiveness of the operation while promoting social cohesion. Targeted support has expanded the Cox's Bazar District Hospital Special Care Newborn Unit (SCANU) and the Teknaf Newborn Stabilization Unit (NSU). In 2017, 3,494 babies (95 per cent from host communities) were treated at the SCANU and 46 (93 per cent from host communities) at the NSU.

As part of the UNICEF WASH plan to reach 600,000 people with safe water and adequate sanitation, 150,000 people in host communities have been targeted over the course of 2018.

The Education Sector is providing grants to local schools based on locally-developed needs plans. School materials, including school bags, notebooks, stationary and teaching aids have also been provided to 53,250 children in government primary schools along with winter clothes targeting 15,500 of the most vulnerable children. Case management training is being provided for 75 social workers who will be deployed in the camps and host community villages as part of an initiative between UNICEF and the Department of Social Services, which is expected to improve the wider foster care system in the area.

## Funding

UNICEF's 2018 Humanitarian Action for Children (HAC) appeal for the Rohingya refugees requires US\$144.6 million to provide, in partnership with the government, life-saving and basic social services to over 700,000 children, which include the existing Rohingya population, new influx and the vulnerable children in the host community. UNICEF wishes to express its sincere gratitude to Canada, Denmark, the European Commission, Germany, Japan, Portugal, the Republic of Korea, Sweden, Switzerland, the United States, the United Kingdom, King Abdullah Foundation, UN OCHA and various UNICEF National Committees who have contributed generously to the humanitarian response. Continued and timely donor support will be critical in 2018 to scaling up the response to provide essential WASH, Health, Nutrition, Child Protection and Education services to Rohingya refugees and host communities.

Appeal Sector	Funding Requirements**	Funds available*		Funding gap	
		Funds Received Current Year	Carry-Over***	\$	%
Nutrition	22,200,000	2,637,741	8,973,969	10,588,290	48%
Health	25,600,000	2,315,217	4,368,494	18,916,289	74%
WASH	39,000,000	7,793,326	8,336,089	22,870,584	59%
Child Protection	18,400,000	3,286,245	3,711,425	11,402,329	62%
Education	28,500,000	390,665	7,386,742	20,722,593	73%
Communication for development	3,900,000	52,500	1,178,877	2,668,623	68%
Emergency Preparedness and Sector Coordination	7,000,000	3,755,298	4,726,219	0	0%
Unallocated		869,667			
<b>Total</b>	<b>144,600,000</b>	<b>21,100,659</b>	<b>38,681,816</b>	<b>83,336,009</b>	<b>59%</b>

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

\*\*The 2018 HAC supersedes the 2017 HAC covering the period 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.

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

## Next SitRep: 18 March 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<sup>2</sup>

	UNICEF and IPs			Cluster Response		
	2018 Target	Total Results*	Change since last report ▲	2018 Target	Total Results*	Change since last report ▲
<b>NUTRITION**</b>						
Number of children (under 5 years) treated for severe acute malnutrition	24,000	297	-	35,093	505	-
Number of pregnant and lactating women who have received infant and young child feeding counselling	50,780	9,620	-	85,956	13,053	-
Number of children (6-59 months) reached with vitamin A supplementation	198,868	-	-	198,868	-	-
<b>HEALTH**</b>						
Number of children (0-23 months) who have received all the childhood vaccines	112,132	-	-			
Number of people (1 year and above) who have received oral cholera vaccine	1,100,000	-	-			
Number of pregnant women who have received HIV testing and counselling	26,400	-	-			
<b>WATER, SANITATION &amp; HYGIENE</b>						
Number of people who have access to safe drinking water	600,000	291,700	-	1,260,740	739,394	-***
Number of people who have access to culturally appropriate sanitation facilities	600,000	392,250	-	1,052,495	795,385	-***
Number of people who have received key hygiene messages and supplies	450,000	98,818	6,518	1,008,209	637,361	-***
<b>CHILD PROTECTION</b>						
Number of children who received psychosocial support	350,000	142,317	-	400,000	180,754	6,939
Number of unaccompanied and separated children who have received case management services	10,000	1,998	-	22,000	5,575	-
Number of adolescents who received life skills support	90,000	40,338	-	110,000	44,552	-***
<b>EDUCATION</b>						
Number of children (4-14 years) enrolled in non-formal/formal education, including early learning	305,315	82,762	112	383,668	134,687	17,170
Number of adolescents (14-18 years) enrolled in non-formal/formal education including life skills and technical and vocational education training	120,000	-	-	146,332	-	-
<b>C4D/ ACCOUNTABILITY MECHANISM</b>						
Number of people reached through information dissemination and community engagement efforts on life saving behaviours and available services	600,000	145,097	-			

\*This figure includes carried over results from 2017 because the 2018 HAC targets supersede targets of the 2017 UNICEF HAC from September 2017 to February 2018; except for Nutrition.

\*\* Nutrition adjustments in targets reflect recent nutrition surveys and sector agreement for new results starting March 2018 to be reflected; Health progress is linked to government campaign/s supported by UNICEF scheduled mid-year.

\*\*\* Progress this week undergoing data validation i.e., transition to updated 4W/sector reporting

<sup>2</sup> The 2017-2018 HRP was completed on 28 February 2018. Performance indicators reflect the existing HAC with adjustments in cluster targets based on the Joint-Response Plan (March – December 2018). UNICEF will revise its 2018 HAC in line with the official release of the JRP scheduled in March 2018.