



# Bangladesh

## Humanitarian Situation report No.46 (Rohingya influx)

unicef 

REPORTING PERIOD: 1 January to 31 December 2018

SITUATION IN NUMBERS

## Highlights

- In 2018, UNICEF extended lifesaving services to over 1.2 million people affected by the crisis. This included 380,000 people provided with access to safe drinking water; 20,000 children under 5 treated for severe acute malnutrition; and 1,235,475 people over 1 year old who received oral cholera vaccine.
- More than half of Rohingya refugee children aged 4 to 14 have now been engaged in non-formal basic education by UNICEF and the Education Sector. UNICEF reached 145,209 Rohingya children in 2018 with support from 4,028 trained teachers.
- UNICEF and the Department of Social Services launched an integrated case management and cash assistance programme in June 2018, benefitting 4,200 children and 3,000 foster caregivers.
- Comprehensive preparedness and mitigation measures taken with both government and NGO partners in advance of the monsoon in June 2018 resulted in no major epidemics or outbreaks. Actions such as chlorination of water points, intensive C4D messaging, relocating at-risk facilities and establishing mechanisms to reunite children separated during extreme rain, were some of the measures taken.

10 January 2019

**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)

**392,580**

Children (arrived since 25 August 2017) in  
need of humanitarian assistance  
(Based on ISCG SitRep 29 November 2018)

**728,000**

New arrivals since 25 August 2017  
(ISCG SitRep, as of 01 November 2018)

## UNICEF's Response with Partners

Key Programme Indicators	Sector		UNICEF and IPs (Refugees and Host Communities)	
	Target	Total Results (2018)	Target*	Total Results (2018)
<b>Nutrition:</b> Children 0-59 months treated for severe acute malnutrition	35,093	32,082	24,546	20,737
<b>Health:</b> People aged 1 year and above who received oral cholera vaccination			950,000	1,235,475
<b>WASH:</b> People with access to safe drinking water	1,052,495	882,951	600,000	381,501
<b>Child Protection:</b> Children who have benefitted from psychosocial activities	400,000	276,389	300,000	169,901
<b>Education:</b> Children (4-14) enrolled in emergency non-formal education	368,000	215,170	151,765	145,209






**UNICEF Bangladesh HAC  
Appeal 2018: US\$149.8 million**

**Funds Received 2018:  
US\$145.3 million**

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

\*\* Funding gap excludes the surplus for overfunded sectors (including Education, C4D and Emergency Preparedness – see funding section for more detail), to ensure funding needs for those sectors that remain underfunded are reflected

The general election on 30 December 2018 passed without any major security incidents affecting the Rohingya refugee response. Awami League and her allies won a majority in parliament and Sheikh Hasina has been reelected as Prime Minister. Security risk mitigation measures put in place around the elections, including restriction on travel to the camps, slowed some components of UNICEF's response over the past month; these have since resumed. UNICEF contingency measures ensured that lifesaving services were not affected by the restrictions.

	Total refugee population	906,572
	Child refugees	55%
	Refugee women and girls	52%
	Refugees with disabilities	4%
	Total affected population	1,300,000
	Total affected children	703,000

*Note: UNHCR, 31/12/18 and ISCG*

An increased number of cases of Chicken Pox have been reported from refugee camps starting in December 2018. UNICEF, WHO and other partners, as part of the Health Sector, are working to prevent further transmission and increase community awareness of this contagious disease. The Health Sector is also working with the Education Sector to increase awareness among teachers and parents.

The 2019 JRP is currently under review by government at the national level. UNICEF has finalized its Humanitarian Action for Children (HAC) appeal for next year. The 2019 HAC has included the requirements under the JRP along with broader support to the affected host communities, and emergency preparedness and response nationwide.

Following the attempted initial repatriation by the Myanmar and Bangladesh Governments' last November, not a single refugee expressed interest to voluntarily return to Myanmar. UNICEF supports UNHCR's stance on repatriation which is, "upon the free and informed decision by refugees, on an individual basis, to return", however it is clear from the humanitarian and international community that the conditions are not there for repatriation to Myanmar.

## Humanitarian Leadership, Coordination and Strategy

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 humanitarian organizations.<sup>1</sup> It was agreed by relevant stakeholders that this current coordination structure would be reviewed following the monsoon season. The review team, composed of UNHCR, IOM and UNDP, visited Bangladesh in October and met with the various stakeholders both in Cox's Bazar and in Dhaka. The mission report is still awaited.

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. 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.

In Cox's Bazar, UNICEF's actions are focused around four key strategies. Saving lives and protecting children and their families in the refugee camps remains paramount. Secondly, UNICEF is promoting social cohesion and confidence building in the host communities in Ukhiya and Teknaf Sub-Districts. Thirdly, systems are being strengthened and programme implementation accelerated in the rest of the district of Cox's Bazar. Finally, UNICEF will apply the lessons learnt from its 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.

## Summary Analysis of Programme Response

**Nutrition:** Three rounds of emergency nutrition assessments supported by UNICEF in 2017-2018<sup>2</sup> suggest an overall reduction in the prevalence of global acute malnutrition among children under 5 from 19.3 to 11 per cent, while the prevalence of severe acute malnutrition (SAM) decreased from 3 to 1 per cent. Survey results highlighted the importance of community systems, specifically the role of women and local leaders (majhis and imams) in identifying malnourished children and ensuring their critical care and support.

In 2018, UNICEF and partners, under the vision of Cox Bazar Civil Surgeon's Office, operated 40 community-based malnutrition treatment centres, 33 outpatient therapeutic programmes (OTPs) for children aged 6-59 months and 7 newly-introduced innovative community-based management of at-risk mothers and infants (CMAMI) to support malnourished infants under 6 months and their

<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).

<sup>2</sup> The report for round 2 is available at the following link:

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/180612\\_emergency\\_nutrition\\_assessment\\_round\\_2\\_ms\\_nyp\\_preliminary\\_results.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/180612_emergency_nutrition_assessment_round_2_ms_nyp_preliminary_results.pdf)

caregivers. Treatment centres for children 0-59 months now span every camp of Kutapalong Makeshift, Teknaf and Ukhiya response settlements.

On average, UNICEF's network of 600 skilled Community Volunteers screened 187,000 children for malnutrition every month in 2018, and referred children aged 6-59 months to OTPs. Combined with self-referrals, 20,318 children (57 per cent girls, 85 per cent of the annual target) were admitted to UNICEF supported OTPs in 2018. The OTP cure rate was over 96 per cent, up from 83 per cent in 2017, and the default rate under 2 per cent. Over 400 children with SAM and complications received urgent care at two UNICEF supported Stabilization Centres and Community Volunteers referred 69,322 children with moderate acute malnutrition to Targeted Supplementary Feeding and Blanket Supplementary Feeding Programmes for treatment, and to prevent their health from worsening.

The CMAMI programme supported 1,250 highly vulnerable newborns, infants and their caregivers experiencing challenges in feeding or showing signs of severe malnutrition. Trained CMAMI counsellors and support staff provided skills, care and referrals, including to a wet nurse, psychosocial counselling and supervised breastfeeding. Additionally, 88,001 pregnant and lactating women (150 per cent of the annual target) received infant and young child feeding support through one-on-one counselling and group demonstrations. UNICEF reached these women at OTPs, WFP feeding programme sites and 40 health and protection spaces, as well as establishing dedicated spaces through 16 Breastfeeding Support Centres.

UNICEF's preventative approaches save lives. In 2018, 147,167 children aged 6-59 months received Vitamin A supplementation (78 per cent of annual target), while 88,888 children aged 24-59 months received deworming tablets during the Nutrition Action Week in July 2018. Additionally, 43,755 adolescent girls and 75,890 pregnant and lactating women received Iron Folic Acid supplementation that prevents iron deficiency anaemia. To address critical gaps in nutritious food availability, 128,118 children were provided with multi-micro-nutrient powder.

The Nutrition Sector has developed a draft strategy for 2019, including a process to consolidate and rationalize the various nutrition facilities, and agreed on standards and guidelines that will be used in 2019 for the assessment of the quality of services provided by each partner and in each facility

**Host Community:** In 2018, host families throughout Cox's Bazar were supported through the diligence of 60 Community Nutrition Volunteers who screened over 28,000 children for malnutrition. In total, 419 children (52 per cent girls, 76 per cent of the annual target) were treated in UNICEF supported in-patient SAM units in Cox's Bazar District Hospital and Upazilla Health Complexes in Ukhiya, Teknaf, Ramu, and Pekua. Meanwhile, 58,764 pregnant and lactating women received high quality counselling and messaging on care and feeding practices for infants and young children.

Technical and programmatic support was provided to Cox's Bazar Civil Surgeon's Office including capacity building for integrated health management information systems and advocacy for the integration of nutrition into national District Health Information Systems. Breastfeeding Support Centres were established in Ukhiya and Ramu Upazilla health complexes, and Cox's Bazar District Hospital. These spaces ensure skilled counselling and support in warm, safe and private spaces.

**Health:** UNICEF's response to the health needs of those affected by the Rohingya crisis focused on increasing the availability of essential health care services and preventing and responding to disease outbreaks in an effort to lower levels of morbidity and mortality. UNICEF supports 24 health facilities in Rohingya camps, including five Diarrhoea Treatment Centres (DTCs), which provided health services to 363,475 people including 145,521 children under 5 in 2018. The high productivity and quality of services of UNICEF's national implementing partners for health ensured that children were reached with lifesaving primary health care despite overall underfunding of the programme. Testing for pregnant women for the prevention of mother-to-child transmission (PMTCT) of HIV has now been introduced, with 617 women tested for far. Two UNICEF supported health facilities also began supporting safe deliveries from November 2018 Routine immunization activities rolled out in camps from June 2018, with 13,107 Rohingya children receiving Penta 3 vaccine in 2018 (50 per cent of the annual target as routine immunization services only began in camps mid-way through the year).

UNICEF, government and partners conducted the third and fourth (last) rounds of Oral Cholera Vaccination (OCV) campaign in 2018. This campaign vaccinated 1,235,475 people over 1 year, which includes 1,032,709 refugees and 202,766 members of the host community. A total of 4,055 acute watery diarrhoea patients, including 2,435 children under 5, were treated in UNICEF-supported DTCs. As of the beginning of 2019, two out of five DTCs will be on standby, ready for reactivation in the event of outbreak.

UNICEF responded to the diphtheria outbreak alongside government health authorities, WHO and other partners with three rounds of a diphtheria vaccination campaign in 2018, vaccinating 431,448 children from 6 weeks to 15 years old (104 per cent of the target). Since 8 November 2017, 8,339 cases of diphtheria have been reported, with 44 recorded deaths. While the last confirmed case of diphtheria was reported on 29 November 2018, and the last death on 28 June 2018, suspected cases continue to be reported.

The trend of Measles-Rubella has declined with 1,608 cases in the year and no deaths.

An increased number of cases of Chicken Pox have been reported from refugee camps starting in December 2018. UNICEF, WHO and other partners, as part of the Health Sector, are working to prevent further transmission and increase community awareness of this contagious disease. The Health Sector is also working with the Education Sector to increase awareness among teachers and parents.

**Host Community:** UNICEF is continuing its support to the health authorities of Cox's Bazar District by strengthening routine immunization (reaching 77,693 children under 1 in 2018, 107 per cent of the annual target); building the capacity of health workers and improving the health management information system. UNICEF helped to expand the Cox's Bazar District Hospital Special Care Newborn Unit and establish the Teknaf Newborn Stabilization Unit (NSU) in 2017, and established a second NSU in Ukhiya in 2018, providing equipment, training and operational costs. These units ensured specialized neonatal care for more than 3,772 newborns (including 257 Rohingya refugees) in 2018. This was the equivalent of 108 per cent of the target for host communities and 71 per cent of the target for Rohingya refugees). A total of 2,666 pregnant mother were tested for the PMTCT in two government and 10 NGO facilities in 2018.

**WASH:** In 2018, UNICEF and partners reached 346,512 Rohingya refugees (87 per cent of the 2018 target) with access to safe drinking water, while 619,300 (155 per cent of 2018 target) accessed culturally appropriate latrines and washing facilities. UNICEF constructed 14,000 latrines in 2018, covering its own area of responsibility as well as more broadly in the camp, therefore overachieving its target. All beneficiaries of UNICEF WASH services participated in hygiene sessions, receiving key messages to improve the health of themselves and their families. This ensured good coverage of WASH services throughout the year for the eight camps under UNICEF's area of responsibility.

At the end of 2017, water quality assessments revealed that almost 70 per cent of water points in Rohingya camps showed some level of contamination. In response, in 2018, UNICEF constructed 5 water networks reaching 20,100 people and incorporating automated chlorination to reduce the risk of contamination. An additional 20 water networks are under construction. Further water testing in 2019 will reveal whether this new strategy improves the quality of water.

To scale up improved safe sanitation, UNICEF and MODMR constructed 1,500 latrines and 5,000 bathing cubicles based on WASH Sector standards, which allow a greater volume of sludge storage and requiring less frequent desludging. With no municipal wastewater treatment sites available, UNICEF installed 60 faecal sludge management sites. Using a variety of wastewater treatment technologies, these sites treat sewage within the confined and difficult terrain of the camps. Challenges remain to ensure all latrines are regularly emptied and kept clean; the WASH Sector will continue to target these issues in 2019.

Special attention has been provided to the needs of women and girls with activities aimed to raise their awareness around, and provided supplies for, menstrual hygiene management. A June 2018 REACH Household Assessment showed that latrines were perceived to be unsafe for girls (23 per cent) and women (57 per cent). A global expert on gender-based violence (GBV) and WASH has completed a programme audit and roadmap for UNICEF's WASH programme on Gender, GBV and Inclusion in 2019.

The WASH Sector operating out of the Control Room in the Department of Public Health Engineering (DPHE) is assisting the DPHE Executive Engineer to coordinate 49 sector partners in the Ukhiya and Teknaf Upzillas through 35 Camp Focal Agencies and 3 Area Focal Agencies as well as 4 Technical Working Groups (Hygiene, Sanitation, Water and Information Management). To assist this coordination the most sophisticated information management system in the response has been developed by the sector coordination unit with the assistance of the WASH Rapid Response Team in Geneva, using 4Ws, Kobo tools and GPS coordinates to track 64,570 latrines (8,694 of which have been decommissioned), 144 faecal sludge treatment plants, 15,300 bathing facilities, 8,600 tubewells with handpumps and more than 820,000 hygiene kits and hygiene top up kits that have been distributed.

**Host Community:** UNICEF and partners, under the leadership of the Department of Public Health Engineering (DPHE), also provided children and their families with access to safe drinking water for 34,989 people, latrines for 29,104 people and hygiene supplies for 36,645 people in host communities. In addition, 23 schools with 11,327 students and 3 health centres with 14,950 patients were equipped with improved WASH facilities in 2018.

Safe water was provided through the drilling of 5 boreholes and the construction of 184 and rehabilitation of 301 of tube wells. While 613 latrines were also constructed, efforts to improve sanitation in host communities continues to focus on ensuring ownership of an open-defecation free environment through community-led approaches to total sanitation. UNICEF, DPHE and Ukhiya Upazilla Administration provided materials to 1,000 families to construct their own latrines in 2018.



**Child Protection:** During 2018, UNICEF operated 193 static and mobile Child-Friendly Spaces (up from 140 at the end of 2017); 12 Safe Spaces for Women and Girls; 220 Adolescent Clubs; and 60 Adolescent Friendly Spaces. Through these structures, UNICEF reached 160,754 Rohingya children, 39,233 adolescents and 16,563 women with a range of protection and GBV Services.

Adolescent clubs are home-based, providing life skills to 25-30 participants. These clubs target mostly adolescent girls who are restricted from public spaces by their families. These Clubs provide adolescent girls with a critical peer-to-peer support network in an otherwise isolated environment. On the other hand, adolescent-friendly spaces are centre-based facilities that offer adolescents expanded services such as life skills, case management and recreational activities. Participating adolescents follow a four-month-long course, attending sessions for four hours a week on topics such as health and nutrition; prevention of HIV/AIDS; gender and GBV; child marriage; child labour; trafficking; peace building; leadership; employability skills; values and ethics; and equality and equity.

UNICEF reach in terms of psychosocial support for Rohingya children (77 per cent) was constrained by the lack of space to establish new centres. As a result, mobile teams were formed and, in 2019, UNICEF will begin providing psychosocial support increasingly through teachers in learning centres and in multipurpose centres.

UNICEF strengthened its partnership with the Department of Social Services (DSS) to provide Child Protection in Emergencies services, including cash assistance to foster families of separated and unaccompanied and child headed households. This joint partnership targets 9,000 refugee children. So far, DSS has identified 4,200 unaccompanied, separated and orphan children who are benefitting from the integrated case management and cash assistance programme which was launched in June 2018.

UNICEF is working with the Child Protection Sub-Sector to roll-out the Child Protection Information Management System Plus (CPIMS+) to harmonize child protection case management. The roll-out process is in its final stage, with 310 users from 12 partners now covering 10,000 cases through the system.

**Host community:** UNICEF continues to provide support to host-community children through its 10 Child-Friendly Spaces and 90 Adolescent Clubs in host communities, reaching 9,000 children (10 per cent of the annual target) and 4,000 adolescents. In total, 83 members from community-based child protection committees (CBCPCs) are also working to improve the protective environment for children and adolescents.

To increase coverage in the host community, UNICEF and DSS have received approval from the Child Welfare Board in Ukhiya to establish new centres near Bangladeshi primary schools which will support up to 2,500 children with structured psychosocial support and recreational activities. Children at-risk will also be able to access case management and referrals.

**Education:** By the end of 2018, UNICEF expanded access to non-formal education to 145,209 (96 per cent of target) Rohingya refugee children aged 4-14 with the support of 4,028 (17 per cent above target) teachers trained on effective teaching methodologies to improve learning outcomes for children in 1,409 operational learning centres established across the camps in partnership with 11 national and international partners. These partnerships enabled UNICEF to scale up construction of 1,522 learning centres, including 94 completed during December. Overall, an almost equal number of girls (72,143) and boys (73,066) have access to non-formal education supported by slightly more (61 per cent) trained female than male teachers.

Accelerated efforts to provide learning opportunities by UNICEF and the Education Sector in 2018 meant that more than half of Rohingya refugee children aged 4 to 14 are now estimated to be engaged in learning. To reach 204,240 children and 72,456 adolescents in 2019, 189 learning centres are under construction and 412 are awaiting government authorization to begin construction, placing UNICEF on course to reach the target of 2,123 learning centres in the coming weeks. With finding space to construct new learning centres the central challenge to this response, UNICEF has explored alternative options such as shared and home-based spaces. The home-based approach will be explored further in 2019, especially to expand early learning opportunities to children aged 3-5. Recent assessments also estimate that 97 per cent of adolescents and youth are engaged in neither education nor training, with foundational and occupational skills for them to be scaled up in 2019.

To improve the quality of education for Rohingya children, UNICEF in collaboration with the Education Sector partners finalized the learning competency framework and approach (LCFA) to fill the gap of an authorized curriculum. The LCFA is structured from levels 1 to 5 (with Level 5 currently under development), and is an accelerated learning programme that allows learners to achieve competencies equivalent to grades one to ten in formal education core curriculum areas - English, Burmese, mathematics, science and life skills. UNICEF is currently working with partners to develop teaching and learning materials to roll out the LCFA. A learning assessment has been undertaken in all camps to establish the competency levels of every child attending the learning centres, to place them in sessions as per the LCFA levels. Preliminary analysis shows 70 per cent of children who are currently enrolled are in level 1; 24 per cent in level 2; and the remainder split equally between levels 3 and 4.

As the lead agency for Education Sector and Child Protection Sub-Sector, UNICEF has assisted the Sectors' initiative to develop an Adolescent Education Strategy that will help rationalize the use of existing services in the camps and tackle the land availability issue. The Education Sector has started negotiating with the Ministry of Primary and Mass Education (Dhaka) and District of Primary Education Office (Cox's Bazar) to move its offices in the latter's premises, to ensure their ownership of the response.

**Host community:** In 2018, cash grants were provided to 50 primary schools (US\$595 each) and 14 secondary schools (US\$1,190 each) to improve quality and effectiveness and, in turn, retention of students. In December, UNICEF supported the Cox's Bazar District Primary Education Office and eight upazilla primary education offices to develop a comprehensive district-level consolidated primary education plan. The plan will provide the platform for effective engagement of the district education authorities in support of the education JRP targeting the host communities in Teknaf and Ukhiya Upazillas.

**Communication for Development, Community Engagement and Accountability:** As a member of the Communicating with Communities Working Group, UNICEF strengthened accountability mechanisms to include the participation of affected populations in the establishment and improvement of humanitarian services. In 2018, UNICEF increased from 8 to 12 Information and Feedback Centres to disseminate lifesaving information and collect 55,000 individual complaints, grievances and feedback, which were collated through a digital platform and used to improve the response.

A network of 121 youth change agents and 1,040 community mobilization volunteers from the Rohingya community extended the reach of these efforts, engaging in interpersonal and community dialogue around key prioritized behavioural issues and health and disaster preparedness campaigns. These volunteers engaged 50,000 households on critical lifesaving issues, improving the coverage of services including immunization campaigns.

UNICEF partnered with radio and local media to extend its messaging through weekly shows and public service announcements on lifesaving behaviours and services such as vaccination campaigns, distributing 2,000 radios to NGO partners, and local and religious leaders to reach 67,200 refugees. A particular focus was put on reaching 3,025 adolescent boys and girls through 121 active adolescent radio listener groups.

**Host Community:** UNICEF's communication for development efforts in host communities are based around 99 ward-level micro-plans developed in coordination with 720 local government officials and elected public representatives. More than 770 members from the host community, participated in discussions to promote social cohesion and community action between the Rohingya and host communities in Cox's Bazar. UNICEF has formed 45 Adolescent Radio Listeners Clubs with 1,025 adolescent girls participating on a regular basis.

## Funding

The 2018 results were achieved thanks to the generous support of donors. Funding for the 2018 appeal reached US\$ 145.3 million, of which US\$ 105.8 million including multi-year funds was received in 2018 and \$39.5 million was available from the previous year.

UNICEF wishes to express its sincere gratitude to Canada, Denmark, Education Cannot Wait (ECW), the European Union, Germany, Global Partnership on Education (GPE), 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 this year. Continued and timely donor support in 2019 will be critical in order to continue to provide essential WASH, Health, Nutrition, Child Protection and Education services to Rohingya refugees and host communities.

Appeal Sector	Funding Requirements in 2018	Funds available*		Funding gap***	
		Funds Received Current Year**	Carry-Over	\$	%
Nutrition	22,941,376	6,724,724	9,172,697	7,043,956	31%
Health	26,489,600	10,131,601	4,511,379	11,846,620	45%
Water, sanitation and hygiene	41,911,497	18,204,597	9,098,356	14,608,543	35%
Child Protection/GBV	16,366,908	15,698,636	3,939,405	-	0%
Education	28,203,156	29,415,900	7,625,383	-	0%

## UNICEF Humanitarian Situation Report (Rohingya Influx)

January 2019

Communication for development	4,035,525	3,150,176	1,200,645	-	0%
Emergency preparedness	9,830,125	12,020,314	3,977,635	-	0%
Unallocated		10,439,509		-	
<b>Total</b>	<b>149,778,187</b>	<b>105,785,457</b>	<b>39,525,500</b>	<b>33,499,119</b>	<b>22%</b>

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

\*\*This includes multi-year funds received in 2018

\*\*\* Funding gap excludes the surplus for Child Protection (\$3,271,133), Education (US\$8,838,126), C4D (US\$315, 295) and Emergency Preparedness (US\$6,167,824)

### Next SitRep: February 2019

UNICEF Bangladesh HAC: [https://www.unicef.org/appeals/files/2018-HAC-Bangladesh\\_rev-May\(1\).pdf](https://www.unicef.org/appeals/files/2018-HAC-Bangladesh_rev-May(1).pdf)

UNICEF Bangladesh Facebook: <https://www.facebook.com/unicef.bd/>

Bangladesh Joint Response Plan 2018: <https://www.humanitarianresponse.info/en/operations/bangladesh>

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## Annex A: SUMMARY OF PROGRAMME RESULTS

	UNICEF and IPs					Sector Response		
	2018 Target <sup>i</sup>		Total Results		Change since last report	2018 Target	Total Results	Change since last report
	Refugee	Host Community	Refugee	Host Community				
NUTRITION								
Children aged 0 to 59 months treated for SAM	24,000	546	20,318	419 <sup>ii</sup>	940	35,093	32,082 <sup>iii</sup>	1,856
Pregnant and lactating women reached with counselling and messaging on infant and young child feeding practices <sup>iv</sup>	50,780	13,178	88,001	58,764	11,709	85,956	225,886 <sup>iv</sup>	12,555
Children aged 6-59 months receiving Vitamin A	187,576	48,676	147,167	103,461	-	187,576	195,323 <sup>v</sup>	-
HEALTH								
Children aged 0 to 11 months receiving Penta 3 vaccine	26,518	72,298	13,107	77,693	37,463 <sup>vi</sup>			
Children under 5, including newborns, receiving primary healthcare in UNICEF supported facilities	46,440	40,000	145,521	4,089 <sup>vii</sup>	11,072			
Sick newborns treated in UNICEF supported Newborn Stabilization Units (NSU) and Special Care Newborn Units	360	3,240	257	3,509	263			
People aged 1 year and above who have received oral cholera vaccine	815,000	135,000	1,032,709	202,766	57,879			
Pregnant women who have received HIV testing and counselling	2,000	3,000	617	2,666	986			
WATER, SANITATION & HYGIENE								
People who have continued access to safe drinking water of agreed standard	400,000	200,000	346,512	34,989	12,000	1,052,495	882,951	12,275
People with access to culturally appropriate latrines and washing facilities	400,000	200,000	619,300	29,104	5,600	1,052,495	798,073	8,386
People who have received key messages on improved hygiene practices <sup>viii</sup>	400,000	200,000	679,593	13,357	3,565	1,052,495	1,013,439	13,033
CHILD PROTECTION & GENDER-BASED VIOLENCE								
Children reached with psychosocial support services	210,000	90,000	160,754	9,147	5,251	400,000	276,389	57,624
Children at risk, including unaccompanied and separated children, identified and receiving case management services	7,000	3,000	5,176	380	236	22,000	19,665	4,523
People accessing gender-based violence (GBV) services	7,000	3,000	65,097	800	4,536			
EDUCATION								
Children aged 4 to 14 years enrolled in emergency non-formal education, including early learning	151,765	50,514	145,209	23,088 <sup>x</sup>	5,289	368,000	215,170	15,610
Teachers trained to support improved learning	3,449	750	4,028 <sup>x</sup>	292	-	9,000	5,428	54
LEAD/ ACCOUNTABILITY MECHANISM								
People reached with information dissemination, community engagement and accountability mechanisms on life-saving behaviours and available services	300,000		330,000		-			
Adolescent girls and boys engaged to provide lifesaving information and referral to services as change agents	10,000	5,000	9,787	6,000	-			



<sup>i</sup> UNICEF aligned its programme targets and results with the JRP. All targets are from January-December 2018 except nutrition which is March-December 2018 to be in line with the sector.

<sup>ii</sup> In previous reporting periods, host community SAM in-patient treatment reporting was limited to Cox's Bazar District Hospital and Ramu Upazilla Hospital; three additional UNICEF-supported Upazilla hospitals are now reporting.

<sup>iii</sup> Data through 5 January 2019, as per sector reporting schedule.

<sup>iv</sup> Results for pregnant and lactating women counselled in IYCF and children attended for health care may include recurrence during the response period. The Nutrition Sector and UNICEF are reviewing this indicator to enhance reporting quality.

<sup>v</sup> Sector host community results only include Ukhia Sub-District achievement. UNICEF results report both Ukhia and Teknaf Sub-Districts, hence showing higher results than the Sector.

<sup>vi</sup> While data is collected on a monthly basis from the Civil Surgeon's Office, technical problems resulted in a data backlog that has now been resolved and results reported here, creating a large increase.

<sup>vii</sup> Decrease from the previous reporting period is due to a change in the indicator definition. Previously, all consultations for children were reported, whereas UNICEF has supported only diarrhea and pneumonia in the host community.

<sup>viii</sup> May include recurrence during the response period

<sup>ix</sup> The host community result covers children from 47 government schools in Ukhia and Teknaf reached by education supplies e.g., school bags, school-in-a-box kits, early childhood development kits, education in emergencies kits and/or school improvement grant.

<sup>x</sup> Reduction from the previous reporting period due to data validation.